DEMLR Monitoring Form Rev. 08082019 INSPECTION AND MONITORING RECORDS FOR ACTIVITIES UNDER STORMWATER GENERAL PERMIT NCG010000 AND SELF-INSPECTION RECORDS FOR LAND DISTURBING ACTIVITIES PER G.S. 113A-54.1

| 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 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 1A: Rainfall Data

| Day / Date | Rain Amt (inches) Daily Rainfall Required, except for Holidays or Weekends. If no rain, indicate with a "zero" |
|----------------|---|
| Μ | |
| Т | |
| W | |
| Th | |
| F | |
| Sat (Optional) | |
| Sun (Optional) | |

PART 1B: Phase(s) of the Plan

| Choose the construction phase that applies to each lot where requested in Part 3A. | x |
|--|---|
| Installation of perimeter erosion and sediment control measures | А |
| Clearing and grubbing of existing ground cover | В |
| Completion of any grading of slopes or fills | С |
| Installation of storm drainage facilities | D |
| Completion of all land-disturbing activity, construction or development | Е |
| Permanent ground cover sufficient to restrain erosion has been established | F |

| Are there any site or project conditions that limit completion of inspection? If yes, explain conditions and areas of site that were inaccessible. | |
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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 2A or 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 |
|-----------|--|-----|---------------|-------------------------------|
| A | 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? | | | |
| С | Is the construction sequence being followed? | | | |
| D | Have all areas within the approved limits of disturbance been inspected? | | | |
| Reference | Corrective Actions | - | ection ate | Date Noted as Corrected |
| | | | | |
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| Reference | Part 2B: Stormwater Pollutant Controls | Yes | No | N/A |
|-----------|--|-----|----|-----|
| E | Are erosion and sediment controls that are shown on the approved plan installed and operating properly with no repairs needed? | | | |
| F | Are stormwater controls that are shown on the approved plan installed and operating properly with no repairs needed? | | | |
| G | Are BMPs needed on any areas of the site where not otherwise indicated on the approved plan? | | | |
| н | Vehicle Tracking: Are construction entrances operating properly with no repairs needed? | | | |
| Ι | Soil Stabilization: Are areas of the site where construction activities have ceased been properly stabilized within the required timeframes? | | | |
| J | Are earthen stockpiles protected from sediment loss and/or stabilized, and located away or downhill from drainage paths to water sources? | | | |

| Reference | Part 2C: Non-Storm Water Pollutant Controls | Yes | No | N/A |
|-----------|--|-----|----|-----|
| К | Concrete, stucco, paint, etc. washouts: Are washouts properly located, installed, posted and operating with no repairs needed? | | | |
| L | Solid & hazardous wastes: Are trash, debris, and hazardous materials properly managed? | | | |
| м | Sanitary waste: Are portable toilets properly located and operating with no visible repairs needed? | | | |
| N | Equipment fluids: Are fuels, lubricants, hydraulic fluids, etc. contained so as not to enter surface and ground waters? | | | |

For any items listed in this section, 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 |
|-----------|--|-----|----|-----|
| 0 | Are sediment or other pollutants noted beyond site boundaries? | | | |
| | | | | |
| Р | 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://deg.nc.gov/contact/regional-offices</u>

PART 3A: EROSION AND SEDIMENTATION CONTROL MEASURES: Measures 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.

| Erosior | n and Sedin | nentation | Control | Measures | Inspected | | | Date |
|---------|--------------|-----------------------|--------------------|------------------------|--------------------------|--------------------|--|--|
| Lot | | Lot BMPs Operating | Date Lot | Lot Informat | tion | Inspection Date | Describe Actions Needed Corrective actions should be performed as soon as | Noted as Corrected |
| Number | Reference(s) | Properly? (Y/N) | Noted as Active | Noted as Stabilized | Phase of Construction | | Date | possible and before the next storm event |
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PART 3B: GROUND STABILIZATION:

| Site area description and location where construction activities have temporarily or permanently ceased for more than the Time Limit | Time Limit for Ground Cover (see table below) | Have stabilization measures been installed? (Y/N) | Temporary or Permanent Stabilization (T/P) | Is Ground Cover Sufficient to Restrain Erosion? (Y/N) | Original Inspection Date | Describe Actions Needed <u>Corrective actions should be performed as</u> <u>soon as possible and before the next</u> <u>storm event</u> | Date Noted as Corrected |
|---|--|--|--|--|--------------------------------|--|-------------------------------|
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| 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 3C: NEW OR REVISED MEASURES INCOMPATIBLE WITH PLAN: Erosion and sedimentation control measures installed, revised or removed <u>since the</u> <u>last inspection</u> which deviate significantly* from the approved erosion and sedimentation control plan should be documented here or by initialing and dating each measure or practice shown on a copy of the approved plan. List dimensions of measures, if applicable, such as Construction Entrances. Corrective actions should be included in Part 3A.

| Lot Number | Description of Measure that Deviates from Plan | Proposed Dimensions (ft.) | Actual Dimensions (ft.) | Date measure noted as installed, last revised or removed | Installed (I) Revised (R) Removed (X) |
|------------|--|------------------------------|----------------------------|---|---|
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*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 Responsible Party (FRP) / Permittee | | | | County | |
|--|--------|-----------------------------------|---------------------------|--------|--|
| INSPECTOR | | Name | Employer | | |
| Inspector Type (Mark) | x | Address | I | | |
| FRP/Permittee | | | | | |
| Agent/Designee | | Phone Number | Email Address | | |
| 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 Part | y / Permittee or Agent / Designee | Date & Time of Inspection | | |
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