

Form 2: Summary Report of Weekly Storm Water Management Structure Inspections

Reporting Period: January 1, 20 __ through December 31, 20 __

Facility Information (Please make corrections directly on this form)
Operator's Name
Facility Name
Facility Address

Was the CAFO Weekly Storm Water Management Structure Inspections Log Sheet completed for the entire year? Yes No
 If **No**, please explain why the log sheet was not completed for the entire year.

Were water lines inspected daily? Yes No
 Do the level markers in all containment structures correctly indicate the minimum capacity to contain the runoff and direct precipitation from a 25-year, 24-hour storm event? Yes No
 Were there any discharges from the facility during the year? Yes No

If **Yes**, please provide: the date of discharge, how it was discovered (was it during a routine site inspection?), how long did the discharge last, and how it was stopped. _____

Date of incident	How was it discovered?	How long did it last and volume?	How was it stopped?

Certification:

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 the 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.

Name of person making this report (please print): _____
 Title: _____
 Signature: _____
 Date: _____