

# Contractor Construction Stormwater Site Inspection

## General Information

**Project Name:** \_\_\_\_\_ **Project No. :** \_\_\_\_\_  
**Location:** \_\_\_\_\_ **CDPS Cert. No.:** COR-\_\_\_\_\_  
**Date of Inspection:** \_\_\_\_\_ **Start and End Time:** \_\_\_\_\_  
**Weather Conditions:**  Clear  Cloudy  Rain  Sleet  Fog  Snow  High Winds  Other: \_\_\_\_\_  
**Temperature (°F):** \_\_\_\_\_ **Estimated Area of Disturbance (ac):** \_\_\_\_\_ **Present Phase of Construction:** \_\_\_\_\_

## Inspection Information

### Type of Inspection:

If Post-Storm Inspection, provide the storm information below:

**Type:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Duration (hrs):** \_\_\_\_\_ **Approximate Amount of Precipitation (in):** \_\_\_\_\_

**Has there been any deviations from the minimum inspection schedule?**  Yes  No

If "Yes", describe:

**Inspector's Name:** \_\_\_\_\_

**Inspector's Title:** \_\_\_\_\_

**Is the above inspector a qualified stormwater manager?**  Yes  No

**Is there evidence of, or the potential for, pollutants leaving the construction site boundaries, entering the stormwater drainage system or discharging to state waters at the following locations?**  Yes  No

If "Yes", select all that apply:

Construction site perimeter;  All disturbed areas;  Designated haul routes;  Material and waste storage areas exposed to precipitation;  Locations where stormwater has the potential to discharge offsite;  Locations where vehicles exit the site;  Other: \_\_\_\_\_

\* If winter conditions exclusions is selected as type of inspection, please attach a copy of the required documentation from Part I.D.4.c of the Permit.

## Noncompliance Reporting to CDPHE

The permittee shall report the following circumstances orally within twenty-four (24) hours from the time the permittee becomes aware of the circumstances, and shall mail to the division a written report containing the information requested within five (5) working days after becoming aware of the following circumstances. The division may waive the written report required if the oral report has been received within 24 hours.

a. Endangerment to Health or the Environment

Circumstances leading to any noncompliance which may endanger health or the environment regardless of the cause of the incident (See Part II.L.6.a of the Permit)

b. Numeric Effluent Limit Violations

○ Circumstances leading to any unanticipated bypass which exceeds any effluent limitations (See Part II.L.6.b of the Permit)

○ Circumstances leading to any upset which causes an exceedance of any effluent limitation (See Part II.L.6.c of the Permit)

○ Daily maximum violations (See Part II.L.6.d of the Permit)

*Numeric effluent limits are very uncommon in certifications under the COR400000 general permit. This category of noncompliance only applies if numeric effluent limits are included in a permit certification.*

**Has there been an incident of noncompliance requiring 24-hour notification?**  Yes  No If "Yes" please document below:

### Noncompliance Reporting to CDPHE Information

Date and Time of Incident	Date and Time of 24 Hour Oral Notification	Date of 5 Day Written Notification*
Location and Description of Noncompliance		Description of Corrective Action

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Date and Time of Incident	Date and Time of 24 Hour Oral Notification	Date of 5 Day Written Notification*
Location and Description of Noncompliance		Description of Corrective Action

\* Attach copy of 5 day written notification to report. Indicate if written notification was waived, including the name of the division personnel who granted waiver.

## Sediment Control Measures

<b>Control Measure:</b>					
<b>Location:</b>					
<b>Action Needed:</b>	<b>Routine Maintenance?</b>	<input type="checkbox"/>	<b>Date Discovered:</b>	<b>Date Corrected:</b>	<b>Operator Initials:</b>
	<b>Inadequate Control Measure?</b>	<input type="checkbox"/>			
	<b>Additional Control Measure?</b>	<input type="checkbox"/>			
<b>Description of Routine Maintenance or Corrective Action and General Notes:</b>					
<b>Control Measure:</b>					
<b>Location:</b>					
<b>Action Needed:</b>	<b>Routine Maintenance?</b>	<input type="checkbox"/>	<b>Date Discovered:</b>	<b>Date Corrected:</b>	<b>Operator Initials:</b>
	<b>Inadequate Control Measure?</b>	<input type="checkbox"/>			
	<b>Additional Control Measure?</b>	<input type="checkbox"/>			
<b>Description of Routine Maintenance or Corrective Action and General Notes:</b>					
<b>Control Measure:</b>					
<b>Location:</b>					
<b>Action Needed:</b>	<b>Routine Maintenance?</b>	<input type="checkbox"/>	<b>Date Discovered:</b>	<b>Date Corrected:</b>	<b>Operator Initials:</b>
	<b>Inadequate Control Measure?</b>	<input type="checkbox"/>			
	<b>Additional Control Measure?</b>	<input type="checkbox"/>			
<b>Description of Routine Maintenance or Corrective Action and General Notes:</b>					

Please include additional sheets as necessary

## Erosion Control Measures

<b>Control Measure:</b>					
<b>Location:</b>					
<b>Action Needed:</b>	<b>Routine Maintenance?</b>	<input type="checkbox"/>	<b>Date Discovered:</b>	<b>Date Corrected:</b>	<b>Operator Initials:</b>
	<b>Inadequate Control Measure?</b>	<input type="checkbox"/>			
	<b>Additional Control Measure?</b>	<input type="checkbox"/>			
<b>Description of Routine Maintenance or Corrective Action and General Notes:</b>					
<b>Control Measure:</b>					
<b>Location:</b>					
<b>Action Needed:</b>	<b>Routine Maintenance?</b>	<input type="checkbox"/>	<b>Date Discovered:</b>	<b>Date Corrected:</b>	<b>Operator Initials:</b>
	<b>Inadequate Control Measure?</b>	<input type="checkbox"/>			
	<b>Additional Control Measure?</b>	<input type="checkbox"/>			
<b>Description of Routine Maintenance or Corrective Action and General Notes:</b>					
<b>Control Measure:</b>					
<b>Location:</b>					
<b>Action Needed:</b>	<b>Routine Maintenance?</b>	<input type="checkbox"/>	<b>Date Discovered:</b>	<b>Date Corrected:</b>	<b>Operator Initials:</b>
	<b>Inadequate Control Measure?</b>	<input type="checkbox"/>			
	<b>Additional Control Measure?</b>	<input type="checkbox"/>			
<b>Description of Routine Maintenance or Corrective Action and General Notes:</b>					

Please include additional sheets as necessary

**Materials Management Control Measures**

<b>Control Measure:</b>					
<b>Location:</b>					
<b>Action Needed:</b>	<b>Routine Maintenance?</b>	<input type="checkbox"/>	<b>Date Discovered:</b>	<b>Date Corrected:</b>	<b>Operator Initials:</b>
	<b>Inadequate Control Measure?</b>	<input type="checkbox"/>			
	<b>Additional Control Measure?</b>	<input type="checkbox"/>			

**Description of Routine Maintenance or Corrective Action and General Notes:**

<b>Control Measure:</b>					
<b>Location:</b>					
<b>Action Needed:</b>	<b>Routine Maintenance?</b>	<input type="checkbox"/>	<b>Date Discovered:</b>	<b>Date Corrected:</b>	<b>Operator Initials:</b>
	<b>Inadequate Control Measure?</b>	<input type="checkbox"/>			
	<b>Additional Control Measure?</b>	<input type="checkbox"/>			

**Description of Routine Maintenance or Corrective Action and General Notes:**

<b>Control Measure:</b>					
<b>Location:</b>					
<b>Action Needed:</b>	<b>Routine Maintenance?</b>	<input type="checkbox"/>	<b>Date Discovered:</b>	<b>Date Corrected:</b>	<b>Operator Initials:</b>
	<b>Inadequate Control Measure?</b>	<input type="checkbox"/>			
	<b>Additional Control Measure?</b>	<input type="checkbox"/>			

**Description of Routine Maintenance or Corrective Action and General Notes:**

## Site Management Control Measures

<b>Control Measure:</b>					
<b>Location:</b>					
<b>Action Needed:</b>	<b>Routine Maintenance?</b>	<input type="checkbox"/>	<b>Date Discovered:</b>	<b>Date Corrected:</b>	<b>Operator Initials:</b>
	<b>Inadequate Control Measure?</b>	<input type="checkbox"/>			
	<b>Additional Control Measure?</b>	<input type="checkbox"/>			
<b>Description of Routine Maintenance or Corrective Action and General Notes:</b>					
<b>Control Measure:</b>					
<b>Location:</b>					
<b>Action Needed:</b>	<b>Routine Maintenance?</b>	<input type="checkbox"/>	<b>Date Discovered:</b>	<b>Date Corrected:</b>	<b>Operator Initials:</b>
	<b>Inadequate Control Measure?</b>	<input type="checkbox"/>			
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	<b>Inadequate Control Measure?</b>	<input type="checkbox"/>			
	<b>Additional Control Measure?</b>	<input type="checkbox"/>			
<b>Description of Routine Maintenance or Corrective Action and General Notes:</b>					

Please include additional sheets as necessary

## Field Notes

## Certification Statement

After adequate corrective action(s) and maintenance have been taken, or where a report does not identify any incidents requiring corrective action or maintenance, the individual(s) designated as the Qualified Stormwater Manager, shall sign and certify the below statement:

“I verify that, to the best of my knowledge and belief, all corrective action and maintenance items identified during the inspection are complete, and the site is currently in compliance with the permit.”

\_\_\_\_\_  
Name of Qualified Stormwater Manager

\_\_\_\_\_  
Title of Qualified Stormwater Manager

\_\_\_\_\_  
Signature of Qualified Stormwater Manager

\_\_\_\_\_  
Date