



Erosion Prevention and Sediment Control Monthly Report for Sites Greater than 10 Acres

- 1) Permit Number (Report will **NOT** be accepted without permit number.): **SCR10** _____
- 2) Inspection Month: _____ 3) Total Rainfall for Inspection Month _____ (inches)
- 4) Project Name: _____ 5) County: _____
- 6) Inspector Name: _____ 7) Inspector Phone Number: _____
- 8) Inspector Address: _____
- 9) Inspector Qualifications: _____
- 10) Check deficiencies noted during this reporting month: Re-vegetation Ponds Basins/Swales
 Rip rap/Channels Silt Fence Debris Entrance/Exit Phasing/Sequencing
 Stabilization Idle-14 days More BMPS needed
 Other _____
- 11) **Any off-site sediment / impacts:** In streams or waterways On public roads On Private Property
- 12) Name, address, and phone numbers of parties responsible for above deficiencies:
- 13) **Were all deficiencies reported last month corrected?** Yes No
- a) if **Yes**, please provide the date and nature of action taken to correct deficiencies: _____
- b) if **No**, please provide information why the deficiencies were not corrected: _____

14) **Certification and Signature:**

"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."

Permittee or Delegated Signature: _____

Permittee or Delegated Printed Name: _____

Permittee or Delegated Person's Telephone Number: _____

Submit this report by the **28th** day of the month following the month during which the inspections were done to:

**SC DHEC Bureau of Water – WPC, 2600 Bull Street, Columbia, SC 29201
or Fax to (803) 898-4215**

Note: Copies of inspection reports are not required unless requested by the Department

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INSTRUCTIONS

Purpose: To satisfy the reporting requirements of the South Carolina NPDES General Permit for Storm Water Discharges from Large and Small Construction Sites, Permit # SCR100000, Part 3.10H.

Who will complete the form: Developers, contractors, and inspectors engaged in the sediment and erosion control industry.

1. **Permit Number:** Enter the permit number. The permit number always starts with **SCR** and can be found on the permit coverage approval letter sent to the permittee. Do not enter any other numbers such as file numbers or job numbers. Do not submit without the **SCR** number.
2. **Inspection Month:** Enter the month and year in which the inspections were performed.
3. **Total Rainfall:** Enter the **total** inches of rainfall for the permitted site during the month when the inspections took place.
4. **Project Name:** Enter the facility or site name listed on the permit coverage approval letter sent to the permittee.
5. **County:** Enter the county where the site is located
6. **Inspector Name:** Enter the name of the person performing the inspections.
7. **Inspector Phone Number:** Enter the inspector's phone number.
8. **Inspector Address:** Enter the inspector's address.
9. **Inspector Qualifications:** Enter the CEPSCI certification number of the inspector, PE registration number, or other qualifications acceptable to the SC DHEC.
10. **Summary of deficiencies noted during the inspection:** Summarize and enter all sediment and erosion deficiencies found at the site during the inspections. Check all of the items that apply.
11. **Off-site Impact:** If sediment was found off-site, put a check-mark beside each area the sediment impacted.
12. **Name, address, and phone numbers of parties responsible for above deficiencies:** Enter the name, address, and phone numbers for the person/company responsible for the deficiencies listed in your summary.
13. **Were the deficiencies reported last month corrected:** If there were any deficiencies noted in last month's report that were not corrected, put a check mark beside "No". If all deficiencies were corrected, check "Yes".
 - a) Date and nature of action taken to correct deficiencies: If deficiencies from previous month were corrected, list corrective actions and dates performed.
 - b) Explain why deficiencies were not corrected. If deficiencies were not corrected, explain what prevented deficiencies from being corrected.
14. **Certification and Signature:** The report has to be signed by the Permittee or the person delegated to sign the reports, printed name, and a contact number is required.

Office Mechanisms and filing: The form must be filed with the Bureau of Water, Water Pollution Control Division, by the 28th day of the month following the month during which the inspections were done. The report will be filed in the Bureau of Water's file room and will be retained for three years after the Department receives an approvable Notice of Termination from the permit holder.