

ESB, Inc. Site Property Inspection Log

Name: _____
 Title: _____
 Company: _____

Inspection Date: _____

CONDITIONS ⁱ	YES	NO
1. Is the current property use non-residential?		
If NO, describe any residential uses observed and mark location(s) on the attached site figure and provide photographs, if applicable.		
2. Are there bare areas without vegetation present (excluding building and asphalt covered areas)?		
If Yes, describe the areas where a vegetative cover needs to be re-established and mark location(s) on the attached site figure and provide photographs.		
Corrective Actions Performed/Date:		
3. Are erosion controls required in areas where drainage is occurring from the site?		
If Yes, describe the deficiencies and mark location(s) on the attached Site figure and provide photographs.		
Corrective Actions Performed/Date:		
4. Is there any demarcation fabric exposed?		
If YES, mark locations(s) on the attached site figure and provide photographs.		
Corrective Actions Performed/Date:		
5. Do the parking lot or driveway have areas where soils are exposed?		
If Yes, identify areas on attached maps and provide photographs of the exposed areas.		
Corrective Actions Performed/Date:		

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CONDITIONS	YES	NO
6. Is the building concrete slab broken or damaged to the extent that soils are visible beneath the damaged concrete?		
If YES, provide photographs and develop a plan to repair the concrete in areas where soil has been exposed.		
Corrective Actions Performed/Date:		
7. Are the survey markers required by the EUCs still present and undamaged?		
If YES, provide photographs and if damaged replace the markers. Resurvey, if necessary.		
Corrective Actions Performed/Date:		
8. Is groundwater being used at the Property?		
If YES, cease all activities related to the use of groundwater from the property and immediately inform GA EPD.		

The Inspection Log will be submitted annually to the GA EPD VRP Unit Manager by December 15th.

Certification:

I certify under penalty of law that this document and any attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate 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.

Signature _____

Date _____

ⁱ A Date and Method of Notification to GA EPD shall be recorded for any Conditions that are not in compliance with this MM Plan.