

Quarterly Site Compliance Evaluation/Inspection

Name of Qualified Inspector(s)

Completing Evaluation/Inspection: _____ Date: _____

Current Weather Conditions: _____ Precipitation in the previous 48 hours? Yes ☐ No ☐

Are industrial materials, residue, or trash on the ground? Yes ☐ No ☐

If yes, state corrective
action _____

Date corrective action was
completed _____

Are there any leaks or spills from industrial equipment, drums, barrels, tanks or containers onsite? Yes ☐ No ☐

If yes, state corrective
action _____

Date corrective action was
completed _____

Is there offsite tracking of industrial materials or sediment where vehicles enter or exit the site? Yes ☐ No ☐

If yes, state corrective
action _____

Date corrective action was
completed _____

Is there blowing or whirling of raw, final, or waste materials?

Yes ☐

No ☐

If yes, state corrective
action_____

Date corrective action was
completed_____

Are all stormwater BMPs identified in the SWPPP operating correctly?

Yes ☐

No ☐

If no, state corrective
action_____

Date corrective action was
completed_____

Are additional BMPs required for potential pollutants or an industrial activity
If yes document & update SWPPP

Yes ☐

No ☐

If yes, state corrective
action_____

Date corrective action was
completed_____

Are there signs of erosion in stormwater conveyances or at outfalls?

Yes ☐

No ☐

If yes, state corrective
action_____

Date corrective action was
completed_____

Any dry weather flows present at time of inspection?

Yes ☐

No ☐

If yes, please describe_____

Is there any evidence of pollutants in discharges and/or receiving waters?

Yes ☐

No ☐

If yes, please describe _____

Evidence of industrial material, residue, trash or sediment in stormwater conveyance?

Yes ☐

No ☐

If yes, state corrective
action _____

Date corrective action was
completed _____

Has industrial activity been added or the site expanded?

Yes ☐

No ☐

If yes, document in SWPPP & on site map

If yes, state corrective action
or additional BMPs required _____

Date corrective action or BMPs
implemented _____

Have the locations of any of the potential pollutants or material storage changed?

Yes ☐

No ☐

If yes, state corrective action or additional BMPs
required _____

If yes, document in the SWPPP & on site
map _____

Any discharges occurring at the time of inspection?

Yes ☐

No ☐

If yes, please describe _____

Any new discharges identified at the time of inspection?

Yes ☐

No ☐

If yes, please describe _____

Are any modifications required to be made to the SWPPP or Site Map(s)

☐

No modification required

☐

SWPPP requires modification

☐

Map(s) require modification

All required changes have been made to the Plan

Date: _____

Initials: _____

All required changes have been made to the Site Map(s)

Date: _____

Initials: _____

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 gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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 fines and imprisonment for knowingly violating the law.

Authorized Signature: _____

Date: _____