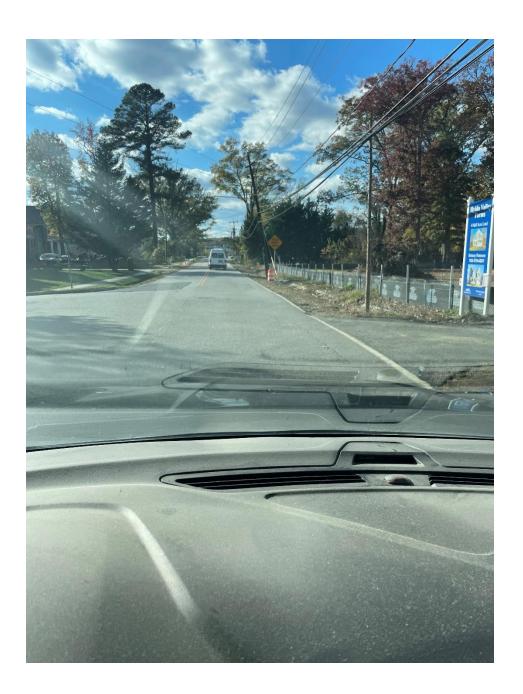
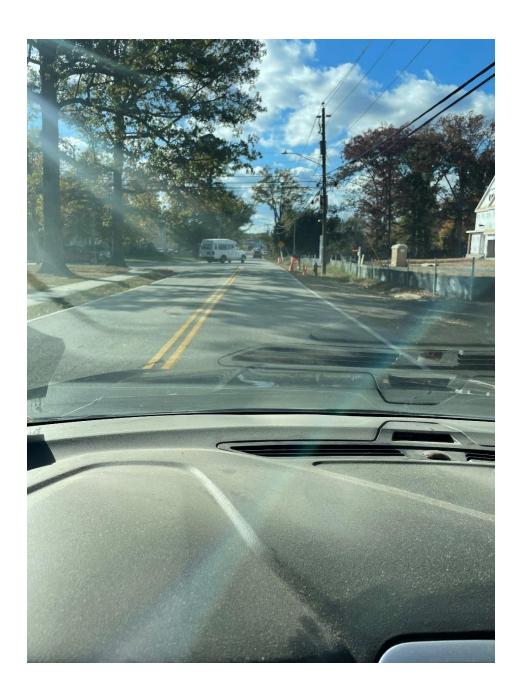
SITE INSPECTION REPORT

DATE: ____11/2/23__









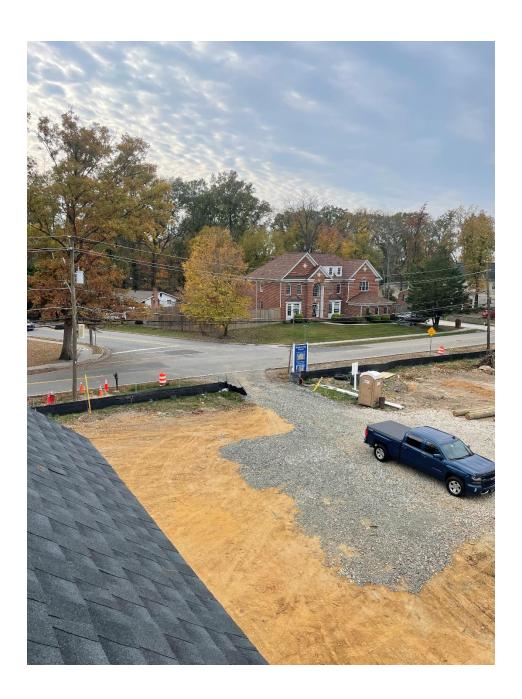
	General Information								
Name of Project	2804 Bos	well Avenue	CGP Tracking No.		Inspection Date	11/2/23			
Inspector Name, Title Contact Information	e &	Arthur Genuario							
Present Phase of Cor	struction	construction							
Inspection Location On site – 2804 Boswell Avenue									
Inspection Frequency: Standard Frequency: **Standard Frequency: **Description Frequency: **De									
Was this inspection triggered by a 0.25" storm event?									
Unsafe Conditions for Inspection Did you determine that any portion of your site was unsafe for inspection per CGP Part 4.1.5?									

	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	□Yes x	NO Yes x No						
2.	Yes N	O Yes No						
3.	□Yes □N	O Yes No						
4.	□Yes □ N	O Yes No						
5.	□Yes □ N	O Yes No						
6.	□Yes □ N	O Yes No						
7.	□Yes □ N	O Yes No						
8.	□Yes □ N	O Yes No						
9.	□Yes □ N	O Yes No						
10.	Yes N	O Yes No						

	Contractor or Subcontractor Certification	and Signature	
"I certify under penalty of law that I have read and un to assure that qualified personnel properly gathered a persons directly responsible for gathering the informa there are significant penalties for submitting false info	and evaluated the information submitted. Based or ation, the information submitted is, to the best of n	n my inquiry of the person on my knowledge and belief, tru	r persons who manage the system, or those le, accurate, and complete. I am aware that
Signature of Contractor or Subcontractor:		Date:	
Printed Name and Affiliation:	Wakefield Homes		
	Certification and Signature by Pern reverse for instructions)	nittee (see	
"I certify under penalty of law that I have read and un to assure that qualified personnel properly gathered a persons directly responsible for gathering the informa there are significant penalties for submitting false info	and evaluated the information submitted. Based or ation, the information submitted is, to the best of n	n my inquiry of the person ony knowledge and belief, tru	r persons who manage the system, or those ie, accurate, and complete. I am aware that
Signature of Permittee or "Duly Authorized Representative":	Arthur Genuario	Date:	11/2/23
Printed Name and Affiliation:Wakefil	ed Homes		

SITE INSPECTION REPORT

DATE: ____11/7/23



General Information								
Name of Project	2804 Bos	well Avenue	CGP Tracking No.		Inspection Date	11/7/23		
Inspector Name, Title Contact Information	e &	Arthur Genuario						
Present Phase of Cor	struction	construction						
Inspection Location On site – 2804 Boswell Avenue								
Inspection Frequency: Standard Frequency: **Standard Frequency: **Description Frequency: **De								
Was this inspection triggered by a 0.25" storm event? \[\textstyre \textsty								
Unsafe Conditions for Inspection of your site was unsafe for inspection per CGP Part 4.1.5? Did you determine that any portion of your site was unsafe for inspection per CGP Part 4.1.5? "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. Ce and SSF	Yes X	NO	∏Yes ☒ No					
2.	Yes	NO	□Yes □ No					
3.	□Yes □I	NO	□Yes □ No					
4.	Yes	NO	∏Yes ∏ No					
5.	Yes	NO	∏Yes ∏ No					
6.	Yes	NO	□Yes □ No					
7.	Yes	NO	□Yes □ No					
8.	Yes	NO	□Yes □ No					
9.	Yes	NO	□Yes □ No					
10.	Yes	NO	∏Yes ☐ No					

	Contractor or Subcontractor Certification	and Signature
to assure that qualified personnel properly gathered a	and evaluated the information submitted. Based on ration, the information submitted is, to the best of my	all attachments were prepared in accordance with a system designed my inquiry of the person or persons who manage the system, or those knowledge and belief, true, accurate, and complete. I am aware that priment for knowing violations."
Signature of Contractor or Subcontractor:	Date:	
Printed Name and Affiliation:	Wakefield Homes	
	Certification and Signature by Permi reverse for instructions)	ttee (see
to assure that qualified personnel properly gathered a	and evaluated the information submitted. Based on ration, the information submitted is, to the best of my	all attachments were prepared in accordance with a system designed my inquiry of the person or persons who manage the system, or those knowledge and belief, true, accurate, and complete. I am aware that mment for knowing violations."
Signature of Permittee or "Duly Authorized Representative":	Arthur Genuario	Date: 11/7/23
Printed Name and Affiliation:Wakefil	ed Homes	

SITE INSPECTION REPORT

DATE: ____11/15/23_







General Information							
Name of Project	2804 Bos	swell Avenue	CGP Tracking No.		Inspection Date	11/15/23	
Inspector Name, Title Contact Information	e &	Arthur Genuario					
Present Phase of Construction construction							
Inspection Location On site – 2804 Boswell Avenue							
Inspection Frequency: Standard Frequency: x 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? \[\textstyle \text{res} \] \[\textstyle \text{NO} \] If yes, how did you determined whether a 0.25" storm event has occurred? Rain gauge on site \[\textstyle \text{Weather station representative of site. Specify weather station source:} \] 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 "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	Yes X NO	□Yes □ No	n/a					
2. CE	Yes X NO	□Yes □ No	n/a					
3. Stockpiles	X Yes NO	□x Yes□ No	11/14/23	Stockpile was out for longer than 14 days which was captured in a notice to wakefield. We knocked down and gradded the stock piles on 11/14/23 and sent the photos (see attached above) to site				
4.	Yes NO	□Yes □ No		inspector which he verbally cleared this resolving the issue				
5.	Yes NO	□Yes □ No						
6.	Yes NO	□Yes □ No						
7.	Yes NO	□Yes □ No						
8.	Yes NO	□Yes □ No						
9.	Yes NO	□Yes □ No						
10.	□Yes □ NO	□Yes □ No						

Contractor or Subcontractor Certification and Signature					
to assure that qualified personnel properly gathered a	nd evaluated the information submitted. Based or tion, the information submitted is, to the best of n	nd all attachments were prepared in accordance with a system designed my inquiry of the person or persons who manage the system, or those my knowledge and belief, true, accurate, and complete. I am aware that sonment for knowing violations."			
Signature of Contractor or Subcontractor:11/15/23	Date:				
Printed Name and Affiliation:	Wakefield Homes				
	Certification and Signature by Pern reverse for instructions)	nittee (see			
to assure that qualified personnel properly gathered a	nd evaluated the information submitted. Based or tion, the information submitted is, to the best of n	nd all attachments were prepared in accordance with a system designed in my inquiry of the person or persons who manage the system, or those my knowledge and belief, true, accurate, and complete. I am aware that sonment for knowing violations."			
Signature of Permittee or "Duly Authorized Representative":	Arthur Genuario	Date: 11/15/23			
Printed Name and Affiliation:Wakefile	ed Homes				

SITE INSPECTION REPORT

DATE: ___11/21/23





General Information									
Name of Project	2804 Bo	oswell Avenue	CGP Tracking No.		Inspection Date	11/21/23			
Inspector Name, T Contact Informatio									
Present Phase of Construction		construction							
Inspection Location	n Location On site – 2804 Boswell Avenue								
Inspection Frequency: Standard Frequency: **Standard Frequency: **Description Frequency: **De									
Was this inspection triggered by a 0.25" storm event?									
Unsafe Conditions for Inspection Did you determine that any portion of your site was unsafe for inspection per CGP Part 4.1.5? "yes", complete the following: - Describe the conditions that prevented you from conducting the inspection in this location:									
- Locati	ion(s) whe	ere conditions were found:							

		\neg

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	Yes	NO K	□Yes ☒ No	Everythings working
2. CE	Yes	X NO	□Yes □x No	
3.	Yes	□NO	□Yes □ No	
4.	∐Yes	□ NO	□Yes □ No	
5.	Yes	□ NO	□Yes □ No	
6.	□Yes	□ NO	□Yes □ No	
7.	∐Yes	□ NO	□Yes □ No	
8.	∐Yes	□ NO	□Yes □ No	
9.	∐Yes	□ NO	□Yes □ No	
10.	∐Yes	□ NO	∏Yes ∏ No	

Contractor or Subcontractor	Certification and Signature
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to assure that qualified personnel p persons directly responsible for gat	have read and understand this document an roperly gathered and evaluated the informatinering the information, the information submitting false information, including the pos	ion submitted. Bas nitted is, to the bes	ed on my inquiry of that of my knowledge an	ne person or persons who ma d belief, true, accurate, and c	nage the system, or those
	Signature of Contractor or Subcontractor	ctor:	Arthur Genuario)	Date:
Printed Name and Affiliation:	Wakefield	Homes			
	Certification an rev	nd Signature by erse for instruction			
to assure that qualified personnel p persons directly responsible for gat	have read and understand this document an roperly gathered and evaluated the informatinering the information, the information submitting false information, including the pos	on submitted. Bas nitted is, to the bes	ed on my inquiry of that of my knowledge an	ne person or persons who ma d belief, true, accurate, and c	nage the system, or those
Signature of Permittee or	"Duly Authorized Representative": _ 11/21/23	Arthur C	Senuario		Date:
Printed Name and Affiliation:	Wakefiled Homes				

SITE INSPECTION REPORT

DATE: ___11/28/23







	General Information								
Name of Project	2804 Bo	oswell Avenue	CGP Tracking No.		Inspection Date	11/28/23			
Inspector Name, T Contact Informatio									
Present Phase of Construction		construction							
Inspection Location	n	On site – 2804 Boswell Av	enue						
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?									
Unsafe Conditions for Inspection Did you determine that any portion of your site was unsafe for inspection per CGP Part 4.1.5? "yes", complete the following: - Describe the conditions that prevented you from conducting the inspection in this location:									
- Locati	ion(s) whe	ere conditions were found:							

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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	xYes NO	□Yes □ No	Need fence fixed
2. CE	X Yes NO	□Yes □ No	Mud to be cleaned
3.	□Yes □NO	□Yes □ No	
4.	□Yes □ NO	□Yes □ No	
5.	□Yes □ NO	□Yes □ No	
6.	□Yes □ NO	□Yes □ No	
7.	□Yes □ NO	□Yes □ No	
8.	□Yes □ NO	□Yes □ No	
9.	□Yes □ NO	□Yes □ No	
10.	□Yes □ NO	□Yes □ No	

to assure that qualified personnel p persons directly responsible for gath	have read and understand this document and to operly gathered and evaluated the information ering the information, the information submittom the information including the possib	submitted. Based is, to the bes	sed on my inquiry of t st of my knowledge a	he person or persons who nd belief, true, accurate, ar	manage the system, or those
	Signature of Contractor or Subcontractor11/28/23	or:	Arthur Genuari	0	Date:
Printed Name and Affiliation:	Wakefield H	omes			
	Certification and revers	Signature by se for instruction			
to assure that qualified personnel p persons directly responsible for gath	have read and understand this document and to operly gathered and evaluated the information ering the information, the information submitt bmitting false information, including the possib	submitted. Based is, to the best	ed on my inquiry of t st of my knowledge a	he person or persons who nd belief, true, accurate, ar	manage the system, or those
Signature of Permittee or	"Duly Authorized Representative": 11/28/23	Arthur C	Genuario		Date:
Printed Name and Affiliation:	Wakefiled Homes				