CONSTRUCTION SITE INSPECTION REPORT

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COMPANY:			SITE:				STREET:			
SITE OPERAT					DATE: Time:					
INSPECTOR NAME:			TOTAL SITE AREA (ACRES):				# DISTURBED ACRES:			
			INSPECT	OR QUALI	FICATION	S:	•			
INSPECTION TYPE: Weekly or 0.5" Rain DAYS SINCE LAST RAINFALL: # INCHES OF LAST RAINFALL:										
Scope of Inspe							•			
Major Observations:										
Approximate Stations/Location Date			Date of Last Control		Current Date of Corrective		Person Who Corrected			
, ippresimilate Granerie, 200anori		Disturbance			ure Condition Action		Control Measure		Corrective Actions and Remarks	
From To		2.0.0.00					23			
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Ensure All EPSC Measures And Updates Are Reflected On The Site Map. Use Additional Sheets If Necessary.										
Control Measures:									Condition Codes:	
Stabilization Measures:					I Measures:		Other Measures:		U Upgrade Needed	
1 1 1 1 7 1 1 1 3		8. Silt Fence			15. Check Dam (Commercial Produc				R Replacement Needed	
3		9. Fiber Roll			16. Sediment Trap		23. Downstream Ditch/Culvert		M Maintenance Needed	
		10. Crushed Stone Entrance			17. Sediment Basin		24. Dust Control		C Cleaning Needed	
		11. Diversion Channel/Berm			18. Outlet Protection		25. Soil Stockpiles		I Increase Measures	
		12. Earth/Vegetative/Rock Berm			19. Inlet Protection		26. Material Storage		S Stable (No Action)	
6. Slope Tracking		13. Check Dam (Rock)			20. Rock Plating		27. Sanitary Waste Facilities		01	
7. Buffer Zone		14. Check Dam (Stone Bags)			21. Stone or Rock		28. Trash/Litter/Debris		02	
I certify under penalty of law that I understand the terms and conditions of the general Kentucky Pollutant Discharge Elimination System (KPDES) permit that authorize										
the storm water discharges associated with industrial activity from the construction site identified as part of this certification. I also certify that the above construction site inspection report complies with Chapter 50 Article IV of the Paducah Code of Ordinances and the associated EPSC/GP/LDP Permit.										
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Signature of I	Date:									
Signature of Inspector: Date: Date:										
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