Stormwater

Construction Site Inspection

CITY OF CARPINTERIA

Project Name:		Date of Inspection:
Permit Number/Contract Number:		Current Weather Conditions:
Location:		Next Forecasted Rain Event:
Site Contact:	Inspector:	Contact Info:
Follow-Up Weather Conditions:		Follow-Up Date of Inspection:

***Note: All deficiencies must be noted in the "deficiency" section.** ***Note: Required year round regardless of current or forecasted weather conditions.**

			Yes	No*	N/A
1		**Are all Best Management Practices (BMPs) in place and functioning?**			
	a)	Are all areas of disturbed soil protected from erosion through the implementation of acceptable soil stabilization practices? (straw, seed, binders, blanket, plastic, track walking, etc.)			
**	b)	Are perimeter controls (wattles, silt fence) in place and properly installed (on contour, dug in, overlapping, no gaps)?			
	c)	Are all materials, stockpiles, dumpsters, and concrete washout areas properly covered or protected?			
	d)	Is all heavy equipment properly covered or protected?			
**	e)	Are all on-site storm drain inlets properly protected?			
**	f)	Are all portable toilets secured, located away from drainage, and have secondary containment tray?			
	g)	Are all access, exit, and egress points protected through the use of a stabilized construction entrance and/or a tire wash?			
**	h)	Are all public streets, curbs, and gutters adequately swept of sediment, mud, and debris and all material collected and properly disposed of?			
	i)	Is all storm water run-on onto the site adequately addressed?			
**	j)	Are spill kits and/or supplies on site and available to staff?			

			Yes	No*	N/A
**	2	**Are all BMPs properly maintained (accumulated material removed, no tears, continuous, secured, replaced if needed)?**			
	3	**Have all off-site BMPs placed in gutters or at storm drain inlets been removed prior to forecasted rain and any accumulated debris removed?**			
**	4	**Are emergency and after hours contacts, spill procedures, and containment BMPs easily available and on-site at all times?**			
**	5	**Are all storm drain inlets, drainages, and waterways free of visible impacts and pollutants?**			

FOR PROJECTS THAT DISTURB AN ACRE OR MORE OF SOIL

			Yes	No*	N/A
	6	**Does this project disturb an acre or more of soil?** *If yes, SWPPP is required.*			
**	a)	**If yes, is contact info provided for: Site Contact, SWPPP Preparer & Inspector, and 24 HR BMP Implementation & Maintenance Contact?**			
**	b)	**If yes, does the SWPPP reflect the current site condition?**			
**	c)	**If yes, does the SWPPP include all inspection documentation?**			
	d)	**If yes, are all Rain Event Action Plans (REAP) prepared and implemented on site within 48 hours prior to forecasted rain?**			

			Yes*	No	N/A
	7	**Is runoff leaving the project site? -If yes, the Qualified SWPPP Practitioner (QSP) needs to provide:**			
	a)	What is the pH of the runoff? _____ Is the pH less than 6.5 or greater than 8.5?			
	b)	What is the turbidity of the runoff? _____ Is the turbidity greater than 250 NTU?			

Note: If these levels are exceeded, the contractor and QSP are required to implement immediate corrective actions.

THE FOLLOWING DEFICIENCIES AND CORRECTIONS HAVE BEEN IDENTIFIED AND REQUIRE CORRECTIVE ACTION:

DEFICIENCY / CORRECTION ***ALL DEFICIENCIES MUST BE CORRECTED PRIOR TO NEXT RAIN EVENT OR NO LATER THAN DUE DATE, WHICHEVER IS SOONER.	DATE Required (see note)***	DATE Correction Observed

VERIFICATION OF RECEIPT

Upon signing this, I acknowledge that I have received a copy of this notice. I certify that I am either the person identified below or am authorized to sign on their behalf. I understand that all work must comply with all applicable conditions, regulations, and requirements whether or not they are listed on this correction notice. Any discharge shall be in accordance with applicable conditions, regulations, and requirements and shall not exceed turbidity greater than or equal to 250 NTU and pH levels between 6.5 – 8.5 as required by the General Construction Permit or other governing requirement, whichever is more stringent.

Contact Name and Company _____ Contact Signature _____ Date _____

Inspector Name _____ Inspector Signature _____ Date _____

FOR OFFICE USE ONLY

☐ Permit Holder or Representative **Not Present** on Site: _____

Correction Notice provided via:

☐ Email _____

☐ Phone Call Phone number: _____

☐ Fax _____

☐ Mail _____

☐ Other _____

Inspection Type (check all that apply):

☐ **After Start of Work** (within 2 weeks)

☐ **Prior to Rainy Season** (Sept 1st-Oct 1st)

☐ **Following first 0.25" of rain in a 24 hour period** (within 2 business days)

☐ **Monthly** (Oct 1st-April 30th)

☐ **Deficiency Re-Inspection**

Re-Inspection Summary

☐ ALL Deficiencies Addressed / Completed ☐ Not Corrected - See Other Notes for Enforcement Action **Date:** _____

☐ **STOP WORK** Issued for Incomplete Items

☐ Other: _____ **Total # of Open Correction Notices:** _____

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