

**SECTION 14**

**SITE INSPECTION REPORT**

**DATE: \_\_1/5/24\_\_**















**General Information**

<b>Name of Project</b>	<b>2804 Boswell Avenue</b>	<b>CGP Tracking No.</b>		<b>Inspection Date</b>	<b>1/5/23</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 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 and SSF	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<p>When I came onto site today I noticed that the street was covered in dirt. It appears that someone backed into the drainage ditch (off site) a few houses down and then tracked it onto the intersection. There is clear evidence of NO tracks coming out of our construction site and that it wasn't stemming from our job. I contacted Mitch at Fairfax county site inspections and notified him right away and forwarded the photos which you can find above. No action required on wakefields part</p>
2. intersection	<input type="checkbox"/> X Yes <input type="checkbox"/> NO	<input type="checkbox"/> X 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:** \_\_\_\_\_  
\_\_\_\_\_ **1/5/23** \_\_\_\_\_

**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:** **1/5/23**

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



**SECTION 14**

**SITE INSPECTION REPORT**

**DATE: \_\_\_\_1/10/24\_\_\_\_**



General Information					
Name of Project	2804 Boswell Avenue	CGP Tracking No.		Inspection Date	1/10/24
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>					
<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
CE and SSF				
1.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Fairfax water returned to correct their ssf issue and stabilization of the shoulder, per mitches report 1/5/24
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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**Signature of Contractor or Subcontractor:** \_\_\_\_\_ **Arthur Genuario** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**1/10/24**

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

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**"Duly Authorized Representative":** \_\_\_\_\_ **Arthur Genuario** \_\_\_\_\_ **Date:** **1/10/24**

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

**SECTION 14**

**SITE INSPECTION REPORT**

**DATE: \_\_\_\_1/16/24\_\_\_\_**





















General Information					
Name of Project	2804 Boswell Avenue	CGP Tracking No.		Inspection Date	1/16/24
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>					
<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 and CE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1/15/24	Corrective action on mitch's report on 1/12 of needing to stabilize and clean the concrete above ground culvert See photos of corrective action – putting gravel on shoulder to stabilize and
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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\_\_\_\_\_ **1/16/24** \_\_\_\_\_

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

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**"Duly Authorized Representative":** \_\_\_\_\_ **Arthur Genuario** \_\_\_\_\_ **Date:** **1/16/24**

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

**SECTION 14**

**SITE INSPECTION REPORT**

**DATE: \_\_\_\_1.22.24\_\_\_\_**

**General Information**

<b>Name of Project</b>	<b>2804 Boswell Avenue</b>	<b>CGP Tracking No.</b>		<b>Inspection Date</b>	<b>1.22.24</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>					
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<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 and SSF	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Everything stable and working condition
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		
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\_\_\_\_\_ **1.22.24** \_\_\_\_\_

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

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**"Duly Authorized Representative":** \_\_\_\_\_ **Arthur Genuario** \_\_\_\_\_ **Date:** **1.22.24**

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

**SECTION 14**

**SITE INSPECTION REPORT**

**DATE: \_\_\_\_1/26/24\_\_**









General Information					
Name of Project	2804 Boswell Avenue	CGP Tracking No.		Inspection Date	1/26/24__
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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<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 and CE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		No mud in the street. NPL dropped powder stone in the CE that needs to be cleaned out or spread so it's not to track into the street. Doing a good job not going in the street now
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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**Printed Name and Affiliation:** \_\_\_\_\_ **Wakefiled Homes** \_\_\_\_\_

**SECTION 14**

**SITE INSPECTION REPORT**

**DATE: \_\_\_\_1/31/24\_\_**









General Information					
Name of Project	2804 Boswell Avenue	CGP Tracking No.		Inspection Date	1/31/24
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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<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 and CE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1/30/24	SSF and CE were repaired based off the site inspection on 1/26/24 with mitch. SSF and CE were messed up from NPL during their install
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:**  
\_\_\_\_\_ **1/31/24** \_\_\_\_\_

**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:** **1/31/24**

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