

COUNTY OF RIVERSIDE



TRANSPORTATION and LAND MANAGEMENT AGENCY DEPARTMENT OF BUILDING AND SAFETY



Environmental Compliance Division NPDES Inspection for Industrial/Commercial Facilities

Type of Inspection: [] Initial [] Routine [] Follow-up [] Special [] Complaint

BIC Date of Inspection: Business License Number Site Contact Signature: Inspector:

A. CONTACT INFORMATION:

Facility Name: Address: City: Contact Party: Telephone Number: Mailing Address (if different from above): E-Mail Address:

B. FACILITY INSPECTION INFORMATION:

Description of Site Activity(ies): SIC Code: Revised SIC Code: Facility Priority Classification: Revised Priority: Does this facility have a current County Business License? Is facility subject to CA Statewide General Industrial Permit? If "Yes", is facility "Mandatory" or "Conditional" (circle one) If "No", does facility have a No Exposure Certification? Does facility maintain a SWPPP? Are all BMPs implemented per SWPPP? Does facility maintain a Stormwater Monitoring Plan? Were storm water samples collected last storm season? List surface flow path(s) from facility to US Waters:

County of Riverside

Building and Safety Department- Environmental Compliance Division

BIC _____ Date Inspection: ____ Inspector: _
 Business License Number: _____

C. BEST MANAGEMENT PRACTICES (BMP) ASSESSMENT:

1. Are BMPs implemented in outdoor storage area(s) to prevent storm water contamination? Yes No N/A
 If "No", list materials stored outdoors and provide corrective actions needed.

Comments:	Actions Needed:

2. Are BMPs implemented in outdoor activity process areas? Yes No N/A
 If "No", explain types of activities and provide actions needed.

Comments:	Actions Needed:

3. Are facility vehicle and equipment operation (washing, maintenance, etc.) BMPs implemented to eliminate exposure of these activities to storm water? Yes No N/A
 If "No", list those activities with concerns and provide actions needed.

Comments:	Actions Needed:

4. Are the contents of waste receptacles protected from storm water contact? Yes No N/A
 If "No", list location(s), concern(s) and actions needed.

Comments:	Actions Needed:

5. Are facility flow-lines/inlets free from evidence of discharges (soil, landscape waste, stains) and equipment? Yes No N/A
 If "No", list location(s), concerns(s) and actions needed.

Comments:	Actions Needed:

