



## CHAPTER 102 VISUAL SITE INSPECTION REPORT

### GENERAL INFORMATION

Inspection Date: \_\_\_\_\_ Inspection Time: \_\_\_\_\_ AM / PM Inspection No.: \_\_\_\_\_

Inspection Type: \_\_\_\_\_ Precipitation in Previous 24 hours: \_\_\_\_\_ inches

Current Site Conditions:  Active Earth Disturbance  Fully Stabilized  Snow Covered

Current Weather Conditions:  Rain/Sleet/Snow  Overcast  Sunny/Partly Sunny

Permittee Name: \_\_\_\_\_ Inspector Name: \_\_\_\_\_

Permittee Address: \_\_\_\_\_ Inspector Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Inspector Firm: \_\_\_\_\_

Project Name: \_\_\_\_\_ Inspector Title: \_\_\_\_\_

Municipality: \_\_\_\_\_ County: \_\_\_\_\_

Permit Type:  PAG-02  IP  ESCGP  ESP Permit No.: \_\_\_\_\_

### INSPECTION INFORMATION

Areas for Inspection	Check if Inspected	Problems Observed
1. Areas that have been cleared and grubbed, graded, excavated, or otherwise disturbed and are not yet stabilized.	<input type="checkbox"/>	
2. BMPs installed to comply with permit.	<input type="checkbox"/>	
3. Material, waste, borrow and equipment storage and maintenance areas covered by permit or E&S Plan approval.	<input type="checkbox"/>	
4. Areas where stormwater flows within the site, including drainageways designed to divert, convey and/or treat stormwater.	<input type="checkbox"/>	
5. Discharge points on-site.	<input type="checkbox"/>	
6. Locations where stabilization measures have been implemented.	<input type="checkbox"/>	
Questions	Check One	
7. Are the approved E&S Plan and drawings available on-site?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
8. Are the approved PCSM Plan and drawings are available on-site?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
9. Are E&S BMPs properly installed, operational, and working as intended?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
10. Are PCSM BMPs properly installed, operational, and working as intended?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
11. Has a PPC Plan been prepared, implemented, and available on-site?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
12. Is all earth disturbance within the permitted limit of disturbance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
13. Have all disturbed areas in which disturbance has ceased for more than 4 days been stabilized?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Questions	Check One
14. Is the approved construction sequence being followed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
15. Are areas intended for PCSM BMPs being protected from compaction and sediment laden runoff?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
16. For Questions 7 through 15, explain any answers of "No" in the space below or on a separate sheet.	
17. Are there signs of visible accelerated erosion and sedimentation due to discharges from the site?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
18. Are there any unauthorized non-stormwater discharges occurring from the site?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
19. Do stormwater discharges, if occurring during inspection, contain floating solids, foam, scum, sheen, or substances that result in observed deposits or produce an observable change in the color, taste, odor or turbidity of the receiving water?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
20. Where any instances of non-compliance observed during the inspection?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. For Questions 17 through 20, explain any answers of "Yes" in the space below or on a separate sheet.	
22. Critical stages of implementation of the PCSM Plan are occurring at the time of inspection?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
23. If No. 22 is "Yes", is or was a licensed professional present on-site and responsible?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Has any fill material excavated on-site, imported to the site, or exported from the site been tested for clean fill since the last inspection? <i>(if "Yes" attach Form FP-001 to this report)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Identify the names and addresses of all new operators that have commenced work on the project site since the last inspection was conducted (see 25 Pa. Code § 102.1 for the definition of "operator").	
Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
For new operators listed above, has the Transferee/Co-Permittee Application been completed and submitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. <b>Corrective Action</b> – Describe any corrective actions that should be taken by the permittee to comply with the permit.	
27. Have photograph(s) been taken during the inspection and are attached to this report?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Are additional pages attached to this report?	<input type="checkbox"/> Yes <input type="checkbox"/> No

I certify under penalty of law (see 18 Pa. C.S. § 4904 (relating to unsworn falsification)) that the information reported herein was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the information, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

\_\_\_\_\_  
 Inspector Signature

\_\_\_\_\_  
 Date of Signature