



# LCI-Lineberger Construction, Inc.

## EROSION PREVENTION AND SEDIMENT CONTROL SITE INSPECTION FORM

INSPECTION DATE: 3-31-08

INSPECTOR NAME: Mike Hinson

### PROJECT DATA

Project Name: Health Springs Ind Pk 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  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 checked="" type="checkbox"/> Bench Terracing | <input type="checkbox"/> FGM                          | <input type="checkbox"/> Pipe Slope Drain             | <input type="checkbox"/> Stream Bank Stabilization    |
| <input checked="" 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 checked="" 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  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 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 type="checkbox"/> Inlet Protection       | <input type="checkbox"/> Sediment Dike     | <input checked="" 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 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 |
| <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**

Need to repair silt fence on  
Right side AT entrance.

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