

SECTION 14

SITE INSPECTION REPORT

DATE: ___3/1/24___







General Information

Name of Project	2804 Boswell Avenue	CGP Tracking No.		Inspection Date	3/1/24
Inspector Name, Title & Contact Information	Arthur Genuario				
Present Phase of Construction					
Inspection Location	On site – 2804 Boswell Avenue				
<p>Inspection Frequency:</p> <p>Standard Frequency: <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>Was this inspection triggered by a 0.25" storm event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, how did you determined whether a 0.25" storm event has occurred?</p> <p><input type="checkbox"/> Rain gauge on site <input type="checkbox"/> Weather station representative of site. Specify weather station source:</p> <p>Total rainfall amount that triggered the inspection (in inches):</p>					
<p>Unsafe Conditions for Inspection</p> <p>Did you determine that any portion of your site was unsafe for inspection per CGP Part 4.1.5? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If</p> <p>"yes", complete the following:</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. erosion controls	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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:**
_____ **3/1/24** _____

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:** **3/1/24**

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

SECTION 14

SITE INSPECTION REPORT

DATE: __3/6/24__





General Information

Name of Project	2804 Boswell Avenue	CGP Tracking No.		Inspection Date	3/6/24
Inspector Name, Title & Contact Information	Arthur Genuario				
Present Phase of Construction					
Inspection Location	On site – 2804 Boswell Avenue				
<p>Inspection Frequency: Standard Frequency: <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. CE, SSF and inlet protection	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Everything working well. See photos of inlet protection preventing any soil/ erosion into the inlet during an active rain event
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:**
_____ **3/6/24** _____

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

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Signature of Permittee or
"Duly Authorized Representative": _____ **Arthur Genuario** _____ **Date:** **3/6/24**

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

SECTION 14

SITE INSPECTION REPORT

DATE: ____3/11/24__

General Information

Name of Project	2804 Boswell Avenue	CGP Tracking No.		Inspection Date	3/11/24
Inspector Name, Title & Contact Information	Arthur Genuario				
Present Phase of Construction					
Inspection Location	On site – 2804 Boswell Avenue				
<p>Inspection Frequency: Standard Frequency: <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>Was this inspection triggered by a 0.25" storm event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, how did you determined whether a 0.25" storm event has occurred? <input type="checkbox"/> Rain gauge on site <input type="checkbox"/> Weather station representative of site. Specify weather station source: Total rainfall amount that triggered the inspection (in inches):</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. ce/ ssf/ inlet protection	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> No		All in place and 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		

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Signature of Contractor or Subcontractor: _____ **Arthur Genuario** _____ **Date:**
3/11/24 _____ **3/11/24** _____

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:** **3/11/24**

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

SECTION 14

SITE INSPECTION REPORT

DATE: __3.15.24__

General Information					
Name of Project	2804 Boswell Avenue	CGP Tracking No.		Inspection Date	3.15.24____
Inspector Name, Title & Contact Information	Arthur Genuario				
Present Phase of Construction					
Inspection Location	On site – 2804 Boswell Avenue				
<p>Inspection Frequency:</p> <p>Standard Frequency: <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>Was this inspection triggered by a 0.25" storm event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, how did you determined whether a 0.25" storm event has occurred?</p> <p><input type="checkbox"/> Rain gauge on site <input type="checkbox"/> Weather station representative of site. Specify weather station source:</p> <p>Total rainfall amount that triggered the inspection (in inches):</p>					
<p>Unsafe Conditions for Inspection</p> <p>Did you determine that any portion of your site was unsafe for inspection per CGP Part 4.1.5? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "yes", complete the following:</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. ES. SSF. Inlet protection	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Working great. No issues during rain events
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:** _____
3.15.24 _____

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

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Signature of Permittee or
"Duly Authorized Representative": _____ **Arthur Genuario** _____ **Date:** **3.15.24** _____

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

SECTION 14

SITE INSPECTION REPORT

DATE: __3/19/24__

















General Information					
Name of Project	2804 Boswell Avenue	CGP Tracking No.		Inspection Date	3/19/24
Inspector Name, Title & Contact Information	Arthur Genuario				
Present Phase of Construction					
Inspection Location	On site – 2804 Boswell Avenue				
<p>Inspection Frequency:</p> <p>Standard Frequency: <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>Was this inspection triggered by a 0.25" storm event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, how did you determined whether a 0.25" storm event has occurred?</p> <p><input type="checkbox"/> Rain gauge on site <input type="checkbox"/> Weather station representative of site. Specify weather station source:</p> <p>Total rainfall amount that triggered the inspection (in inches):</p>					
<p>Unsafe Conditions for Inspection</p> <p>Did you determine that any portion of your site was unsafe for inspection per CGP Part 4.1.5? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "yes", complete the following:</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/ CE inlet protection	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Today for soil	Working fine
2. site grading and neighbor grading issue	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> No		<p>I pointed out to Mitch with FFX that we were having a water ponding issue with the neighbor on 2724 Boswell ave (lot 38). I brought this issue to Mitch's attention around January 2024. Prior to us starting construction the neighbors site was used to having their water flow onto our lot. Their front yard has a low point that was collecting water. Since we began construction we built up our grade (according to our site plan) to have the water flow to the front. As a result the neighbors water isn't able to flow onto our site. This is NOT to be confused in any manner that our water was flowing onto their site as that is entirely not the case. Observations showed that our site was working just fine and independently of the neighbors.</p> <p>As a result I spoke with the neighbors (Karen and Amol) and we discussed dropping dirt onto their front yard so that we can help them build up the low point in their yard so help alleviate this issue. See photos for reference</p> <p>Additionally Mitch and Kwasi had made comments that before we were done working the site that we would finish grading 36, 38 and fill in the low points on lot 37 as it had ponding issues. Please see attached photos of that being done today as well</p>
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:**
_____ **3/19/24** _____

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

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Signature of Permittee or
"Duly Authorized Representative": _____ **Arthur Genuario** _____ **Date:** **3/19/24**

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

SECTION 14

SITE INSPECTION REPORT

DATE: ____3/25/24____

General Information					
Name of Project	2804 Boswell Avenue	CGP Tracking No.		Inspection Date	3/25/24
Inspector Name, Title & Contact Information	Arthur Genuario				
Present Phase of Construction					
Inspection Location	On site – 2804 Boswell Avenue				
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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. rough grade and entrances	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Heavy rain on Friday 3/22. Lots 36, 37 and 38 were final graded and filled in. we had no visible standing water on the site and no standing water at the neighbor of 38's house. Water flowed correctly to the fronts of the yards and into the inlet which has been built 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		

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Signature of Contractor or Subcontractor: _____ **Arthur Genuario** _____ **Date:**
_____ **3/25/24** _____

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

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Signature of Permittee or
"Duly Authorized Representative": _____ **Arthur Genuario** _____ **Date:** **3/25/24**

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

SECTION 14

SITE INSPECTION REPORT

DATE: __3/29/24__

General Information

Name of Project	2804 Boswell Avenue	CGP Tracking No.		Inspection Date	3/29/24
Inspector Name, Title & Contact Information	Arthur Genuario				
Present Phase of Construction					
Inspection Location	On site – 2804 Boswell Avenue				
<p>Inspection Frequency: Standard Frequency: <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>Was this inspection triggered by a 0.25" storm event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, how did you determined whether a 0.25" storm event has occurred? <input type="checkbox"/> Rain gauge on site <input type="checkbox"/> Weather station representative of site. Specify weather station source: Total rainfall amount that triggered the inspection (in inches):</p>					
<p>Unsafe Conditions for Inspection Did you determine that any portion of your site was unsafe for inspection per CGP Part 4.1.5? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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:</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/ CE/ INLET Protection	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		All functioning 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

"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:**
_____ **3/29/24** _____

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:** **3/29/24**

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