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
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Coverage under the NCG010000 permit must be renewed annually, if issued after April 1, 2019 until Notice of Termination is filed and approved.

PART 1A: Rainfall Data

	Rain Amount (inches) Daily Rainfall Required. If no rain, indicate with a "zero"	Initial insta
М		Clearing a
Т		Completion
W		Completio
Th		Permanen
F		L
Sat (Inspection Optional)		
Sun (Inspection Optional)		

PART 1B: Phase(s) of the Plan

Check ALL applicable box(es) that apply to completed & current phases	x
Initial installation of erosion and sediment control measures	
Clearing and grubbing of existing ground cover	
Completion of any grading that requires ground cover	
Completion of all land-disturbing activity, construction or development	
Permanent ground cover sufficient to restrain erosion has been established	

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

PART 2: STORMWATER PLANS AND CONTROLS: 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?			
I	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?			
К	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. <u>https://deq.nc.gov/contact/regional-offices</u>	hone call	or email	
For any item	is listed in the section below, a full description of sedimentation is required in Part 3A. This includes, but may not	he limited	Lto: locatio	n estim

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?						
Μ	Are BMPs detected as releasing sediment or other pollutants into receiving waters?						
	Report visible sedimentation into streams or wetlands to the appropriate DEQ Regional Office via phone call						
	within 24 hours of discovery. <u>https://deg.nc.gov/contact/regional-offices</u>						

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

Erosion and Sedimentation Control Measures Inspected Operating Measure ID or Location and Description Reference(s) Operating Properly? (Y/N) (Y/N)			Inspection Date	Describe Actions Needed <u>Corrective actions should be performed as soon as possible</u> and before the next storm event	Date Previous Action(s) Observed as Corrected
				endanger health or the environment, to the appropriate DEQ Region covery. https://deq.nc.gov/contact/regional-offices	nal Office

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.

Stormwa	ter Dischar	ge Outfalls	Inspe	cted			Date Previous
Stormwater Discharge Outfall ID or Location	Any Visible Sedimentation in Streams, Wetlands or Outside Site Limits? (Y/N)	Any Increase in Stream Turbidity from Discharge? (Y/N)	Visible Erosion below	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	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 <u>Corrective actions should be performed as</u> <u>soon as possible and before the next</u> <u>storm event</u>	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					

PART 3D: NEW OR REVISED MEASURES: Erosion and sedimentation control measures omitted or installed, at a minimum since the last inspection, 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 Responsible Party (FRP) / Permittee				County
INSPECTOR		Name	Employer	
Inspector Type (Mark)	X	Address		
FRP/Permittee				
Agent/Designee		Phone Number	Email Address	
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	Part	y / Permittee or Agent / Designee	Date & Time of Inspection	