



Central Valley Regional Water Quality Control Board

Form 1B: Forensic Monitoring Report

Water Year: Date of Report: Page of

Name of Submitter:

Title of Submitter:

Forest/Ranger District:

Project Name:

Legal Description(s):

Seasonal Completion:

General Order Category: 5A 5B

Forensic Monitoring (Post 5 Inch Precipitation):

Cumulative Precipitation:

Storm Precipitation:

Weather:

Name of Inspector:

Date(s):

Inspector Title:

Inspection Findings:

Forensic Monitoring (Post 15 Inch Precipitation):

Cumulative Precipitation:

Storm Precipitation:

Weather:

Name of Inspector:

Date(s):

Inspector Title:

Inspection Findings: