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 Tens. 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

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>After a 2-YR 24-Hr Rain?</th>
<th>Rain Gage Measurement (inches)</th>
<th>Any Deficiencies observed? (Y or N)</th>
<th>Inspector(s)</th>
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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