

**SITE-SPECIFIC BEST MANAGEMENT PRACTICE/STORM WATER POLLUTION
PREVENTION INSPECTION AND MAINTENANCE REPORT**

Comments/Remarks:

I certify that I am the person who performed the inspection documented above and that all information recorded on this form is a true and accurate representation of what was observed at the construction site recorded above.

Inspector Name & Title

Signature

Date

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 who manage the system, or those persons directly responsible for gathering 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 fine and imprisonment for knowing violations.

Duly Authorized Person's Signature

Date

Duly Authorized Person's Name:

Duly Authorized Person's Title:

Duly Authorized Person's Company or Agency Information

Company or Agency:

Address:

Phone:

Fax:

Email:
