

Inspection Form for Structural Controls Canal

ID:	<input type="text"/>	Date:	<input type="text"/>
Location:	<input type="text"/>		
Receiving Body:	<input type="text"/>		
Description:	<input type="text"/>		
Weather:	<input type="text"/>		
Water Level:	<input type="text"/>		
Littoral Shelf:	<input type="text"/>		
Side Slopes:	<input type="text"/>		
Erosion:	<input type="text"/>		
Sediments:	<input type="text"/>		
Vegetation:	<input type="text"/>		
Debris:	<input type="text"/>		
Other:	<input type="text"/>		
Condition:	<input type="text"/>		
Comments:	<input type="text"/>		
Recommendations:	<input type="text"/>		
Inspected By:	<input type="text"/>	<input type="text"/>	
Department:	<input type="text"/>		
Vicinity inspected for indication of illicit discharges: <input type="text"/>			