# Liberty Township
# Drainage, Erosion and Sediment Control (DESC)
# Self Inspection
### Fax to: Fairfield SWCD Attn: Liberty Township DESC Program (740) 653-1135

Date _____ Superintendent/Representative (print) _____

Zoning Permit # _____ Lot # (If applicable) _____

Subdivision Name (Section/Phase) _____ Property Address _____

**REASON FOR INSPECTION**

_____ Initial  _____ Routine  _____ Complaint (details)

_____ Final (to supplement DESC Permit Deactivation Certification Letter)

**BMP(s) installed or implemented per approved DESC plan?**

_____ Yes

_____ No, comments _____

**BMP(s) installed properly?** (straw wattle trenched in/staked, soil roughened, construction entrance installed, etc.)

_____ Yes

_____ No, comments _____

_____ N/A

**BMP(s) operating effectively?** (sediment retained on site)

_____ Yes

_____ No, comments _____

_____ N/A

**Street, sidewalk, and flow-lines clean?** (no visible mud, dirt, stockpiles, construction supplies and materials, roll-offs, dumpsters, portable toilets, etc.)

_____ Yes

_____ No, comments _____

_____ N/A

**Are there any erosion problems?** (rill, gulley, or sheet)

_____ Yes, comments _____

_____ No

**Are there any sediment problems?** (sediment transported/tracked to adjacent properties, ROW's, easements)

_____ Yes, comments _____

_____ No

**Are there any drainage problems?** (ponding, flooding, structural damage)

_____ Yes, comments _____

_____ No

The BMP(s) have been installed properly and implemented on this site per the approved Drainage, Erosion, and Sediment Control Plan and will be maintained and/or reevaluated to operate effectively throughout construction. Any erosion or sediment control problems that may arise during construction will be remedied within five (5) calendar days or as weather permits. I understand that failure to comply with the requirements of the Liberty Township Drainage, Erosion and Sediment Control Requirements may result in delay of **Certificate of Zoning Complaince.**

Superintendent/Rep. (print) _____

Office Phone # _____ Cell Phone # _____

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Signed                                     Title                                     Date