



LCI-Lineberger Construction, Inc.

EROSION PREVENTION AND SEDIMENT CONTROL SITE INSPECTION FORM

INSPECTION DATE: 3-17-2008

INSPECTOR NAME: CHRIS POWE

PROJECT DATA

Project Name: Carolina Southern Blvd Project ID: _____ Permit # _____

Contractor Name: LCI

On-site Responsible Person/CCR(if applicable): _____

Notice of Construction Filed Yes No _____ (date)

Pre-construction Inspection Yes No _____ (date)

PROJECT INITIATION

- Yes No Are perimeter controls installed?
- Yes No Are perimeter BMP's installed correctly?
- Yes No N/A 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"/> Bench Terracing | <input type="checkbox"/> FGM | <input type="checkbox"/> Pipe Slope Drain | <input type="checkbox"/> Stream Bank Stabilization |
| <input type="checkbox"/> Berms | <input type="checkbox"/> Ground Cover Plants | <input type="checkbox"/> Polyacrylamide | <input type="checkbox"/> Surface Roughening |
| <input type="checkbox"/> BFM | <input type="checkbox"/> Hydromulching | <input type="checkbox"/> Outlet Protection | <input type="checkbox"/> Temporary Seeding |
| <input type="checkbox"/> Clearwater Division | <input type="checkbox"/> Mulching | <input checked="" type="checkbox"/> Riprap/Aggregate | <input type="checkbox"/> Topsoiling |
| <input type="checkbox"/> ECBs | <input type="checkbox"/> Permanent Seeding | <input type="checkbox"/> Sodding | <input type="checkbox"/> TRMs |
| <input type="checkbox"/> Other _____ | | | |

- Yes No NA Are drainage conveyances stabilized with vegetation and/or channel lining(IA)
- 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"/> Silt Fence | <input type="checkbox"/> Turbidity Curtain | <input type="checkbox"/> Construction Entrance | <input type="checkbox"/> Polyacrylamide Flocculates |
| <input checked="" type="checkbox"/> Ditch Check | <input type="checkbox"/> Sediment Berm | <input type="checkbox"/> Sediment Pond | <input type="checkbox"/> Vegetated Filter Strips |
| <input type="checkbox"/> Inlet Protection | <input type="checkbox"/> Sediment Dike | <input type="checkbox"/> Sediment Trap | |
| <input type="checkbox"/> Other _____ | | | |

Yes No Photo Documentation

***Inspections must be conducted at least once every 7 days**

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?

- | | | | | |
|--|--|----------------------------------|--|---------------------------------|
| <input type="checkbox"/> Waterbody | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Minimal | <input type="checkbox"/> Needs Attention | <input type="checkbox"/> Severe |
| <input type="checkbox"/> Roadway | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Minimal | <input type="checkbox"/> Needs Attention | <input type="checkbox"/> Severe |
| <input type="checkbox"/> Adjacent Property | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Minimal | <input type="checkbox"/> Needs Attention | <input type="checkbox"/> Severe |
| <input type="checkbox"/> Air/Dust | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Minimal | <input type="checkbox"/> Needs Attention | <input type="checkbox"/> Severe |
| <input type="checkbox"/> Storm Sewer | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Minimal | <input type="checkbox"/> Needs Attention | <input type="checkbox"/> Severe |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Photo Documentation | | | |

DOCUMENTATION BY THE PERMITTEE

- Yes No Is there a functional rain gauge located on the project site?
 Yes No Is there a record of the total rainfall from actual rainfall events?
 Yes No Inspections every 7 calendar days and/or within 24 hours of any 1/2" or greater 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 the inspection?

- No Action
 Negotiated Compliance
 Notice of violation
 Stop work order
 Citation

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, RECP's, etc. been employed?

Follow-up Inspection: _____ (date)

Yes No Photo Documentation

NOTES

Silt Fence needs maintenance/replacement @ Sta. 6+50
 10+00 to 13+00
 13+50 to 21+00
 28+00
 31+50 to 32+00

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