

## **E. Agency Consultations and Documentation**

## **F. Stormwater Construction Site Inspection Form**

*(completed forms and documentation to be retained in this Attachment)*

## SPDES STORMWATER INSPECTION REPORT

JOB STAMP

Date: \_\_\_\_\_

Day of Week: S M T W T F S

Sheet No. \_\_\_\_ of \_\_\_\_

	AM	PM
Weather		
Temperature	° F	° F
Soil Condition		

This form is to be used on contracts covered by the SPDES General Permit for Stormwater Discharges from Construction Activity. The completed form must be filed in the Engineer's Field Office and distributed to contractors.

**Reason for this Inspection:**

- 7-calendar day inspection     30-day inspection (temporary shut-down)
- Subsequent inspection in 7 calendar day period due to soil disturbance exceeding 5 acres or project site within TMDL or 303(d) watershed

**Codes for Erosion and Sediment control measures and Stormwater Management Practices to be inspected:** (1) mulch, (2) seed and mulch, (3) check dams, (4) sediment filter logs, (5) silt fence, (6) sediment trap, (7) turbidity curtains, (8) pipe slope drains, (9) drainage structure inlet protection, (10) rolled erosion control products, (11) soil stabilizers, (12) construction entrances/exits, (13) temporary catch basin inserts, (14) water diversion structures, (15) infiltration/bioretenion basins/swales, (16) coffer dams, (17) staging area, (18) stockpile stabilization, (19) stormwater ponds/wetlands  
(20) Other \_\_\_\_\_

**List ONLY those practices that require repair, maintenance, reinstallation or replacement.** Attach COLOR copies of photographs to this report **with accurate date stamp** that shows the condition of practices **identified** as needing corrective action within 7 calendar days of the inspection. Attach COLOR copies of photographs to this report with **accurate date stamp** showing the condition of the practice(s) after completion of the corrective actions that document the completion of the **corrective** actions within a reasonable timeframe after the inspection.

ID	Location of Practice (Use stations or descriptions)	Practice		Remarks (Describe Specific Maintenance Required)(Including sediment removal, replacement, replacement or installation of practice)
		Code #	Temp or Perm? (T or P)	
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

ID	Location of Practice (Use stations or descriptions)	Practice		Remarks (Describe Specific Maintenance Required)(Including sediment removal, replacement, replacement or installation of practice)
		Code #	Temp or Perm? (T or P)	
11				
12				
13				
14				
15				

Attach a location map showing all disturbed areas and areas stabilized since the last inspection.

**Identify all locations where stormwater is discharged from the site to a Water of the U.S. (e.g. streams, lakes, wetlands, etc.) within or adjacent to the limits of construction, and all locations where stormwater exits the construction site. Describe the condition of the stormwater and the condition of the receiving waterbodies. Add Form MURK 6-2 for continuation as necessary.**

	Location of Outlet (STA / OFFSET)	Type of Outlet (e.g. pipe, ditch, overland flow, etc.)	Does this discharge to a Water of the US?	Describe Runoff (if any) (e.g. clear, turbid, oily)	Describe Receiving Water (if any) (e.g. clear, turbid, oily, unknown)
1					
2					
3					

**Number of Acres currently disturbed:** \_\_\_\_\_

**If more than 5 Acres of soil disturbed at any one time, was NYSDEC advised? (Form HC209 may apply)** \_\_\_\_\_

**Describe existing deficiencies in the SWPPP.** Specify for each location using row ID number from front

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Were significant deficiencies identified that require the SWPPP to be revised:  Yes  No

If Yes, complete a CONR-8 SWPPP Revision Form and file in the Engineer's Field Office

NOTE: Within 1 business day of completion of this inspection, the Contractor(s) must be notified of any corrective actions required. The Contractor(s) or identified Sub-Contractor(s) shall begin corrective actions within 1 business day of notification, and shall complete corrective actions within 1 business day of notification or within a reasonable timeframe for complex corrective actions.

Qualified Inspector Name/Title  
Company Name (If Consultant) \_\_\_\_\_

Qualified Inspector  
Signature: \_\_\_\_\_

Prepared: \_\_\_\_\_  
(Date)

Copy to Contractor: \_\_\_\_\_  
(Date)

Reviewed By: \_\_\_\_\_

- Engineer-in-Charge
- Resident Engineer
- Area Supervisor

Date  
Reviewed: \_\_\_\_\_  
(Date)

MURK 6-1 SPDES Stormwater Inspection Report - Continuation attached

MURK 6-2 SPDES Stormwater Outlets to Waters of the U.S. - Continuation attached

## SPDES STORMWATER INSPECTION REPORT - CONTINUATION

JOB STAMP

Date: \_\_\_\_\_ Sheet No. \_\_\_\_ of \_\_\_\_

**Codes for Erosion and Sediment control measures and Stormwater Management Practices to be inspected:** (1) mulch, (2) seed and mulch, (3) check dams, (4) straw bales, (5) silt fence, (6) sediment trap, (7) turbidity curtains, (8) pipe slope drains, (9) drainage structure inlet protection, (10) rolled erosion control products, (11) soil stabilizers, (12) construction access/exits, (13) pipe inlet/outlet protection, (14) water diversion structures, (15) sedimentation basins, (16) coffer dams, (17) staging area, (18) stockpile stabilization, (19) Other \_\_\_\_\_

**List ONLY those practices that require repair, maintenance, reinstallation or replacement.**

ID	Location of Practice (Use stations or descriptions)	Practice		Remarks (Describe Specific Maintenance Required)(Including sediment removal, replacement, replacement or installation of practice)
		Code #	Temp or Perm? (T or P)	
16				
17				
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26				
27				
28				
29				
30				
31				
32				

ID	Location of Practice (Use stations or descriptions)	Practice		Remarks (Describe Specific Maintenance Required)(Including sediment removal, replacement, replacement or installation of practice)
		Code #	Temp or Perm? (T or P)	
33				
34				
35				
36				
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57				

Qualified Inspector Initials:: \_\_\_\_\_

### SPDES STORMWATER OUTLETS TO WATERS OF THE U.S. - CONTINUATION

Identify all locations where stormwater is discharged from the site to a Water of the U.S. (e.g. streams, lakes, wetlands, etc.) within or adjacent to the limits of construction, and all locations where stormwater exits the construction site. Describe the condition of the stormwater and the condition of the receiving waterbodies.

	Location of Outlet (STA / OFFSET)	Type of Outlet (e.g. pipe, ditch, overland flow, etc.)	Does this discharge to a Water of the US?	Describe Runoff (if any) (e.g. clear, turbid, oily)	Describe Receiving Water (if any) (e.g. clear, turbid, oily, unknown)
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					





## **G. Plan Amendment Form**

*(completed forms and documentation, if applicable, to be retained in this Attachment)*

# SPDES STORMWATER POLLUTION PREVENTION PLAN (SWPPP) REVISION

Clear Form

JOB STAMP

Date: \_\_\_\_\_

Day of Week:  S  M  T  W  T  F  S

Sheet No. \_\_\_ of \_\_\_

This form is to be used when revisions to the current Stormwater Pollution Prevention Plan (SWPPP) are required by SPDES General Permit for Stormwater Discharges from Construction Activity. The completed form must be filed in the Engineer's Field Office.

**Reason for the Revision(s):**      Revision(s) were requested by NYSDEC:       Yes       No

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**Describe the Revision(s) to the SWPPP:**

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Engineer-in-Charge Signature: \_\_\_\_\_

EICs Name & Title: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Make Form Read-Only (Cannot be undone)

Print Form

Copy to Contractor: \_\_\_\_\_

## **H. Contractor and Subcontractor Certifications**

*(completed Certifications to be retained in this Attachment)*

### Contractor / Subcontractor SPDES Permit Certification

Contract No.: \_\_\_\_\_ PIN: \_\_\_\_\_

Description: \_\_\_\_\_

Town, Village, City: \_\_\_\_\_

County: \_\_\_\_\_

Check Applicable Box:  Prime Contractor  Subcontractor

Name of Contractor/  
Subcontractor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Core Pay Item Groups for which the Contractor/Subcontractor will be responsible (e.g. 203, 207, 209, etc.): \_\_\_\_\_

**Mandatory Certification:** The SPDES General Permit for Stormwater Discharges from Construction Activities requires the Prime Contractor and subcontractors to certify they understand the Stormwater Pollution Prevention Plan (SWPPP), the General Permit conditions, and their responsibilities for compliance. The certification must be signed prior to performing any contract work. The certification shall be signed by an Owner, Principal, President, Secretary or Treasurer of the firm in accordance with the signature requirements of 102-05 *Proposal Submission* of the Standard Specifications.

*"I hereby certify under penalty of law that I understand and agree to comply with the terms and conditions of the SWPPP and agree to implement any corrective actions identified by the qualified inspector during a site inspection. I also understand that the owner or operator must comply with the terms and conditions of the most current version of the New York State Pollutant Discharge Elimination System ("SPDES") general permit for stormwater discharges from construction activities and that it is unlawful for any person to cause or contribute to a violation of water quality standards. Furthermore, I am aware that there are significant penalties for submitting false information, that I do not believe to be true, including the possibility of fine and imprisonment for knowing violations."*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Required Training:** Effective April 30, 2010, the SPDES General Permit also requires the Prime Contractor and all subcontractors **performing earthwork or soil-disturbing activities** to identify at least one trained individual **from each company** who will be responsible for implementing the SWPPP and who shall be on-site on a daily basis when the company is performing soil disturbance activities. These activities include clearing, grubbing, grading, filling, excavation, stockpiling, demolition, landscaping, and installation and maintenance of Erosion & Sediment Control practices. Training must consist of 4 hours of NYSDEC-endorsed Erosion & Sediment Control Training every 3 years. (Training is not required if the individual is a licensed Professional Engineer, registered licensed Landscape Architect, or CPESC.) Provide the information below for trained individuals who will be on-site and responsible for SWPPP implementation on this Contract (attach a separate sheet if needed for additional Trained Individuals):

Trained Individual Name/Title : \_\_\_\_\_

Name of Training Course: \_\_\_\_\_

Trainee Number: \_\_\_\_\_ Date of Training: \_\_\_\_\_

Trained Individual Name/Title : \_\_\_\_\_

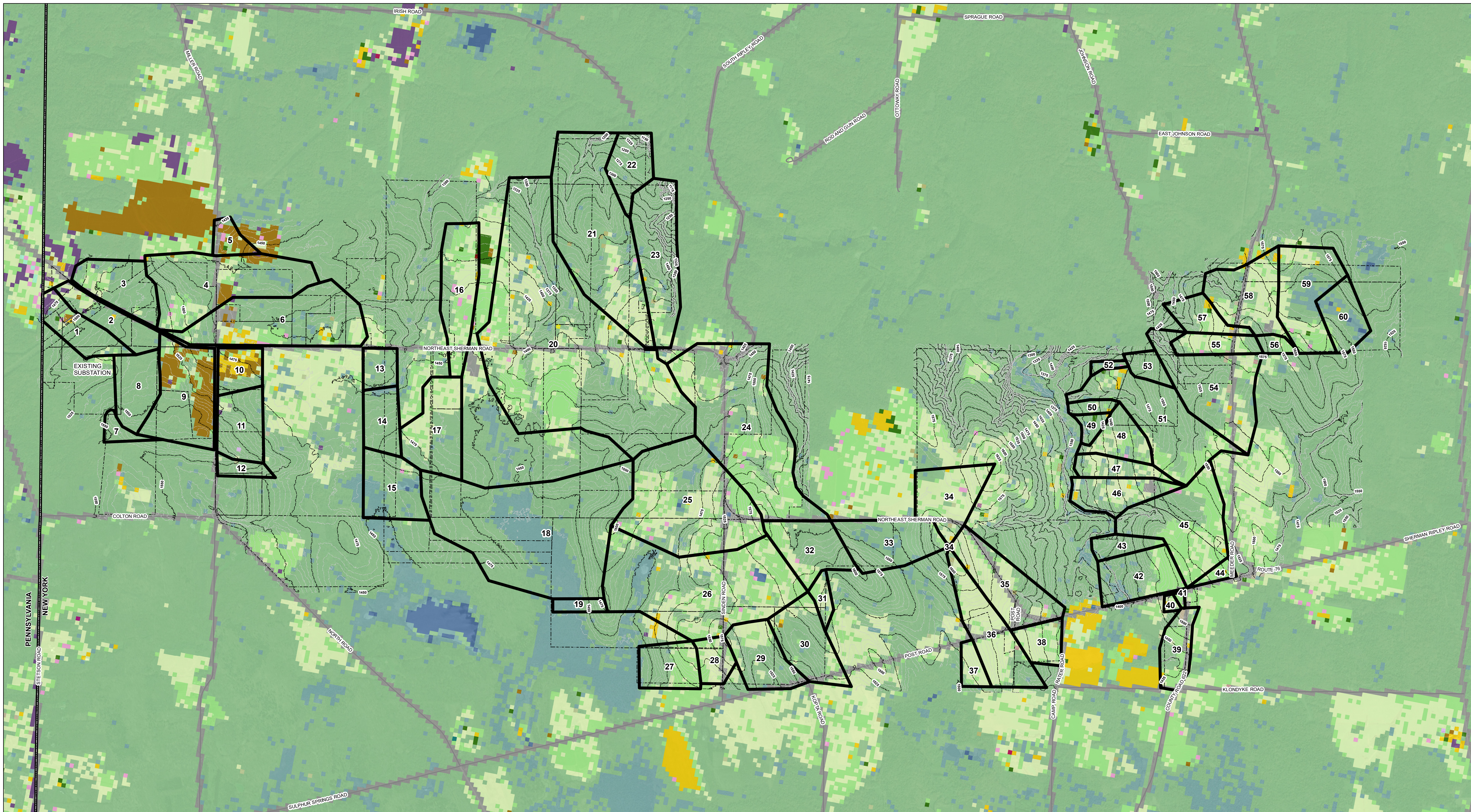
Name of Training Course: \_\_\_\_\_

Trainee Number: \_\_\_\_\_ Date of Training: \_\_\_\_\_

Print Form

Make Form Read-Only (Cannot be undone)

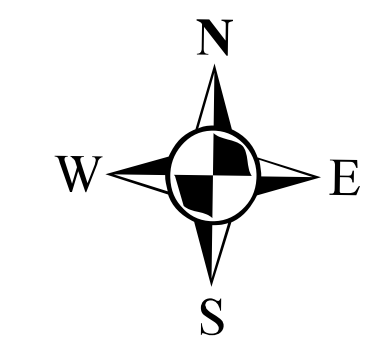
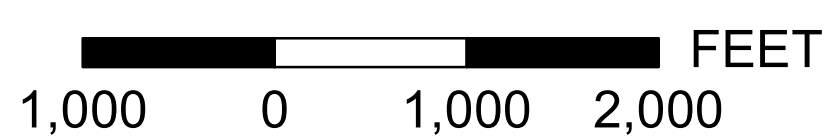
# I. Stormwater Calculations and Exhibits



LEGEND				
--- PARCEL BOUNDARY	ALFALFA	CORN	EVERGREEN FOREST	OTHER CROPS
--- EXISTING ROAD CENTERLINE	APPLES	DEIL CROP W/WHITCORN	FALLOW/IDE CROPLAND	OTHER HAY/NOV ALFALFA
--- EXISTING MINOR CONTOUR	BARREN	DECIDUOUS FOREST	GRAPES	POTATOES
--- EXISTING MAJOR CONTOUR	BLUEBERRIES	DEVELOPED/HIGH INTENSITY	GRASSLAND/PASTURE	RYE
--- DRAINAGE AREA BOUNDARY	BUCKWHEAT	DEVELOPED/LOW INTENSITY	HERBACEOUS WETLANDS	SHRUBLAND
--- STATE BOUNDARY	CHERRIES	DEVELOPED/MED INTENSITY	MIXED FOREST	SODGRASS SEED
	CLOVER/WILDFLOWERS	DEVELOPED/OPEN SPACE	OATS	SORGHUM
		DRY BEANS	OPEN WATER	SOYBEANS
				SUNFLOWER
				SWITCHGRASS
				TRITICALE
				WINTER WHEAT
				WOODY WETLANDS

# SOUTH RIPLEY SOLAR PROJECT PRE-CONDITION LAND USE MAP

CHAUTAUQUA COUNTY, NEW YORK



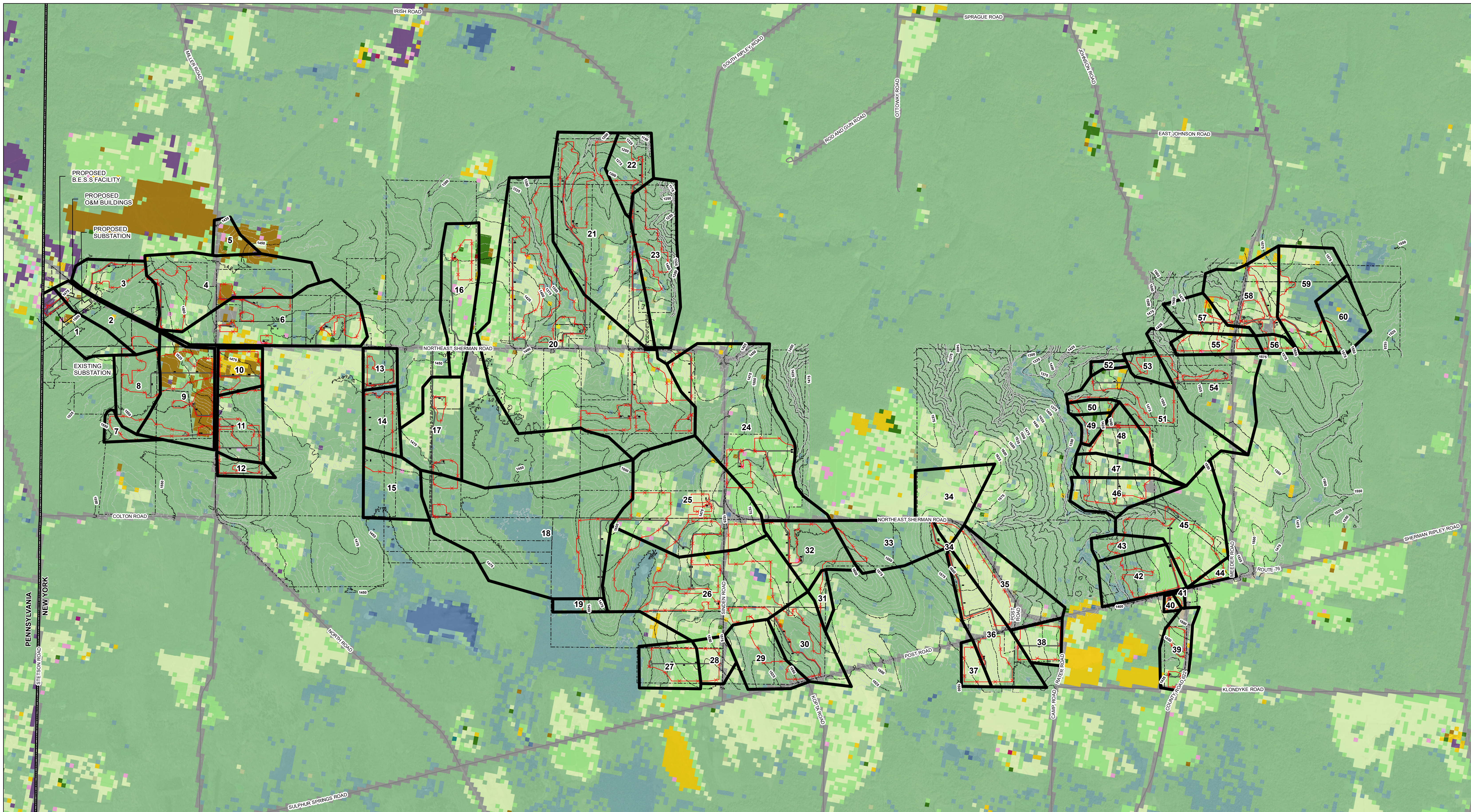
ABSOLUTE SCALE:  
1:12,000

REFERENCE SCALE:  
1 IN = 1,000 FT



**M**  
MOTT  
MACDONALD

<b>DRAWN BY:</b>	MM 05/2021
<b>CHECKED BY:</b>	MM 05/2021
<b>APPROVED BY:</b>	MM 05/2021
<b>REV. DATE:</b>	05/2021
<b>REVISION:</b>	0
<b>DESC:</b>	ISSUED FOR REVIEW
<b>DWG. NO.:</b>	SHEET 1 OF 1



LEGEND				

## SOUTH RIPLEY SOLAR PROJECT POST-CONDITION LAND USE MAP

CHAUTAUQUA COUNTY, NEW YORK

1,000 0 1,000 2,000 FEET

N  
W E  
S

ABSOLUTE SCALE:  
1:12,000

REFERENCE SCALE:  
1 IN = 1,000 FT

**M**  
MOTT  
MACDONALD

<b>DRAWN BY:</b>	MM 05/2021
<b>CHECKED BY:</b>	MM 05/2021
<b>APPROVED BY:</b>	MM 05/2021
<b>REV. DATE:</b>	05/2021
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<b>DWG. NO.:</b>	SHEET 1 OF 1