**SITE INSPECTION REPORT** 

DATE: \_\_7/2/25\_\_\_\_

General Information							
Name of Project	2804 Bos	swell Avenue	ell Avenue CGP Tracking No. Inspection Date 7/2/25				
Inspector Name, Title & Contact Information Arthur Genuario							
Present Phase of Cor	struction						
Inspection Location On site – 2804 Boswell Avenue							
Inspection Frequency: Standard Frequency: x 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 \_XNo     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", 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		Material deliveries. E&S functioning properly		
2. intersection	X Yes NO	□X Yes □ No				
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	and all attachments were prepared in accordance with a syste on my inquiry of the person or persons who manage the system my knowledge and belief, true, accurate, and complete. I am risonment for knowing violations."	m, or those			
Signature of Contractor or Subcontractor:7/2/25	Arthur Genuario	Date:				
Printed Name and Affiliation:	Wakefield Homes					
	Certification and Signature by Pern reverse for instructions)	mittee (see				
"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":A	rthur Genuario	Date: 7/2/25				
Printed Name and Affiliation:Wakefiled	d Homes					

**SITE INSPECTION REPORT** 

DATE: \_\_7/7/25\_\_\_\_

General Information							
Name of Project	2804 Bos	well Avenue CGP Tracking No. Inspection Date 7/7/25				7/7/25	
Inspector Name, Title & Contact Information Arthur Genuario							
Present Phase of Cor	struction						
Inspection Location On site – 2804 Boswell Avenue							
Inspection Frequency: Standard Frequency: x 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?							
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		Streets clean		
2. intersection	X Yes NO	X Yes No		We had someone illegally enter site and drop garbage in our dumpster and around it. We spent a day cleaning out the construction entrance of trash/ debris		
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	evaluated the information submitted. Based on, the information submitted is, to the best of r	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:7/7/25	Arthur Genuario	Date:				
Printed Name and Affiliation:	Wakefield Homes					
	Certification and Signature by Perr	mittae (soo				
	reverse for instructions)	milee (see				
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Signature of Permittee or						
"Duly Authorized Representative":Ar	thur Genuario	Date: <b>7/7/25</b>				
Printed Name and Affiliation:Wakefiled	Homes					

**SITE INSPECTION REPORT** 

DATE: \_\_7/11/25\_\_\_\_

General Information							
Name of Project	2804 Bos	well Avenue CGP Tracking No. Inspection Date 7/11/25				7/11/25	
Inspector Name, Title & Contact Information Arthur Genuario							
Present Phase of Cor	struction						
Inspection Location On site – 2804 Boswell Avenue							
Inspection Frequency: Standard Frequency:  **Description Frequency:  *							
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		Trades inside the house. No outside work over last couple days		
2. intersection	X Yes NO	□X Yes □ No		Streets look good		
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 ar	nd evaluated the information submitted. Based on ion, 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 my knowledge and belief, true, accurate, and complete. I am aware that sonment for knowing violations."				
Signature of Contractor or Subcontractor:	Arthur Genuario	Date:				
Printed Name and Affiliation:	Wakefield Homes					
	Certification and Signature by Perm reverse for instructions)	nittee (see				
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Signature of Permittee or						
"Duly Authorized Representative":A	arthur Genuario	Date: <b>7/11/25</b>				
Printed Name and Affiliation:Wakefile	d Homes					

**SITE INSPECTION REPORT** 

DATE: \_\_7/16/25\_\_\_\_

General Information							
Name of Project	2804 Bos	well Avenue CGP Tracking No. Inspection Date 7/16/25				7/16/25	
Inspector Name, Title & Contact Information Arthur Genuario							
Present Phase of Cor	struction						
Inspection Location On site – 2804 Boswell Avenue							
Inspection Frequency: Standard Frequency:  **Description Standard Frequency:  **Description Freq							
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 "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		Backfilled the house and rough graded. Site much more put together. E&S in place and functioning		
2. intersection	X Yes NO					
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						
"I certify under penalty of law that I have read and under to assure that qualified personnel properly gathered and persons directly responsible for gathering the information there are significant penalties for submitting false inforr	d evaluated the information submitted. Based on on, the information submitted is, to the best of r	n my inquiry of the person or pers my knowledge and belief, true, ac	rsons who manage the system, or those ccurate, and complete. I am aware that			
Signature of Contractor or Subcontractor:7/16/25	Arthur Genuario	Da	ate:			
Printed Name and Affiliation:	Wakefield Homes					
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Signature of Permittee or						
"Duly Authorized Representative":A	rthur Genuario	Date: <b>7/</b>	/16/25			
Printed Name and Affiliation:Wakefiled	d Homes					

**SITE INSPECTION REPORT** 

DATE: \_\_7/21/25\_\_\_\_

General Information									
Name of Project	2804 Bos	well Avenue	CGP Tracking No.		Inspection Date	7/21/25			
Inspector Name, Title & Contact Information		Arthur Genuario							
Present Phase of Construction									
Inspection Location		On site – 2804 Boswell Avenue							
Inspection Frequency: Standard Frequency:  **Standard Frequency:  **Description Frequency:  **Standard Frequency:  **Description Frequency:  **Descr									
Was this inspection triggered by a 0.25" storm event?  \( \textstyle \text{Yes} \) \( \textstyle \text{No} \)  If yes, how did you determined whether a 0.25" storm event has occurred?  Rain gauge on site \( \textstyle \text{Weather station representative of site. Specify weather station source:} \)  Total rainfall amount that triggered the inspection (in inches):									
<b>"yes", comp</b> - Describe	ne that any lete the fo e the conc	portion of your site was unsafe							

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		No issues				
2. intersection	X Yes NO	□X Yes □ No						
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	n and Signature	
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Signature of Contractor or Subcontractor:7/21/25	Arthur Genuario	Date:	
Printed Name and Affiliation:	Wakefield Homes		
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Printed Name and Affiliation:Wakefiled	d Homes		