

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 ☒ 24 hr (after >.5" rain) ☐ 24 hr (before >.5" rain) ☐ Weekly ☐ Monthly <i>(only applies to areas permanently stabilized)</i>	Inspection Date and Time 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:

PART C: PROJECT MANAGEMENT

(1) Was the SWP3 accessible at the time of the inspection?	☒ Yes ☐ No
(2) Is the SWP3 current and/or updated to reflect the current stage of development?	☐ Yes ☐ No
(3) Have all action items identified on the preceding reports been resolved? (a) If not identify which items require repair and provide a resolution timeline:	☐ Yes ☐ No
(4) Is the project posting information posted in accordance with the CSGP Section 3.7?	☐ Yes ☐ No

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.

PART 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:

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Initials

Measure:
Location(s):

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Observations/Notes:

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Measure:
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- ☐ Maintenance Required
- ☐ Repair Measure
- ☐ Temporary Measure
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Observations/Notes:

Action Initiated Date: [Click here to enter a date.](#)

Initials:

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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

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

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

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

PART I: CHANGES TO SWP3Does 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
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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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