Lincoln Construction Stormwater Inspection Report Template

Person(s) Responsible for Inspecting the Site

The person(s) inspecting your site must be a "qualified person" who may be either on your staff or a third party you hire to conduct such inspections.

• A "qualified person" is a person knowledgeable in the principles and practice of erosion and sediment controls and pollution prevention, who possesses the appropriate skills and training to assess conditions at the construction site that could impact stormwater quality, and the appropriate skills and training to assess the effectiveness of any stormwater controls selected and installed to meet the requirements of this permit.

Inspection Frequency

You are required to conduct inspections either:

- Once every 7 calendar days; or
- Once every 14 calendar days and within 24 hours of a storm event of 0.25 inches or greater or the occurrence of runoff from snowmelt sufficient to cause a discharge.

Areas That Need to Be Inspected

During each inspection, you must inspect the following areas of your site:

- Cleared, graded, or excavated areas of the site;
- Stormwater controls (e.g., perimeter controls, sediment basins, inlets, exit points etc.) and pollution prevention practices (e.g., pollution prevention practices for vehicle fueling/maintenance and washing, construction product storage, handling, and disposal, etc.) at the site;
- Material, waste, or borrow areas covered by the permit, and equipment storage and maintenance areas;
- Areas where stormwater flows within the site;
- Stormwater discharge points; and
- Areas where stabilization has been implemented.
- Any offsite soil storage or soil excavation areas that are noted in the SWPPP

What to Check for During Your Inspection

During your site inspection, you are required to check:

- Whether stormwater controls or pollution prevention practices are properly installed, require maintenance or corrective action, or whether new or modified controls are required;
- For the presence of conditions that could lead to spills, leaks, or other pollutant accumulations and discharges;
- For locations where new or modified stormwater controls are necessary to meet requirements of the permit;
- Whether there are visible signs of erosion and sediment accumulation at points of discharge and to the channels and streambanks that are in the immediate vicinity of the discharge;
- If a stormwater discharge is occurring at the time of the inspection, whether there are obvious, visual signs of pollutant discharges; and
- If any permit violations have occurred on the site.

Inspection Report Submittals

You are required to complete an accurate inspection report and must submit it electronically to the State's online Stormwater Portal - https://ecmp.nebraska.gov/DEQ-CSW/Account/Login?ReturnUrl=%2fDEQ-CSW

Instructions for Filling Out "General Information" Section

Name of Project

Enter the name for the project.

CSW Permit No.

Enter the NDEE CSW Permit number that was assigned to your NOI for permit coverage.

Inspection Date

Enter the date you conducted the inspection.

Weather Conditions During Inspection

Enter the weather conditions occurring during the inspection, e.g., sunny, overcast, light rain, heavy rain, snowing, icy, windy.

Inspection start and end times

Enter the time you started and ended the inspection.

Inspector Name, Title & Contact Information

Provide the name of the person(s) (either a member of your company's staff or a contractor or subcontractor) that conducted this inspection. Provide the inspector's name, title, and contact information as directed in the form.

Present Phase of Construction

If this project is being completed in more than one phase, indicate which phase it is currently in.

Inspection Location

If your project has multiple locations where you conduct separate inspections, specify the location where this inspection is being conducted. If only one inspection is conducted for your entire project, enter "Entire Site." If necessary, complete additional inspection report forms for each separate inspection location.

Inspection Frequency

Check the box that describes the inspection frequency that applies to you.

Was This Inspection Triggered by a 0.25 Inch Storm Event or the occurrence of runoff from snowmelt sufficient to cause a discharge?

If you were required to conduct this inspection because of a 0.25-inch (or greater) rain event, indicate whether you relied on an on-site rain gauge or a nearby weather station (and where the weather station is located). Also, specify the total amount of rainfall for this specific storm event. If you were required to conduct this inspection because of the occurrence of runoff from snowmelt, then check the appropriate box.

Unsafe Conditions for Inspection

Inspections are not required where a portion of the site or the entire site is subject to unsafe conditions. These conditions should not regularly occur and should not be consistently present on a site. Generally, unsafe conditions are those that render the site (or a portion of it) inaccessible or that would pose a significant probability of injury to applicable personnel. Examples could include severe storm or flood conditions, high winds, and downed electrical wires. If your site, or a portion of it, is affected by unsafe conditions during the time of your inspection, provide a description of the conditions that prevented you from conducting the inspection and what parts of the site were affected. If the entire site was considered unsafe, specify the location as "Entire site"

General Information								
Name of Project			CSW Permit No.			Inspection Date		
Weather conditions during inspection			Inspection start time					
Inspector Name			Inspector C	or Company				
Inspector phone number								
Inspector email add	for email address							
Standard Frequency: Every 7 calendar days Every 14 calendar days and within 24 hours of a 0.25" rain or the occurrence of runoff from snowmelt sufficient to cause a discharge Reduced Frequency (WINTERTIME FROZEN CONDITIONS OR ENTIRE SITE IS TEMPORARILY STABILIZED - ONLY): Once per month (If rain event inspection frequency chosen) - Was this inspection triggered by a 0.25" storm event? Yes No If yes, how did you determined whether a 0.25" storm event has occurred? Rain gauge on site Weather station representative of site. Specify weather station source: Total rainfall amount that triggered the inspection (in inches):								
Unsafe Conditions for Inspection Did you determine that any portion of your site was unsafe for inspection? Yes No If "yes", complete the following: - Describe the conditions that prevented you from conducting the inspection in this location: - Location(s) where conditions were found:								

Instructions for Filling Out the "Erosion and Sediment Control" Table

Type and Location of E&S Controls

Provide a list of all erosion and sediment (E&S) controls that your SWPPP indicates will be installed and implemented at your site. This list must include at a minimum all E&S control and any natural buffers. Buffer requirements apply if your project's earth-disturbing activities will occur within 50 feet of a water of the U.S. You may group your E&S controls on your form if you have several of the same type of controls (e.g., you may group "Inlet Protection Measures", "Perimeter Controls", and "Stockpile Controls" together on one line), but if there are any problems with a specific control, you must separately identify the location of the control, whether maintenance or corrective action is necessary, and in the notes section you must describe the specifics about the problem you observed.

Implemented?

Answer "yes" if the E&S control was implemented per the E&S plan. Note – if the E&S control was never implemented and no longer needed based on current site conditions, answer "no" and describe reasoning why.

Corrective Action Needed?

Answer "yes" if during your inspection you found any of the following conditions to be present: (1) a required E&S control needs repair or replacement beyond routine maintenance required; (2) a require E&S control was never installed or was installed incorrectly; (3) you become aware that the inadequacy of the E&S control has led to an exceedance of an applicable water quality standard; (4) one of the prohibited discharges is occurring or has occurred.

Date on Which Maintenance or Corrective Action First Identified?

Provide the date on which the condition that triggered the need for maintenance or corrective action was first identified. If the condition was just discovered during this inspection, enter the inspection date. If the condition is a carryover from a previous inspection, enter the original date of the condition's discovery.

Notes/Comments

For each E&S control and the area immediately surrounding it, note whether the control is properly installed and whether it appears to be working to minimize sediment discharge. Describe any problem conditions you observed such as the following, and why you think they occurred as well as actions (e.g., maintenance or corrective action) you will take or have taken to fix the problem:

- 1. Failure to install or to properly install a required E&S control
- 2. Damage or destruction to an E&S control caused by vehicles, equipment, or personnel, a storm event, or other event
- 3. Mud or sediment deposits found downslope from E&S controls
- 4. Sediment tracked out onto paved areas by vehicles leaving construction site
- 5. Noticeable erosion at discharge outlets or at adjacent streambanks or channels
- 6. Erosion of the site's sloped areas (e.g., formation of rills or gullies)
- 7. E&S control is no longer working due to lack of maintenance

If maintenance or corrective action is required, briefly note the reason. If maintenance or corrective action have been completed, make a note of the date it was completed and what was done. If corrective action is required, note that you will need to complete a separate corrective action report describing the condition and your work to fix the problem.

Condition and Effectiveness of Erosion and Sediment (E&S) Controls					
Type/Location of E&S Control [Add an additional sheet if necessary]	Implemented?	Corrective Action Required?	Date on Which Maintenance or Corrective Action First Identified?	Notes/Locations/Comments	
1. SWPPP Signage	□Yes □No	□Yes □No			
2. Construction Entrances/Track Out	□Yes □No	□Yes □No			
3. Internal Sediment Controls	□Yes □No	□Yes □No			
4. Perimeter Sediment Controls	□Yes □No	□Yes □No			
5. Sediment Traps/Basins	□Yes □No	□Yes □No			
6. Inlet/Outlet Protection	□Yes □No	□Yes □No			
7. Dewatering Controls	□Yes □No	□Yes □No			
8. Natural Buffers	□Yes □No	□Yes □No			
9.	□Yes □No	□Yes □No			
10.	□Yes □No	□Yes □No			

Instructions for Filling Out the "Pollution Prevention (P2) Practice" Table

Type and Location of P2 Controls

Provide a list of all pollution prevention (P2) practices that are implemented at your site. This list must include all P2 practices required by Part 2.3, and those that are described in your SWPPP.

Implemented?

Answer "yes" if the E&S control was implemented per the E&S plan. Note – if the E&S control was never implemented and no longer needed based on current site conditions, answer "no" and describe reasoning why.

Corrective Action Needed?

Answer "yes" if during your inspection you found any of the following conditions to be present: (1) a required P2 practice needs repair or replacement (beyond routine maintenance required; (2) a require P2 practice was never installed or was installed incorrectly; (3) you become aware that the inadequacy of the P2 practice has led to an exceedance of an applicable water quality standard; (4) one of the "prohibited discharges" is occurring or has occurred.

Date on Which Maintenance or Corrective Action First Identified?

Provide the date on which the condition that triggered the need for maintenance or corrective action was first identified. If the condition was just discovered during this inspection, enter the inspection date. If the condition is a carryover from a previous inspection, enter the original date of the condition's discovery.

Notes/Comments

For each P2 control and the area immediately surrounding it, note whether the control is properly installed, whether it appears to be working to minimize or eliminate pollutant discharges, and whether maintenance or corrective action is required. Describe problem conditions you observed such as the following, and why you think they occurred, as well as actions you will take or have taken to fix the problem:

- 1. Failure to install or to properly install a required P2 control
- 2. Damage or destruction to a P2 control caused by vehicles, equipment, or personnel, or a storm event
- 3. Evidence of a spill, leak, or other type of pollutant discharge, or failure to have properly cleaned up a previous spill, leak, or other type of pollutant discharge
- 4. Spill response supplies are absent, insufficient, or not where they are supposed to be located
- 5. Improper storage, handling, or disposal of chemicals, building materials or products, fuels, or wastes
- 6.P2 practice is no longer working due to lack of maintenance

If maintenance or corrective action is required, briefly note the reason. If maintenance or corrective action have been completed, make a note of the date it was completed and what was done. If corrective action is required, note that you will need to complete a separate corrective action report describing the condition and your work to fix the problem.

Condition and Effectiveness of Pollution Prevention (P2) Practices						
Type of Pollution Prevention Practices	Implemented?	Corrective Action Required?	Date on Which Maintenance or Corrective Action First Identified?	Notes/Locations/Comments		
Fuel Stations/operations Containment	□Yes □No	□Yes □No				
2. Trash/Debris Containment	□Yes □No	□Yes □No				
3. Fuel/Hazardous Materials Containment	□Yes □No	□Yes □No				
4. Concrete Washout(s)	□Yes □No	□Yes □No				
5. Mortar/Concrete Station Containment	□Yes □No	□Yes □No				
6.	□Yes □No	□Yes □No				
7.	□Yes □No	□Yes □No				
8.	□Yes □No	□Yes □No				

Instructions for Filling Out the "Stabilization of Exposed Soil" Table

Stabilization Area

List all areas where soil stabilization is required to begin because construction work in that area has permanently stopped or temporarily stopped (i.e., work will stop for 14 or more days), and all areas where stabilization has been implemented.

Stabilization Method

For each area, specify the method of stabilization (e.g., hydroseed, sod, planted vegetation, erosion control blanket, mulch, rock).

Have You Initiated Stabilization

For each area, indicate whether stabilization has been initiated.

Notes/Comments

For each area where stabilization has been initiated, describe the progress that has been made, and what additional actions are necessary to complete stabilization. Note the effectiveness of stabilization in preventing erosion. If stabilization has been initiated but not completed, make a note of the date it is to be completed. If stabilization has not yet been initiated, make a note of the date it is to be initiated, and the date it is to be completed.

Instructions for Filling Out the "Description of Discharges" Table

You are only required to complete this section if a discharge is occurring at the time of the inspection.

Was a Stormwater Discharge Occurring from Any Part of Your Site at The Time of the Inspection?

During your inspection, examine all points of discharge from your site, and determine whether a discharge is occurring. If there is a discharge, answer "yes" and complete the questions below regarding the specific discharge. If there is not a discharge, answer "no" and skip to the next page.

Discharge Location (repeat as necessary if there are multiple points of discharge)

Location of discharge. Specify the location on your site where the discharge is occurring. The location may be an outlet from a stormwater control or constructed stormwater channel, a discharge into a storm sewer inlet, or a specific point on the site. Be as specific as possible; it is recommended that you refer to a precise point on your site map.

Describe the discharge. Include a specific description of any noteworthy characteristics of the discharge such as color; odor; floating, settled, or suspended solids; foam; oil sheen; and other obvious pollution indicators.

Are there visible signs of erosion or sediment accumulation? At each point of discharge and the channel and streambank in the immediate vicinity, visually assess whether there are any obvious signs of erosion and/or sediment accumulation that can be attributed to your discharge. If you answer "yes", include a description in the space provided of the erosion and sediment deposition that you have found, specify where on the site or in the water of the U.S. it is found, and indicate whether modification, maintenance, or corrective action is needed to resolve the issue.

Stabilization of Exposed Soil							
Stabilization Area	Stabilization Method Blankets/Coverings, Seeding/Sodding	Has stabilization been Initiated?		Date(s)/Notes/Locations/Comments			
1.		YES	□NO				
2.		YES	□NO				
3.		YES	□NO				
4.		YES	□NO				
5.		YES	□NO				
Description of Discharges							
Was a stormwater discharge or other discharge occurring from any part of the site at the time of the inspection? Yes No							
If "yes", provide the following information	on for each point of discharge:						
Discharge Location	Observations	Observations					
1.		Describe the discharge:					
2.	Describe the discharg	ge:					

Instructions for Signature/Certification

Each inspection report must be signed and certified by either the qualified inspector who conducted the inspection or an authorized representative of the project to be considered complete.

Signature and Certification

"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 gathered and evaluated 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 have no personal knowledge that the information submitted is other than 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."

Signature of Inspector:	Date:
Printed Name:	