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

PART 1B: Phase(s) of the Plan

PART 1A: Rainfall Data

	Rain Amount (inches) Daily Rainfall Required. If no rain, indicate with a "zero"	Check ALL application completed & Initial installation of erosion and sed
Μ		Clearing and grubbing of existing gr
Т		Completion of any grading that requ
W		Completion of all land-disturbing act
Th		Permanent ground cover sufficient t
F		<u> </u>
Sat (Inspection Optional)		
Sun (Inspection Optional)		

Check ALL applicable box(es) that apply to
completed & current phasesXInitial installation of erosion and sediment control measuresClearing and grubbing of existing ground coverCompletion of any grading that requires ground coverCompletion of all land-disturbing activity, construction or developmentPermanent 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://deg.nc.gov/contact/regional-offices</u>	hone 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?								
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 or email within 24 hours of discovery. <u>https://deq.nc.gov/contact/regional-offices</u>								

PART 3A:	EROSION AND SEDI	MENTATION CONTRO	L MEASURES: N	Measures must be inspected	at least ONCE PER 7	CALENDAR DAYS AND WITHIN 24
HOURS OI	A RAINFALL EVENT	EQUAL TO OR GREA	TER THAN 1.0 IN	ICH PER 24 HOUR PERIOD). Add rows as needed	d.

Erosion and Sedimentation Control Measures Inspected Operating Measure ID or Location and Description Reference(s) Operating Properly? (Y/N) (Y/N)				Describe Actions Needed <u>Corrective actions should be performed as soon as possible</u> <u>and before the next storm event</u>	Date Previous Action(s) Observed as Corrected				
		(1/11)							
		l							
Report unanticipated bypasses, or non-compliance conditions that may endanger health or the environment, to the appropriate DEQ Regional 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.

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

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

		,	,				
Site area description and location where	Time	Have	Temporary	Is Ground			Date
construction activities have temporarily	Limit for	stabilization		Cover	Original	Describe Actions Needed	Previous
or permanently ceased	Ground	measures	Permanent	Sufficient	Inspection	Corrective actions should be performed as	Action(s)
	Cover	been	Stabilization	to Restrain	Date	soon as possible and before the next	Observed
	(see table	installed?	(T/P)	Erosion?			as
	below)	(Y/N)		(Y/N)		<u>storm event</u>	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 Responsi Party (FRP) / Permit	ble			County					
INSPECTOR		Name	Employer						
Inspector Type (Mark)	X	ddress							
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	e Party	y / Permittee or Agent / Designee	Date & Time of Inspection	n					