

# Attachment 1

Site # \_\_\_\_\_

WVNG Monitor # \_\_\_\_\_

Contractor last 4 of SSN # \_\_\_\_\_

## PPDR / DEMO Monitor Report

<b>SECTION #1</b>	Address: _____ County: _____	
	Grid Coordinates: _____	
	Structure Area: _____ ft <sup>2</sup>	Standing      Structurally Unsound      (Circle One)
	Foundation (Circle) Basement: _____ ft <sup>2</sup>	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 <sup>3</sup> (estimate only)	(L) _____ (W) _____ (H) _____
Other Exterior Debris: _____ yds <sup>3</sup> (estimate only)	(L) _____ (W) _____ (H) _____	
	Of _____ debris (type)	
<b>SECTION #2</b>	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.		
<b>SECTION #3</b>	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"/>	
<b>SECTION #4</b>	Other Activities (i.e. reseeding with ft <sup>2</sup> 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: \_\_\_\_\_

\_\_\_\_\_