Rock County Erosion Control Site Inspection Report

Date of Inspection: _____   Permit Number: _____

Project Name: _____

Inspected By: _____   Notes: _____

_____   _____

___ Weekly   ___ Rain Event (within 24 hrs of rain event of 1/2 inch or more)   ___ Other:_____

General Contractor: _____

Project Manager: _____   Contact Person: _____

Office: _____   Office: _____

Mobile: _____

Project Engineer: _____

Field Office: _____   E.C. Subcontractor: _____

Mobile: _____   Contact Person: _____

Office: _____

Mobile _____

Item/Condition	Inspection Comments	Required Corrective Actions
Silt Fence ❑ OK ❑ Unacceptable ❑ N/A		Date Completed/Accepted:
Ditch Checks (Bales or stone) ❑ OK ❑ Unacceptable ❑ N/A		Date Completed/Accepted:
Inlet Protection ❑ OK ❑ Unacceptable ❑ N/A		Date Completed/Accepted:
Temporary Seed ❑ OK ❑ Unacceptable ❑ N/A		Date Completed/Accepted:
Permanent Seed/ Sod ❑ OK ❑ Unacceptable ❑ N/A		Date Completed/Accepted:

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Item/Condition	Inspection Comments	Required Corrective Actions
Erosion Mat ❑ OK ❑ Unacceptable ❑ N/A		 Date Completed/Accepted:
Riprap ❑ OK ❑ Unacceptable ❑ N/A		 Date Completed/Accepted:
Mulch Coverage ❑ OK ❑ Unacceptable ❑ N/A		 Date Completed/Accepted:
Tracking Pad ❑ OK ❑ Unacceptable ❑ N/A		 Date Completed/Accepted:
Stock Pile/Borrow Sites Stabilized ❑ OK ❑ Unacceptable ❑ N/A		 Date Completed/Accepted:
Other ❑ OK ❑ Unacceptable ❑ N/A		 Date Completed/Accepted:
Erosion Control Plan Completion to Date ❑ OK ❑ Unacceptable		 Date Completed/Accepted:
General Comments		

Repairs Needed?   ___ Yes ___No   **Type:**   ___Standard (24-hr.)   **___Emergency**

_____

_____   _____
Completed by Inspector   Date   Time   Approved by Project Manager/Engineer   Date   Time