

SECTION 14

SITE INSPECTION REPORT

DATE: ___2/2/24___





General Information

Name of Project	2804 Boswell Avenue	CGP Tracking No.		Inspection Date	2/2/24
Inspector Name, Title & Contact Information	Arthur Genuario				
Present Phase of Construction					
Inspection Location	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 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. shoulder and entrance	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Gravel was added to shoulder and entrance, and around water crocks to reduce erosion per Mitch's report
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:**
_____ **2/2/24** _____

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:** **2/2/24**

Printed Name and Affiliation: _____ **Wakefiled Homes** _____

SECTION 14

SITE INSPECTION REPORT

DATE: 2/6/24



General Information

Name of Project	2804 Boswell Avenue	CGP Tracking No.		Inspection Date	2/6/24
Inspector Name, Title & Contact Information	Arthur Genuario				
Present Phase of Construction					
Inspection Location	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. CE and SSF	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		All set correctly
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:**
2/6/24

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:** **2/6/24**

Printed Name and Affiliation: _____ **Wakefiled Homes** _____

SECTION 14

SITE INSPECTION REPORT

DATE: ___2/9/24___



General Information

Name of Project	2804 Boswell Avenue	CGP Tracking No.		Inspection Date	2/9/24
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Inspector Name, Title & Contact Information	Arthur Genuario
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Present Phase of Construction	
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Inspection Location	On site – 2804 Boswell Avenue
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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. Inlet protection	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Per Mitch's report we needed better inlet protection, which was installed. See image
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:**
_____ **2/9/24** _____

Printed Name and Affiliation: _____ **Wakefield Homes** _____

Certification and Signature by Permittee (see
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Signature of Permittee or
"Duly Authorized Representative": _____ **Arthur Genuario** _____ **Date:** **2/9/24**

Printed Name and Affiliation: _____ **Wakefiled Homes** _____

SECTION 14

SITE INSPECTION REPORT

DATE: 2/15/24



General Information

Name of Project	2804 Boswell Avenue	CGP Tracking No.		Inspection Date	2/15/24
Inspector Name, Title & Contact Information	Arthur Genuario				
Present Phase of Construction					
Inspection Location	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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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. CE and SSF	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		All good and working
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:**
_____ **2/15/24** _____

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:** **2/15/24**

Printed Name and Affiliation: _____ **Wakefiled Homes** _____

SECTION 14

SITE INSPECTION REPORT

DATE: ____2/21/24__

General Information

Name of Project	2804 Boswell Avenue	CGP Tracking No.		Inspection Date	2/21/24
Inspector Name, Title & Contact Information	Arthur Genuario				
Present Phase of Construction					
Inspection Location	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 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 and CE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		All working fine and inlet protection is up and working
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:**
_____ **2/21/24** _____

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:** **2/21/24**

Printed Name and Affiliation: _____ **Wakefiled Homes** _____

SECTION 14

SITE INSPECTION REPORT

DATE: ___2/26/24___

General Information

Name of Project	2804 Boswell Avenue	CGP Tracking No.		Inspection Date	2/26/24
Inspector Name, Title & Contact Information	Arthur Genuario				
Present Phase of Construction					
Inspection Location	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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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 & CE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Functioning properly
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:**
_____ **2/26/24** _____

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:** **2/26/24**

Printed Name and Affiliation: _____ **Wakefiled Homes** _____