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| PROJECT I.D  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  AIRPORT  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  DESCRIPTION  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  COUNTY  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# Inspection Date:

Resident Eng./Inspector:

Field Office Phone #:

Prime Contractor: EC Sub Contractor:

Reason for Inspection: Weekly Rain Stage Other (circle one) Weather:

Estimated percent of project open and not landscaped:

**Modifications Required**: YES NO Not Applicable **Modifications Required**: YES NO Not Applicable

Silt Fence [ ]  [ ]  [ ]  Mulch [ ]  [ ]  [ ]

Ditch Checks [ ]  [ ]  [ ]  Silt Screen [ ]  [ ]  [ ]

Erosion Mat [ ]  [ ]  [ ]  Turbidity Barrier [ ]  [ ]  [ ]

Riprap [ ]  [ ]  [ ]  Temp. Diversion Channel [ ]  [ ]  [ ]

Inlet Protection [ ]  [ ]  [ ]  Temp. Settling Basin [ ]  [ ]  [ ]

Temporary Seeding [ ]  [ ]  [ ]  Grading Practices [ ]  [ ]  [ ]

Permanent Seeding [ ]  [ ]  [ ]  ECIP [ ]  [ ]  [ ]

Sod [ ]  [ ]  [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  [ ]  [ ]

Project Schedule [ ]  [ ]  [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  [ ]  [ ]

**Note: Any boxes checked “YES” must have comments and recommendations. Describe them below.**

**Comments/Recommendations** concerning the effectiveness of, and any reasonable corrections needed to maintain or increase the effectiveness of, in-place erosion control and storm water management measures are described below by the individual erosion control item or other general erosion control measures. (Trans 401.10)

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| --- | --- | --- |
| EROSION CONTROL ITEM |  | COMMENTS / RECOMMENDATIONS |
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**[ ]  See Additional Sheets or Optional Erosion Control Diary – Page 2 for additional comments (Attached)**

**COMMUNICATION NOTES:**

|  |  |  |
| --- | --- | --- |
| To Whom | Type of Communication (circle one) | Comments |
|   | Direct | E-mail | Phone | Fax | Written Order | Diary |   |
|   | Direct | E-mail | Phone | Fax | Written Order | Diary |   |

# Optional Page 2 - EROSION CONTROL DIARY

**Inspection Date:**

## Additional Comments / Descriptions for Specific Erosion Control Practices

|  |  |  |  |
| --- | --- | --- | --- |
| **EROSION CONTROL ITEM** |  | COMMENTS / RECOMMENDATIONS FOR SPECIFIC EROSION CONTROL PRACTICES |  |
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