

Virginia Conservation Assistance Program (VCAP)

Contract Number: _____



JOB SHEET

VCAP Form – 2

This Job sheet is to be filled out by district technical staff together with program participant. Please document any information that helps to describe any unique aspects of the project from design to completion. The Job Sheet will document the installed practice and must be submitted to the Program Coordinator at project completion.

Tracking and Reporting:

Property Owner: _____ Address: _____

Manager (if applicable): _____ Contact: _____

Hydrologic Unit Code: _____ GPS Coordinate: _____

Grant Source: _____ Installation Date: _____

Practice Description: _____

Dominant Land Use Treated: _____

Contributing Drainage Area: _____ Impervious Area Treated: _____

Acres Treated or Quantity, if applicable: _____

Ranking: Circle or check all that apply.

Existing BMP Treatment:	YES	NO
Property Ownership:	PUBLIC	HOA or PRIVATE
Proximity to Waterway:	> 100 ft.	< 100 ft.
Type of Existing Problem:	Erosion Impact Area	Poor Vegetative Cover
Site located in TMDL Watershed:	YES	NO
BMP Type:	Structural	Nonstructural
Practice Addresses TMDL Pollutant:	YES	NO
Practice Create or Enhance a Riparian Area:	Forest Buffer	Meadow Buffer or Filter Strip
Practice Treats Critical Slope (>15%):	YES	NO
Practice Disperses Runoff on Slope:	YES	NO
Practice Create Disconnection:	YES	NO
Partnership Opportunity:	YES	NO
Participant will Display a Sign	YES	NO
Education Opportunity:	Public Visibility	Educational Program

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Site-Specific Details:

Sketch Layout: Attach an aerial of site and practice layout.

Design Details: i.e. Dimensions, Sizing, Planting Plan (Describe or Attach)

Construction and Installation Details: i.e. Materials and Specifications (Describe or Attach)

Signage Requirement: i.e. NO MOW/WILDLIFE/EDUCATIONAL (Describe)

Permits: Confirm local policies, such as Land Disturbance, grass heights, etc. (Describe)

Operation and Maintenance Plan: (Describe)