## **SECTION 14**

**SITE INSPECTION REPORT** 

DATE: \_\_5/14/25\_\_\_\_

General Information								
Name of Project	2804 Boswell Avenue		CGP Tracking No.	Inspection Da		5/14/25		
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?  \_\text{Yes} \_\text{XNO} \_\text{If yes, how did you determined whether a 0.25" storm event has occurred? \_\text{Rain gauge on site} \_\text{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", 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]	ontrol [Add an additional Other		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		Everything functioning correctly			
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 or on, the information submitted is, to the best of n	nd all attachments were prepared in accordance with a system designed n my inquiry of the person or persons who manage the system, or those my knowledge and belief, true, accurate, and complete. I am aware that isonment for knowing violations."						
Signature of Contractor or Subcontractor:5/14/25	Arthur Genuario	Date:						
Printed Name and Affiliation:	Wakefield Homes							
Certification and Signature by Permittee (see reverse for instructions)								
to assure that qualified personnel properly gathered and	d evaluated the information submitted. Based or on, the information submitted is, to the best of n	nd all attachments were prepared in accordance with a system designed n my inquiry of the person or persons who manage the system, or those my knowledge and belief, true, accurate, and complete. I am aware that isonment for knowing violations."						
Signature of Permittee or								
"Duly Authorized Representative":A	rthur Genuario	Date: 5/14/25						
Printed Name and Affiliation:Wakefiled	d Homes							