



LCI-Lineberger Construction, Inc.

EROSION PREVENTION AND SEDIMENT CONTROL SITE INSPECTION FORM

INSPECTION DATE: 12-16-08

INSPECTOR NAME: James L. Stegall Sr.

PROJECT DATA

Project Name: USCL Project ID: 1106 Permit # SCR-161712

Contractor Name: L.C.I.

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 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 checked="" 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 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 checked="" 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?

- | | | |
|---|---|--|
| <input type="checkbox"/> No Action
<input type="checkbox"/> Negotiated Compliance
<input type="checkbox"/> Notice of violation
<input type="checkbox"/> Stop work order
<input type="checkbox"/> 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

Silt Fence Repair on North and West Side of Site

***Inspections must be conducted at least once every 7 days**



LCI-Lineberger Construction, Inc.

EROSION PREVENTION AND SEDIMENT CONTROL SITE INSPECTION FORM

INSPECTION DATE: 12-16-08

INSPECTOR NAME: James L. Stegall Sr.

PROJECT DATA

Project Name: USC-L Project ID: 1106 Permit # SCR-10772

Contractor Name: L.C.I.

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:

- | | | | |
|--|---|--|--|
| <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 checked="" 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 |

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 checked="" type="checkbox"/> Inlet Protection | <input type="checkbox"/> Sediment Dike | <input 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 checked="" type="checkbox"/> Roadway | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Minimal | <input type="checkbox"/> Needs Attention | <input type="checkbox"/> Severe |
| <input checked="" 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 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 checked="" 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?

- | | | |
|---|---|---|
| <input type="checkbox"/> No Action
<input type="checkbox"/> Negotiated Compliance
<input type="checkbox"/> Notice of violation
<input type="checkbox"/> Stop work order
<input type="checkbox"/> 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

Silt Fence Repair on North and West Side of Site

***Inspections must be conducted at least once every 7 days**



LCI-Lineberger Construction, Inc.

EROSION PREVENTION AND SEDIMENT CONTROL SITE INSPECTION FORM

INSPECTION DATE: 12-12-08

INSPECTOR NAME: James L. Stegall Sr.

PROJECT DATA

Project Name: USC-2 Project ID: 1106 Permit # SCR-101712

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:

- | | | | |
|--|---|--|--|
| <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 |

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 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 checked="" type="checkbox"/> Waterbody | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Minimal | <input type="checkbox"/> Needs Attention | <input type="checkbox"/> Severe |
| <input checked="" type="checkbox"/> Roadway | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Minimal | <input type="checkbox"/> Needs Attention | <input type="checkbox"/> Severe |
| <input checked="" 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 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

HAVE WATER AND SITE IN SOUTH WEST CORNER OF PARCEL LOT
NEED SILT FENCE REPAIR WEST SIDE OF SITE CENTER OF PROPERTY LINE
NEED SILT FENCE REPAIR NORTH SIDE OF SITE

3.5" OF RAIN

***Inspections must be conducted at least once every 7 days**



LCI-Lineberger Construction, Inc.

EROSION PREVENTION AND SEDIMENT CONTROL SITE INSPECTION FORM

INSPECTION DATE: 12-1-08

INSPECTOR NAME: James L. Stegall Sr.

PROJECT DATA

Project Name: USC-L Project ID: 1106 Permit # SCR 102712

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**

S

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 checked="" type="checkbox"/> Waterbody | <input checked="" 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 |
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| <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

Site Is STABLE

*UPSTREAM END OF Pipe For Silt Pond Need To Be
Clearout OF Silt.*

***Inspections must be conducted at least once every 7 days**



LCI-Lineberger Construction, Inc.

EROSION PREVENTION AND SEDIMENT CONTROL SITE INSPECTION FORM

INSPECTION DATE: 11-25-08

INSPECTOR NAME: James L. Stegall Sr.

PROJECT DATA

Project Name: USC-L Project ID: 1106 Permit # SCR-102712

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?

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If Sediment Control measures are protecting off site areas, what are the types of protection:

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Ditch Check Sediment Berm Sediment Pond Vegetated Filter Strips

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Other _____

Yes No Photo Documentation

***Inspections must be conducted at least once every 7 days**

S

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

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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?

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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

Site is stable

RAIN 0.25"

***Inspections must be conducted at least once every 7 days**



LCI-Lineberger Construction, Inc.

EROSION PREVENTION AND SEDIMENT CONTROL SITE INSPECTION FORM

INSPECTION DATE: 11-17-08

INSPECTOR NAME: James L. Stegall Sr.

PROJECT DATA

Project Name: USC-L Project ID: 1106 Permit # SCR 101712

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?

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SEDIMENT CONTROL

Yes No NA Are Sediment Control practices located properly?

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If Sediment Control measures are protecting off site areas, what are the types of protection:

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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**

S

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 checked="" type="checkbox"/> Waterbody | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Minimal | <input type="checkbox"/> Needs Attention | <input type="checkbox"/> Severe |
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| <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 checked="" type="checkbox"/> No | Photo Documentation | | | |

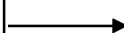
DOCUMENTATION BY THE PERMITTEE

- 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?

- | | | |
|---|---|--|
| <input type="checkbox"/> No Action
<input type="checkbox"/> Negotiated Compliance
<input type="checkbox"/> Notice of violation
<input type="checkbox"/> Stop work order
<input type="checkbox"/> 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

*1/2" OF RAIN FALL OVER WEEK-END.
SILT FENCE ON BROOK DRIVE SIDE OF SITE NEEDS REPAIR.*

***Inspections must be conducted at least once every 7 days**



LCL-Lineberger Construction, Inc.

EROSION PREVENTION AND SEDIMENT CONTROL SITE INSPECTION FORM

INSPECTION DATE: 11-11-08

INSPECTOR NAME: James L. Stegall Sr.

PROJECT DATA

Project Name: USC-L Project ID: 1106 Permit # SCR-10772

Contractor Name: L.C.I.

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**



LCI-Lineberger Construction, Inc.

EROSION PREVENTION AND SEDIMENT CONTROL SITE INSPECTION FORM

INSPECTION DATE: 11-4-08

INSPECTOR NAME: James L. Stegall Sr.

PROJECT DATA

Project Name: U.S.C-L Project ID: _____ Permit # SCR 101712

Contractor Name: L.C.I.

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 type="checkbox"/> None | <input type="checkbox"/> Minimal | <input type="checkbox"/> Needs Attention | <input type="checkbox"/> Severe |
| <input checked="" type="checkbox"/> Roadway | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Minimal | <input type="checkbox"/> Needs Attention | <input type="checkbox"/> Severe |
| <input checked="" 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 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 checked="" 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

SITE IS SECURE.

***Inspections must be conducted at least once every 7 days**



LCI-Lineberger Construction, Inc.

EROSION PREVENTION AND SEDIMENT CONTROL SITE INSPECTION FORM

INSPECTION DATE: 10-27-08

INSPECTOR NAME: James L. Stegall Sr.

PROJECT DATA			
Project Name: <u>USC-L</u>	Project ID: <u>1106</u>	Permit # <u>SCN-102912</u>	
Contractor Name: <u>L.C.F.</u>			
On-site Responsible Person/CCR(if applicable): _____			
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 type="checkbox"/> Riprap/Aggregate	<input type="checkbox"/> Topsoiling
<input type="checkbox"/> ECBS	<input 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 checked="" 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?

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

3rd OF RAIN

***Inspections must be conducted at least once every 7 days**



LCI-Lineberger Construction, Inc.

EROSION PREVENTION AND SEDIMENT CONTROL SITE INSPECTION FORM

INSPECTION DATE: 10-20-08

INSPECTOR NAME: James L. Stegall Sr.

PROJECT DATA

Project Name: USC-4 Project ID: 1106 Permit # SCR-10712

Contractor Name: L.C.I.

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 checked="" type="checkbox"/> Waterbody | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Minimal | <input type="checkbox"/> Needs Attention | <input type="checkbox"/> Severe |
| <input checked="" type="checkbox"/> Roadway | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Minimal | <input type="checkbox"/> Needs Attention | <input type="checkbox"/> Severe |
| <input checked="" 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 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?

- | | | |
|---|---|--|
| <input type="checkbox"/> No Action
<input type="checkbox"/> Negotiated Compliance
<input type="checkbox"/> Notice of violation
<input type="checkbox"/> Stop work order
<input type="checkbox"/> 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

ONE INCH OF RAIN FOLLOWS, L. OVER WEEK END.

***Inspections must be conducted at least once every 7 days**



LCI-Lineberger Construction, Inc.

EROSION PREVENTION AND SEDIMENT CONTROL SITE INSPECTION FORM

INSPECTION DATE: 10-17-08

INSPECTOR NAME: James L. Stegall Sr.

PROJECT DATA			
Project Name: <u>LSC-L</u>	Project ID: <u>1106</u>	Permit # <u>SCR 104712</u>	
Contractor Name: <u>L.C.I.</u>			
On-site Responsible Person/CCR(if applicable): _____			
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 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 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 type="checkbox"/> Construction Entrance	<input type="checkbox"/> Polyacrylamide Flocculates
<input checked="" type="checkbox"/> Ditch Check	<input checked="" 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 type="checkbox"/> Sediment Trap	
<input type="checkbox"/> Other _____			
<input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Waterbody | <input checked="" 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 checked="" type="checkbox"/> Adjacent Property | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Minimal | <input type="checkbox"/> Needs Attention | <input type="checkbox"/> Severe |
| <input checked="" 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

01st of Rain in 6000

Placement of Silt Pond Pipe To Be Installed Today

***Inspections must be conducted at least once every 7 days**



LCI-Lineberger Construction, Inc.

EROSION PREVENTION AND SEDIMENT CONTROL SITE INSPECTION FORM

INSPECTION DATE: 10-10-08

INSPECTOR NAME: James L. Stegall Sr.

PROJECT DATA			
Project Name: <u>USC-1</u>		Project ID: <u>1106</u>	
Contractor Name: <u>L-C-I</u>		Permit # <u>SCR KJ712</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 checked="" 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 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 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 type="checkbox"/> Yes	<input checked="" 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 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 type="checkbox"/> Sediment Trap	
<input type="checkbox"/> Other _____			
<input type="checkbox"/> Yes	<input checked="" 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 checked="" type="checkbox"/> Waterbody | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Minimal | <input type="checkbox"/> Needs Attention | <input type="checkbox"/> Severe |
| <input checked="" 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 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 checked="" 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

Sediment Pond Need To Be Completed.

***Inspections must be conducted at least once every 7 days**



LCI-Lineberger Construction, Inc.

EROSION PREVENTION AND SEDIMENT CONTROL SITE INSPECTION FORM

INSPECTION DATE: 2/7/08

INSPECTOR NAME: James L. Stegall Sr.

PROJECT DATA			
Project Name: <u>USC-1</u>		Project ID: <u>1106</u>	
Contractor Name: <u>L.C.I.</u>		Permit # <u>SCR-101212</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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	_____ (date)
PROJECT INITIATION			
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Are perimeter controls installed?	
<input type="checkbox"/> Yes	<input checked="" 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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Are Erosion Prevention measures located in the proper places?	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Are Erosion Prevention measures installed correctly?	
<input type="checkbox"/> Yes	<input checked="" 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 type="checkbox"/> Riprap/Aggregate	<input type="checkbox"/> Topsoiling
<input type="checkbox"/> ECBs	<input type="checkbox"/> Permanent Seeding	<input type="checkbox"/> Sodding	<input type="checkbox"/> TRMs
<input type="checkbox"/> Other: _____			
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	Are drainage conveyances stabilized with vegetation and/or channel lining(IA)
<input type="checkbox"/> Yes	<input checked="" 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 type="checkbox"/> Yes	<input checked="" 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 type="checkbox"/> Construction Entrance	<input type="checkbox"/> Polyacrylamide Flocculates
<input 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 type="checkbox"/> Sediment Trap	
<input type="checkbox"/> Other: _____			
<input type="checkbox"/> Yes	<input checked="" 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 checked="" type="checkbox"/> Waterbody | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Minimal | <input type="checkbox"/> Needs Attention | <input type="checkbox"/> Severe |
| <input checked="" type="checkbox"/> Roadway | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Minimal | <input type="checkbox"/> Needs Attention | <input type="checkbox"/> Severe |
| <input checked="" 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 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 checked="" 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

- ① INSTALL CONST. ENTRANCE
- ② FINISH S.I.T. ROAD
- ③ REPAIR S.I.T. FENCE AT WEST S.D. OF S.H.
- ④ FILL PADING UNDER CHECK DAMS.

***Inspections must be conducted at least once every 7 days**



LCI-Lineberger Construction, Inc.

EROSION PREVENTION AND SEDIMENT CONTROL SITE INSPECTION FORM

INSPECTION DATE: 9-30-08

INSPECTOR NAME: JAMES I. STEWELL

PROJECT DATA			
Project Name: <u>USCL PARKING LOT</u>		Project ID: <u>1106</u>	Permit # <u>SCR 10I 712</u>
Contractor Name: <u>LCI</u>			
On-site Responsible Person/CCR(if applicable): _____			
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 type="checkbox"/> Yes	<input checked="" 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 type="checkbox"/> Yes	<input checked="" 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 type="checkbox"/> Riprap/Aggregate	<input type="checkbox"/> Topsoiling
<input type="checkbox"/> ECBs	<input type="checkbox"/> Permanent Seeding	<input type="checkbox"/> Sodding	<input type="checkbox"/> TRMs
<input type="checkbox"/> Other _____			
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	Are drainage conveyances stabilized with vegetation and/or channel lining(IA)
<input type="checkbox"/> Yes	<input checked="" 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 checked="" 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 type="checkbox"/> Yes	<input checked="" 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 type="checkbox"/> Yes	<input checked="" 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 type="checkbox"/> Inlet Protection	<input type="checkbox"/> Sediment Dike	<input type="checkbox"/> Sediment Trap	
<input type="checkbox"/> Other _____			
<input type="checkbox"/> Yes	<input checked="" 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 checked="" type="checkbox"/> None | <input type="checkbox"/> Minimal | <input type="checkbox"/> Needs Attention | <input type="checkbox"/> Severe |
| <input checked="" type="checkbox"/> Adjacent Property | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Minimal | <input type="checkbox"/> Needs Attention | <input type="checkbox"/> Severe |
| <input checked="" 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 type="checkbox"/> None | <input type="checkbox"/> Minimal | <input type="checkbox"/> Needs Attention | <input type="checkbox"/> Severe |
| <input type="checkbox"/> Yes <input checked="" 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 PLACE FILTER FABRIC UNDER CHECK DAMS
NEED TO FINISH SEDIMENT CONTROL POND.
NEEDS PROPER SIZE OF CONSTRUCTION ENTRANCE INSTALLED OFF HUBBARD DRIVE
S.11 FENCE NEED TO BE BACK FILL AND COMPACTED ON S.W. S.D. OF FENCE.

***Inspections must be conducted at least once every 7 days**