MWDOC Turf Replacement Rebate Program – POST-Inspection Form

Application #: _____ Retail Agency: _____ Date: _____

Project Address: _____ Contact Name _____

• Pre-inspection Sq Ft: _____ • Post-inspection Sq Ft: _____

• **Final Rebate Eligible Area Sq Ft** *(whichever is less)*: _____

• **# of plants installed:** _____ • # of plants required: _____

• **# of NEW trees installed**: _____

	YES	NO	N/A
• **Were all proposed turf areas removed?**	☐	☐	
• **Is the project area properly mulched?**	☐	☐	
• **If pavers are installed, are they permeable?**	☐	☐	☐
• **Any other ineligible areas?** *(turf, concrete, etc)*	☐	☐	

If yes, what is the square footage and where is it located? _____

• **Irrigation Type** *(check all that apply):*

☐ HE Nozzles ☐ Drip ☐ Handwater ☐ Microspray ☐ Bubblers

☐ *Traditional Spray (ineligible)* ☐ *Rotors (ineligible)*

• **Sustainability Feature** *(check all that apply):*

☐ Rain Garden ☐ Vegetated Swale ☐ Rock Garden ☐ Berm

☐ Dry Riverbed ☐ Eligible Tree ☐ Rain Barrel ☐ *NONE (ineligible)*

• **Additional Comments:**

_____

_____

_____

• **If present, Site Owner/Designee Name:** _____

Site Owner/Designee Signature: _____

I certify that the information provided is verified in accordance with the guidelines provided in the Agreement by our Staff who has no conflict of interest in the verification.

Evaluator:

Name: _____ Signature: _____Date: _____

Authorized Representative:

Name: _____ Signature: _____ Date: _____