



**STATE OF ALASKA  
DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES**

**SWPPP GRADING & STABILIZATION ACTIVITIES LOG** PAGE: \_\_\_\_\_

**AKSAS Number:** \_\_\_\_\_

**Project Name:** \_\_\_\_\_

**Project Area (if applicable):** \_\_\_\_\_

*Detailed instructions for completing this form can be found on the Alaska Construction Forms website: [http://www.dot.state.ak.us/stwddes/desconst/pop\\_consforms.shtml](http://www.dot.state.ak.us/stwddes/desconst/pop_consforms.shtml)*

| Date Grading Activity Initiated/<br>Initials | Description of Grading Activity and Location | Date Grading Activity Ceased (Temporary or Permanent)/<br>Initials | Date Stabilization Measures Initiated (Temporary or Permanent)/<br>Initials | Date Final Stabilization Measure Complete                | Description of Stabilization Measure |
|--|--|--|---|--|--------------------------------------|
|  |  | T <input type="checkbox"/><br>P <input type="checkbox"/>           | T <input type="checkbox"/><br>P <input type="checkbox"/>                    | T <input type="checkbox"/><br>P <input type="checkbox"/> |                                      |
|  |  | T <input type="checkbox"/><br>P <input type="checkbox"/>           | T <input type="checkbox"/><br>P <input type="checkbox"/>                    | T <input type="checkbox"/><br>P <input type="checkbox"/> |                                      |
|  |  | T <input type="checkbox"/><br>P <input type="checkbox"/>           | T <input type="checkbox"/><br>P <input type="checkbox"/>                    | T <input type="checkbox"/><br>P <input type="checkbox"/> |                                      |
|  |  | T <input type="checkbox"/><br>P <input type="checkbox"/>           | T <input type="checkbox"/><br>P <input type="checkbox"/>                    | T <input type="checkbox"/><br>P <input type="checkbox"/> |                                      |
|  |  | T <input type="checkbox"/><br>P <input type="checkbox"/>           | T <input type="checkbox"/><br>P <input type="checkbox"/>                    | T <input type="checkbox"/><br>P <input type="checkbox"/> |                                      |
|  |  | T <input type="checkbox"/><br>P <input type="checkbox"/>           | T <input type="checkbox"/><br>P <input type="checkbox"/>                    | T <input type="checkbox"/><br>P <input type="checkbox"/> |                                      |
|  |  | T <input type="checkbox"/><br>P <input type="checkbox"/>           | T <input type="checkbox"/><br>P <input type="checkbox"/>                    | T <input type="checkbox"/><br>P <input type="checkbox"/> |                                      |
|  |  | T <input type="checkbox"/><br>P <input type="checkbox"/>           | T <input type="checkbox"/><br>P <input type="checkbox"/>                    | T <input type="checkbox"/><br>P <input type="checkbox"/> |                                      |
|  |  | T <input type="checkbox"/><br>P <input type="checkbox"/>           | T <input type="checkbox"/><br>P <input type="checkbox"/>                    | T <input type="checkbox"/><br>P <input type="checkbox"/> |                                      |
|  |  | T <input type="checkbox"/><br>P <input type="checkbox"/>           | T <input type="checkbox"/><br>P <input type="checkbox"/>                    | T <input type="checkbox"/><br>P <input type="checkbox"/> |                                      |
|  |  | T <input type="checkbox"/><br>P <input type="checkbox"/>           | T <input type="checkbox"/><br>P <input type="checkbox"/>                    | T <input type="checkbox"/><br>P <input type="checkbox"/> |                                      |
|  |  | T <input type="checkbox"/><br>P <input type="checkbox"/>           | T <input type="checkbox"/><br>P <input type="checkbox"/>                    | T <input type="checkbox"/><br>P <input type="checkbox"/> |                                      |
|  |  | T <input type="checkbox"/><br>P <input type="checkbox"/>           | T <input type="checkbox"/><br>P <input type="checkbox"/>                    | T <input type="checkbox"/><br>P <input type="checkbox"/> |                                      |
|  |  | T <input type="checkbox"/><br>P <input type="checkbox"/>           | T <input type="checkbox"/><br>P <input type="checkbox"/>                    | T <input type="checkbox"/><br>P <input type="checkbox"/> |                                      |
|  |  | T <input type="checkbox"/><br>P <input type="checkbox"/>           | T <input type="checkbox"/><br>P <input type="checkbox"/>                    | T <input type="checkbox"/><br>P <input type="checkbox"/> |                                      |
|  |  | T <input type="checkbox"/><br>P <input type="checkbox"/>           | T <input type="checkbox"/><br>P <input type="checkbox"/>                    | T <input type="checkbox"/><br>P <input type="checkbox"/> |                                      |
|  |  | T <input type="checkbox"/><br>P <input type="checkbox"/>           | T <input type="checkbox"/><br>P <input type="checkbox"/>                    | T <input type="checkbox"/><br>P <input type="checkbox"/> |                                      |