

# PRACTICE SITE INSPECTION FORM

# General Information

|  |  |  |  |
| --- | --- | --- | --- |
| Organization      | Contract Number      | Primary Practice      | Practice Installed Date      |

|  |  |  |
| --- | --- | --- |
| Land Occupier      | Address      | City/State/Zip      |

**Conservation Practice Location**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Township Name      | Township      | Range      | Section      | 1/4,1/4 Section      | County Number      | Minor Watershed Number      |

**Inspection Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Inspection Date** | **Name** | **Practice Condition\*** | **Contributing Watershed Condition\*** | Suggested Maintenance |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Attach additional sheets if necessary.

CONDITIONS DEFINITION

 N/E - Has not yet been established as planned.

 Excellent - Is fully established as planned and is in excellent condition.

 Good - Is fully established as planned and is in adequate condition.

 Fair - Action is required to improve and/or provide maintenance.

 Poor - Needs immediate land occupier action to comply with the terms of the O&M plan.

 PNT - Practice no longer there.

Notes:

I certify the operation and maintenance for this practice has been satisfactorily completed for its designed expectancy.

Technical Representative Date