

# GOLDIE ASSOCIATES

## STORMWATER INSPECTION REPORT

INSPECTION DATE: 2/12/18 CERTIFIED INSPECTOR NAME: TIM WILBER

PROJECT DATA	
Project Name: <u>The Ridge at Backwater</u>	Project ID: <u>287.9</u> Permit # <u>SCR10H566</u>
Contractor Name: <u>Donnie White and Tim Davis</u>	
On-site Responsible Person (if applicable): <u>Joe Lipchik</u>	
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)
Pre-construction Conference	<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"/> Surface Roughening	<input checked="" type="checkbox"/> Outlet Protection
<input type="checkbox"/> Topsoiling	<input type="checkbox"/> Bench Terracing
<input checked="" type="checkbox"/> Ground Cover Plants	<input type="checkbox"/> Mulching
<input type="checkbox"/> Temporary Stabilization	<input checked="" type="checkbox"/> Berms
<input type="checkbox"/> Polyacrylamide (PAM)	<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 a channel lining if applicable?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	Are previously stabilized areas being maintained if applicable?
<input checked="" type="checkbox"/> Yes <input 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 checked="" 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 checked="" 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 type="checkbox"/> Sediment Pond	<input checked="" type="checkbox"/> Sediment Trap
<input type="checkbox"/> Inlet Protection	<input type="checkbox"/> Vegetated Filter Strips
<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Silt Fence
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Photo Documentation
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are any additional Erosion Prevention or Sediment Control practices required?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are any corrective actions required to on-site or perimeter practices? If yes, fully describe in NOTES section below

**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?  Yes  No If yes, provide exact location and complete details in NOTES section below.

<input type="checkbox"/> Waterbody	<input type="checkbox"/> None	<input type="checkbox"/> Minimal	<input type="checkbox"/> Needs Attention	<input type="checkbox"/> Severe
<input type="checkbox"/> Roadway	<input type="checkbox"/> None	<input type="checkbox"/> Minimal	<input type="checkbox"/> Needs Attention	<input type="checkbox"/> Severe
<input type="checkbox"/> Adjacent Property	<input type="checkbox"/> None	<input type="checkbox"/> Minimal	<input type="checkbox"/> Needs Attention	<input type="checkbox"/> Severe
<input type="checkbox"/> Air/Dust	<input type="checkbox"/> None	<input type="checkbox"/> Minimal	<input type="checkbox"/> Needs Attention	<input type="checkbox"/> Severe
<input type="checkbox"/> Storm Sewer	<input type="checkbox"/> None	<input type="checkbox"/> Minimal	<input type="checkbox"/> Needs Attention	<input type="checkbox"/> Severe

Yes  No Photo Documentation

**DOCUMENTATION BY THE PERMITTEE**

Current weather conditions: Cloudy

Yes  No Is there a functional rain gauge located on the project site?  
Recorded rainfall since previous inspection 3.4 inches

Yes  No Do the logs show inspections every 7 calendar days Every calendar week

Yes  No Do EP&SC logs show that action has been taken regarding any current deficiencies?

**PROJECT HISTORY**

Yes  No  NA Have the proper actions been taken regarding previous deficiencies or violations if applicable?

**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, RECPs, etc. been employed?

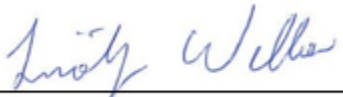
Follow-up inspection: \_\_\_\_\_ (date)

Yes  No Photo Documentation

**NOTES**

\* Precipitation measurement from wunderground.com. All CEPSCI reports can be found at goldieassociates.com under field services. Site inspected monthly. Owner wants to stay with monthly inspections.

1. Single row silt fence has been installed. Need to install double row. Observed 11/16/17.
2. (4) Sediment traps need to be installed. Observed 11/16/17.
3. Sediment pond needs to be installed. Observed 11/16/17.
4. Sediment trap #3 needs to be cleaned out. Observed 2/12/18.
5. Perimeter silt fence needs to be cleaned out in multiple places along north side of site. Observed 2/12/18.
6. Erosion rills on sides of new gravel road coming down to creek need to be repaired.
7. Interior silt fence where gravel road bends, at about lot 21 on original plans: Need to repair silt fence and major washouts. Also, repair large washout at gravel road tee intersection.
8. Except for the gravel entrance road, the entire site is bare. Areas need to be stabilized with grass.

  
\_\_\_\_\_  
Inspector

3934  
\_\_\_\_\_  
License #