

For reference only. Current document is not in compliance with current permitting process. Updated documentation is pending from ND Department of Health. Current document may be modified by user.

Site Inspection Record Template
Construction
(07-2010)

Project Name: _____

Coverage Number: _____

Inspector: _____ Date: _____ Time: _____

Precipitation Amount: _____ Date: _____

- Areas Inspected (Choose Applicable):
- Active areas
 - Stabilized areas with less than 70% cover
 - Areas that have achieved final stabilization

Is there evidence of, or the potential for, pollutants entering drainage systems or waters of the state from:

- Material Storage Areas Y N
- Vehicle Maintenance Areas Y N

Observations / Corrective Actions:

<input type="checkbox"/> Y <input type="checkbox"/> N	Have all erosion and sediment controls and best management practices identified in the plan been installed or implemented?
<input type="checkbox"/> Y <input type="checkbox"/> N	Are erosion and sediment controls operating correctly and in serviceable condition?
<input type="checkbox"/> Y <input type="checkbox"/> N	Are erosion and sediment controls operating consistently and effectively?
<input type="checkbox"/> Y <input type="checkbox"/> N	Are there any devices similar to silt fence or fiber rolls where sediment has reached more than 1/3 the height of the device? (Removal and repairs must be made within 24 hours.)
<input type="checkbox"/> Y <input type="checkbox"/> N	Are there any sediment basins where collected sediment has reduced the storage capacity by 1/2? (Drainage and removal must be completed within 72 hours.)
<input type="checkbox"/> Y <input type="checkbox"/> N	Is there evidence of sediment deposits in surface waters, drainage ditches or other stormwater conveyance systems? (Removal and stabilization must be completed within 7 days unless prohibited by legal, regulatory or physical access constrains. All reasonable efforts must be made to obtain access. Once permission is granted, removal must take place within 7 days.)
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Is there evidence of sediment being tracked off-site by vehicles or equipment? (Sediment tracked or deposited on paved surfaces must be removed within 24 hours.)
<input type="checkbox"/> Y <input type="checkbox"/> N	Is there evidence of sediment depositing off-site other than in surface waters, drainage ditches and stormwater conveyance systems? (Sediment must be recovered in a manner and frequency sufficient to minimize off-site impacts – for example, sediment could wash away during the next precipitation event.)
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Is stormwater flow distributed evenly over vegetative buffers?
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Is sediment accumulating in vegetative buffers?
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Are rills forming within vegetative buffers? (If vegetative buffers are silted covered, contain rills or are otherwise rendered ineffective, other erosion and sediment controls must be implemented. Eroded areas must be repaired and stabilized.)
<input type="checkbox"/> Y <input type="checkbox"/> N	Are litter, debris, chemicals and parts being managed properly to minimize stormwater pollution?
<input type="checkbox"/> Y <input type="checkbox"/> N	Are liquid or soluble materials like oil, fuel, paint, etc., properly stored to prevent spills, leaks or other discharges?

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<input type="checkbox"/> Y <input type="checkbox"/> N	Is there evidence of concrete wash water discharging to waters of the state, storm sewer systems or onto adjacent properties?
<input type="checkbox"/> Y <input type="checkbox"/> N	Is there evidence of wastewater from processing operations or sanitary facilities (i.e., portable toilets) discharging from the site? (These types of discharges are not covered by the construction general permit, NDR10-0000. They must be stopped immediately if they are not covered by another type of permit. The following non-stormwater discharges are allowable if the appropriate prevention measures are in place: fire-fighting, fire hydrant flushing, potable water line flushing, infrequent building and equipment wash down without detergents, uncontaminated foundation drains, springs, lawn watering and air conditioning condensate. Please note that discharges from temporary dewatering activities, such as hydrostatic testing or disinfection of new pipelines may require coverage under the temporary dewatering general permit, NDG07-0000.)
<input type="checkbox"/> Y <input type="checkbox"/> N	Is there evidence of wash water from tools or equipment draining to waters of the state, drainage ditches or storm sewer systems?
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Are permanent stormwater management measures (e.g., oil-water separators, rain gardens) functioning properly?

Corrective Actions and Schedule:

- Are best management practices effective to minimize the discharge of sediment from the site? Y N
- Do best management practices need to be adjusted? Y N
- Are additional best management practices needed? Y N

Comments:

List all spills, leaks or hose-breaks that have occurred since the last inspection:

-Size	-Location	-Was it reportable?	-Was it reported?
<hr/>	<hr/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
<hr/>	<hr/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
<hr/>	<hr/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

- Were Spill Prevention Procedures adequate? Y N
- What Spill Response Procedures were used?

Comments

- Has the SWPP Plan been updated as a result of this inspection? Y N
- Has the Site Map been updated as a result of this inspection? Y N