



LCI-Lineberger Construction, Inc.

EROSION PREVENTION AND SEDIMENT CONTROL SITE INSPECTION FORM

INSPECTION DATE: ⁴⁻¹⁴⁻²⁰⁰⁸ ~~LEATH~~ ~~DAEC~~ INSPECTOR NAME: CHRIS ROWE

PROJECT DATA			
Project Name: <u>Heart Springs St. Park</u>		Project ID: _____	Permit # <u>SCR 10F475</u>
Contractor Name: <u>CCF</u>			
On-site Responsible Person/CCR(if applicable): _____			
Notice of Construction Filed	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	(date) _____
Pre-construction Inspection	<input type="checkbox"/> Yes	<input checked="" 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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input checked="" 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 checked="" 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 checked="" type="checkbox"/> Hydromulching	<input type="checkbox"/> Outlet Protection	<input type="checkbox"/> Temporary Seeding
<input type="checkbox"/> Clearwater Division	<input checked="" 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 type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA	Are drainage conveyances stabilized with vegetation and/or channel lining(IA)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA	Are previously stabilized areas being maintained, if applicable?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA	Has activity on the site been temporarily ceased for 21 days or more
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" 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 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 checked="" 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?

Waterbody None Minimal Needs Attention Severe

Roadway None Minimal Needs Attention Severe

Adjacent Property None Minimal Needs Attention Severe

Air/Dust None Minimal Needs Attention Severe

Storm Sewer None Minimal Needs Attention 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

Bank under pond overflow has washed out.

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