Self-monitoRing Program

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| **Self-Monitoring Report** | | | |
| **PART A: INSPECTION INFORMATION** | | | |
| **Project Name:**  **CSGP Project #** Number**:**  **Permit # Assigned by MS4:**  **Name of MS4:**  **County:**  **Name of Evaluator:**  **Title of Evaluator:**  **Affiliation:**  **Email/Phone Number:** | **Inspection Type** | **Inspection Date and Time** | |
| 24 hr (after >.5” rain)  24 hr (before >.5” rain)  Weekly  Monthly  *(only applies to areas permanently stabilized)* | Click here to enter a date. |  |
| **Date of Last or Forecasted (circle one) Precipitation:** | |
| Click here to enter a date. | |
| **Amount of Last or Forecasted (circle one) Precipitation:** | |
| Click here to enter a date. | |

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| **PART B: SITE CONDITIONS** |
| **Current Site Information (check all that apply):**  Clearing  Grubbing  Grading  Building Construction  Installation of Infrastructure  Utility Work  Vegetative Establishment  Other: |
| **Soil Conditions:**  Dry  Moist  Wet  Muddy  Partial Snow Cover  Snow Cover  Frozen  Freeze/Thaw  Other: |

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| **PART C: Project Management** | |
| 1. Was the SWP3 accessible at the time of the inspection? | Yes  No |
| 1. Is the SWP3 current and/or updated to reflect the current stage of development? | Yes  No |
| 1. Have all action items identified on the preceding reports been resolved?    1. If not identity which items require repair and provide a resolution timeline: | Yes  No |
| 1. Is the project posting information posted in accordance with the CSGP Section 3.7? | Yes  No |

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| **PART D: GUIDANCE FOR COMPLETION OF FORM** |
| * Identify all areas of the site that currently have an erosion/sediment control measure in place. Using Part E, evaluate the current condition of the measure and using the middle column, determine what action needs to be taken. * Identify all areas of the site where stormwater run-off leaves site or where any discharge occurs. In each location where run-off leave the site, evaluate:   + If an erosion/sediment control measure is in place: evaluate each action step required in Part E   + If no erosion/sediment control measure is in place or a measure is required, use Part E to include specifics about the location and type of measure to be implemented. * For any area of the site where there is run-off, or a discharge provide a description and location using Part F.   + If any sedimentation is occurring note where it is discharging: Off site, to a waterbody (on or off-site) or other sensitive area * For Part H in the Evaluation of sheet flow and concentrated run-off:   + Identify location of discharge/run-off and check any visual descriptions that apply to the discharge. If the discharge/run-off will resolve with the repair of a sediment or erosion control measure or good housekeeping practices, you do not need to list an action in the observations/notes section. If the discharge/run-off will not be solved with repair/replacement of a sediment control measure or good housekeeping practices, you will need to list the action taken to resolve the run-off and any additional pollutants visible in the discharge.   + Print out additional pages for Parts E and F. |

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| P**ART E: SEDIMENT CONTROL AND RUN-OFF Management** | | |
| **Measure:**  Location(s): | No Action Required  Maintenance Required  Repair Measure  Temporary Measure  Replace Measure  Alternative Measure  Additional Measure | Observations/Notes: |
| Action Initiated Date: Click here to enter a date. Initials: | | Action Completed Date: Click here to enter a date. Initials |
| **Measure:**  **Location(s):** | No Action Required  Maintenance Required  Repair Measure  Temporary Measure  Replace Measure  Alternative Measure  Additional Measure | Observations/Notes: |
| Action Initiated Date: Click here to enter a date. Initials: | | Action Completed Date: Click here to enter a date. Initials |
| **Measure:**  Location(s): | No Action Required  Maintenance Required  Repair Measure  Temporary Measure  Replace Measure  Alternative Measure  Additional Measure | Observations/Notes: |
| Action Initiated Date: Click here to enter a date. Initials: | | Action Completed Date: Click here to enter a date. Initials |
| **Measure:**  Location(s): | No Action Required  Maintenance Required  Repair Measure  Temporary Measure  Replace Measure  Alternative Measure  Additional Measure | Observations/Notes: |
| Action Initiated Date: Click here to enter a date. Initials: | | Action Completed Date: Click here to enter a date. Initials |
| **Measure:**  Location(s): | No Action Required  Maintenance Required  Repair Measure  Temporary Measure  Replace Measure  Alternative Measure  Additional Measure | Observations/Notes: |
| Action Initiated Date: Click here to enter a date. Initials: | | Action Completed Date: Click here to enter a date. Initials |

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| **PART F: SURFACE STABILIZATION** | | | |
| Location(s): | Permanent Vegetative Cover:  Continue to Monitor  70 Percent Density Achieved  Perform Seeding/Reseed  Temporary  Permanent  Apply straw mulch and anchor  Install Erosion Control Blanket  Repair Erosion  Utilize Alternative Stabilization  Method | | Observations/Notes: |
| Action Initiated Date: Click here to enter a date. Initials: | | Action Completed Date: Click here to enter a date. Initials | |
| Location(s): | Permanent Vegetative Cover:  Continue to Monitor  70 Percent Density Achieved  Perform Seeding/Reseed  Temporary  Permanent  Apply straw mulch and anchor  Install Erosion Control Blanket  Repair Erosion  Utilize Alternative Stabilization Method | | Observations/Notes: |
| Action Initiated Date: Click here to enter a date. Initials: | | Action Completed Date: Click here to enter a date. Initials | |
| Location(s): | Permanent Vegetative Cover:  Continue to Monitor  70 Percent Density Achieved  Perform Seeding/Reseed  Temporary  Permanent  Apply straw mulch and anchor  Install Erosion Control Blanket  Repair Erosion  Utilize Alternative Stabilization Method | | Observations/Notes: |
| Action Initiated Date: Click here to enter a date. Initials: | | Action Completed Date: Click here to enter a date. Initials | |
| Location(s): | Permanent Vegetative Cover:  Continue to Monitor  70 Percent Density Achieved  Perform Seeding/Reseed  Temporary  Permanent  Apply straw mulch and anchor  Install Erosion Control Blanket  Repair Erosion  Utilize Alternative Stabilization Method | | Observations/Notes: |
| Action Initiated Date: Click here to enter a date. Initials: | | Action Completed Date: Click here to enter a date. Initials | |

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| **PART G: GOOD HOUSEKEEPING** | | |
| **Site Ingress/Egress**  Location(s): | Maintain Construction Entrance  Remove Tracked Sediment   (do not flush sediment)  Install Additional Measures | Observations/Notes: |
| Action Initiated Date: Click here to enter a date. Initials: | | Action Completed Date: Click here to enter a date. Initials |
| **Trash**  Location(s): | Continue to Monitor and Manage  Cover Trash Receptacles  Clean Up Wind-blown Trash  Other | Observations/Notes: |
| Action Initiated Date: Click here to enter a date. Initials: | | Action Completed Date: Click here to enter a date. Initials |
| **Spills or Leaks**  Location(s): | Type of Leak/Spill  Concrete and/or Cementitious Washout  Fuel  Other | Observations/Notes/Action Taken: |
| Action Initiated Date: Click here to enter a date. Initials: | | Action Completed Date: Click here to enter a date. Initials |

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| **PART H: EVALUATION OF SHEET FLOW AND CONCENTRATED RUN-OFF (DISCHARGES)** | | |
| Location(s): | Sediment  Oil Sheen  Odor  Floatables/Trash  Foam  Color/Turbid Discharge  Other | Observations/Notes: |
| Action Initiated Date: Click here to enter a date. Initials: | | Action Completed Date: Click here to enter a date. Initials |
| Location(s): | Sediment  Oil Sheen  Odor  Floatables/Trash  Foam  Color/Turbid Discharge  Other | Observations/Notes: |
| Action Initiated Date: Click here to enter a date. Initials: | | Action Completed Date: Click here to enter a date. Initials |

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| **PART I: CHANGES TO SWP3** | |
| Does the corrective action based on this inspection require modification to the SWP3?  Yes  No  Date of SWP3 update:  Brief description of the changes: | |
| Action Initiated Date: Click here to enter a date. Initials: | Action Completed Date: Click here to enter a date. Initials |
| I certify that Part A-H of this evaluation were evaluated by me as a trained individual. To the best of my knowledge and belief, the information documented in the report is true, accurate, and complete. | |
| **Evaluator Name and Title:**    **Signature and Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |

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