

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)

NPDES CONSTRUCTION STORMWATER INSPECTION REPORT AND BMP CERTIFICATION

Instructions: Please complete all questions on the form responding "N/A" only where appropriate. This form should be completed by a QCI or QCP.

Permittee Name:		Permit Number:		County:	
Site Name:		Inspection Entry Date & Time:		Inspection Exit Date & Time:	
Type of Inspection (Select all that apply): <input type="checkbox"/> Monthly <input type="checkbox"/> Qualifying Rain Event <input type="checkbox"/> Dewatering <input type="checkbox"/> Follow up on Corrective Action <input type="checkbox"/> Suspension/Resumption of Monitoring <input type="checkbox"/> Final/Termination <input type="checkbox"/> Other			Phase of Construction (Select all that apply): <input type="checkbox"/> Clearing/Demo/Grading <input type="checkbox"/> Infrastructure/Storm/Roads <input type="checkbox"/> Vertical Construction/Building <input type="checkbox"/> Utilities <input type="checkbox"/> Final Stabilization/Termination <input type="checkbox"/> Other		
Last Rain Event		Current Weather Conditions		Rain Gauge	
Date	Measurement (inches)	<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain or recent rain		<input type="checkbox"/> Other: <input type="checkbox"/> Onsite <input type="checkbox"/> Offsite - Reference gauge location:	
Priority Site: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date of last CBMPP Evaluation:		Current Approximate <u>Disturbed</u> Acreage:			

A. Evaluation of General Site Conditions

For all "No" responses, please describe deficiencies that need to be addressed and/or corrective actions taken to address issues previously observed in the *Inspection Comments* section below. (Attach additional sheet if necessary)

Attach dated photo documentation of the facility, with attention to issues that need to be addressed and/or corrective actions that have been taken to address previously documented issues.

1. Is the Facility ID properly displayed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are general housekeeping, solid wastes, and fuel/chemical/material storage being properly managed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Were all permitted outfalls inspected? If no, please provide explanation. (e.g., not constructed)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have areas that have not been active for 13 days or more been temporarily or permanently stabilized?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. If applicable, are buffer zones properly identified and properly maintained?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have all previously documented deficiencies been corrected?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No

B. Evaluation of Site BMPs

Are the following BMPs properly implemented and maintained?

This list is not meant to be all inclusive, however, the most common BMPs utilized on construction sites are listed below. N/A is an appropriate response for BMPs not currently implemented at the site.

For all "No" responses, please describe deficiencies that need to be addressed and/or corrective actions taken to address issues previously observed in the *Inspection Comments* section below.(attach additional sheet(s) if necessary)

Construction Exit Pad (CEP)	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Dust Control (DC)	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Erosion Control Blankets (ECB)	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Mulch Application (MU)	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Permanent Seeding (PS)	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Temporary Seeding (TS)	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Dams (CD)	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Diversion (DV)	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Grass Swale (GS)	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Lined Swale (LS)	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Brush/Fabric Barrier (BFB)	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Filter Strip	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Flocculant	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Inlet Protection	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Sediment Barrier/Silt Fence (SB)	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Sediment Basin (SBN)	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No

Other BMPs evaluated that are not listed above(describe):

Are additional BMPs needed in addition to those already present onsite? N/A Yes No

If yes, please provide details in *Inspection Comments* section below.

Inspection Comments -Provide brief synopsis of inspection, deficiencies noted during this inspection, and/or deficiencies corrected from previous inspection. Provide any additional information that may not be identified in sections above. Attach additional sheets if necessary.

C. Dewatering Inspection- N/A

Inspection is only required if the dewatering activity results in an offsite discharge. If the dewatering discharge is routed to an onsite collection area and allowed to evaporate or infiltrate into the soil (and groundwater concerns do not exist), or is used onsite for irrigation, dust control, or other onsite construction-related purposes, then an inspection is not required. Attach dated photo documentation of the dewatering prior to treatment, dewatering control(s), dewatering discharge after final treatment, and point of discharge.

Permitted Outfall	Estimated Rate of Discharge (gallons per day)	Times of Dewatering Discharge (Day of Inspection):	
		Start Time	End Time
Visual observations of discharge whether or not any indications of pollutant discharge were observed at the point of discharge or other obvious indicators of stormwater pollution:			
Turbid Discharge	<input type="checkbox"/> Yes <input type="checkbox"/> No	Noticeable odor	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sheen on the water surface	<input type="checkbox"/> Yes <input type="checkbox"/> No	Floating solids	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have discharges from dewatering activities been managed by appropriate controls? If no, describe measure(s) to be implemented to address deficiencies:			<input type="checkbox"/> Yes <input type="checkbox"/> No

D. Inspection Report Certification & Signatures

Item 1 or 2 must be completed, not both.

Item 3 is required to be completed.

1. Site inspection was conducted by the Permittee as a QCI or the Permittee's QCI (employee of the Permittee).

As the QCI, I certify that effective non-structural BMPs have been fully implemented and regularly maintained to the maximum extent practicable for the prevention and minimization of all sources of pollution in stormwater and authorized related process wastewater runoff, **except for those deficiencies noted above**, in accordance with the facility's CBMPP, good erosion, sediment, and other pollution control practices, and the requirements of the permit. I certify that discharges have been tested or evaluated for the presence of non-stormwater and non-authorized process wastewaters. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I certify that this form has not been altered, and if copied or reproduced, is consistent in format and identical in content to the ADEM approved form.

Type or Print Name of QCI	Signature of QCI	Date
QCI Certification #		

2. Site inspection was conducted by the QCP or by a QCI that is employed by the QCP and is under the direct supervision of the QCP. The QCP name and certification or license number must be included below, even if the QCP did not conduct the inspection.

As the QCP, or a QCI under the direct supervision, of the QCP as identified below, I certify that effective structural and non-structural BMPs have been fully implemented and regularly maintained to the maximum extent practicable for the prevention and minimization of all sources of pollution in stormwater and authorized related process wastewater runoff, **except for those deficiencies noted above**, in accordance with the facility's CBMPP, good erosion, sediment, and other pollution control practices, and the requirements of the permit. I certify that discharges have been tested or evaluated for the presence of non-stormwater and non-authorized process wastewaters. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I certify that this form has not been altered, and if copied or reproduced, is consistent in format and identical in content to the ADEM approved form.

Type or Print Name of QCI	Signature of QCI	Date
	<i>(Only required if QCI conducted inspection)</i>	
QCI Certification #		
Name of QCP & Designation (Required)	Signature of QCP	Date
	<i>(Only required if QCP conducted inspection)</i>	
QCP Certification or License #		
Company Name:		

3. The Permittee Responsible Official is required to sign the inspection report.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I certify that this form has not been altered, and if copied or reproduced, is consistent in format and identical in content to the ADEM approved form. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Name & Title of Permittee Responsible Official	Signature	Date