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| **Inspection Information** | | | |
| Facility Name | Insert Name | | |
| AZPDES Auth. No. | Insert Tracking No. | Date of Inspection | Insert Date |
| Start/End Time | Insert Start/End Time | During normal operating hours?  Yes  No | |
| Routine Inspection  1 of 4  2 of 4  3 of 4  4 of 4 | | | |
| Proposed Date of next Routine Inspection: Insert Date | | | |
| **Inspector Information** | | | |
| Inspector’s Name(s) | Insert Name | | |
| Inspector’s Title(s) | Insert Title | | |
| Inspector’s Contact Information | Insert Contact Info | | |
| Inspector’s Qualifications | Insert qualifications or add reference to the SWPPP | | |

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| **Weather Information** |
| Weather at time of this inspection:  Clear  Cloudy  Rain  Sleet  Fog  Snow  High Winds  Other: Temperature: |
| The permit requires at least one routine site inspection occurs during a stormwater event or while a discharge is occurring at one or more outfalls. Was there a stormwater event or discharging occurring during this routine inspection?  Yes  No |

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| **Previously Unidentified Pollutants** |
| Have any previously unidentified discharges of pollutants occurred since the last inspection?  Yes  No  If yes, describe: |
| Is there evidence of, or the potential for, previously unidentified pollutants entering the drainage system?  Yes  No  If yes, describe: |
| **Discharge Points** |
| Are there any evidence of stormwater, or allowable non-stormwater, or unauthorized discharge occurring at the time of inspection?  Yes  No  If yes, describe: |
| Describe observations regarding the physical condition of and around all outfalls, including any flow dissipation devices, and evidence of pollutants in discharges and/or the receiving water. |

| **Control Measures**  *Number the structural stormwater control measures identified in your SWPPP on your site map and list them below (add as many control measures as are implemented on-site). To ensure all control measures are properly installed, ADEQ recommends having the SWPPP and site map available at the time of inspection.*   * *Identify if maintenance, repair or replacement or corrective action is needed.* | | | | |
| --- | --- | --- | --- | --- |
|  | **Structural Control Measure** | **Control Measure is Operating Effectively?** | **If No, In Need of Maintenance, Repair, or Replacement?** | **Maintenance or Corrective Action Needed and Notes** |
| 1 | Insert Control Measure Name | Yes  No | Maintenance  Repair  Replacement | Describe Maintenance and/or Corrective Actions Needed |
| 2 | Insert Control Measure Name | Yes  No | Maintenance  Repair  Replacement | Describe Maintenance and/or Corrective Actions Needed |
| 3 | Insert Control Measure Name | Yes  No | Maintenance  Repair  Replacement | Describe Maintenance and/or Corrective Actions Needed |
| 4 | Insert Control Measure Name | Yes  No | Maintenance  Repair  Replacement | Describe Maintenance and/or Corrective Actions Needed |
| 5 | Insert Control Measure Name | Yes  No | Maintenance  Repair  Replacement | Describe Maintenance and/or Corrective Actions Needed |
| 6 | Insert Control Measure Name | Yes  No | Maintenance  Repair  Replacement | Describe Maintenance and/or Corrective Actions Needed |
| 7 | Insert Control Measure Name | Yes  No | Maintenance  Repair  Replacement | Describe Maintenance and/or Corrective Actions Needed |
| 8 | Insert Control Measure Name | Yes  No | Maintenance  Repair  Replacement | Describe Maintenance and/or Corrective Actions Needed |
| 9 | Insert Control Measure Name | Yes  No | Maintenance  Repair  Replacement | Describe Maintenance and/or Corrective Actions Needed |
| 10 | Insert Control Measure Name | Yes  No | Maintenance  Repair  Replacement | Describe Maintenance and/or Corrective Actions Needed |
| 11 | Insert Control Measure Name | Yes  No | Maintenance  Repair  Replacement | Describe Maintenance and/or Corrective Actions Needed |
| 12 | Insert Control Measure Name | Yes  No | Maintenance  Repair  Replacement | Describe Maintenance and/or Corrective Actions Needed |

| **Areas of Industrial Materials or Activities Exposed to Stormwater**  *Below are some general areas that should be assessed during routine inspections:*   * *Customize this list as needed for the specific types of industrial materials or activities at your facility that are potential pollutant sources.* * *Identify if any areas or activities need maintenance, repair or replacement or corrective action is needed.* | | | | |
| --- | --- | --- | --- | --- |
|  | **Area/Activity** | **Inspected?** | **Controls Adequate (appropriate, effective and operating)?** | **Maintenance or Corrective Action Needed and Notes** |
| 1 | Material loading/unloading and storage areas | Yes  No N/A | Yes  No | Describe Maintenance and/or Corrective Actions Needed |
| 2 | Equipment operations and maintenance areas | Yes  No N/A | Yes  No | Describe Maintenance and/or Corrective Actions Needed |
| 3 | Fueling areas | Yes  No N/A | Yes  No | Describe Maintenance and/or Corrective Actions Needed |
| 4 | Outdoor vehicle and equipment washing areas | Yes  No N/A | Yes  No | Describe Maintenance and/or Corrective Actions Needed |
| 5 | Waste handling and disposal areas | Yes  No N/A | Yes  No | Describe Maintenance and/or Corrective Actions Needed |
| 6 | Erodible areas/construction | Yes  No N/A | Yes  No | Describe Maintenance and/or Corrective Actions Needed |
| 7 | Non-stormwater/ illicit connections | Yes  No N/A | Yes  No | Describe Maintenance and/or Corrective Actions Needed |
| 8 | Salt storage piles or pile containing salt | Yes  No N/A | Yes  No | Describe Maintenance and/or Corrective Actions Needed |
| 9 | Dust generation and vehicle tracking | Yes  No N/A | Yes  No | Describe Maintenance and/or Corrective Actions Needed |
| 10 | Processing areas | Yes  No N/A | Yes  No | Describe Maintenance and/or Corrective Actions Needed |
| 11 | Areas where industrial activity has taken place in the past, and significant materials remain and are exposed to storm water | Yes  No N/A | Yes  No | Describe Maintenance and/or Corrective Actions Needed |
| 12 | Immediate access roads and rail lines used or traveled by carriers of raw materials, manufactured products, waste material, or by-products used or created by the facility | Yes  No N/A | Yes  No | Describe Maintenance and/or Corrective Actions Needed |
| 13 | (Other) | Yes  No N/A | Yes  No | Describe Maintenance and/or Corrective Actions Needed |
| 14 | (Other) | Yes  No N/A | Yes  No | Describe Maintenance and/or Corrective Actions Needed |

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| **Additional Control Measures** |
| Describe any additional control measures needed to comply with the permit requirements: |

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| **Non-Compliance** |
| Were any incidents of non-compliance observed during this inspection?  Yes  No  If yes, describe: |
| Define the actions to be taken to bring the site back into compliance and when: |
| Were any modifications or changes to, or replacement of control measures made as a result of non-compliance?  Yes  No  If yes, describe: |

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| **SWPPP Revisions** |
| Were there any required revisions to the SWPPP based on this inspection?  Yes  No  If yes, describe: |

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| **Notes** |
| Use this space for any additional notes or observations from the inspection: |

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| **Certification Statement (Refer to MSGP Appendix B, Paragraph 9, for Signatory Requirements)** | | | | |
| “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 gathered and evaluated 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.” | | | | |
| A. Name on Inspector: |  | B. Title: |  | |
| C. Inspector Signature: |  | D. Date Signed: | |  |