

## **APPENDIX A: EROSION & SEDIMENT CONTROL FORMS**

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### Daily Rainfall Log

Project Name: \_\_\_\_\_  
Project Location: \_\_\_\_\_  
Month: \_\_\_\_\_ Year: \_\_\_\_\_  
Type of Device Used to Measure Rainfall: \_\_\_\_\_  
Device Location: \_\_\_\_\_

#### Daily Rainfall Monitoring Data

Date	Rainfall Amount, Inches	Time	Reported By

**B.M.P Inspection Report**

Project: \_\_\_\_\_ Inspection Date: \_\_\_\_\_  
 \_\_\_\_\_ Time: \_\_\_\_\_  
 Type of Inspection: Routine \_\_\_\_\_ Re-Inspection \_\_\_\_\_  
 Stage of Construction: BMP Installation/Clearing Grading Curb/Gutter Building  
 Other \_\_\_\_\_  
 Weather/Soil Condition: Raining/Wet Light Rain/Medium Clear/Dry

Erosion Device Inspected	Status		
Bf: Buffer Zone	Passed	Failed	Comment
Ds1: Soil Stabilization: mulch only 6" to 10"	Passed	Failed	Comment
Ds2: Soil Stabilization: (temp. seeding)	Passed	Failed	Comment
Ds3: Soil Stabilization: (permanent vegetation)	Passed	Failed	Comment
Ds4: Soil Stabilization: (sodding)	Passed	Failed	Comment
Ga: Gablon	Passed	Failed	Comment
Du: Dust Control	Passed	Failed	Comment
Cd: Check Dams: rock/other	Passed	Failed	Comment
Cb: Channel Stabilization: (rip rap or vegetation)	Passed	Failed	Comment
Co: Construction Exit Pad	Passed	Failed	Comment
Mb: Geotextiles (matting Blanket)	Passed	Failed	Comment
Rd: Rock Filter Dam	Passed	Failed	Comment
Rt: Retrofit: Detention/Sediment Pond	Passed	Failed	Comment
Sd1: Sediment Barrier	Passed	Failed	Comment
Sd2: Inlet Sediment Trap	Passed	Failed	Comment
Sd3: Temporary Sediment Basin	Passed	Failed	Comment
Sr: Temporary Stream Crossing	Passed	Failed	Comment
St: Storm Drain Outlet Protection	Passed	Failed	Comment
Dn1: Temporary Down Drain Structure	Passed	Failed	Comment
Sb: Stream Bank Stabilization	Passed	Failed	Comment
Sd1-C: Silt Fence	Passed	Failed	Comment
Wt: Veg. Waterway or St/Water Conv. Channel	Passed	Failed	Comment
Tree Preservation Fencing	Passed	Failed	Comment
Trash	Passed	Failed	Comment

1. What action(s) was taken for any failed activities listed above? Verbal Notification: \_\_\_\_\_  
 Written Notification: \_\_\_\_\_ Stop Work Order: \_\_\_\_\_  
 Citation #: \_\_\_\_\_  
 2. What time frame was given to comply with the above violation: Days: \_\_\_\_\_  
 Other: \_\_\_\_\_

3. Have any complaints or violations been issued on this project previously?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

4. If yes, explain

violations/fines: \_\_\_\_\_

\_\_\_\_\_

5. Are there state waters present? Yes: \_\_\_\_\_ No: \_\_\_\_\_

6. Were all permits posted? Yes: \_\_\_\_\_ No: \_\_\_\_\_

7. Is an approved E&S plan on site? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Comments:

Inspected By: \_\_\_\_\_

# Site Inspection Report

## Erosion and Sedimentation Inspection Report

Maintain Reports on-site

<b>Site:</b>	<b>Date:</b>	<b>Time:</b>
<b>Inspector:</b>	<b>Accompanied By:</b>	
<b>Stage of Construction:</b>		
<b>Site:</b>		
<b>Observation:</b>		
<b>Recommendations:</b>		
<b>Contractors's Corrective Action (and Date):</b>		
<b>Site:</b>		
<b>Observation:</b>		
<b>Recommendations:</b>		

<b>Contractors's Corrective Action (and Date):</b>



# Inspection Summary

Site: \_\_\_\_\_ LDA No. \_\_\_\_\_

Map Site	Violation	First Date	Date Corrected



### Daily Inspection Report

*Inspection performed by certified personnel each day construction activity occurs on-site*

<b>Project Information</b>	
Date:	Project Name:
Project Location:	
<b>Inspection Observations</b>	
Rainfall within past 24 hours (inches):	Is rainfall greater than 0.5"? Inspection Required <input type="checkbox"/>
<b>Inspection Observations</b>	
<p><b>Petroleum Product Storage Areas:</b>                  Are all of the temporary and permanent controls contained in Plan in place? <input type="checkbox"/> Yes <input type="checkbox"/> No                  If no, describe the location(s) of deficiencies and corrective actions that must be taken.</p>	
<p><b>Vehicle Entrances and Exits:</b>                  Is there tracking of sediment from locations where vehicles enter and leave the project? <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes, describe the location(s) and the corrective actions that must be taken.</p>	
Other Observations	
Is an Erosion, Sedimentation and Pollution Control Plan revision required? <input type="checkbox"/> Yes <input type="checkbox"/> No      Date of revision:	
Corrective Actions and Date:	

\_\_\_\_\_  
Signature of Certified Personnel

\_\_\_\_\_  
Printed Name of Certified Personnel

### Weekly Inspection Report

*Inspection performed by certified personnel at least once every seven calendar days and within 24 hours of the end of a storm that is 0.5 inches or greater*

Project Information	
Date:	Project Name:
Project Location:	
Name of Inspector:	
Inspection Event	
Regular weekly inspection: <input type="checkbox"/>	Inspection within 24 hours of 0.5" storm event <input type="checkbox"/>
Inspection Observations	
<p><b>Disturbed areas that have not undergone final stabilization:</b>                      Are all of the temporary and permanent controls contained in Plan in place and properly maintained? <input type="checkbox"/> Yes <input type="checkbox"/> No                      If no, describe the location(s) of deficiencies and corrective actions that must be taken.</p> <p>Corrective Action Taken and Date:</p>	
<p><b>Material storage areas exposed to precipitation:</b>                      Are all of the temporary and permanent controls contained in Plan in place and properly maintained? <input type="checkbox"/> Yes <input type="checkbox"/> No                      If no, describe the location(s) of deficiencies and corrective actions that must be taken.</p> <p>Corrective Action Taken and Date:</p>	
<p><b>Discharge locations or points.</b>                      Are erosion control measures preventing impacts to receiving waters? <input type="checkbox"/> Yes <input type="checkbox"/> No                      If no, describe observations:</p>	

**Structural control measures:**

Are all of the temporary and permanent controls contained in Plan in place and properly maintained?  Yes  No  
If no, describe the location(s) of deficiencies and corrective actions that must be taken.

Control Measures	Location	Deficiency	Date Corrected

Other Observations:

Is an Erosion, Sedimentation and Pollution Control Plan revision required?  Yes  No     Date of revision:

\_\_\_\_\_  
Signature of Certified Personnel

\_\_\_\_\_  
Printed Name of Certified Personnel

**Monthly Inspection Report**  
*Inspection performed by certified personnel at least once per month*

<b>Project Information</b>	
Date:	Project Name:
Project Location:	
<b>Inspection Observations</b>	
Rainfall within past 24 hours (inches):	Is rainfall greater than 0.5"? Inspection Required <input type="checkbox"/>
<b>Inspection Observations</b>	
Areas that have undergone final stabilization: Are all permanent stabilization controls contained in Plan in place? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, describe the location(s) of deficiencies and corrective actions that must be taken.	
Other observations: Are pollutants entering the drainage system or receiving waters? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe the location(s) and the corrective actions that must be taken.  Are all erosion and sediment control measures operating properly? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, describe the location(s) and the corrective actions that must be taken.	
Other Observations	
Is an Erosion, Sedimentation and Pollution Control Plan revision required? <input type="checkbox"/> Yes <input type="checkbox"/> No      Date of revision:	
Corrective Actions and Date:	

\_\_\_\_\_  
Signature of Certified Personnel

\_\_\_\_\_  
Printed Name of Certified Personnel





### Stormwater Monitoring Records

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Sheet \_\_\_ of \_\_\_

Submit to EPD by 15th of Following Month

Project Name: \_\_\_\_\_ Project Location: \_\_\_\_\_

Date Sampled	Rainfall Amount, Inches	Exact Location of Samples	Time Sampled	Sampling Technique Manual or Automatic Grab	Sampled By	Date of Analysis	Time of Analysis	Analyzed By	Analytical Method	Results (NTU)



### Storm Water Discharge Data

Site: \_\_\_\_\_ LDA No. \_\_\_\_\_

Date	Rainfall (in.)	Location	Reading (NTU)	Comments

