

Section A – General Information (If necessary, complete additional inspection reports for each separate inspection location.)	
Inspector Information	
Inspector Name: Matt Clauss	Title: Superintendent
Company Name: Methuen Construction	Email: mclauss@methuenconstruction.com
Address: 144 Main Street, Plaistow, NH 03865	Phone Number: 603-362-3922
Inspection Details	
Inspection Date: 9/29/2023	Inspection Location: 242 King Street, Littleton, MA, 01460
Inspection Start Time: 2:00 PM	Inspection End Time: 2:30 PM
Current Phase of Construction: In Progress	Weather Conditions During Inspection: Rain
Did you determine that any portion of your site was unsafe for inspection per CGP Part 4.5? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If “Yes,” provide the following information: Location of unsafe conditions: The conditions that prevented you inspecting this location:	
Indicate the required inspection frequency: (Check all that apply. You may be subject to different inspection frequencies in different areas of the site.)	
Standard Frequency (CGP Part 4.2): <input type="checkbox"/> At least once every 7 calendar days; OR <input checked="" type="checkbox"/> Once every 14 calendar days <i>and</i> within 24 hours of the occurrence of either: <ul style="list-style-type: none"> • A storm event that produces 0.25 inches or more of rain within a 24-hour period, or • A snowmelt discharge from a storm event that produces 3.25 inches or more of snow within a 24-hour period 	
Increased Frequency (CGP Part 4.3.1) (If site discharges to sediment or nutrient-impaired waters or to waters designated as Tier 2, Tier 2.5, or Tier 3): <input type="checkbox"/> Once every 7 calendar days <i>and</i> within 24 hours of the occurrence of either: <ul style="list-style-type: none"> • A storm event that produces 0.25 inches or more of rain within a 24-hour period, or • A snowmelt discharge from a storm event that produces 3.25 inches or more of snow within a 24-hour period 	

Reduced Frequency (CGP Part 4.4):

- For stabilized areas: Twice during first month, no more than 14 calendar days apart; then once per month after first month until permit coverage is terminated
- For stabilized areas on "linear construction sites": Twice during first month, no more than 14 calendar days apart; then once more within 24 hours of the occurrence of either:
 - A storm event that produces 0.25 inches or more of rain within a 24-hour period, or
 - A snowmelt discharge from a storm event that produces 3.25 inches or more of snow within a 24-hour period
- For arid, semi-arid, or drought-stricken areas during seasonally dry periods or during drought: Once per month and within 24 hours of the occurrence of either:
 - A storm event that produces 0.25 inches or more of rain within a 24-hour period, or
 - A snowmelt discharge from a storm event that produces 3.25 inches or more of snow within a 24-hour period
- For frozen conditions where construction activities are being conducted: Once per month

Was this inspection triggered by a storm event producing 0.25 inches or more of rain within a 24-hour period? Yes No

If "Yes," how did you determine whether the storm produced 0.25 inches or more of rain?

- On-site rain gauge
- Weather station representative of site.
Weather station location:

Total rainfall amount that triggered the inspection (inches):

Was this inspection triggered by a snowmelt discharge from a storm event producing 3.25 inches or more of snow within a 24-hour period? Yes No

If "Yes," how did you determine whether the storm produced 3.25 inches or more of snow?

- On-site rain gauge
- Weather station representative of site.
Weather station location:

Total snowfall amount that triggered the inspection (inches):

Section B – Condition and Effectiveness of Erosion and Sediment (E&S) Controls (CGP Part 2.2) (Insert additional rows if needed)					
Type and Location of E&S Control	Conditions Requiring Routine Maintenance? ¹	If “Yes,” How Many Times (Including This Occurrence) Has This Condition Been Identified?	Conditions Requiring Corrective Action? ^{2, 3}	Date on Which Condition First Observed (If Applicable)?	Description of Conditions Observed
1. Silt Sock around perimeter of site	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
5.	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If the same routine maintenance was found to be necessary three or more times for the same control at the same location (including this occurrence), follow the corrective action requirements and record the required information in your corrective action log, or describe here why you believe the specific condition should still be addressed as routine maintenance:					

¹ Routine maintenance includes minor repairs or other upkeep performed to ensure that the site's stormwater controls remain in effective operating condition, not including significant repairs or the need to install a new or replacement control. Routine maintenance is also required for specific conditions: (1) for perimeter controls, whenever sediment has accumulated to half or more the above-ground height of the control (CGP Part 2.2.3.c.i); (2) where sediment has been tracked-out from the site onto paved roads, sidewalks, or other paved areas (CGP Part 2.2.4.d); (3) for inlet protection measures, when sediment accumulates, the filter becomes clogged, and/or performance is compromised (CGP Part 2.2.10.b); and (4) for sediment basins, as necessary to maintain at least half of the design capacity of the basin (CGP Part 2.2.12.f)

² Corrective actions are triggered only for specific conditions (CGP Part 5.1):

1. A stormwater control needs a significant repair or a new or replacement control is needed, or, in accordance with Part 2.1.4.c, you find it necessary to repeatedly (i.e., three (3) or more times) conduct the same routine maintenance fix to the same control at the same location (unless you document in your inspection report under Part 4.7.1.c that the specific reoccurrence of this same problem should still be addressed as a routine maintenance fix under 2.1.4); or
2. A stormwater control necessary to comply with the requirements of this permit was never installed, or was installed incorrectly; or
3. Your discharges are not meeting applicable water quality standards; or
4. A prohibited discharge has occurred (see CGP Part 1.3); or
5. During the discharge from site dewatering activities:
 - a. The weekly average of your turbidity monitoring results exceeds the 50 NTU benchmark (or alternate benchmark if approved by EPA pursuant to Part 3.3.2.b); or
 - b. You observe or you are informed by EPA, State, or local authorities of the presence of the conditions specified in Part 4.6.3.e.

³If a condition on your site requires a corrective action, you must also fill out a corrective action log found at <https://www.epa.gov/npdes/construction-general-permit-resources-tools-and-templates>. See CGP Part 5.4 for more information.

Section C – Condition and Effectiveness of Pollution Prevention (P2) Practices and Controls (CGP Part 2.3)					
(Insert additional rows if needed)					
Type and Location of P2 Practices and Controls	Conditions Requiring Routine Maintenance? ¹	If “Yes,” How Many Times (Including This Occurrence) Has This Condition Been Identified?	Conditions Requiring Corrective Action? ^{2, 3}	Date on Which Condition First Observed (If Applicable)?	Description of Conditions Observed
1. Spill containment around diesel pump	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
5.	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If the same routine maintenance was found to be necessary three or more times for the same control at the same location (including this occurrence), follow the corrective action requirements and record the required information in your corrective action log, or describe here why you believe the specific condition should still be addressed as routine maintenance:					

Section D – Stabilization of Exposed Soil (CGP Part 2.2.14) (Insert additional rows if needed)					
Specific Location That Has Been or Will Be Stabilized	Stabilization Method and Applicable Deadline	Stabilization Initiated?	Final Stabilization Criteria Met?	Final Stabilization Photos Taken?	Notes
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," date initiated:	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," date criteria met:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," date initiated:	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," date criteria met:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," date initiated:	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," date criteria met:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.		<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," date initiated:	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," date criteria met:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.		<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," date initiated:	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," date criteria met:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section E – Description of Discharges (CGP Part 4.6.2) (Insert additional rows if needed)	
<p>Was a discharge (not including dewatering) occurring from any part of your site at the time of the inspection?⁴ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If “Yes,” for each point of discharge, document the following:</p> <ul style="list-style-type: none"> The visual quality of the discharge. The characteristics of the discharge, including color; odor; floating, settled, or suspended solids; foam; oil sheen; and other indicators of stormwater pollutants. Signs of the above pollutant characteristics that are visible from your site and attributable to your discharge in receiving waters or in other constructed or natural site drainage features. 	
Discharge Location	Observations
1.	
2.	
3.	
4.	
5.	

⁴ If a dewatering discharge was occurring, you must conduct a dewatering inspection pursuant to CGP Part 4.3.2 and complete a separate dewatering inspection report.

Section F – Signature and Certification (CGP Part 4.7.2)	
"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 contained therein. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information contained is, to the best of my knowledge and belief, true, accurate, and complete. I have no personal knowledge that the information submitted is other than 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."	
MANDATORY: Signature of Operator or "Duly Authorized Representative:"	
Signature:	Date: 9/29/2023
Printed Name: Matt Clauss	Affiliation: Site Superintendent
OPTIONAL: Signature of Contractor or Subcontractor	
Signature:	Date:
Printed Name:	Affiliation: