

SITE-SPECIFIC BEST MANAGEMENT PRACTICE/STORM WATER POLLUTION PREVENTION INSPECTION AND MAINTENANCE REPORT

DATE: _____
PROJECT NO.: _____

PERMIT NO. _____
PROJECT: _____

☐ INDIVIDUAL NPDES PERMIT PROJECT (RECEIVING STATE WATERS INSPECTIONS REQUIRED)

☐ PRE-CONSTRUCTION VERIFICATION INSPECTION REPORT

PHASE: _____

☐ INDEPENDENT (THIRD-PARTY) INSPECTION

☐ WEEKLY REPORT

☐ EVENT REPORT

_____ INCHES OF RAIN FOR THE PAST 24 HOURS (if rain event)

☐ OTHER _____

BMP Measures and Devices Currently Installed on the Project:

LOCATION	ACTIVITY AND TYPE OF BMP MEASURE/DEVICE	ACTION REQUIRED?		NOTES/COMMENTS
		Y	N	

BMP Deficiencies Found and Corrective Actions Taken:

DATE FOUND	LOCATION	ACTIVITY AND TYPE OF BMP MEASURE/DEVICE	DATE CONTRACTOR NOTIFIED	NOTES/COMMENTS	AMENDMENT REQUIRED? (Y/N)	DATE CORRECTED	ACTION TAKEN - NOTES/COMMENTS

CHECK ALL THAT ARE APPLICABLE:

- ☐ There is evidence of a discharge.
- ☐ There is evidence that a polluted discharge is leaving or has left the project site.
- ☐ The polluted discharge was contained prior to reaching the storm drain system/receiving waters.

NOTE: If any of the boxes above were checked, fill out HDOT Construction Discharge Report.

Included Attachments:

☐ A. Photographs (Required for BMP Deficiencies)

☐ B. Other attachments
Describe:

Comments/Remarks:

I certify that I am the person who performed the inspection documented above and that all information recorded on this form is a true and accurate representation of what was observed at the construction site recorded above.

Inspector Name and Title

Signature

Date

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 information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Authorized Person's Signature

Date

Duly Authorized Person's Name: _____

Duly Authorized Person's Position Title: _____

Duly Authorized Person's Company or Agency Information:

Company or Agency: _____

Address: _____

Phone: _____

Fax: _____

Email: _____