



LCI-Lineberger Construction, Inc.

EROSION PREVENTION AND SEDIMENT CONTROL SITE INSPECTION FORM

INSPECTION DATE: 4-29-08

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 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 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 checked="" 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 N/A Are Sediment Control practices located properly?
- Yes No N/A Are Sediment Control Practices installed properly?
- Yes No N/A Are all soil stockpiles adequately contained?
- Yes No N/A Are Sediment Control measures protecting off site areas?

If Sediment Control measures are protecting off site areas, what are the types of protection:

- | | | | |
|--|--|--|---|
| <input 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**

