



2013 Construction General Permit Inspection & Corrective Action Report Form

Section I. General Information (see instructions)

Name of Project		CGP Tracking No.	AZCON – _____	Inspection Date	___ / ___ / _____
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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.

Inspector Name, Title & Contact Information	Name: _____ Title: _____
	Contact information: _____

Present Phase of Construction	
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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>	
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<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>	
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<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? ¹	Corrective action required? ^{1, 2} 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? ¹	Corrective action required? ^{1, 2} 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? ¹	Corrective action required? ^{1, 2} 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? ¹	Corrective action required? ^{1, 2} 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 ___ / ___ / ____	

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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)

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

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 7th 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: _____