

**SINGLE FAMILY RESIDENCE  
STORMWATER POLLUTION PREVENTION PLAN (SWPPP)**

For Construction Activities At:

Property Address or Lot #: \_\_\_\_\_  
Subdivision or Larger Project, if applicable: \_\_\_\_\_  
Town, State, Zip: \_\_\_\_\_

Construction Activity Operator:

Contact Name: \_\_\_\_\_  
Company/Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Emergency Contact:

Contact Name: \_\_\_\_\_  
Company/Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

SWPPP Preparation Date:

**CERTIFICATION**

“I certify under penalty of law that I have read and understand this document and that this document and all attachments were prepared 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.”

Operator Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**1. SWPPP Documents Located Onsite & Available for Review**

SWPPP Document Type	Located Onsite & Available for Review?	
Registration Statement	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
Notice of Coverage Letter	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
Site Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
ESC Plan OR Agreement in Lieu Of	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
Stormwater Management Plan OR Agreement in Lieu Of	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A

**2. Authorized Non-Stormwater Discharges**

Type of Authorized Non-Stormwater Discharge	Likely Present at Your Project Site?	
External buildings wash down	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
Uncontaminated foundation or footing drains	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
Uncontaminated excavation dewatering	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
Landscape Irrigation	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
Other (Describe)	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A

**3. Controls**

Select all that apply	Control	Installation Date	Removal Date	Notes
<input type="checkbox"/>	Construction Entrance (Std. & Spec. 3.02)			
<input type="checkbox"/>	Silt Fence (Std. & Spec. 3.05)			
<input type="checkbox"/>	Culvert Inlet Protection (Std. & Spec. 3.08)			
<input type="checkbox"/>	Outlet Protection (Std. & Spec. 3.18)			
<input type="checkbox"/>	Temporary Seeding (Std. & Spec. 3.31)			
<input type="checkbox"/>	Permanent Seeding (Std. & Spec. 3.32)			
<input type="checkbox"/>	Sodding (Std. & Spec. 3.33)			
<input type="checkbox"/>	Mulching (Std. & Spec. 3.35)			
<input type="checkbox"/>	Concrete Washout			
<input type="checkbox"/>	Waste Container Coverage			
<input type="checkbox"/>	Portable Restroom/Toilet			Location:

**4. Spill Prevention & Response**

Most spills can be cleaned up following manufacturer specifications. Absorbent/oil dry, sealable containers, plastic bags, and shovels/brooms are suggested minimum spill response items that should be available at this location.

- 1<sup>st</sup> Priority      Protect all people.
- 2<sup>nd</sup> Priority      Protect equipment and property.
- 3<sup>rd</sup> Priority      Protect the environment.

- i. Check for hazards (flammable material, noxious fumes, cause of spill) – if flammable liquid, turn off engines and nearby electrical equipment. If serious hazards are present leave the area and call 911. **LARGE SPILLS ARE LIKELY TO PRESENT A HAZARD.**
- ii. Make Sure the spill area is safe to enter and that it does not pose an immediate threat to health or safety of any person.
- iii. Stop the spill source.
- iv. Call co-workers and supervisor for assistance and to make them aware of the spill and potential dangers.
- v. If possible, stop spill from entering drains (use absorbent or other material as necessary).
- vi. Stop spill from spreading (use absorbent or other material)
- vii. If spilled material has entered a storm sewer, contact locality’s storm water department.
- viii. Clean up spilled material according to manufacturer specifications, for liquid spills use absorbent materials and do not flush area with water.
- ix. Properly dispose of cleaning materials and used absorbent material according to manufacturer specifications.

**Contacts:**

Town of Ashland	(804) 798-9219
Ashland Police Department	911 or (804) 798-1227
Hanover County Fire/EMS	911 or (804) 365-6195

**5. Identification of Qualified Personnel, Activities Log, Modification Log, & Inspections**

**Qualified Personnel:**

Name: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Qualifications (RLD Number, etc.): \_\_\_\_\_

**Grading & Activities Log**

Date Grading Activity	Description of Grading Activity	Date Ceased	Date Stabilization Measures Initiated	Description of the Stabilization Measure (including location)

**SWPPP Modification & Update Log:**

Modification Date:	Description of the Modification/Update	Prepared By (name & title)

**Inspection Form**

Make additional copies as needed.

Lot or Address: \_\_\_\_\_

Inspection Date: \_\_\_\_\_

Date and Rainfall Amount (if applicable): \_\_\_\_\_

Control	In Compliance with SWPPP?	Corrective Action Needed:	Date of Corrective Action:
Construction Entrance	<input type="checkbox"/> Yes <input type="checkbox"/> No		
DI Protection/Storm Inlets	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Erosion and Sediment Controls (silt fence, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Stabilization	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Certification**

“I certify under penalty of law that I have read and understand this document and that this document and all attachments were prepared 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: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_