

GOLDIE & ASSOCIATES
STORMWATER INSPECTION REPORT

INSPECTION DATE: 10/15/2009

CERTIFIED INSPECTOR NAME: PAUL GALBREATH

PROJECT DATA

Project Name: Low Country 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 checked="" 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 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 NA 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: Rain

Yes No Is there a functional rain gauge located on the project site?

Recorded rainfall since previous inspection: 5+ 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?

PROJECT HISTORY

Yes No NA Have the proper actions been taken regarding previous deficiencies or violations if applicable?

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

- Site inspected monthly
 - Site appears stable.
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