

GOLDIE & ASSOCIATES

STORMWATER INSPECTION REPORT

INSPECTION DATE: 9/15/11

CERTIFIED INSPECTOR NAME: TIM WILBER

PROJECT DATA

Project Name: Lowcountry Retreat Ph. II Project ID: 1177.1.1 Permit # SCR10I103

Contractor Name: Upstate Utilities

On-site Responsible Person (if applicable): _____

Notice of Construction Filed Yes No _____ (date)

Pre-construction Inspection Yes No _____ (date)

Pre-construction Conference Yes No _____ (date)

PROJECT INITIATION

- Yes No Are perimeter controls installed?
 Yes No Are perimeter BMP's installed correctly?
 Yes No NA Detention/sediment basin installed as the first land disturbing activity if applicable?

EROSION PREVENTION

- Yes No Is construction following the phasing and sequencing plan?
 Yes No Are Erosion Prevention measures located in the proper places?
 Yes No Are Erosion Prevention measures installed correctly?
 Yes No Are Erosion Prevention measures protecting disturbed areas?

If Erosion Prevention measures are protecting disturbed areas, what are the types of protection:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Surface Roughening | <input checked="" type="checkbox"/> Outlet Protection | <input type="checkbox"/> Sodding | <input checked="" type="checkbox"/> Riprap or Aggregate |
| <input type="checkbox"/> Topsoiling | <input type="checkbox"/> Bench Terracing | <input type="checkbox"/> Seeding | <input type="checkbox"/> Hydro-seeding |
| <input checked="" type="checkbox"/> Ground Cover Plants | <input type="checkbox"/> Mulching | <input type="checkbox"/> Clearwater Diversion | <input type="checkbox"/> Stream Bank Stabilization |
| <input type="checkbox"/> Temporary Stabilization | <input type="checkbox"/> Berms | <input type="checkbox"/> RECPs (Rolled Erosion Control Products) | |
| <input type="checkbox"/> Polyacrylamide (PAM) | <input type="checkbox"/> Other _____ | | |

- Yes No NA Are drainage conveyances stabilized with vegetation and/or a channel lining if applicable?
 Yes No NA Are previously stabilized areas being maintained if applicable?
 Yes No NA Has activity on the site been temporarily ceased for 21 days or more?
 Yes No NA If activity has ceased for 21 days or more, have temporary stabilization measures been installed within 14 days?
 Yes No Photo Documentation

SEDIMENT CONTROL

- Yes No NA Are Sediment Control practices located properly?
 Yes No NA Are Sediment Control practices installed properly?
 Yes No NA Are all soil stockpiles adequately contained?
 Yes No NA Are Sediment Control measures protecting off site areas?

If Sediment Control measures are protecting off site areas, what are the types of protection:

- | | | | |
|--|---|---|--|
| <input checked="" type="checkbox"/> Sediment Pond | <input checked="" type="checkbox"/> Sediment Trap | <input checked="" type="checkbox"/> Silt Fence | <input type="checkbox"/> Ditch Check |
| <input checked="" type="checkbox"/> Inlet Protection | <input type="checkbox"/> Vegetated Filter Strips | <input type="checkbox"/> Polyacrylamide Flocculates | <input checked="" type="checkbox"/> Sediment Berms/Dikes |
| <input type="checkbox"/> Other _____ | | | |

Yes No Photo Documentation

Yes No Are any additional Erosion Prevention or Sediment Control practices required?

Yes No Are any corrective actions required to on-site or perimeter practices? If yes, fully describe in NOTES section below

