

**SECTION 14**

**SITE INSPECTION REPORT**

**DATE: \_\_10/2/24\_\_**



**Condition and Effectiveness of Erosion and Sediment (E&S) Controls**

Type/Location of E&S Control [Add an additional sheet if necessary]	Repairs or Other Maintenance Needed?*	Corrective Action Required?	Date on Which Maintenance or Corrective Action First Identified?	Notes
1. CE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Rain not impacting SSF or CE
2. SSF	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	<input type="checkbox"/> Yes <input checked="" 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:**  
\_\_\_\_\_ **10/2/24** \_\_\_\_\_

**Printed Name and Affiliation:** \_\_\_\_\_ **Arthur Genuario** \_\_\_\_\_ **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:** **10/2**  
**/24**

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

**SECTION 14**

**SITE INSPECTION REPORT**

**DATE: \_\_10/7/24\_\_**



**Condition and Effectiveness of Erosion and Sediment (E&S) Controls**

Type/Location of E&S Control [Add an additional sheet if necessary]	Repairs or Other Maintenance Needed?*	Corrective Action Required?	Date on Which Maintenance or Corrective Action First Identified?	Notes
1. CE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		CE no erosion spread due to weather
2. SSF	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		SSF intact
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:**  
\_\_\_\_\_ **10/7/24** \_\_\_\_\_

**Printed Name and Affiliation:** \_\_\_\_\_ **Arthur Genuario** \_\_\_\_\_ **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:** **10/7**  
**/24**

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

**SECTION 14**

**SITE INSPECTION REPORT**

**DATE: \_\_10/11/24\_\_**

**General Information**

<b>Name of Project</b>	<b>2804 Boswell Avenue</b>	<b>CGP Tracking No.</b>		<b>Inspection Date</b>	<b>10/11/24</b>
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<b>Inspector Name, Title &amp; Contact Information</b>	Arthur Genuario				
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<b>Present Phase of Construction</b>					
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<b>Inspection Location</b>	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. CE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		CE working
2. SSF	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		SSF working
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:**  
\_\_\_\_\_ **10/11/24** \_\_\_\_\_

**Printed Name and Affiliation:** \_\_\_\_\_ **Arthur Genuario** \_\_\_\_\_ **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:** **10/11**  
**/24**

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

**SECTION 14**

**SITE INSPECTION REPORT**

**DATE: \_\_10/16/24\_\_**

**General Information**

<b>Name of Project</b>	<b>2804 Boswell Avenue</b>	<b>CGP Tracking No.</b>		<b>Inspection Date</b>	<b>10/16/24</b>
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<b>Inspector Name, Title &amp; Contact Information</b>	Arthur Genuario				
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<b>Present Phase of Construction</b>					
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<b>Inspection Location</b>	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. CE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		CE had to be adjusted after someone drove over it but fixed same day
2. SSF	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		SSF working
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:**  
\_\_\_\_\_ **10/16/24** \_\_\_\_\_

**Printed Name and Affiliation:** \_\_\_\_\_ **Arthur Genuario** \_\_\_\_\_ **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:** **10/16**  
**/24**

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

**SECTION 14**

**SITE INSPECTION REPORT**

**DATE: \_\_10/21/24\_\_**

**General Information**

<b>Name of Project</b>	<b>2804 Boswell Avenue</b>	<b>CGP Tracking No.</b>		<b>Inspection Date</b>	<b>10/21/24</b>
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<b>Inspector Name, Title &amp; Contact Information</b>	Arthur Genuario				
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<b>Present Phase of Construction</b>					
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<b>Inspection Location</b>	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. SSF	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		E&S controls working fine
2. CE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	<input type="checkbox"/> Yes <input checked="" 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:**  
\_\_\_\_\_ **10/21/24** \_\_\_\_\_

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

**Certification and Signature by Permittee** (see  
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**Signature of Permittee or**  
**"Duly Authorized Representative":** \_\_\_\_\_ **Arthur Genuario** \_\_\_\_\_ **Date:** **10/21**  
**/24**

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

**SECTION 14**

**SITE INSPECTION REPORT**

**DATE: \_\_10/25/24\_\_**

**General Information**

<b>Name of Project</b>	<b>2804 Boswell Avenue</b>	<b>CGP Tracking No.</b>		<b>Inspection Date</b>	<b>10/25/24</b>
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<b>Inspector Name, Title &amp; Contact Information</b>	Arthur Genuario
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<b>Present Phase of Construction</b>	
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<b>Inspection Location</b>	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 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. SSF	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Functioning properly
2. CE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Functioning properly
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:**  
\_\_\_\_\_ **10/25/24** \_\_\_\_\_

**Printed Name and Affiliation:** \_\_\_\_\_ **Arthur Genuario** \_\_\_\_\_ **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:** **10/25**  
**/24**

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

**SECTION 14**

**SITE INSPECTION REPORT**

**DATE: \_\_10/31/24\_\_**

### General Information

<b>Name of Project</b>	<b>2804 Boswell Avenue</b>	<b>CGP Tracking No.</b>		<b>Inspection Date</b>	<b>10/31/24</b>
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<b>Inspector Name, Title &amp; Contact Information</b>	Arthur Genuario
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<b>Present Phase of Construction</b>	
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<b>Inspection Location</b>	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 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. SSF	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		No issues
2. CE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Functioning properly
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:**  
\_\_\_\_\_ **10/31/24** \_\_\_\_\_

**Printed Name and Affiliation:** \_\_\_\_\_ **Arthur Genuario** \_\_\_\_\_ **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:** **10/31**  
**/24**

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