



STATE OF TENNESSEE
DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF WATER RESOURCES

William R. Snodgrass - Tennessee Tower
312 Rosa L. Parks Avenue, 11th Floor
Nashville, Tennessee 37243-1102

January 10, 2023

Jean Matthews, CPESC, CESSWI
Water Quality & Erosion Control of Tennessee
P.O. Box 60127
Nashville, TN 37206

RE: Lennar BMP Inspection Report
Revised Inspection Report Form - Equivalency Approval

Dear Ms. Mathews,

Per your request, we have reviewed the attached Revised Lennar BMP Inspection Report form for its use as an alternative to the Construction Stormwater Inspection Certification form required by Sub-section 3.5.8.2(g) of the Construction General Permit (CGP). An alternative inspection form may be used as long as the form contents and inspection certification language are, at a minimum, equivalent to the division's form. Our review has identified that the form is equivalent to the Division's, and as such, may be used as an alternative.

Please let me know if you have any questions or need additional information.

Sincerely,


Robert Karesh
Division of Water Resources

Attachment: Revised Lennar BMP Inspection Report and email request

ec: Permit Section File - TNR100000

LENNAR[®]

BMP Inspection Report

If this inspection is a post storm event inspection, document the rainfall amount that triggered the inspection: (In inches): _____

Total rainfall since the last inspection: _____

Current Weather: Clear Cloudy Mist Rain Sleet Fog Snowing Windy

Community: _____ Date: _____

Tracking Number(s): _____

General Information:

Check the applicable box if the following items are on-site:

Notice of Coverage (NOC) SWPPP Twice-Weekly Inspection Documentation Site Contact Information

Rain Gauge Off-site Reference Rain Gauge Location and Station ID: _____

Current Approximate Disturbed Acreage: _____

A. Type of Inspection and Schedule

Type of Inspection (Check all that apply): Twice Weekly Monthly Post Rain Event Other:

Inspection Schedule (Check all that apply):

Twice Weekly

Twice Weekly and following any rainfall event of more than 0.5 inches in 24 hours (Exceeding 50 acres of disturbance)

Monthly (Stabilized area)

Other: _____

B. Phase of Construction: (check all that apply)

Pre-Construction Clearing Grading Utilities Streets Landscaping

Vertical Construction (All Homebuilding Trades) Inactive Construction Off-site work Site Stabilized

C. Check the response for each question below:

Item #	Questions	Yes	No	N/A
1	Is the inspector qualified to perform this inspection?	<input type="checkbox"/>	<input type="checkbox"/>	--
2	Are the inspector's qualifications documented in this SWPPP? (If not, amend and add to the SWPPP)	<input type="checkbox"/>	<input type="checkbox"/>	--
3	Did you observe the presence of any floating materials, oil, sheen, grease, odor, toxins, sediments and/or objectionable color contrast in receiving waters?	<input type="checkbox"/>	<input type="checkbox"/>	--
4	If yes to #3, what types of materials did you observe? _____	--	--	--
5	If yes to #3, were the materials discharged off site and estimate how much? _____	--	--	--
6	If yes to #3, where were the discharge locations? _____	--	--	--
7	Were all home sites in our control inspected today? (N/A if Land Development)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Check the observed status of all items. Provide "Action Required" details completed in Section "G" of this report.

Item No.	Inspection Items	Not In Use	In Use & Acceptable	In Use & Action Required
8	Community perimeter controls			
9	Outfalls/Discharge points/Outlet protection			
10	BMPs at streams, rivers, lakes, ponds, 303(d) waters, wetlands, & protected areas			
11	Stabilized exits maintained/functional			
12	Track out in public streets			
13	Onsite streets & gutters free of sediment, silt, mud, & debris			
14	Disturbed areas			
15	Slope stabilization: Erosion control blankets, mulch, vegetation, soil binders etc.			
16	Erosion controls: EC blankets, vegetation, soil binders, mulch, etc.			
17	Wind Erosion Controls: Dust control, wind fence, water, palliatives, soil binders, etc.			
18	Slope drainage structures (engineered structures, ditches, drains, etc.)			
19	Temporary sediment basins/sediment traps			
20	Detention/Retention basins			
21	Turbidity barrier			
22	Drainage swales & channels			
23	Buffer strips			
24	Berms and dikes			
25	Check dams			
26	Gabions			
27	Silt fences			
28	Sand/gravel bags/rock socks			
29	Straw wattles/fiber rolls			
30	Cutback curbs			
31	Catch basins/ Inlet protection			
32	Construction materials properly stored & protected			
33	Stockpile management			

34	Trash/Debris bins used, not overflowing & regularly collected			
35	Proper disposal of litter, construction debris & liquid waste			
36	Sanitary waste facilities properly located and maintained			
37	Concrete wash outs			
38	Paint wash outs			
39	Non-stormwater discharges properly controlled (e.g. wash water, landscape irrigation, etc.)			
40	Dewatering BMPs (e.g. filter bags, removable pump station, sump pit, etc.)			
41	Soil & paving free of stains from leaks from vehicles, power tools and/or equipment			
42	Secondary containment used for portable gas/diesel powered items			
43	Secondary containment used for bulk storage of oils, chemicals, fuels & liquid waste			
44	Material & equipment storage yards clean & maintained			
45	Drip barriers for equipment stored, parked, & under repair			
46	Other			

E. I have inspected all of the following: (All must be inspected)

- | | | | | | | |
|--------------------------------------|------------------------------|-----------------------------|-----------------------------|------------------------------|-----------------------------|-----------------------------|
| All "In place" BMPs | Yes <input type="checkbox"/> | No <input type="checkbox"/> | All material storage areas | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NA <input type="checkbox"/> |
| All construction entrances and exits | Yes <input type="checkbox"/> | No <input type="checkbox"/> | All disturbed soils areas | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NA <input type="checkbox"/> |
| All discharge locations | Yes <input type="checkbox"/> | No <input type="checkbox"/> | All equipment storage areas | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NA <input type="checkbox"/> |

Was any portion of the site unsafe for access and not inspected? Yes No If yes, explain: _____

Are records of daily rainfall amounts from rain gauge readings or from a reference site being kept at the site? Yes No

Are areas that have temporarily or permanently ceased work being stabilized per the CGP? Yes No

Are all applicable EPSCs installed for the current phase per the SWPPP ? If No, enter action required in Section "D" and "G". Yes No

Are all applicable EPSCs being maintained per the SWPPP? If No, enter maintenance items in Sections "D" and "G". Yes No

Have all previous deficiencies been addressed? If No, describe the remaining deficiencies in Section "G". N/A Yes No

F. Since the last inspection has there been:

- | | | |
|--|------------------------------|-----------------------------|
| a) A change in design, construction, operation, or maintenance that may affect discharges of pollutants from the community | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b) A regulatory agency inspection that caused changes to be made to the SWPPP or additional BMPs added in the community? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c) Additional or different BMPs used or needed that are not included in the current list of BMPs in the SWPPP? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d) Incident(s) of non-compliance observed? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If "Yes" to any Section "F" question(s), describe the event; when, where, and why it happened; what action was taken & when. Be Specific.

If "Yes" to any of the questions in Section "F", does the SWPPP need to be amended? (If "Yes" contact the DEM) Yes No

General Comments: _____

[This area intentionally left blank.]

CERTIFICATION AND SIGNATURE

Inspection Date: _____

CGP Tracking No: _____

Community Name: _____

Certification and Signature by BMP Inspector:

By inserting my electronic signature below, I intend to sign this document and I hereby acknowledge and agree that my signature is being provided electronically and that my electronic signature and/or initials appearing on this report are the same as if I had affixed my original handwritten signature for the purpose of validity, enforceability, and admissibility. I acknowledge that I have access to this report.

"I certify under penalty of law that this document and all attachments were prepared by me, or under my direction or supervision. The submitted information 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. As specified in Tennessee Code Annotated Section 39-16-702 (a) (4), this declaration is made under penalty of perjury."

Inspected By (Print Name): _____ Title: _____

Signature: _____ Date: _____

Company: _____ Qualifying Certification: _____ Certification #: _____

Certification and Signature by Permittee or "Duly Authorized Representative":

By inserting my electronic signature below, I intend to sign this document and I hereby acknowledge and agree that my signature is being provided electronically and that my electronic signature and/or initials appearing on this report are the same as if I had affixed my original handwritten signature for the purpose of validity, enforceability, and admissibility. I acknowledge that I have access to this report.

"I certify under penalty of law that this document and all attachments were prepared by me, or under my direction or supervision. The submitted information 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. As specified in Tennessee Code Annotated Section 39-16-702 (a) (4), this declaration is made under penalty of perjury."

Signature of Permittee or
"Duly Authorized Representative":

Signature: _____ Date: _____

Printed Name: _____ Title: _____

From: jmatthews@wqectn.com
To: [Robert Karesh](#)
Cc: [Amanda Cemenski](#)
Subject: [EXTERNAL] Lennar inspection report form
Date: Friday, January 6, 2023 2:45:02 PM
Attachments: [TENNESSEE BMP Third party inspection report 2021CGP FINAL - 20221026.docx](#)

***** This is an EXTERNAL email. Please exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email - STS-Security. *****

Good afternoon, Robby,

Our client, Lennar, would like to make minor changes to its approved TNCGP inspection form. The proposed revised form is attached. The following items have changed:

1. Added "Rainfall since last inspection" blank
2. Asking for "Station ID" for the offsite rain gauge
3. Added a box for "Twice weekly inspections and following any rainfall event over 0.5" in 24 hours for sites over 50 acres. "

Please let us know if these changes to the Lennar inspection form are acceptable to TDEC. Once you have approved the form, we will begin using it.

I hope that you enjoyed time off during the holiday, and we wish you a happy 2023.

Jean Matthews, CESSWI, CPESC
President
Water Quality & Erosion Control of Tennessee
615-210-2336

