



City and County of Honolulu

## Construction Site BMPs Inspection Checklist For NPDES Permitted Construction Projects

Projects subject to both DPP and State NPDES permit requirements

General Information			
Project Name: _____		Date: _____	
ESCP Coordinator: _____		Phone #: _____	Email: _____
Location: _____		TMK <sup>1</sup> : _____ - _____ - _____ :	
Project Manager: _____		Phone #: _____	Email: _____
Authorized Representative: _____		Title: _____	
Contractor: _____		Phone #: _____	Email: _____
Authorized Representative: _____		Title: _____	
1. City Permit (check all that apply)	<input type="checkbox"/> Building #: _____	Exp. Date: _____	<input type="checkbox"/> Grading #: _____
	<input type="checkbox"/> Grubbing #: _____	Exp. Date: _____	<input type="checkbox"/> Stockpiling #: _____
2. NPDES General / Individual Permit (check all that apply)	<input type="checkbox"/> Construction #: _____	Exp. Date: _____	Authorized Rep: _____
	<input type="checkbox"/> Hydrotesting #: _____	Exp. Date: _____	Authorized Rep: _____
	<input type="checkbox"/> Dewatering #: _____	Exp. Date: _____	Authorized Rep: _____
	<input type="checkbox"/> Individual #: _____	Exp. Date: _____	Authorized Rep: _____
3. Other Permits (list all): _____			

Inspection Type	
<input type="checkbox"/> Pre-Construction Inspection	<input type="checkbox"/> Regular Weekly Inspection
<input type="checkbox"/> Re-Inspection	
<input type="checkbox"/> Storm Event Report <sup>2</sup> :	Weather Station Address / Location of Onsite Rain Gauge: _____
	Inches of Rain in the last 24 hrs: _____

<sup>1</sup> Add additional rows or attach sheets with additional TMKs.

<sup>2</sup> NPDES General Construction Permit: required when project discharges to an impaired water and when > 0.25 inch rainfall event occurs; or NPDES Individual Permit: check your specific permit but typically required when >0.5 inch rainfall event occurs.

Project Phase (check all that apply)			
<input type="checkbox"/> Mobilization / Demolition	<input type="checkbox"/> Grubbing / Clearing	<input type="checkbox"/> Rough Grading	<input type="checkbox"/> Infrastructure / Utilities
<input type="checkbox"/> Building Construction	<input type="checkbox"/> Final Grading	<input type="checkbox"/> Final Stabilization	

Description of Active Construction <i>(Describe the active construction activities observed during the inspection)</i>

Records Review <i>(If "No" is checked for any of the following columns, complete Deficiencies / Corrective Action Report on page 5.)</i>						
	Available at Site			Complete, Signed, and Current		
Pre-Construction Inspection	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Monthly Compliance Reports	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Corrective Action Reports	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Weekly Construction Inspections	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Sequence of Events / Schedule	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Erosion and Sediment Control Plan (ESCP) and / or Storm Water Pollution Prevention Plan (SWPPP)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Training Logs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Rain Gauge Logs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
NPDES Permit Listed above (Notice of Intent (NOI) and Notice of General Permit / Individual Permit Coverage)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Receiving Water Inspection Report (for Individual NPDES Permitted Projects)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

BMP Measures Inspected <i>(Describe the BMPs that were inspected.)</i>

Construction BMP Inspection Results (Check the boxes on the left to indicate which BMPs were inspected and the boxes on the right for inspection results)				
Construction BMP	Deficiencies?		# of Deficiencies	Comments (include # of deficiencies)
<b><u>Erosion Prevention</u></b>				
<input type="checkbox"/> Project Planning and Design	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Project Scheduling	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Slope Management and Protection (hydroseeding, hydraulic mulch, geotextiles and mats)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Temporary Stabilization (hydroseeding, hydraulic mulch, geotextiles and mats)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Permanent Stabilization (vegetative cover, mulching, or pavement)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Diversion BMPs to divert runoff from upstream areas around disturbed areas of the site	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Velocity Dissipation Devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Preserving Existing Vegetation	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Minimize Soil Compaction (in areas where infiltration practices will be installed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Other (terracing, slope drain, etc.): _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<b><u>Sediment Control</u></b>				
<input type="checkbox"/> Inlet Protection	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Perimeter Control	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Buffer Zone (required on projects ≤ 50 ft from State waters)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Sediment Basin or Sediment traps	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Other (filter berms, etc.): _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<b><u>Good Housekeeping</u></b>				
<input type="checkbox"/> BMP and Site Maintenance	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Dust Control	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Material Delivery, Storage, and Use	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Stockpiling Management	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Spill Prevention and Control	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Solid Waste Management	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Hazardous Waste Management	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Contaminated Soil Management	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Concrete Waste Management	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

<b>Construction BMP Inspection Results</b> (Check the boxes on the left to indicate which BMPs were inspected and the boxes on the right for inspection results)				
<b>Construction BMP</b>	<b>Deficiencies?</b>		<b># of Deficiencies</b>	<b>Comments (include # of deficiencies)</b>
<b>Good Housekeeping (continued)</b>				
<input type="checkbox"/> Sanitary/ Septic Waste Management	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Liquid Waste Management	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Vehicle and Equipment Cleaning	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Vehicle and Equipment Fueling	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Vehicle and Equipment Maintenance	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Vehicle Tracking	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Stabilized Construction Entrance and Exit	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Dewatering Practices	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

<b>Inspector Certification Statement</b>		
<p>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.</p>		
_____	_____	_____
<b>ESCP Coordinator Name</b>	<b>Signature</b>	<b>Date</b>

<b>Owner / Developer Certification Statement</b>		
<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 and imprisonment for knowing violations.</p>		
_____	_____	_____
<b>Printed Name of Authorized Representative</b>	<b>Signature</b>	<b>Date</b>

**Deficiencies / Corrective Action Reports** *(attach additional pages as needed)*

**Photo # 1**

**Photo # 2**

Taken By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Description: \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 Status: \_\_\_\_\_ Priority: \_\_\_\_\_

Taken By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Description: \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 Status: \_\_\_\_\_ Priority: \_\_\_\_\_

Corrected by (initials) \_\_\_\_\_ Date: \_\_\_\_\_  
 Comments: \_\_\_\_\_

Corrected by (initials) \_\_\_\_\_ Date: \_\_\_\_\_  
 Comments: \_\_\_\_\_