

TIMBER HARVESTING BMP INSPECTION TEMPLATE

It is a requirement of 25 PA Code §102.4(b)(5)(x) that a program be established to provide for the operation and maintenance of all BMPs and that BMPs be inspected on a weekly basis and after each stormwater event. The program must provide for completion of a written report documenting each inspection, and all BMP repair, or replacement and maintenance activities. This optional template is being provided as an acceptable standard format for written BMP inspection reports on non-permitted timber harvesting operations. Sites that require an Erosion & Sedimentation Control Permit (25 acres or more of earth disturbance) will need to use a different inspection form. The E&S Plan, inspection reports and monitoring records must be available for review and inspection by the Department or conservation district at the project site during all stages of the earth disturbance activity (25 PA Code §102.4(b)(8)). Contact the Department or conservation district if you have any questions or concerns.

Project Site Name: _____ Inspection Date: _____ Time: _____ AM / PM

Inspection Type (check one): Weekly Inspection Post-Stormwater Event Inspection

Operator Name/Company: _____ Phone: _____

Inspector Name/Title: _____ Phone: _____

Municipality(s): _____ County: _____

- | | Y | N |
|---|--------------------------|--------------------------|
| 1. The E&S plan and all other required permits or plans are available on-site. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The construction sequence specified in the E&S Plan is being followed.
(If No, explain. E&S Plan may need to be revised.) | <input type="checkbox"/> | <input type="checkbox"/> |

3. E&S BMPs are properly installed, are operational, and are working as intended per the E&S Plan.

	Y	N	N/A		Y	N	N/A
<u>Ditch Relief Culvert(s)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Straw Bale Barrier(s)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Waterbar(s)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Wood Chip Filter Berm(s)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Turnout(s)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Rock Construction Entrance(s)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Water Deflector(s)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Disturbed Area Stabilization</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Broad-based Dip(s)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Filter Strip(s)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Silt Fence</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Compost Filter Sock(s)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For all "No" answers, describe any BMP repairs, maintenance or replacement: _____

- | 4. Site Conditions | Y | N | N/A |
|---|--------------------------|--------------------------|--------------------------|
| • There are signs of visible erosion and sedimentation from the site. | <input type="checkbox"/> | <input type="checkbox"/> | |
| • Disturbed areas in which disturbance has ceased for more than 4 days have been stabilized. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Stormwater discharges, if occurring during inspection, do not contain floating solids, foam, scum, sheen, or substances that result in observed deposits or produce an observable change in the color, taste, odor or turbidity of the receiving water. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5. Identify any corrective measures that should be taken on this site.

Inspector's Signature: _____ Date: _____