

MS4 ANNUAL REPORT  
THE CITY OF MUSCLE SHOALS  
2017 - 2018

MAYOR: DAVID BRADFORD

COUNCIL MEMBERS:

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## **1 Chapter 1 Introduction**

The information provided is intended to provide a general outline of activities within the City of Muscle Shoals that are intended to serve the purpose of meeting the requirements of the City's MS4 permit.

## **2 Chapter 2 (Reserved)**

## **3 Chapter 3 City of Muscle Shoals Program Components**

This chapter provides guidance to staff and others to meet the requirements of the ADEM general permit for stormwater discharges from the MS4.

The Five Program Minimum Control Measures (MCM) are:

- a. Public Education and Public Involvement on Stormwater Impacts (MCM 1)
- b. Illicit Discharge Detection and Elimination (MCM 2)
- c. Construction Site Runoff Control (MCM 3)
- d. Post Construction Stormwater Management (MCM 4)
- e. Pollution Prevention/Good Housekeeping for Municipal Operations (MCM 5)

### **3.1 MCM 1 - Public Education and Public Involvement on Stormwater Impacts**

#### **3.1.1 Permit Requirement**

The City must develop and implement a public education and outreach program to inform the community about the impacts of stormwater discharges on water bodies and the steps that the public can take to reduce pollutants in stormwater runoff to the MEP. The City shall continuously implement this program in the areas served by the MS4. The permittee shall also comply, at a minimum, with applicable state and local public notice requirements when implementing a public involvement/participation program.

#### **3.1.2 Strategies, Goals and Timeline**

The City employs a variety of strategies for MCM 1 including distributing education materials to the community, and conducting outreach activities. These efforts will educate the public as to the impacts of discharges on water bodies and the steps that each person can take to reduce pollution in the stormwater runoff.

The effort will be continuous through the permit period. Educational material will be mailed to each home and business up to two times per year. The City's website will include annual reports, and this plan. The website will also include a citizen action button that can be used by the public to report stormwater related issues. These activities will represent efforts (BMPs) that are effective in reducing the impacts of pollutants on stormwater runoff. Each involvement and outreach strategy will be detailed below along with its goal, timeline, and department responsible for implementation of the measure.

### **3.1.2.1 Create a Citizen based Environmental Advisory Committee**

#### **3.1.2.1.1 Current Program**

This element of MCM 1 will establish a citizen based environmental advisory committee (EAC). This committee will be used to gain input from the citizens of the City regarding stormwater issues.

#### **3.1.2.1.2 Potential Target Audience**

General public, Home owners, Businesses

#### **3.1.2.1.3 Measureable Goal**

In year one (1) of the permit cycle the City will seek interested citizens and form the EAC.

#### **3.1.2.1.4 Progress toward Goal**

**The City has elected to utilize the City's planning commission to serve as the EAC. The planning commission is composed of members from the general public and they also interact with developers and contractors.**

### **3.1.2.2 Mail Out Fliers**

#### **3.1.2.2.1 Current Program**

This element of MCM 1 will continue an existing program in which the City provides a direct mail out to all homeowners and businesses within the City. The mailer discusses the stormwater requirements for the City and provides steps the general public can use to assist with removing pollutants from stormwater runoff.

#### **3.1.2.2.2 Potential Target Audience**

General public, Home owners, Businesses, Landscapers

#### **3.1.2.2.3 Measureable Goal**

The mailer will be sent out in all years of the permit cycle.

#### **3.1.2.2.4 Progress toward Goal**

**The City did an annual mailer to all businesses and residents. The mailer included information regarding stormwater runoff (see appendix).**

### **3.1.2.3 Run Off Reduction Permeable Pavement**

#### **3.1.2.3.1 Current Program**

This element of MCM 1 will continue to encourage low impact development within the City. The ordinance to allow and encourage this work was approved in the previous permit cycle.

#### **3.1.2.3.2 Potential Target Audience**

Developers, Contractors

#### **3.1.2.3.3 Measureable Goal**

This requirement is continuous by ordinance.

#### **3.1.2.3.4 Progress toward Goal**

**The city maintains an ordinance that encourages low impact design considerations.**

### **3.1.2.4 Environmental Web Page**

#### **3.1.2.4.1 Current Program**

This element of MCM 1 will make data readily available to the citizens of the City. The City's website will be expanded to incorporate an environmental page which will include a link to the City's SWMP Plan, MS4 Annual Report, and other stormwater related topics, as well as providing a citizen action button that can be used by citizens to report any issues.

#### **3.1.2.4.2 Potential Target Audience**

General public

#### **3.1.2.4.3 Measureable Goal**

In year one (1) of the permit cycle the City will expand the website to include an environmental page.

In year two (2) of the permit cycle the City will expand the environmental page to include stormwater related topics, information about the stormwater management program in general, and information about how readers can reduce stormwater impacts and links to other related websites.

In years three (3) through five (5) the website will be maintained and updated as needed to remain in compliance with the general permit.

#### **3.1.2.4.4 Progress toward Goal**

**The City has completed the website and has included stormwater related topics and information about the stormwater management program. The website can be viewed at the address below:**

**<http://www.cityofmuscleshoals.com/Default.asp?ID=371&pg=Stormwater+Management>**

### **3.1.2.5 Art Contest**

#### **3.1.2.5.1 Current Program**

This element of MCM 1 will provide for an art contest at Elementary Schools relating to the environment.

#### **3.1.2.5.2 Potential Target Audience**

Elementary Age School Children



#### **3.1.2.5.3 Measureable Goal**

This contest will be held once per year in each year of the permit.

#### **3.1.2.5.4 Progress toward Goal**

**The city schools did not participate in this program in year 1. We will work to ensure that they do participate in this program or a similar program in future years of the permit.**

### **3.1.2.6 Maintain Existing “Shoaly” Signs**

#### **3.1.2.6.1 Current Program**

This element of MCM 1 will maintain the “Shoaly” no littering signs that were installed in under the requirements of the previous SWMPP.

#### **3.1.2.6.2 Potential Target Audience**

General public, Home owners, Businesses, Landscapers

#### **3.1.2.6.3 Measureable Goal**

The City will continuously maintain the existing signs and replace or add signs as needed during the duration of the permit.

#### **3.1.2.6.4 Progress toward Goal**

**The City has installed 12 new “Shoaly Says Don’t Litter” signs during the last year and repaired 3 existing signs.**

## **3.2 MCM 2 - Illicit Discharge Detection and Elimination (IDDE) Program**

### **3.2.1 Permit Requirements**

The permittee shall implement an ongoing program to detect and eliminate illicit discharges into the MS4, to the maximum extent practicable.

### **3.2.2 Strategies, Goals, and Timelines**

The City employs a variety of strategies for MCM 2 including ordinances, system maps, and dry weather inspections. These activities will represent efforts (BMPs) that are effective in reducing the impacts of pollutants on stormwater runoff from illicit discharges.

#### **3.2.2.1 Prepare and Maintain a Outfall Map**

##### **3.2.2.1.1 Current Program**

This element of MCM 2 will establish an outfall map showing at a minimum the latitude/longitude of all known outfalls larger than 36” diameter, names of waters of the state that receive the outfalls, and structural BMP’s owned, operated, or maintained by the City.

#### **3.2.2.1.2 Measureable Goal**

In year one (1) of the permit cycle the City will prepare a map as described. In years two (2) through year five (5) the map will be updated as required to continue to meet the permit requirements.

#### **3.2.2.1.3 Progress toward Goal**

**The City has completed an outfall map that shows current city public and private outfall/retention ponds. Some of the ponds shown are pumped to a surface water discharge and some are covered by the city's UIC permit (see appendix).**

### **3.2.2.2 *Maintain Illicit Discharge Ordinance***

#### **3.2.2.2.1 Current Program**

This element of MCM 2 will maintain a City ordinance that will prohibit non-stormwater discharges to the MS4. The ordinance shall be reviewed annually and updated as necessary to continue to meet the permit requirements.

#### **3.2.2.2.2 Measureable Goal**

In year one (1) through year five (5) of the permit the ordinance will be reviewed and modified as necessary to continue to meet the goals of the permit.

#### **3.2.2.2.3 Progress toward Goal**

**The City maintains an illicit discharge ordinance.**

### **3.2.2.3 *Perform Dry Weather Screenings***

#### **3.2.2.3.1 Current Program**

This element of MCM 2 will establish a dry weather screening program designed to detect and address at a minimum fifteen percent (15%) of the outfalls once per year with all (100%) screened at least once per five years.

#### **3.2.2.3.2 Measureable Goal**

In year one (1) through year five (5) the City will inspect 25% of outfalls each year. Inspection logs and results will be included in the annual report each year.

#### **3.2.2.3.3 Progress toward Goal**

**The City has completed dry weather screenings on a monthly basis along with mowing activities in the city's outfall ponds. During the last year flow was found at two locations and was traced to fire hydrant flushing by the utilities department (see letter in appendix).**

### **3.2.2.4 Prepare Procedure for Tracing the Source, Reporting of Illicit Discharges**

#### **3.2.2.4.1 Current Program**

This element of MCM 2 will establish a procedure for tracing the source and reporting of an illicit discharge if discharge is found during dry weather screening.

#### **3.2.2.4.2 Measureable Goal**

In year one (1) of the permit cycle the City will prepare a procedure as described above. In years two (2) through five (5) the procedure will be used if any illicit discharges are found during dry weather screening. If illicit discharges are found they will be documented in the annual report.

#### **3.2.2.4.3 Progress toward Goal**

**The City has prepared a procedure for city personnel to follow in order to trace sources of illicit discharges as needed. The procedure is included in the appendix.**

## **3.3 MCM 3 Construction Site Storm Water Runoff Control**

### **3.3.1 Permit Requirements**

The permittee must develop/revise, implement and enforce an ongoing program to reduce, to the MEP, the pollutants in any stormwater runoff to the MS4 from qualifying construction sites.

### **3.3.2 Strategies, Goals, and Timelines**

The City employs a variety of strategies for MCM 3 including ordinances, subdivision regulations, plan review, and permitting. These activities will represent efforts (BMPs) that are effective in reducing the impacts of pollutants on stormwater runoff from construction sites.

#### **3.3.2.1 Construction Site Plan Review and Permitting**

##### **3.3.2.1.1 Current Program**

This element of MCM 3 includes the continued review of site plans for proposed construction projects within the City. The plans are reviewed by the City Building Official, and the City Engineer (larger projects).

The city will review pre-construction grade plans and will require proper BMP. Site operators are required to obtain an NPDES Permit for one acre and larger sites. These permits are provided to the city's review agency. The city will follow up with a site grade permit. The site will be monitored by city personal. Sites will be reported to the operator if they are in violation with discarded materials, chemicals, litter, sanitary waste, concrete wash out, erosion and or sediment buildup.

Any information from the public is encouraged and will be considered by the building department as to any enforcement issues. The city will inspect these sites monthly at a minimum. Violations will be reported to the operator with instructions as to clean up. Non-attention to these notices will result in enforcement procedures as outline and in existing ordinances. Priority for site inspection will be related to sites which

have a prior history of violation and I or which threaten the environment most. The construction site control program is regulated by the city building department. Success for this minimum control measure will be determined by the number of violations recorded each year.

#### **3.3.2.1.2 Measureable Goals**

In year one (1) through year five (5) the City will review, permit, and inspect all site plans each year to ensure that a BMP plan is included for sites disturbing more than 1 acre. Inspections will be conducted monthly at a minimum.

In year one (1) through year five (5) the City will ensure that staff performing inspections are properly trained and certified as QCI's.

#### **3.3.2.1.3 Progress toward Goal**

**The city does permit disturbances greater than 1 acre. The city has inspected the sites in conjunction with the required building inspections. Copies of inspections are retained at the building department at City Hall. The city does require inspection staff to receive annual QCI training.**

### **3.3.2.2 Notification of Non-Compliant Sites**

#### **3.3.2.2.1 Current Program**

This element of MCM 3 includes the requirement that the City notify ADEM of any construction projects or industrial facilities subject to ADEM regulations and permits who have not filed and received permit coverage.

#### **3.3.2.2.2 Procedure**

The City will provided the following documentation to ADEM within 30 days of the discovery of a non-compliant site.

- a. Construction site location
- b. Name of owner / operator
- c. Estimated project size or type of industrial activity including the SIC code if known
- d. Record of communication with the owner / operator regarding the violation, including inspection, warning and any responses

Enforcement will be tracked in files. The following will be included:

- a. Name of Owner / Operator
- b. Location of site
- c. Description of violation
- d. Required compliance schedule
- e. Description of enforcement response including escalated response and repeat violations
- f. Enforcement documentation
- g. Referrals to different departments of agencies

### **3.3.2.2.3 Progress toward Goal**

**The City had no noncompliant sites during the last year.**

## **3.4 MCM 4 – Post-Construction Stormwater Management in New Development and Redevelopment**

### **3.4.1 Permit Requirements**

The permittee shall implement post construction stormwater management including structural and non structural controls including low impact development and green infrastructure practices to obtain permanent stormwater management over the life of the property's use.

### **3.4.2 Strategies, Goals, and Timelines**

The City employs a variety of strategies for MCM 4 including ordinances, bonding and written agreements. These activities will represent efforts (BMPs) that are effective in reducing the long term impacts of pollutants on stormwater runoff from post construction sites.

#### ***3.4.2.1 Post Construction Storm Water Agreements***

##### **3.4.2.1.1 Current Program**

This element of MCM 4 includes the requirement for developer agreements for long term maintenance of stormwater facilities.

##### **3.4.2.1.2 Measureable Goals**

In year one (1) through year five (5) the City will require all sites that contain structural BMPs to enter into an agreement for the maintenance of the facility.

##### **3.4.2.1.3 Progress toward Goal**

**The City does require post construction stormwater agreements for privately maintained stormwater detention facilities. During the permit year the city had one site that was completed and required to enter into a post construction agreement.**

#### ***3.4.2.2 Post Construction Storm Water Inspections***

##### **3.4.2.2.1 Current Program**

This element of MCM 4 includes the requirement for owner / operator of a facility to provide annual inspections of the facilities.

##### **3.4.2.2.2 Measureable Goals**

In year one (1) the City will maintain an inventory of the newly developed or redeveloped sites within the MS4 that have structural BMPs. In year two (2) through year five (5) the City will require all sites that contain structural BMPs be inspected either by City personnel or by the facility owner.

#### **3.4.2.2.3 Progress toward Goal**

**The City has completed an inventory of privately owned stormwater facilities.**

### **3.5 MCM 5 – Pollution Prevention / Good Housekeeping for Municipal Operations**

#### **3.5.1 Permit Requirements**

The permittee shall implement Pollution Prevention / Good Housekeeping for Municipal Operations Strategies for City projects and facilities.

#### **3.5.2 Strategies, Goals, and Timelines**

The City employs a variety of strategies for MCM 5 including in house training, printed material review, documentation of training sessions, schools and courses taken. The program will address maintenance activities, maintenance schedules and inspection procedures. The program will address controls for reducing pollutants such as floatables and other pollutants from roadways, parking lots, maintenance yards, recycling centers, and mineral storage areas.

#### **3.5.2.1 Leaf Collection and Street Sweeping**

##### **3.5.2.1.1 Current Program**

This element of MCM 5 includes the requirement for the City to collect leaves from and sweep streets within the MS4. The City currently operates one street sweeper and two leaf collection vehicles within the City.

##### **3.5.2.1.2 Measureable Goals**

In year one (1) through year five (5) the City will continue its current street sweeping and leaf collection program. The City will measure the number of truck loads of leaves and the number of miles of streets swept during each year and report that information in the annual report.

##### **3.5.2.1.3 Progress toward Goal**

**During the last year the city has collected 339.66 tons of leaves from the residents of the city. The leaves are composed on property owned by the city. During that same time the city provided 35 hours of street sweeping.**

#### **3.5.2.2 In House Training**

##### **3.5.2.2.1 Current Program**

This element of MCM 5 includes training of City personnel regarding effective measures to prevent litter and pollution from City operations. The training will be administered a minimum of once per year to the City's street department and park and recreation personnel.

#### **3.5.2.2.2 Measureable Goals**

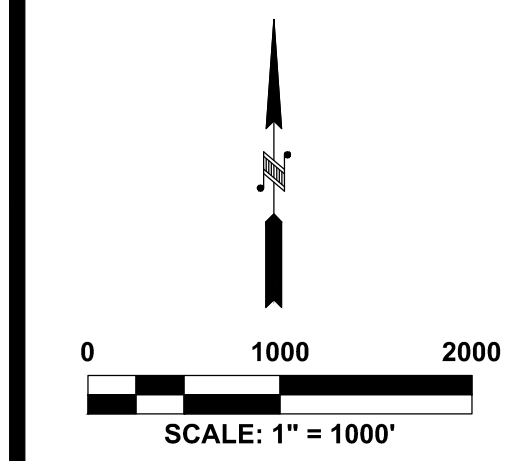
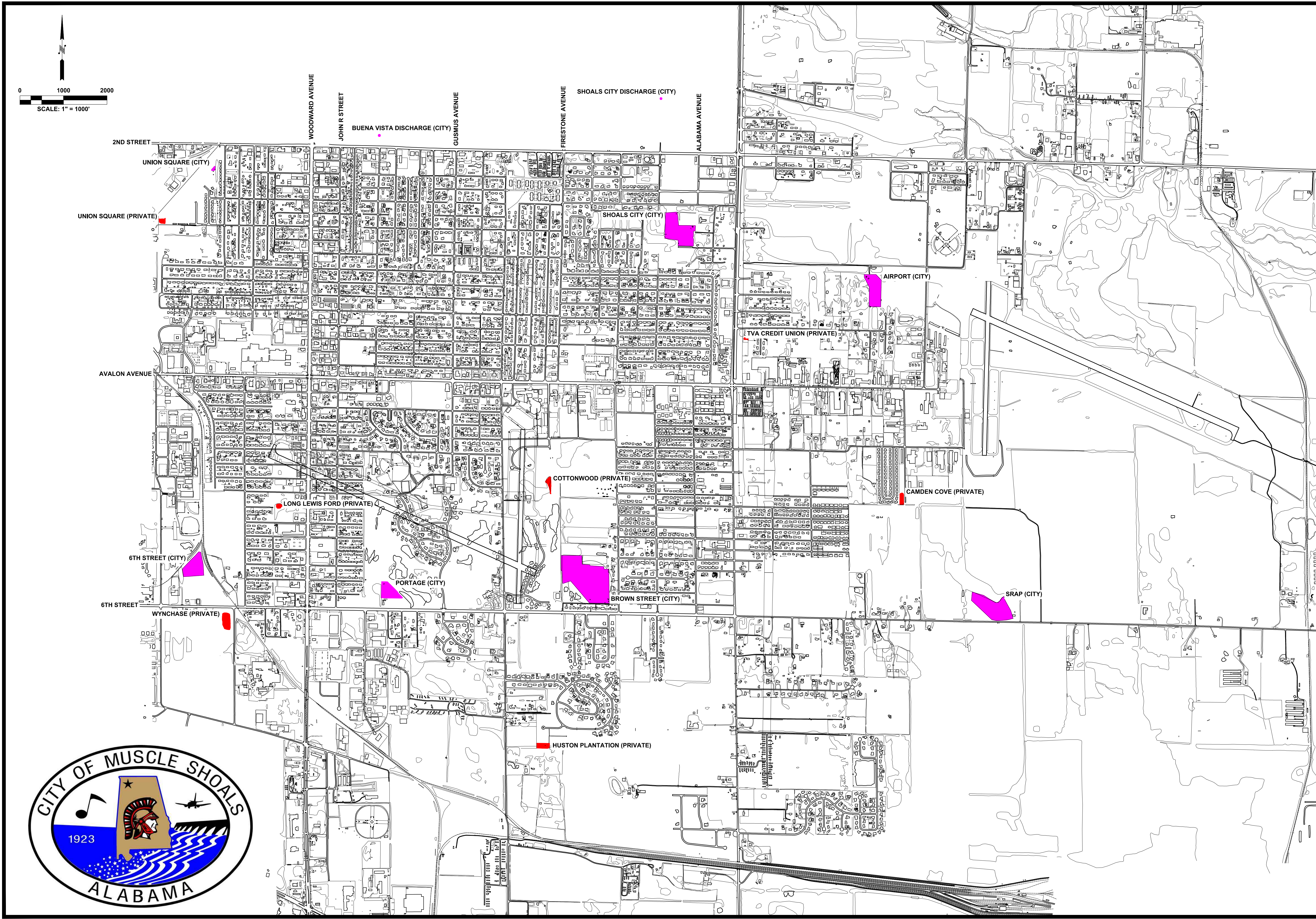
In year one (1) through year five (5) the City will train the staff listed above regarding litter and pollution controls.

#### **3.5.2.2.3 Progress toward Goal**

**The City is currently providing staff training regarding stormwater and litter to the employees of the public works department on a daily basis along with safety meetings. The public works department also maintains an erosion control plan and policy for public works projects and a policy regarding spills on roadways.**

## City Outfall Map





**MUSCLE SHOALS CITY OUTFALL MAP  
COLBERT COUNTY, AL**

**ELECTRONIC FILE DISC AMER.**  
The official drawings are those that are signed, sealed and dated by the Professional Engineer/Surveyor. The information is not necessarily a true representation of the official document. Civil Group, LLC is not responsible for information on these drawings prepared by others, written by others or interpreted by others.

**REVISIONS:**

NO.	DATE	DESCRIPTION

DATE: 1/25/2018	HORIZ 1" = 1000'
DRAWN BY: J. H. H.	VERT 1" = NA
CHECKED BY: J. H. H.	
FILE: Muscle Shoals Outfall Map.dwg	
JOB NO.:	



## Information and Letters from City Departments

## TRACING ILLICIT DISCHARGES

1. Preparation
  - i. Review/consider information collected when illicit discharge was initially identified and documented.
  - ii. Obtain storm drain mapping for the area of the reported illicit discharge.
  - iii. Gather all necessary equipment including: tape measure, clear container, clipboard with necessary forms, flashlight, and camera.
2. Process
  - i. Follow the Illicit Discharge.
  - ii. If the source is located make a note of the source.
  - iii. If the source cannot be found, continue to monitor and inspect until source is located.
3. Notification
  - i. If source is potential issue then notify the City Engineer.
4. Documentation
  - i. Document a written report and retain for records.

# CITY OF MUSCLE SHOALS

POST OFFICE BOX 2624 • MUSCLE SHOALS, ALABAMA 35662

256.383.5675 • Fax 256.386.9201

[www.cityofmuscleshoals.com](http://www.cityofmuscleshoals.com)

**DAVID H. BRADFORD**

*Mayor*

**RICKY WILLIAMS**

*City Clerk/Treasurer*


Mayor David Bradford  
City of Muscle Shoals  
PO Box 2624  
Muscle Shoals, AL 35662

March 6, 2018

Dear Mayor Bradford,

This letter is in regard to the amount of trash picked up around catch basins and storm drains in the City of Muscle Shoals. As of 03/06/18 approximately 1,010 bags @ 56 gallons per bag have been picked up. Also, on a yearly basis, the Buena Vista Retention Pond is cleaned out and approximately 37 tons of trash, debris, and silt are removed and hauled to the landfill. All of the above would eventually make its way to the Tennessee River via the pumps if not picked up.

Sincerely,



William Osborn  
Maintenance Supervisor

*Council Members*

CHRIS HALL • MIKE LOCKHART • ALLEN NOLES • KEN SOCKWELL • NEAL WILLIS

# CITY OF MUSCLE SHOALS

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**DAVID H. BRADFORD**

*Mayor*

**RICKY WILLIAMS**

*City Clerk/Treasurer*

Brad Williams  
Civil Group, LLC  
919 Avalon Avenue Suite B  
Muscle Shoals, AL 35661

March 12, 2018

Mr. Williams,

During the last year, monthly pond inspections were performed.

On two occasions, March 6, 2017 and April 4, 2017, water was coming in to the Buena Vista retention pond and the Shoals City retention pond. After further investigation, it was determined that the water was coming from the flushing of hydrants by the Muscle Shoals Utilities Board.

These were the only two infractions found last year.

Sincerely,



William Osborn  
Maintenance Supervisor

*Council Members*

CHRIS HALL • MIKE LOCKHART • ALLEN NOLES • KEN SOCKWELL • NEAL WILLIS

## HOLIDAY SCHEDULE BELOW!

### STORMWATER AND GROUNDWATER PROTECTION:

The stormwater runoff in the City of Muscle Shoals is currently permitted by the Alabama Dept. of Environmental Management (ADEM). The City is asking citizens and businesses to be aware that all stormwater runoff in the City goes either to the Tennessee River or to groundwater. A copy of the City's Stormwater Management Plan, annual reports, and general permit can be found on the City's stormwater management webpage on the City's website at [www.cityofmuscleshoals.com](http://www.cityofmuscleshoals.com). The webpage also includes additional information regarding stormwater management and links to related websites and a link to provide feedback to the City for any stormwater issues you may have.

### HOLIDAY SCHEDULE:

**2017 SCHEDULED HOLIDAYS (Includes New Year's Day & Martin Luther King Day for 2018):** Route changes are explained below. For questions call PUBLIC WORKS at 256-386-9250.

City issued garbage container (no personal cans) should be placed by the curb by 6:00 a.m.

#### MEMORIAL DAY – MONDAY, MAY 29TH

**Residential household garbage** – Monday will be collected on Tuesday, Tuesday on Wednesday, Wednesday on Thursday.

**Commercial garbage** – Will be collected on Friday.

**Brush/Trash** – Tuesday through Thursday will remain the same. At the end of each regularly scheduled day the Monday route will be collected from Tuesday afternoon through Thursday afternoon.

#### INDEPENDENCE DAY – TUESDAY, JULY 4TH

**Residential household garbage** – Monday will remain the same. Tuesday will be collected on Wednesday, Wednesday on Thursday.

**Commercial garbage** – Will be collected on Friday.

**Brush/Trash** – Monday, Wednesday and Thursday will remain the same. At the end of each regularly scheduled day the Tuesday route will be collected from Monday afternoon and Wednesday and Thursday afternoon.

#### LABOR DAY – MONDAY, SEPTEMBER 4TH

**Residential household garbage** – Monday will be collected on Tuesday, Tuesday on Wednesday, Wednesday on Thursday.

**Commercial garbage** – Will be collected on Friday.

**Brush/Trash** – Tuesday through Thursday will remain the same. At the end of each regularly scheduled day the Monday route will be collected from Tuesday afternoon through Thursday afternoon.

#### VETERANS' DAY – FRIDAY, NOVEMBER 10TH

ALL ROUTES – GARBAGE AND BRUSH & TRASH - WILL REMAIN THE SAME.

#### THANKSGIVING – THURSDAY & FRIDAY, NOVEMBER 23rd & 24th

**Residential household garbage** – Will remain the same.

**Commercial garbage** – Will be collected on Wednesday.

**Brush/Trash** – Monday, Tuesday, & Wednesday will remain the same. At the end of each regularly scheduled day the Thursday route will be collected on Monday afternoon through Wednesday afternoon.

#### CHRISTMAS – MONDAY, DECEMBER 25th

**Residential household garbage** – Monday will be collected on Tuesday, Tuesday on Wednesday, Wednesday on Thursday.

**Commercial garbage** – Will be collected on Friday.

**Brush/Trash** – THERE WILL BE NO REGULAR BRUSH AND TRASH COLLECTION THIS WEEK.

**SPECIAL TRASH TRAILERS** – Trash trailers will be available from Saturday, December 23rd through Tuesday the 26th until 6:00 a.m. at these locations: 1) Webster Elementary 2) Southgate Mall parking lot behind the Mall 3) Highland Park Elementary 4) K-Mart parking lot

#### NEW YEAR'S DAY – MONDAY, JANUARY 1, 2018

**Residential household garbage** – Monday will be collected on Tuesday, Tuesday on Wednesday, Wednesday on Thursday.

**Commercial garbage** – Will be collected on Friday.

**Brush/Trash** – Tuesday through Thursday will remain the same. At the end of each regularly scheduled day the Monday route will be collected from Tuesday afternoon through Thursday afternoon.

#### MARTIN LUTHER KING DAY – MONDAY, JANUARY 15, 2018

**Residential household garbage** – Monday will be collected on Tuesday, Tuesday on Wednesday, Wednesday on Thursday.

**Commercial garbage** – Will be collected on Friday.

**Brush/Trash** – Tuesday through Thursday will remain the same. At the end of each regularly scheduled day the Monday route will be collected from Tuesday afternoon through Thursday afternoon.

**THERE ARE NO OTHER CITY HOLIDAYS UNTIL MEMORIAL DAY, MONDAY, MAY 28, 2018.**

## **Street Department Duties/Prevention during Rain**

5 trucks have assigned zones city wide to check, open ditch pipes, curb inlets, raised concrete lids and grate top inlets are checked for debris blocking proper drainage of storm water.

Areas prone to flooding are monitored.

Areas that have been excavated are checked to see if wattles or silt fencing are keeping dirt and silt runoff from getting into drainage system.

Areas not draining properly are reported to supervisor if unable to fix by clearing debris or blockage.

May have to barricade sections of roadways if traffic may be in danger.

## **Hydraulic & Oil Spills on Roadways**

Sand or absorbant is taken as soon as possible and spread to contain spills. This is for busted hydraulic lines or the like on the departmental vehicles or for assistance for other departments for events such as fuel or vehicle fluids for accidents or the like: i.e., Fire Dept. assistance during wrecks, etc. Incident reports are maintained on file for incidents such as these.

March 2017:

Built containment area for oil & hydraulic barrels under Street Dept. shed. Poured concrete pad, laid block around pad, filled cells with concrete, placed oil barrels in area on top of absorbent pads and placed oil booms inside wall all the way around pad wall. Placed oil booms around hydraulic fluid and oil storage tanks in the wash bay area to absorb any spills. This is monitored to check for replacement of oil booms in the event of spill or leakage.

City of Muscle Shoals

Public Works Department

Date: May 4, 2016

Re: Procedures for Sediment Control – Storm Water Drainage Pipe and Ditch Projects.

On all city projects the following sediment control procedures will be completed:

Pipe Projects

- Frequently check weather forecast for a 48 hour window before project.  
Schedule work accordingly.
- Do not clear any areas that you are not going to be working that day.  
Example: If you're only able to place 80 feet of drainage pipe that day.  
**Only dig for 80 feet.**
- Pipe projects will be dug from the lower outflow areas to the higher inflow areas when possible.
  - All catch basins in the outflow area will be constructed to contain any sediment that is released over night. Before work is to resume the next work day, those basins will be cleaned of all material, and will be placed back to the area in which they were lost.
- Once the run of drainage pipe (usually 20 foot run) is in place and hunched to specification. The area (ditch) will be filled as close to finish level as possible.
- If the project is not completed in the work day all sediment control practices will be adhered to.
  - Be sure that the end of the work day that the project area will contain sediment as best possible within the disturbed area.
    - Waddles in place.
    - Sediment containment ditches.
    - Rip Rap in place to slow velocity of water flow.
    - Check dams for slowing water flow and to catch/contain sediment that's displaced over night.
    - Sod in place as soon as finish grade is achieved.
    - Sediment control fencing will be used where applicable.
- If at any time sediment is released notify the supervisor.



## Drainage Ditch

- Check weather forecast for a 48 hour window before project.
  - Schedule work accordingly.
- Only clear the area that work that can be completed that work day.

### Natural Foliage Lined Ditch

The City of Muscle Shoals will implement the use of bermuda sod, or an application mulch and seed procedure in all ditches that are skimmed, cleaned, or in areas that a new drainage ditch is put in place.

- Sod will be place as soon as possible after project is complete.
- Sod must be pinned in high volume or high velocity flow areas.
- Check dams (Rip Rap) or sediment control berms will be in place until sod is placed.
- Sod will be watered in dry periods until rooting has taken place.
- If at any time a sediment release is observed, notify the supervisor.

**At no time will a sediment control fence be used within a drainage ditch for sediment control.**

### Rip Rap / Other Lined Ditch

- Rip Rap lined ditches will be place at the City Engineers discretion. Stone size will be determined by the engineer.
- Before Rip Rap is placed, a sediment control blanket (ALDOT Spec # 180N Blanket or grater) will be used. (Pinned to manufacture specifications).
- Check dams will be specified by the city engineer.
- If a concrete flume(s) are called for it will be placed at the city engineer's discretion and specification.
- Sediment control fencing will be used if application is needed. (Only outside of the flow line).
- If at any time sediment is released. Notify the supervisor immediately.

## **SWEEPER HOURS**

Total hours during 2017 for sweeping City streets is 35 hours. This record is maintained on the Daily Job Report by departmental supervisors and contains hours of operation of the sweeper and by whom.

## **LEAF COLLECTION**

Total number of loads of leaves was for 2017 was 170 - total weight collected was 339.66 tons. Daily records are kept for number of loads collected as well as differentiating between truck. The small truck holds 3,540 pounds and the large truck holds 10,000 pounds when full. Leaves are emptied in a City holding area where they are accumulated and monitored. Occasional cleanup is needed to prevent the pile from spreading.



Brad Williams &lt;brad@gocivilgroup.com&gt;

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## Spill Prevention plan

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Tim McMullins <mcmullins@hiwaay.net>  
To: Brad@gocivilgroup.com

Mon, Mar 12, 2018 at 2:03 PM

## Spill Prevention & Response Plan

For

## City of Muscle Shoals Fire Department

The City of Muscle Shoals Fire Department employs thirty personnel including management and suppression. All employees are trained at the minimum of NFPA 472 Standard. This is the **Standard for Competence of Responders to Hazardous Materials / Weapons of Mass Destruction Incidents**. Fire Department also carries (absorbent, absorbent pads and leak seal materials for stopping leaks in fuel tanks, oil pans, radiators etc). The Muscle Shoals Fire Department is also a part of the Colbert County Hazardous Material team which is comprised of three Cities and the County. This team is funded annually by the three Cities and the County which includes the EMA. Approximately two thirds of the team is employees of the City of Muscle Shoals Fire Department. The City of Muscle Shoals furnishes the Building for the response trailer that is equipped with everything needed for a small response such as highway incidents to large incidents such as fixed facilities that use or store Hazardous Materials. The Hazardous Material team will be activated at the time of the incident by the Officer in charge if the incident can not be resolved by the City of Muscle Shoals Fire Department.



QCI Training Program

# Certificate of Completion



thompson

*is hereby granted to:*

***L.D. (Butch) Whitehead***

***City of Muscle Shoals***

***for satisfactory completion of  
Online Refresher  
Training***

**QCI No. T1578**

**Expires 2/18/2019**

This certificate confers four (4.0) professional development hour (PDH) equivalents to students who require credits for licenses or certifications. Such PDHs are subject to the qualifying requirements of the licensing or certifying organization.



**QCI Training Program**

# Certificate of Completion

*is hereby granted to:*

***Michael T. Crosswhite***

***City of Muscle Shoals***

***for satisfactory completion of  
Online Refresher  
Training***

**QCI No. T0314**

**Expires 3/2/2019**



thompson  
ENGINEERS

This certificate confers four (4.0) professional development hour (PDH) equivalents to students who require credits for licenses or certifications. Such PDHs are subject to the qualifying requirements of the licensing or certifying organization.



# QCI Training Program

# Certificate of Completion

*is hereby granted to:*

*Milton David Osborn*

*City of Muscle Shoals*

*for satisfactory completion of  
Online Refresher  
Training*

**QCI No. T3288**

**Expires 6/26/2018**

This certificate confers four (4.0) professional development hour (PDH) equivalents to students who require credits for licenses or certifications. Such PDHs are subject to the qualifying requirements of the licensing or certifying organization.



# STORMWATER CONSTRUCTION SITE INSPECTION REPORT

## GENERAL INFORMATION

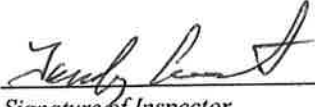
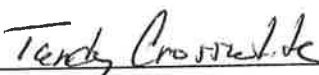
Project Name: <i>Brownstone Subdivision</i>		ALP10BBYQ
Location: <i>Brown Street</i>		
Date of Inspection: <i>5/12/2017</i>	Start/End Time:	
Inspector's Name:		
Inspector's Title:		
Inspector's Contact Information:		
Describe present phase of construction:		
Type of Inspection:		
<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Pre-storm event <input type="checkbox"/> During storm event <input type="checkbox"/> Post-storm event		

## WEATHER INFORMATION

Has there been a storm event since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide:		
Storm Start Date & Time:	Storm Duration (hrs):	Approximate Amount of Precipitation (in):
Weather at time of this inspection?		
<input type="checkbox"/> Clear <input checked="" type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds		
<input type="checkbox"/> Other:		Temperature:
Have any discharges occurred since the last inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, describe:		
<i>over 1" rain on 5/11/2017</i>		
Are there any discharges at the time of inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, describe:		
<i>minor amount of runoff</i>		

## 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."

 Signature of Inspector	 Printed Name and Title	<i>5/12/2017</i> Date
--	---	--------------------------



**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.*

<b>BMP/activity</b>	<b>Implemented?</b>	<b>Maintenance Required?</b>	<b>Corrective Action Needed and Notes</b>
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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 checked="" type="checkbox"/> Yes <input 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	

# STORMWATER CONSTRUCTION SITE INSPECTION REPORT

## GENERAL INFORMATION

Project Name: <i>Brownstone Subdivision</i>		ALP10BB4D
Location: <i>Brown Street</i>		
Date of Inspection: <i>6/15/2017</i>	Start/End Time:	
Inspector's Name: <i>Tendy</i>		
Inspector's Title:		
Inspector's Contact Information:		
Describe present phase of construction:		
Type of Inspection:		
<input type="checkbox"/> Regular <input type="checkbox"/> Pre-storm event <input type="checkbox"/> During storm event <input type="checkbox"/> Post-storm event		

## WEATHER INFORMATION

Has there been a storm event since the last inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, provide:		
Storm Start Date & Time:	Storm Duration (hrs):	Approximate Amount of Precipitation (in):
Weather at time of this inspection?		
<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds		
<input type="checkbox"/> Other:		Temperature:
Have any discharges occurred since the last inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, describe:		
Are there any discharges at the time of inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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."

*Tendy Crosswhite*  
Signature of Inspector

*Tendy Crosswhite*  
Printed Name and Title

*6/15/2017*  
Date

**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.*

<b>BMP/activity</b>	<b>Implemented?</b>	<b>Maintenance Required?</b>	<b>Corrective Action Needed and Notes</b>
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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 checked="" type="checkbox"/> Yes <input 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	

# STORMWATER CONSTRUCTION SITE INSPECTION REPORT

## GENERAL INFORMATION


Project Name: <i>Brownstone Subdivision</i>		ALR108840
Location: <i>Brown Street</i>		
Date of Inspection: <i>7/13/2017</i>	Start/End Time:	
Inspector's Name: <i>Tandy</i>		
Inspector's Title:		
Inspector's Contact Information:		
Describe present phase of construction:		
Type of Inspection:		
<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Pre-storm event <input type="checkbox"/> During storm event <input type="checkbox"/> Post-storm event		

## WEATHER INFORMATION

Has there been a storm event since the last inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, provide:		
Storm Start Date & Time:	Storm Duration (hrs):	Approximate Amount of Precipitation (in):
Weather at time of this inspection?		
<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds		
□ Other:		Temperature:
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, describe:		
Are there any discharges at the time of inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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."

 Signature of Inspector	<i>Tandy Cravath</i> Printed Name and Title	<i>7/13/2017</i> Date
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**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.*

<b>BMP/activity</b>	<b>Implemented?</b>	<b>Maintenance Required?</b>	<b>Corrective Action Needed and Notes</b>
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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 checked="" type="checkbox"/> Yes <input 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	

# STORMWATER CONSTRUCTION SITE INSPECTION REPORT

## GENERAL INFORMATION

Project Name: *Brownstone Subdivision*

*ALP10BBYQ*

Location: *Brown Street*

Date of Inspection: *8/15/2017*

Start/End Time:

Inspector's Name: *Tandy*

Inspector's Title:

Inspector's Contact Information:

Describe present phase of construction:

Type of Inspection:

Regular     Pre-storm event     During storm event     Post-storm event

## WEATHER INFORMATION

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

If yes, provide:

Storm Start Date & Time:

Storm Duration (hrs):

Approximate Amount of Precipitation (in):

Weather at time of this inspection?

Clear     Cloudy     Rain     Sleet     Fog     Snowing     High Winds

Other:

Temperature:

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."

  
Signature of Inspector

*Tandy Cross*  
Printed Name and Title

*8/15/2017*  
Date

**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.*

<b>BMP/activity</b>	<b>Implemented?</b>	<b>Maintenance Required?</b>	<b>Corrective Action Needed and Notes</b>
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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 checked="" type="checkbox"/> Yes <input 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	

# STORMWATER CONSTRUCTION SITE INSPECTION REPORT

## GENERAL INFORMATION

Project Name: <i>Brownstone Subdivision</i>		ALR10BB4D
Location: <i>Brown Street</i>		
Date of Inspection: <i>9/18/2017</i>	Start/End Time:	
Inspector's Name: <i>Tandy</i>		
Inspector's Title:		
Inspector's Contact Information:		
Describe present phase of construction:		
Type of Inspection:		
<input checked="" type="checkbox"/> Regular	<input type="checkbox"/> Pre-storm event	<input type="checkbox"/> During storm event <input type="checkbox"/> Post-storm event

## WEATHER INFORMATION

Has there been a storm event since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide:		
Storm Start Date & Time:	Storm Duration (hrs):	Approximate Amount of Precipitation (in):
Weather at time of this inspection?		
<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds
<input type="checkbox"/> Other:	Temperature:	
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, describe:		
Are there any discharges at the time of inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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."

  
Signature of Inspector

*Tandy Crosswhite*  
Printed Name and Title

*9/18/2017*  
Date



**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.*

<b>BMP/activity</b>	<b>Implemented?</b>	<b>Maintenance Required?</b>	<b>Corrective Action Needed and Notes</b>
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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 checked="" type="checkbox"/> Yes <input 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	

# STORMWATER CONSTRUCTION SITE INSPECTION REPORT

## GENERAL INFORMATION


Project Name: <i>Brownstone Subdivision</i>		ALP10BB4Q
Location: <i>Brown Street</i>		
Date of Inspection: <i>10/12/2017</i>	Start/End Time:	
Inspector's Name: <i>Tendy</i>		
Inspector's Title:		
Inspector's Contact Information:		
Describe present phase of construction:		
Type of Inspection:		
<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Pre-storm event <input type="checkbox"/> During storm event <input type="checkbox"/> Post-storm event		

## WEATHER INFORMATION

Has there been a storm event since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide:		
Storm Start Date & Time:	Storm Duration (hrs):	Approximate Amount of Precipitation (in):
Weather at time of this inspection?		
<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds		
<input type="checkbox"/> Other: _____ Temperature: _____		
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, describe:		
Are there any discharges at the time of inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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."

 Signature of Inspector	<i>Tendy Prosser</i> Printed Name and Title	<i>10/12/2017</i> Date
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**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.*

<b>BMP/activity</b>	<b>Implemented?</b>	<b>Maintenance Required?</b>	<b>Corrective Action Needed and Notes</b>
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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 checked="" type="checkbox"/> Yes <input 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	

# STORMWATER CONSTRUCTION SITE INSPECTION REPORT

## GENERAL INFORMATION

Project Name: <i>Brownstone Subdivision</i>		ALR10884D
Location: <i>Brown Street</i>		
Date of Inspection: <i>11/16/2017</i>	Start/End Time:	
Inspector's Name: <i>Tandy</i>		
Inspector's Title:		
Inspector's Contact Information:		
Describe present phase of construction:		
Type of Inspection:		
<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Pre-storm event <input type="checkbox"/> During storm event <input type="checkbox"/> Post-storm event		

## WEATHER INFORMATION

Has there been a storm event since the last inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, provide:		
Storm Start Date & Time:	Storm Duration (hrs):	Approximate Amount of Precipitation (in):
Weather at time of this inspection?		
<input type="checkbox"/> Clear <input checked="" type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds		
<input type="checkbox"/> Other: _____      Temperature: _____		
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, describe:		
Are there any discharges at the time of inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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."

  
Signature of Inspector

*Tandy Crosswhite*  
Printed Name and Title

*11/16/2017*  
Date

**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.*

<b>BMP/activity</b>	<b>Implemented?</b>	<b>Maintenance Required?</b>	<b>Corrective Action Needed and Notes</b>
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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 checked="" type="checkbox"/> Yes <input 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	

# STORMWATER CONSTRUCTION SITE INSPECTION REPORT

## GENERAL INFORMATION

Project Name: <i>Brownstone Subdivision</i>		ALP10BB4D
Location: <i>Brown Street</i>		
Date of Inspection: <i>12/13/2017</i>	Start/End Time:	
Inspector's Name: <i>Tandy</i>		
Inspector's Title:		
Inspector's Contact Information:		
Describe present phase of construction:		
Type of Inspection:		
<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Pre-storm event <input type="checkbox"/> During storm event <input type="checkbox"/> Post-storm event		

## WEATHER INFORMATION

Has there been a storm event since the last inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, provide:		
Storm Start Date & Time:	Storm Duration (hrs):	Approximate Amount of Precipitation (in):
Weather at time of this inspection?		
<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds		
<input type="checkbox"/> Other: _____ Temperature: _____		
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, describe:		
Are there any discharges at the time of inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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."

*Tandy Crosswhite*  
Signature of Inspector

*Tandy Crosswhite*  
Printed Name and Title

*12/13/2017*  
Date

**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.*

<b>BMP/activity</b>	<b>Implemented?</b>	<b>Maintenance Required?</b>	<b>Corrective Action Needed and Notes</b>
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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 checked="" type="checkbox"/> Yes <input 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	

the 1970s, the number of species in the genus *Chironomus* has increased from 20 to 30, and the number of genera from 10 to 15.

There are a number of reasons for this increase. First, the number of species in the genus *Chironomus* has increased from 20 to 30, and the number of genera from 10 to 15. This is due to the discovery of new species and genera, and to the recognition of previously known species as distinct genera.

Second, the number of species in the genus *Chironomus* has increased from 20 to 30, and the number of genera from 10 to 15. This is due to the discovery of new species and genera, and to the recognition of previously known species as distinct genera.

Third, the number of species in the genus *Chironomus* has increased from 20 to 30, and the number of genera from 10 to 15. This is due to the discovery of new species and genera, and to the recognition of previously known species as distinct genera.

Fourth, the number of species in the genus *Chironomus* has increased from 20 to 30, and the number of genera from 10 to 15. This is due to the discovery of new species and genera, and to the recognition of previously known species as distinct genera.

Fifth, the number of species in the genus *Chironomus* has increased from 20 to 30, and the number of genera from 10 to 15. This is due to the discovery of new species and genera, and to the recognition of previously known species as distinct genera.

Sixth, the number of species in the genus *Chironomus* has increased from 20 to 30, and the number of genera from 10 to 15. This is due to the discovery of new species and genera, and to the recognition of previously known species as distinct genera.

Seventh, the number of species in the genus *Chironomus* has increased from 20 to 30, and the number of genera from 10 to 15. This is due to the discovery of new species and genera, and to the recognition of previously known species as distinct genera.

Eighth, the number of species in the genus *Chironomus* has increased from 20 to 30, and the number of genera from 10 to 15. This is due to the discovery of new species and genera, and to the recognition of previously known species as distinct genera.

Ninth, the number of species in the genus *Chironomus* has increased from 20 to 30, and the number of genera from 10 to 15. This is due to the discovery of new species and genera, and to the recognition of previously known species as distinct genera.

Tenth, the number of species in the genus *Chironomus* has increased from 20 to 30, and the number of genera from 10 to 15. This is due to the discovery of new species and genera, and to the recognition of previously known species as distinct genera.

Eleventh, the number of species in the genus *Chironomus* has increased from 20 to 30, and the number of genera from 10 to 15. This is due to the discovery of new species and genera, and to the recognition of previously known species as distinct genera.

Twelfth, the number of species in the genus *Chironomus* has increased from 20 to 30, and the number of genera from 10 to 15. This is due to the discovery of new species and genera, and to the recognition of previously known species as distinct genera.



# STORMWATER CONSTRUCTION SITE INSPECTION REPORT

## GENERAL INFORMATION

Project Name: <i>Barrington Subdivision</i>		<i>ALR10AL50</i>
Location: <i>Brown Street</i>		
Date of Inspection: <i>1/16/2017</i>	Start/End Time:	
Inspector's Name:		
Inspector's Title: <i>Tandy</i>		
Inspector's Contact Information:		
Describe present phase of construction: <i>Improvements in Building Homes</i>		
Type of Inspection:		
<input checked="" type="checkbox"/> Regular	<input type="checkbox"/> Pre-storm event	<input type="checkbox"/> During storm event <input type="checkbox"/> Post-storm event

## WEATHER INFORMATION

Has there been a storm event since the last inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, provide:		
Storm Start Date & Time:	Storm Duration (hrs):	Approximate Amount of Precipitation (in):
Weather at time of this inspection?		
<input type="checkbox"/> Clear	<input checked="" type="checkbox"/> Cloudy	<input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds
<input type="checkbox"/> Other:	Temperature:	
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, describe:		
Are there any discharges at the time of inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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."

  
Signature of Inspector

*Tandy Crosswhite*  
Printed Name and Title

*1/16/2017*  
Date

*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.*

<b>BMP/activity</b>	<b>Implemented?</b>	<b>Maintenance Required?</b>	<b>Corrective Action Needed and Notes</b>
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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 checked="" type="checkbox"/> Yes <input 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	



**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.*

<b>BMP/activity</b>	<b>Implemented?</b>	<b>Maintenance Required?</b>	<b>Corrective Action Needed and Notes</b>
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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 checked="" type="checkbox"/> Yes <input 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	

# STORMWATER CONSTRUCTION SITE INSPECTION REPORT

## GENERAL INFORMATION

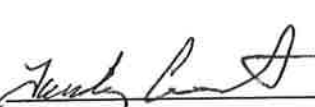
Project Name: <u>Barrington Subdivision</u>		<u>ALRIDALSO</u>
Location: <u>Brown Street</u>		
Date of Inspection: <u>3/15/2017</u>	Start/End Time:	
Inspector's Name: <u>Tandy</u>		
Inspector's Title:		
Inspector's Contact Information:		
Describe present phase of construction: <u>Home Construction</u>		
Type of Inspection:		
<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Pre-storm event <input type="checkbox"/> During storm event <input type="checkbox"/> Post-storm event		

## WEATHER INFORMATION

Has there been a storm event since the last inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, provide:		
Storm Start Date & Time:	Storm Duration (hrs):	Approximate Amount of Precipitation (in):
Weather at time of this inspection?		
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input checked="" type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds		
<input type="checkbox"/> Other: _____      Temperature: _____		
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, describe:		
Are there any discharges at the time of inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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."

 Signature of Inspector	<u>Tandy Cross, Jr.</u> Printed Name and Title	<u>3/15/2017</u> Date
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**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.*

<b>BMP/activity</b>	<b>Implemented?</b>	<b>Maintenance Required?</b>	<b>Corrective Action Needed and Notes</b>
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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 checked="" type="checkbox"/> Yes <input 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	

# STORMWATER CONSTRUCTION SITE INSPECTION REPORT

## GENERAL INFORMATION

Project Name: <u>Barrington Subdivision</u>		<u>ALR/DALSO</u>
Location: <u>Brown Street</u>		
Date of Inspection: <u>4/13/2017</u>	Start/End Time:	
Inspector's Name: <u>Tandy</u>		
Inspector's Title:		
Inspector's Contact Information:		
Describe present phase of construction: <u>Home Construction</u>		
Type of Inspection:		
<input checked="" type="checkbox"/> Regular	<input type="checkbox"/> Pre-storm event	<input type="checkbox"/> During storm event <input type="checkbox"/> Post-storm event

## WEATHER INFORMATION

Has there been a storm event since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide:		
Storm Start Date & Time:	Storm Duration (hrs):	Approximate Amount of Precipitation (in):
Weather at time of this inspection?		
<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds
<input type="checkbox"/> Other:	Temperature:	
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, describe:		
Are there any discharges at the time of inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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."

 Signature of Inspector	<u>Tandy Crosswhite</u> Printed Name and Title	<u>4/13/2017</u> Date
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**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.*

<b>BMP/activity</b>	<b>Implemented?</b>	<b>Maintenance Required?</b>	<b>Corrective Action Needed and Notes</b>
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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	



# STORMWATER CONSTRUCTION SITE INSPECTION REPORT

## GENERAL INFORMATION


Project Name: <i>Barrington Subdivision</i>		<i>ALR/DALSO</i>
Location: <i>Brown Street</i>		
Date of Inspection: <i>5/12/2017</i>	Start/End Time:	
Inspector's Name: <i>Tandy</i>		
Inspector's Title:		
Inspector's Contact Information:		
Describe present phase of construction:		
Type of Inspection:		
<input type="checkbox"/> Regular <input type="checkbox"/> Pre-storm event <input type="checkbox"/> During storm event <input checked="" type="checkbox"/> Post-storm event		

## WEATHER INFORMATION

Has there been a storm event since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide:		
Storm Start Date & Time:	Storm Duration (hrs):	Approximate Amount of Precipitation (in):
Weather at time of this inspection?		
<input type="checkbox"/> Clear <input checked="" type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds		
□ Other:		Temperature:
Have any discharges occurred since the last inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, describe:		
<i>over 1" of rain on 5/11/2017</i>		
Are there any discharges at the time of inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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."

 Signature of Inspector	<i>Tandy Crosswhite</i> Printed Name and Title	<i>5/12/2017</i> Date
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**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.*

<b>BMP/activity</b>	<b>Implemented?</b>	<b>Maintenance Required?</b>	<b>Corrective Action Needed and Notes</b>
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" 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	

# STORMWATER CONSTRUCTION SITE INSPECTION REPORT

## GENERAL INFORMATION


Project Name: <u>Barrington Subdivision</u>		<u>ALR/DALSO</u>
Location: <u>Brown Street</u>		
Date of Inspection: <u>6/15/2017</u>	Start/End Time:	
Inspector's Name: <u>Tandy</u>		
Inspector's Title:		
Inspector's Contact Information:		
Describe present phase of construction:		
Type of Inspection: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Pre-storm event <input type="checkbox"/> During storm event <input type="checkbox"/> Post-storm event		

## WEATHER INFORMATION

Has there been a storm event since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide:		
Storm Start Date & Time:	Storm Duration (hrs):	Approximate Amount of Precipitation (in):
Weather at time of this inspection?		
<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds		
<input type="checkbox"/> Other:		Temperature:
Have any discharges occurred since the last inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, describe:		
Are there any discharges at the time of inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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."

 Signature of Inspector	<u>Tandy Crosswhite</u> Printed Name and Title	<u>6/15/2017</u> Date
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**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.*

<b>BMP/activity</b>	<b>Implemented?</b>	<b>Maintenance Required?</b>	<b>Corrective Action Needed and Notes</b>
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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 checked="" type="checkbox"/> Yes <input 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	

# STORMWATER CONSTRUCTION SITE INSPECTION REPORT

## GENERAL INFORMATION

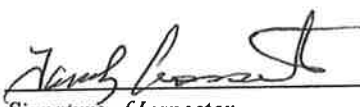
Project Name: <u>Barrington Subdivision</u>		ALR/DALSO
Location: <u>Brown Street</u>		
Date of Inspection: <u>7/13/2017</u>	Start/End Time:	
Inspector's Name: <u>Tandy</u>		
Inspector's Title:		
Inspector's Contact Information:		
Describe present phase of construction:		
Type of Inspection:		
<input checked="" type="checkbox"/> Regular	<input type="checkbox"/> Pre-storm event	<input type="checkbox"/> During storm event <input type="checkbox"/> Post-storm event

## WEATHER INFORMATION

Has there been a storm event since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide:		
Storm Start Date & Time:	Storm Duration (hrs):	Approximate Amount of Precipitation (in):
Weather at time of this inspection?		
<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds
<input type="checkbox"/> Other:	Temperature:	
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, describe:		
Are there any discharges at the time of inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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."

 Signature of Inspector	<u>Tandy Crosswhite</u> Printed Name and Title	<u>7/13/2017</u> Date
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**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.*

<b>BMP/activity</b>	<b>Implemented?</b>	<b>Maintenance Required?</b>	<b>Corrective Action Needed and Notes</b>
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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 checked="" type="checkbox"/> Yes <input 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	

# STORMWATER CONSTRUCTION SITE INSPECTION REPORT

## GENERAL INFORMATION

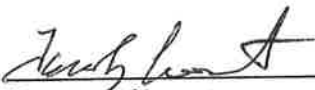
Project Name: <u>Barrington Subdivision</u>		ALR/DALSO
Location: <u>Brown Street</u>		
Date of Inspection: <u>8/15/2017</u>	Start/End Time:	
Inspector's Name: <u>Tandy</u>		
Inspector's Title:		
Inspector's Contact Information:		
Describe present phase of construction:		
Type of Inspection:		
<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Pre-storm event <input type="checkbox"/> During storm event <input type="checkbox"/> Post-storm event		

## WEATHER INFORMATION

Has there been a storm event since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide:		
Storm Start Date & Time:	Storm Duration (hrs):	Approximate Amount of Precipitation (in):
Weather at time of this inspection?		
<input type="checkbox"/> Clear <input checked="" type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds		
<input type="checkbox"/> Other:		Temperature:
Have any discharges occurred since the last inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, describe:		
Are there any discharges at the time of inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, describe:		
<u>Minor amount of runoff</u>		

## 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."

 Signature of Inspector	<u>Tandy Crosswhite</u> Printed Name and Title	<u>8/15/2017</u> Date
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**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.*

<b>BMP/activity</b>	<b>Implemented?</b>	<b>Maintenance Required?</b>	<b>Corrective Action Needed and Notes</b>
1. All inactive slopes and disturbed areas have been stabilized.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input 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 type="checkbox"/> No	
3. Are all sanitary waste receptacles placed in secondary containment and free of leaks?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input type="checkbox"/> No	
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 type="checkbox"/> No	
6. Are storm drain inlets properly protected?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Is the construction exit preventing sediment from being tracked into the street?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Construction Mud on Road. Called Contractor he cleaned up.
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 checked="" type="checkbox"/> Yes <input 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	



# STORMWATER CONSTRUCTION SITE INSPECTION REPORT

## GENERAL INFORMATION


Project Name: <i>Barrington Subdivision</i>		<i>ALR/DALSO</i>
Location: <i>Brown Street</i>		
Date of Inspection: <i>9/18/2017</i>	Start/End Time:	
Inspector's Name: <i>Tandy</i>		
Inspector's Title:		
Inspector's Contact Information:		
Describe present phase of construction:		
Type of Inspection:		
<input checked="" type="checkbox"/> Regular	<input type="checkbox"/> Pre-storm event	<input type="checkbox"/> During storm event <input type="checkbox"/> Post-storm event

## WEATHER INFORMATION

Has there been a storm event since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide:		
Storm Start Date & Time:	Storm Duration (hrs):	Approximate Amount of Precipitation (in):
Weather at time of this inspection?		
<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds
<input type="checkbox"/> Other:	Temperature:	
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, describe:		
Are there any discharges at the time of inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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."

 <i>Signature of Inspector</i>	<i>Tandy Crosswhite</i> <i>Printed Name and Title</i>	<i>9/18/2017</i> <i>Date</i>
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**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.*

<b>BMP/activity</b>	<b>Implemented?</b>	<b>Maintenance Required?</b>	<b>Corrective Action Needed and Notes</b>
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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 checked="" type="checkbox"/> Yes <input 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	

# STORMWATER CONSTRUCTION SITE INSPECTION REPORT

## GENERAL INFORMATION


Project Name: <u>Barrington Subdivision</u>		ALR10AL50
Location: <u>Brown Street</u>		
Date of Inspection: <u>10/12/2017</u>	Start/End Time:	
Inspector's Name: <u>Tandy</u>		
Inspector's Title:		
Inspector's Contact Information:		
Describe present phase of construction:		
Type of Inspection:		
<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Pre-storm event <input type="checkbox"/> During storm event <input type="checkbox"/> Post-storm event		

## WEATHER INFORMATION

Has there been a storm event since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide:		
Storm Start Date & Time:	Storm Duration (hrs):	Approximate Amount of Precipitation (in):
Weather at time of this inspection?		
<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds		
<input type="checkbox"/> Other:		Temperature:
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, describe:		
Are there any discharges at the time of inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.”

 Signature of Inspector	<u>Tandy Crosswhite</u> Printed Name and Title	<u>10/12/2017</u> Date
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**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.

<b>BMP/activity</b>	<b>Implemented?</b>	<b>Maintenance Required?</b>	<b>Corrective Action Needed and Notes</b>
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 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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 checked="" type="checkbox"/> Yes <input 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	

# STORMWATER CONSTRUCTION SITE INSPECTION REPORT

## GENERAL INFORMATION


Project Name: <u>Barrington Subdivision</u>		<u>ALR/DALSO</u>
Location: <u>Brown Street</u>		
Date of Inspection: <u>11/16/2017</u>	Start/End Time:	
Inspector's Name: <u>Tandy</u>		
Inspector's Title:		
Inspector's Contact Information:		
Describe present phase of construction:		
Type of Inspection:		
<input checked="" type="checkbox"/> Regular	<input type="checkbox"/> Pre-storm event	<input type="checkbox"/> During storm event <input type="checkbox"/> Post-storm event

## WEATHER INFORMATION

Has there been a storm event since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide:		
Storm Start Date & Time:	Storm Duration (hrs):	Approximate Amount of Precipitation (in):
Weather at time of this inspection?		
<input type="checkbox"/> Clear	<input checked="" type="checkbox"/> Cloudy	<input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds
<input type="checkbox"/> Other:	Temperature:	
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, describe:		
Are there any discharges at the time of inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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."

 <i>Signature of Inspector</i>	<u>Tandy Crosscutte</u> <i>Printed Name and Title</i>	<u>11/16/2017</u> <i>Date</i>
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**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.*

<b>BMP/activity</b>	<b>Implemented?</b>	<b>Maintenance Required?</b>	<b>Corrective Action Needed and Notes</b>
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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 checked="" type="checkbox"/> Yes <input 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	

# STORMWATER CONSTRUCTION SITE INSPECTION REPORT

## GENERAL INFORMATION

Project Name: <i>Barrington Subdivision</i>		<i>ALR/DALSD</i>
Location: <i>Brown Street</i>		
Date of Inspection: <i>12/13/2017</i>	Start/End Time:	
Inspector's Name: <i>Tandy</i>		
Inspector's Title:		
Inspector's Contact Information:		
Describe present phase of construction:		
Type of Inspection:		
<input checked="" type="checkbox"/> Regular	<input type="checkbox"/> Pre-storm event	<input type="checkbox"/> During storm event <input type="checkbox"/> Post-storm event

## WEATHER INFORMATION

Has there been a storm event since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide:		
Storm Start Date & Time:	Storm Duration (hrs):	Approximate Amount of Precipitation (in):
Weather at time of this inspection?		
<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds
<input type="checkbox"/> Other:	Temperature:	
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, describe:		
Are there any discharges at the time of inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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."

 <i>Signature of Inspector</i>	<i>Tandy Cross</i> <i>Printed Name and Title</i>	<i>12/13/2017</i> <i>Date</i>
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**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.*

<b>BMP/activity</b>	<b>Implemented?</b>	<b>Maintenance Required?</b>	<b>Corrective Action Needed and Notes</b>
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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" 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	





# STORMWATER CONSTRUCTION SITE INSPECTION REPORT

## GENERAL INFORMATION

Project Name: <u>Stone Ridge Subdivision</u>		<u>ALR10B125</u>
Location: <u>Gargis Lane</u>		
Date of Inspection: <u>1/16/2017</u>	Start/End Time:	
Inspector's Name: <u>Tandy</u>		
Inspector's Title:		
Inspector's Contact Information:		
Describe present phase of construction:		
Type of Inspection:		
<input checked="" type="checkbox"/> Regular	<input type="checkbox"/> Pre-storm event	<input type="checkbox"/> During storm event
<input type="checkbox"/> Post-storm event		

## WEATHER INFORMATION

Has there been a storm event since the last inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, provide:		
Storm Start Date & Time:	Storm Duration (hrs):	Approximate Amount of Precipitation (in):
Weather at time of this inspection?		
<input type="checkbox"/> Clear	<input checked="" type="checkbox"/> Cloudy	<input type="checkbox"/> Rain
<input type="checkbox"/> Sleet	<input type="checkbox"/> Fog	<input type="checkbox"/> Snowing
<input type="checkbox"/> High Winds	Temperature:	
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, describe:		
Are there any discharges at the time of inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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."

 <i>Signature of Inspector</i>	<u>Tandy Coates</u> <i>Printed Name and Title</i>	<u>1/16/2017</u> <i>Date</i>
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**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.*

<b>BMP/activity</b>	<b>Implemented?</b>	<b>Maintenance Required?</b>	<b>Corrective Action Needed and Notes</b>
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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 checked="" type="checkbox"/> Yes <input 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	

# STORMWATER CONSTRUCTION SITE INSPECTION REPORT

## GENERAL INFORMATION

Project Name: Stone Ridge Subdivision ALR10B125

Location: Burgis Lane

Date of Inspection: 2/15/2017

Start/End Time:

Inspector's Name: Tandy

Inspector's Title:

Inspector's Contact Information:

Describe present phase of construction:

Type of Inspection:

Regular     Pre-storm event     During storm event     Post-storm event

## WEATHER INFORMATION

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

If yes, provide:

Storm Start Date & Time:          Storm Duration (hrs):          Approximate Amount of Precipitation (in):

Weather at time of this inspection?

Clear     Cloudy     Rain     Sleet     Fog     Snowing     High Winds

Other:          Temperature:

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."

  
Signature of Inspector

Tandy Crosswhite  
Printed Name and Title

2/15/2017  
Date

**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.*

<b>BMP/activity</b>	<b>Implemented?</b>	<b>Maintenance Required?</b>	<b>Corrective Action Needed and Notes</b>
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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 checked="" type="checkbox"/> Yes <input 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	

# STORMWATER CONSTRUCTION SITE INSPECTION REPORT

## GENERAL INFORMATION

Project Name: Stone Ridge Subdivision ALR10B125

Location: Gargis lane

Date of Inspection: 3/15/2017

Start/End Time:

Inspector's Name: Tandy

Inspector's Title:

Inspector's Contact Information:

Describe present phase of construction:

Type of Inspection:

Regular     Pre-storm event     During storm event     Post-storm event

## WEATHER INFORMATION

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

If yes, provide:

Storm Start Date & Time:                  Storm Duration (hrs):                  Approximate Amount of Precipitation (in):

Weather at time of this inspection?

Clear     Cloudy     Rain     Sleet     Fog     Snowing     High Winds

Other:    Temperature:

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:

Very small amount of runoff

## 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."

  
Signature of Inspector

Tandy Crosswhite  
Printed Name and Title

3/15/2017  
Date

## 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 checked="" type="checkbox"/> Yes <input 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	

# STORMWATER CONSTRUCTION SITE INSPECTION REPORT

## GENERAL INFORMATION

Project Name: <i>Stone Ridge Subdivision</i>		ALR10B125
Location: <i>Gargis Lane</i>		
Date of Inspection: <i>4/13/2017</i>	Start/End Time:	
Inspector's Name: <i>Tandy</i>		
Inspector's Title:		
Inspector's Contact Information:		
Describe present phase of construction:		
Type of Inspection:		
<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Pre-storm event <input type="checkbox"/> During storm event <input type="checkbox"/> Post-storm event		

## WEATHER INFORMATION

Has there been a storm event since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide:		
Storm Start Date & Time:	Storm Duration (hrs):	Approximate Amount of Precipitation (in):
Weather at time of this inspection?		
<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds		
<input type="checkbox"/> Other: _____ Temperature: _____		
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, describe:		
Are there any discharges at the time of inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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."

*Tandy Crockett*  
Signature of Inspector

*Tandy Crockett*  
Printed Name and Title

*4/13/2017*  
Date



## 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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 checked="" type="checkbox"/> Yes <input 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	

# STORMWATER CONSTRUCTION SITE INSPECTION REPORT

## GENERAL INFORMATION

Project Name: <i>Stone Ridge Subdivision</i>		<i>ALR10B125</i>
Location: <i>Cargis Lane</i>		
Date of Inspection: <i>5/12/2017</i>	Start/End Time:	
Inspector's Name: <i>Tandy</i>		
Inspector's Title:		
Inspector's Contact Information:		
Describe present phase of construction:		
Type of Inspection:		
<input type="checkbox"/> Regular <input type="checkbox"/> Pre-storm event <input type="checkbox"/> During storm event <input checked="" type="checkbox"/> Post-storm event		

## WEATHER INFORMATION

Has there been a storm event since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide:		
Storm Start Date & Time:	Storm Duration (hrs):	Approximate Amount of Precipitation (in):
Weather at time of this inspection?		
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds		
<input type="checkbox"/> Other:		Temperature:
Have any discharges occurred since the last inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, describe: <i>over 1" of rain on 5/11/2017</i>		
Are there any discharges at the time of inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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."

*Tandy Crowl*  
Signature of Inspector

*Tandy Crowl*  
Printed Name and Title

*5/12/2017*  
Date

### 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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 checked="" type="checkbox"/> Yes <input 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 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	



## 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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 checked="" type="checkbox"/> Yes <input 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	

# STORMWATER CONSTRUCTION SITE INSPECTION REPORT

## GENERAL INFORMATION

Project Name: <i>Stone Ridge Subdivision</i>		ALR10B125
Location: <i>Gargis lane</i>		
Date of Inspection: <i>7/13/2017</i>	Start/End Time:	
Inspector's Name: <i>Tandy</i>		
Inspector's Title:		
Inspector's Contact Information:		
Describe present phase of construction:		
Type of Inspection:		
<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Pre-storm event <input type="checkbox"/> During storm event <input type="checkbox"/> Post-storm event		

## WEATHER INFORMATION

Has there been a storm event since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide:		
Storm Start Date & Time:	Storm Duration (hrs):	Approximate Amount of Precipitation (in):
Weather at time of this inspection?		
<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds		
<input type="checkbox"/> Other: _____ Temperature: _____		
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, describe:		
Are there any discharges at the time of inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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."

*Tandy Crosswhite*  
Signature of Inspector

*Tandy Crosswhite*  
Printed Name and Title

*7/13/2017*  
Date

## 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 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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 checked="" type="checkbox"/> Yes <input 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	

# STORMWATER CONSTRUCTION SITE INSPECTION REPORT

## GENERAL INFORMATION

Project Name: <i>Stone Ridge Subdivision</i>		ALR10B125
Location: <i>Gargis Lane</i>		
Date of Inspection: <i>8/15/2017</i>	Start/End Time:	
Inspector's Name: <i>Tandy</i>		
Inspector's Title:		
Inspector's Contact Information:		
Describe present phase of construction:		
Type of Inspection:		
<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Pre-storm event <input type="checkbox"/> During storm event <input type="checkbox"/> Post-storm event		

## WEATHER INFORMATION

Has there been a storm event since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide:		
Storm Start Date & Time:	Storm Duration (hrs):	Approximate Amount of Precipitation (in):
Weather at time of this inspection?		
<input type="checkbox"/> Clear <input checked="" type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds		
<input type="checkbox"/> Other: _____ Temperature: _____		
Have any discharges occurred since the last inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, describe:		
Are there any discharges at the time of inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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."

*Tandy Crosswhite*  
Signature of Inspector

*Tandy Crosswhite*  
Printed Name and Title

*8/15/2017*  
Date



**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.*

<b>BMP/activity</b>	<b>Implemented?</b>	<b>Maintenance Required?</b>	<b>Corrective Action Needed and Notes</b>
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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 checked="" type="checkbox"/> Yes <input 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	

# STORMWATER CONSTRUCTION SITE INSPECTION REPORT

## GENERAL INFORMATION

Project Name: <u>Stone Ridge Subdivision</u>		ALR10B125
Location: <u>Gargis Lane</u>		
Date of Inspection: <u>9/18/2017</u>	Start/End Time:	
Inspector's Name: <u>Tandy</u>		
Inspector's Title:		
Inspector's Contact Information:		
Describe present phase of construction:		
Type of Inspection:		
<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Pre-storm event <input type="checkbox"/> During storm event <input type="checkbox"/> Post-storm event		

## WEATHER INFORMATION

Has there been a storm event since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide:		
Storm Start Date & Time:	Storm Duration (hrs):	Approximate Amount of Precipitation (in):
Weather at time of this inspection?		
<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds		
<input type="checkbox"/> Other: _____ Temperature: _____		
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, describe:		
Are there any discharges at the time of inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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."

Tandy Crowl  
Signature of Inspector

Tandy Crowl  
Printed Name and Title

9/18/2017  
Date

### 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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 checked="" type="checkbox"/> Yes <input 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	

# STORMWATER CONSTRUCTION SITE INSPECTION REPORT

## GENERAL INFORMATION

Project Name: <i>Stone Ridge Subdivision</i>		ALR10B125
Location: <i>Gargis Lane</i>		
Date of Inspection: <i>10/12/2017</i>	Start/End Time:	
Inspector's Name: <i>Tandy</i>		
Inspector's Title:		
Inspector's Contact Information:		
Describe present phase of construction:		
Type of Inspection:		
<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Pre-storm event <input type="checkbox"/> During storm event <input type="checkbox"/> Post-storm event		

## WEATHER INFORMATION

Has there been a storm event since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide:		
Storm Start Date & Time:	Storm Duration (hrs):	Approximate Amount of Precipitation (in):
Weather at time of this inspection?		
<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds		
<input type="checkbox"/> Other: _____ Temperature: _____		
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, describe:		
Are there any discharges at the time of inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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."

*Tandy Crosswhite*  
Signature of Inspector

*Tandy Crosswhite*  
Printed Name and Title

*10/12/2017*  
Date

## 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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 checked="" type="checkbox"/> Yes <input 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	



### 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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 checked="" type="checkbox"/> Yes <input 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	

# STORMWATER CONSTRUCTION SITE INSPECTION REPORT

## GENERAL INFORMATION

Project Name: <i>Stone Ridge Subdivision</i>		ALR10B125
Location: <i>Gargis Lane</i>		
Date of Inspection: <i>12/13/2017</i>	Start/End Time:	
Inspector's Name: <i>Tandy</i>		
Inspector's Title:		
Inspector's Contact Information:		
Describe present phase of construction:		
Type of Inspection:		
<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Pre-storm event <input type="checkbox"/> During storm event <input type="checkbox"/> Post-storm event		

## WEATHER INFORMATION

Has there been a storm event since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide:		
Storm Start Date & Time:	Storm Duration (hrs):	Approximate Amount of Precipitation (in):
Weather at time of this inspection?		
<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds		
<input type="checkbox"/> Other: _____ Temperature: _____		
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, describe:		
Are there any discharges at the time of inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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."

*Tandy Cross*  
Signature of Inspector

*Tandy Cross*  
Printed Name and Title

*12/13/2017*  
Date



## 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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
13. (Other)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	



# STORMWATER CONSTRUCTION SITE INSPECTION REPORT

## GENERAL INFORMATION

Project Name: Cornelius landing ALR10ACL63

Location: OLD Highway 20

Date of Inspection: 1-16-2017 | Start/End Time:

Inspector's Name:

Inspector's Title: David

Inspector's Contact Information:

Describe present phase of construction:  
improvements in Building homes

Type of Inspection:

Regular     Pre-storm event     During storm event     Post-storm event

## WEATHER INFORMATION

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

If yes, provide:

Storm Start Date & Time:          Storm Duration (hrs):          Approximate Amount of Precipitation (in):

Weather at time of this inspection?

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

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."

David Osborn  
Signature of Inspector

David Osborn  
Printed Name and Title

1-16-2017  
Date

# STORMWATER CONSTRUCTION SITE INSPECTION REPORT

## GENERAL INFORMATION

Project Name: <i>Cornelius Landing</i>		ALR10ACL63
Location: <i>OLD Highway 20</i>		
Date of Inspection: <i>2-15-2017</i>	Start/End Time:	
Inspector's Name: <i>David Osborn</i>		
Inspector's Title:		
Inspector's Contact Information:		
Describe present phase of construction: <i>New homes</i>		
Type of Inspection:		
<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Pre-storm event <input type="checkbox"/> During storm event <input type="checkbox"/> Post-storm event		

## WEATHER INFORMATION

Has there been a storm event since the last inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, provide:		
Storm Start Date & Time:	Storm Duration (hrs):	Approximate Amount of Precipitation (in):
Weather at time of this inspection?		
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input checked="" type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds		
<input type="checkbox"/> Other: _____                      Temperature: _____		
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, describe:		
Are there any discharges at the time of inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, describe:		

## CERTIFICATION STATEMENT

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*David Osborn*  
Signature of Inspector

*David Osborn*  
Printed Name and Title

*2/15/2017*  
Date

## 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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 checked="" type="checkbox"/> Yes <input 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	

## 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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 checked="" type="checkbox"/> Yes <input 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	

# STORMWATER CONSTRUCTION SITE INSPECTION REPORT

## GENERAL INFORMATION

Project Name: <i>Cornelius Landing</i>		ALR10ACL63
Location: <i>OLD Highway 20</i>		
Date of Inspection: <i>3-15-2017</i>	Start/End Time:	
Inspector's Name: <i>David Osborn</i>		
Inspector's Title:		
Inspector's Contact Information:		
Describe present phase of construction: <i>New-Construction</i>		
Type of Inspection:		
<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Pre-storm event <input type="checkbox"/> During storm event <input type="checkbox"/> Post-storm event		

## WEATHER INFORMATION

Has there been a storm event since the last inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, provide:		
Storm Start Date & Time:	Storm Duration (hrs):	Approximate Amount of Precipitation (in):
Weather at time of this inspection?		
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input checked="" type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds		
<input type="checkbox"/> Other: _____                      Temperature: _____		
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, describe:		
Are there any discharges at the time of inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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."

 Signature of Inspector	<i>David Osborn</i> Printed Name and Title	<i>3/15-2017</i> Date
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**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.*

<b>BMP/activity</b>	<b>Implemented?</b>	<b>Maintenance Required?</b>	<b>Corrective Action Needed and Notes</b>
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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Yes <input 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	



# STORMWATER CONSTRUCTION SITE INSPECTION REPORT

## GENERAL INFORMATION

Project Name: Cornelius landing ALR10AC63

Location: old Highway 20

Date of Inspection: 4-13-2017 Start/End Time:

Inspector's Name: David

Inspector's Title:

Inspector's Contact Information:

Describe present phase of construction:  
new homes

Type of Inspection:

Regular     Pre-storm event     During storm event     Post-storm event

## WEATHER INFORMATION

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

If yes, provide:

Storm Start Date & Time:                  Storm Duration (hrs):                  Approximate Amount of Precipitation (in):

Weather at time of this inspection?

Clear     Cloudy     Rain     Sleet     Fog     Snowing     High Winds

Other:                                  Temperature:

Have any discharges occurred since the last inspection?  Yes  No

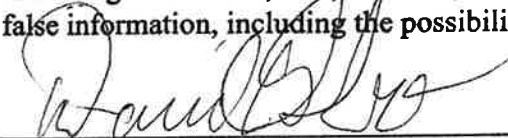
If yes, describe:

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."



David Osborn

4-13-2017

Signature of Inspector

Printed Name and Title

Date

## 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 type="checkbox"/> No	<input type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 checked="" type="checkbox"/> Yes <input 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	

# STORMWATER CONSTRUCTION SITE INSPECTION REPORT

## GENERAL INFORMATION

Project Name: Cornelius Landing ALR10ACL63

Location: OLD Highway 20

Date of Inspection: 5-12-2017

Start/End Time:

Inspector's Name: David

Inspector's Title:

Inspector's Contact Information:

Describe present phase of construction:

Type of Inspection:

Regular    
  Pre-storm event    
  During storm event    
  Post-storm event

## WEATHER INFORMATION

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

If yes, provide:

Storm Start Date & Time:                  Storm Duration (hrs):                  Approximate Amount of Precipitation (in):

Weather at time of this inspection?

Clear    
  Cloudy    
  Rain    
  Sleet    
  Fog    
  Snowing    
  High Winds

Other:                                  Temperature:

Have any discharges occurred since the last inspection?  Yes  No

If yes, describe:

1 inch of Rain on 5/11/2017

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."

David P. Starn  
Signature of Inspector

David P. Starn  
Printed Name and Title

5/12/2017  
Date

### 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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 checked="" type="checkbox"/> Yes <input 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	

# STORMWATER CONSTRUCTION SITE INSPECTION REPORT

## GENERAL INFORMATION

Project Name: <i>Cornelius landing</i>		ALR ID A63
Location: <i>old Highway 20</i>		
Date of Inspection: <i>6-15-2017</i>	Start/End Time:	
Inspector's Name: <i>David</i>		
Inspector's Title:		
Inspector's Contact Information:		
Describe present phase of construction:		
Type of Inspection:		
<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Pre-storm event <input type="checkbox"/> During storm event <input type="checkbox"/> Post-storm event		

## WEATHER INFORMATION

Has there been a storm event since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide:		
Storm Start Date & Time:	Storm Duration (hrs):	Approximate Amount of Precipitation (in):
Weather at time of this inspection?		
<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds		
<input type="checkbox"/> Other: _____ Temperature: _____		
Have any discharges occurred since the last inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, describe:		
Are there any discharges at the time of inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, describe:		

## CERTIFICATION STATEMENT

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	<i>David Stoborn</i>	<i>6-15-2017</i>
<small>Signature of Inspector</small>	<small>Printed Name and Title</small>	<small>Date</small>

**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.*

<b>BMP/activity</b>	<b>Implemented?</b>	<b>Maintenance Required?</b>	<b>Corrective Action Needed and Notes</b>
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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 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 checked="" type="checkbox"/> No	

# STORMWATER CONSTRUCTION SITE INSPECTION REPORT

## GENERAL INFORMATION

Project Name: <i>Cornelius landing</i>		ALR10AC63
Location: <i>old Highway 20</i>		
Date of Inspection: <i>7-13-2017</i>	Start/End Time:	
Inspector's Name: <i>David</i>		
Inspector's Title:		
Inspector's Contact Information:		
Describe present phase of construction:		
Type of Inspection:		
<input checked="" type="checkbox"/> Regular	<input type="checkbox"/> Pre-storm event	<input type="checkbox"/> During storm event <input type="checkbox"/> Post-storm event

## WEATHER INFORMATION

Has there been a storm event since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide:		
Storm Start Date & Time:	Storm Duration (hrs):	Approximate Amount of Precipitation (in):
Weather at time of this inspection?		
<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds
<input type="checkbox"/> Other:	Temperature:	
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, describe:		
Are there any discharges at the time of inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, describe:		

## CERTIFICATION STATEMENT

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*David Osborn*  
Signature of Inspector

*David Osborn*  
Printed Name and Title

*7-13-2017*  
Date

## 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 type="checkbox"/> No	
3. Are all sanitary waste receptacles placed in secondary containment and free of leaks?	<input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 checked="" type="checkbox"/> Yes <input 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	



# STORMWATER CONSTRUCTION SITE INSPECTION REPORT

## GENERAL INFORMATION

Project Name: <i>Cornelius Landing</i>		ALR10ACL63
Location: <i>old Highway 20</i>		
Date of Inspection: <i>7-13-2017</i>	Start/End Time:	
Inspector's Name: <i>David Osborn</i>		
Inspector's Title:		
Inspector's Contact Information:		
Describe present phase of construction:		
Type of Inspection:		
<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Pre-storm event <input type="checkbox"/> During storm event <input type="checkbox"/> Post-storm event		

## WEATHER INFORMATION

Has there been a storm event since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide:		
Storm Start Date & Time:	Storm Duration (hrs):	Approximate Amount of Precipitation (in):
Weather at time of this inspection?		
<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds		
<input type="checkbox"/> Other: _____ Temperature: _____		
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, describe:		
Are there any discharges at the time of inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, describe:		

## CERTIFICATION STATEMENT

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 Signature of Inspector	<i>David Osborn</i> Printed Name and Title	<i>7-13-2017</i> Date
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**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.*

<b>BMP/activity</b>	<b>Implemented?</b>	<b>Maintenance Required?</b>	<b>Corrective Action Needed and Notes</b>
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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 checked="" type="checkbox"/> Yes <input 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	



## 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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3. Are all sanitary waste receptacles placed in secondary containment and free of leaks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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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 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 checked="" type="checkbox"/> Yes <input 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 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	

# STORMWATER CONSTRUCTION SITE INSPECTION REPORT

## GENERAL INFORMATION

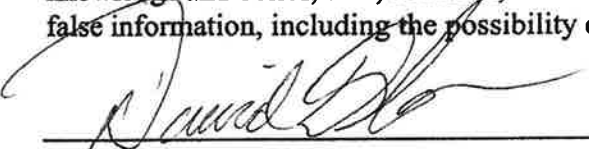
Project Name: <i>Cornelius Landing</i>		ALR10ACL63
Location: <i>OLD Highway 20</i>		
Date of Inspection: <i>9-18-2017</i>	Start/End Time:	
Inspector's Name: <i>David</i>		
Inspector's Title:		
Inspector's Contact Information:		
Describe present phase of construction:		
Type of Inspection:		
<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Pre-storm event <input type="checkbox"/> During storm event <input type="checkbox"/> Post-storm event		

## WEATHER INFORMATION

Has there been a storm event since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide:		
Storm Start Date & Time:	Storm Duration (hrs):	Approximate Amount of Precipitation (in):
Weather at time of this inspection?		
<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds		
<input type="checkbox"/> Other: _____ Temperature: _____		
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, describe:		
Are there any discharges at the time of inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, describe:		

## CERTIFICATION STATEMENT

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Signature of Inspector

*DAVID PETER*  
Printed Name and Title

*9-18/2017*  
Date

## 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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. Are discharge points and receiving waters free of any sediment deposits?	<input 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 type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input 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 type="checkbox"/> No	
9. Are washout facilities (e.g., paint, stucco, concrete) available, clearly marked, and maintained?	<input checked="" type="checkbox"/> Yes <input 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 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	

# STORMWATER CONSTRUCTION SITE INSPECTION REPORT

## GENERAL INFORMATION

Project Name: *Cornelius Landing*

*ALR10ACL63*

Location: *OLD Highway 20*

Date of Inspection: *10/12/17*

Start/End Time:

Inspector's Name: *David*

Inspector's Title:

Inspector's Contact Information:

Describe present phase of construction:

Type of Inspection:

Regular

Pre-storm event

During storm event

Post-storm event

## WEATHER INFORMATION

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

If yes, provide:

Storm Start Date & Time:

Storm Duration (hrs):

Approximate Amount of Precipitation (in):

Weather at time of this inspection?

Clear

Cloudy

Rain

Sleet

Fog

Snowing

High Winds

Other:

Temperature:

Have any discharges occurred since the last inspection?  Yes  No

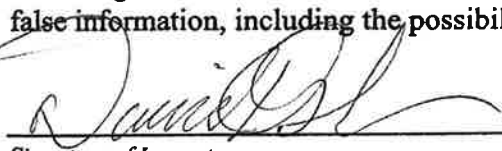
If yes, describe:

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."



*David Osborn*

Printed Name and Title

*10/12/17*

Date

Signature of Inspector

**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.*

<b>BMP/activity</b>	<b>Implemented?</b>	<b>Maintenance Required?</b>	<b>Corrective Action Needed and Notes</b>
1. All inactive slopes and disturbed areas have been stabilized.	<input type="checkbox"/> Yes <input checked="" 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 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 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 checked="" type="checkbox"/> Yes <input 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 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	



# STORMWATER CONSTRUCTION SITE INSPECTION REPORT

## GENERAL INFORMATION

Project Name: Cornelius Landing ALR ID A63  
 Location: OLD Highway 20  
 Date of Inspection: 11-16-2017 | Start/End Time:  
 Inspector's Name: DAVID  
 Inspector's Title:  
 Inspector's Contact Information:  
 Describe present phase of construction:  
 Type of Inspection:  
 Regular     Pre-storm event     During storm event     Post-storm event

## WEATHER INFORMATION

Has there been a storm event since the last inspection?  Yes  No  
 If yes, provide:  
 Storm Start Date & Time:                  Storm Duration (hrs):                  Approximate Amount of Precipitation (in):  
 Weather at time of this inspection?  
 Clear     Cloudy     Rain     Sleet     Fog     Snowing     High Winds  
 Other:                                  Temperature:  
 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."

David Osborn                                  DAVID OSBORN                                  11-16-17  
 Signature of Inspector                                  Printed Name and Title                                  Date

**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
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