

# PRACTICE SITE INSPECTION FORM

# General Information

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

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

**Conservation Practice Location**

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

**Inspection Information**

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

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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