General Information
(see reverse for instructions)

Name of Project	HIGHWAY PR-9 FROM PR-132 TO PR-123	**CGP Tracking No.**		**Inspection Date**	28-Feb-2014
Inspector Name, Title & Contact Information	CESAR SOTO				
Present Phase of Construction	PHASE I, AND II				
Inspection Location (if multiple inspections are required, specify location where this inspection is being conducted)	ENTERE SITE				

Inspection Frequency *(Note: you may be subject to different inspection frequencies in different areas of the site. Check all that apply.)*

Standard Frequency: ☒ Weekly ☐ Every 14 days and within 24 hours of a 0.25" rain

Increased Frequency: ☐ Every 7 days and within 24 hours of a 0.25" rain (for areas of sites discharging to sediment or nutrient-impaired waters or to waters designated as Tier 2, Tier 2.5, or Tier 3)

Reduced Frequency:
- ☐ Once per month (for stabilized areas)
- ☐ Once per month and within 24 hours of a 0.25" rain (for arid, semi-arid, or drought-stricken areas during seasonally dry periods or during drought)
- ☐ Once per month (for frozen conditions where earth-disturbing activities are being conducted)

Was this inspection triggered by a 0.25" storm event? ☐ Yes ☒ No

If yes, how did you determined whether a 0.25" storm event has occurred?

☒ Rain gauge on site ☐ Weather station representative of site. Specify weather station source:

Total rainfall amount that triggered the inspection (in inches): 0.15

Unsafe Conditions for Inspection

Did you determine that any portion of your site was unsafe for inspection per CGP Part 4.1.5? ☐ Yes ☒ No

If "yes", complete the following:

- Describe the conditions that prevented you from conducting the inspection in this location:

- Location(s) where conditions were found:

Condition and Effectiveness of Erosion and Sediment (E&S) Controls (CGP Part 2.1) (cross-reference instructions)				
Type/Location of E&S Control [Add an additional sheet if necessary]	Repairs or Other Maintenance Needed?*	Corrective Action Required?*	Date on Which Maintenance or Corrective Action First Identified?	Notes
1. PR-132	☐Yes ☒No	☐Yes ☒No	04-NOV-13	
2. E-24+54 a 27+00(1)	☐Yes ☒No	☐Yes ☒No	07-MAYO-13	
3. 27+00 a 28+20 (1)	☐Yes ☒No	☐Yes ☒No	28-JUNIO-13	
4. E-5+51 a 1+40(ARI)	☐Yes ☒No	☐Yes ☒No	03-DIC-12	
5. E-1+40 a 4+40 (ARI)	☐Yes ☒No	☐Yes ☒No	06-SEPT-13	
6. E-3+80 (ARI) a 78+66(9)	☐Yes ☒No	☐Yes ☒No	06-SEPT-13	
7. ZONA canal HISTORICO	☐Yes ☒No	☐Yes ☒No	05-NOV-13	
8. LINEA ACR 3 (PR-132)	☐Yes ☐No	☐Yes ☐No		
9. PR-9, PR-123				

10.				

*** Note:** The permit differentiates between conditions requiring repairs and maintenance, and those requiring corrective action. The permit requires maintenance in order to keep controls in effective operating condition and requires repairs if controls are not operating as intended. Corrective actions are triggered only for specific, more serious conditions, which include: 1) A required stormwater control was never installed, was installed incorrectly, or not in accordance with the requirements in Part 2 and/or 3; 2) You become aware that the stormwater controls you have installed and are maintaining are not effective enough for the discharge to meet applicable water quality standards or applicable requirements in Part 3.1; 3) One of the prohibited discharges in Part 2.3.1 is occurring or has occurred; or 4) EPA requires corrective actions as a result of a permit violation found during an inspection carried out under Part 4.2. If a condition on your site requires a corrective action, you must also fill out a corrective action form found at www.epa.gov/npdes/stormwater/swppp. See Part 5 of the permit for more information.

Instructions for Filling Out the "Erosion and Sediment Control" Table

Type and Location of E&S Controls

Provide a list of all erosion and sediment (E&S) controls that your SWPPP indicates will be installed and implemented at your site. This list must include at a minimum all E&S controls required by CGP Part 2.1.2. Include also any natural buffers established under CGP Part 2.1.2.1. Buffer requirements apply if your project's earth-disturbing activities will occur within 50 feet of a surface water. You may group your E&S controls on your form if you have several of the same type of controls (e.g., you may group "Inlet Protection Measures", "Perimeter Controls", and "Stockpile Controls" together on one line), but if there are any problems with a specific control, you must

	Needed?*		First Identifi	
1. PR 2	☐Yes ☒No	☐Yes ☒No	04-NOV-1	
2. 24+54 a 27+00(1)	☐Yes ☒No	☐Yes ☒No	07-MAYO-13	
3. 27+00 a 28+20(1)	☐Yes ☒No	☐Yes ☒No	28-JUNIO-13	
4. 5+51 a 1+40 (AR1)	☐Yes ☒No	☐Yes ☒No	03-DIC-12	
5. 1+40 a 4+40 (AR1)	☐Yes ☒No	☐Yes ☒No	06-SEPT-13	
6. 3+80(AR1) a 78+66(9)	☐Yes ☒No	☐Yes ☒No	06-SEPT-13	
7. ZONA CANAL HISTORICO	☐Yes ☒No	☐Yes ☒No	05-NOV-13	
8. LINEA ACR 3 (PR-132)	☐Yes ☐No	☐Yes ☐No		
9. PR-9, PR-123				
10.				

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Instructions for Filling Out the "Pollution Prevention (P2) Practice" Table

Stabilization of Ex[illegible] Soil (CGP Part 2.2)

(see reverse for instructions)

Stabilization Area [Add an additional sheet if necessary]	Stabilization Method	Have You Initiated Stabilization?	Notes
1.		☐ YES ☐ NO If yes, provide date:	
2.		☐ YES ☐ NO If yes, provide date:	
3.		☐ YES ☐ NO If yes, provide date:	
4.		☐ YES ☐ NO If yes, provide date:	
5.		☐ YES ☐ NO If yes, provide date:	

Description of Discharge(s) (CGP Part 4.1.6.6)

(see reverse for instructions)

Was a stormwater discharge or other discharge occurring from any part of your site at the time of the inspection? ☐ Yes ☐ No

If "yes", provide the following information for each point of discharge:

Discharge Location [Add an additional sheet if necessary]	Observations
1.	Describe the discharge: At points of discharge and the channels and banks of surface waters in the immediate vicinity, are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge? ☐ Yes ☐ No If yes, describe what you see, specify the location(s) where these conditions were found, and indicate whether modification, maintenance, or corrective action is needed to resolve the issue:
2.	Describe the discharge: At points of discharge and the channels and banks of surface waters in the immediate vicinity, are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge? ☐ Yes ☐ No If yes, describe what you see, specify the location(s) where these conditions were found, and indicate whether modification, maintenance, or corrective action is needed to resolve the issue:

Contractor or Subcontractor Certification and Signature
(see reverse for instructions)

"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 gathered and evaluated 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."

Signature of Contractor or Subcontractor: _____ **Date:** 28-FEBRERO-14

Printed Name and Affiliation: CESAR SOTO

Certification and Signature by Permittee
(see reverse for instructions)

"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 gathered and evaluated 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."

Signature of Permittee or "Duly Authorized Representative": _____ **Date:**

Printed Name and Affiliation: _____