

Stormwater Site Inspection Report

| General Information | | | |
|--|---|----------------|-------------------|
| Facility Name | Town of Belmont DPW | | |
| Date of Inspection | 6/21/2022 | Start/End Time | 1:00 PM – 2:00 PM |
| Inspector's Name(s) | Jen Zoppo, Emily Bonaccorso | | |
| Inspector's Title(s) | Stantec Project Manager, Project Engineer | | |
| Inspector's Contact Information | Jennifer.Zoppo@stantec.com | | |
| Inspector's Qualifications | Engineer | | |
| Weather Information | | | |
| Weather at time of this inspection? | | | |
| <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input 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: _____ | | | |
| Have any previously unidentified discharges of pollutants occurred since the last inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| If yes, describe: None | | | |
| Are there any discharges occurring at the time of inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| If yes, describe: None | | | |

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 |
| 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 | Material loading/unloading and storage areas | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2 | Equipment operations and maintenance areas | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3 | Fueling areas | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4 | Outdoor vehicle and equipment washing areas | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 5 | Waste handling and disposal areas | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6 | Erodible areas/construction | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 7 | Non-stormwater/ illicit connections | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8 | Salt storage piles or pile containing salt | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 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 | |

| | Area/Activity | Inspected? | Controls Adequate (appropriate, effective, and operating)? | Corrective Action Needed and Notes |
|----|---------------|---|--|------------------------------------|
| 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: Jennifer Zoppo, Stantec Project Manager

Signature: 

Date: 6/21/2022