



**COUNTY OF AUGUSTA**  
**COMMONWEALTH OF VIRGINIA**  
**DEPARTMENT OF COMMUNITY DEVELOPMENT**  
 P.O. BOX 590  
 COUNTY GOVERNMENT CENTER  
 VERONA, VA 24482-0590  
**INSPECTION REPORT**



**Project Name:** \_\_\_\_\_ **File No.:** «PLAN\_NUMBER»

**Inspection Date:** «Inspection\_Date» **Inspected by:** «Inspector»

STAGE OF CONSTRUCTION: «Stage of Construction»

- 1= Final Stabilization
- 2= Finish Grading
- 3= Building Construction
- 4= Rough Grading
- 5= Clearing and Grubbing

The minimum standard(s) in violation must be addressed prior to the next inspection date to avoid a \$«Violation\_Fee»  
 «Violation\_Total» has been charged.

**Yes No N/A**

- N/A Have all denuded areas requiring temporary or permanent stabilization been stabilized (MS-1)
- N/A Are soil stockpiles adequately stabilized with seeding and/or sediment trapping measures (MS-2)
- N/A Does permanent vegetation provide adequate stabilization (MS-3)
- N/A Have sediment trapping facilities been constructed as a first step in Land Disturbing Activity (MS-4)
- N/A Have erosion control measures been stabilized immediately after installation (MS-5)
- N/A Are sediment basins and traps installed where needed and in good condition (MS-6)
- N/A Are finished cut and fill slopes adequately stabilized (MS-7)
- N/A Are on-site channels and outlets adequately stabilized (MS-8, MS-9, MS-11)
- N/A Do all operational storm sewer inlets have adequate inlet protection (MS-10)
- N/A Are measures adequate for in-stream work to protect and re-stabilize the channel crossing (MS-12-15)
- N/A Are soil and mud kept off public roadways at intersections with the site access roads (MS-17)
- N/A Are utility trenches stabilized properly (MS-16)
- N/A Have all temporary control structures that are no longer needed been removed (MS-18)
- N/A Have all control structure repairs and sediment removal been performed (MS-18)
- N/A Are properties and waterways downstream from development adequately protected from runoff (MS-19)

Comments: «Comments»

Completion Deadline/Next Inspection: «Next»

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Signature \_\_\_\_\_ Date \_\_\_\_\_ Certification Number **DCA0535** Phone **(540)-487-9541** Email **glewis@co.augusta.va.us**