

**For FRSA Use:**  
 Log # \_\_\_\_\_  
 Date: \_\_\_\_\_

Four Rivers Sanitation Authority  
 Engineering Dept.  
 3501 Kishwaukee Street  
 Rockford, Illinois 61109  
**Schedule P - Erosion Control**

1. Name of Project \_\_\_\_\_
2. Total area disturbed by excavation: \_\_\_\_\_
3. Summary of erosion control practices: \_\_\_\_\_

		Area Controlled (Sq. Ft.)	Permanent (P) or Temporary (T)
Vegetative Control	_____ (Sq. Feet)	_____	_____
Interceptor Ditches	_____ (Feet)	_____	_____
Berms	_____ (Feet)	_____	_____
Sediment	_____ (Cu. Yd.)	_____	_____
Debris Basins	_____ (Cu. Ft.)	_____	_____
Desilting Basins	_____ (Cu. Ft.)	_____	_____
Silt Traps	_____ (Cu. Ft.)	_____	_____
Mulching and Matting	_____ (Cu. Ft./Sq. Ft.)	_____	_____
Other	_____ (Indicate)	_____	_____

4. Attach topographical or plan maps of construction area and indicate erosion control practices.
5. Drainage area (above and including construction site) \_\_\_\_\_
6. Slope categories of construction site:

	Area (acres)	Disposition of collected sediment
6.1 0 - 2% slope	_____	_____
6.2 2 - 4% slope	_____	_____
6.3 4 - 6% slope	_____	_____
6.4 6% slope or greater	_____	_____

Please check one below.

\_\_\_\_\_ Erosion control practices identified above will be constructed in accordance with Illinois Urban Manual, 2000 edition.

OR

\_\_\_\_\_ Plans or specifications for the above referenced erosion control practices are attached.

*This Agency is authorized to require this information under Illinois Compiled Statutes, 1998, Chapter 415, Title X, Section 5/39 et seq.. Disclosure of this information is required under that Section. Failure to do so may prevent this form from being processed and could result in your application being denied.*