

# **Report Templates**

**Site Inspection Report**

**Corrective Action Report**

**Employee Training Report**

**Site Grading and Stabilization Log**

**SWP3 Modification Log**

**Contractor Certification Form**

**Transfer of Property Ownership Form**

# Site Inspection Report

Inspection Date: \_\_\_\_\_

General Information	
<b>Name of Project:</b>	<b>Permit No.:</b>
<b>Inspector Name:</b>	<b>Inspector Title:</b>
<b>Inspector's Contact Information:</b>	
<b>Inspection Frequency:</b>	
<b>Standard Frequency:</b> <input type="checkbox"/> Every 7 days and within 24 hours of a 0.50" rain, or discharge from snowmelt <input type="checkbox"/> Every 14 days and within 24 hours of a 0.50" rain, or discharge from snowmelt <b>Reduced Frequency:</b> <input type="checkbox"/> Once per month (for stabilized areas)	
<b>Weather at the time of this inspection:</b> _____	
<b>Was this inspection after a 0.50" storm event?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No, <b>Total rainfall triggering the inspection</b> (in inches):	
<b>Are there any discharges at the time of inspection?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

Provide a list/description of all structural and non-structural BMPs that your SWP3 indicates will be installed and implemented at your site. You must separately identify the **location** of each control. During Inspection, identify whether they are **installed and operating properly**, or any **corrective action** is necessary. Provide the **date** on which the condition that triggered the need for maintenance or corrective action was first identified. In the notes section you must describe the **specifics about the problem** you observed.

Condition and Effectiveness of BMP Controls & Pollution Prevention					
No.	BMP Description & Location	Is BMP Installed & Operating Properly?	Corrective Action (CA) Required?	Date on Which Maintenance or CA First Identified?	Notes (describe if you observed any problem)
1.	Silt Fence/Fiber Rolls/Berm/Wattles Location:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2.	Silt Dikes/Check Dams/Rock Dams Location:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3.	Stabilized Construction Entrance/Exit Location:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4.	Inlet Protection/Flume Protection Location:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5.	Sandbag Barrier/Gravel Bag Barrier Location:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6.	Vegetated Swales Location:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

7.	Compost Blankets/Geotextiles/Mats Location:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
8.	Vegetative Buffers Location:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
9.	Sediment Trap/ Sediment Basin Location:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
10.	Concrete Washout Pit Location:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
11.	Dust Control/Prevention	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
12.	Dewatering	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
13.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
14.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
15.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
16.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**(Note: 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 – whether a required stormwater control was never installed or was installed incorrectly).**

Pollution Prevention and Waste Management		
Items of Inspection	Response & Reason	Action(s) Needed
Is the site free of floatables, litter, and construction debris?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason:	
Are material storage and handling areas, including fueling areas, free of spills and leaks?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason:	
Are spill kits available where spills and leaks are likely to occur?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason:	
Are dumpsters and waste receptacles covered when not in use?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason:	
Has preventative maintenance been conducted on equipment and machinery?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason:	
Are material stockpiles sufficiently contained?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason:	
Has there been any sediment tracked out from the site onto the surface of paved streets, sidewalks or other paved areas outside of the site?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason:	
Is the project free from visible erosion and/or sedimentation?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason:	

Complete the following section if a discharge is occurring at the time of inspection:

**Description of Discharges**

Was a stormwater discharge or other discharge occurring from any part of your site at the time of the inspection?

Yes  No, **If yes, provide the following information for each point of discharge:**

<b>Specify Discharge Location</b>	<b>Observations (Visual Quality of the Discharge)</b>
1.	Describe the discharge (color, odor, floating, settled/suspended solids, foam, & oil sheen):  Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No, If yes, describe what you see, specify the location(s) where these conditions were found, and indicate whether modification, maintenance, or corrective action is needed to resolve the issue:
2.	Describe the discharge (color, odor, floating, settled/suspended solids, foam, & oil sheen):  Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No, If yes, describe what you see, specify the location(s) where these conditions were found, and indicate whether modification, maintenance, or corrective action is needed to resolve the issue:

**Contractor or Subcontractor Certification and Signature:**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in the attached document; and based on my inquiry of those individuals, immediately responsible for obtaining the information. I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and civil penalty.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print**

**Name:** \_\_\_\_\_ **Affiliation:** \_\_\_\_\_

# Corrective Action Report

Today's Date: \_\_\_\_\_

(You are only required to fill out this form if any of the corrective action triggering conditions occurs on your site. Routine maintenance and repairs are generally not considered to be a corrective action triggering condition.)

<b>Section A: Initial Report</b>	
(Complete this section within <b>24 hours</b> of discovering the condition that triggered corrective action)	
<b>Name of Project:</b>	<b>Permit No.</b>
<b>Date Problem First Discovered:</b>	<b>Time Problem First Discovered:</b>
<b>Name &amp; Contact Information of the Individual:</b>	
<b>What site conditions triggered the requirement to conduct corrective action (check the box that applies):</b> <input type="checkbox"/> A required stormwater control was never installed or was installed incorrectly, or not in accordance with the corresponding permit requirement <input type="checkbox"/> A stormwater control is not effective enough for the discharge to meet applicable water quality standards <input type="checkbox"/> A prohibited discharge is occurring or has occurred. <input type="checkbox"/> Permitting Authority requires corrective action as a result of permit violations found during an inspection	
<b>Provide a description of the problem:</b>	
<b>Deadline for completing corrective action:</b>	<i>not more than 7 calendar days after the date you discovered the problem</i>

<b>Section B: Corrective Action Progress</b>			
(Complete this section no later than <b>7 calendar days</b> after discovering the condition that triggered corrective action)			
<b>Section B.1: Why the Problem Occurred</b>			
Cause(s) of Problem	How It Was Determined & Date of Determining the Cause		
1.	1.		
2.	2.		
<b>Section B.2: Stormwater Control Modifications to be Implemented to Correct the Problem</b>			
Stormwater Control Modification(s) Needed to Correct Problem	Date of Completion	SWP3 Update Necessary?	SWP3 Modifications Notes
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No, If yes, provide date SWP3 modified:	
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No, If yes, provide date SWP3 modified:	

### Section C: Certification and Signature by Permittee

I certify under penalty of law that I have personally examined and am familiar with the information submitted in the attached document; and based on my inquiry of those individuals, immediately responsible for obtaining the information. I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and civil penalty.

**Name** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# SWP3 Employee Training Report

Project Name: \_\_\_\_\_ Permit No. \_\_\_\_\_

Instructor's Name: \_\_\_\_\_ Instructor's Title: \_\_\_\_\_

Course Location: \_\_\_\_\_ Date: \_\_\_\_\_

Course Length (hours): \_\_\_\_\_

Stormwater Training Topic: *(check as appropriate)*

- Overview of SWP3
- Erosion & Sediment Controls Installation
- Erosion & Sediment Controls Maintenance
- Spill Prevention & Response
- Temporary & Permanent Stabilization
- Good Housekeeping
- Inspections and Corrective Actions
- Emergency Procedures

Specific Training Objective: \_\_\_\_\_

Attendee Roster: *(attach additional pages as necessary)*

No.	Name of Attendee	Signature of the Attendees	Date
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			



## SWP3 Modification Log

<b>No.</b>	<b>Description of the Modification</b>	<b>Date of Modification</b>	<b>Modification Prepared by</b> by [Name(s) and Title]	<b>Signature by Designated Corporate Official</b>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

## CONTRACTOR CERTIFICATION

### 2022 Stormwater Construction General Permit No. OKR10

(Optional; sample format)

(Name of Operator)

(Authorization Number)

(Project Name)

Contractors, builders, regular suppliers, or others (contractors) involved in construction activity who are not the operator, developer, or general contractor, and have not been issued the Stormwater Construction General Permit (CGP) authorization to discharge, execute this Contractor Certification which places the responsibility of implementing and complying with the permittee's/primary operator's Stormwater Pollution Prevention Plan (SWP3) with the contractor for any and all work performed under the authority and direction of the contractor. Furthermore, the contractor assumes responsibility to avoid or eliminate any actual or potential adverse effects upon the environment according to the SWP3, during all phases of building, construction, or delivery activity on any and all construction sites under the control and responsibility of the contractor as described in the SWP3.

1. Contractor Company Name:

2. Contractor Address:

3. Project Location:

(For additional addresses, attach list to this form)

4. Contractor must be thoroughly familiar with the original Notice of Intent (NOI) filed by:

with the Oklahoma Department of Environmental Quality (DEQ).

(Operator Name)

Contractor must also be thoroughly familiar with, and adhere to, the Stormwater Pollution Prevention Plan (SWP3) and the Best Management Practices (BMP) on file at the following location:

The Contractor is certifying below that they assume all physical responsibility for any and all construction activities performed by the Contractor or under the direction and control of the Contractor, to avoid or eliminate any actual or potential adverse effects upon the environment pertaining to the properties listed in Item 3 above.

#### Certification

I certify that I understand the terms and conditions of the Oklahoma Pollutant Discharge Elimination System Act (OPDES) General Permit that authorizes stormwater discharges associated with construction activity from the construction site identified as part of this certification. I have read and understand the Permittee's/Primary Operator's NOI and SWP3, including the BMPs and other controls described pertaining to the project locations in Item 3 above. I agree that as a contractor, builder, regular supplier, or a support service company, I am responsible for installing and/or maintaining the appropriate pollution prevention measures identified in the SWP3 for my construction activities according to the agreement I have with the permittee.

Signature:

Title:

Print Name:

Date:

**Transfer of Property Ownership Notification**

Permittee (developer) Name: (print) \_\_\_\_\_

Permittee Address: \_\_\_\_\_

Permittee Phone Number: \_\_\_\_\_

Project Name (subdivision): \_\_\_\_\_

Project Address: \_\_\_\_\_

Storm Water Quality Permit Number: \_\_\_\_\_

Developer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SOLD TO:**

Builder/Contractor Name: (print) \_\_\_\_\_

Builder/Contractor Address: \_\_\_\_\_

Builder Phone Number: \_\_\_\_\_

Project Location (lot, block, address etc.): \_\_\_\_\_

The builder/contractor must submit a Notice of Intent, Storm Water Pollution Prevention Plan (SWPPP), and an Erosion Control Plan for review. Upon acceptance of permit documentation, the annual permit fee \$100 must be paid via the Accela Citizen Access Portal, or by phone 405-297-2948 (option 3) to obtain a Storm Water Quality Management Permit prior to construction or soil disturbance at the site.

The builder/contractor assumes responsibility to maintain, avoid, or eliminate any actual or potential adverse effect upon the existing Best Management Practices (BMP's) and the environment according to the SWPPP, during all phases of land disturbance, construction, or delivery activity on all construction sites under the control and responsibility of the builder/contractor as described in the SWPPP.

**Certification**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in the attached document; and based on my inquiry of those individuals, immediately responsible for obtaining the information. I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and civil penalty.

Builder/Contractor name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Builder/Contractor signature: \_\_\_\_\_ Title: \_\_\_\_\_

Please forward a copy of this notification to:

Public Works Department  
Storm Water Quality Division  
stormwater@okc.gov