**FUGITIVE DUST INSPECTION REPORT**

Date: ________________  Arrival Time: ___________ AM PM  Inspection: On-Site □ Off-Site □

Location: ______________________________________________________________________________ Site: Active □ Inactive □

☐ Permit #: _______  ☐ Surveillance  ☐ Complaint #: _______________  Workers Present: Yes □ No □

Spoke With: ____________________________________________ Title: ________________________________

Site Contractor/Owner: ____________________________________________

Spoke With: ____________________________________________ Title: ________________________________

Site Contractor/Owner: ____________________________________________

Activity Occurring: Land Stripping □ Earthmoving □ Trenching □ Importing/Exporting □ Stockpiling □

Screening (non-motorized) □ Clearing/Grubbing □ Blasting □ Road Construction □ Other □ _________________

Weather Conditions: Clear □ Partly Cloudy □ Cloudy □ Rain □  Wind Speed: Avg _____ Max _____ Dir __

Fugitive Dust Emissions Observed: Yes □ No □  Source: ____________________________

Dust From Vehicles: Interior □ Access Rd □ NA □  Dust Crossing Property Lines: Yes □ No □

Opacity Reading: Yes □ _________ %  No □

Track Out: Yes □ No □  Gravel Pad Present: Yes □ No □  Functional: Yes □ No □ NA □

Soil Stable: Moist □ Gravel □ Palliative □ Crust □ Other: __________________________

Unstable: Dry □ Loose □ Powdery □ Comments: ____________________________________________________________________________

Water Source: Hydrant □ Stand Tank □ Standpipe □ Reservoir □ Other: __________________________

Mitigation Equip: Hose □ Pull □ Truck □ Water Wagon □  Photos: Yes □ No □

Comments: ________________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

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☐ Regulated person appears in compliance and this report is final.

☐ Compliance has not been determined and a written compliance determination will be sent within 30 working days.

*Please call to notify PDEQ within five working days of the START and COMPLETION of a project. (520) 724-7400*

Inspector: ____________________________ Phone: ___________________ Departure Time: ___________ AM PM