Inspection Requirements (CGP Part IV.B, VI.A | 15 NYCRR 19.1-03. (b)(6)(i),(9)(viii),(12)):

* For all projects with coverage under a Stormwater Construction Permit, the Owner/Developer must have a Qualified Inspector (QI) conduct inspections of the project and ensure compliance with the Approved SWPPP.
* The requirements associated with the QI inspections are listed below for convenience:
* QI Qualifications:
  + - For ESC Only Projects: Must be a CPESC or a NYSESCCP
    - For ESC & SMP projects: Qualified Inspector must be a licensed Professional Engineer (PE) or Registered Landscape Architect (RLA) in the State of New York. An unlicensed Supervised Qualified Inspector may conduct QI inspections, under the supervision of the licensed QI employed at the same company, provided they have ​ received four (4) hours of NYS DEC endorsed training, every three (3) years, in proper ESC principles from a Soil and Water Conservation District or other NYSDEC endorsed entity.
* Inspection frequency:
  + - For Standard Projects: Weekly
    - For Enhanced Inspection Requirement Projects: Twice per week, separated by a minimum of two (2) days
    - For projects with approved Temporary Shutdown: Monthly
* Inspection responsibility:
  + - Inspect site and document inspections in accordance with CGP Part IV.C.
    - If deficiencies are identified, they shall be reported to the Contractor and Owner/Developer within one (1) business day. The Contractor shall begin implementing corrective actions within one business day and complete them within five business days or, if the corrective action requires engineering design, within 15 business days.
* The Owner/Developer shall maintain records of all required inspections during construction and for 5 years after completion of construction.

Form Instructions

* F.2 – Qualified Inspector Report is a template intended to assist projects meet their inspection responsibilities. It shall be completed at two distinct phases of the Stormwater Permitting Process as delineated by the formatting rules below.
  + **Phase I - SWPPP Application:** SWPPP Preparer shall pre-populate Content Control Text Boxes that guide users to Click or tap here to enter text. or to Insert Information with site-specific information. The pre-populated form must be included in Appendix F of the SWPPP at the initial submission and any subsequent amendments.
* Phase IV - Active Construction At each inspection, the QI must populate table cells and boxes that look like this , which indicate that the space is reserved for completion while the project is in construction. Certifications must be completed by the appropriate personnel after each inspection.
* While DEP has made every effort to ensure the accuracy of all instructions contained in this document, it is the Construction General Permit and the Rules of the City of New York, not this document, that govern the applicant’s obligations with respect to inspection requirements.

*Remove instruction page in its entirety prior to submission*

|  |  |  |
| --- | --- | --- |
| **PROJECT NAME**  Insert Project Name | **SITE ADDRESS**  Insert Site Address | **REQUIRED INSPECTION FREQUENCY**  Insert inspection frequency for site |
|  |  |  |
| **SWPTS APPLICATION ID**  Insert SWPTS Application ID | **SPDES CGP ID**  Insert SPDES CGP ID | **OTHER SPDES PERMIT IDS**  Insert other permit IDs (if applicable) |
|  |  |  |
| **STORMWATER CONSTRUCTION PERMIT ID**  Insert Stormwater Construction Permit ID | **DEVELOPER**  Insert Name of Developer Entity | **CONTRACTOR**  Insert Name of Contractor Entity (when known) |
|  |  |  |
| **QUALIFIED INSPECTOR**  *(Name and company)* | **SUPERVISED QUALIFIED INSPECTOR**  *(Name and company, if applicable)* | **CONTRACTOR SITE CONTACT**  *(Name, title, phone number, email)* |
|  |  |  |
| **DATE AND TIME OF INSPECTION**  *(Date, day of week, and time of day)* | **WEATHER AT TIME OF INSPECTION**  *(Temperature and weather conditions)* | **SOILS AT TIME OF INSPECTION**  *(Area disturbed [in acres] and condition [i.e. wet, dry, saturated, or frozen])* |

**General Inspection Notes:**

|  |  |  |
| --- | --- | --- |
| **Table I: Points of Discharge** | | |
| **Point of Discharge**  *Include all points of discharge from the site, including conveyance systems (i.e. pipes, culverts, ditches, etc.) and overland flow.* | **Inspected?**  *(Yes, No)* | **Condition Observed**  *Include description and photo ID, if applicable* |
| ID Number: Click or tap here to enter text.  Type: Click or tap here to enter text.  Location: Click or tap here to enter text. |  |  |
| ID Number: Click or tap here to enter text.  Type: Click or tap here to enter text.  Location: Click or tap here to enter text. |  |  |

*[Add or delete rows as needed to list all points of discharge for the project]*

|  |  |  |
| --- | --- | --- |
| **Table II: Waterbodies** | | |
| **Waterbody Name and Location**  *Include name and location of receiving waterbodies, and all waterbodies located on-site or adjacent to the site.* | **Inspected?**  *(Yes, No)* | **Condition Observed**  *Include description and photo ID, if applicable* |
| Waterbody Name: Click or tap here to enter text.  Location: Click or tap here to enter text. |  |  |
| Waterbody Name: Click or tap here to enter text.  Location: Click or tap here to enter text. |  |  |

*[Add or delete rows as needed to list all receiving waterbodies and waterbodies on or near the site]*

|  |  |  |  |
| --- | --- | --- | --- |
| **Table III: Erosion and Sediment Control Practices1** | | | |
| **Practice:**  Insert name of ESC Practice  **Location:** Insert location on site of practice, Reference Drawing No.  **Type:** Runoff Control | | | |
| **Inspection Checklist** | **Compliant?**  *(Yes, No, N/A1)* | **Previously Identified Corrective Action and Status**  *Include description, date identified, status, and photo ID.* | **New Corrective Action Identified**  *Include description and photo ID.* |
| Click or tap here to enter text. |  |  |  |
| Click or tap here to enter text. |  |  |  |
| Click or tap here to enter text. |  |  |  |
| Click or tap here to enter text. |  |  |  |
| **Practice:**  Click or tap here to enter text.  **Location:** Click or tap here to enter text.  **Type:** Choose an item. | | | |
| **Inspection Checklist** | **Compliant?**  *(Yes, No, N/A1)* | **Previously Identified Corrective Action and Status**  *Include description, date identified, status, and photo ID.* | **New Corrective Action Identified**  *Include description and photo ID.* |
| Click or tap here to enter text. |  |  |  |
| Click or tap here to enter text. |  |  |  |
| Click or tap here to enter text. |  |  |  |
| Click or tap here to enter text. |  |  |  |
| **Practice:**  Click or tap here to enter text.  **Location:** Click or tap here to enter text.  **Type:** Choose an item. | | | |
| **Inspection Checklist** | **Compliant?**  *(Yes, No, N/A1)* | **Previously Identified Corrective Action and Status**  *Include description, date identified, status, and photo ID.* | **New Corrective Action Identified**  *Include description and photo ID.* |
| Click or tap here to enter text. |  |  |  |
| Click or tap here to enter text. |  |  |  |

*[Add rows as needed to list all Pollution Prevention Measures and their associated Installation/Maintenance checklists]*

*1For any items marked “N/A”, include a note describing why the checklist item could not be inspected.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Table IV: Pollution Prevention Measures1** | | | |
| **Material or Activity to be Mitigated:**  Insert name of material or activity that is likely to be a source of pollution on site  **Location:** Insert location on site of practice, Reference Drawing No. | | | |
| **Pollution Prevention Measures** | **Compliant?**  *(Yes, No, N/A1)* | **Previously Identified Corrective Action and Status**  *Include description, date identified, status, and Photo ID.* | **New Corrective Action Identified**  *Include description and photo ID.* |
| Click or tap here to enter text. |  |  |  |
| Click or tap here to enter text. |  |  |  |
| Click or tap here to enter text. |  |  |  |
| **Material or Activity to be Mitigated:**  Insert name of material or activity that is likely to be a source of pollution on site  **Location:** Insert location on site of practice, Reference Drawing No. | | | |
| **Pollution Prevention Measures** | **Compliant?**  *(Yes, No, N/A1)* | **Previously Identified Corrective Action and Status**  *Include description, date identified, status, and photo ID.* | **New Corrective Action Identified**  *Include description and photo ID.* |
| Click or tap here to enter text. |  |  |  |
| Click or tap here to enter text. |  |  |  |
| Click or tap here to enter text. |  |  |  |
| **Material or Activity to be Mitigated:**  Insert name of material or activity that is likely to be a source of pollution on site  **Location:** Insert location on site of practice, Reference Drawing No. | | | |
| **Pollution Prevention Measures** | **Compliant?**  *(Yes, No, N/A1)* | **Previously Identified Corrective Action and Status**  *Include description, date identified, status, and photo ID.* | **New Corrective Action Identified**  *Include description and photo ID.* |
| Click or tap here to enter text. |  |  |  |
| Click or tap here to enter text. |  |  |  |
| Click or tap here to enter text. |  |  |  |

*[Add rows as needed to list all Pollution Prevention Measures and their associated Installation/Maintenance checklists]*

*1For any items marked “N/A”, include a note describing why the checklist item could not be inspected.*

|  |  |  |  |  |
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| **Table V: Stormwater Management Practices1** | | | | |
| **Practice ID and Name** | **Practice Location** | **Construction Status & SWPPP Compliance1** | **Previously Identified Corrective Action and Status**  *Include description, date identified, status, and Photo ID.* | **New Corrective Action Identified**  *Include description and photo ID.* |
| Click or tap here to enter text. | Click or tap here to enter text. |  |  |  |
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| Click or tap here to enter text. | Click or tap here to enter text. |  |  |  |

*[Add rows as needed to list all Post-Construction Stormwater Management Practices and their associated Installation/Maintenance items]*

*1During each inspection, indicate whether the practice construction is (0) Not Started, (1) In Progress, Compliant, (2) In Progress, Non-Compliant, (3) Completed, Compliant, (4) Completed, Non-Compliant.*

|  |
| --- |
| **Table VI: Site Plan(s)**  *Show areas with active soil disturbance activity, areas that have been disturbed but are inactive at time of inspection, and areas that have been stabilized since the last inspection (CGP Part IV.C.4.h). Provide a legend and additional inspection information as needed.* |
|  |
| **Drawing ID:**  **Other notes and references:** |

*[Duplicate table as needed]*

|  |  |
| --- | --- |
| **Table VII: Photos**  *Include colored digital photographs, with date stamp, that clearly show the condition of all practices that have been identified as needing corrective actions (CGP Part IV.C.4.l).* | |
|  |  |
| **Photo ID:**  **Other Notes and References:** | **Photo ID:**  **Other Notes and References:** |

*[Duplicate table as needed]*

**Certification and acknowledgement of Qualified Inspector who conducted the inspection and completed the report.**

**Note: This may be a Supervised QI, or a certified/licensed QI, as required by project type.**

*By signing below, I certify that all information provided in this report is accurate and complete. The report, along with all attachments, is in compliance with the NYS DEC Construction General Permit and the applicable sections of the Rules of the City of New York (RCNY) Title 15, Chapter 19.1. I acknowledge that I must notify the Owner and appropriate Contractors or Subcontractors of any corrective actions that need to be taken, within one business day of the date of the inspection.*

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| |  |  | | --- | --- | | **X** |  | | *Qualified Inspector*  *Name and Title* | | | |  |  | | --- | --- | | **X** |  | | *Qualified Inspector*  *Signature and Date* | | |

**Certification and acknowledgement of Qualified Inspector who oversaw the inspection and report development.**

**Note: This must be a certified/licensed QI, as required by project type. If this is the same person as the signatory above, they must provide a second certification below. If the QI who signed above was a Supervised QI, the QI signing this certification must be the person who oversaw the inspection and report development.**

*By signing below, 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 understand that certifying false, incorrect or inaccurate information is a violation of the laws of the City of New York and could subject me to criminal or civil penalties and/or administrative proceedings.*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | **X** |  | | *Qualified Inspector*  *Name, Title, Qualifying License/Certification* | | | |  |  | | --- | --- | | **X** |  | | *Qualified Inspector*  *Signature and Date* | | |