



LCI-Lineberger Construction, Inc.

EROSION PREVENTION AND SEDIMENT CONTROL SITE INSPECTION FORM

INSPECTION DATE: 4-28-08

INSPECTOR NAME: Mike Hinson

PROJECT DATA			
Project Name:	<u>Bunnard's Ridge</u>	Project ID:	Permit # <u>SCR-29-06-12-03</u>
Contractor Name:	<u>LCI</u>		
On-site Responsible Person/CCR(if applicable):	<u>Mike Hinson</u>		
Notice of Construction Filed	<input type="checkbox"/> Yes <input type="checkbox"/> No		(date)
Pre-construction Inspection	<input type="checkbox"/> Yes <input type="checkbox"/> No		(date)
PROJECT INITIATION			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Are perimeter controls installed?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Are perimeter BMP's installed correctly?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		Detention/sediment basin installed as the first land disturbing activity if applicable	
EROSION PREVENTION			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is construction following the phasing and sequencing plan?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Are Erosion Prevention measures located in the proper places?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Are Erosion Prevention measures installed correctly?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 checked="" type="checkbox"/> Permanent Seeding	<input type="checkbox"/> Sodding	<input type="checkbox"/> TRMs
<input type="checkbox"/> Other _____			
<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA		Are drainage conveyances stabilized with vegetation and/or channel lining(IA)	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		Are previously stabilized areas being maintained, if applicable?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA		Has activity on the site been temporarily ceased for 21 days or more	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA		If activity has ceased for 21 days or more, have temporary stabilization measures been installed within 14 days?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		Photo Documentation	
SEDIMENT CONTROL			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		Are Sediment Control practices located properly?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		Are Sediment Control Practices installed properly?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA		Are all soil stockpiles adequately contained?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 checked="" 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	
<input type="checkbox"/> Other _____			
<input type="checkbox"/> Yes <input type="checkbox"/> 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 clean out all silt ponds

Need to repair wash out at cont entr.

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