Date:			Permit No.		
Project Name:					
Project Number:		SWPPP Pha	se(s):		
☐ Individual NPDES Permit Project (Receiving State Waters Inspection Required) Type of Report: ☐ Pre-Construction Verification Inspection Report ☐ Independent (Third Party) Inspection ☐ Event Report ☐ Event Report ☐ Event)					
Check All That Are Applicable: There is evidence of a discharge. There is evidence that a The polluted discharge was polluted discharge is leaving or contained prior to reaching the has left the project site storm drain system/receiving NOTE: If any of the boxes above were checked, fill out HDOT Construction Discharge Report. BMP Measures and Devices Currently Installed on the Project:					
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Location	Activity & Type of BMP Measure/Device	Required	Notes/Comments		

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Comments/Remarks:				
I certify that I am the pers	on who performed	d the inspection docum	ented above and that all info	rmation recorded on
this form is a true and acc	urate representati	on of what was observe	ed at the construction site rec	corded above.
Inspector Name & Title		Signature		Date
I certify under penalty of	law that this docu	ment and all attachmer	nts were prepared under my	direction or
supervision in accordance	with a system des	igned to assure that qu	alified personel properly gath	ner and evaluate the
information submitted. Ba	ased on my inquiry	of the person or perso	ns who manage the system, o	or those persons
directly responsible for ga	thering informatio	n, the information subr	mitted is, to the best of my kr	nowledge and belief,
		-	t penalties for submitting false	e information,
including the possibility of	fine and imprison	ment for knowing viola	tions.	
Duly Authorizied Person's	Signature	Date		
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Duly Authorized Person's	Name:			
Duly Authorizied Person's	Title:			
Duly Authorized Person's	Company or Agend	cy Information		
Company or Agency:				
Address:				
Phone:				
Fax:				
Email:				