Form 1: CAFO Weekly Storm Water Management Structure Inspections Log Sheet

Reporting Period:	
Facility Information (Please make corrections d	lirectly on this form)
Operator's Name:	
Facility Name:	
Facility Address:	
process wastewater impoundments; storm water devices channeling contaminated storm water	ekly visual inspections of your manure, litter, and diversion devices; runoff diversion structures; and . Document the findings of daily storm event to be inspected below (refer to your Engineered
	1

Keep track of your inspections in the following table by completing one row each week when you inspect your process wastewater and storm water containment structures. Provide the following information: date of inspection, initials of the person performing the inspection, check "OK" box if no problems were found, use the "Notes" column to describe problems, if you find any, and how they were fixed, record the estimate of the wastewater containment pond(s) freeboard, fill in the "Date Corrected" column with the date when you correct the problem. If a deficiency takes more than 30-days to correct, indicate the factors that prevented immediate correction.

Reporting Period:		
- acility Name:		

Week	Date	Initials	OK(?)	Notes (Indicate any problems and how they were remedied.)	Waste Pond Freeboard	Date Corrected
1						
2						
3						
4						
5						
6						
7						
8						

Reporting Period:		
Facility Name:		

Week	Date	Initials	OK(?)	Notes (Indicate any problems found and how they were remedied.)	Waste Pond Freeboard	Date Corrected
9						
10						
11						
12						
13						
14						
15						
16						
17						

Reporting Period:		
. •		
Facility Name:		

Week	Date	Initials	OK(?)	Notes (Indicate any problems found and how they were remedied.)	Waste Pond Freeboard	Date Corrected
18						
19						
20						
21						
22						
23						
24						
25						
26						

Reporting Period:		
Facility Name:		

Week	Date	Initials	OK(?)	Notes (Indicate any problems found and how they were remedied.)	Waste Pond Freeboard	Date Corrected
27						
28						
29						
30						
31						
32						
33						
34						
35						

Reporting Period:	
Facility Name:	

Week	Date	Initials	OK(?)	Notes (Indicate any problems found and how they were remedied.)	Waste Pond Freeboard	Date Corrected
36						
37						
38						
39						
40						
41						
42						
43						
44						

Reporting Period:			
Facility Name:			

Week	Date	Initials	OK(?)	Notes (Indicate any problems found and how they were remedied.)	Waste Pond Freeboard	Date Corrected
45						
46						
47						
48						
49						
50						
51						
52						