



LCI-Lineberger Construction, Inc.

EROSION PREVENTION AND SEDIMENT CONTROL SITE INSPECTION FORM

INSPECTION DATE: 3-31-08

INSPECTOR NAME: Mike Hinson

PROJECT DATA

Project Name: Sand Hills Project ID: _____ Permit # _____

Contractor Name: LCI

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

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 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"/> 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 checked="" 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 |

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 type="checkbox"/> Ditch Check | <input type="checkbox"/> Sediment Berm | <input type="checkbox"/> Sediment Pond | <input type="checkbox"/> Vegetated Filter Strips |
| <input checked="" type="checkbox"/> Inlet Protection | <input type="checkbox"/> Sediment Dike | <input type="checkbox"/> Sediment Trap | |

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 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

- 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

Need to put seed on shoulders

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