

EROSION PREVENTION AND SEDIMENT CONTROL SITE INSPECTION FORM

INSPECTION DATE: 12/17/08 INSPECTOR NAME: PECK MASSEY QUALIFICATIONS: CEPSCO

PROJECT DATA

Project Name: LOWCOUNTRY RETREAT PH. 2 Project ID: 1177.1.1 Permit # SCRID103

Contractor Name: UPSTATE UTILITIES

On-site Responsible Person (if applicable):

Notice of Construction Filed [X] Yes [] No (date)

Pre-construction Inspection [X] Yes [] No (date)

Pre-construction Conference [X] Yes [] No (date)

PROJECT INITIATION

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

EROSION PREVENTION

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

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

- Surface Roughening [] Topsoiling [] Ground Cover Plants [] Temporary Stabilization [] Polyacrylamide (PAM)
Outlet Protection [X] Bench Terracing [] Mulching [] Berms [] Other []
Sodding [] Seeding [] Clearwater Diversion [] RECPs (Rolled Erosion Control Products) []
Riprap or Aggregate [X] Hydro-seeding [] Stream Bank Stabilization []

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

SEDIMENT CONTROL

- Are Sediment Control practices located properly? [X] Yes [] No [] NA
Are Sediment Control practices installed properly? [X] Yes [] No [] NA
Are all soil stockpiles adequately contained? [X] 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:

- Sediment Pond [] Inlet Protection [] Other [] Sediment Trap [X] Vegetated Filter Strips [] Polyacrylamide Flocculates [] Silt Fence [X] Ditch Check [] Sediment Berms/Dikes []

- Photo Documentation [] Yes [X] No
Are any additional Erosion Prevention or Sediment Control practices required? [] Yes [X] No
Are any corrective actions required to on-site or perimeter practices? If yes, fully describe in NOTES section below [] Yes [X] No

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: OVERCAST

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

Recorded rainfall since previous inspection: 3.2 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?

No action

Negotiated compliance

Notice of violation

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

• SITE LOOKS GOOD ... CENTRELS IN GOOD CONDITION CONSIDERING HEAVY RAINFALL