

# Land Disturbance Permit – Site Inspection Details

## INITIAL EPSC INSPECTION

- Install all erosion control devices on your site. These devices must be installed as shown on the approved Erosion Prevention & Sediment Control (EPSC) Plan.
- Once these devices have been installed, contact the City of Berea Codes and Planning Department for an initial inspection of the site. This can be scheduled by requesting an appointment through OpenGov or by reaching out to Matthew Thomas at [mthomas@bereaky.gov](mailto:mthomas@bereaky.gov) or (859) 302-3586. This initial inspection of the erosion control devices on the site must be conducted before any major land disturbing activities can begin.

## BI-WEEKLY CITY INSPECTIONS

- Following the passage of the initial EPSC inspection, bi-weekly inspections will be performed by a city inspector on the site to ensure the following:
  - That all erosion control devices remain in place and are functioning properly.
  - Check the BMP Mailbox and monitor the use of the self-site inspection checklist.
- These inspection reports will be available to view on OpenGov.
- As needed, inspections may be performed more regularly.

## BMP MAILBOX & SELF-SITE INSPECTIONS

- As is required by the approved EPSC Plan, a BMP mailbox must be on the site.
- The self-site inspection checklist, located on the next page, must be conducted at the following stages:
  - Completion of perimeter erosion and sediment controls.
  - Completion of clearing and grubbing.
  - Installation of temporary erosion controls.
  - Completion of final grading and ground stabilization.
  - Prior to fiscal security release.
  - Monthly, after areas have been temporarily or permanently stabilized.
  - Every 7 days, or every 14 days and after each rainfall event which is +0.5 inches.

Once completed, these self-site inspection checklists shall be placed in the BMP mailbox and will be subject to review by a city inspector.

# STORMWATER CONSTRUCTION SITE INSPECTION REPORT

## GENERAL INFORMATION

Project Name:	
Location:	
Date of Inspection:	Start/End Time:
Inspector's Name:	
Inspector's Title:	
Inspector's Contact Information:	
Describe present phase of construction:	
Type of Inspection:	
<input type="checkbox"/> Regular <input type="checkbox"/> Pre-storm event <input type="checkbox"/> During storm event <input type="checkbox"/> Post-storm event	

## WEATHER INFORMATION

Has there been a storm event since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide:		
Storm Start Date & Time:	Storm Duration (hrs):	Approximate Amount of Precipitation (in):
Weather at time of this inspection?		
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds		
<input type="checkbox"/> Other: _____      Temperature: _____		
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, describe:		
Are there any discharges at the time of inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, describe:		

## CERTIFICATION STATEMENT

*"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."*

Signature of Inspector

Printed Name and Title

Date

### OVERALL SITE ISSUES

*Below are some general site issues that should be assessed during inspections. Customize this list as needed for conditions at your site.*

BMP/Activity	Implemented?	Maintenance Required?	Corrective Action Needed and Notes
1. All inactive slopes and disturbed areas have been stabilized.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Are natural resource areas (e.g., streams, wetlands, mature trees, etc.) protected with barriers or similar BMPs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Are all sanitary waste receptacles placed in secondary containment and free of leaks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Are perimeter controls and sediment barriers adequately installed (keyed into substrate) and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Are discharge points and receiving waters free of any sediment deposits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Is the construction exit preventing sediment from being tracked into the street?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Is trash/litter from work areas collected and placed in covered dumpsters?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Are washout facilities (e.g., paint, stucco, concrete) available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Are vehicle and equipment fueling, cleaning, and maintenance areas free of spills, leaks, or any other deleterious material?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Are materials that are potential stormwater contaminants stored inside or under cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Are non-stormwater discharges (e.g., wash water, dewatering) properly controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. (Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	