

**Phase B Building Demolition and Soil Remediation at Tronox Henderson Facility**

**BEST MANAGEMENT PRACTICE INSPECTION AND MAINTENANCE REPORT  
FORM**

*CONSTRUCTION ACTIVITIES LOG*

<b>Name of Inspector</b>	<b>Date</b>	<b>Major Grading Activities</b>	<b>Temporary Suspension of Construction Activities</b>	<b>Permanent Suspension of Construction Activities</b>	<b>Stabilized Measures Initiated</b>	<b>Comments</b>
<b>Date</b>	<b>Additional Changes</b>					

I certify that this inspection has been conducted in accordance with the Stormwater Pollution Prevention Plan and the Nevada Stormwater General Permit NVR100000.

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



**Phase B Building Demolition and Soil Remediation at Tronox Henderson Facility**

**BEST MANAGEMENT PRACTICE INSPECTION AND MAINTENANCE REPORT  
FORM**

*FIBER ROLLS SEDIMENT BARRIERS*

Name of Inspector: \_\_\_\_\_ Inspection Date: \_\_\_\_\_  
Title or Qualification: \_\_\_\_\_  
Days Since Last Rainfall: \_\_\_\_\_ Amount of Last Rainfall: \_\_\_\_\_ inches

<b>Where are the Fiber Rolls Sediment Barriers Located?</b>	<b>Are the Fiber Rolls Embedded in the Ground?</b>	<b>Are the Fiber Rolls Anchored in Place?</b>	<b>What is the Condition of the Fiber Rolls Sediment Barriers?</b>	<b>Are Additional Fiber Rolls Sediment Barriers Needed?</b>

**MAINTENANCE REQUIRED FOR FIBER ROLLS SEDIMENT BARRIERS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TO BE PERFORMED BY:** \_\_\_\_\_ **ON OR BEFORE:** \_\_\_\_\_

**SIGNATURE UPON COMPLETION OF CORRECTIVE ACTION:** \_\_\_\_\_

I certify that this inspection has been conducted in accordance with the Stormwater Pollution Prevention Plan and the Nevada Stormwater General Permit NVR100000.

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



**Phase B Building Demolition and Soil Remediation at Tronox Henderson Facility**

**BEST MANAGEMENT PRACTICE INSPECTION AND MAINTENANCE REPORT  
FORM**

*SILT FENCE SEDIMENT BARRIERS*

Name of Inspector: \_\_\_\_\_ Inspection Date: \_\_\_\_\_

Title or Qualification: \_\_\_\_\_

Days Since Last Rainfall: \_\_\_\_\_ Amount of Last Rainfall: \_\_\_\_\_ inches

<b>Where are the Silt Fence Sediment Barriers Located?</b>	<b>Is the Silt Fence Embedded in the Ground?</b>	<b>Is the Silt Fence Anchored in Place?</b>	<b>What is the Condition of the Silt Fence Sediment Barriers?</b>	<b>Are Additional Silt Fence Sediment Barriers Needed?</b>

**MAINTENANCE REQUIRED FOR SILT FENCE SEDIMENT BARRIERS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TO BE PERFORMED BY:** \_\_\_\_\_ **ON OR BEFORE:** \_\_\_\_\_

**SIGNATURE UPON COMPLETION OF CORRECTIVE ACTION:** \_\_\_\_\_

I certify that this inspection has been conducted in accordance with the Stormwater Pollution Prevention Plan and the Nevada Stormwater General Permit NVR100000.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**Phase B Building Demolition and Soil Remediation at Tronox Henderson Facility**

**BEST MANAGEMENT PRACTICE INSPECTION AND MAINTENANCE REPORT  
FORM**

*ROCK FILLED BAGS SEDIMENT BARRIERS*

Name of Inspector: \_\_\_\_\_ Inspection Date: \_\_\_\_\_  
Title or Qualification: \_\_\_\_\_  
Days Since Last Rainfall: \_\_\_\_\_ Amount of Last Rainfall: \_\_\_\_\_ inches

<b>Where are the Rock Filled Bags Sediment Barriers Located?</b>	<b>Are the Rock Filled Bags in a functional position?</b>	<b>What is the Condition of the Rock Filled Bags Sediment Barriers?</b>	<b>Are Additional Rock Filled Bags Sediment Barriers Needed?</b>

**MAINTENANCE REQUIRED FOR ROCK FILLED BAGS SEDIMENT BARRIERS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TO BE PERFORMED BY:** \_\_\_\_\_ **ON OR BEFORE:** \_\_\_\_\_

**SIGNATURE UPON COMPLETION OF CORRECTIVE ACTION:** \_\_\_\_\_

I certify that this inspection has been conducted in accordance with the Stormwater Pollution Prevention Plan and the Nevada Stormwater General Permit NVR100000.

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



**Phase B Building Demolition and Soil Remediation at Tronox Henderson Facility**

**BEST MANAGEMENT PRACTICE INSPECTION AND MAINTENANCE REPORT  
FORM**

*EXISTING EARTHEN BERMS*

Name of Inspector: \_\_\_\_\_ Inspection Date: \_\_\_\_\_

Title or Qualification: \_\_\_\_\_

Days Since Last Rainfall: \_\_\_\_\_ Amount of Last Rainfall: \_\_\_\_\_ inches

<b>Where is the Earthen Berm Located?</b>	<b>Is the Earthen Berm Still in Place?</b>	<b>What is the Condition of the Earthen Berm?</b>	<b>Are Additional Earthen Berms Needed?</b>

MAINTENANCE REQUIRED FOR EARTHEN BERMS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TO BE PERFORMED BY:** \_\_\_\_\_ **ON OR BEFORE:** \_\_\_\_\_

**SIGNATURE UPON COMPLETION OF CORRECTIVE ACTION:** \_\_\_\_\_

I certify that this inspection has been conducted in accordance with the Stormwater Pollution Prevention Plan and the Nevada Stormwater General Permit NVR100000.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**Phase B Building Demolition and Soil Remediation at Tronox Henderson Facility**

**BEST MANAGEMENT PRACTICE INSPECTION AND MAINTENANCE REPORT  
FORM**

*EARTHEN MOUNTS AT EXISTING BERMS*

Name of Inspector: \_\_\_\_\_ Inspection Date: \_\_\_\_\_

Title or Qualification: \_\_\_\_\_

Days Since Last Rainfall: \_\_\_\_\_ Amount of Last Rainfall: \_\_\_\_\_ inches

<b>Where is the Earthen Mount Located?</b>	<b>Is the Earthen Mount Still in Place?</b>	<b>What is the Condition of the Earthen Mount?</b>	<b>Are Additional Earthen Mount Needed?</b>

**MAINTENANCE REQUIRED FOR EARTHEN MOUNTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TO BE PERFORMED BY:** \_\_\_\_\_ **ON OR BEFORE:** \_\_\_\_\_

**SIGNATURE UPON COMPLETION OF CORRECTIVE ACTION:** \_\_\_\_\_

I certify that this inspection has been conducted in accordance with the Stormwater Pollution Prevention Plan and the Nevada Stormwater General Permit NVR100000.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**Phase B Building Demolition and Soil Remediation at Tronox Henderson Facility**

**BEST MANAGEMENT PRACTICE INSPECTION AND MAINTENANCE REPORT  
FORM**

*STABILIZED CONSTRUCTION ENTRANCES/EXITS*

Name of Inspector: \_\_\_\_\_ Inspection Date: \_\_\_\_\_

Title or Qualification: \_\_\_\_\_

Days Since Last Rainfall: \_\_\_\_\_ Amount of Last Rainfall: \_\_\_\_\_ inches

<b>Where is the Stabilized Construction Entrance/Exit Located?</b>	<b>Is Sediment Being Tracked onto the Road?</b>	<b>Is the Entry Surface Clean or Sediment Filled?</b>	<b>Does All Traffic Use the Entrance?</b>	<b>Is Additional Rock or Turning Needed at the Entrance/Exit?</b>

**MAINTENANCE REQUIRED FOR STABILIZED CONSTRUCTION ENTRANCES/ EXITS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TO BE PERFORMED BY:** \_\_\_\_\_ **ON OR BEFORE:** \_\_\_\_\_

**SIGNATURE UPON COMPLETION OF CORRECTIVE ACTION:** \_\_\_\_\_

I certify that this inspection has been conducted in accordance with the Stormwater Pollution Prevention Plan and the Nevada Stormwater General Permit NVR100000.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**Phase B Building Demolition and Soil Remediation at Tronox Henderson Facility**

**BEST MANAGEMENT PRACTICE INSPECTION AND MAINTENANCE REPORT  
FORM**

*PERMANENT RETENTION BASINS*

Name of Inspector: \_\_\_\_\_ Inspection Date: \_\_\_\_\_

Title or Qualification: \_\_\_\_\_

Days Since Last Rainfall: \_\_\_\_\_ Amount of Last Rainfall: \_\_\_\_\_ inches

<b>Where is the Sediment Basin Located?</b>	<b>Is there any Erosion of the Sediment Basin?</b>	<b>Has the Design Capacity Been Reduced by 50%?</b>

MAINTENANCE REQUIRED FOR PERMANENT SEDIMENT BASINS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TO BE PERFORMED BY:** \_\_\_\_\_ **ON OR BEFORE:** \_\_\_\_\_

**SIGNATURE UPON COMPLETION OF CORRECTIVE ACTION:** \_\_\_\_\_

I certify that this inspection has been conducted in accordance with the Stormwater Pollution Prevention Plan and the Nevada Stormwater General Permit NVR100000.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_





**Phase B Building Demolition and Soil Remediation at Tronox Henderson Facility**  
**BEST MANAGEMENT PRACTICE INSPECTION AND MAINTENANCE**  
**REPORT FORM**

(Completed weekly or as soon as possible after a significant storm event)

Name of Inspector: \_\_\_\_\_ Inspection Date: \_\_\_\_\_  
 Title or Qualification: \_\_\_\_\_  
 Days Since Last Rainfall: \_\_\_\_\_ Amount of Last Rainfall: \_\_\_\_\_ inches

STABILIZATION MEASURES					
Area or Drainage Areas*	Date Since Last Disturbance	Date of Next Disturbance	Stabilized (Yes or No)	Control Measures Implemented	Current Conditions of Control Measures

\* See site map for drainage areas. Site may include borrow sources, haul roads, contractor's yard, stockpiles, etc.  
 \*\* Areas that will be exposed more than 21 days must be stabilized within 14 days

STABILIZATION REQUIRED: \_\_\_\_\_  
 \_\_\_\_\_

**TO BE PERFORMED BY:** \_\_\_\_\_ **ON OR BEFORE:** \_\_\_\_\_

Control Measure Codes		Condition Codes
1. Temporary Seeding	14. Rock Bed at Construction Exit	U – Upgrade Needed
2. Permanent Plate, Sod, or Seed	15. Timber Mat at Construction Entrance	R – Replacement Needed
3. Mulch	16. Channel Liner	M – Maintenance Needed
4. Soil Retention Blanket	17. Sediment Trap	C – Cleaning Needed
5. Buffer Zone	18. Sediment Basin	I – Increase Measures
6. Preserve Natural Resources	19. Storm Inlet Sediment Trap	S – Stable (no action required)
7. Silt Fence	20. Stone Outlet Structure	
8. Hay Bales	21. Curb and Gutter	
9. Rock Berm	22. Storm Sewers	
10. Diversion Dike	23. Velocity Control Devices	
11. Diversion Swale	24. Excess Dirt Removed from Road	
12. Pipe Slope Drain	25. Haul Roads Dampened for Dust	
13. Paved Flume	26. Cleanup of Possible Contaminants	

I certify that this inspection has been conducted in accordance with the Stormwater Pollution Prevention Plan and the Nevada Stormwater General Permit NVR100000.

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



**Phase B Building Demolition and Soil Remediation at Tronox Henderson Facility**

**BEST MANAGEMENT PRACTICE INSPECTION AND MAINTENANCE REPORT  
FORM  
*INCIDENTS OF NON-COMPLIANCE***

Name of Inspector: \_\_\_\_\_ Inspection Date: \_\_\_\_\_  
Title or Qualification: \_\_\_\_\_  
Days Since Last Rainfall: \_\_\_\_\_ Amount of Last Rainfall: \_\_\_\_\_ inches

**INCIDENTS OF NON-COMPLIANCE:**

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**CAUSE OF THE NON-COMPLIANCE:**

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**ACTIONS TAKEN TO PREVENT FURTHER CAUSES OF THE NON-COMPLIANCE:**

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**IF THERE ARE NO INCIDENTS OF NON-COMPLIANCE, PLEASE SIGN THE FOLLOWING CERTIFICATION:**

I certify that the site is in compliance with the Stormwater Pollution Prevention Plan and the Nevada Stormwater General Permit NVR100000.

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



**Phase B Building Demolition and Soil Remediation at Tronox Henderson Facility**

**BEST MANAGEMENT PRACTICE INSPECTION AND MAINTENANCE  
REPORT FORM**

*UPDATES TO THE SWPPP*

**CHANGES REQUIRED TO THE SWPPP:**

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**REASONS FOR CHANGE:**

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**TO BE PERFORMED BY:** \_\_\_\_\_ **ON OR BEFORE:** \_\_\_\_\_

I certify that this SWPPP modification is in accordance with the Stormwater Pollution Prevention Plan and the Nevada Stormwater General Permit NVR100000.

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

