



STATE OF ALASKA
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF PARKS AND OUTDOOR RECREATION

**SWPPP DELEGATION OF SIGNATURE AUTHORITY
FOR CGP DOCUMENTS – DNR**

Project Name: _____

I, Rys Miranda, hereby designate the Project Engineer assigned to _____ to be the DNR-DPOR D&C duly authorized representative for the purpose of overseeing compliance with the APDES Construction General Permit, at the _____ construction site. By signing this authorization, I confirm that I meet the requirements to make such a designation as set forth in Appendix A, Subsection 1.12.2 of ADEC's Construction General Permit (CGP), and that the designee above meets the definition of a "duly authorized representative" as set forth in Appendix A, Subsection 1.12.3.

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.

Name: Rys Miranda

Title: Chief, DNR Division of Parks and Outdoor Recreation Design & Construction

Signature: _____

Date: _____



STATE OF ALASKA
DEPARTMENT NATURAL RESOURCES
DIVISION OF PARKS AND OUTDOOR RECREATION

**SWPPP DELEGATION OF SIGNATURE AUTHORITY
FOR CGP DOCUMENTS -- CONTRACTOR**

Project Name: _____

I, _____ hereby designate the project superintendent assigned to the _____ project to be (*Company Name*) _____'s duly authorized representative for the purpose of overseeing compliance with the APDES Construction General Permit, at the _____ project's construction site. By signing this authorization, I confirm that I meet the requirements to make such a designation as set forth in Appendix A, Subsection 1.12.2 of ADEC's Construction General Permit (CGP), and that the designee above meets the definition of a "duly authorized representative" as set forth in Appendix A, Subsection 1.12.3.

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.

Name: _____

Title: _____

Company: _____

Signature: _____

Date: _____



STATE OF ALASKA
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF PARKS AND OUTDOOR RECREATION

SWPPP CERTIFICATION FOR DNR

Project Name: _____

Operator: Alaska Department of Natural Resources
Division of Parks and Outdoor Recreation
Design and Construction

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.

Name: _____

Duly Authorized Representative in accordance with Appendix A, Part 1.12 APDES
General Permit for Discharges From Large and Small Construction Activities

Title: Project Engineer

Date: _____

Signature: _____



STATE OF ALASKA
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF PARKS AND OUTDOOR RECREATION

SWPPP CERTIFICATION FOR CONTRACTOR

Project Name: _____

Operator: _____

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.

Name: _____

Duly Authorized Representative in accordance with Appendix A, Part 1.12 APDES
General Permit for Discharges From Large and Small Construction Activities

Title: _____

Date: _____

Signature: _____



STATE OF ALASKA
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SWPPP SUBCONTRACTOR CERTIFICATION

Project Name:	
Project Number:	
Project Location:	
Operator(s):	

As a subcontractor, you are required to comply with the Construction General Permit (CGP) and the conditions of the Stormwater Pollution Prevention Plan (SWPPP), for any work that you perform on-site. Any person or group who violates any condition of the SWPPP may be subject to substantial penalties or loss of contract. You are encouraged to advise each of your employees working on this project of the requirements of the SWPPP. A copy of the SWPPP is available for your review at the site or other location easily accessible during normal business hours CGP 5.10.3.1.

Each subcontractor engaged in activities at the construction site that could impact stormwater must be identified and sign the following certification statement:

I certify under the penalty of law that I have read and understand the terms and conditions of the SWPPP for the above designated project and agree to follow the BMPs and practices described in the SWPPP.

This certification is hereby signed in reference to the above named project:

Company: _____
 Address: _____ Telephone Number: _____

Type of Construction Service Provided:

Printed Name: _____
 Title: _____
 Signature: _____
 Date: _____



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SWPPP GRADING & STABILIZATION ACTIVITIES LOG PAGE _____

Project Number: _____ Project Name: _____

Project Area (if applicable): _____

Date Grading Activity Initiated/ Initials	Description of Grading Activity and Location	Date Grading Activity Ceased (Temporary or Permanent) and Initials	Date Stabilization Measures Initiated (Temporary or Permanent) and Initials	Date Stabilization Measure Complete	Description of Stabilization Measure
		T <input type="checkbox"/> P <input type="checkbox"/>	T <input type="checkbox"/> P <input type="checkbox"/>		
		T <input type="checkbox"/> P <input type="checkbox"/>	T <input type="checkbox"/> P <input type="checkbox"/>		
		T <input type="checkbox"/> P <input type="checkbox"/>	T <input type="checkbox"/> P <input type="checkbox"/>		
		T <input type="checkbox"/> P <input type="checkbox"/>	T <input type="checkbox"/> P <input type="checkbox"/>		
		T <input type="checkbox"/> P <input type="checkbox"/>	T <input type="checkbox"/> P <input type="checkbox"/>		
		T <input type="checkbox"/> P <input type="checkbox"/>	T <input type="checkbox"/> P <input type="checkbox"/>		
		T <input type="checkbox"/> P <input type="checkbox"/>	T <input type="checkbox"/> P <input type="checkbox"/>		
		T <input type="checkbox"/> P <input type="checkbox"/>	T <input type="checkbox"/> P <input type="checkbox"/>		
		T <input type="checkbox"/> P <input type="checkbox"/>	T <input type="checkbox"/> P <input type="checkbox"/>		



STATE OF ALASKA
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SWPPP TRAINING LOG

Project Name: _____

Project Number: _____

Project Location: _____

Instructor's Name(s): _____

Instructor's Titles(s): _____

Course Location: _____

Course Date: _____

Course Length (hours): _____

Storm Water Training Topic: (check as appropriate)

- | | |
|--|---|
| <input type="checkbox"/> Erosion Control BMPs | <input type="checkbox"/> Emergency Procedures |
| <input type="checkbox"/> Sediment Control BMPs | <input type="checkbox"/> Good Housekeeping BMPs |
| <input type="checkbox"/> Non-Storm Water BMPs | <input type="checkbox"/> Treatment Chemicals |

Specific Training Objective: _____

Attendee Roster: (attach additional pages as necessary)

No.	Name of Attendee	Company	Attendee Initials
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			



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SWPPP CORRECTIVE ACTION LOG

PAGE _____

Project Number: _____

Project Name: _____

Use this form to track completion of all corrective actions. Note that corrective actions can be identified during and outside of inspections.

Corrective Action Number	Date Identified (check box if outside inspection)	Description of corrective action, including the following as applicable: <ul style="list-style-type: none"> • Related SWPPP Amendment # • Note if a >2-yr., 24-hr. storm event occurred (see instructions) • All corrective actions require a complete by date and description 	Complete-by Date	Date Complete	Name of Person Documenting Completion
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				



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SWPPP DELAYED ACTION ITEM REPORT (DAIR)

Use when impracticability prevented Contractor from meeting initial "Complete by Date" for a BMP Action or Corrective Action. This form must be completed by a DNR-DPOR D&C Project Engineer and attached to the inspection report.

PART 1

Project name: _____

Project Number: _____

DNR-DPOR D&C eNOI Tracking # _____

Date completing this form: ____ / ____ / ____

DNR-DPOR D&C Project Engineer completing this form: _____

BMP Action or Corrective Action description and location:

Date of inspection report that identified a BMP Action or Corrective Action was needed
____ / ____ / ____

"Complete by Date" on that inspection report ____ / ____ / ____

Provide a detailed explanation as to why the BMP Action or Corrective Action was not completed as scheduled (attach additional page, if necessary)

New "Complete by Date" ____ / ____ / ____

PART 2

Date the BMP Action or Corrective Action was actually completed ____ / ____ / ____

If the BMP Action or Corrective Action is not completed by the new date written above, then complete another Delayed Action Item Report.

DNR-DPOR D&C Project Engineer recording the action completion _____

Date ____ / ____ / ____



STATE OF ALASKA
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SWPPP CONSTRUCTION SITE INSPECTION REPORT

1.0 General Information

1.1 Project Name			
1.2 Project Number		1.3 Location	
1.4 eNOI Tracking No.	Contractor's:	ADNR-DPOR D&C's:	
1.5a Date of Inspection		1.5b Start/End Times:	
1.6 Inspectors' Names	Contractor:	ADNR-DPOR D&C:	
1.7 Inspectors' Titles	Contractor:	ADNR-DPOR D&C:	
1.8 Inspectors' Contact Information	Contractor:	ADNR-DPOR D&C:	
1.9a AK-CESCL Cert. No.	Contractor:	ADNR-DPOR D&C:	
1.9b AK-CESCL Exp. Date	Contractor:	ADNR-DPOR D&C:	
1.10 Describe construction activities			
1.11 Type of Inspection: <input type="checkbox"/> Regular <input type="checkbox"/> Post-storm Event <input type="checkbox"/> Reduced Inspection Frequency Period			

2.0 Weather Information

2.1 Describe the weather since the last inspection, or start of construction activities if first inspection.

Check all appropriate boxes.

Clear Cloudy Rain Sleet Fog Snow High Winds Other:

2.2 Storm events. Complete storm event information if there were any storm events since the last inspection.

Storm event: a rainfall event that produces more than 0.5 inch of precipitation in 24 hours and that is separated from the previous storm event by at least 3 days of less than 0.1 inch of rain per day, CGP C16.

Estimated Start Date:					
Estimated Duration (#days):					
Approximate Amount of Precipitation (in):					

2.3 Weather at time of this inspection? Clear Cloudy Rain Sleet Fog Snow High Winds Other:
Temperature:

3.0 Overall Site Issues

For complete instructions, please see instructions on Constructions Forms web page, by separate form

- **Overall Site Issue** -- These are general site issues that must be assessed during inspections.
- **Implemented?** – If a BMP should be installed at the time of the inspection and you marked “No” in the “BMP Installed” column, then you must check “Yes” in the “BMP Action Required?” column. If there is good reason to mark “no” in the “BMP Installed” column (such as the BMP is no longer needed and was removed) then you can mark “no” in the “BMP Action Required?” column and explain in the “Comments” column.
- **Corrective Action Required?** - When maintenance or some other corrective action is required, check “Yes” in this column.
- **Corrective Action Required, Complete by Date** - When a corrective action is required, before certifying the report, fill in the date when the corrective action can reasonably be expected to be completed. When a corrective action is NOT required, leave the “Complete by Date” blank.
- **If Corrective Action is required, describe Action and Location** – Anytime you check “Yes” in the “Corrective Action Required?” column, you must fill in the “Describe Corrective Action and Location” column as well.
- **Corrective Action Log** - When a Corrective Action is required as noted in this report, you must also enter all the information for this action in the Corrective Action Log and document on the Log the actual date of completed correction.

	Overall Site Issue	Response	Corrective Action Required?	If Corrective Action is required, describe Action and Location	Comments
3.1	Have stabilization measures been initiated on slopes and disturbed areas not actively being worked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Complete by Date:		
3.2	Are natural resource areas (e.g., streams, wetlands, mature trees, etc.) required by the SWPPP to be delineated in the field, identified with barriers or markings?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Complete by Date:		
3.3	Are perimeter controls and sediment barriers adequately installed (keyed into substrate) and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Complete by Date:		
3.4	Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Complete by Date:		
3.5	Are the construction exits preventing sediment from being tracked into the street?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Complete by Date:		
3.6	Is trash/litter from work areas collected and disposed of properly?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Complete by Date:		

	Overall Site Issue	Response	Corrective Action Required?	If Corrective Action is required, describe Action and Location	Comments
3.7	Are washout facilities (e.g., paint, concrete) available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Complete by Date:		
3.8	Are vehicle and equipment fueling, cleaning, and maintenance areas free of spills, leaks, or any other potential pollutants?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Complete by Date:		
3.9	Are materials that are potential stormwater contaminants stored inside or under cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Complete by Date:		
3.10	Are non-stormwater discharges (e.g., wash water, dewatering) properly controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Complete by Date:		
3.11	Has Spill Response kit been used since the last inspection?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Complete by Date:		
3.12	Are the NOI postings legible, updated and do they contain the correct information?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Complete by Date:		
3.13	Are erodible stockpiles properly covered and have a perimeter control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Complete by Date:		
3.14	Are any additional BMPs needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Complete by Date:		
3.15	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Complete by Date:		

5.0 Site-specific BMPs

- **BMP Identifier** -- This column is a mandatory entry used to help correspond BMPs with the site map. Number the structural and non-structural BMPs identified in your SWPPP on your site map and list them below (add as many BMPs as necessary on the continuation sheets).
- **BMP and Location** - Describe and give the location of the structural and non-structural BMPs identified in your SWPPP in the BMP column below (Include areas that are required to be inspected by the CGP, such as material storage areas that are exposed to precipitation.)
- **BMP Installed?** – If a BMP should be installed at the time of the inspection and you marked “No” in the “BMP Installed” column, then you must check “Yes” in the “BMP Action Required?” column. If there is good reason to mark “no” in the “BMP Installed” column (such as the BMP is no longer needed and was removed) then you can mark “no” in the “BMP Action Required?” column and explain in the “Comments” column.
- **BMP Action Required?** - If a BMP needs repair, modification, replacement, maintenance or a new BMP is needed or a SWPPP amendment is needed, then a BMP Action is required.
- **BMP Action Required, Complete by Date** - Before certifying the report, fill in the date when the BMP Action can reasonably be expected to be completed. When a BMP Action is NOT required, leave the “Complete by Date” blank.
- **If BMP Action is required, describe Action and Location** – Anytime you check “Yes” for “BMP Action Required,” then you must also fill in the “Describe BMP Action and Location” column.
- **Corrective Action Log** - When a BMP Action is required as noted in this report, you must also enter all the information for this action in the Corrective Action Log, and document on the Log the actual date of completing correction.

BMP Identifier	BMP & Location	BMP Installed?	BMP Action Required?	If BMP Action is required, describe Action and Location	Comments
		__Yes __No	__Yes __No Complete by Date:		
		__Yes __No	__Yes __No Complete by Date:		
		__Yes __No	__Yes __No Complete by Date:		
		__Yes __No	__Yes __No Complete by Date:		
		__Yes __No	__Yes __No Complete by Date:		
		__Yes __No	__Yes __No Complete by Date:		

6.0 Inspection Certification

6.1 Areas of Inspection

Did you inspect all areas of the project that are required to be inspected by the CGP including areas disturbed by construction activity, areas used for storage of materials that are exposed to precipitation, areas where control measures are installed, areas where sediment or other pollutants have accumulated or been deposited and may have the potential for or are entering a stormwater conveyance system, locations where vehicles enter or exit the site, areas where storm water typically flows, points of discharge from the site, and portions of the site where temporary or permanent stabilization has been initiated?

- Yes
- No

If you did not inspect any required areas, list those locations here and explain why they weren't inspected.

6.2 Project Compliance

- *If there are incidences of non-compliance identified in this inspection report then you must summarize below the incidence(s) of non-compliance.*
- *If there is an Action Item described in the non-compliance box below that does not already have a "Complete by Date" assigned elsewhere in this report, then add a Complete by Date within the box.*

Non-Compliance

Incidence(s) of Non-compliance:

Action Item(s) and Complete by Date(s):

- *Check the box below if there are no incidences of non-compliance with the CGP:*

I certify that on the date of this inspection, this project was found to be in compliance with the terms of the applicable Construction General Permit.

CERTIFICATION STATEMENT

"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."

Contractor's Duly Authorized Representative Representative

ADNR-DPOR D&C's Duly Authorized

Print name: _____

Print Name: _____

Title: _____

Title: Project Engineer

Signature _____

Signature _____

Date ____ / ____ / ____

Date ____ / ____ / ____



STATE OF ALASKA
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF PARKS AND OUTDOOR RECREATION

SWPPP PRE-CONSTRUCTION SITE VISIT

Project Name:	
Project Number:	
Date of Site Visit:	

1. PERSONS CONDUCTING THE VISIT

Name:		Name:	
Title:		Title:	
Company:		Company:	
Name:		Name:	
Title:		Title:	
Company:		Company:	
Name:		Name:	
Title:		Title:	
Company:		Company:	

2. SWPPP PREPARER STATEMENTS AND SIGNATURE

	Yes	No
1. Did you identify or verify opportunities to phase construction activities at the project?	<input type="checkbox"/>	<input type="checkbox"/>
2. Did you identify or verify appropriate BMPs and their sequencing for the project?	<input type="checkbox"/>	<input type="checkbox"/>
3. Did you identify or verify which sediment controls must be installed at the project prior to commencing construction activities (as defined by the CGP)?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered NO to any of the questions above, explain:

Printed Name: _____

Title: _____

Company: _____

Signature: _____

Date: ____ / ____ / ____

