### **SITE INSPECTION REPORTS**

			General Inf	ormation			
Name of Project	2800 Bos	well Avenue	CGP Tracking No.		Inspection Date	9/5/23	
Inspector Name, Title Contact Information	e &	Arthur Genuario , Superintendo	ant, <u>arthur@genuaric</u>	companies.com 703-801-6559			
Present Phase of Cor	struction	construction					
Inspection Location		site					
Inspection Frequency: Standard Frequency:  **Description Frequency:  *							
	ou determi	y a 0.25" storm event?		reather station source:			
Total rainfall amo	ount that tri	iggered the inspection (in inches	s):				
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? Session (Session Per CGP Part 4.1.5) If Session (Session Per CGP							

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	□Yes k	□Yes k		All working well			
2. silt fence	□Yes k	□Yes k					
3.	□Yes □	□Yes □ <sub>No</sub>					
<b>3</b> .	□Yes □	□Yes □ <sub>No</sub>					
4.	□Yes □	□Yes □ <sub>No</sub>					
5.	□Yes □	□Yes □ <sub>No</sub>					
6.	□Yes □	□Yes □ <sub>No</sub>					
7.	□Yes □	□Yes □ <sub>No</sub>					
8.	□Yes □	□Yes □ <sub>No</sub>					
9.	□Yes □	□Yes □ <sub>No</sub>					
1.0	No	No					
10.	No	No					
	No						

No			
No			
No			
No			
No			
No			

Printed Name and Affiliation:	Wakefield Homes		
Signature of Permittee or "Duly Authorized Representative":	Arthur Genuario	Date: 9/5/23	
to assure that qualified personnel properly gathere	d and evaluated the information submitted. Bas mation, the information submitted is, to the bes	nent and all attachments were prepared in accordance with a system designed used on my inquiry of the person or persons who manage the system, or those est of my knowledge and belief, true, accurate, and complete. I am aware that d imprisonment for knowing violations."	
	Certification and Signature by reverse for instructio		
Printed Name and Affiliation:	Wakefield Homes		
Signature of Contractor or Subcontractor:9/5/23			
to assure that qualified personnel properly gathere	d and evaluated the information submitted. Bas mation, the information submitted is, to the bes	nent and all attachments were prepared in accordance with a system designed used on my inquiry of the person or persons who manage the system, or those est of my knowledge and belief, true, accurate, and complete. I am aware that d imprisonment for knowing violations."	

### **SITE INSPECTION REPORTS**





			General Inf	ormation				
Name of Project	2800 Bos	well Avenue	ell Avenue CGP Tracking No. Inspection Date 9/11/23					
Inspector Name, Title Contact Information	e &	Arthur Genuario , Superintend	ant, <u>arthur@genuaric</u>	companies.com 703-801-6559				
Present Phase of Cor	struction	construction						
Inspection Location	<b>Location</b> site							
Inspection Frequency: Standard Frequency:  **Description Frequency:  *								
If yes, how did ye	ou determi	y a 0.25" storm event? Yes ined whether a 0.25" storm even						
Rain gauge o	on site	☐ Weather station representa	ifive of sife. Specify w	eather station source:				
Total rainfall amo	ount that tri	ggered the inspection (in inches	s):					
"yes", comp - Describe	ne that any lete the fo e the cond	portion of your site was unsafe						

		Condition and	Effectiveness of Erosio	on 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	□Yes k	□Yes k		All working well even immediately after rain storm
2. silt fence	□Yes k	□Yes k		
3.	□Yes □	□Yes □ <sub>No</sub>		
<b>5</b> .	□Yes □	□Yes □ <sub>No</sub>		
4.	□Yes □	□Yes □ <sub>No</sub>		
5.	□Yes □	□Yes □ <sub>No</sub>		
6.	□Yes □	□Yes □ <sub>No</sub>		
7.	□Yes □	□Yes □ <sub>No</sub>		
8.	□Yes □	□Yes □ <sub>No</sub>		
9.	□Yes □	□Yes □ <sub>No</sub>		
10	No	No		
10.	No	No		
	No			

No			
No			
No			
No			
No			
No			

"I certify under penalty of law that I have read and to assure that qualified personnel properly gathere persons directly responsible for gathering the infor there are significant penalties for submitting false i	ed and evaluated the information submitted. Based mation, the information submitted is, to the best o	I on my inquiry of the person or of my knowledge and belief, tru	r persons who manage the system, or those e, accurate, and complete. I am aware that
Signature of Contractor or Subcontractor:9/11/23	Arthur Genuario		Date:
Printed Name and Affiliation:			
	Certification and Signature by Perceiverse for instructions	•	
"I certify under penalty of law that I have read and to assure that qualified personnel properly gathere persons directly responsible for gathering the infor there are significant penalties for submitting false i	ed and evaluated the information submitted. Based mation, the information submitted is, to the best o	on my inquiry of the person on of my knowledge and belief, tru	r persons who manage the system, or those e, accurate, and complete. I am aware that
Signature of Permittee or "Duly Authorized Representative":	Arthur Genuario	Date:	9/11/23
Printed Name and Affiliation:	Wakefield Homes		

**SITE INSPECTION REPORT** 

DATE: \_9/15/23\_\_\_\_





			General Inf	ormation			
Name of Project	2804 Bos	well Avenue	CGP Tracking No.		Inspection Date	9/15/23	
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: 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							
<b>If yes, how did yo</b> □ Rain gauge c	ou determi on site	y a 0.25" storm event? Yes ined whether a 0.25" storm even Weather station representa	tive of site. Specify w	eather 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:							

	C	ondition and Effective	veness of Erosion and Se	diment (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
Construction entrance	□Yes □x NC	∏Yes ☐ No		Working fine
2.	Yes X NO	□Yes □x No		
Super silt fence 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		

C	Contractor or Subcontractor Certificat	ion and Signature			
to assure that qualified personnel properly gathered and	evaluated the information submitted. Based n, the information submitted is, to the best	t and all attachments were prepared in accordance with a system designed d on my inquiry of the person or persons who manage the system, or those of my knowledge and belief, true, accurate, and complete. I am aware that a			
Signature of Contractor or Subcontractor:9/15/23	Arthur Genuario	Date:			
Printed Name and Affiliation:	Wakefield Homes				
	Certification and Signature by P 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":Art	hur Genuario	Date: 9/15/23			
Printed Name and Affiliation:Wakefiled	Homes				

#### **SITE INSPECTION REPORT**

DATE: \_\_9/20/23\_\_\_\_



			General Inf	ormation				
Name of Project	2804 Bos	well Avenue	ell Avenue CGP Tracking No. Inspection Date 9/20/23					
Inspector Name, Title Contact Information	e &	Arthur Genuario						
Present Phase of Cor	struction	construction						
Inspection Location	nspection 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								
<b>If yes, how did yo</b> □ Rain gauge c	ou determi on site	y a 0.25" storm event? Yes ined whether a 0.25" storm even Weather station representa	tive of site. Specify w	eather station source:				
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:  - 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. SSS	Yes X NO	☐Yes X No				
2. CE	Yes X NO	☐Yes ☒ 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 o	and Signature
to assure that qualified personnel properly gathered and	d evaluated the information submitted. Based on non, 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 inment for knowing violations."
Signature of Contractor or Subcontractor:9/20/23	Arthur Genuario	Date:
Printed Name and Affiliation:	Wakefield Homes	
	Certification and Signature by Permit reverse for instructions)	ttee (see
to assure that qualified personnel properly gathered and	d evaluated the information submitted. Based on non, 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 inment for knowing violations."
Signature of Permittee or "Duly Authorized Representative":A	thur Genuario	Date: 9/20/23
Printed Name and Affiliation:Wakefiled	d Homes	

**SITE INSPECTION REPORT** 

DATE: \_\_\_9/22/23\_\_\_





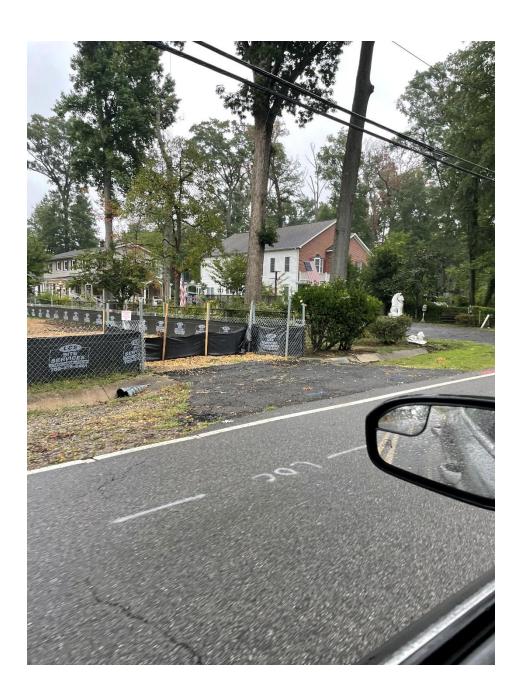
	General Information							
Name of Project	2804 Bos	swell Avenue	ell Avenue CGP Tracking No. Inspection Date 9/23/22					
Inspector Name, Title & Contact Information  Arthur Genuario								
Present Phase of Cor	struction	construction						
Inspection Location	On site – 2804 Boswell Avenue							
Inspection Frequency: Standard Frequency:  **Standard Frequency:  **Description:  **Descriptio								
<b>If yes, how did yo</b> □ Rain gauge c	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 "Yes", complete the following: - Describe the conditions that prevented you from conducting the inspection in this location:  - Location(s) where conditions were found:								

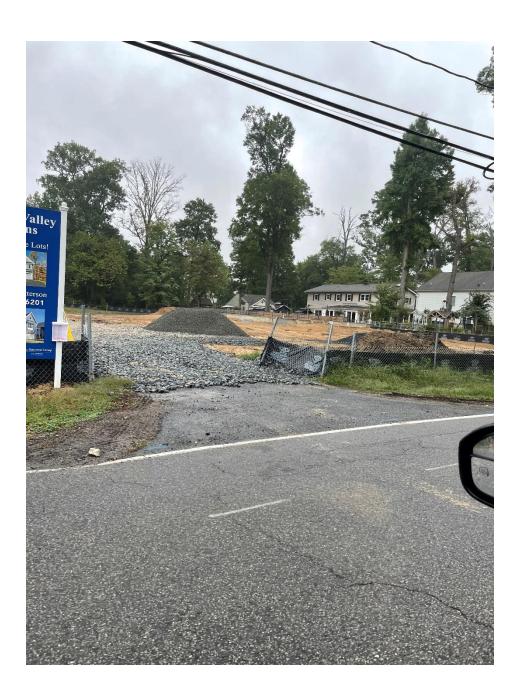
	Condition and Effectiveness of Erosion and Sediment (E&S) Controls						
Type/Location of E&S Control [Add an additional sheet if necessary]	Repairs or Other Maintenance Needed?*	Corrective Action Required?	Date on Which Maintenance or Corrective Action First Identified?	Notes			
1. CE	Yes X NO	∏Yes ☐ No		Working fine			
2. Silt fence	Yes X NO	☐Yes ☒ 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					

C	Contractor or Subcontractor Certificatio	n and Signature	
"I certify under penalty of law that I have read and unders to assure that qualified personnel properly gathered and persons directly responsible for gathering the information there are significant penalties for submitting false informa	evaluated the information submitted. Based on, the information submitted is, to the best of	on my inquiry of the person or persons who r my knowledge and belief, true, accurate, and	nanage the system, or those
Signature of Contractor or Subcontractor:9/22/23	Arthur Genuario	Date:	
Printed Name and Affiliation:	Wakefield Homes		
	Certification and Signature by Per reverse for instructions)	mittee (see	
"I certify under penalty of law that I have read and unders to assure that qualified personnel properly gathered and persons directly responsible for gathering the information there are significant penalties for submitting false informa	evaluated the information submitted. Based on, the information submitted is, to the best of	on my inquiry of the person or persons who r my knowledge and belief, true, accurate, and	nanage the system, or those
Signature of Permittee or "Duly Authorized Representative":Art	hur Genuario	Date: 9/22/23	
Printed Name and Affiliation:Wakefiled	Homes		

**SITE INSPECTION REPORT** 

DATE: \_\_\_9/26/23\_\_\_





	General Information						
Name of Project	2804 Bos	ell Avenue CGP Tracking No. Inspection Date 9/26/23					
Inspector Name, Title & Contact Information Arthur Genuario							
Present Phase of Cor	struction	construction					
Inspection Location	nspection Location On site – 2804 Boswell Avenue						
Inspection Frequency: Standard Frequency:  **Standard Frequency:  **Description:  **Descriptio							
<b>If yes, how did yo</b> □ Rain gauge c	Was this inspection triggered by a 0.25" storm event?  \_Yes \_XNo  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):						
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. CE and silt fence	□Yes 🗓 N	O Yes X No				
2.	Yes NC	□Yes □ No				
3.	Yes NC	□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	nd evaluated the information submitted. Based of the information submitted is, to the best of	t and all attachments were prepared in accordance with a system desig on my inquiry of the person or persons who manage the system, or th of my knowledge and belief, true, accurate, and complete. I am aware t prisonment for knowing violations."	iose				
Signature of Contractor or Subcontractor:9/26/23	Arthur Genuario	Date:					
Printed Name and Affiliation:	Wakefield Homes						
	Certification and Signature by Per 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: 9/26/23					
Printed Name and Affiliation:Wakefile	ed Homes						

# **SITE INSPECTION REPORT**

DATE: \_\_\_\_9/29/23\_\_



	General Information							
Name of Project	2804 Bos	swell Avenue	ell Avenue CGP Tracking No. Inspection Date 9/29/23					
Inspector Name, Title & Contact Information Arthur Genuario								
Present Phase of Cor	struction	construction						
Inspection Location	Inspection Location On site – 2804 Boswell Avenue							
Inspection Frequency: Standard Frequency:  **Standard Frequency:  **Description:  **Descriptio								
<b>If yes, how did yo</b> □ Rain gauge c	<b>ou determi</b> on site	y a 0.25" storm event? Yes ined whether a 0.25" storm even Weather station representa	itive of site. Specify w	eather 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. CE	□Yes 🕱 NO	☐Yes ☒ No				
2.	Yes NO	☐Yes ☐ 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	n and Signature	
to assure that qualified personnel properly gathered and	evaluated the information submitted. Based or now, the information submitted is, to the best of n	and all attachments were prepared in accordance with a system design on my inquiry of the person or persons who manage the system, or the my knowledge and belief, true, accurate, and complete. I am aware the risonment for knowing violations."	ose
Signature of Contractor or Subcontractor:9/29/23	Arthur Genuario	Date:	
Printed Name and Affiliation:	Wakefield Homes		
	Certification and Signature by Pern reverse for instructions)	mittee (see	
to assure that qualified personnel properly gathered and	evaluated the information submitted. Based or now, the information submitted is, to the best of n	and all attachments were prepared in accordance with a system design on my inquiry of the person or persons who manage the system, or the my knowledge and belief, true, accurate, and complete. I am aware the risonment for knowing violations."	ose
Signature of Permittee or "Duly Authorized Representative":Ar	thur Genuario	Date: 9/29/23	
Printed Name and Affiliation:Wakefiled	l Homes		