



# LCI-Lineberger Construction, Inc.

## EROSION PREVENTION AND SEDIMENT CONTROL SITE INSPECTION FORM

INSPECTION DATE: 4-21-2008

INSPECTOR NAME: CHRIS POVE

### PROJECT DATA

Project Name: Fort Lane Div. 1.3 Project ID: \_\_\_\_\_ Permit # SCR10E 488

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:

- |  |  |  |  |
|--|--|--|--|
| <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 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 checked="" 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 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 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?

<input type="checkbox"/> No Action	}	→ Required Actions:	_____
<input type="checkbox"/> Negotiated Compliance			_____
<input type="checkbox"/> Notice of violation			_____
<input type="checkbox"/> Stop work order			_____
<input type="checkbox"/> Citation			_____

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**

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\_\_\_\_\_

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