# INSPECTION RECORD

**FOR ACTIVITIES UNDER STORMWATER GENENERAL PERMIT NCG010000 *** (12/29/09))

**PROJECT:** _____ **MONITORING FOR THE WEEK BEGINNING:** _____

**RAINFALL:** A rain gauge shall be maintained onsite and a record of the daily rainfall amounts shall be kept.

| **Day or Date:** | | | | | | | |
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| **Rainfall Amount (inches):** | | | | | | | |
| **Initials:** | | | | | | | |

**ASSESSMENT OF CONTROL MEASURES:** All control measures must be inspected at least once per seven calendar days and within 24 hours after any storm event of greater than 0.5 inches of rain per 24 hour period.

| **Measure Identification (i.e., silt fence, sediment pond, sediment trap, ground cover )** | **Date of inspection** | **Initials of inspector** | **Operating Properly (Y/N)** | **Corrective Actions Taken** | **Date Corrective Action Taken** |
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**STORMWATER DISCHARGE OUTFALLS:** All stormwater discharge outfalls must be inspected at least once per seven calendar days and within 24 hours after any storm event of greater than 0.5 inches of rain per 24 hour period.

| **Stormwater Discharge Outfall Identification** | **Date of Inspection** | **Initials of Inspector** | **Is Erosion Seen Near Outfall? (Y/N)** | **Describe evidence of other pollutants discharging from the site such as oil sheen, discoloration, cement wastes, sanitary waste, fertilizers, or fuel or material storage leakage.** |
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**VISIBLE SEDIMENTATION AND/OR STREAM TURBIDITY:** Record corrective actions taken in "ASSESSMENT OF CONTROL MEASURES" above.

- Is there any visible sediment deposited in a stream, wetland or buffer? Yes _____ No _____ Date(s) _____ DWQ contacted? _____
- Is there any visible sediment deposited on adjacent property(ies)? Yes _____ No _____ Date (s) _____
- Is there any visible decrease in stream clarity (increased turbidity-cloudy) because of a discharge? Yes ____ No ____ Date(s) _____

Has all land disturbing activity been completed? (Y/N) _____ Has the final permanent ground cover been completed & established? (Y/N) _____

By this signature, I certify, in accordance with Part II Sec. B(10) of the NCG010000 permit, that this report is accurate and complete to the best of my knowledge

Signature of Permittee or Designee: _____ Date: _____

* For a digital copy of this form and other information about the Construction General Permit, see: http://portal.ncdenr.org/web/wq/ws/su/construction