

# EROSION PREVENTION AND SEDIMENT CONTROL SITE INSPECTION FORM

INSPECTION DATE: 3-11-09 INSPECTOR NAME: Chris Brabham QUALIFICATIONS: CEPSCI

## PROJECT DATA

Project Name: Low Country Repeat Ph 2 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 checked="" type="checkbox"/> Mulching	<input type="checkbox"/> Clearwater Diversion	<input type="checkbox"/> Stream Bank Stabilization
<input checked="" 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 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 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

OFFSITE IMPACT

- Yes  No Are there BMP's installed in streams or active channels?  
If Yes, have them removed unless specified on the plans and check for permits.
- Yes  No Is there evidence of work outside the limits of the approved plan?
- Yes  No  N/A Is construction being de-watered properly if applicable?
- Are there off-site impacts?  Yes  No If yes, provide exact location and complete details in NOTES section below.
 

<input type="checkbox"/> Waterbody	<input type="checkbox"/> None	<input type="checkbox"/> Minimal	<input type="checkbox"/> Needs Attention	<input type="checkbox"/> Severe
<input type="checkbox"/> Roadway	<input type="checkbox"/> None	<input type="checkbox"/> Minimal	<input type="checkbox"/> Needs Attention	<input type="checkbox"/> Severe
<input type="checkbox"/> Adjacent Property	<input type="checkbox"/> None	<input type="checkbox"/> Minimal	<input type="checkbox"/> Needs Attention	<input type="checkbox"/> Severe
<input type="checkbox"/> Air/Dust	<input type="checkbox"/> None	<input type="checkbox"/> Minimal	<input type="checkbox"/> Needs Attention	<input type="checkbox"/> Severe
<input type="checkbox"/> Storm Sewer	<input type="checkbox"/> None	<input type="checkbox"/> Minimal	<input type="checkbox"/> Needs Attention	<input type="checkbox"/> Severe
- Yes  No Photo Documentation

DOCUMENTATION BY THE PERMITTEE

- Current weather conditions: Clear
- Yes  No Is there a functional rain gauge located on the project site?  
Recorded rainfall since previous inspection: 0 inches
  - Yes  No Do the logs show inspections every 7 calendar days or every 14 days and within 24 hours of any 1/2 inch or greater storm event?
  - Yes  No Do EP&SC logs show that action has been taken regarding any current deficiencies?

ENFORCEMENT ACTIVITY

- Yes  No  N/A Have the proper actions been taken regarding previous deficiencies or violations if applicable?
- What, if any, enforcement activity is required as a result of this inspection?
 

<input type="checkbox"/> No action <input type="checkbox"/> Negotiated compliance <input type="checkbox"/> Notice of violation <input type="checkbox"/> Stop work order	} Required Actions:	
- Compliance Date: \_\_\_\_\_

FINAL STABILIZATION

- Yes  No Have all land disturbing activities at the site ceased?
- Yes  No Are there any areas of active erosion evident?
- Yes  No Is there perennial vegetative cover with a density of at least 70% of cover established for the area OR have equivalent measures such as mulches, RECPs, etc. been employed?
- Follow-up inspection: \_\_\_\_\_ (date)
- Yes  No Photo Documentation

NOTES

Temporary Stabilization in place

No Problems