

***Attachment E5 – Receiving State Waters Inspection Report for Individual NPDES Permits
(SWPPP Section 7.2.12) Rev. 01/28/15***

NOT APPLICABLE

Permit NO. HISXXXXXX, A. General Requirements, Item 6:

Inspect, at a minimum of once per week, the receiving state waters, storm water runoff and control measures and BMPs to detect violations of and conditions which may cause or contribute to a violation of the basic water quality criteria as specified in HAR, Chapter 11-54, Section 11-54-4 (e.g., the Permittee shall look at storm water discharges and receiving state waters for turbidity, color, floating oil and grease, floating debris and scum, materials that will settle, substances that will produce taste in the water or detectable off-flavor in fish, and inspect for items that may be toxic or harmful to human or other life).

The Receiving State Waters Inspection Report for Individual NPDES Permits shall be used to document the weekly inspections of the receiving state waters.

**SITE-SPECIFIC BEST MANAGEMENT PRACTICE INSPECTION AND MAINTENANCE REPORT
RECEIVING STATE WATERS INSPECTION REPORT FOR INDIVIDUAL NPDES PERMITS**

TO BE COMPLETED A MINIMUM OF ONCE PER WEEK, TYPICALLY ALONG WITH WEEKLY BMP INSPECTION ☐ CHECK IF STAND-ALONE INSPECTION

DATE: _____ INSPECTOR/ENGINEER: _____

PROJECT NO.: _____ DOH FILE NO.: _____

PROJECT: _____

WEATHER CONDITIONS: _____ INCHES OF RAIN IN THE PAST 24 HOURS: _____

LOCATION OF WORK ACTIVITIES: _____

DESCRIPTION OF WORK ACTIVITIES: _____

This report is required if the project is covered under an Individual NPDES Permit and there is a requirement to inspect the receiving state waters.

List all receiving water outfall/discharge locations at which inspection occurred. 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.)	EVIDENCE OF PROJECT RELATED POLLUTED DISCHARGE?*
*YES = FILL OUT ATTACHMENT A: DISCHARGE REPORT NO = NO ACTION REQUIRED				

DATE: _____ INSPECTOR/ENGINEER: _____
PROJECT NO.: _____ DOH FILE NO.: _____
PROJECT: _____

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/Engineer Name and Title	Signature	Date
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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.

Pratt M. Kinimaka	Date
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Duly Authorized Person's Name: Pratt M. Kinimaka

Duly Authorized Person's Position Title: Oahu District Engineer

Duly Authorized Person's Company or Agency Information:

Company or Agency: <u>State of Hawaii Department of Transportation, Highways Division</u>	Phone: <u>831-6700 ext 126</u>
Address: <u>727 Kakoi Street</u>	Fax: <u>831-6725</u>
<u>Honolulu, Hawaii 96819</u>	Email: <u>Pratt.Kinimaka@hawaii.gov</u>

DATE: _____ INSPECTOR/ENGINEER: _____
PROJECT NO.: _____ DOH FILE NO.: _____
PROJECT: _____

OUTFALL/PHOTO LOCATION: _____
DESCRIPTION: _____
DATE: _____ TIME: _____

PHOTO:

INSERT PHOTO HERE