

A. Project Information

Code of Practice for Erosion and Sediment Control INSPECTION COMPLETION REQUEST

Water Quality and Regulatory Assurance – Community Compliance
ISC: Unrestricted

This Inspection Completion Request is for the purpose of submitting the information required in Schedule C of the *Code of Practice for Erosion and Sediment Control*. A request to cease erosion and sediment control (ESC) inspections must be submitted to ESC@calgary.ca with *Inspection Completion Request (File number and name)* in the subject line.

Written permission must be obtained from an Environmental Compliance Specialist prior to ESC Inspections being stopped.

1.1 Project Name					
2.0 Land Use Authorization	.0 Land Use Authorization File # (DP, DA, CD, AD, DL)				
1.4 Project Address					
Date Construction was Co	Date Construction was Completed				
B. Contact Information					
3.1 Owner's Rep.	Company Name	Contact Name	Phone #	Email	
3.2 Parcel Owner					
3.3 ESC Consultant					
3.4 Site ESC Inspector					
3.5 Site Contact					
Other					
Other					

C. Confirmation

Check all that apply:

The Site matches the final approved ESC drawings;

Paved surfaces and stormwater systems (catchbasins, gutters, swales, LID structures, surface drainage facilities, oil/grit separators) are clean and free of any sediment accumulation;

All temporary erosion and sediment control practices are removed – attach photos;

For subdivisions, where 80% of the Site is stabilized with long-term cover, for all other Sites all seeding types are established with at least 80% growth – attach photos; and

If sod was required as part of the plan, confirmation that it was inspected for at least two months after installation and it has fully rooted/established – attach photos.

D. Authentication

The undersigned agrees and certifies that:

- 1) They are either a:
 - a) Qualified Designer as defined in Section 100.05; or
 - b) Qualified Inspector as defined in Section 100.14 of the Standard Specifications ESC.
- 2) The information provided in this Inspection Completion Request is true to the best of their knowledge.

Signature Date Authenticated

Permit to Practice/Professional Stamp or Number

The personal information on this form is being collected under the authority of The City of Calgary Stormwater Bylaw Section 15(3) and amendments thereto. It will be used for review, approval, and inspection purposes and may be communicated to relevant City Business Units. The name of the applicant and nature of the information will be available to the public. Please send inquiries by mail to the FOIP Program Administrator, Water Services #413, PO Box 2100, Station M, Calgary, Alberta, T2P 2M5 or contact us by phone at 311.