EROSION AND SEDIMENT CONTROL INSPECTION CHECKLIST

Lincoln, NE

Lower Platte South Natural Resource District

(402) 476 - 2729
**INSPECTION REPORT**

**Project Name:**

**File No.:**

**Inspection Date:**

**Time:**

**Inspected by:**

**STAGE OF CONSTRUCTION**

<table>
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<th>Pre-Construction Conference</th>
<th>Rough Grading</th>
<th>Finish Grading</th>
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**INSPECTION CHECKLIST**

<table>
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<tr>
<th>Yes</th>
<th>No</th>
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- Have all demuded areas requiring temporary or permanent stabilization been stabilized?
- Seed? yes/no Mulch? yes/no Gravel? yes/no

- Are soil stock piles adequately stabilized with seeding and/or sediment trapping measures?

- Does permanent vegetation provide adequate stabilization?

- Have sediment trapping facilities been constructed as a first step in LDA?

- For perimeter sediment trapping measures, are earthen structures stabilized?

- Are sediment basins installed where needed?

- Are finished cut and fill slopes adequately stabilized?

- Are on-site channels and outlets adequately stabilized?

- Do all operational storm sewer inlets have adequate inlet protection?

- Are stormwater conveyance channels adequately stabilized with channel lining and/or outlet protection?

- Is in-stream construction conducted using measures to minimize channel damage?

- Are temporary stream crossings of non-erodible material installed where applicable?

- Is necessary restabilization of in-stream construction complete?

- Are utility trenches stabilized properly?

- Are soil and mud kept off public roadways at intersections with site access roads?

- Have all temporary control structures that are no longer needed been removed?

- Have all control structure repairs and sediment removal been performed?

- Are properties and waterways downstream from development adequately protected from erosion and sediment deposition due to increases in peak stormwater runoff?

**Comments:**

_____________________________________________________________________________________________
Verbal/Written notification given to: ____________________________________________________________

Report by: ___________________________________________ Date: __________________________