

## SWPPP COMPLIANCE INSPECTION FORM



| Project Name: LOT 6 Hunter Place Address: 2522 S 4150 W Taylor Date: 13  | 15                  | 1              |          |
|--|---------------------|----------------|----------|
|  | 1/3                 | 115            |          |
| Owner: Jue Christensen Contractor (Gen/Sub): Joe Christensen Start time  | 2                   | 00             | >        |
| Site Contact: Old finers construction Phone: 801-128-9094 Stop time  | 2                   | .15            |          |
| UPDES Permit #: UTK37\825 Expiration: 7/21   16 Weather: Sunny Cloudy Raining Snowing Other:   |                     |                |          |
| Date of last rain event: Duration: Approx. Rainfall (in):  |                     |                |          |
| Inspected By (Print): Kelci Larsen Local Jurisdiction or County: Weber County  |                     |                |          |
| The state of the s |                     |                |          |
| Reason for Inspection: Scheduled Complaint/Tip Random Receiving Waters:  Inspection SW sampling (S) State  |                     |                |          |
| Code (circle): SW hon-sampling Inspector Code (circle): Type Code (circle): 1 - Municipal 2 - Industrial 3 - Sta   | ite                 |                |          |
| SWPPP, EROSION, SEDIMENT AND HOUSEKEEPING BMP's INFORMATION  | Т                   |                |          |
| 1. Is the SWPPP on site and accessible, or is the SWPPP location posted in an obvious place and reasonably accessible (in a short time)?   | YES                 | No             | N/A      |
| 2. Are erosion control, sediment control, and good housekeeping BMP's installed on the site as shown in the SWPPP?   |                     | X              |          |
| Are electrically, seament control, and good housekeeping boxes a installed on the site as shown in the SWPPP?     Are the SWPPP been updated to reflect the current site conditions (modifications dated & initialed on site map, new BMPs on site map, discontinued.)   | _                   | X              |          |
| IBMPs crossed off site map, new BMP details & spec's in SWPPP. SWPPP amendment Log. etc. \?  | 1                   | V              |          |
| 4. Are on-site inspections being performed and recorded by a qualified person on a weekly or biweekly basis, reporting items required by permit? (Inspector  |                     | . 1            |          |
| name &qualifications, weather, problems/repairs, corrective action, new BMPs, removed BMPs, discharges, etc.)  5. Have all corrective action items from previous inspections been addressed and documented within the time frame allotted by the inspector?  | _                   | X              |          |
| 6. Are SW flows entering and leaving the construction site controlled, managed, or diverted around the site? (e.g. perimeter controls, berms, silt fence,  |                     | X              |          |
| upgradient boundary diversion, down gradient boundary sediment control, etc.)  |                     | V              |          |
| 7. Is there evidence of sediment discharge such as mud flows or soil deposits from the construction site in downstream locations?  | -                   | V              |          |
| 8. Is there evidence of vehicles tracking soil off the construction site?  | V                   | _              |          |
| 9. Is there soil, construction material, landscaping items, or other debris piled on impervious surfaces (roads, drives) that could be washed with SW to a   | 1                   | .,             |          |
| storm drain or water body?  10. Is there a need to repair, maintain, or improve erosion control BMPs (temporary stabilization, erosion blankets, mulch, vegetated strips, rip rap, surface   |                     | X              |          |
| roughening, pipe slope drain, dust control, etc)?  |                     | X              |          |
| 11. Is there a need to repair, maintain, or improve sediment control BMPs (silt fence, check dams, fiber rolls, sediment trap/basin, inlet protection, wattles.  | 1                   | /              |          |
| straw bails, curb cut-back, etc?   | X                   |                |          |
| 12. Is there a need to repair, maintain, or improve good housekeeping controls (clean track out pad, sweeping, construction materials management, litter/trash control, port-o-potties staked down, fueling areas, concrete wash out area, proper curb ramps, spill prevention, etc)?  | X                   |                |          |
| 13. Are there disturbed areas that have not had construction activities for 14 to 21 days without stabilization? (except snow or frozen ground)?   | /-                  |                |          |
| 14. Are there places where BMPs are needed and should be installed or not needed and should be removed?  |                     | 5              | _        |
| COMMENTS AND CORRECTIVE ACTIONS FOR SWPPP COMPLIANCE   |                     | $\wedge$       |          |
| 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 ma.   | ndation             | oneifie.       | DA4Os    |
| to install. Include the date when corrections are made.  | roaung .            | pecific i      | DIMITS   |
| NO SWPPP located on Site   |                     |                |          |
|  |                     |                | $\neg$   |
| Tons of dirt in the road from the site from Vehi   | 10                  | 2.0            | $\dashv$ |
| the steer class it us  | 1011                | 25             | -        |
| PROSE CIECUTIT OP  |                     |                |          |
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|  |                     |                | _        |
|  |                     |                |          |
| spector, please list all applicable SEV codes:   |                     |                |          |
| ertify 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 pe<br>thered 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 info  |                     |                |          |
| ormation submitted is, to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submittifig false information, including   | mation,<br>the poss | ine<br>ibility | - 1      |
| fine and imprisonment for knowing violations.  |                     | seccen#c       | 1        |
| Vali lavere val ( Xalla Challon.   | 1.                  | 1              |          |
| spector: Fela Larsen FSI TOUG MOTHER)  | 2/4                 | /15            |          |
| (Print Name) (Title) (Signature)   | (D                  | ate)           |          |
| timailed to influent and a do and a  |                     |                |          |
| perator: FIMATICO 10 (MNSTENSEM 4 (OU AWOUT CAM  |                     |                | - 1      |
| dified 8/12/10 (Print Name) (Title) (Signature)  |                     |                |          |