

## DOT SITE INSPECTION REPORT

MITIGATION SITE NAME	TIP #	WBS #	INSPECTION DATE
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COUNTY	# ACRES
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MONITORING ORGANIZATION NCDOT	INSPECTOR	PHONE	EMAIL ADDRESS
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<b>INSPECTION ACTIVITIES:</b> <i>Complete all that apply. Describe location of visited areas if &lt;100%.</i>			
Walked boundaries <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Walked trails / roads <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Walked road frontage <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Walked interior <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Monitored from air <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			
Condition of boundaries <span style="margin-left: 100px;"><input type="checkbox"/> GOOD</span> <span style="margin-left: 50px;"><input type="checkbox"/> FAIR</span> <span style="margin-left: 50px;"><input type="checkbox"/> POOR</span>			
<b>COMMENTS:</b>			

**WHICH NATURAL ACTIVITIES / CHANGES HAVE TAKEN PLACE SINCE LAST MONITORING INSPECTION?**  
*Check all that apply. Note location and extent. Wherever possible, note species of concern. Document with photos.*

<input type="checkbox"/> FLOODING	<input type="checkbox"/> FIRE	<input type="checkbox"/> STORM	<input type="checkbox"/> EARTH MOVEMENT
<input type="checkbox"/> INVASIVE EXOTIC VEGETATION	<input type="checkbox"/> INSECT INFESTATION	<input type="checkbox"/> ANIMAL ACTIVITY	<input type="checkbox"/> OTHER ACTIVITIES/ CHANGES? <i>(Please Explain)</i>  <input type="checkbox"/> NO CHANGE
<b>EXPLAIN:</b>			

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### WHICH MANMADE ACTIVITIES / CHANGES HAVE TAKEN PLACE SINCE LAST MONITORING?

*Check all that apply. Note location and extent. Document with photos.*

<input type="checkbox"/> NEW STRUCTURE / CONSTRUCTION	<input type="checkbox"/> DUMPING OR STORING	<input type="checkbox"/> NEW TRAILS OR ROADS
<input type="checkbox"/> TIMBER HARVEST/ VEGETATIVE CUTTING	<input type="checkbox"/> EXCAVATION (DREDGING, FILLING, GRADING, MINING)	<input type="checkbox"/> ALTERATION TO DRAINAGE PATTERNS/WATER QUALITY
<input type="checkbox"/> SUBDIVISION	<input type="checkbox"/> INDUSTRIAL, RESIDENTIAL, OR COMMERCIAL USE	<input type="checkbox"/> LAND CLEARING
<input type="checkbox"/> MOTORIZED VEHICLE DAMAGE	<input type="checkbox"/> TRESPASS/VANDALISM	<input type="checkbox"/> AGRICULTURAL USE
<input type="checkbox"/> ENCROACHMENT FROM ADJACENT PROPERTY	<input type="checkbox"/> ACTIVITY ON ABUTTING LAND	<input type="checkbox"/> OTHER ACTIVITIES / CHANGES? <i>(Please Explain)</i>
<input type="checkbox"/> NO CHANGE		

#### EXPLAIN:

#### REQUEST FOLLOW-UP BY PROGRAM MANAGER FOR POSSIBLE VIOLATIONS.

☐ YES

☐ NO

Were corrective actions  
completed for previous  
inspection(s)? ☐ YES ☐ NO  
☐ N/A

#### EXPLAIN:

Are you aware of any plans  
that may affect property? ☐ YES ☐ NO

#### EXPLAIN:

Are there concerns about  
boundaries by adjacent  
property owners? ☐ YES ☐ NO

#### EXPLAIN:

Are there changes in land use  
on adjacent property? ☐ YES ☐ NO

#### EXPLAIN:

Are deed restrictions being  
adhered to? ☐ YES ☐ NO

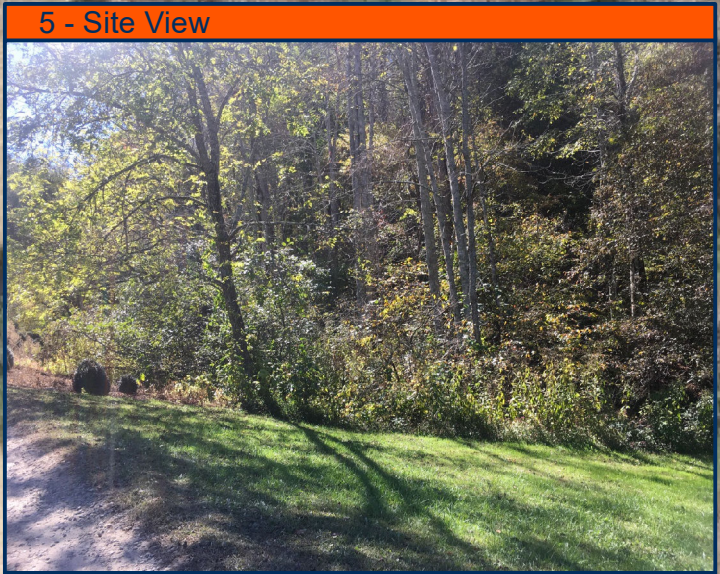
#### EXPLAIN:

If new property owner, do  
they have a written copy of  
the restrictions? ☐ YES ☐ NO  
☐ N/A

#### ATTACHMENTS:

- 1) MAP OF PERMANENT PHOTO PLOTS
- 2) PHOTOGRAPHS WITH CAPTIONS
- 3) MAP AND PHOTOGRAPHS WITH CAPTIONS OF RELEVANT NATURAL AND MANMADE ACTIVITIES
- 4) OTHER (SPECIFY)





**NCDOT**  
**Stewardship Program Mitigation**  
**Site Reviews**

Project Name: Paint Fork Creek (Fosson)

TIP No. A-0010WM  
Division No. 13  
County: Madison

October 2017

