

LAND DISTURBANCE WEEKLY CHECKLIST
City of O'Fallon
Public Works Department
Stormwater Management
100 North Main Street, O'Fallon, MO 63366, 636.240.2000, fax: 636.379.7638

This form is to be filled out weekly, and after a 1/2" rain event within 24 hours. This form is to be emailed on a weekly basis to the Stormwater Management Coordinator, at micheleg@ofallon.mo.us on Monday morning of every week.
 If you do not have access to email, please fax to 636.379.7638

Week Ending: _____ (Saturday)

Project: _____

Contractor: _____

Inspected By: _____ Phone: _____

Select one:

____ Weekly Inspection _____ Post Event

Site Observations:

	Satisfactory	Deficient	Replace	Not Applicable
Perimeter Protection	_____	_____	_____	_____
Stock Piles Stabilized	_____	_____	_____	_____
Sediment Control for Disturbed Areas	_____	_____	_____	_____
Ditch Checks	_____	_____	_____	_____
Diversion Channels	_____	_____	_____	_____
Inlet Protection	_____	_____	_____	_____
Sediment Basins/Traps	_____	_____	_____	_____
Erosion at Discharge Points	_____	_____	_____	_____
Creek Degradation	_____	_____	_____	_____
Vegetative Cover	_____	_____	_____	_____
Filter Strips, Level Spreaders	_____	_____	_____	_____
Wash-off Operation	_____	_____	_____	_____
Nuisance Control	_____	_____	_____	_____
Other:	_____	_____	_____	_____
Other:	_____	_____	_____	_____
Other:	_____	_____	_____	_____

(Attach Additional Sheets if Necessary)

Areas where land disturbance activites took place:

List problem areas and corrective steps taken:

Inspector's signature: _____ **Date:** _____