

**MISSOURI DEPARTMENT OF TRANSPORTATION  
LAND DISTURBANCE INSPECTION RECORD**

Inspection Date: _____	Inspection Record No.: _____	
Project Number: _____	County: _____	Route: _____

Inspection Type: Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Final <input type="checkbox"/>	Other <input type="checkbox"/>
Post-Runoff <input type="checkbox"/> (Total Precip (in.) _____ / Precip Duration (hrs) _____)			

Total Disturbed Acreage on the Project: _____	Total Authorized Acreage on the Project: _____
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Land Disturbance Inspection Checklist

		Yes	No	N/A
1	Current and updated SWPPP/site map on site when the erosion & sediment control inspector is on site and a copy given to the contractor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Permit public notification sign(s) posted and visible to the public?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Are all erosion and sediment control BMPs properly installed, maintained, functioning as intended according to the SWPPP and depicted on the site map?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Are BMPs in place to protect streams, wetlands and other environmentally sensitive areas from pollutants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Is trackout controlled at project entrance/exit points?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Are active stormwater inlets susceptible to receiving sediment properly protected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Are dewatering operations effectively removing pollutants from the water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Does the project have a dewatering plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Are litter, construction debris, fuels, lubricants and other construction chemicals controlled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Have all temporary BMPs that are no longer necessary been removed and removal depicted on the site map?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Have all deficiencies from the last report been corrected in 7 days? If not, provide an explanation of adverse site conditions and attach photo evidence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explanation of checklist items identified above: \_\_\_\_\_

Describe areas where land disturbance activities have temporarily or permanently ceased. (Excluding weather shutdowns) Describe how these areas have been or will be stabilized. \_\_\_\_\_

Additional recommendations/notes: \_\_\_\_\_

Has the job reached final stabilization in accordance with the permit?  Yes  No

Inspector Name: \_\_\_\_\_ Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RE Name: \_\_\_\_\_ RE Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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