



CITY OF ENCINITAS
INSPECTION REPORT FIELD OPERATIONS DIVISION
Storm Water Quality Inspection for Construction Activities

CM 1/3/13 ✓

505 South Vulcan Avenue, Encinitas, CA 92024 ♦ 760-633-2770 ♦ FAX 760-633-2818 ♦ TDD 760-633-2700

Property Address: 425 Santa Fe
 Contact Person: LARRY SOLOWSKI
 Phone Number: 714 553-7821
951 400-7300
 Site Status: Active Inactive
 Inspection Frequency: Bi-Weekly Monthly Bi-Annual
 State Construction General Permit? Yes No
 Is Project SWPPP on Site? Yes No
 Qualified SWPPP Practitioner (QSP) Name: _____ Phone Number: _____

Inspection Date: 12-31-12
 Permit No: 10630
 Project Size: 44 acres +/-
 First Inspection Final Sign-Off Date 1/1
 Post Rain Event Complaint Assessment
 WDID # _____

DAILY

MINIMUM BEST MANAGEMENT PRACTICE (BMP) REQUIREMENTS	BMP INSTALLATION REQUIRED	BMP REQUIRES MAINTENANCE	OTHER CORRECTIVE ACTIONS REQUIRED
A. Erosion Control BMPs			
1	Slope / Soil Stabilization		
2	Silt Fencing		
3	Check Dams / Rip Rap		
4	Fiber Rolls		
5	Permanent Landscaping		
6	Preserving Existing Vegetation		
7	Diversion Channel for Run-On		
8	Other:		
B. Sediment Control BMPs			
1	Storm Drain Inlet Protection		
2	Detention Basin / Desilting Basin		
3	Perimeter Protection		
4	Stabilized Construction Entrance / Exit		
5	Other:		
C. Materials Management BMPs			
1	Stockpile Management		
2	Material Washout Area		
3	Equipment Storage		
4	Trash, Litter, Debris Management		
5	Designated Washout Area(s)		
6	Sanitary Waste Area Management		
7	Fuel / Chemical Storage		
8	Other:		

Corrective Actions: Correct Work (See Comments) No Corrective Actions Required
 Referred to the Clean Water Program Stop Work/NOY

Comments: Met Larry on site. Job site held up well after the weekend rain. Desilting basins worked well. No silt leaving site @ the sidewalk to Bach. street, Somerset looked good.

Corrective Actions identified above must be addressed, to the satisfaction of the City Inspector, within _____ days from the date above OR to the next predicted rain event. Failure to comply by this date may result in further enforcement action by the City of Encinitas.

Inspector (Signature) Ronald Lyddy Date 12-31-12
 Received By (Signature) _____ Date 1/1



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INSPECTION REPORT

FIELD OPERATIONS DIVISION

1/3/13 CM ✓

Storm Water Quality Inspection for Construction Activities

505 South Vulcan Avenue, Encinitas, CA 92024 ♦ 760-633-2770 ♦ FAX 760-633-2818 ♦ TDD 760-633-2700

Property Address: 425 Santa Fe
 Contact Person: Lany Solowski
 Phone Number: 714 553-7821

Inspection Date: 1-2-13
 Permit No: 10630 GI
 Project Size: 44 acres +/-

Site Status: Active Inactive
 Inspection Frequency: Bi-Weekly Monthly Bi-Annual
 State Construction General Permit? Yes No
 Is Project SWPPP on Site? Yes No
 Qualified SWPPP Practitioner (QSP) Name: _____ Phone Number: _____

**DAILY*

MINIMUM BEST MANAGEMENT PRACTICE (BMP) REQUIREMENTS		BMP INSTALLATION REQUIRED	BMP REQUIRES MAINTENANCE	OTHER CORRECTIVE ACTIONS REQUIRED
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5	Designated Washout Area(s)			
6	Sanitary Waste Area Management			
7	Fuel / Chemical Storage			
8	Other:			

Corrective Actions: Correct Work (See Comments) No Corrective Actions Required
 Referred to the Clean Water Program Stop Work/NOV

Comments: Site looks good. Rain over the weekend. Did not see any issues @ the areas that were reworked per the new drawing.

Corrective Actions identified above must be addressed, to the satisfaction of the City Inspector, within _____ days from the date above OR to the next predicted rain event. Failure to comply by this date may result in further enforcement action by the City of Encinitas.

Inspector (Signature) Rana Brady Date 1-2-13
 Received By (Signature) _____ Date 1-1



CITY OF ENCINITAS

INSPECTION REPORT

FIELD OPERATIONS DIVISION

Storm Water Quality Inspection for Construction Activities

505 South Vulcan Avenue, Encinitas, CA 92024 ♦ 760-633-2770 ♦ FAX 760-633-2818 ♦ TDD 760-633-2700

Com 1/7/13 ✓

Property Address: 425 Santafe Drive
 Contact Person: Larry Solowski
 Phone Number: 714 553-7821

Inspection Date: 1-3-13
 Permit No: 10630 GI
 Project Size: 44 acres +/-

Site Status: DAIW Active Inactive First Inspection Final Sign-Off Date 1/1
 Inspection Frequency: Bi-weekly Monthly Bi-Annual Post Rain Event Complaint Assessment
 State Construction General Permit? Yes No
 Is Project SWPPP on Site? Yes No
 Qualified SWPPP Practitioner (QSP) Name: _____ Phone Number: _____

MINIMUM BEST MANAGEMENT PRACTICE (BMP) REQUIREMENTS		BMP INSTALLATION REQUIRED	BMP REQUIRES MAINTENANCE	OTHER CORRECTIVE ACTIONS REQUIRED
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Corrective Actions: Correct Work (See Comments) No Corrective Actions Required
 Referred to the Clean Water Program Stop Work/NOV

Comments: Site in good shape. Contractor working on drying out the desilting basins.

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Inspector (Signature) Ronald Bledy Date 1/3/13
 Received By (Signature) _____ Date 1/1



CITY OF ENCINITAS
INSPECTION REPORT FIELD OPERATIONS DIVISION
Storm Water Quality Inspection for Construction Activities

CM 1/7/13 V

505 South Vulcan Avenue, Encinitas, CA 92024 ♦ 760-633-2770 ♦ FAX 760-633-2818 ♦ TDD 760-633-2700

Property Address: 425 Santa Fe drive Inspection Date: 1-4-13
 Contact Person: Larry Solowski Permit No: 10630 GI
 Phone Number: 714 553-7821 Project Size: 44 acres +/-

Site Status: DAILY Active Inactive First Inspection Final Sign-Off Date 1/1
 Inspection Frequency: Bi-Weekly Monthly Bi-Annual Post Rain Event Complaint Assessment
 State Construction General Permit? Yes No WDID # _____
 Is Project SWPPP on Site? Yes No
 Qualified SWPPP Practitioner (QSP) Name: _____ Phone Number: _____

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Corrective Actions: Correct Work (See Comments) No Corrective Actions Required
 Referred to the Clean Water Program Stop Work/NOV

Comments: Daily inspections. Site looks good. Clear skies for a week. Contractor has his first concrete pour today.

Corrective Actions identified above must be addressed, to the satisfaction of the City Inspector, within _____ days from the date above OR to the next predicted rain event. Failure to comply by this date may result in further enforcement action by the City of Encinitas.

Inspector (Signature) Ronald Spady Date 1/4/13
 Received By (Signature) _____ Date 1/1