

# EROSION PREVENTION AND SEDIMENT CONTROL SITE INSPECTION FORM

INSPECTION DATE: 12/08/08 INSPECTOR NAME: Rose Massey QUALIFICATIONS: CEPSCU

## PROJECT DATA

Project Name: LOWCOUNTRY RETREAT Ph. I Project ID: 1177.1.1 Permit # SCR10G234

Contractor Name: UPSTATE UTILITIES

On-site Responsible Person (if applicable): \_\_\_\_\_

Notice of Construction Filed  Yes  No \_\_\_\_\_ (date)

Pre-construction Inspection  Yes  No \_\_\_\_\_ (date)

Pre-construction Conference  Yes  No \_\_\_\_\_ (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:

- |   |   |  |   |
|---|---|--|---|
| <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 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 _____                  |  |   |

- 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:

- |  |   |   |   |
|--|---|---|---|
| <input checked="" type="checkbox"/> Sediment Pond    | <input checked="" type="checkbox"/> Sediment Trap | <input checked="" type="checkbox"/> Silt Fence      | <input checked="" 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 _____                 |   |   |   |

- 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: 0.2 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

- SITE AND CONTROLS LOOK GOOD
- NO WORK SINCE LAST WEEK'S INSPECTION