

Attachment 1

Site # _____

WVNG Monitor # _____

Contractor last 4 of SSN # _____

PPDR / DEMO Monitor Report

SECTION #1	Address: _____ County: _____	
	Grid Coordinates: _____	
	Structure Area: _____ ft ²	Standing Structurally Unsound (Circle One)
	Foundation (Circle) Basement: _____ ft ²	Crawlspace _____ Slab _____ Piers _____ TOTAL: _____
	Non-Foundational (Mobile Homes / Modular) Other (specify): _____ How Many: _____	
	Asbestos Inspection Completed? Y / N	Asbestos Present? Y / N Removed? Y / N Initial: _____
	Hazardous Materials Identified? Y / N	Removed? Y / N Initial: _____
	Wood/Vegetative Debris: _____ yds ³ (estimate only)	(L) _____ (W) _____ (H) _____
Other Exterior Debris: _____ yds ³ (estimate only)	(L) _____ (W) _____ (H) _____	
	Of _____ debris (type)	
SECTION #2	Other Exterior Structures:	
	1. _____ <input type="checkbox"/>	(L) _____ (W) _____ (H) _____ TOTAL: _____
	2. _____ <input type="checkbox"/>	(L) _____ (W) _____ (H) _____ TOTAL: _____
	3. _____ <input type="checkbox"/>	(L) _____ (W) _____ (H) _____ TOTAL: _____
	4. _____ <input type="checkbox"/>	(L) _____ (W) _____ (H) _____ TOTAL: _____
*Check box indicates all items above are covered.		
SECTION #3	Check all that apply, then indicate if it must be Removed, Capped, or Filled (R/C/F):	
	Municipal Water/Sewer: _____ <input type="checkbox"/>	Cellar: _____ <input type="checkbox"/>
	Disconnected? Y / N	Cistern: _____ <input type="checkbox"/>
	Natural Gas: _____ <input type="checkbox"/>	In Ground Pool: _____ <input type="checkbox"/>
	Disconnected? Y / N	Outhouse: _____ <input type="checkbox"/>
	Power Pole: _____ <input type="checkbox"/>	Propane Tank: _____ <input type="checkbox"/>
	Disconnected? Y / N	Septic Tank: _____ <input type="checkbox"/>
	Electric Pole (stay or remove): _____	Water Well: _____ <input type="checkbox"/>
	Well: _____ <input type="checkbox"/>	
	Dog House: _____ <input type="checkbox"/>	
SECTION #4	Other Activities (i.e. reseeding with ft ² of fill and reseed):	

TOTALS

SECTION #1:

Structure Area: _____
 Foundation: _____
 Wood/Veg. Debris: _____
 Other Debris: _____

SECTION #2:

Other Structures (1): _____
 Other Structures (2): _____
 Other Structures (3): _____
 Other Structures (4): _____

WVNG Representative: _____

FINAL TOTAL: _____

Reclaim Co. Representative: _____
