Th

Sat (Inspection Optional)
Sun (Inspection Optional)

INSPECTION AND MONITORING RECORDS FOR ACTIVITIES UNDER STORMWATER GENERAL PERMIT NCG010000 AND SELF-INSPECTION RECORDS FOR LAND DISTURBING ACTIVITIES PER G.S. 113A-54.1

Project Name				Land Quality or Local Program Project/Permit #	
Approving Authority		Date of Plan Approval		Expiration Date, if applicable	
NCG010000 Certificate of Coverage Number				Date of COC Issuance	
Coverage under the NCG	6010000 permit must be renewed annual	lly, if issued after	April 1, 2019 until No	otice of Termination is filed and a	pproved.
PART 1A: Rainfall Data		PART	1B: Phase(s) of the	<u>Plan</u>	
	Rain Amount (inches) Daily Rainfall Required. If no ra indicate with a "zero"	•	comple	licable box(es) that apply to ted & current phases	х
M	indicate with a zero			d sediment control measures	
		Clearin	ng and grubbing of exist	ing ground cover	
Т		Compl	etion of any grading tha	t requires ground cover	
W		Compl	etion of all land-disturbi	ng activity, construction or developm	ent

Are there any site or project conditions that limit completion of inspection? If yes, explain conditions and areas of site that were	
inaccessible.	

Permanent ground cover sufficient to restrain erosion has been established

<u>PART 2: STORMWATER PLANS AND CONTROLS</u>: For each question below, mark the corresponding box as Yes, No or N/A. For all items marked "No", note in Part 3A the Reference letter and provide the Corrective Action and location of the deficiency, the original date noted, and the date it was noted as being corrected. NOTE: Reference letters may be used multiple times.

Reference	Part 2A: Storm Water Plans and Related Documents	Yes	No	N/A
Α	Is the approval letter or certificate, COC and a copy of the NPDES Construction General Permit (CGP) on site? (Readily available electronic copy of CGP is acceptable)			
В	Is the approved plan on site and current?			
Reference	Part 2B: Stormwater Pollutant Controls	Yes	No	N/A
С	Are erosion and sediment controls that are shown on the approved plan installed and operating properly with no repairs needed?			
D	Are stormwater controls that are shown on the approved plan installed and operating properly with no repairs needed?			
E	Vehicle Tracking: Are construction entrances operating properly with no repairs needed?			
F	Soil Stabilization: Are areas of the site where construction activities have ceased been properly stabilized within the required timeframes?			
G	Are earthen stockpiles stabilized or otherwise protected from sediment loss, and located at least 50 feet away or downhill from drain inlets and surface waters?			
Reference	Part 2C: Non-Storm Water Pollutant Controls	Yes	No	N/A
Н	Concrete, stucco, paint, etc. washouts: Are washouts installed, properly located, posted and operating with no repairs needed?			
ı	Solid & hazardous wastes: Are trash, debris, and hazardous materials properly managed?			
J	Sanitary waste: Are portable toilets properly located and operating with no visible repairs needed?			
K	Equipment and stored fluids: Are fuels, lubricants, hydraulic fluids, etc. contained so as not to enter surface and ground waters?			
	Report oil spills and the release of hazardous substances to the appropriate DEQ Regional Office via pl within 24 hours of discovery. https://deg.nc.gov/contact/regional-offices	none call	or email	

For any items listed in the section below, a full description of sedimentation is required in Part 3A. This includes, but may not be limited to: location, estimated amount of sediment that has left the site and/or entered waters, apparent causes of the sediment loss, and what corrective actions need to be taken to prevent this from recurring.

Reference	Part 2D: Sedimentation	Yes	No	N/A					
L	Are sediment or other pollutants noted beyond the approved or permitted limits of disturbance?								
M Are BMPs detected as releasing sediment or other pollutants into receiving waters?									
	Panert visible sedimentation into streams or wetlands to the appropriate DEC Pegional Office via phone call or email								

Report visible sedimentation into streams or wetlands to the appropriate DEQ Regional Office via phone call or email within 24 hours of discovery. https://deq.nc.gov/contact/regional-offices

PART 3A: EROSION AND SEDIMENTATION CONTROL MEASURES: Measures must be inspected at least ONCE PER 7 CALENDAR DAYS AND WITHIN 24 HOURS OF A RAINFALL EVENT EQUAL TO OR GREATER THAN 1.0 INCH PER 24 HOUR PERIOD. Add rows as needed.

Erosion and Sedimentation Control Measures Inspected				Describe Actions Needed	Date Previous Action(s)	
Measure ID or Location and Description Reference(s) Operating Properly? (Y/N)			Corrective actions should be performed as soon as possible and before the next storm event			
Papart unanticinated hypassas or	non-complian	co conditions	that may o	ndanger health or the environment, to the appropriate DEQ Regio	nal Office	

via phone call or email within 24 hours of discovery. https://deq.nc.gov/contact/regional-offices

PART 3B: STORMWATER DISCHARGE OUTFALLS (SDOs): SDOs must be inspected at least ONCE PER 7 CALENDAR DAYS AND WITHIN 24 HOURS OF A RAINFALL EVENT EQUAL TO OR GREATER THAN 1.0 INCH PER 24 HOUR PERIOD. Add rows as needed.

Stormwater Discharge Outfalls Inspected			cted			Date	
Stormwater Discharge Outfall ID or Location	Any Visible Sedimentation in Streams, Wetlands or Outside Site Limits? (Y/N)		Visible Erosion	Any visible oil sheen, floating or suspended solids or discoloration? (Y/N)	Inspection Date	Describe Actions Needed Corrective actions should be performed as soon as possible and before the next storm event	Previous Action(s) Observed as Corrected

PART 3C: GROUND STABILIZATION: Must be recorded, at a minimum, after each phase. Add rows as needed.

Site area description and location where construction activities have temporarily or permanently ceased	Time Limit for Ground Cover (see table below)	Have stabilization measures been installed? (Y/N)	Temporary or Permanent Stabilization (T/P)	Is Ground Cover Sufficient to Restrain Erosion? (Y/N)	Original Inspection Date	Describe Actions Needed Corrective actions should be performed as soon as possible and before the next storm event	Date Previous Action(s) Observed as Corrected

GROUND STABILIZATION TIMEFRAMES						
Site Area Description	Stabilization	Timeframe Variations				
Perimeter dikes, swales and slopes	7 Days	None				
High Quality Water (HQW) Zones	7 Days	None				
Slopes Steeper than 3:1	7 Days	7 days for perimeter dikes, swales, slopes and HWQ zones				
		14 days for slopes 10 ft or less in length and not steeper than 2:1				
		10 days for Falls Lake Watershed				
Slopes 3:1 to 4:1	14 Days	7 days for perimeter dikes, swales, slopes and HWQ zones				
		7 days for slopes greater than 50 ft in length				
		10 days for Falls Lake Watershed				
All other areas with slopes flatter than 4:1	14 Days	7 days for perimeter dikes, swales, slopes and HWQ zones				
	-	10 days for Falls Lake Watershed				

<u>PART 3D: NEW OR REVISED MEASURES:</u> Erosion and sedimentation control measures omitted or installed, at a minimum <u>since the last inspection</u>, shall be documented here or by initialing and dating each measure or practice shown on a copy of the approved erosion and sedimentation control plan. Alterations and relocations of measures shall also be documented if they significantly deviate from the approved plan. The removal of measures should also be documented. List dimensions of measures such as Sediment Basins and Dissipator Pads. Add rows as needed. Corrective actions should be included in Part 3A.

Measure ID or Location and Description	Proposed Dimensions (ft.)	Actual Dimensions (ft.)	Significant Deviation* from Plan? (Y/N)	Date measure observed as installed, altered, relocated or removed	Installed (I) Altered (A) Relocated (R) Removed (X)

^{*}Significant deviation means any omission, alteration or relocation of an erosion or sedimentation control measure that prevents it from performing as intended.

PART 4: Signature of Inspector

Financially Responsi Party (FRP) / Permitt				County				
INSPECTOR		Name	Employer					
Inspector Type (Mark)	Х	Address						
FRP/Permittee								
Agent/Designee		Phone Number	Email Address					
By this signature, I c	By this signature, I certify in accordance with the NCG010000 permit & G.S. 113A-54.1 that this report is accurate and complete to the best of my knowledge.							
Financially Responsible	Party	y / Permittee or Agent / Designee	Date & Time of Inspection	ו				