

SITE-SPECIFIC BEST MANAGEMENT PRACTICE PLAN
INSPECTION AND MAINTENANCE REPORT FORM

(TO BE COMPLETED EVERY 7 DAYS AND/OR WITHIN 24 HOURS OF A RAINFALL EVENT OF 0.5 INCHES OR MORE)

Project Title: _____ NGPC No.: _____

Project No.: _____

Contractor: _____

Prepared By, Title: _____ Date: _____

EROSION CONTROL - SLOPES/EXPOSED AREAS

Location	Date Disturbed	Erosion Control Measure established	Type of Erosion Control used	Acceptable (yes/no)	Comments

Notes/Actions:

To be performed by: _____ on or before: _____

SEDIMENT CONTROL

Location	Type of Control (Silt fence, inlet protection,etc.)	Acceptable? (Yes/No)	*Rate Effectiveness of Control	Comments

(* Effectiveness Rating: Excellent, Very Good, Good, Fair, Poor)

Notes/Actions:

To be performed by: _____ on or before: _____

STABILIZED CONSTRUCTION ENTRANCE

Location	Type of Stabilization	Acceptable? (Yes/No)	*Effectiveness of method used	Comments

(* Effectiveness Rating: Excellent, Very Good, Good, Fair, Poor)

Notes/Actions:

To be performed by: _____ on or before: _____

STRUCTURAL CONTROLS (SEDIMENT BASINS)

(Check for Condition of Basin and Condition of outfall)

Location	Type of Sediment Basin	Acceptable? (Yes/No)	*Effectiveness of Sediment Basin	Comments

(* Effectiveness Rating: Excellent, Very Good, Good, Fair, Poor)

Notes/Actions:

To be performed by: _____ on or before: _____

OTHER CONSTRUCTION ACTIVITIES

Activity	Adequate BMPs? (Yes/No)	Comments
Sawcutting		
Dust Control		
Material Storage		
Dewatering		

CONTRACTOR ACTIVITIES

Activity	Adequate BMPs? (Yes/No)	Comments
Concrete Washout/Waste		
Vehicle/Equipment Fueling		
Vehicle/Equipment Cleaning		
Vehicle/Equipment Maintenance		
Material Storage		
Spill Prevention/Control		