Attachment E1 – SWPPP Inspection Report Form for Oahu(SWPPP Section 7.2.12) Rev. 12/20/13

(See Next Page)

SITE-SI	PECIFIC BEST MAI	NAGEMENT PRACTIC	E/STORM WA	TER PC	DLLU	TION PREVENTION I	NSPECTION A	ND MAIN	TENANCE REPORT	
DATE: PROJECT NO.:		PERN	PERMIT NO. PROJECT:							
		PROJ								
PR	E-CONSTRUCTION VERIF	ICATION INSPECTION REPORT	PHASE:							
WEEKLY REPORT EVENT REPORT			INCHE	INCHES OF RAIN FOR THE PAST 24 HOURS (if rain event)						
ВМР Ме	asures and Devices Cur	rently Installed on the Proje	ect:							
LOCATION		ACTIVITY AND TYPE OF BMP MEASURE/DEVICE		ACTION REQUIRED? Y		NOTES/COMMENTS				
					14					
BMP Def	ficiencies Found and Co	rrective Actions Taken:								
DATE FOUND	LOCATION	ACTIVITY AND TYPE OF BMP MEASURE/DEVICE	DATE CONTRACTOR NOTIFIED	NOTES/		TES/COMMENTS	AMENDMENT REQUIRED? (Y/N)	DATE CORRECTED	ACTION TAKEN - NOTES/COMMENTS	

Included Attachments: A. Photographs (Required for BMP Defic	iencies) B. Other attac Describe:	hments		
Comments/Remarks:	-			
I certify that I am the person who performed the inspection documented site recorded above.	above and that all information re	corded on this form is a true and accu	urate representation of what was ob	oserved at the construction
Inspector Name and Title	Signature		Date	
I certify under penalty of law that this document and all attachments we gather and evaluate the information submitted. Based on my inquiry of submitted is, to the best of my knowledge and belief, true, accurate, and imprisonment for knowing violations.	the person or persons who manag	e the system, or those persons direct	tly responsible for gathering informa	ation, the information
Authorized Person's Signature	Date	<u> </u>		
Duly Authorized Person's Name:				
Duly Authorized Person's Position Title:				
Duly Authorized Person's Company or Agency Information:				
Company or Agency:		Phone:		
Address:		Fax:		
		Email:		