



# EROSION AND SEDIMENT CONTROL MONITORING

DATE OF INSPECTION \_\_\_\_\_

PROJECT NAME						PROJECT No.		KEY No.			
PROJECT LOCATION (Site Address)						FACILITY No.		FA No.			
INSPECTOR NAME			TITLE			PHONE No.					
INSPECTION FREQUENCY											
<input type="checkbox"/> Initial (staging or land disturbance)		<input type="checkbox"/> 14 Calendar Day		<input type="checkbox"/> *Daily During Storm Event (0.10 inches)		<input type="checkbox"/> Final (Site has been stabilized)					
INSPECTION SUMMARY											
1) All stormwater controls are properly installed and are working as intended to prevent pollutant discharges?				<input type="checkbox"/> Yes <input type="checkbox"/> No		6) The presence of conditions that could lead to spills, leaks, or other accumulations of pollutants on the site are addressed?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
2) Are there any locations where new or modified stormwater controls are necessary to meet ESC requirements? (If yes, identify below in 2a)				<input type="checkbox"/> Yes <input type="checkbox"/> No		7) Has any discharge from the site occurred? (If yes, identify below and attach date stamped photos to report) *If no, attach date stamped photos to report.				<input type="checkbox"/> Yes <input type="checkbox"/> No*	
2a) Location(s) of Where Additional BMP's are Needed:				<input type="checkbox"/> N/A		7a) Location(s) of Any Discharge:				<input type="checkbox"/> N/A	
1				<input type="checkbox"/> corrected		A					
2				<input type="checkbox"/> corrected		B					
3) Location(s) of BMP's that Failed to Operate or are Inadequate:				<input type="checkbox"/> N/A		7b) Identify Quality and Characteristics of Discharge (color, odor, suspended solids, foam, oil sheen, other indication of pollutants)				<input type="checkbox"/> N/A	
1				<input type="checkbox"/> corrected		A					
2				<input type="checkbox"/> corrected		B					
4) Presence of visible erosion and sedimentation? (If yes, document any indication of sediment that has left or is likely to leave the site below)				<input type="checkbox"/> Yes <input type="checkbox"/> No		8) Any unauthorized discharges from the site?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
4a) Location(s) of BMP in Need of Maintenance or Corrective Action:				<input type="checkbox"/> N/A		Location(s) of Unauthorized Discharge:				<input type="checkbox"/> N/A	
1				<input type="checkbox"/> corrected		1					
2				<input type="checkbox"/> corrected		2					
5) Location(s) Where Land Disturbance Activities Have Permanently Ceased or Will be Inactive for More Than 14 Calendar Days.				<input type="checkbox"/> N/A		9) All pH sampling results conducted? (Sampling is required if project has engineered soils)				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
1						ESCP MODIFICATIONS AND REASONS FOR CHANGES				<input type="checkbox"/> N/A	
2											
WEATHER CONDITIONS											
CURRENT WEATHER CONDITIONS					RAIN GAUGE/WEBSITE SOURCE						
24-Hour Rainfall											
Ending Dates											
<input type="checkbox"/> Inaccessible Site - Inspector has determined that it is unsafe to inspect a portion of the site or the inclement weather makes the site, or portions of the site inaccessible. Attach documentation supporting the reasoning and the locations to which this condition applies.											
CERTIFICATION AND SIGNATURES											
<b>I certify that this report is true, accurate, and complete to the best of my knowledge, abilities, and belief.</b>											
INSPECTOR SIGNATURE						DATE		CERTIFICATION No.			

**INSTRUCTIONS FOR COMPLETING THE  
EROSION AND SEDIMENT CONTROL MONITORING  
LINN COUNTY FORM ESCM-01**

**SAVE** a copy of each report on site at ALL times. Can be in electronic form. Must be accessible to DEQ in the event of an unannounced inspection.

**HEADINGS –**

[DATE OF INSPECTION] – Enter the date the inspection was completed.

[PROJECT NAME] – Enter the Project Name as shown on Contract Coversheet or County Force project name.

[PROJECT No.] – This is the County Project Number, located on the Contract Coversheet or as provided by Sandy.

[KEY No.] – Found on the cover of the Contract Coversheet in the lower left corner. Enter N/A if County Force project.

[PROJECT LOCATION] – This is the physical address of the project.

[FACILITY No.] – This will be the Bridge Number or Road Number as found on the Contract Coversheet.

[FA No.] – This Number will only be present if this is a Federally Funded Project, located on the Contract Coversheet.

[INSPECTOR NAME] – Enter the name of the individual who is performing the inspection.

[TITLE] – There are three selections of approved individuals qualified to do this inspection, choose one.

[PHONE NUMBER] – Enter the Inspector's phone number.

**INSPECTION FREQUENCY –** Choose the box that corresponds to the Inspection Type being completed. Only one type of inspection can be performed per sheet.

[Initial (staging or land disturbance)] – Check this box for first inspection of activity on construction site.

[14 Calendar Day] – Check this box for a 14-day cycle inspection, usually during dry stretches of weather.

[\*Daily During Storm Event (0.10 inches)] – Check this box for a storm event with more than 0.10 inches of rain on site.

[Final (Site has been stabilized)] – Check this box when all soils have been stabilized at the end of the project period.

**INSPECTION SUMMARY –**

1) Check the correct box.

2) Check the correct box and if Yes, list the locations in 2a 1, 2. If additional BMP's were installed, then check the box "corrected" next to the Location. If not applicable check N/A.

3) Location of failed BMP's, enter locations in line 1, 2 if failed, check the "corrected" box if fixed, check N/A for none.

4) Check the correct box and if Yes, list the locations in 2a 1, 2. If additional BMP's were installed, then check the box "corrected" next to the Location. If not applicable check N/A.

5) List locations on lines 1, 2, check N/A if they have not.

6) Check the correct box.

7) Check the correct box. Yes, identify the locations on 7a lines A, B attach date stamped photos. If No, attach date stamped photos.

7a) Identify locations. If none, check N/A.

7b) List the nature and looks of the spill, leaks or other accumulation from locations in 7a A and B. If none check N/A.

8) Check the correct box, if Yes fill in lines 1, 2 with locations and check "corrected" if the issue was resolved, or check N/A for no locations.

9) Check the correct box. This question is for engineered soils. If you have Engineered Soils on this site, it will be spelled out in the contract documents and drawing for this site. If no Engineered Soils, check N/A.

**ESCP MODIFICATIONS AND REASONS FOR CHANGES –**

Use this space to write out a description of any changes and reasons changes needed to be made. If nothing was changed check N/A.

**WEATHER CONDITIONS –**

[CURRENT WEATHER CONDITIONS] – Report current weather conditions

[RAIN GAUGE OR WEBSITE SOURCE] – Website Source for local weather in the project area for rainfall or location of the rain gauge.

[24-HOUR RAINFALL] - List amount per day, for example 0.04, 0.5, 0.1

[ENDING DATES] - Date for recorded rainfall amounts. Should be a 14-day cycle, for example 03/06, 03/07....03/18, 0319.

[INACCESSIBLE SITE] – Check if portions of the site are deemed unsafe to inspect at this time. Attach reasons, locations, photos.

**CERTIFICATION AND SIGNATURE –**

[INSPECTORS SIGNATURE] - This certifies that the one doing the inspection is the one filling out the form.

[DATE] – This indicates the date in which this form was completed and signed. (Must be completed within 48 hours of the inspection time.

[CERTIFICATION No.] – This is the number given the certified individual by those who gave them the TITLE listed in the headings section.