

Stormwater Pollution Prevention Plan (SWPPP)  
Interstate Route H-1 Resurfacing Miller Pedestrian Overpass to Kapiolani Interchange

**Appendix D – Copy of Sample Inspection Form**

# Inspection Report Form

General Information					
Name of Project	Interstate Route H-1 Resurfacing Miller Pedestrian Overpass to Kapiolani Interchange	NPDES or NGPC No.		Inspection Date	
Inspector Name, Title & Contact Information					
Present Phase of Construction					
Inspection Location (if multiple inspections are required, specify location where this inspection is being conducted)					
<p><b>Inspection Frequency</b> (<i>Note: you may be subject to different inspection frequencies in different areas of the site. Check all that apply. </i>)</p> <p><b>Standard Frequency:</b>    <input type="checkbox"/> Weekly         <input type="checkbox"/> Every 14 days and within 24 hours of a 0.25" rain</p> <p><b>Increased Frequency:</b>    <input checked="" type="checkbox"/> Every 7 days and within 24 hours of a 0.25" rain (for areas of sites discharging to sediment or nutrient-impaired waters)</p> <p><b>Reduced Frequency:</b></p> <ul style="list-style-type: none"> <li>- <input type="checkbox"/> Once per month (for stabilized areas)</li> <li>- <input type="checkbox"/> Once per month and within 24 hours of a 0.25" rain (for arid, semi-arid, or drought-stricken areas during seasonally dry periods or during drought)</li> <li>- <input type="checkbox"/> Once per month (for frozen conditions where earth-disturbing activities are being conducted)</li> </ul>					
<p><b>Was this inspection triggered by a 0.25" storm event?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>If yes, how did you determined whether a 0.25" storm event has occurred?</b></p> <p><input type="checkbox"/> Rain gauge on site            <input type="checkbox"/> Weather station representative of site. Specify weather station source:</p> <p><b>Total rainfall amount that triggered the inspection</b> (in inches):</p>					
<p><b>Unsafe Conditions for Inspection</b></p> <p><b>Did you determine that any portion of your site was unsafe for inspection?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>If "yes", complete the following:</b></p> <ul style="list-style-type: none"> <li>- Describe the conditions that prevented you from conducting the inspection in this location:</li>            <li>- Location(s) where conditions were found:</li> </ul>					

Stormwater Pollution Prevention Plan (SWPPP)	Yes	No	Date Corrected	Notes
Is a copy of the SWPPP available at the site?				
Are the Erosion and Sediment Control drawings up-to-date?				
Is the NPDES Individual Permit available at the site?				
Are inspection records available at the site?				
Are corrective action records available at the site?				
Are monthly compliance reports available at the site?				
Is there evidence of vehicle tracking from the site?				

### Condition and Effectiveness of Erosion and Sediment (E&S) Controls

Type/Location of E&S Control [Add an additional sheet if necessary]	Installed, Operational, and Working as Intended?	Repairs or Other Maintenance Needed?*	Corrective Action Required?*	Photo? <input checked="" type="checkbox"/>	Date on Which Maintenance or Corrective Action First Identified?	Notes
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ID#		
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ID#		
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ID#		
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ID#		
5.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ID#		
6.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ID#		
7.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ID#		
8.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ID#		
9.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ID#		
10.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ID#		
11.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ID#		
12.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ID#		

Identify any locations where new or modified storm water controls are necessary:

### Condition and Effectiveness of Pollution Prevention (P2) Practices

Type/Location of P2 Practices [Add an additional sheet if necessary]	Installed, Operational, and Working as Intended?	Repairs or Other Maintenance Needed?*	Corrective Action Required?*	Photo? <input checked="" type="checkbox"/>	Date on Which Maintenance or Corrective Action First Identified?	Notes
1. Spill Prevention and Response	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ID#		
2. Fueling of Vehicles	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ID#		
3. Maintenance of Vehicles	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ID#		
4. Washing of Equipment and Vehicles	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ID#		
5. Material Delivery and Storage	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ID#		
6. Material Use	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ID#		
7. Hazardous or Toxic Waste	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ID#		
8. Construction and Domestic Waste	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ID#		
9. Sanitary Waste	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ID#		
10. Washing of Applicators, and Containers used for Paint, Concrete or Other Materials.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ID#		
Note any conditions that could lead to spills, leaks, or other accumulations of pollutants on the site, note any locations (not noted above) where new or modified P2 controls are necessary to meet the requirements of the SWPPP (Include date on which it was first identified and the date it was corrected):						

[illegible]

Was a stormwater discharge or other discharge occurring from any part of your site at the time of the inspection? ☐ Yes ☐ No

If "yes", provide the following information for each point of discharge:

<b>Discharge Location</b> [Add an additional sheet if necessary]	<b>Observations</b> (sediment, turbidity, color, floating oil and grease, floating debris and scum, materials that will settle, substances that will produce taste in the water or detectible off-flavor in fish, and inspect for items that may be toxic or harmful to human or other life)
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1.

Photo? ☐ ID#

Describe and observe the discharge, and take note of the characteristics of the storm water discharge, including color, odor, floating, settled or suspended solids, foam, oil sheen and other obvious indicators of storm water pollutants:

At points of discharge and the channels and banks of surface waters in the immediate vicinity, are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge? ☐ Yes ☐ No

If yes, document whether the storm water controls are operating effectively, and describe any such controls that are clearly not operating as intended or are in need of maintenance.

Describe maintenance actions taken:

2.

Photo? ☐ ID#

3.

Page 5

<b>Photo?</b> <input type="checkbox"/> <b>ID#</b>	Describe maintenance actions taken:
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Contractor or Subcontractor Certification and Signature
<p>"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 or imprisonment for knowing violations."</p> <p><b>Signature of Contractor or Subcontractor:</b> _____ <b>Date:</b> _____</p> <p><b>Printed Name and Affiliation:</b> _____</p>

Certification and Signature by Government's Duly Authorized Representative
<p>"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 or imprisonment for knowing violations."</p> <p><b>Signature of "Government's Duly Authorized Representative":</b> _____ <b>Date:</b> _____</p> <p><b>Printed Name and Affiliation:</b> _____</p>