

FIELD INSPECTION REPORT

ADDRESS: _____	MCWD PERMIT #: _____
PROJECT REPRESENTATIVE: _____	DATE & TIME: _____
PRECIPITATION IN THE LAST 24 HOURS (inches): _____	TEMPERATURE: _____
✦ <i>Contact MCWD if project is complete & stabilized</i>	

Briefly describe WORK OBSERVED during inspection:

INSPECT the following: (Please include PHOTO DOCUMENTATION & see reverse side.)

PROTECTION MEASURE	FUNCTIONAL	NON-FUNCTIONAL	NON-FUNCTIONAL LOCATION(S) & ACTION TO FIX	CORRECTION DATE
Silt fence/biologs	<input type="checkbox"/>	<input type="checkbox"/>		
Construction entrance	<input type="checkbox"/>	<input type="checkbox"/>		
Street sweeping	<input type="checkbox"/>	<input type="checkbox"/>		
Stockpiles are contained/stabilized	<input type="checkbox"/>	<input type="checkbox"/>		
Inlet protection	<input type="checkbox"/>	<input type="checkbox"/>		
Tree protection	<input type="checkbox"/>	<input type="checkbox"/>		
Concrete wash-out method (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>		
Wetland & wetland buffer protection	<input type="checkbox"/>	<input type="checkbox"/>		
Shoreline or Streambank stabilization (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>		



EXPANDED NOTES on compliance issues & corrections:

Erosion Control sub-contractor contact information (if applicable):

ATTACHMENTS (Photos of any compliance problems and corrections specific to this report)

Signed by: _____

Date: _____

