



# LCI-Lineberger Construction, Inc.

## EROSION PREVENTION AND SEDIMENT CONTROL SITE INSPECTION FORM

INSPECTION DATE: 4-14-2008

INSPECTOR NAME: CHRIS POWE

### PROJECT DATA

Project Name: FORELAWN DIALYSIS Project ID: \_\_\_\_\_ Permit # SCR 102428

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  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:

Bench Terracing  FGM  Pipe Slope Drain  Stream Bank Stabilization

Berms  Ground Cover Plants  Polyacrylamide  Surface Roughening

BFM  Hydromulching  Outlet Protection  Temporary Seeding

Clearwater Division  Mulching  Riprap/Aggregate  Topsoiling

ECBs  Permanent Seeding  Sodding  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:

Silt Fence  Turbidity Curtain  Construction Entrance  Polyacrylamide Flocculates

Ditch Check  Sediment Berm  Sediment Pond  Vegetated Filter Strips

Inlet Protection  Sediment Dike  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 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 |

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**

Silt fence has been installed, stripping has started

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