

**SECTION 14**

**SITE INSPECTION REPORT**

**DATE: \_\_12/1/23\_\_**











General Information					
Name of Project	2804 Boswell Avenue	CGP Tracking No.		Inspection Date	12/1/23
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</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. SSF	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> No		Correcting items from last SWPP inspection earlier in the week for both items. See photos
2. Construction entrance	<input type="checkbox"/> Yes <input checked="" 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:**  
\_\_\_\_\_ **12/1/23** \_\_\_\_\_

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

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**"Duly Authorized Representative":** \_\_\_\_\_ **Arthur Genuario** \_\_\_\_\_ **Date:** **12/1/23**

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

**SECTION 14**

**SITE INSPECTION REPORT**

**DATE: \_\_\_\_12/7/23\_\_\_\_**









**General Information**

<b>Name of Project</b>	<b>2804 Boswell Avenue</b>	<b>CGP Tracking No.</b>		<b>Inspection Date</b>	<b>12/7/23__</b>
<b>Inspector Name, Title &amp; Contact Information</b>	Arthur Genuario				
<b>Present Phase of Construction</b>					
<b>Inspection Location</b>	On site – 2804 Boswell Avenue				
<p><b>Inspection Frequency:</b> <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 <b>If yes, how did you determined whether a 0.25" storm event has occurred?</b> <input type="checkbox"/> Rain gauge on site        <input type="checkbox"/> Weather station representative of site. Specify weather station source:  <b>Total rainfall amount that triggered the inspection</b> (in inches):</p>					
<p><b>Unsafe Conditions for Inspection</b> <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> -    Describe the conditions that prevented you from conducting the inspection in this location:          -    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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cleaning	Mud dragged into the street. Site was cleaned same day
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		



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**General Information**

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<b>Inspector Name, Title &amp; Contact Information</b>	Arthur Genuario				
<b>Present Phase of Construction</b>					
<b>Inspection Location</b>	On site – 2804 Boswell Avenue				
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<p><b>Was this inspection triggered by a 0.25" storm event?</b>    <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No <b>If yes, how did you determined whether a 0.25" storm event has occurred?</b> <input type="checkbox"/> Rain gauge on site        <input type="checkbox"/> Weather station representative of site. Specify weather station source:  <b>Total rainfall amount that triggered the inspection</b> (in inches):</p>					
<p><b>Unsafe Conditions for Inspection</b> <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> -    Describe the conditions that prevented you from conducting the inspection in this location:          -    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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> No		All good
2. SSF	<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		
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**DATE: \_\_\_\_12/22/23\_\_\_\_**















General Information					
Name of Project	2804 Boswell Avenue	CGP Tracking No.		Inspection Date	12.22.23
Inspector Name, Title & Contact Information	Arthur Genuario				
Present Phase of 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>					
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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	<input type="checkbox"/> Yes x <input type="checkbox"/> NO	<input type="checkbox"/> Yes x <input type="checkbox"/> No		Fairfax water authority installed water crock for lot 2724 and destroyed the SSF in the process as well as seriously damaging the concrete culvert. After several attempts of reaching out to them there appears to be no attempt on their part to remedy their damage. No response back from mike parker. Initial Notification was sent to them on 12/15/23. See photos attached
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		



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## SECTION 14

### SITE INSPECTION REPORT

DATE: 12/27/23



General Information					
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Inspector Name, Title & Contact Information	Arthur Genuario				
Present Phase of Construction					
Inspection Location	On site – 2804 Boswell Avenue				
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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 checked="" type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Waiting on FFWA to come and fix ssf at lot 38 water crock that they destroyed. Mike parker told me 12/27 that they will be doing 12/28 evening or sometime the week after depending weather
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		



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