



SWPPP Compliance Evaluation Form

MUNCIE / YORKTOWN / DELAWARE COUNTY
STORMWATER MANAGEMENT
100 W. Main St. • Room 205
Muncie, IN 47305
765-747-2660 • www.wishthefish.com

Site Name: _____ Date of Evaluation: _____ Page 1 of 1

Completed by: _____ Existing Weather Conditions: _____

Rainfall Event	Date Began	Duration (Hours)	Amount (Inches)	Rainfall Event	Date Began	Duration (Hours)	Amount (Inches)	Rainfall Event	Date Began	Duration (Hours)	Amount (Inches)
1				2				3			

Contact Person: _____ Phone Number: _____

TYPE OF EVALUATION Initial Routine Follow-up Compliant

	YES	NO	N/A	Comments
SWPPP Information				
1. Is site information posted conspicuously near the main entrance of the construction site?				
√ Is a copy of the permit attached?				
√ Is the current location of the SWPPP and names and telephone numbers of a contact person for scheduling viewing times shown?				
2. Does a copy of the SWPPP and accompanying sediment and erosion control drawings exist on the construction site?				
√ Is the discharge permit acknowledgement letter on the construction site?				
√ Are the SWPPP and/or accompanying sediment and erosion control drawings updated and documented?				
3. Do inspection records exist on the construction sites?				
√ Has the frequency of inspections occurred as specified in the SWPPP?				
√ Have all previous inspection items been addressed and documented within seven (7) calendar days after an inspection?				
4. Do climatic records exist since the last inspection?				
BMP/Housekeeping Information				
5. Are offsite flows entering the construction site?				
6. Is there evidence of, or the potential for, increased pollutant (e.g., sediment, fuel, concrete waste, portable toilet waste, etc.) loading to enter the storm water conveyance system due to lack of maintenance or improper BMP installation?				If yes, see attached detail report
7. Do installation, repair, and/or maintenance of <u>sediment</u> control BMP's need to occur?				If yes, see attached detail report
8. Do installation, repair, and/or maintenance of <u>erosion</u> control BMP's need to occur?				If yes, see attached detail report
9. Is there evidence of sediment discharging <u>off</u> the construction site and onto downstream locations?				If yes, see attached detail report
10. Are vehicles tracking sediment <u>off</u> the construction site?				If yes, see attached detail report
11. If applicable, is soil, construction material, landscaping items, or other debris evident on the streets?				If yes, see attached detail report
12. Do locations exist, where consideration of installing additional BMPs not found in the SWPPP should occur?				If yes, see attached detail report
13. Do locations exist where consideration of removing existing BMPs identified and shown in the SWPPP can occur?				If yes, see attached detail report
14. Does your site evaluation indicate a need to possibly update and document the SWPPP report and accompanying sediment and erosion control drawings within the next seven (7) days?				If yes, see attached detail report

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Site Name: _____ Date of Evaluation: _____ Page 2 of 2

Completed by: _____

Detail Report: Identify the problem and its location. If appropriate, describe (In general terms) what needs to be completed. However, only if qualified (e.g., you are a designer) should you be mandating specific BMPs to install.	Date done (with initials)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

_____ Date: _____
 (Print Inspector Name) (Signature)

Title/Qualification of the inspector: _____

The above must be signed by a corporate officer (for corporations), general partner or proprietor (for partnership or sole proprietorship), principal executive officer or ranking elected official (for municipality, state, federal or other public agency) or their duly authorized representative.

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.

Contact Person: _____ (Print Name) _____ (Signature)

Title or Position: _____ Date: _____ Phone: _____