## Appendix E

## INSPECTION AND MAINTENANCE REPORT FORM

## TO BE COMPLETED EVERY 7 DAYS

INSPECTOR:	DATE:	<u></u>
INSPECTOR'S QUALIFICATIO	NS:	
DAYS SINCE LAST RAINFALL	.:AMOUNT OF LAST	RAINFALLINCHES
STABILIZATION MEASURES		
AREA		
DATE SINCE LAST DISTURBE		
DATE OF NEXT DISTURBANC	E	
STABILIZED? (YES/NO)		
STABILIZED WITH		_
CONDITION		_
STABLIZATION REQUIRED:		_
		_ _ _
TO BE PERFORMED BY:	ON OR BEFORE:_	
INSPECTION AND MAINTENA	NCE REPORT FORM	
SEDIMENT BASIN		

DEPTH OF SEDIMENT IN BASIN			
CONDITION OF BASIN SIDE SLOPES			
MAINTENANCE REQUIRED FOR SEDIMENT BASIN:			
TO BE PREFORMED BY:ON OR BEFORE			
OTHER CONTROLS STABILIZED CONSTRUCTION ENTRANCE			
DOES MUCH SEDIMENT GET TRACKED ON TO ROAD?			
IS GRAVEL CLEAN OR IS IT FILLED WITH SEDIMENT?			
DOES ALL TRAFFIC USE THE STABILIZED ENTRANCE TO LEAVE SITE?			
MAINTENANCE REQUIRED FOR STABILIZED CONSTRUCTION ENTRANCE:			
TO BE PREFORMED BY:ON OR BEFORE			
INSPECTION AND MAINTENANCE REPORT FORM			
CHANGES REQUIRED TO THE POLLUTION PREVENTION PLAN:			
REASONS FOR CHANGES:			

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
Signature:	_Date:	
CONTRACTOR'S CERTIFICATION		
I certify under penalty of law that I understand the terms and conditions of the general National Pollutant Discharge Elimination System (NPDES) permit that authorizes the storm water discharges associated with industrial activity from the construction site identified as part of this certification.		
Name:		
Title:		
Responsible for:		
Company Name:		
Address:		
Phone:		