

**ANNUAL INSPECTION REPORT**  
**for**  
**CRITICAL AREA TREATMENT**

Project: \_\_\_\_\_

1. Condition of Vegetation: briefly describe if cover is adequate, are species present the desired species, vigor, etc. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Vegetation Maintenance: Include treatment needed.

i. Weed Control: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

ii. Fertilizer: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

iii. Brush Control: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

iv. Rills and Gullies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

v. Other: \_\_\_\_\_

\_\_\_\_\_

3. Structures, Pipe Drops, Concrete Ditches, Fences – Describe General Condition:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Structure Maintenance Needs – Include Treatment by Kind of Structures:

---

---

---

5. Operation and Maintenance Plan Adequate: YES \_\_\_\_\_ NO \_\_\_\_\_

List Needed Operation and Maintenance Plan Changes:

---

---

---

6. Has Needed Treatment from Previous Report Been Done: YES \_\_\_\_\_ NO \_\_\_\_\_

7. Other Notes: \_\_\_\_\_

---

---

---

---

The inspection and recommended action given above have been made and concurred in by:

Signed \_\_\_\_\_ Agency \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ (Representative of Maintenance Agency)

Signed \_\_\_\_\_ Agency **NRCS** Date \_\_\_\_\_

Title \_\_\_\_\_ (NRCS Representative)

Signed \_\_\_\_\_ Agency \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

**Distribution:** Maintenance Agency, State Conservationist, Area Conservationist, and District Conservationist.