

GOLDIE & ASSOCIATES

STORMWATER INSPECTION REPORT

INSPECTION DATE: 05/05/2010 CERTIFIED INSPECTOR NAME: RICK MASSEY

PROJECT DATA			
Project Name: <u>The Falls at Meehan Phase 1</u>	Project ID: <u>1374.1</u> Permit # <u>SCR10B716</u>		
Contractor Name: <u>N/A</u>			
On-site Responsible Person (if applicable): _____			
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input 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 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 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 _____		
<input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Has activity on the site been temporarily ceased for 21 days or more?		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input 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 type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Sediment Pond	<input 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	_____		
<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		

