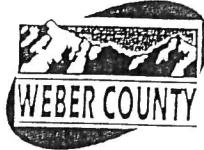




SWPPP COMPLIANCE INSPECTION FORM



| Project Name: Sheep Creek Lot 63 | | Address: 4022 E 4500 N, Eden | | Date: 8/11/15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Owner: | Contractor (Gen/Sub): | | Start time 1:10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Site Contact: Brandon Bailey / Nate Mueller | Phone: 801-643-5420 801-721-7355 | | Stop time: 1:20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UPDES Permit #: UTR364197 | Expiration: 7/3/2014 | Weather: <input checked="" type="checkbox"/> Sunny <input type="checkbox"/> Cloudy <input type="checkbox"/> Raining <input type="checkbox"/> Snowing <input type="checkbox"/> Other: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of last rain event: | Duration: | Approx. Rainfall (in) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inspected By (Print): Kelci Huffaker | Local Jurisdiction or County: Weber County | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reason for Inspection: | Scheduled | Complaint/Tip | Random | Receiving Waters: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inspection Code (circle): <input checked="" type="checkbox"/> SW sampling <input type="checkbox"/> SW non-sampling | Inspector Code (circle): <input type="checkbox"/> (S) State <input checked="" type="checkbox"/> (L) Local | Type Code (circle): <input type="checkbox"/> 1 - Municipal <input checked="" type="checkbox"/> 2 - Industrial <input type="checkbox"/> 3 - State | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SWPPP, EROSION, SEDIMENT AND HOUSEKEEPING BMP's INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| COMMENTS AND CORRECTIVE ACTIONS FOR SWPPP COMPLIANCE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>Identify the problem and its location. If appropriate, describe (in general terms) what needs to be completed. However, only if qualified (e.g., you are a designer) should you be mandating specific BMPs to install. Include the date when corrections are made.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Home is being lived in</p> <p>70% or more of the site needs to be revegetated before NOT can be filed.</p> <p> </p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Inspector, please list all applicable SEV codes</p> <p>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision 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.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inspector: Kelci Huffaker | (Print Name) | KSI | (Title) | (Signature) Kelci Huffaker 8/11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | (Date) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |