

Part VII.

Monthly Inspection Report and Certification Form
For Erosion and Sediment Controls

Inspections must be done weekly and
after a Two-Year, 24-Hour Rainfall (4 inches at the Tenn. border to 6 inches on the Gulf Coast)

Construction Storm Water General NPDES Permit No. MSR10 _____
(Fill in your Certificate of Coverage Number)

(Please Print)

Owner and/or Prime Contractor: _____

Project Name: _____ Location: _____ Startup date: _____

Date all erosion/sediment controls were completed (inspections must continue for another 8 weeks): _____

Inspection Log

<u>Date</u>	<u>Time</u>	<u>After a 2-YR 24-Hr Rain?</u>	<u>Rain Gage Measure- ment (inches)</u>	<u>Any Deficiencies observed? (Y or N)</u>	<u>Inspector(s)</u>
_____	_____	Yes or No	_____	Yes or No	_____
_____	_____	Yes or No	_____	Yes or No	_____
_____	_____	Yes or No	_____	Yes or No	_____
_____	_____	Yes or No	_____	Yes or No	_____
_____	_____	Yes or No	_____	Yes or No	_____
_____	_____	Yes or No	_____	Yes or No	_____

Deficiencies Noted During any Inspection (give date; attach additional sheets if necessary):

Corrective Action Taken or Planned (give date(s); attach additional sheets if necessary):

Based upon this inspection which I or personnel under my direct supervision conducted, I certify that all erosion and sediment controls have been implemented and maintained, except for those deficiencies noted above, in accordance with the Storm Water Pollution Prevention Plan filed with the Office of Pollution Control and good engineering practices as required by the above referenced permit.

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 gather and evaluate the information submitted. Based on my inquiry of the person or persons 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 fines and imprisonment for knowing violations.

Authorized Name (Print) Signature Date

These reports shall be submitted monthly, as required in the permit, to:

Chief, Industrial Branch
Office of Pollution Control
P.O. Box 10385
Jackson, Mississippi 39289-0385