

# GOLDIE & ASSOCIATES

## STORMWATER INSPECTION REPORT

INSPECTION DATE: 06/02/2010 CERTIFIED INSPECTOR NAME: RICK MASSEY

PROJECT DATA	
Project Name:	<u>The Falls at Meehan Commercial Site</u> Project ID: <u>1374.1</u> Permit # <u>SCR10H039</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 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 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 type="checkbox"/> Mulching
<input checked="" type="checkbox"/> Temporary Stabilization	<input type="checkbox"/> Berms
<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 type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: Partly Cloudy
- Yes  No Is there a functional rain gauge located on the project site?  
Recorded rainfall since previous inspection: 2.4 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**

- No work or changes at site since last week's inspection.  
- Site contained.

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