



CHAPTER 102 VISUAL SITE INSPECTION REPORT

GENERAL INFORMATION

Project Site

Name: _____

Permit No.: _____

Permit Type:

 PAG-01 PAG-02 Individual NPDES Individual E&S ESCGP

Approval Date: _____

Expiration Date: _____

Permittee Name: _____

Municipality: _____

Inspector Name: _____

County: _____

Inspector Firm: _____

Inspector Title: _____

Inspector Email: _____

Inspector Phone: _____

 The inspector named above is qualified (check the appropriate box below)

 DEP's Clean Water Academy Program CPESC CESSWI Other (equivalent)

INSPECTION INFORMATION

Inspection Date: _____

Inspection Time: _____

AM / PM

Inspection No.: _____

Precipitation (Previous 24 hrs): _____ inch(es)

Source: _____

Current Site Conditions: Active Earth Disturbance Fully Stabilized Snow Covered OtherCurrent Weather Conditions: Rain/Sleet/Snow Overcast Sunny/Partly SunnyInspection Type: Routine (Weekly) Post-Storm (≥ 0.25 inch) Corrective Action

INSPECTION CHECKLIST

Inspect all of the following areas of the project site. Check the box to certify these areas have been inspected and describe problems or deficiencies identified, if any. Use a separate sheet as necessary.

1. Areas that have been cleared and grubbed, graded, excavated, or otherwise disturbed and are not yet stabilized.

These areas have been inspected N/A (no areas on-site meet these conditions)
 Areas are dormant for four (4) days or longer and are not temporarily stabilized.
 Areas have been final graded but have not yet been stabilized.
 All disturbances are being actively graded and are not yet ready for temporary or permanent stabilization.

2. BMPs/SCMs installed to comply with the permit (including site perimeter BMPs).

BMPs/SCMs have been inspected N/A (there are no BMPs/SCMs on-site at the time of inspection)
 Photographs of BMPs/SCMs on-site are attached with a date/time stamp.
 Photographs of all observed deficiencies are attached with a date/time stamp.
 A BMP/SCM Inspection checklist has been completed and is attached for one or more BMPs/SCMs.

Description of problems or deficiencies identified:

 No deficiencies identified

INSPECTION CHECKLIST (CONTINUED)

3. Material, waste, borrow and equipment storage and maintenance areas covered by permit or E&S Plan approval.

These areas have been inspected N/A (no areas on-site meet these conditions)

Description of problems or deficiencies identified: No deficiencies identified

4. Areas where stormwater flows within the site, including drainageways designed to divert, convey and/or treat stormwater.

These areas have been inspected

Description of problems or deficiencies identified: No deficiencies identified

5. Discharge points (DPs) on-site (i.e., is there evidence of accelerated erosion or sedimentation).

DPs have been inspected N/A (there are no DPs at the time of inspection)

Description of problems or deficiencies identified: No deficiencies identified

6. Locations where stabilization measures have been implemented.

These locations have been inspected N/A (there is no temporary or permanent stabilization)

Description of problems or deficiencies identified: No deficiencies identified

Answer the following questions by selecting the appropriate box for Yes, No, or Not Applicable (N/A).

7. Are the approved E&S and PCSM Plans including drawings available on-site? * Yes No

Location of Plans:

8. Are pollutants are being stored, used and/or transported onto, on or from the project site? Yes No

If Yes, has a PPC Plan been developed and is the plan being implemented? * Yes No N/A

9. Is all earth disturbance within the permitted limit of disturbance? * Yes No N/A

10. Is the approved construction sequence being followed? * Yes No N/A

Current Stage:

11. Are areas intended for infiltration-based PCSM SCMs being protected from compaction? * Yes No N/A

12. Do all discharges from the site consist solely of stormwater? * Yes No

13. Are stormwater discharges, if occurring during inspection, free of floating solids, foam, scum, sheen, or substances that result in observed deposits or produce an observable change in the color, taste, odor, or turbidity of the receiving water? *

If No, contact DEP/CCD by phone immediately

14. Are critical stages of implementation of the PCSM Plan occurring at the time of inspection? Yes No

If Yes, is a licensed professional or designee present on-site to oversee critical stages? * Yes No N/A

15. Has any fill material been imported to the site since the last inspection? Yes No

If Yes, has environmental due diligence been conducted on the imported fill? * Yes No N/A

16. Have construction dewatering activities occurred since the last inspection?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, have discharges been treated by a series of at least two BMPs? *	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
17. Explain all answers of "No" below or on a separate sheet for questions marked with asterisks (*).	
18. Identify the names and addresses of all new operators that have <u>commenced work</u> on the project site since the last inspection was conducted (see 25 Pa. Code § 102.1 for the definition of "operator").	
Name:	Name:
Address:	Address:
City, State, ZIP:	City, State, ZIP:
19. Identify the names and addresses of all operators that have <u>ceased work</u> on the project site since the last inspection was conducted.	
Name:	Name:
Address:	Address:
City, State, ZIP:	City, State, ZIP:
20. Corrective Action – Describe any corrective actions that will be or have been taken by the permittee to comply with the permit and the date the corrective actions will be or have been completed.	
21. Are additional pages attached to this report? <input type="checkbox"/> Yes <input type="checkbox"/> No	

I certify under penalty of law (see 18 Pa.C.S. § 4904 (relating to unworn falsification)) that the information reported herein was 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 information, 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.

Inspector Signature

Date of Signature

PHOTOGRAPHS

(CAPTION)

(CAPTION)