

GOLDIE & ASSOCIATES

STORMWATER INSPECTION REPORT

INSPECTION DATE: 12/09/2009 CERTIFIED INSPECTOR NAME: CHRIS BRABHAM

| PROJECT DATA | |
|--|--|
| Project Name: <u>Duke Division II</u> | Project ID: <u>1363.1</u> |
| Permit # <u>SCR10G220</u> | |
| Contractor Name: <u>Tom Brigman Contractors</u> | |
| On-site Responsible Person (if applicable): <u>Tommy Brigman</u> | |
| Notice of Construction Filed | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No _____ (date) |
| Pre-construction Inspection | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No _____ (date) |
| Pre-construction Conference | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No _____ (date) |
| PROJECT INITIATION | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Are perimeter controls installed? |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Are perimeter BMP's installed correctly? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | Detention/sediment basin installed as the first land disturbing activity if applicable? |
| EROSION PREVENTION | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Is construction following the phasing and sequencing plan? |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Are Erosion Prevention measures located in the proper places? |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Are Erosion Prevention measures installed correctly? |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Are Erosion Prevention measures protecting disturbed areas? |
| If Erosion Prevention measures are protecting disturbed areas, what are the types of protection: | |
| <input checked="" type="checkbox"/> Surface Roughening | <input checked="" type="checkbox"/> Outlet Protection |
| <input type="checkbox"/> Topsoiling | <input type="checkbox"/> Bench Terracing |
| <input type="checkbox"/> Ground Cover Plants | <input checked="" type="checkbox"/> Mulching |
| <input checked="" type="checkbox"/> Temporary Stabilization | <input checked="" type="checkbox"/> Berms |
| <input type="checkbox"/> Polyacrylamide (PAM) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA | Are drainage conveyances stabilized with vegetation and/or a channel lining if applicable? |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | Are previously stabilized areas being maintained if applicable? |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA | Has activity on the site been temporarily ceased for 21 days or more? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | If activity has ceased for 21 days or more, have temporary stabilization measures been installed within 14 days? |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Photo Documentation |
| SEDIMENT CONTROL | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | Are Sediment Control practices located properly? |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | Are Sediment Control practices installed properly? |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | Are all soil stockpiles adequately contained? |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> Inlet Protection | <input type="checkbox"/> Vegetated Filter Strips |
| <input type="checkbox"/> Other _____ | <input checked="" type="checkbox"/> Silt Fence |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Photo Documentation |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Are any additional Erosion Prevention or Sediment Control practices required? |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Are any corrective actions required to on-site or perimeter practices? If yes, fully describe in NOTES section below |

