



	<b>Structural Control Measure</b>	<b>Control Measure is Operating Effectively?</b>	<b>If No, In Need of Maintenance, Repair, or Replacement?</b>	<b>Corrective Action Needed and Notes</b> (identify needed maintenance and repairs, or any failed control measures that need replacement)
2	<b>Surface Sand Filter</b> <ul style="list-style-type: none"> <li>• Outlet structure damaged?</li> <li>• Outlet structure openings clear of debris?</li> <li>• Trash or debris?</li> <li>• Inflow clear of debris?</li> <li>• Storm water by-pass the pond?</li> <li>• Erosion (anywhere)?</li> <li>• Only grass on the embankment?</li> <li>• Dead or diseased vegetation?</li> <li>• Animal burrows?</li> <li>• Sediment more than one foot deep?</li> <li>• Discoloration or sediment at the outfall?</li> <li>• Access clear?</li> </ul>	◆ Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	Pond -2 (front) clean all debris from with in the outfall structure.
3	<b>Waste Oil Tank System</b>	◆ Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	Removed from site.
4	<b>Salt Barn</b>	◆ Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	Salt Barn, repair broken truss brace.
5	<b>Calcium Chloride Tank Containment</b>	◆ Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	Provide now nylon straps for calcium chloride tanks

	<b>Area/Activity</b>	<b>Inspected?</b>	<b>Controls Adequate (appropriate, effective, and operating)?</b>	<b>Corrective Action Needed and Notes</b>
1	<b>Vehicle maintenance material (hydraulic fluids , lubricants, etc.) loading/unloading and storage areas</b>	◆ Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ensure that all oil container are place on approved spill catchment pads Place all propane tanks within an approved storage unit. Replace fire hazed sign on existing propane storage tank unit.
2	<b>Equipment operations and maintenance areas</b>	◆ Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	none

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
3	Fueling area	◆ Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	◆ Yes <input type="checkbox"/> No	None
4	Dumpsters and trash cans	◆ Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	◆ Yes <input type="checkbox"/> No	None
5	Salt barn	◆ Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	◆ Yes <input type="checkbox"/> No	Salt Barn, repair broken truss brace.
6	Calcium Chloride tank, containment wall and application area	◆ Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	◆ Yes <input type="checkbox"/> No	Provide now nylon straps for calcium chloride tanks
7	Dust generation and vehicle tracking	◆ Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	◆ Yes <input type="checkbox"/> No	None

**Non-Compliance**

Describe any incidents of non-compliance observed and not described above:

No issues out of compliance

**Additional Control Measures**

Describe any additional control measures needed to comply with the permit requirements:

**Notes**

Use this space for any additional notes or observations from the inspection:

**CERTIFICATION STATEMENT**

“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 submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, 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.”

**Print name and title:** \_\_\_\_\_

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