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|  | Construction General Permit Inspection Report |
| Section I. General Information |
| Name of Project |  | CGP Authorization No. |  | Inspection Date |  |
|   Check box when using this form to inspect an inactive/unstaffed construction site (this option applies to an entire site only). |
| **Inspector Name, Title &****Contact Information** | Name: |  | Title: |  |
| Contact Information: |  |  |
| **Present Phase of Construction** |  |
| **ADEQ Inspection Schedule (all days are calendar days)**  **Routine Schedule:**  Every 7 days  Every 14 days and within 24 hours of a 0.5” storm event  Once per month, but not within 14 days of the previous inspection and within 24 hours of a 0.25” storm event R**educed Schedule:**   Once per month (in stabilized areas)  Once per month (where discharges are unlikely based on seasonal rainfall patterns)  Once per month (where winter conditions exist and earth-disturbing activities are being conducted) **Discharge points within ¼ mile of an impaired water or outstanding Arizona water (OWA):**    Every 7 days **EPA Inspection Schedule (all days are calendar days)**  Every 7 calendar days.  Every 14 calendar days, and also within 24 hours of each storm event of 0.25 inch or greater in 24 hours. Once per month, but not within 14 calendar days of the previous inspection and within 24 hours of the occurrence of a storm event of 0.25 inch or greater. Increased for Tier 2, 2.5, or 3 waterbody: once within 7 calendar days, and within 24 hours of the occurrence of a storm event that produces of 0.25 inches or greater more of rain within a 24-hour period, or within 24 hours of a snowmelt discharge from a storm event that produces 3.25 inches or more of snow.  Reduced: once per month, but not within 14 calendar days of the previous inspection and within 24 hours of the occurrence of a storm event of 0.25 inch or greater  Each 3.25 inches or more of snow within 24-hour period inspections will be performed once the 3.25-inch accumulation occurs. |
| **Was this inspection triggered by either a 0.25” or 0.5” storm event?**  Yes  No **If yes, duration of storm event:**  <1 hour  < 6 hrs  > 6 hrs **If yes, how was the storm event determined (either 0.25” or 0.5”)?**  Rain gauge on site  Weather station representative on site. Specify weather station source. |  |
|  **Total rainfall amount that triggered the inspection** (in inches): |  |  |
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| **Identify all sources of non-stormwater discharges occurring at the site and the associated control measures in place.** |
| **Sources of non-storm water discharges:** | **Control measures associated with the non-storm water discharges:** |
| **1.** |  | **1.** |  |
| **2.** |  | **2.** |  |
| **3.** |  | **3.** |  |
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| **Adverse or Unsafe Conditions for Inspection** **Did you determine that any portion of the site was unsafe for inspection per CGP?**  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: |

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| **Section II. Description of Discharges and Conditions of the Discharge Locations**  |
| **Outfall (Listed in the NOI)** | **Observations** |
| **1.** | Describe the discharge:  Stormwater  Non-stormwater  NoneSince the last inspection, do you see any evidence of erosion, sediment accumulation and/or other pollutants that can be attributed to your discharge?  Yes  No  |
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| **2.** | Describe the discharge:  Stormwater  Non-stormwater  NoneSince the last inspection, do you see any evidence of erosion, sediment accumulation and/or other pollutants that can be attributed to your discharge?  Yes  No |
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| **3.** | Describe the discharge:  Stormwater  Non-stormwater  NoneSince the last inspection, do you see any evidence of erosion, sediment accumulation and/or other pollutants that can be attributed to your discharge?  Yes  No |
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| **4.** | Describe the discharge:  Stormwater  Non-stormwater  NoneSince the last inspection, do you see any evidence of erosion, sediment accumulation and/or other pollutants that can be attributed to No  |
| **Section III. Condition and Effectiveness of All On-site Control Measures**  |
| **Location of Control Measures** | **Type of Control Measure:** | **Additional****Controls required?** | **Repairs or other maintenance** **needed?** | **Corrective action required?**Date of discovery | **Specify stabilization method**(mulch, rock, planted vegetation, etc.) |
| **1.** |  |  Yes No |  Yes No |  Yes  No |  |
| Date: |
| Notes:  |
| **2.** |  |  Yes No |  Yes No |  Yes  No |  |
| Date: |
| Notes: |
| **3.** |  |  Yes No |  Yes No |  Yes  No |  |
| Date: |
| Notes: |

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| **4.** |  |  Yes No |  Yes No |  Yes  No |  |
| Date: |
| Notes: |

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| **Corrective Actions, Maintenance, Upgrading, or Additional Controls** |
| Except for items listed below, all BMPs/areas indicated above have been inspected and do not require maintenance, upgrades, or additional controls. Document any/all changes to the SWPPP.  |
| **Location/Station** | **Issue/BMP** | **Action/Mitigation** | **Is this Corrective Action?\*** | **Date Completed** |
|  |  |  |  Yes  No |  |
| Other/Notes: Cause: |
|  |  |  |  Yes  No |  |
| Other/Notes: Cause: |
|  |  |  |  Yes  No |  |
| Other/Notes: Cause: |
|  |  |  |  Yes  No |  |
| Other/Notes: Cause: |

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| **Stabilization and Erosion Control** |
| When construction activities permanently cease and are not expected to resume for 14 or more days, on a disturbed portion of the site, stabilization and erosion measures must be initiated immediately. Indicate the stabilization measures that have been initiated under these circumstances. |
| **Location/Station** | **Stabilization Measure** | **Date Initiated** | **Other/Notes** |
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| **Additional Notes** |
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|   | **SECTION IV. CERTIFICATION AND SIGNATURE** |
| **Section IV.A. - Certification and Signature by Contractor or Subcontractor Performing Inspections (if applicable)** |
| Check **one** of the following:  No instances of non-compliance were discovered during the inspection. Project is in full compliance with SWPPP and CGP.  Inspection follow-up is required, in accordance with the CGP and or Provision 104.09.*“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 am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.”* Signature of Contractor or Subcontractor: Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Affiliation: Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
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| **Section IV.B. - Certification and Signature by ADOT Representative** |
| Check **one** of the following:  No instances of non-compliance were discovered during the inspection. Project is in full compliance with SWPPP and CGP.  Inspection follow-up is required, in accordance with the CGP and or Provision 104.09.*“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 am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.”* Signature of ADOT Certifying Representative: Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Affiliation: Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
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