

Quarry Site/Outfall Inspection Form

Facility Name _____ Kansas Permit No.: _____

Inspection Date: _____ Reason for Inspection (routine, special): _____

Weather conditions during inspection (raining, sunny, dry, etc.) _____

Site Inspection

- (1) Attach a copy of a map to this inspection form showing all outfalls.
- (2) Are all discharges from the site covered by an outfall mentioned in the current NPDES permit?
 Yes No

If no, permittee must request KDHE to modify the permit to include any additional discharge points (outfalls). Contact Steve Caspers at 785.296.5551.
- (3) Are overburden piles properly vegetated and maintained to prevent erosion from rainfall?
 Yes No
- (4) Are structural stormwater controls (silt fences, rock check dams, etc.) being adequately maintained?
 Yes No
- (5) Have any spills or releases of chemical/liquid substances occurred on-site since the last inspection?
 Yes No If so, please attach a copy of the Spill Form.
- (6) Are containers (barrels, drums, etc.) containing liquids/fuels on-site being properly maintained and not leaking?
 Yes No
- (7) Are spill containment materials on-site and available in case of a spill?
 Yes No
- (8) Do all on-site above ground storage tanks (AGST) containing liquids have adequate containment?
 Yes No NA – No AGST containing liquids are on-site.
- (9) Is the overall site being well maintained?
 Yes No

Outfall Inspection

(10) Are any of the following conditions/substances present at any outfall? Y=Yes N=No

	Outfall No.				
SUBSTANCE/CONDITION					
Sediment (soil) deposits					
Rock pieces or fines					
Foam					
Oil sheen					
Discolored soil or liquid					
Bank erosion occurring					
Trash (plastic, wood, etc.)					
Other (describe below)					

(11) Are any of these potential sources of pollution described below near the outfall **and** exposed to stormwater such that they could affect the conditions at the outfall? Y=Yes N=No

	Outfall No.				
POTENTIAL SOURCE					
Gasoline					
Diesel					
Lubricants					
Greases					
Gravel/Crushed Rock					
Sand					
Waste Materials					
Clay/Mineral Products					
Overburden					
Other (name)					
Other (name)					
Equipment/Machinery					

(12) Is the receiving stream showing any adverse effect from any substance/condition or potential sources noted above?

Yes No

If yes, provide the name of the receiving stream and the effect noted.

Summary

(13) Has KDHE notified the facility of, or has the facility received any public complaints since the last inspection?

Yes No

If yes, provide a brief summary of the complaint and any response to the complaint:

(14) List any follow-up actions and proposed schedules that will be taken as a result of the inspection of any of the site and outfalls.

(15) Who is the person responsible for making sure any necessary follow-up actions were/are being taken, as a result of the site/outfall inspection.

_____	_____
Name	Title

(16) Who conducted this inspection?

_____	_____
Signature	Date

_____	_____
Print Name	Title

The completed form is to be maintained on-site and made available to KDHE and EPA inspectors upon request.