Site Inspection Reports

Instructions:

- Include in your records copies of all routine facility inspection reports completed for the facility.
- The sample inspection report is consistent with the requirements in the 2016 Massachusetts MS4 Permit relating to site inspections. **If MassDEP provides you with an inspection report, use that form.**

Using the Sample Site Inspection Report

- This inspection report is designed to be customized according to the specific control measures and activities at your facility. For ease of use, you should take a copy of your site plan and number all of the stormwater control measures and areas of industrial activity that will be inspected. A brief description of the control measures and areas that were inspected should then be listed in the site-specific section of the inspection report.
- You can complete the items in the "General Information" section that will remain constant, such as the facility name and inspector (if you only use one inspector). Print out multiple copies of this customized inspection report to use during your inspections.
- When conducting the inspection, walk the site by following your site map and numbered control measures/areas of industrial activity to be inspected. Also note whether the "Areas of Materials or Activities exposed to stormwater" have been addressed (customize this list according to the conditions at your facility). Note any required corrective actions and the date and responsible person for the correction.

Stormwater Site Inspection Report

General Information			
Facility Name	Town of Belmont DPW		
Date of Inspection	9/20/2024	**Start/End Time**	1:00 PM – 1:30 PM
Inspector's Name(s)	Emily Bonaccorso		
Inspector's Title(s)	Project Engineer		
Inspector's Contact Information	Emily.Bonaccorso@Stantec.com		
Inspector's Qualifications	Engineer		

Weather Information

Weather at time of this inspection?
❑ Clear ☒Cloudy ❑ Rain ❑ Sleet ❑ Fog ❑ Snow ❑ High Winds
❑ Other: Temperature: 60 F

Have any previously unidentified discharges of pollutants occurred since the last inspection? ❑Yes ☒No
If yes, describe:

Are there any discharges occurring at the time of inspection? ❑Yes ☒No
If yes, describe:

Control Measures

- *Number the structural stormwater control measures identified in your SWPPP on your site map and list them below (add as many control measures as are implemented on-site). Carry a copy of the numbered site map with you during your inspections. This list will ensure that you are inspecting all required control measures at your facility.*
- *Describe corrective actions initiated, date completed, and note the person that completed the work in the Corrective Action Log.*

	Structural Control Measure	**Control Measure is Operating Effectively?**	**If No, In Need of Maintenance, Repair, or Replacement?**	**Corrective Action Needed and Notes** (identify needed maintenance and repairs, or any failed control measures that need replacement)
1	Oil/Water Separators	☒Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	None. Fleet Manager reported an outside contractor is hired to perform annual maintenance on the oil/water separators
2		❑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
3		❑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
4		❑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
5		❑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
6		❑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
7		❑Yes ❑No	❑ Maintenance	

	Structural Control Measure	**Control Measure is Operating Effectively?**	**If No, In Need of Maintenance, Repair, or Replacement?**	**Corrective Action Needed and Notes** (identify needed maintenance and repairs, or any failed control measures that need replacement)
			❑ Repair ❑ Replacement	
8		❑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
9		❑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
10		❑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	

Areas of Materials or Activities exposed to stormwater

Below are some general areas that should be assessed during routine inspections. Customize this list as needed for the specific types of materials or activities at your facility.

	Area/Activity	**Inspected?**	**Controls Adequate (appropriate, effective, and operating)?**	**Corrective Action Needed and Notes**
1	**Material loading/unloading and storage areas**	☒Yes ❑No ❑ N/A	❒Yes ☒No	Material storage areas for ongoing construction project are covered by tarps and surrounded by straw wattles to prevent material erosion during rainfall. Some construction materials are being held without protection, though Facilities Manager is aware and has instructed construction crew to move these materials into a bay/cover with tarp.
2	**Equipment operations and maintenance areas**	☒Yes ❑No ❑ N/A	☒Yes ❑No	
3	**Fueling areas**	☒Yes ❑No ❑ N/A	☒Yes ❑No	Fuel tanks are currently being replaced and area is under construction through October/November. Silt bags have been installed in the catch basins within the construction area
4	**Outdoor vehicle and equipment washing areas**	☒Yes ❑No ❑ N/A	☒Yes ❑No	
5	**Waste handling and disposal areas**	☒Yes ❑No ❑ N/A	☒Yes ❑No	
6	**Erodible areas/construction**	☒Yes ❑No ❑ N/A	❒Yes ☒No	Construction areas and stormwater flowing through them mostly do not drain through the drain system. The nearby catch basin has a silt sack installed. Another nearby catch basin does not have a silt sack installed and is

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
				partially protected by a storage box, but the silt sack should be installed.
7	**Non-stormwater/ illicit connections**	❑Yes ❑No ☒ N/A	❑Yes ❑No	
8	**Salt storage piles or pile containing salt**	☒Yes ❑No ❑ N/A	☒Yes ❑No	
9	**Dust generation and vehicle tracking**	☒Yes ❑No ❑ N/A	☒Yes ❑No	
10	**(Other)**	❑Yes ❑No ❑ N/A	❑Yes ❑No	
11	**(Other)**	❑Yes ❑No ❑ N/A	❑Yes ❑No	
12	**(Other)**	❑Yes ❑No ❑ N/A	❑Yes ❑No	

Non-Compliance

Describe any incidents of non-compliance observed and not described above:

Additional Control Measures

Describe any additional control measures or changes to the SWPPP needed to comply with the permit requirements:

Notes

Use this space for any additional notes or observations from the inspection:
Fuel tanks that are being replaced at the fueling station have required a large construction area on site. Materials for construction are covered by tarps and surrounded by wattles as runoff control measures.

Print inspector name and title: Emily Bonaccorso, Project Engineer

Signature: Emily Bonaccorso **Date:** 9/20/2024

Quarterly Visual Assessment Reports – additional form when stormwater discharge is occurring

Instructions:

- Include in your records copies of all quarterly visual assessment reports completed for the facility. An example quarterly visual assessment report can be found on the following page.
- At least one quarterly inspection per year must occur while stormwater is discharging.

Quarterly Visual Assessment Form– additional form when stormwater discharge is occurring

(Complete a separate form for each outfall you assess)

Name of Facility: Name of Facility

Outfall Name: Name "Substantially Identical Outfall"? ☐ No ☐ Yes (identify substantially identical outfalls):

Person(s)/Title(s) collecting sample: Name/Title

Person(s)/Title(s) examining sample: Name/Title

Date & Time Discharge Began (approx.): Enter date and time

Date & Time Visual Sample Collected: Enter date and time

Date & Time Visual Sample Examined: Enter date and time

Nature of Discharge: ☐ Rainfall ☐ Snowmelt

Parameter

Color ☐ None ☐ Other (describe):

Odor ☐ None ☐ Musty ☐ Sewage ☐ Sulfur ☐ Sour ☐ Petroleum/Gas _____
☐ Solvents ☐ Other (describe):

Clarity ☐ Clear ☐ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐ Other

Floating Solids ☐ No ☐ Yes (describe):

Settled Solids* ☐ No ☐ Yes (describe):

Suspended Solids ☐ No ☐ Yes (describe):

Foam (gently shake sample) ☐ No ☐ Yes (describe):

Oil Sheen ☐ None ☐ Flecks ☐ Globs ☐ Sheen ☐ Slick
☐ Other (describe):

Other Obvious Indicators of Stormwater Pollution ☐ No ☐ Yes (describe):

* Observe for settled solids after allowing the sample to sit for approximately one-half hour.

Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary). Insert details

A. Name: B. Title:

C. Signature: D. Date Signed: