

Notice: Use of this specific form is voluntary, but the information contained on this form must be collected and kept by the permittee under s. NR 216.48(4), Wis. Adm. Code, for a construction site covered under the General WPDES Construction Site Storm Water Discharge Permit, Permit No. WI-0067831-2. This form is provided for the convenience of the permittee to meet the requirements of s. NR 216.48(4), Wis. Adm. Code. Multiple copies of this form may be made to compile the inspection report.

Inspections of implemented erosion and sediment control best management practices must be performed weekly and within 24 hours after a precipitation event 0.5 inches or greater which results in runoff.
 Weekly written reports of all inspections conducted by or for the permittee must be maintained throughout the period of general permit coverage. The information maintained in accordance with s. NR 216.48 (4) must be submitted to the Department upon request.

Name of Permittee: Vespera LLC	
Construction Site Name (Project): Vespera of Porticello	Construction Site ID No.: 33113/4700950.425
Location: City of Oconomowoc – St. Andrews Drive & CTH “B”	County: Waukesha
Contractor:	Field Office Phone: Don Johnson (414) 322-2488
Note: Weekly inspection reports, along with erosion control and stormwater management plans, are required to be maintained on site and made available upon request.	
Date of inspection (mm/dd/yy): <u>05-26-11</u> Time of inspection: Start: <u>7:00</u> a.m. End: <u>7:30</u> a.m.	Type of inspection: <u>Weekly</u> <input checked="" type="checkbox"/> Precipitation Event <input type="checkbox"/> Other (specify) _____ No work tacking place at time of construction Name(s) of individual(s) performing inspection: Robert J Davy (262) 569-9331
Weather: 50 and overcast	

Description of present phase of construction: Same, no signs of sediment leaving the topsoil pile. The topsoil pile has been started to get removed
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CONSTRUCTION SITE INSPECTION REPORT

Form 3400-187 (rev. 9/04)

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Modifications Required	Yes	No	Not Applicable	Comments/Recommendations about the overall effectiveness of the erosion and sediment control measures. Note: For each item checked "Yes", complete the follow-up information on page 2.
Ditch Checks	<input type="checkbox"/>		X	
Erosion Control Plan	<input type="checkbox"/>		X	
Erosion Mat	<input type="checkbox"/>		X	
Grading Practices	<input type="checkbox"/>		X	
Inlet Protection			x	
Mulch	<input type="checkbox"/>	<input type="checkbox"/>	X	
Offsite Sediment	<input type="checkbox"/>	X		
Permanent Seeding	<input type="checkbox"/>	X	<input type="checkbox"/>	
Schedule / Phasing	<input type="checkbox"/>	X	<input type="checkbox"/>	
Silt fence		X	<input type="checkbox"/>	
Silt Screen	<input type="checkbox"/>	<input type="checkbox"/>	X	
Sod	<input type="checkbox"/>	<input type="checkbox"/>	X	
Stabilized Outlet	<input type="checkbox"/>		X	
Temp. Diversion Channel	<input type="checkbox"/>	<input type="checkbox"/>	X	
Temp. Settling Basin	<input type="checkbox"/>	<input type="checkbox"/>	X	
Temporary Seeding	<input type="checkbox"/>	<input type="checkbox"/>	X	
Tracking Pads			X	
Turbidity Barrier	<input type="checkbox"/>	<input type="checkbox"/>	X	
Other (specify) _____		x	<input type="checkbox"/>	

Use the space below for detailed follow-up action items.

Exact place of erosion/sediment control inspect	Type of erosion/sediment control and its observed condition	Description of any necessary maintenance or repair to erosion/sediment control, including anticipated date of completion