



Violet Township Administrative Offices  
10190 Blacklick-Eastern Road NW  
Pickerington, Ohio 43147

**DRAINAGE, EROSION, AND SEDIMENT CONTROL (DESC) SELF-INSPECTION REPORT**  
Fax to: Fairfield SWCD Attn: Violet Township DESC Program (740) 653-1135

Date \_\_\_\_\_ Superintendent/Representative (print) \_\_\_\_\_

Building Permit # (If applicable) \_\_\_\_\_ 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, dumpsters, etc.)

Yes  
 No, comments \_\_\_\_\_  
 N/A

**Are there any erosion problems?** (rill, gully, 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 Violet Township Drainage, Erosion and Sediment Control Requirements may result in issuance of a **STOP WORK ORDER**.

Superintendent/Rep. (print) \_\_\_\_\_

Office Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_