

# STORMWATER CONSTRUCTION SITE INSPECTION REPORT

## GENERAL INFORMATION

Project Name: <b>BFRT (2D)</b>	
Location: <b>SUBURY</b>	
Date of Inspection: <b>9.11.23</b>	Start/End Time: <b>2pm</b>
Inspector's Name: <b>MIKE</b>	
Inspector's Title: <b>QCIS</b>	
Inspector's Contact Information: <b>6175924903</b>	
Describe present phase of construction: <b>EXC TO SUBGRADE STA 335 TO 327, GRAVEL @ 159</b>	
Type of Inspection:	
<input type="checkbox"/> Regular <input type="checkbox"/> Pre-storm event <input checked="" type="checkbox"/> During storm event <input checked="" type="checkbox"/> Post-storm event	

TD  
150

## WEATHER INFORMATION

Has there been a storm event since the last inspection?  Yes  No

If yes, provide:

Storm Start Date & Time: <b>9/10</b>	Storm Duration (hrs): <b>14</b>	Approximate Amount of Precipitation (in): <b>1"</b>
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Weather at time of this inspection?

Clear    
  Cloudy    
  Rain    
  Sleet    
  Fog    
  Snowing    
  High Winds  
 Other:    
 Temperature: **74**

Have any discharges occurred since the last inspection?  Yes  No

If yes, describe:

Are there any discharges at the time of inspection?  Yes  No

If yes, describe:

## 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."

	<b>MICHAEL RENNE</b>	<b>9/11/23</b>
Signature of Inspector	Printed Name and Title	Date

9/11/23

**OVERALL SITE ISSUES**

Below are some general site issues that should be assessed during inspections. Customize this list as needed for conditions at your site.

BMP/activity	Implemented?	Maintenance Required?	Corrective Action Needed and Notes
1. All inactive slopes and disturbed areas have been stabilized.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2. Are natural resource areas (e.g., streams, wetlands, mature trees, etc.) protected with barriers or similar BMPs?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. Are all sanitary waste receptacles placed in secondary containment and free of leaks?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4. Are perimeter controls and sediment barriers adequately installed (keyed into substrate) and maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	ADD ECB AS NEEDED.
5. Are discharge points and receiving waters free of any sediment deposits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
6. Are storm drain inlets properly protected?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. Is the construction exit preventing sediment from being tracked into the street?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. Is trash/litter from work areas collected and placed in covered dumpsters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Are washout facilities (e.g., paint, stucco, concrete) available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Are vehicle and equipment fueling, cleaning, and maintenance areas free of spills, leaks, or any other deleterious material?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
11. Are materials that are potential stormwater contaminants stored inside or under cover?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
12. Are non-stormwater discharges (e.g., wash water, dewatering) properly controlled?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
13. (Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	