



# LCI-Lineberger Construction, Inc.

## EROSION PREVENTION AND SEDIMENT CONTROL SITE INSPECTION FORM

INSPECTION DATE: 4-29-08

INSPECTOR NAME: Mike Hinson

PROJECT DATA			
Project Name: <u>Heath Springs Incl (2)</u>		Project ID: _____	Permit # <u>SCR-I-10475</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 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 type="checkbox"/> Hydromulching	<input 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
<input type="checkbox"/> Other _____			
<input checked="" type="checkbox"/> Yes	<input 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 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 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 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?

- |   |                               |                                  |  |                                 |
|---|-------------------------------|----------------------------------|--|---------------------------------|
| <input type="checkbox"/> Waterbody          | <input type="checkbox"/> None | <input type="checkbox"/> Minimal | <input type="checkbox"/> Needs Attention | <input type="checkbox"/> Severe |
| <input checked="" 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 repair bank at end of pond (rip rap)

Need to clean out silt fence behind silt pond

Need to seed bare areas.

Need to repair 1 ditch check dam.

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