

SECTION 14

SITE INSPECTION REPORT

DATE: __4.2.24__

General Information

Name of Project	2804 Boswell Avenue	CGP Tracking No.		Inspection Date	4.2.24
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> <ul style="list-style-type: none"> - 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	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> No		Water flow 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:**
_____ **4.2.24** _____

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:** **4.2.24**

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

SECTION 14

SITE INSPECTION REPORT

DATE: __4.5.24__

General Information

Name of Project	2804 Boswell Avenue	CGP Tracking No.		Inspection Date	
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. grade	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Final grade was built for 36 and 38 and we are sodding on Monday 4/8/24
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		

Contractor or Subcontractor Certification and Signature

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Signature of Contractor or Subcontractor: _____ **Arthur Genuario** _____ **Date:**
_____ **4.5.24** _____

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

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Signature of Permittee or
"Duly Authorized Representative": _____ **Arthur Genuario** _____ **Date:** **4.5.24**

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

SECTION 14

SITE INSPECTION REPORT

DATE: ____4/11/24____

General Information					
Name of Project	2804 Boswell Avenue	CGP Tracking No.		Inspection Date	4/11/24__
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. sod	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Sod completed for both 2800 boswell and 2724 boswell avenue. Silt fence around both properties were lifted for the sod 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

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Signature of Contractor or Subcontractor: _____ **Arthur Genuario** _____ **Date:** _____ **4/11/24** _____

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:** _____ **4/11/24** _____

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

SECTION 14

SITE INSPECTION REPORT

DATE: __4.16.24__









General Information					
Name of Project	2804 Boswell Avenue	CGP Tracking No.		Inspection Date	4.16.24
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. site	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4/16/24	We have put sod on the fronts of lot 36 and 38 which are the two lots with the homes. We removed the corresponding silt fence where there is sod. Additionally we have hydro seeded and laid straw on the rest of the jobsite where there isn't sod. Silt fence will be placed between the lots that will be constructed
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:**
_____ **4.16.24** _____

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:** **4.16.24**

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

SECTION 14

SITE INSPECTION REPORT

DATE: __4.22.24__

General Information					
Name of Project	2804 Boswell Avenue	CGP Tracking No.		Inspection Date	4.22.24
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. CE and ROW	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Culverts and ROW drainage ditch were reconstructed. We replaced the concrete v ditch in the ROW after putting in the culverts under the aprons. Erosion control is still in place
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:**
_____ **4.22.24** _____

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

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Signature of Permittee or
"Duly Authorized Representative": _____ **Arthur Genuario** _____ **Date:** **4.22.24**

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

SECTION 14

SITE INSPECTION REPORT

DATE: ____4.26.24____

General Information					
Name of Project	2804 Boswell Avenue	CGP Tracking No.		Inspection Date	4.26.24__
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>					
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<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. CE/ silt fence/ site/ inlet protection	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		All in great 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		
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:** _____ **4.26.24** _____

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:** _____ **4.26.24** _____

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

SECTION 14

SITE INSPECTION REPORT

DATE: ____4/30/24__

General Information

Name of Project	2804 Boswell Avenue	CGP Tracking No.		Inspection Date	4/30/24
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 type="checkbox"/> Yes <input checked="" 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. all items	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		No issues
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:** _____
_____ **4/30/24** _____

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:** **4/30/24**

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