

Form 1B: Forensic Monitoring for Water Year _____

Submitter's Name: _____ **Page** ____ **of** ____.

Submitter's Title: _____

Date of Report: _____

THP #: _____ **THP Name:** _____

Legal Description(s): _____

Seasonal Completion: _____

Waiver Category: _____

Forensic Monitoring (Post 5" Precipitation): _____ **Cumulative Precipitation:** _____

Storm Precipitation: _____ **Weather:** _____

Inspector's Name : _____ **Inspector's Title:** _____

Date(s): _____

Inspection Findings:

Forensic Monitoring (Post 15" Precipitation): _____ **Cumulative Precipitation:** _____

Storm Precipitation: _____ **Weather:** _____

Inspector's Name : _____ **Inspector's Title:** _____

Date(s): _____

Inspection Findings: