



VISUAL SITE INSPECTION REPORT

Note: It is a condition of National Pollutant Discharge Elimination System and Erosion and Sediment permits that a maintenance program be conducted to provide for the operation and maintenance of all BMPs to be inspected on a weekly basis and after each stormwater event. Please list in the space provided comments to note if repairs or replacement are needed or have been made for BMPs as a result of the inspection. Failure to conduct the required inspection may result in permit suspension or the imposition of civil penalties. If supplemental monitoring is required as part of a permit condition this form may be used to meet those monitoring requirements.

Project Site Name: _____ Date: _____ Inspection #: _____

Time: _____ Weather: _____

Permit #: _____ Photos Taken: Yes No

Inspector/Title: _____

Municipality(s): _____

County(s): _____

Inspection Type (check one): Weekly Stormwater Event

- | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| | | Y | N |
| 1. Are the approved (Stamped) E & S plan and PCSM plan present on site? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are there activities occurring outside of the limits of disturbance shown on the plan drawings?
(If yes, notify conservation district and explain.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | |
|---------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 3. Is Construction Sequence being followed?
(If No, notify conservation district and explain.) | <input type="checkbox"/> | <input type="checkbox"/> |
|---------------------------------------------------------------------------------------------------|--------------------------|--------------------------|

- | | | | | | |
|---------------------------------------------------------------------------------|--------------------------|--------------------------|-------|--------------------------|--------------------------|
| 4. E & S BMPs (List BMPs and note if installed and maintained as per the plan.) | Y | N | | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
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| _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Were repairs/maintenance/replacement BMPs necessary (if so, describe): _____

5. **Site Conditions** Y N
 Sediment Discharge is occurring to waters or wetlands from earth disturbance activity?
Stabilization of inactive disturbed areas, stockpiles, or at final grade? (exceeding 4 days inactive)
 Are slopes 3:1 and greater stabilized with appropriate BMPs?

6. **PCSM BMPs**
 Are areas intended for PCSM BMPs being protected from compaction?
PCSM BMPs (List BMPs and note if installed and maintained as per the plan.)
- | | Y | N | | | |
|-------|--------------------------|--------------------------|-------|--------------------------|--------------------------|
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
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| _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Were repairs/maintenance/replacement BMPs necessary (if so, describe): _____

7. **Department/Conservation District has been notified within 24 hours of non-compliance, including discharge to waters or wetlands?**
8. **Identify all remedial measures that have been taken or will be taken on this site.**

Inspector's Signature: _____ Date: _____

Company Name: _____

Attach additional sheets for comments/repairs/remedial measures if necessary.