

Attachment E4 – HDOT Inspection Report for In-Water Work (IWPPP Section 7.2.12A)

Use this inspection report for daily in-water visual inspections. The questions below apply to the area outside the isolated and confined work area.

HDOT IN-WATER INSPECTION REPORT FORM

Date: _____ Project/Site: _____ Permit No.: HI _____

Inspector's Name: _____

Inspector's Title: _____

Weather: _____

Rain Gauge Site and Amount in Inches (If applicable) _____ inches

Is water flowing at the site? YES NO

Is there a Turbidity Plume? YES NO

If yes, stop work immediately and investigate the source of the plume. Follow the procedures in Section 7.2.12A Procedures for Inspection, Maintenance, and Corrective Actions for In-Water Work Areas.

Are there any other indicators of a discharge? YES NO

Is so, describe? _____

Is the suspected reason for the discharge that a storm water control is clearly not operating as intended or is in need of maintenance?

YES NO

If so, describe? _____

Photos

Photos taken during the BMP inspection documented above are:

- Attached
- Inserted

I certify that I am the person who performed the inspection documented above and that all information recorded on this form is a true and accurate representation of what was observed at the construction site recorded above. Any photographs attached that were taken during the inspection are a true, accurate, and unaltered representation of what was observed during the inspection documented above.

Inspector's Printed Name: _____ *Title:* _____

Inspector's Signature: _____ *Date of Inspection:* _____

Inspector's Printed Name: _____ *Title:* _____

Inspector's Signature: _____ *Date of Inspection:* _____

The certifying person and duly authorized representative shall meet the requirements of Hawaii Administrative Rules 11-55, Appendix A, Section 15.

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 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: _____ *Date:* _____

Duly Authorized Person's Name: Lawrence J. Dill

Duly Authorized Person's Position Title: District Engineer

Duly Authorized Person's Company or Agency: Department of Transportation

Department: Department of Transportation

Division: Department of Transportation, Highways Division

Phone Number: (808) 831-6700 Ext. 126 *Fax No.:* (808) 831-6725

Person Email: lawrence.j.dill@hawaii.gov