

CONSTRUCTION SITE INSPECTION REPORT

1. Inspection Date: 4/1/22 1a. Current weather conditions: CLEAR/DRY
 2. Name of Project: 88 COWPENS 2a. Project No./Permit No. _____

3. Project Address: _____

4. Inspection Type: Routine Follow-up Other
 5. Permit Type: Building Permit Grading Permit Site Development CIP Project

6. Project disturb \geq 1 acre? (Y/N - If Yes, inspect monthly during wet season.) NOI Required: (Y/N) SWPPP dated / /
 Project covered under statewide Construction General Permit? (Y/N) SWPPP on site? (Y/N)

7. High Priority Site (significant threat to water quality)? 7.a Hillside Project? (Y/N - If Yes, inspect monthly during wet season.)

8. Project Type: Residential Commercial/Industrial Institutional Landscaping
 Utility (water, sewer, PG&E) Grading Demolition Street Improvement Other: _____

9. Erosion Control Measures: Inspection Finding (A / NM / P / NA)* Location on site/Comments

<input type="checkbox"/> Jute Netting/Fiber Blankets		
<input type="checkbox"/> Mulch		
<input type="checkbox"/> Hydroseed/Soil binder/Compost blanket		
<input type="checkbox"/> Mark Areas to be Preserved		
<input checked="" type="checkbox"/> Tree Protection Fencing	A	
<input type="checkbox"/> Riparian Area Barrier		

10. Sediment Control Measures		
<input type="checkbox"/> Stabilized construction entrance	A	
<input type="checkbox"/> Street Sweeping		
<input type="checkbox"/> Dust Control		
<input checked="" type="checkbox"/> Wattles / Fiber Rolls / Compost Socks	A	
<input checked="" type="checkbox"/> Silt Fences / Compost Berms	NM	SILT FENCE NEEDS TO BE RESTAPLED TO STAKE IN SEVERAL LOCATIONS ALONG PERIMETER OF HOUS
<input type="checkbox"/> Sedimentation Basin		
<input type="checkbox"/> Check Dams		
<input type="checkbox"/> Inlet Filters (Gravel bags)		
<input type="checkbox"/> Earth Dikes / Drainage Swales		

11. Run-on and Runoff Control		
<input type="checkbox"/> Earth Dikes / Drainage Swales		
<input type="checkbox"/> Sampling is conducted, if required		

12. Active Treatment System (if any)

13. Good Site Management		
<input type="checkbox"/> Soil Stockpiles	A	
<input type="checkbox"/> Waste Systems Management		
<input type="checkbox"/> Construction Materials (wood, cement,...)		
<input type="checkbox"/> Hazardous Materials (paint, solvents)		
<input type="checkbox"/> Petroleum Products (oil, fuel)		
<input type="checkbox"/> Vehicle Servicing		

14. Non-Stormwater Management		
<input type="checkbox"/> Concrete/Stucco washout area		
<input type="checkbox"/> Architectural copper rinsewater		
<input type="checkbox"/> Other:		

* A=Adequate, NM=needs maintenance, P=Problem(s), NA=Not Applicable
 15. Is there an actual illicit discharge or evidence of illicit discharge to storm drain/discharge point? Yes No
 Final C.6 Inspection

16. Comments: _____

17. Enforcement/Follow-Up Date problem first identified: _____ Next follow-up inspection date: _____

Comments: _____
 Enforcement: None/In compliance Verbal Warning Notice of Violation Notice to Comply Stop Work Administrative Fine

18. Resolution: Problem Fixed Need More Time (include rationale in comments) Escalate Enforcement Date resolved: / /
 Was there rain with runoff after problem identified and before resolution? Yes No Items corrected during inspection (see comments)

Comments: _____

19. Inspector's Signature: [Signature] Date: 4/1/22

Inspector's Name (Print): R. REYNOLDS Phone Number: _____

20. Name of Site Contact Person (Print) _____ Phone No. _____

No one on site or no responsible person present.

Left report copy at site.