

# INSPECTION AND CERTIFICATION FORM SMALL CONSTRUCTION GENERAL PERMIT



**COVERAGE NUMBER, if SCNOI was submitted to MDEQ (MSR15 \_\_ \_\_ \_\_ \_\_)**

**Results of the inspections required by ACT6, S-4 of this permit shall be recorded on this report form and kept with the SWPPP in accordance with the inspection documentation provisions of ACT8, R-2 of the this permit. Inspections shall be performed at least weekly for a minimum of four inspections per month.**

**The coverage number must be listed at the top of all Inspection and Certification Forms, if the Small Construction Notice of Intent (SCNOI) was submitted to MDEQ (no coverage number is issued if SCNOI was not submitted to MDEQ).**

### COVERAGE RECIPIENT INFORMATION

**OPERATOR COMPANY NAME:** \_\_\_\_\_

**PROJECT NAME:** \_\_\_\_\_ **STARTUP DATE:** \_\_\_\_\_

**PROJECT STREET ADDRESS:** \_\_\_\_\_

**PROJECT CITY:** \_\_\_\_\_ **PROJECT COUNTY:** \_\_\_\_\_

**OPERATOR MAILING ADDRESS:** \_\_\_\_\_

**MAILING CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_ **CONTACT PHONE NUMBER:** \_\_\_\_\_

### INSPECTION DOCUMENTATION

DATE (mo/day/yr)	TIME (hr:min AM/PM)	ANY DEFICIENCIES? (CHECK IF YES)	INSPECTOR(S)
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	

Deficiencies Noted During any Inspection (give date(s); attach additional sheets if necessary): \_\_\_\_\_

Corrective Action Taken or Planned (give date(s); attach additional sheets if necessary): \_\_\_\_\_

Based upon this inspection which I or personnel under my direct supervision conducted, I certify that all erosion and sediment controls have been implemented and maintained, except for those deficiencies noted above, in accordance with the Storm Water Pollution Prevention Plan and sound engineering practices as required by the above referenced permit. I further certify that the SCNOI and SWPPP information is up to date.

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 gather and evaluate the information submitted. Based on my inquiry of the person or persons 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 fines and imprisonment for knowing violations.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

If requested, please submit this form to: Chief, Environmental Compliance and Enforcement Division  
MDEQ, Office of Pollution Control  
P.O. Box 10385  
Jackson, Mississippi 39289-0385