

## CAFO Weekly Storm Water Management Structure and Daily Water Lines Inspections Log Sheet

Facility  
Name: \_\_\_\_\_

NPDES Permit  
No.: \_\_\_\_\_

\_\_\_\_\_ CAG017001 \_\_\_\_\_

Instructions: Use this form to keep track of weekly visual inspections of your storm water management structure(s) (including storm water and runoff diversion devices, and devices used to channel contaminated storm water to a wastewater storage or containment structure) and daily water line inspections (including drinking water lines and cooling water lines). List the items that need to be inspected below.

_____	_____
_____	_____
_____	_____
_____	_____

Keep track of your inspections in the following table by filling out one row each week when you inspect your storm water management structures and water lines. Provide the following information:

- ✓ the date of the inspection
- ✓ the initials of the inspector
- ✓ check the "OK" box if no problems were found
- ✓ use the "Notes" column to describe problems, if you find any, and how they might be fixed
- ✓ fill in the "date corrected" column with the date when you correct the problem
- ✓ check the box indicating daily water line inspections were conducted

	Date	Initials	OK (✓ if no problems found)	Notes (Note any problems found and possible solutions.)	Date Corrected	Daily Inspections Conducted? (Yes/No)
Week 1						
Week 2						
Week 3						
Week 4						

	<b>Date</b>	<b>Initials</b>	<b>OK</b> (✓ if no problems found)	<b>Notes</b> (Note any problems found and possible solutions.)	<b>Date Corrected</b>	<b>Daily Inspections Conducted?</b> (Yes/No)
Week 5						
Week 6						
Week 7						
Week 8						
Week 9						
Week 10						
Week 11						
Week 12						
Week 13						
Week 14						
Week 15						
Week 16						
Week 17						

	<b>Date</b>	<b>Initials</b>	<b>OK</b> (✓ if no problems found)	<b>Notes</b> (Note any problems found and possible solutions.)	<b>Date Corrected</b>	<b>Daily Inspections Conducted?</b> (Yes/No)
Week 18						
Week 19						
Week 20						
Week 21						
Week 22						
Week 23						
Week 24						
Week 25						
Week 26						
Week 27						
Week 28						
Week 29						
Week 30						

	<b>Date</b>	<b>Initials</b>	<b>OK</b> (✓ if no problems found)	<b>Notes</b> (Note any problems found and possible solutions.)	<b>Date Corrected</b>	<b>Daily Inspections Conducted? (Yes/No)</b>
Week 31						
Week 32						
Week 33						
Week 34						
Week 35						
Week 36						
Week 37						
Week 38						
Week 39						
Week 40						
Week 41						
Week 42						
Week 43						

	<b>Date</b>	<b>Initials</b>	<b>OK</b> (✓ if no problems found)	<b>Notes</b> (Note any problems found and possible solutions.)	<b>Date Corrected</b>	<b>Daily Inspections Conducted?</b> (Yes/No)
Week 44						
Week 45						
Week 46						
Week 47						
Week 48						
Week 49						
Week 50						
Week 51						
Week 52						