



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 Other
Current Weather Conditions: Rain/Sleet/Snow Overcast Sunny/Partly Sunny
Inspection 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.

- 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 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.
- 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.	
	<input type="checkbox"/> These areas have been inspected <input type="checkbox"/> N/A (no areas on-site meet these conditions)	
	Description of problems or deficiencies identified:	<input type="checkbox"/> No deficiencies identified
4.	Areas where stormwater flows within the site, including drainageways designed to divert, convey and/or treat stormwater.	
	<input type="checkbox"/> These areas have been inspected	
	Description of problems or deficiencies identified:	<input type="checkbox"/> No deficiencies identified
5.	Discharge points (DPs) on-site (i.e., is there evidence of accelerated erosion or sedimentation).	
	<input type="checkbox"/> DPs have been inspected <input type="checkbox"/> N/A (there are no DPs at the time of inspection)	
	Description of problems or deficiencies identified:	<input type="checkbox"/> No deficiencies identified
6.	Locations where stabilization measures have been implemented.	
	<input type="checkbox"/> These locations have been inspected <input type="checkbox"/> N/A (there is no temporary or permanent stabilization)	
	Description of problems or deficiencies identified:	<input type="checkbox"/> 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? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Location of Plans:	
8.	Are pollutants are being stored, used and/or transported onto, on or from the project site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, has a PPC Plan been developed and is the plan being implemented? *	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
9.	Is all earth disturbance within the permitted limit of disturbance? *	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
10.	Is the approved construction sequence being followed? *	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Current Stage:	
11.	Are areas intended for infiltration-based PCSM SCMs being protected from compaction? *	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
12.	Do all discharges from the site consist solely of stormwater? *	<input type="checkbox"/> Yes <input type="checkbox"/> 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? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>If No, contact DEP/CCD by phone immediately</i>	
14.	Are critical stages of implementation of the PCSM Plan occurring at the time of inspection?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, is a licensed professional or designee present on-site to oversee critical stages? *	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
15.	Has any fill material been imported to the site since the last inspection?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, has environmental due diligence been conducted on the imported fill? *	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 unsworn 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)