

# CONSTRUCTION STORMWATER SITE INSPECTION REPORT

Facility Name	Allard 30-8-5	Permittee					
Date of Inspection	7/23/2025	Weather Conditions	Sunny 75 F				
Permit Certification #		Disturbed Acreage	1				
Phase of Construction	Open excavation	Inspector Title					
Inspector Name	Keegan MacDonald						
Is the above inspector a qualified stormwater manager? (permittee is responsible for ensuring that the inspector is a qualified stormwater manager)			<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input checked="" type="checkbox"/>
YES	NO						
<input type="checkbox"/>	<input checked="" type="checkbox"/>						

INSPECTION FREQUENCY					
Check the box that describes the minimum inspection frequency utilized when conducting each inspection					
At least one inspection every 7 calendar days	<input type="checkbox"/>				
At least one inspection every 14 calendar days, with post-storm event inspections conducted within 24 hours after the end of any precipitation or snowmelt event that causes surface erosions	<input type="checkbox"/>				
<ul style="list-style-type: none"> <li>• This is this a post-storm event inspection. Event Date: _____</li> </ul>	<input type="checkbox"/>				
Reduced inspection frequency - Include site conditions that warrant reduced inspection frequency	<input type="checkbox"/>				
<ul style="list-style-type: none"> <li>• Post-storm inspections at temporarily idle sites</li> </ul>	<input type="checkbox"/>				
<ul style="list-style-type: none"> <li>• Inspections at completed sites/area</li> </ul>	<input type="checkbox"/>				
<ul style="list-style-type: none"> <li>• Winter conditions exclusion</li> </ul>	<input type="checkbox"/>				
Have there been any deviations from the minimum inspection schedule? If yes, describe below.	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	YES	NO	<input checked="" type="checkbox"/>	<input type="checkbox"/>
YES	NO				
<input checked="" type="checkbox"/>	<input type="checkbox"/>				

INSPECTION REQUIREMENTS*
i. Visually verify all implemented control measures are in effective operational condition and are working as designed in the specifications
ii. Determine if there are new potential sources of pollutants
iii. Assess the adequacy of control measures at the site to identify areas requiring new or modified control measures to minimize pollutant discharges
iv. Identify all areas of non-compliance with the permit requirements, and if necessary, implement corrective action
*Use the attached <b>Control Measures Requiring Routine Maintenance</b> and <b>Inadequate Control Measures Requiring Corrective Action</b> forms to document results of this assessment that trigger either maintenance or corrective actions

AREAS TO BE INSPECTED			
Is there evidence of, or the potential for, pollutants leaving the construction site boundaries, entering the stormwater drainage system or discharging to state waters at the following locations?			
	NO	YES	If "YES" describe discharge or potential for discharge below. Document related maintenance, inadequate control measures and corrective actions <b>Inadequate Control Measures Requiring Corrective Action</b> form
Construction site perimeter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
All disturbed areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Designated haul routes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Material and waste storage areas exposed to precipitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Locations where stormwater has the potential to discharge offsite	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Locations where vehicles exit the site	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	





## REPORTING REQUIREMENTS

The permittee shall report the following circumstances orally within twenty-four (24) hours from the time the permittee becomes aware of the circumstances, and shall mail to the division a written report containing the information requested within five (5) working days after becoming aware of the following circumstances. The division may waive the written report required if the oral report has been received within 24 hours.

<b>All Noncompliance Requiring 24-Hour Notification per Part II.L.6 of the Permit</b>		
<b>a. Endangerment to Health or the Environment</b> Circumstances leading to any noncompliance which may endanger health or the environment regardless of the cause of the incident (See Part II.L.6.a of the Permit) <i>This category would primarily result from the discharge of pollutants in violation of the permit</i>		
<b>b. Numeric Effluent Limit Violations</b> <ul style="list-style-type: none"> <li>○ Circumstances leading to any unanticipated bypass which exceeds any effluent limitations (See Part II.L.6.b of the Permit)</li> <li>○ Circumstances leading to any upset which causes an exceedance of any effluent limitation (See Part II.L.6.c of the Permit)</li> <li>○ Daily maximum violations (See Part II.L.6.d of the Permit)</li> </ul> <i>Numeric effluent limits are very uncommon in certifications under the COR400000 general permit. This category of noncompliance only applies if numeric effluent limits are included in a permit certification.</i>		

Has there been an incident of noncompliance requiring 24-hour notification?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If "YES" document below

Date and Time of Incident	Location	Description of Noncompliance	Description of Corrective Action	Date and Time of 24 Hour Oral Notification	Date of 5 Day Written Notification *

\*Attach copy of 5 day written notification to report. Indicate if written notification was waived, including the name of the division personnel who granted waiver.

After adequate corrective action(s) and maintenance have been taken, or where a report does not identify any incidents requiring corrective action or maintenance, the individual(s) designated as the Qualified Stormwater Manager, shall sign and certify the below statement:

“I verify that, to the best of my knowledge and belief, all corrective action and maintenance items identified during the inspection are complete, and the site is currently in compliance with the permit.”

\_\_\_\_\_  
Name of Qualified Stormwater Manager

\_\_\_\_\_  
Title of Qualified Stormwater Manager

\_\_\_\_\_  
Signature of Qualified Stormwater Manager

\_\_\_\_\_  
Date

Notes/Comments

# Photo Log

Description:

Description:



Description:

Description:



### Photo Log

Description:



Description:



Description:



Description: