



Texas Construction Dewatering Discharge Form

Observe and evaluate the dewatering controls at a minimum of once per day while the dewatering discharges occur from the construction site. Complete this form within 24 hours following the evaluation. Keep hard copy in the SWPPP.

A. General Information

Community:	TPDES Permit No.:	Evaluation Date:
Name:		
Title:		

B. Complete the following items for each active construction dewatering discharge onsite.

General Comments:

Dewatering Discharge Location: _____

Approximate times the dewatering discharge began and ended today. (If the dewatering discharge is a continuous discharge that continues after normal business hours, just check the box labeled 'Continuous'.)	Time discharge began today: _____ Time discharge ended today: _____ <input type="checkbox"/> Continuous
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Estimate of the rate of discharge during this inspection.	_____ gallons per day
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Did you observe any indications of pollutant discharge at the point of discharge (e.g., foam, oil sheen, noticeable odor, floating solids, suspended sediments, or other obvious indicators of stormwater pollution)?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, document observations and actions needed in the table below. If No, proceed to the Certification and Signature section.
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In the below table describe locations where erosion and discharges of sediment or other pollutants from the site have occurred; locations of BMPs that need to be maintained; locations of BMPs that failed to operate as designed or proved inadequate for a particular location; and locations where additional BMPs are needed. Document, initial, & date when the action taken has been completed on this page.

<u>Date Noted:</u>	<u>Description & Precise Location of Action Required Item(s):</u>	<u>Action Taken:</u>	<u>Date Actions Taken & Initial:</u>

Were any incidents of non-compliance observed during this construction dewatering discharge inspection? Yes No
If Yes, describe the incident(s): when, where, and why it happened; what action(s) was taken and when. Be specific.

Certification and Signature by BMP Inspector:

Check the following box if correct: There were no incidents of non-compliance noted during the inspection. The construction site is in compliance with the SWPPP and the Texas Construction General Permit.

By inserting my electronic signature below, I intend to sign this document and I hereby acknowledge and agree that my signature is being provided electronically and that my electronic signature and/or initials appearing on this report are the same as if I had affixed my original handwritten signature for the purpose of validity, enforceability, and admissibility. I acknowledge that I have access to this report.

“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 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.”

Inspected By (Print Name): _____ Title: _____

Signature: _____ Date: _____

Company: _____

Certification and Signature by Permittee or “Duly Authorized Representative”:

Check the following box if correct: There were no incidents of non-compliance noted during the inspection. The construction site is in compliance with the SWPPP and the Texas Construction General Permit.

By inserting my electronic signature below, I intend to sign this document and I hereby acknowledge and agree that my signature is being provided electronically and that my electronic signature and/or initials appearing on this report are the same as if I had affixed my original handwritten signature for the purpose of validity, enforceability, and admissibility. I acknowledge that I have access to this report.

“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 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”:

Print Name: _____ Title: _____

Signature: _____ Date: _____

[This area intentionally left blank.]