

EROSION PREVENTION AND SEDIMENT CONTROL SITE INSPECTION FORM

INSPECTION DATE: 8-7-08 INSPECTOR NAME: Chris Brabham QUALIFICATIONS: CEPSC

PROJECT DATA

Project Name: Low Country Retreat Pt II Project ID: 1177.61 Permit # SCR102103

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 checked="" 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 checked="" 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 checked="" 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 | } Required Actions: | _____ |
| <input type="checkbox"/> Negotiated compliance | | _____ |
| <input type="checkbox"/> Notice of violation | | _____ |
| <input type="checkbox"/> Stop work order | | _____ |
- 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

No changes since last visit. Site looks OK, well contained.
