

EROSION PREVENTION AND SEDIMENT CONTROL SITE INSPECTION FORM

INSPECTION DATE: 01/24/08 INSPECTOR NAME: RECK MASSEY QUALIFICATIONS: CEPSC2

PROJECT DATA	
Project Name: <u>HAMMOCK RIDGE</u>	Project ID: <u>1139.1.3</u> Permit # <u>SCR10 EB60</u>
Contractor Name: <u>THRETT BROS.</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"/> Topsoiling	<input type="checkbox"/> Bench Terracing
<input checked="" type="checkbox"/> Ground Cover Plants	<input checked="" type="checkbox"/> Mulching
<input type="checkbox"/> Temporary Stabilization	<input type="checkbox"/> Berms
<input type="checkbox"/> Polyacrylamide (PAM)	<input type="checkbox"/> Other _____
<input type="checkbox"/> Sodding	<input checked="" type="checkbox"/> Seeding
<input checked="" type="checkbox"/> Riprap or Aggregate	<input type="checkbox"/> Clearwater Diversion
<input type="checkbox"/> Hydro-seeding	<input type="checkbox"/> RECPs (Rolled Erosion Control Products)
<input type="checkbox"/> Stream Bank Stabilization	
<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 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 checked="" 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"/> Photo Documentation	<input type="checkbox"/> Polyacrylamide Flocculates
<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: SUNNY
- Yes No Is there a functional rain gauge located on the project site?
Recorded rainfall since previous inspection: — * — 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

* RAIN GAUGE BROKEN DUE TO FROZEN RAIN... WILL BE REPLACED.

* MOST OF ROADSIDES HAVE BEEN SEEDED AND MULCHED