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| OPERATOR COMPLIANCE FOLLOW-UP FORM |
| Project Information |
| Project Name:       | City Permit No.: |       |
| CPDS Cert. No.: COR- | Location: |       |
| Date of Operator Compliance Follow-up Inspection:       |
| SWMP Admin/ECS Name(s):  | Site Operator: |       |
| Describe present phase of construction:       |
| Corrective Actions |
| Date of inspection when inadequate or failure to implement controls or pollutant discharges were noted:       |
| Contractor must submit photo documentation demonstrating all corrective actions have been addressed. Photographs to be attached to this report and sent to:       |
| Corrective Action Log |
| Item No. | Description of Items Needing Correction (can be taken directly from MS4 Compliance Inspection) | Photo #(s). for Work Completed | Date Completed |
| 1. |       |       |       |
| 2. |       |       |       |
| 3. |       |       |       |
| 4. |       |       |       |
| 5. |       |       |       |
| 6. |       |       |       |
| 7. |       |       |       |
| 8. |       |       |       |
| 9. |       |       |       |



OPERATOR COMPLIANCE FOLLOW-UP FORM

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| Item No. | Description of Items Needing Correction, continued | Photo No(s). for Work Completed | Date Completed |
| 10. |       |       |       |
| 11. |       |       |       |
| 12. |       |       |       |
| 13. |       |       |       |
| 14. |       |       |       |
| 15. |       |       |       |

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| Operator Inspector Certification |
| I certify that the information in this Inspection Report is, to the best of my knowledge and belief, true, accurate, and complete. |
| Operator/Contractor or SWMP Inspector’s Printed Name:  |  |
|  | Date:  |

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|  |  |
| Photo 1:      | Photo 2:       |
|  |  |
| Photo 3:       | Photo 4:       |
|  |  |
| Photo 5:       | Photo 6:       |
|  |  |
| Photo 7:       | Photo 8      |
|  |  |
| Photo 9:       | Photo 10:       |
|  |  |
| Photo 11:       | Photo 12:       |