

Work Stop Order & Inspection



COUNTY OF LEXINGTON, SOUTH CAROLINA

Public Works Stormwater Division

440 Ball Park Road
Lexington, SC 29072
Phone: (803) 785-8201 Fax: (803) 785-8593

STOP WORK ORDER

Date 8-27-2020

Name Golden Hills Inc.
Address 100 Scotland Dr.
City, State Zip code Lexington, SC 29072

Project: Golden Hills VB & VC
Permit No. 1900410

You are hereby notified that your site is in violation of Lexington County's Stormwater Management Ordinance. A **"STOP WORK"** order is being posted on this property effective **IMMEDIATELY**.

This violation is due to failure to comply with a Notice of Violation and/or Corrective Order issued on 8-18-2020 and the results of a Lexington County follow-up inspection completed on 8-27-2020. A copy of our inspection report is enclosed with this Stop Work Order.

You are required to implement the following checked requirement(s).

- You must submit to the Lexington County Public Works Director, within _____ working days of the date of this Stop Work Order, a Corrective Action Plan (CAP) to correct the violation(s). The CAP must include:
- Proposed corrective actions to resolve the violation(s) including immediate actions and final actions and
 - Proposed schedule for the corrective action(s).
- The deficiencies noted on the inspection report must be corrected within 5 working days of the date of this Stop Work Order.

Your site must be inspected by a Lexington County Public Works Inspector prior to the removal of the Stop Work Order and prior to resuming any construction activity. Any activity other than work leading to compliance with this Stop Work Order will result in the issuance of a civil penalty in the amount determined by the magistrate court for each deficiency and/or 30 days in jail.

If you have any questions concerning this violation, you can contact our office at (803) 785-8201

Signed by: Carey Suber

Printed Name: Carey Suber

Rev. 05/15/2015

Inspection Report

	Lexington County MS4 Construction Compliance Inspection Report	Permittee Inspection Report <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Secondary
	Project Name: GOLDEN HILLS PH. VB & VC NPDES Permit #: SCR10Z3JT LDP #: 1900410 Permittee Name: DIAN BERRY, GOLDEN HILLS INC Permittee Address: 100 SCOTLAND DR. LEXINGTON, SC 29072 Site Contact Name: CHAD BERRY Site Contact Ph #: 803-730-0702 Site Contact Email: dian@goldenhillsgolf.com Inspection Date: 8/27/2020 Insp. Time: 2:30 PM	Inspection Rating: <input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> Unsatisfactory <input type="checkbox"/> Inactive <input type="checkbox"/> Land Disturbance Not Begun Inspection Type: <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Final <input type="checkbox"/> Other Project Description: <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Other Click or tap here to enter text. Inspector name: CAREY SUBER Inspector Qualifications: CEPSCI Last County Inspection Date: 8/18/2020 Weather during inspection: SUNNY, MILDLY HOT

Section 1: For all items marked "No", include Ref letter, and provide the Corrective Action, Location of the deficiency, and proposed date to be corrected by. NOTE: Ref letters may be used multiple times for different corrective actions and locations.

Ref	Storm Water Plans and Related Documents	Yes	No	N/A
A	Are the updated coverage letter, NOI, approvals, certifications and CGP (electronic) on site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Is the OS-SWPPP available on site or is its location posted as required?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Is there a rain gauge on site (or appropriate alternative) and are results being logged as required?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Are previous inspection reports on site and being conducted by "qualified personnel" once every calendar week?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Does the OS-SWPPP match the current site conditions and are all BMPs identified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	Have all areas of the site that are disturbed or used for storage of materials exposed to precipitation been inspected? If not, which areas were not inspected?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	Is the construction sequence being followed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H	Were any major modifications made to SWPPP? If so, were they County approved?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

	Stormwater Pollutant Controls	Yes	No	N/A
I	Have erosion, sediment and stormwater controls that are identified in the OS-SWPPP been installed, maintained, and operating as designed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
J	Do all BMPs provided operate as designed and prove to be adequate for the location they are installed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
K	Do all areas have the necessary BMPs to control pollutants	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
L	Are the BMPs required by the OS-SWPPP appropriate for the existing Site conditions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M	Soil Stabilization: Implemented and maintained as required (<input checked="" type="checkbox"/> Disturbed areas grassed and/or stabilized within 14 days, <input type="checkbox"/> Final stabilization > 70% uniform coverage)? Identify deficient areas below.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
N	Vehicle Tracking: Installed and maintained as shown on the OS-SWPPP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O	Have all stormwater conveyance systems been inspected for pollutants entering these systems?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P	Is buffer signage installed properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Ref	Corrective Actions and Locations	Deadline To Be Corrected
IJK	1. MAINTENANCE/REPAIR SILT FENCE IN REAR OF LOT 13-16 TO INCLUDE NEW ADDITIONS THAT HAVE BEEN MADE. SOME CORRECTIONS WERE MADE BUT A FEW SILT FENCE SECTIONS DID NOT HAVE SEDIMENT REMOVED. 2. MAINTENANCE/REPAIR INLET PROTECTIONS THROUGHOUT SITE. STILL SEEING ISSUES THERE. 3. WILL HAVE TO MODIFY AND ADD SEDIMENT CONTROL DEVICES BELOW LOTS 13-16 TO CONTROL SEDIMENT RUN-OFF. ADDITIONS HAVE BEEN MADE BUT SEDIMENT RELEASE IS STILL PREVALENT. NO NEW ADDITIONS/ALTERATIONS AT TIME OF INSPECTION. 4. REMOVE ALL SILTY MUD/MUCK AT REAR OF LOT 13-14, BERM IN FRONT OF LOT 13-15 AND ON POWER LINE RIGHT OF WAY. PLACE AT TOP OF SITE WITH DOWNSTREAM PROTECTION. PICS WILL SHOW WHAT NEEDS TO BE REMOVED AND THIS WILL HELP DECREASE SEDIMENT RELEASE. MOST OF THIS WAS COMPLETED, HOWEVER AT REAR OF LOT 13-14 DID NOT HAVE SEDIMENT REMOVED.	9/4/2020
M	STABILIZE ALL DISTURBED AREAS THAT WILL NOT BE GRADED AFTER 14 DAYS. 7 DAYS FOR SLOPES. TO PREVENT EROSION.	9/4/2020

For items checked in this section, a description of the off-site impact is required to include: location, estimated amount of sediment that has left the site, apparent cause of the sedimentation, and what corrective actions are needed.

	Off Site Impacts	Yes	No	N/A
T	Are sediment or other pollutants controlled from leaving the site (<input type="checkbox"/> Public Right of Way, <input checked="" type="checkbox"/> Adjoining Property Owner, <input type="checkbox"/> Wetlands, <input type="checkbox"/> Creek/River, <input checked="" type="checkbox"/> Lake/Pond, <input checked="" type="checkbox"/> Buffer <input type="checkbox"/> Other: Click or tap here to enter text.?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
U	Are there any onsite impacts (<input checked="" type="checkbox"/> Catch Basin, <input checked="" type="checkbox"/> Drainage Line, <input type="checkbox"/> Roads, <input type="checkbox"/> Other: Click or tap here to enter text.?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V	Have BMPs kept sediment and other pollutants out of Waters of the State and US?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W	Is tracking of sediment onto adjacent streets controlled?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ref	Corrective Actions and Locations	Deadline to be Corrected
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Section 2 Complete the following sections as necessary to comply with the permit.

Are any deficiencies or changes noted with construction of roads? Yes No If yes, explain below:
Click or tap here to enter text.

Are there discharges occurring during inspection? Yes No Describe discharges below:
Click or tap here to enter text.

Enter additional comments below:
SUB-GRADE PREPARATION COMMENCING.
CONTINUE MEASURES TO REDUCE STORMWATER RUN-OFF AND SEDIMENTATION TO ADDRESS 104 RAYMOND CIR.
DESIGN AND IMPLEMENT BMP MODIFICATIONS TO SEVERELY LIMIT SEDIMENT RELEASE FROM CONSTRUCTION SITE. NEW ADDITIONS SO FAR HAVE NOT CORRECTED ISSUES. ENGINEER IS INVOLVED. ALSO, ROAD IS HAVING A HARD TIME PASSING A PROOF ROLL BECAUSE OF THE TYPE OF SOIL INVOLVED. NEED TO WORK ON A PLAN TO SOLVE THIS ISSUE SO CAN GET ROAD DOWN. PROGRESS BEING MADE HERE.

Are any Enforcement Action to be taken against the Permittee? Yes No If yes, explain below:

Corrective Order. If yes, explain:
Click or tap here to enter text.
 NOV. If yes, explain:
Click or tap here to enter text.
 NOV/Stop Work Order. If yes, explain:
SEDIMENT RELEASE. CORRECTIONS ASKED FOR WERE NOT COMPLETED.
Deadline corrective actions to be completed:
9/4/2020
Was a representative present during inspection? Yes No If yes, enter name below:
MARK WITH CBG
Photos taken during inspection No Yes

Inspector Signature: CAREY SUBER WADE HALL Carey Suber
I certify that the information contained in this report is true and accurate to the best of my ability. I understand that providing false information may result in loss of certification and/or penalties.