

EROSION PREVENTION AND SEDIMENT CONTROL SITE INSPECTION FORM

INSPECTION DATE: 08/13/08

INSPECTOR NAME: Reek Massey

QUALIFICATIONS: CEPSC

PROJECT DATA

Project Name: EDGE AT BACKWATER

Project ID: 287.9

Permit # SCR10H566

Contractor Name: UPSTATE UTILITIES

On-site Responsible Person (if applicable): _____

Notice of Construction Filed Yes No

Pre-construction Inspection Yes No

Pre-construction Conference Yes No

_____ (date)

_____ (date)

_____ (date)

PROJECT INITIATION

Yes No

Are perimeter controls installed?

Yes No

Are perimeter BMP's installed correctly?

Yes No

NA

Detention/sediment basin installed as the first land disturbing activity if applicable?

EROSION PREVENTION

Yes No

Is construction following the phasing and sequencing plan?

Yes No

Are Erosion Prevention measures located in the proper places?

Yes No

Are Erosion Prevention measures installed correctly?

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

Outlet Protection

Sodding

Riprap or Aggregate

Topsoiling

Bench Terracing

Seeding

Hydro-seeding

Ground Cover Plants

Mulching

Clearwater Diversion

Stream Bank Stabilization

Temporary Stabilization

Berms

RECPs (Rolled Erosion Control Products)

Polyacrylamide (PAM)

Other

Yes No

NA

Are drainage conveyances stabilized with vegetation and/or a channel lining if applicable?

Yes No

NA

Are previously stabilized areas being maintained if applicable?

Yes No

NA

Has activity on the site been temporarily ceased for 21 days or more?

Yes No

NA

If activity has ceased for 21 days or more, have temporary stabilization measures been installed within 14 days?

Yes No

Photo Documentation

SEDIMENT CONTROL

Yes No

NA

Are Sediment Control practices located properly?

Yes No

NA

Are Sediment Control practices installed properly?

Yes No

NA

Are all soil stockpiles adequately contained?

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

Sediment Trap

Silt Fence

Ditch Check

Inlet Protection

Vegetated Filter Strips

Polyacrylamide Flocculates

Sediment Berms/Dikes

Other _____

Yes No

Photo Documentation

Yes No

Are any additional Erosion Prevention or Sediment Control practices required?

Yes 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: OVERCAST
- 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?

ENFORCEMENT ACTIVITY

- Yes No NA 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

NO WORK PERFORMED AND NO CHANGES SINCE LAST INSPECTION
