

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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INSPECTION ACTIVITIES: <i>Complete all that apply. Describe location of visited areas if <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 <div style="display: inline-block; margin-left: 100px;"> <input type="checkbox"/> GOOD </div> <div style="display: inline-block; margin-left: 50px;"> <input type="checkbox"/> FAIR </div> <div style="display: inline-block; margin-left: 50px;"> <input type="checkbox"/> POOR </div>			
COMMENTS:			

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
EXPLAIN:			

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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.		<input type="checkbox"/> YES <input type="checkbox"/> NO

Were corrective actions completed for previous inspection(s)?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	EXPLAIN:
Are you aware of any plans that may affect property?	<input type="checkbox"/> YES <input type="checkbox"/> NO	EXPLAIN:
Are there concerns about boundaries by adjacent property owners?	<input type="checkbox"/> YES <input type="checkbox"/> NO	EXPLAIN:
Are there changes in land use on adjacent property?	<input type="checkbox"/> YES <input type="checkbox"/> NO	EXPLAIN:
Are deed restrictions being adhered to?	<input type="checkbox"/> YES <input type="checkbox"/> NO	EXPLAIN:
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	EXPLAIN:
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: Middle Fork Creek (Phillips/Willis)

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

October 2017

 