

## ADEM NPDES CONSTRUCTION STORMWATER INSPECTION REPORT AND BMP CERTIFICATION

RESPOND WITH "N/A" AS APPROPRIATE. FORMS WITH INCOMPLETE OR INCORRECT ANSWERS, OR MISSING SIGNATURES WILL BE RETURNED AND MAY RESULT IN APPROPRIATE COMPLIANCE ACTION BY THE DEPARTMENT. IF SPACE IS INSUFFICIENT, CONTINUE ON AN ATTACHED SHEET(S) AS NECESSARY. PLEASE TYPE OR PRINT IN INK.

**Item I.**

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|--|---------------------|
| Permittee Name:                                  | Facility/Site Name: |
| Permit Number:                                   | County:             |
| Facility Entrance Latitude & Longitude:          | Phone Number:       |
| Facility Street Address or Location Description: |                     |

**Item II.**

| List name of current ultimate receiving water(s) (indicate if through MS4) and the number of disturbed acres which drains through each treatment system or BMP: Add additional sheet(s) if necessary. |                 |                   |  |
|---|-----------------|-------------------|--|
| Receiving Water   | Disturbed Acres | Discharge Point # | Representative Outfall                                   |
|   |                 |                   | <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"/> YES <input type="checkbox"/> NO |
|   |                 |                   | <input type="checkbox"/> YES <input type="checkbox"/> NO |

**Item III.**

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|---|
| 1. <input type="checkbox"/> YES <input type="checkbox"/> NO Did discharges of sediment or other pollutants occur from the site? If "Yes", please list a description of the discharge(s) and their location(s):  |
| 2. <input type="checkbox"/> YES <input type="checkbox"/> NO Were BMPs properly implemented and maintained at the time of inspection? If "No", please provide location(s) and descriptions of BMPs that need maintenance:  |
| 3. <input type="checkbox"/> YES <input type="checkbox"/> NO Are BMPs needed in addition to those already present onsite at the time of inspection? If "Yes" please provide a description and location of additional BMPs that are needed:   |
| 4. <input type="checkbox"/> YES <input type="checkbox"/> NO Have any BMPs failed to operate as designed? If "Yes", please provide location(s) and description of BMP(s) that failed:  |
| 5. <input type="checkbox"/> YES <input type="checkbox"/> NO Were there BMPs required by the CBMPP that were not installed or installed in a manner not consistent with the CBMPP? If "Yes", please provide a description and location where the BMPs were not installed or installed incorrectly: |

**Item IV.**

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| The Permittee shall conduct turbidity monitoring in accordance with Part V of the permit:                                |
| 1. <input type="checkbox"/> YES <input type="checkbox"/> NO Is this facility a Priority Construction Site?               |
| 2. <input type="checkbox"/> YES <input type="checkbox"/> NO Has the facility disturbed greater than 10 acres?            |
| 3. <input type="checkbox"/> YES <input type="checkbox"/> NO Was the site discharging at the time of inspection?          |
| 4. <input type="checkbox"/> YES <input type="checkbox"/> NO Samples collected, if "Yes", sampling data must be attached. |

