

GOLDIE & ASSOCIATES

STORMWATER INSPECTION REPORT

INSPECTION DATE: 06/23/2010 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 checked="" type="checkbox"/> Silt Fence
<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Ditch Check
<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.

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|--|-------------------------------|----------------------------------|--|---------------------------------|
| <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: Clear

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

Recorded rainfall since previous inspection: 0 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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