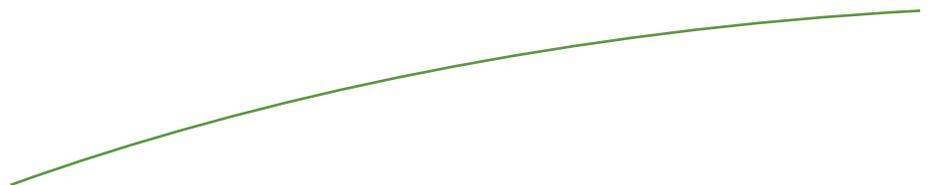




Appendix I

INDIVIDUAL MAINTENANCE ACTIVITY
REPORT FORM



INDIVIDUAL MAINTENANCE ACTIVITY REPORT

Site Name/Facility: _____
Master Program
Map No: _____
Dates: START _____ COMPLETION _____ REPORT _____
Preparer Name: _____

Instructions: This form must be completed following any work done at a storm water facility. Attach additional sheets if needed.

Description of Work (e.g., routine, re-occurring; also note general frequency maintenance at this site): 	
Street Name: _____ Latitude: _____ Longitude: _____	Work Orientation from Street (N, S, E, W): Location Between Street _____ and Street _____
Maintenance Facility Type: <input type="checkbox"/> Stream <input type="checkbox"/> Roadside Ditch <input type="checkbox"/> Spillway <input type="checkbox"/> Culvert <input type="checkbox"/> Detention Basin <input type="checkbox"/> Other: _____	Additional Description:
Work within drainage/creek: Length: _____ (How many linear feet were cleared)	Name of drainage/creek: Width (FT): _____ Area (SQ FT): _____ Depth (FT): _____
Is the creek lined: Yes <input type="checkbox"/> No <input type="checkbox"/> Notes:	Lining Type: <input type="checkbox"/> Concrete lined both sides, bottom <input type="checkbox"/> Earthen, both sides, bottom <input type="checkbox"/> Riprap sides, earth bottom <input type="checkbox"/> Concrete sides, earth bottom <input type="checkbox"/> Other type: _____
Silt/Sand Removal: Length: _____ (How many linear feet were cleared of silt/sand)	Describe cause of silt/sand:
Debris Removal: Length: _____ (How many linear feet were cleared of debris)	Describe debris and cause:
Were any toxic materials found: Yes <input type="checkbox"/> No <input type="checkbox"/> List toxics: Hazardous Material Manifest: _____	Were more than 9 tires recovered? Yes <input type="checkbox"/> No <input type="checkbox"/> CTL Number: _____
Access via previously disturbed area: Yes <input type="checkbox"/> No <input type="checkbox"/>	Access route: Maintenance Equipment Used:
Vegetation Removal: Length: _____ (How many linear feet were cleared of vegetation)	Types of Vegetation Removed: (Indicate bush, trees, plants, grasses, list diameter of trunk at 4' height)

SITE PHOTOS

<p style="text-align: center;">Attach 1st of 2 pictures BEFORE work, include upstream and downstream views.</p> <p>Note: if resources at site are flagged or staked to limit impacts to sensitive areas, also include pictures showing the measures that were installed.</p>	<p style="text-align: center;">Attach 2nd of 2 pictures BEFORE work, include upstream and downstream views.</p>
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PHOTO NOTES:

<p style="text-align: center;">Attach 1st of 2 pictures AFTER work, include upstream and downstream views.</p>	<p style="text-align: center;">Attach 2nd of 2 pictures AFTER work, include upstream and downstream views.</p>
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PHOTO NOTES:
