Inspection Requirements (CGP Part IV.B, VI.A | 15 NYCRR 19.1-03. (b)(3)(v)(J) (b)(6)(i),(9)(vii-viii),(12)):

* For all projects with coverage under a Stormwater Construction Permit, Contractors are required to employ a Trained Contractor to conduct daily inspections of the project and ensure compliance with the Approved SWPPP.
* The requirements associated with the Daily Trained Contractor inspections are listed below for convenience:
* Trained Contractor Qualifications: Must be a person employed by the Contractor who is knowledgeable in the principles and practices of ESC and must 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 responsibility:
  + - Inspect and document the ESC practices and pollution prevention measures being implemented within the active work area daily to ensure that they are being maintained in effective operating condition at all times.
    - If deficiencies are identified, 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.
* When a portion of the project described in the SWPPP is being conducted by a Sub-Contractor, the Sub-Contractor is required to employ their own Trained Contractor to conduct daily inspection of their work in accordance with the SWPPP.
* The Owner/Developer shall maintain records of all required inspections during construction and for 5 years after completion of construction.

Form Instructions

* F.1 - Daily Inspection Report by Trained Contractor 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, Trained Contractors 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 | **SWPTS APPLICATION ID**  Insert SWPTS Application ID |
|  |  |  |
| **STORMWATER CONSTRUCTION PERMIT ID**  Insert Stormwater Construction Permit ID | **SPDES CGP ID**  Insert SPDES CGP ID | **OTHER SPDES PERMIT IDS**  Insert other permit IDs (if applicable) |
|  |  |  |
| **DEVELOPER**  Insert Name of Developer Entity | **CONTRACTOR**  Insert Name of Primary Contractor Entity (when known) | **SUB-CONTRACTOR**  Insert Name of Sub-Contractor Entity for which this inspection is being conducted (when known, and if applicable) |
|  |  |  |
| **TRAINED CONTRACTOR INFORMATION**  *(Name, Company, NYS DEC ESC Training Certification Number and Expiration Date)* | **DATE AND TIME OF INSPECTION**  *(Date, day of week, and time of day)* | **SITE CONDITIONS**  *(Temperature, weather, and soil conditions)* |

**General Inspection Notes:**

**Certification and acknowledgement of Trained Contractor**

*By signing below, I acknowledge that all information provided in this report is accurate and complete. The report shall be kept in a logbook on site and be made available to DEP at any time upon request. If deficiencies are identified, the contractor shall begin implementing corrective actions within one business day, and shall complete corrective actions in a reasonable timeframe.*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | **X** |  | | *Trained Contractor*  *Name and Title* | | | |  |  | | --- | --- | | **X** |  | | *Trained Contractor*  *Signature and Date* | | |

|  |  |  |
| --- | --- | --- |
| **Table I: Erosion and Sediment Control Practices** | | |
| **Practice:**  Insert name of ESC Practice  **Location:** Insert location on site of practice, Reference Drawing No.  **Type:** Choose an item. | | |
| **Inspection Checklist** | **Compliant?**  *(Yes, No, N/A1)* | **Corrective Actions / Maintenance Needs** |
| 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. |  |  |
| **Practice:**  Insert name of ESC Practice  **Location:** Insert location on site of practice, Reference Drawing No.  **Type:** Choose an item. | | |
| **Inspection Checklist** | **Compliant?**  *(Yes, No, N/A1)* | **Corrective Actions / Maintenance Needs** |
| Click or tap here to enter text. |  |  |
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| Click or tap here to enter text. |  |  |
| **Practice:**  Insert name of ESC Practice  **Location:** Insert location on site of practice, Reference Drawing No.  **Type:** Choose an item. | | |
| **Inspection Checklist** | **Compliant?**  *(Yes, No, N/A1)* | **Corrective Actions / Maintenance Needs** |
| 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 II: Pollution Prevention Measures** | | |
| **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)* | **Corrective Actions / Maintenance Needs** |
| 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. |  |  |
| **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)* | **Corrective Actions / Maintenance Needs** |
| 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)* | **Corrective Actions / Maintenance Needs** |
| 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.*