



**NEW YORK STATE  
DEPARTMENT OF ENVIRONMENTAL CONSERVATION  
DIVISION OF WATER**



**Construction Site Inspection Report for SPDES  
MS4 General Permit GP-0-15-003**

Project Name and Location: _____		Date: _____
MS4 Operator Name: _____ MS4 Permit ID: NYR20A _____		Weather: _____
Name of SPDES Permittee: _____ Contacted: Yes <input type="checkbox"/> No <input type="checkbox"/>		Permit # (if any): <b>NYR1</b>
On-site Representative(s) and Company(s): _____		Entry Time: _____ Exit Time: _____
Phone Number(s): _____		Inspection Type: <input type="checkbox"/> NOT <input type="checkbox"/> Complaint <input type="checkbox"/> Compliance <input type="checkbox"/> Referral

**General Permit Requirements**

Yes No N/A

- |    |                          |                          |                          | <u>Citation</u>   |                |
|----|--------------------------|--------------------------|--------------------------|---|----------------|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the project have permit coverage (if required)?                            | I.E. & II. B.1 |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is a copy of the General Permit available on site?                              | II.C.2.        |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is a copy of the MS4 SWPPP Acceptance Form available on site?                   | II.C.2.        |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is a current copy of the signed SWPPP retained at the construction site?        | II.C.2.        |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is a copy of the NOI & Acknowledgment Letter retained at the construction site? | II.C.2.        |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Was written authorization issued for any disturbance greater than 5 acres?      | II.C.3.        |

**SWPPP General Requirements**

Yes No N/A

- |     |                          |                          |                          |  | <u>Citation</u> |
|-----|--------------------------|--------------------------|--------------------------|--|-----------------|
| 7.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is the SWPPP current (accurate Permittee information, reflect current project)?  | II.E. & III.A.4 |
| 8.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SWPPP identifies potential sources of pollutants in runoff   | III.A.2         |
| 9.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SWPPP identifies Trained Contractor.   | III.A.6.        |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Contractor/Subcontractor certification statements have been signed.  | III.A.6.        |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SWPPP is signed by responsible corporate officer, general partner, proprietor, principal executive officer, ranking elected official, or duly authorized representative. | VII.H.2.        |

**Recordkeeping**

Yes No N/A

- |     |                          |                          |                          |   | <u>Citation</u> |
|-----|--------------------------|--------------------------|--------------------------|---|-----------------|
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does Trained Contractor have current certification card?  | VII.O.          |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are self-inspections performed at permit-required frequency?<br>Daily during periods of soil disturbance by Trained Contractor                                  | IV.B.1.         |
|     |                          |                          |                          | Weekly during soil disturbance by Owner/Operator for excepted projects  | IV.C.1.         |
|     |                          |                          |                          | Weekly for soil disturbances <= 5 acres by Qualified Inspector  | IV.C.2.a.       |
|     |                          |                          |                          | Twice weekly for soil disturbances >5acres or if water segment listed in App. C or E  | IV.C.2.b.&e.    |
|     |                          |                          |                          | Monthly during periods of temporary stabilization by Qualified Inspector  | IV.C.2.c        |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do the qualified inspector's reports include the minimum reporting requirements?  | IV.C.4.         |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are the qualified inspector's reports signed and retained onsite?   | IV.C.6.         |
| 16. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do the inspection reports identify deficiencies that are recurring &/or corrective measures that have not been implemented, & include date-stamped color photos | IV.C.4.         |

**Visual Observations**

Yes No N/A

Citation

- 17.    Are all erosion and sediment control measures installed properly? IV.C.4.g.
- 18.    Are all erosion and sediment control measures being maintained properly? IV.C.4.f.
- 19.    Have stabilization measures been implemented in inactive areas per Permit? I.B.1.b.
- 20.    Are post-construction SMPs constructed/installed correctly? IV.C.4.i.
- 21.    Has final site stabilization been achieved and temporary E&SC measures removed prior to NOT submittal? V.A.2.
- 22.    Was there a discharge from the site on the day of inspection? I.B.1.e. & f.
- 23.    Is there evidence that a discharge caused or contributed to a violation of water quality standards? ECL 17-0501, and 6 NYCRR 703.2 and I.B.

**Water Quality Observations**

Describe the discharge(s): location, source(s), impact on receiving water(s), etc.

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Describe the quality of the receiving water(s) both upstream and downstream of the discharge

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Describe any other water quality standards or permit violations

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**Additional Comments**

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Photographs attached

<b>Overall Inspection Rating:</b> <input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Unsatisfactory	
<b>Name/Agency of Inspector:</b> Kimberly Boyd, CPESC #6234	<b>Signature of Lead Inspector:</b>
<b>Names/Agencies of Other Inspectors:</b>	