

## 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	3/21/2025	Start/End Time	10:30 AM – 11:00 AM
Inspector's Name(s)	Emily Bonaccorso		
Inspector's Title(s)	Project Engineer		
Inspector's Contact Information	<a href="mailto:Emily.Bonaccorso@Stantec.com">Emily.Bonaccorso@Stantec.com</a>		
Inspector's Qualifications	Engineer		
Weather Information			
Weather at time of this inspection?			
<input type="checkbox"/> Clear <input checked="" type="checkbox"/> Cloudy <input checked="" type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snow <input type="checkbox"/> High Winds <input type="checkbox"/> Other:                                      Temperature: 45 F			
Have any previously unidentified discharges of pollutants occurred since the last inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:			
Are there any discharges occurring at the time of inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	None. Fleet Manager reported an outside contractor is hired to perform annual maintenance on the oil/water separators
2		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
3		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
4		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
5		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
6		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
7		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 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)
			<input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
8		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
9		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
10		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> 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	<b>Material loading/unloading and storage areas</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Two material storage bays are very shallow and may not entirely contain the materials at any given point. Facilities Manager is aware and has extra stones on the way to expand the bays to ensure no materials are carried into the nearby catch basin.
2	<b>Equipment operations and maintenance areas</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3	<b>Fueling areas</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fuel Tank construction has been completed as of November 2024.
4	<b>Outdoor vehicle and equipment washing areas</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5	<b>Waste handling and disposal areas</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6	<b>Erodible areas/construction</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7	<b>Non-stormwater/ illicit connections</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8	<b>Salt storage piles or pile containing salt</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	



	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
9	Dust generation and vehicle tracking	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> 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:

**Print inspector name and title:** Emily Bonaccorso, Project Engineer

**Signature:** *Emily Bonaccorso*

**Date:** 3/26/2025



## 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: **Town of Belmont DPW**

Outfall Name: **N/A** "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  No  Yes (describe):  
of Stormwater Pollution

\* 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:

