

Attachment E2 – Discharge Report for Oahu (Revised 1/29/14)

SITE-SPECIFIC BEST MANAGEMENT PRACTICE INSPECTION AND MAINTENANCE REPORT

ATTACHMENT A: DISCHARGE REPORT (TO BE COMPLETED IN EVENT EVIDENCE OF DISCHARGE IS OBSERVED DURING INSPECTION)

Project No.:

Permit No.:

Inspector:

Date:

This report is required if polluted discharge is observed leaving project limits during site inspection or if there is evidence of an unreported polluted discharge leaving project limits prior to inspection (such as: silty trail, eroded areas beyond site limits)

1. *Identify all Points on the project site from where there was a polluted discharge (provide location and description):*

Discharge Point 1:

Discharge Point 2:

Discharge Point 3:

(add additional discharge points as needed)

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

☐ *BMP not operating as intended*

☐ *BMP needs maintenance*

☐ *Other (describe):*

3. *Overall Notes/Comments:*

4. *For each of the points identified in 1. above, answer the following questions:*

A) Describe the characteristics of the polluted discharge or evidence of polluted discharge (turbidity, color, odor, floating, settled, or suspended solids, foam, oil sheen, and other obvious indicators of storm water pollutants, erosion or gullyng within or adjacent to the project, silt trail, concrete trail).

B) *Is there any evidence that the water was polluted prior to entering the jobsite?*

- ☐ *Yes. If so please describe:*
- ☐ *No*
- ☐ *Not applicable (non-storm water discharge)*

C) *When it left the jobsite, where did the polluted discharge go?*

- ☐ *Entered a drainage system. Go to question D.*
- ☐ *Directly entered State waters (discharged directly to stream or other water body). Go to question E. (Skip D)*
- ☐ *Other (describe):*

D) *List inlets that polluted discharge entered:*

- a. *Describe the characteristics of the water entering the storm drain at the inlet (turbidity, color, odor, floating, settled, or suspended solids, foam, oil sheen, and other obvious indicators of storm water pollutants).*
- b. *Describe any other sources of pollution entering the drain inlet besides project discharge (upstream storm water already polluted, non job related pollution entering at inlet).*

E) *List all receiving water outfall locations from this drainage system, or if discharge went directly to receiving waters, list point where discharge entered receiving waters. At each point check the characteristics of the water upstream (if applicable), at discharge or outfall location, and downstream of discharge or outfall location (if applicable) and describe (turbidity, color, odor, floating, settled, or suspended solids, foam, oil sheen, and other obvious indicators of storm water pollutants).*

Outfall / Discharge Location	Characteristics of water upstream of location (if applicable)	Characteristics of water at outfall/discharge location	Notes (Include information about other inlets entering drainage system prior to outfall, etc.)

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.

Inspector Name and Title

Signature

Date

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 fine and imprisonment for knowing violations.

Date

Duly Authorized Person's Name: _____

Duly Authorized Person's Position Title: _____

Duly Authorized Person's Company or Agency Information:

Company or Agency: State of Hawaii Department of Transportation **Phone:** _____

Address: _____ **Fax:** _____

Email: _____