

## **Appendix K**

### Construction Inspection Forms

This section includes the following sections:

- (1) U of A Construction CGP oversight audit checklist
- (2) ADEQ Construction Operator (i.e., U of A Contractor) – cgp inspection form2013

## U of A Construction Oversight - Inspection Form

This inspection form has been tailored to provide the U of A oversight team with an inspection form intended to cover oversight of construction operators (i.e., U of A contractors) according to Part V. B. 4. b. of the Arizona Department of Environmental Quality MS4 Permit. This U of A construction oversight inspection form should be filled out quarterly at a minimum on U of A construction projects by the U of A oversight team.

Maintain records for a period of 3 years past the expiration of the permit.

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<b>GENERAL CONSTRUCTION PROJECT INFORMATION</b>		
Item Number	The following general project information may be completed by the Site Audit Representative prior to the Site Audit	
1	Site Name:	
2	Plans Date:	
3	Project size (acres):	Area of land disturbance (acres):
4	Construction Stormwater Permit Authorization Number: AZCON _____	
5	List of other water quality-related site permits (if any):	
6	Does the Project Discharge to a Tier I water, an Impaired Water, or an Outstanding Arizona Water (OAW)? Circle One:	Yes or No
7	Is the Notice of Intent (NOI) information accurate?	Yes or No
8	If the audit is occurring at the end of the project, has the Notice of Termination (NOT) been completed and submitted?	Yes or No

<b>CONSTRUCTION PERMIT AND SWPPP DOCUMENTATION</b>		
Item Number	Items to be checked by U of A's Site Audit Representative during a Construction Site Audit	Yes or No
9	Are the site's permits currently effective (i.e., no expired permits?) (e.g., Arizona CGP)	Yes or No
10	Is the AZPDES permit posted near the main entrance of the construction site where it is accessible to the public?	Yes or No
11	Is the SWPPP located at the site and is it current?	Yes or No
12	Are routine inspections conducted as called out in the SWPPP utilizing one of the frequencies listed below?: (1) Once every 7 calendar days; (2) Once every 14 days and within 24 hours of the occurrence of a storm event of 0.5 inch or greater; or (3) A minimum of once per month, but not within 14 calendar days of the previous inspection, and within 24 hours of the occurrence of a storm event of 0.25 inch or greater	Yes or No
13	Does the site have rainfall records to support Option (2) or (3) listed above? - If using onsite rain gauge, how many days since the last audit was gauged rain data recorded? _____ - If using information from a weather station that is representative of the location, when was the last time data was recorded and filed? _____	Yes or No

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14	If a reduction in inspection frequency is in effect, are operators documenting an appropriate rationale (temporarily stabilized areas, seasonal rainfall patterns, winter conditions) in support of the reduced frequency and: (1) inspecting the site at least once per month (but not within 14 calendar days of the previous inspection) and (2) before an anticipated storm event and (3) within 24 hours of each storm event of 0.5 inch or greater in 24 hours.	Yes or No
15	If the site is located within 1/4 mile of Impaired Waters or OAWs, are inspections being conducted at least once every 7 days?	Yes or No
16	Was the ADEQ construction inspection form used or contain all of the content contained in the ADEQ construction inspection form?	Yes or No

**CONSTRUCTION PERMIT AND SWPPP DOCUMENTATION (cont.)**

Item	Items to be checked by U of A's Site Audit Representative during a	Yes or No
17	Were the site inspections performed by a qualified inspector?	Yes or No
18	Do the inspection reports indicate that erosion prevention and sediment control measures were in place and functional before earth moving operations began?	Yes or No
19	Do the inspection reports require maintenance to be completed?	Yes or No
20	Were maintenance items addressed within 7 days or before the next rain event?	Yes or No
21	If SWPPP modifications were needed were the SWPPP modifications made within 7 days after the need was identified in an inspection?	Yes or No
22	Are all reports and inspections available onsite?	Yes or No

**SITE CHECK**

Item Number	Spot check the following items:	Yes or No
23	Are control measures/best management practices (BMPs) in place to prevent sediment from leaving the site and installed correctly?	Yes or No
24	Are control measures/best management practices (BMPs) maintained and functioning?	Yes or No
25	Is a construction exit in place and is sediment trackout minimized or managed properly (e.g., rumble plates, street sweeping, etc.)?	Yes or No
26	Are trash cans covered?	Yes or No
27	Are trash containers of a sufficient size to contain construction and domestic waste?	Yes or No
28	Are porta-potties secure such that they will not be tipped or knocked over?	Yes or No
29	Are spills cleaned up?	Yes or No
30	Is run-on from neighboring areas diverted around the construction disturbed area or managed properly otherwise? (if applicable)	Yes or No
31	Are concrete washout areas being managed properly to prevent overflow outside of the washout area?	Yes or No

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32	Are all chemicals (including but not limited to fuel, paint, concrete, pesticides, wastes, etc.) in leak-proof containers, under storm-resistant cover, and properly documented in the SWPPP?	Yes or No
33	Are disturbed areas stabilized within 14 days?	Yes or No

**SITE AUDIT REPRESENTATIVE ADDITIONAL COMMENTS AND NOTES (Attach added sheets as needed)**

**Site Audit Representative Certification: I certify that I completed this site audit checklist and that these items document the findings of the site audit based upon my observations**

Site Auditor Name (Print): \_\_\_\_\_

Site Auditor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## ADEQ Construction Site Operator Inspection Form

The ADEQ Construction Site Operator Inspection Form should be used by U of A contractors during their construction stormwater inspections as required by Section 4.4 of the Arizona Department of Environmental Quality Construction General Stormwater Permit (CGP). If the Operator (i.e., the U of A contractor) does not opt to utilize this form, then their inspection forms must at a minimum contain the same information as provided in this inspection form, per the ADEQ Construction General Stormwater Permit, for sites that exceed 1 acre of soil disturbance.



# 2013 Construction General Permit Inspection & Corrective Action Report Form

## Section I. General Information (see instructions)

<b>Name of Project</b>		<b>CGP Tracking No.</b>	<b>AZCON –</b> _____	<b>Inspection Date</b>	___ / ___ / _____
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**Check box when using this form to inspect an inactive/ unstaffed construction site (this option applies to an entire site only).** See Part 4.2(4) of the permit. Inspect the site immediately before becoming inactive/ unstaffed and every 6 months thereafter and within 24 hours of each storm event of 0.5 inch or greater in 24 hours.

<b>Inspector Name, Title &amp; Contact Information</b>	<b>Name:</b> _____ <b>Title:</b> _____
	<b>Contact information:</b> _____

<b>Present Phase of Construction</b>	
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**Inspection Schedule (all days are calendar days)** *(Note: you may be subject to different inspection frequencies in different areas of the site. Check all that apply.)*

- Routine Schedule:**  Every 7 days     Every 14 days and within 24 hours of a 0.5" storm event  
 Once per month, but not within 14 days of the previous inspection and within 24 hours of a 0.25" storm event

**Reduced Schedule:** once per month (but not within 14 days of the previous inspection) and before an anticipated storm event and within 24 hours of the end of each storm event of 0.5 inch or greater in 24 hours.

- Once per month (in stabilized areas)  
 Once per month (where discharges are unlikely based on seasonal rainfall patterns)  
 Once per month (where winter conditions exist and earth-disturbing activities are being conducted)

**Discharge points within 1/4 mile of an impaired water or outstanding Arizona water (OAW):**  Every 7 days and within 24 hours of a 0.5" storm event

**Was this inspection triggered by either a 0.25" or 0.5" storm event?**  Yes  No

**If yes, duration of storm event:**  < 1 hour  < 6 hrs  > 6 hrs

**If yes, how was the storm event determined (either 0.25" or 0.5")?**

- Rain gauge on site     Weather station representative of site. Specify weather station source: \_\_\_\_\_

**Total rainfall amount that triggered the inspection (in inches):** \_\_\_\_\_

**Identify all sources of non-stormwater discharges occurring at the site and the associated control measures in place**

**sources of non-stormwater discharges:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**control measures associated with the non-stormwater discharges:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Adverse or Unsafe Conditions for Inspection**

Did you determine that any portion of the site was unsafe for inspection per CGP Part 4.2(6)?  Yes  No

If "yes", complete the following:

- Describe the conditions that prevented you from conducting the inspection in this location:
  
  
- Location(s) where conditions were found:

**Note:** Inspections may be postponed when adverse or unsafe conditions exist such as local flooding, high winds, or electrical storms, or situations that otherwise make inspections unsafe. However, the inspection must resume as soon as conditions are safe.

**Section II. Description of Discharges and Condition of the Discharge Locations (CGP Part 4.3(11)) (see instructions)**

Discharge Point	Observations <i>(Note: discharges may not occur at every discharge point on the site after a storm event. Check all that apply.)</i>
1.	Describe the discharge: <input type="checkbox"/> Stormwater <input type="checkbox"/> Non-stormwater <input type="checkbox"/> None Since the last inspection, do you see any evidence of erosion, sediment accumulation and/ or other pollutants that can be attributed to your discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe the characteristics of the discharge (color, odor, clarity, etc.) specify the location(s) of these conditions, and indicate whether modification, maintenance, or corrective action is needed to correct the problem. Also, describe any visible signs of erosion or sediment accumulation.</i>	
2.	Describe the discharge: <input type="checkbox"/> Stormwater <input type="checkbox"/> Non-stormwater <input type="checkbox"/> None Since the last inspection, do you see any evidence of erosion, sediment accumulation and/ or other pollutants that can be attributed to your discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe the characteristics of the discharge (color, odor, clarity, etc.) specify the location(s) of these conditions, and indicate whether modification, maintenance, or corrective action is needed to correct the problem. Also, describe any visible signs of erosion or sediment accumulation.</i>	
3.	Describe the discharge: <input type="checkbox"/> Stormwater <input type="checkbox"/> Non-stormwater <input type="checkbox"/> None Since the last inspection, do you see any evidence of erosion, sediment accumulation and/ or other pollutants that can be attributed to your discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe the characteristics of the discharge (color, odor, clarity, etc.) specify the location(s) of these conditions, and indicate whether modification, maintenance, or corrective action is needed to correct the problem. Also, describe any visible signs of erosion or sediment accumulation.</i>	



**Section II. CONTINUATION SHEET FOR: Description of Discharges and Condition of the Discharge Locations** [\[Print additional sheets as necessary\]](#)

Discharge Point	Observations <i>(Note: discharges may not occur at every discharge point on the site after a storm event. Check all that apply.)</i>
#___.	Describe the discharge: <input type="checkbox"/> Stormwater <input type="checkbox"/> Non-stormwater <input type="checkbox"/> None Since the last inspection, do you see any evidence of erosion, sediment accumulation and/ or other pollutants that can be attributed to your discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe the characteristics of the discharge (color, odor, clarity, etc.) specify the location(s) of these conditions, and indicate whether modification, maintenance, or corrective action is needed to correct the problem. Also, describe any visible signs of erosion or sediment accumulation.</i>	
#___.	Describe the discharge: <input type="checkbox"/> Stormwater <input type="checkbox"/> Non-stormwater <input type="checkbox"/> None Since the last inspection, do you see any evidence of erosion, sediment accumulation and/ or other pollutants that can be attributed to your discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe the characteristics of the discharge (color, odor, clarity, etc.) specify the location(s) of these conditions, and indicate whether modification, maintenance, or corrective action is needed to correct the problem. Also, describe any visible signs of erosion or sediment accumulation.</i>	
#___.	Describe the discharge: <input type="checkbox"/> Stormwater <input type="checkbox"/> Non-stormwater <input type="checkbox"/> None Since the last inspection, do you see any evidence of erosion, sediment accumulation and/ or other pollutants that can be attributed to your discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe the characteristics of the discharge (color, odor, clarity, etc.) specify the location(s) of these conditions, and indicate whether modification, maintenance, or corrective action is needed to correct the problem. Also, describe any visible signs of erosion or sediment accumulation.</i>	
#___.	Describe the discharge: <input type="checkbox"/> Stormwater <input type="checkbox"/> Non-stormwater <input type="checkbox"/> None Since the last inspection, do you see any evidence of erosion, sediment accumulation and/ or other pollutants that can be attributed to your discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe the characteristics of the discharge (color, odor, clarity, etc.) specify the location(s) of these conditions, and indicate whether modification, maintenance, or corrective action is needed to correct the problem. Also, describe any visible signs of erosion or sediment accumulation.</i>	

**Section III. Condition and Effectiveness of All On-site Control Measures (Erosion and Sediment (E&S)), Stabilization and Pollution Prevention (P2) Practices (CGP Part 3.1.1 through 3.1.3) (see instructions)**

Description of Control Measures	Type of Control Measure: ▪ Erosion and Sediment (E&S) ▪ Stabilization ▪ Pollution Prevention (P2)	Additional controls required?	Repairs or other maintenance needed? <sup>1</sup>	Corrective action required? <sup>1, 2</sup> Date of discovery	Specify stabilization method (mulch, rock, planted vegetation, etc.)
1.	<input type="checkbox"/> E&S <input type="checkbox"/> Stabilization <input type="checkbox"/> P2	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No  ___ / ___ / ____	

**Notes** (e.g., provide details about needed additional control measures, maintenance performed, etc.)

Description of Control Measures	Type of Control Measure: ▪ Erosion and Sediment (E&S) ▪ Stabilization ▪ Pollution Prevention (P2)	Additional controls required?	Repairs or other maintenance needed? <sup>1</sup>	Corrective action required? <sup>1, 2</sup> Date of discovery	Specify stabilization method (mulch, rock, planted vegetation, etc.)
2.	<input type="checkbox"/> E&S <input type="checkbox"/> Stabilization <input type="checkbox"/> P2	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No  ___ / ___ / ____	

**Notes** (e.g., provide details about needed additional control measures, maintenance performed, etc.)

**Note 1:** The permit differentiates between conditions requiring repairs and maintenance, and those requiring corrective action. The permit requires maintenance in order to keep controls in effective operating condition and requires repairs if controls are not operating as intended. Corrective actions are triggered only for specific, more serious conditions, which include: 1) A necessary stormwater control was never installed, was installed incorrectly, or not in accordance with the requirements in Part 3.1 and/or Part 3.2; 2) One of the prohibited discharges in Part 1.4 is occurring or has occurred; or 3) ADEQ or USEPA determines that modifications to the control measures are necessary to meet the requirements of Part 3.

**Note 2:** If answering "Yes" (i.e., a site condition that meets one or more of the three criteria in Note 1 above requires a corrective action), you must complete Section IV (Corrective Action Report) below. See Part 5 of the permit for more information.

**Section III. CONTINUATION SHEET FOR: Control Measure Condition and Effectiveness**

[Print additional sheets as necessary]

Description of Control Measures	Type of Control Measure: ▪ Erosion and Sediment (E&S) ▪ Stabilization ▪ Pollution Prevention (P2)	Additional controls required?	Repairs or other maintenance needed? <sup>1</sup>	Corrective action required? <sup>1, 2</sup> Date of discovery	Specify stabilization method (mulch, rock, planted vegetation, etc.)
#__.	<input type="checkbox"/> E&S <input type="checkbox"/> Stabilization <input type="checkbox"/> P2	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No  ___ / ___ / ___	

**Notes** (e.g., provide details about needed additional control measures, maintenance performed, etc.)

Description of Control Measures	Type of Control Measure: ▪ Erosion and Sediment (E&S) ▪ Stabilization ▪ Pollution Prevention (P2)	Additional controls required?	Repairs or other maintenance needed? <sup>1</sup>	Corrective action required? <sup>1, 2</sup> Date of discovery	Specify stabilization method (mulch, rock, planted vegetation, etc.)
#__.	<input type="checkbox"/> E&S <input type="checkbox"/> Stabilization <input type="checkbox"/> P2	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No  ___ / ___ / ___	

**Notes** (e.g., provide details about needed additional control measures, maintenance performed, etc.)

**Note 1:** The permit differentiates between conditions requiring repairs and maintenance, and those requiring corrective action. The permit requires maintenance in order to keep controls in effective operating condition and requires repairs if controls are not operating as intended. Corrective actions are triggered only for specific, more serious conditions, which include: 1) A necessary stormwater control was never installed, was installed incorrectly, or not in accordance with the requirements in Part 3.1 and/or Part 3.2; 2) One of the prohibited discharges in Part 1.4 is occurring or has occurred; or 3) ADEQ or USEPA determines that modifications to the control measures are necessary to meet the requirements of Part 3.

**Note 2:** If answering “Yes” (i.e., a site condition that meets one or more of the three criteria in Note 1 above requires a corrective action), you must complete Section IV (Corrective Action Report) below. See Part 5 of the permit for more information.



## Section IV. Corrective Action Report Form

### Section IV.A. – General Information

(Complete this section within 24 hours of discovering the condition that triggered corrective action)

<b>Date/ Time Problem First Discovered</b>	Date: ___ / ___ / _____ Time: _____ AM ___ PM	<b>Today's Date</b>	___ / ___ / _____
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<b>Name and Contact Information of Individual Completing this Form</b>	<b>Name:</b> _____
	<b>Contact information:</b> _____

**What site conditions triggered the requirement to conduct corrective action?** *(Check the box that applies)*

- A necessary stormwater control was never installed, was installed incorrectly, or not in accordance with the requirements in Part 2 and/or 3
- A prohibited discharge described in Part 1.4 has occurred or is occurring
- ADEQ or USEPA has determined that modifications to the control measures are necessary to meet the requirements of Part 3.

**Provide a description of the problem:** *(Provide description of the specific problem that triggered the need for corrective action, and the specific location where it was found. If you have already provided this explanation in an inspection report, you can refer to that report.)*

**Deadline for completing corrective action:**

- Work will be completed no more than 7 calendar days after the date the problem was discovered (enter date): \_\_\_ / \_\_\_ / \_\_\_\_\_
- It is infeasible to complete work within the first 7 days, therefore, the work will be completed as soon as practicable following the 7<sup>th</sup> day (enter date): \_\_\_ / \_\_\_ / \_\_\_\_\_

**If the estimated date of completion falls after the 7-day deadline, document the following: (1) The reason it is infeasible to complete work within 7 days, and (2) The schedule for installing and making the new or modified stormwater control operational in the soonest practicable timeframe.**

**NOTE:** Any corrective actions that result in changes to any of the stormwater controls or procedures shall be documented in the SWPPP within 7 calendar days of completing the corrective action work.

**Section IV.B. – Stormwater Control Modifications to be Implemented in Response to a Corrective Action Trigger**

[\[Print additional sheets as necessary\]](#)

List of stormwater control(s) to be modified or replaced to correct the condition that required the Corrective Action	Actual or Planned Completion Date	SWPPP Update Necessary? If yes, specify date SWPPP modified	Notes and observations
1.	___/___/____	<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/____	
2.	___/___/____	<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/____	
3.	___/___/____	<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/____	
4.	___/___/____	<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/____	
5.	___/___/____	<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/____	
6.	___/___/____	<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/____	
7.	___/___/____	<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/____	

Use this space for miscellaneous information or as continuation of items found elsewhere in this report.



**Section VI. Certification and Signature (CGP Appendix B. 9.)**

**Section VI.A. – Certification and Signature by Contractor or Subcontractor performing the inspections (if applicable)**

Check one of the following:

- No instances of non-compliance were discovered during this inspection and the project was in full compliance with the SWPPP and permit.
- Inspection follow-up is required, in accordance with Parts 4.5(1) and 4.5(2) of the permit.

“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.”

Signature of Contractor or Subcontractor: \_\_\_\_\_ Title: \_\_\_\_\_

Printed name : \_\_\_\_\_ Date: \_\_\_\_\_

Business / Agency: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Section VI.B. – Certification and Signature by Permittee (permittee / operator or a duly authorized representative is required to sign)**

Check one of the following:

- No instances of non-compliance were discovered during this inspection and the project was in full compliance with the SWPPP and permit.
- Inspection follow-up is required, in accordance with Parts 4.5(1) and 4.5(2) of the permit.

“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.”

Signature of Permittee or  
“Duly Authorized Representative”: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Business / Agency: \_\_\_\_\_ Phone number: \_\_\_\_\_