

## 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 road frontage	<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 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	<input type="checkbox"/> GOOD	<input type="checkbox"/> FAIR	<input type="checkbox"/> POOR
<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)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<b>EXPLAIN:</b>
Are you aware of any plans that may affect property?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		<b>EXPLAIN:</b>
Are there concerns about boundaries by adjacent property owners?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		<b>EXPLAIN:</b>
Are there changes in land use on adjacent property?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		<b>EXPLAIN:</b>
Are deed restrictions being adhered to?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		<b>EXPLAIN:</b>
If new property owner, do they have a written copy of the restrictions?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> 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)



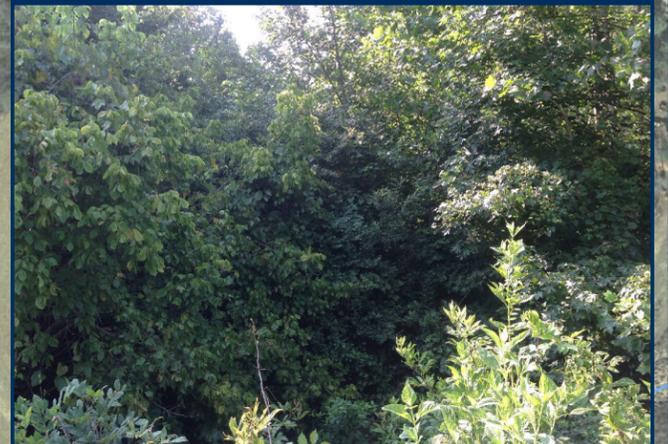
1 - Site Overview



2 - Site Overview



3 - Site Overview



4 - Easement Fencing



NCDOT  
Stewardship Program Mitigation  
Site Reviews  
Project Name: Caviness  
TIP No. U-2524WM  
Division No. 8  
County: Randolph

September 2014

