

Kauai/Maui/Hawaii Attachment E1 – HDOT Inspection Report for Kauai, Maui, and Big Island

HDOT 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*

<i>The Following Areas Have been Inspected</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>	<i>Notes</i>
<i>9.1.5a All areas that have been cleared, graded, or excavated and that have not yet completed stabilization consistent with section 5.2</i>				
<i>9.1.5b All storm water controls (including pollution prevention measures) installed at the site to comply with this permit</i>				
<i>9.1.5c Material, waste, borrow, or equipment storage and maintenance areas that are covered by this permit</i>				
<i>9.1.5d All areas where storm water typically flows within the site, including drainageways designed to divert, convey, and/or treat storm water</i>				
<i>9.1.5e All points of discharge from the site</i>				
<i>9.1.5f All locations where stabilization measures have been implemented</i>				

9.1.5 Were any portions of the site not inspected due to unsafe conditions? YES ☐ NO ☐

If answering yes above, provide reasons why inspection of the site (or portions thereof) were unsafe and locations not inspected

Site Specific Best Management Practices (BMPs) Plan	Yes	No	N/A	Date Corrected	Notes
<i>Is a copy of the Site Specific BMPs plan available at the site?</i>					
<i>Is the Site Specific BMPs plan certified, signed, and dated?</i>					
<i>Is the Site Specific BMPs plan current and up-to-date?</i>					
<i>Are accompanying erosion and sediment control (ESC) drawings available at the site?</i>					
<i>Are the Erosion and Sediment Control (ESC) drawings up-to-date?</i>					
<i>Are all NPDES permits available at the site?</i>					
<i>Are inspection records available at the site?</i>					

Insert or removes rows, fill in blanks to tailor to your site.

Best Management Practices	Location	Installed Per Specifications (Y/N)	Adequate	Needs Maintenance	N/A	Date Corrected	Notes
<i>Controlling Storm Water Flowing onto and through the Project (run-on diversion, silt fence, vegetated filter strips and buffers, etc.)</i>							
<i>Soil Stabilization (topsoil management, seeding and planting, mulching, geotextiles and mats, etc.)</i>							
<i>Slope Protection (seeding and planting; mulching; geotextiles and mats; slope roughening, terracing and rounding, etc.)</i>							
<i>Storm Drain Inlet Protection</i>							
<i>Perimeter Controls and Sediment Barriers (silt fence, vegetated filter strips and buffers, etc.)</i>							
<i>Sediment Basins and Detention Ponds (sediment traps, sediment basins, etc.)</i>							
<i>Stabilized Ingress/Egress Structures</i>							
<i>Additional Erosion and Sediment Control BMPs</i>							

Best Management Practices	Location	Installed Per Specifications (Y/N)	Adequate	Needs Maintenance	N/A	Date Corrected	Notes
Material Handling and Waste Management (hazardous waste management, concrete waste management, etc.)							
Material Storage							
Spill Prevention/Control							
Baseyards/Staging Areas							
Washout Areas							
Concrete Washout/Waste							
Paint Washout/Waste							
Proper Equipment/Vehicle Fueling and Maintenance Practices							
Equipment/Vehicle Fueling							
Equipment/Vehicle Cleaning							
Equipment/Vehicle Maintenance							
Additional Non-Erosion or Sediment Control BMPs							
Post Construction BMPs (flared culvert end sections, rip-rap and gabion inflow protection, outlet protection and velocity dissipation devices, etc.)							
Other							
Sawcutting							
Dust Control							
Dewatering							

<i>Best Management Practices</i>	<i>Location</i>	<i>Installed Per Specifications (Y/N)</i>	<i>Adequate</i>	<i>Needs Maintenance</i>	<i>N/A</i>	<i>Date Corrected</i>	<i>Notes</i>

Insert or removes rows, fill in blanks to tailor to your site.

<i>Site Conditions</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>	<i>Notes and Corrective Actions</i>
<i>9.1.6.1 Do all erosion and sediment controls and pollution prevention controls installed, appear to be operational, and working as intended to minimize pollutants discharges?</i>				
<i>9.1.6.1 Any controls need to be replaced, repaired, or maintained in accordance with HAR Ch. 11-55 sections 5.1.1.4 and 5.3.2?</i>				
<i>9.1.6.2 Any conditions present that could lead to spills, leaks, or other accumulations of pollutants on the site?</i>				
<i>9.1.6.3 Any locations where new or modified storm water controls are necessary to meet the requirements of HAR Ch. 11-55 sections 5 and/or 6?</i>				
<i>9.1.6.5 Any incidents of noncompliance observed?</i>				
<i>Are off-site flows entering the construction site?</i>				
<i>9.1.6.4 At points of discharge are there signs of visible erosion and sedimentation that have occurred and are attributable to the discharge?</i>				
<i>9.1.6.4 On the banks of any state waters flowing within the property boundaries are there signs of visible erosion and sedimentation that have occurred and are attributable to the discharge?</i>				

Site Conditions	Yes	No	N/A	Notes and Corrective Actions
9.1.6.4 On the banks of any state waters flowing adjacent to the property are there signs of visible erosion and sedimentation that have occurred and are attributable to the discharge?				
Are construction materials/debris/trash/soil stored or disposed of properly at the site?				
Is there vehicle tracking from the site to receiving streets?				
Do locations exist where additional or revised BMPs are needed?				
Do locations exist where BMPs may no longer be necessary and may be removed?				
Does your site evaluation indicate a need to update or revise the current Site Specific BMPs plan and/or accompanying erosion and sediment control drawings?				

9.1.6.6 Discharges Observed During Inspection

Is a discharge occurring during the inspection? YES ☐ NO ☐

If answering YES above answer the following:

9.1.6.6a Identify all points of the property from which there is a discharge_____

9.1 Is there a potential for downstream erosion? YES ☐ NO ☐

If YES continue to the next question. If NO go to 9.1.6.6b and inspect at the **Receiving Water**.

9.1 Does the discharge enter an MS4 or separate drainage system prior to the receiving water? YES ☐ NO ☐

If YES go to 9.1.6.6b and inspect **Where it Enters the Drainage System**. If NO continue to the next question.

9.1 Does the effluent comeingle with offsite water or pollutant sources prior to discharging to the receiving water? YES ☐ NO ☐

If YES go to 9.1.6.6b and inspect at a **Location Representative of the Discharge Quality Prior to Comingling**.

If NO go to 9.1.6.6b and inspect at the **Receiving Water** if safe to do so. If unsafe, document in section 9.15 above.

9.1.6.6b What color is the discharge? _____

9.1.6.6b Is there an odor? Describe if possible. _____

9.1.6.6b Are there floating, settled, or suspended solids? If so, describe? _____

9.1.6.6b Is there foam? _____

9.1.6.6b Does the discharge contain an oil sheen? _____

9.1.6.6b Are there any other obvious indicators of storm water pollutants in the discharge? _____

9.1.6.6c Is the suspected reason for the discharge that a storm water control is clearly not operating as intended or is in need of maintenance?

Photos

Photos taken during the BMP inspection documented above are:

- ☐ *Attached*
- ☐ *Inserted*
- ☐ *Not taken, attached, or inserted.*

(Insert photos in this section if you so choose.)

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: _____

Duly Authorized Person's Position Title: _____

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

Department: Department of Transportation

Division: Department of Transportation, Highways Division

Phone Number: _____ *Fax No.:* _____

Person Email: _____