



CCAP Field Review by Division Staff

1. District: _____ Reviewer's Name: _____
2. Project Name: _____
3. What practice(s) is being requested? (feel free to use initials) _____
4. Is the practice submitted for in the application the appropriate BMP?
 Yes No
5. Are any additional supporting practices necessary for the practice to succeed that are not included in the application (please list if so)? _____
6. Are there specific **component** needs associated with this BMP (please list if so)?

7. Does the property have good ingress/egress for equipment, materials, and other essential work items? Yes No
8. Does the property have a good area for staging materials?
 Yes No
9. Does the project infringe on a NCDOT RoW? Yes No
10. If "Yes" to the above, can the DOT RoW be avoided? Yes No
11. Does the Applicant have control over all the necessary land needed to complete the work (particularly for practices such as stream restoration/stabilization)? Yes No
12. Do you foresee any complications with this project (Ex: permits/infrastructure)?
 Yes No
13. If the answer is "Yes" above, please describe, if "No", please put N/A

14. Please describe any recommendations you have to ensure this project's success:

15. Please list any other comments you have regarding potential issues with this project and/or recommendations to ensure success

Thank you for your work!