



LCI-Lineberger Construction, Inc.

EROSION PREVENTION AND SEDIMENT CONTROL SITE INSPECTION FORM

INSPECTION DATE: 3-3-2008

INSPECTOR NAME: CHRIS ROWE

PROJECT DATA

Project Name: Health Springs Jwd Park Project ID: _____ Permit # _____

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 |
| <input type="checkbox"/> Yes <input type="checkbox"/> 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

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