

MDT SWPPP INSPECTION REPORT

Project: _____

Date: _____

COMMENTS OR ADDITIONAL DISCREPANCIES NOTED:

Reviewed by: _____
(print name)

Title: _____

Signature: _____

Date: _____

Certification Statement (If reviewer represents the permit holder, the box must be initialed)

“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.”

FOLLOW UP ACTIONS FOR DISCREPANCIES NOTED ABOVE:

Based on the results of the inspection, necessary corrective actions or modifications were implemented within _____ calendar days and are described below:

Reviewed by: _____
(print name)

Title: _____

Signature: _____

Date: _____