

**SECTION 14**

**SITE INSPECTION REPORT**

**DATE: \_\_\_\_11/2/23\_\_**











**General Information**

<b>Name of Project</b>	<b>2804 Boswell Avenue</b>	<b>CGP Tracking No.</b>		<b>Inspection Date</b>	<b>11/2/23</b>
<b>Inspector Name, Title &amp; Contact Information</b>	Arthur Genuario				
<b>Present Phase of Construction</b>	construction				
<b>Inspection Location</b>	On site – 2804 Boswell Avenue				
<p><b>Inspection Frequency:</b></p> <p><b>Standard Frequency:</b>    <input checked="" type="checkbox"/> Every four (4) business days       <input type="checkbox"/> Every 5 days and within 24 hours of a 0.25" rain</p> <p>Per the Virginia General Permit No.: VAR10 (effective July 1, 2014 and expiring June 30, 2019), inspections shall be conducted at a frequency of (i) at least once every four business days or (ii) at least once every five business days and no later than 48 hours following a measurable storm event. In the event that a measurable storm event occurs when there are more than 48 hours between business days, the inspection shall be conducted on the next business day</p>					
<p><b>Was this inspection triggered by a 0.25" storm event?</b>    <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p> <p><b>If yes, how did you determined whether a 0.25" storm event has occurred?</b></p> <p><input type="checkbox"/> Rain gauge on site       <input type="checkbox"/> Weather station representative of site. Specify weather station source:</p> <p><b>Total rainfall amount that triggered the inspection</b> (in inches):</p>					
<p><b>Unsafe Conditions for Inspection</b></p> <p><b>Did you determine that any portion of your site was unsafe for inspection per CGP Part 4.1.5?</b>    <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No <b>If "yes", complete the following:</b></p> <p>-    Describe the conditions that prevented you from conducting the inspection in this location:</p> <p>-    Location(s) where conditions were found:</p>					

Condition and Effectiveness of Erosion and Sediment (E&S) Controls				
Type/Location of E&S Control [Add an additional sheet if necessary]	Repairs or Other Maintenance Needed?*	Corrective Action Required?	Date on Which Maintenance or Corrective Action First Identified?	Notes
1. SSF and CE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
2.	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3.	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4.	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5.	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6.	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> No		
7.	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> No		
8.	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> No		
9.	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> No		
10.	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> No		

### Contractor or Subcontractor Certification and Signature

"I certify under penalty of law that I have read and understand this document and that this document and all attachments were prepared in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

**Signature of Contractor or Subcontractor:** \_\_\_\_\_ **Arthur Genuario** \_\_\_\_\_ **Date:**  
\_\_\_\_\_ **11/2/23** \_\_\_\_\_

**Printed Name and Affiliation:** \_\_\_\_\_ **Wakefield Homes** \_\_\_\_\_

### Certification and Signature by Permittee (see reverse for instructions)

"I certify under penalty of law that I have read and understand this document and that this document and all attachments were prepared in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

**Signature of Permittee or**  
**"Duly Authorized Representative":** \_\_\_\_\_ **Arthur Genuario** \_\_\_\_\_ **Date:** **11/2/23**

**Printed Name and Affiliation:** \_\_\_\_\_ **Wakefield Homes** \_\_\_\_\_



**SECTION 14**

**SITE INSPECTION REPORT**

**DATE: \_\_\_\_\_11/7/23**



**General Information**

<b>Name of Project</b>	<b>2804 Boswell Avenue</b>	<b>CGP Tracking No.</b>		<b>Inspection Date</b>	<b>11/7/23</b>
<b>Inspector Name, Title &amp; Contact Information</b>	Arthur Genuario				
<b>Present Phase of Construction</b>	construction				
<b>Inspection Location</b>	On site – 2804 Boswell Avenue				
<p><b>Inspection Frequency:</b></p> <p><b>Standard Frequency:</b>    <input checked="" type="checkbox"/> Every four (4) business days        <input type="checkbox"/> Every 5 days and within 24 hours of a 0.25" rain</p> <p>Per the Virginia General Permit No.: VAR10 (effective July 1, 2014 and expiring June 30, 2019), inspections shall be conducted at a frequency of (i) at least once every four business days or (ii) at least once every five business days and no later than 48 hours following a measurable storm event. In the event that a measurable storm event occurs when there are more than 48 hours between business days, the inspection shall be conducted on the next business day</p>					
<p><b>Was this inspection triggered by a 0.25" storm event?</b>    <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p> <p><b>If yes, how did you determined whether a 0.25" storm event has occurred?</b></p> <p><input type="checkbox"/> Rain gauge on site        <input type="checkbox"/> Weather station representative of site. Specify weather station source:</p> <p><b>Total rainfall amount that triggered the inspection</b> (in inches):</p>					
<p><b>Unsafe Conditions for Inspection</b></p> <p><b>Did you determine that any portion of your site was unsafe for inspection per CGP Part 4.1.5?</b>    <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No <b>If</b></p> <p><b>"yes", complete the following:</b></p> <p>-    Describe the conditions that prevented you from conducting the inspection in this location:</p> <p>-    Location(s) where conditions were found:</p>					

### Condition and Effectiveness of Erosion and Sediment (E&S) Controls

Type/Location of E&S Control [Add an additional sheet if necessary]	Repairs or Other Maintenance Needed?*	Corrective Action Required?	Date on Which Maintenance or Corrective Action First Identified?	Notes
1. Ce and SSF	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
2.	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3.	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4.	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5.	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6.	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> No		
7.	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> No		
8.	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> No		
9.	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> No		
10.	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> No		



### Contractor or Subcontractor Certification and Signature

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**Signature of Contractor or Subcontractor:** \_\_\_\_\_ **Arthur Genuario** \_\_\_\_\_ **Date:**  
\_\_\_\_\_ **11/7/23** \_\_\_\_\_

**Printed Name and Affiliation:** \_\_\_\_\_ **Wakefield Homes** \_\_\_\_\_

### Certification and Signature by Permittee (see reverse for instructions)

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**Signature of Permittee or**  
**"Duly Authorized Representative":** \_\_\_\_\_ **Arthur Genuario** \_\_\_\_\_ **Date:** **11/7/23**

**Printed Name and Affiliation:** \_\_\_\_\_ **Wakefiled Homes** \_\_\_\_\_

**SECTION 14**

**SITE INSPECTION REPORT**

**DATE: \_\_\_\_\_11/15/23\_**











General Information					
Name of Project	2804 Boswell Avenue	CGP Tracking No.		Inspection Date	11/15/23
Inspector Name, Title & Contact Information	Arthur Genuario				
Present Phase of Construction	construction				
Inspection Location	On site – 2804 Boswell Avenue				
<p><b>Inspection Frequency:</b></p> <p><b>Standard Frequency:</b>    <input checked="" type="checkbox"/> Every four (4) business days        <input type="checkbox"/> Every 5 days and within 24 hours of a 0.25" rain</p> <p>Per the Virginia General Permit No.: VAR10 (effective July 1, 2014 and expiring June 30, 2019), inspections shall be conducted at a frequency of (i) at least once every four business days or (ii) at least once every five business days and no later than 48 hours following a measurable storm event. In the event that a measurable storm event occurs when there are more than 48 hours between business days, the inspection shall be conducted on the next business day</p>					
<p><b>Was this inspection triggered by a 0.25" storm event?</b>    <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p> <p><b>If yes, how did you determined whether a 0.25" storm event has occurred?</b></p> <p><input type="checkbox"/> Rain gauge on site        <input type="checkbox"/> Weather station representative of site. Specify weather station source:</p> <p><b>Total rainfall amount that triggered the inspection</b> (in inches):</p>					
<p><b>Unsafe Conditions for Inspection</b></p> <p><b>Did you determine that any portion of your site was unsafe for inspection per CGP Part 4.1.5?</b>    <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No <b>If "yes", complete the following:</b></p> <p>-    Describe the conditions that prevented you from conducting the inspection in this location:</p> <p>-    Location(s) where conditions were found:</p>					

### Condition and Effectiveness of Erosion and Sediment (E&S) Controls

Type/Location of E&S Control [Add an additional sheet if necessary]	Repairs or Other Maintenance Needed?*	Corrective Action Required?	Date on Which Maintenance or Corrective Action First Identified?	Notes
1. SSF	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> No	n/a	<p>Stockpile was out for longer than 14 days which was captured in a notice to wakefield. We knocked down and graded the stock piles on 11/14/23 and sent the photos (see attached above) to site inspector which he verbally cleared this resolving the issue</p>
2. CE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> No	n/a	
3. Stockpiles	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NO	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	11/14/23	
4.	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5.	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6.	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> No		
7.	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> No		
8.	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> No		
9.	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> No		
10.	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> No		

### Contractor or Subcontractor Certification and Signature

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**Signature of Contractor or Subcontractor:** \_\_\_\_\_ **Arthur Genuario** \_\_\_\_\_ **Date:** \_\_\_\_\_  
\_\_\_\_\_ **11/15/23** \_\_\_\_\_

**Printed Name and Affiliation:** \_\_\_\_\_ **Wakefield Homes** \_\_\_\_\_

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**Signature of Permittee or  
"Duly Authorized Representative":** \_\_\_\_\_ **Arthur Genuario** \_\_\_\_\_ **Date:** **11/15/23**

**Printed Name and Affiliation:** \_\_\_\_\_ **Wakefield Homes** \_\_\_\_\_



**SECTION 14**

**SITE INSPECTION REPORT**

**DATE: \_\_11/21/23**

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## General Information

<b>Name of Project</b>	<b>2804 Boswell Avenue</b>	<b>CGP Tracking No.</b>		<b>Inspection Date</b>	<b>11/21/23</b>
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<b>Inspector Name, Title &amp; Contact Information</b>	Arthur Genuario
<b>Present Phase of Construction</b>	construction
<b>Inspection Location</b>	On site – 2804 Boswell Avenue

**Inspection Frequency:**

**Standard Frequency:** ☒ Every four (4) business days      ☐ Every 5 days and within 24 hours of a 0.25" rain

Per the Virginia General Permit No.: VAR10 (effective July 1, 2014 and expiring June 30, 2019), inspections shall be conducted at a frequency of (i) at least once every four business days or (ii) at least once every five business days and no later than 48 hours following a measurable storm event. In the event that a measurable storm event occurs when there are more than 48 hours between business days, the inspection shall be conducted on the next business day

**Was this inspection triggered by a 0.25" storm event?**    ☐ Yes    ☒ No

**If yes, how did you determined whether a 0.25" storm event has occurred?**

☐ Rain gauge on site      ☐ Weather station representative of site. Specify weather station source:

**Total rainfall amount that triggered the inspection (in inches):**

**Unsafe Conditions for Inspection**

**Did you determine that any portion of your site was unsafe for inspection per CGP Part 4.1.5?**    ☐ Yes    ☒ No **If**

**"yes", complete the following:**

- Describe the conditions that prevented you from conducting the inspection in this location:

- Location(s) where conditions were found:



Condition and Effectiveness of Erosion and Sediment (E&S) Controls				
Type/Location of E&S Control [Add an additional sheet if necessary]	Repairs or Other Maintenance Needed?*	Corrective Action Required?	Date on Which Maintenance or Corrective Action First Identified?	Notes

1. SSF	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Everythings working
2. CE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
3.	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4.	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5.	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6.	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> No		
7.	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> No		
8.	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> No		
9.	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> No		
10.	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Contractor or Subcontractor Certification and Signature

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**Signature of Contractor or Subcontractor:** \_\_\_\_\_ **Arthur Genuario** \_\_\_\_\_ **Date:**  
\_\_\_\_\_ **11/21/23**

**Printed Name and Affiliation:** \_\_\_\_\_ **Wakefield Homes** \_\_\_\_\_

**Certification and Signature by Permittee** (see  
reverse for instructions)

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**Signature of Permittee or**  
**"Duly Authorized Representative":** \_\_\_\_\_ **Arthur Genuario** \_\_\_\_\_ **Date:**  
**11/21/23**

**Printed Name and Affiliation:** \_\_\_\_\_ **Wakefield Homes** \_\_\_\_\_

**SECTION 14**

**SITE INSPECTION REPORT**

**DATE: \_\_11/28/23**

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## General Information

<b>Name of Project</b>	<b>2804 Boswell Avenue</b>	<b>CGP Tracking No.</b>		<b>Inspection Date</b>	<b>11/28/23</b>
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<b>Inspector Name, Title &amp; Contact Information</b>	Arthur Genuario
<b>Present Phase of Construction</b>	construction
<b>Inspection Location</b>	On site – 2804 Boswell Avenue

**Inspection Frequency:**

**Standard Frequency:** ☒ Every four (4) business days      ☐ Every 5 days and within 24 hours of a 0.25" rain

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**Was this inspection triggered by a 0.25" storm event?**    ☐ Yes    ☒ No

**If yes, how did you determine whether a 0.25" storm event has occurred?**

☐ Rain gauge on site      ☐ Weather station representative of site. Specify weather station source:

**Total rainfall amount that triggered the inspection (in inches):**

**Unsafe Conditions for Inspection**

**Did you determine that any portion of your site was unsafe for inspection per CGP Part 4.1.5?**    ☐ Yes    ☒ No If

**"yes", complete the following:**

- Describe the conditions that prevented you from conducting the inspection in this location:

- Location(s) where conditions were found:

Condition and Effectiveness of Erosion and Sediment (E&S) Controls				
Type/Location of E&S Control [Add an additional sheet if necessary]	Repairs or Other Maintenance Needed?*	Corrective Action Required?	Date on Which Maintenance or Corrective Action First Identified?	Notes



1. SSF	<input type="checkbox"/> xYes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> No		Need fence fixed
2. CE	<input type="checkbox"/> X Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Mud to be cleaned
3.	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4.	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5.	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6.	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> No		
7.	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> No		
8.	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> No		
9.	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> No		
10.	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Contractor or Subcontractor Certification and Signature**

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**Signature of Contractor or Subcontractor:** \_\_\_\_\_ **Arthur Genuario** \_\_\_\_\_ **Date:**  
\_\_\_\_\_ **11/28/23**

**Printed Name and Affiliation:** \_\_\_\_\_ **Wakefield Homes** \_\_\_\_\_

**Certification and Signature by Permittee** (see  
reverse for instructions)

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**Signature of Permittee or**  
**"Duly Authorized Representative":** \_\_\_\_\_ **Arthur Genuario** \_\_\_\_\_ **Date:**  
**11/28/23**

**Printed Name and Affiliation:** \_\_\_\_\_ **Wakefield Homes** \_\_\_\_\_