

Western Nassau Transmission Project
Stormwater Pollution Prevention Plan
Inspection and Maintenance Report Form

Instructions: Each qualified inspector(s), as documented in the Stormwater Pollution Prevention Plan (SWPPP), must complete this report as defined in the SWPPP. If changes are required to the SWPPP please complete the "Required Changes to SWPPP" section in the inspection form. Attach additional paper if needed. Do not leave answers unanswered; use "N/A" if necessary.
PLEASE REMEMBER TO UPDATE THE SITE MAP ACCORDING TO SITE CHANGES!

Inspector Name: _____ Date of Inspection: _____

Inspector Title: _____ Time of Inspection: _____

Date of Last Rainfall: _____ Amount of Last Rainfall: _____

Any sediment or other pollutant discharges since last inspection? Yes No If yes, location: _____

Describe weather conditions: _____

Describe soil conditions (dry, saturated): _____

Describe active soil disturbance areas: _____

Describe disturbed but inactive areas: _____

Describe areas that have been stabilized (temporary or final) since last inspection: _____

FREQUENCY OF SITE INSPECTIONS:

- Once every 7 calendar days
- Second inspection in 7 calendar days due to soil disturbance exceeding five acres
- Once every month due to temporary suspension (i.e. winter shutdown)

DID THE FREQUENCY OF SITE INSPECTIONS CHANGE?

Yes No

If yes, please complete the following:

Reason for change: _____

Date change made: _____

Approximate end date of change: _____ (If date unknown, mark "TBD")

SITE SPECIFIC BMPS

BMP Description (e.g. silt fence)	BMP Location	BMP Installed and Operating Properly	Corrective Action Needed	Date for Corrective Action/Responsible Person/Additional Notes
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
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		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

OVERALL SITE ISSUES

Below are general site issues that should be assessed during each inspection. If a **BMP/Activity** is not applicable, place a “N/A” in the **Corrective Action** section.

BMP/Activity	Implemented?	Maintained?	Corrective Action	Date for Corrective Action/Responsible Person/Additional Notes
Are all slopes and disturbed areas not actively being worked properly stabilized?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are natural resource areas (e.g., streams, wetlands, etc.) protected with barriers or similar BMPs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are perimeter controls and sediment barriers adequately installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there evidence of sediment being tracked into the street?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are materials that are potential stormwater contaminants stored inside or under cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are storm drains properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

BMP/Activity	Implemented?	Maintained?	Corrective Action	Date for Corrective Action/Responsible Person/Additional Notes
Is trash/litter from work areas collected and placed in covered dumpsters?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are washout facilities available, clearly marked and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are vehicle and equipment fueling, cleaning, and maintenance areas free of spills, leaks or other deleterious material?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are non-stormwater discharges (e.g. wash water, dewatering) properly controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

ARE ADDITIONAL BMPS NEEDED?

Yes No

If yes, please complete the following table:

BMP Description	BMP Location	Date BMP Installed

NOTES AND COMMENTS:

REQUIRED CHANGES TO SWPPP:

Changes Required to the Stormwater Pollution Prevention Plan: _____

Reasons for Change: _____

Changes to be Performed By: _____ On or Before: _____

CERTIFICATION STATEMENT:

"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."

Inspector Signature: _____ Date: _____

Print Name: _____

Inspector Title: _____