## SITE INSPECTION REPORT

### CATEGORY D - Irrigation Facilities/Levees/Coastal Shoreline Protection Devices

<table>
<thead>
<tr>
<th>Applicant:</th>
<th>FIPS#:</th>
<th>Applicant Representative:</th>
<th>Site Inspector:</th>
</tr>
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<tbody>
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<table>
<thead>
<tr>
<th>Applicant Address:</th>
<th>City:</th>
<th>State:</th>
<th>Zip Code:</th>
<th>Site Inspection Date:</th>
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<tr>
<th>GPS Start:</th>
<th>LAT</th>
<th>LONG</th>
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<table>
<thead>
<tr>
<th>Physical Location/Address:</th>
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<thead>
<tr>
<th>Type:</th>
<th>Coastal Protection</th>
<th>Irrigation Facility</th>
<th>Levee</th>
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### Legal Responsibility?

- Yes
- No

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<thead>
<tr>
<th>Purpose:</th>
<th>Flood Control</th>
<th>Navigation</th>
<th>Water Supply</th>
<th>Hydropower</th>
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<tr>
<th>Material:</th>
<th>Earthen</th>
<th>Concrete</th>
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<tr>
<th>Other (Specify):</th>
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### Dimensions (Length, Top Width, Bottom Width, Height):

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<thead>
<tr>
<th>Facility Description:</th>
<th>Sketch / Notes</th>
</tr>
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<tbody>
<tr>
<td>(Pre-disaster design, function, capacity, and dimensions)</td>
<td>Facility Description Only (Capture Damages on Next Page)</td>
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Applicant Representative Signature ____________________________

Page 1 of _____
## Facility Component Damages

<table>
<thead>
<tr>
<th>Site #</th>
<th>Damage Component</th>
<th>Location (Address, GPS, begin / end if applicable)</th>
<th>Cause of Damage</th>
<th>Damage Dimensions (L x W x D / L x Dia)</th>
<th>Quantity &amp; Units</th>
<th>FA, Contract, or Both</th>
<th>% Work Completed</th>
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Method of Repair Notes & Comments: *(will there be any change in pre-disaster design, size, capacity or material type, what work has been completed vs what work remains to be done)*

**Component Types:**
- Embankment
- Culvert
- Weir
- Fencing
- Armor
- Spillway
- Dam
- Service Road
- Lining
- Overflow Structure
- Sprinkler Head
- Drainage System
- Vegetative Cover
- Valve
- Surface Water Flooding
- Wind Driven Rain
- Sewer Back Up
- Foundation Seepage
- Lightning
- High Winds
- Tree Damage
- Wind Blown Debris
- Earthquake
- Fire
- Explosion
- Other (specify)

**Cause of Damage:**
- Surface Water Flooding
- Wind Driven Rain
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Applicant Representative Initials: _________________________
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### Component Types:
1. Embankment
2. Culvert
3. Weir
4. Fencing
5. Armor
6. Spillway
7. Dam
8. Service Road
9. Lining
10. Overflow Structure
11. Sprinkler Head
12. Drainage System
13. Vegetative Cover
14. Valve
15. Control Gate
16. Controls
17. Generator
18. Electrical Panel
19. Electrical Wire
20. SCADA
21. Other (Specify)

### Cause of Damage:
1. Surface Water Flooding
2. Wind Driven Rain
3. Sewer Back Up
4. Foundation Seepage
5. Lightning
6. High Winds
7. Tree Damage
8. Wind Blown Debris
9. Earthquake
10. Fire
11. Explosion
12. Other (specify)

Applicant Representative Initials: ________________________  Page _____ of _____
NOTE FOR SITE INSPECTOR: During the site inspection, please ask the Applicant the following questions. The PDMG may have already asked these questions; however, the Applicant representative at the site inspection may have additional information. Use Notes section on next page if additional space is needed for comments.

1. Does the damaged facility have insurance coverage and/or is it an insurable risk (e.g., buildings, equipment, vehicles)?
   - Unsure
   - Yes
   - No

2. Is the damaged facility(ies) located within a floodplain or a coastal high hazard area and/or does it have an impact on a floodplain or wetland? Can the project site be impacted by flooding? Will work occur within 200 feet of a waterway/waterbody?
   - Unsure
   - Yes
   - No

3. Is the damaged facility located within or adjacent to a Coastal Barrier Resource System Unit or an Otherwise Protected Area?
   - Unsure
   - Yes
   - No

4. Will the proposed facility repairs/reconstruction change the pre-disaster conditions (e.g., footprint – including depth of footprint, material, location, capacity, use or function), including construction of an access road, establishing a staging area, or other work outside of the constructed right-of-way? If yes, describe changes or work outside of the constructed right-of-way. Provide detailed justification for the change (e.g. codes and standards).
   - Unsure
   - Yes
   - No

5. Does the Applicant have a hazard mitigation proposal or would the applicant like technical assistance for hazard mitigation proposal?
   - Unsure
   - Yes
   - No

6. Is the damaged facility(ies) listed on a local/state/national historic register or is it a locally recognized landmark? Is it older than 45 years? (Provide the age of the facility) Are there more, similar buildings near the site?
   - Unsure
   - Yes
   - No

7. Are there any large, undeveloped or undisturbed areas on, or near, the project site? (Select “yes” if there are large tracts of forestland, grassland, or naturally preserved areas, etc.)
   - Unsure
   - Yes
   - No

8. Are there any hazardous materials at or adjacent to the damaged facility?
   - Unsure
   - Yes
   - No

Applicant Representative Initials__________________________
9. Are there any other environmental or controversial issues associated with the damaged facility and/or work item? (select yes if facility is a road maintained by a Tribal Government or if the project necessitates the establishment of a new borrow area or the horizontal expansion of an existing borrow area.)

Unsure    Yes    No

List any known endangered species in the work area:

Additional Notes / Comments: