SECTION 14

SITE INSPECTION REPORT

DATE: __4/22/25____

General Information								
Name of Project	2804 Boswell Avenue		CGP Tracking No.	Inspection Date		4/22/25		
Inspector Name, Title & Contact Information		Arthur Genuario						
Present Phase of Construction								
Inspection Location		On site – 2804 Boswell Avenue						
Inspection Frequency: Standard Frequency: Standard Frequency: 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?								
Unsafe Conditions for Inspection Did you determine that any portion of your site was unsafe for inspection per CGP Part 4.1.5? "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	Yes X NO	☐Yes ☒ No					
2. intersection	X Yes NO	□X Yes □ No		No issues			
3.	Yes NO	□Yes □ No					
4.	Yes NO	□Yes □ No					
5.	Yes NO	□Yes □ No					
6.	Yes NO	□Yes □ No					
7.	Yes NO	□Yes □ No					
8.	Yes NO	□Yes □ No					
9.	□Yes □ NO	□Yes □ No					
10.	□Yes □ NO	□Yes □ No					

	Contractor or Subcontractor Certification	and Signature
to assure that qualified personnel properly gathered and	d evaluated the information submitted. Based on on, the information submitted is, to the best of m	d all attachments were prepared in accordance with a system designed my inquiry of the person or persons who manage the system, or those y knowledge and belief, true, accurate, and complete. I am aware that onment for knowing violations."
Signature of Contractor or Subcontractor:4/22/25	Arthur Genuario	Date:
Printed Name and Affiliation:	Wakefield Homes	
	Certification and Signature by Perm reverse for instructions)	ittee (see
to assure that qualified personnel properly gathered and	d evaluated the information submitted. Based on on, the information submitted is, to the best of m	d all attachments were prepared in accordance with a system designed my inquiry of the person or persons who manage the system, or those y knowledge and belief, true, accurate, and complete. I am aware that onment for knowing violations."
Signature of Permittee or		
"Duly Authorized Representative":A	rthur Genuario	Date: 4/22/25
Printed Name and Affiliation:Wakefiled	d Homes	