Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Landowner Name: | Area of Field:  | Project LocationField ID:Watershed:County:Township:Range:Section: |
| Address: | Conservation Practice: |

Field Representative/Third Party Verifier Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Field Representative/Third Party Verifier Program ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inspection Purpose(s):

|  |  |  |  |
| --- | --- | --- | --- |
|  | Site application & establishment |  | Site re-establishment after request for maintenance |
|  | Agricultural producer requested site change |  | Appeal or compliant resolution |
|  | Other:  |  |

| Conservation Practice Inspection Checklist | Satisfactory | Unsatisfactory | N/A | Comments/Actions Required\* |
| --- | --- | --- | --- | --- |
|  **Construction Plan** |
| BMP in place according to plans (if available) |  |  |  |  |
|  **Vegetation Management** |
| Unwanted vegetation managed |  |  |  |  |
| Exposed ground evident |  |  |  |  |
| Vegetation stand density adequate |  |  |  |  |
|  **Erosion** |
| No evidence of soil erosion present |  |  |  |  |
| Conservation Practice Inspection Checklist | Satisfactory | Unsatisfactory | N/A | Comments/Actions Required\* |
|  **Site Drainage** |
| No evidence of standing water  |  |  |  |  |
| Runoff pathways appropriate |  |  |  |  |
|  **Sedimentation** |
| Sediment accumulation managed |  |  |  |  |
|  **Energy Dispersion** |
| Condition of dispersion devices |  |  |  |  |
| Condition of level spreaders |  |  |  |  |
| Condition of check dams/drop structures |  |  |  |  |
| Condition of weirs |  |  |  |  |
|  **Permanent Structures** |
| Condition of dissipaters |  |  |  |  |
| Condition of inlet/outlets |  |  |  |  |
| Condition of terraces/dikes |  |  |  |  |
| Condition of spillway/tiles |  |  |  |  |
| Other |  |  |  |  |
|  **Miscellaneous** |
| Conservation Practice reestablishment need |  |  |  |  |
| Conservation Practice functioning properly |  |  |  |  |

\* Add additional pages for comments/actions required if needed.

|  |  |
| --- | --- |
| **Conservation Practice:**  |  |
| **Inspection Date:** |  |
| **Final Inspection Assessment (circle one)** |
| Satisfactory | Unsatisfactory (restoration actions required) |

On behalf of Conservation Marketplace Midwest and the Field Stewards Program, I certify that I have inspected the conservation practice area and, to the best of my knowledge, this inspection form and the associated documentation accurately represents the current condition of the conservation practice and contributing area at the time of inspection.

Field Representative/Third Party Verifier:

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Copies of Conservation Practice Inspection Form provided to: Field Stewards certified field representative/Field Steward Aggregator; Administrator’s office; Third Party Verifier, if needed