

Section A – Initial Report (CGP Part 5.4.1)

(Complete this section within 24 hours of identifying the condition that triggered corrective action)

Name of Project	FAIRBORNE SUB	NPDES ID No.	IDR 1001 GQ	Today's Date	
Date Problem First Discovered	7/13/2020	Time Problem First Discovered			
Name and Contact Information of Individual Completing this Form	JASON JONES, J.E.C. LLC				

What site conditions triggered the requirement to conduct corrective action (check the box that applies):

- A stormwater control needs repair or replacement (beyond routine maintenance required under Part 2.1.4)
- A stormwater control necessary to comply with the requirements of this permit was never installed, or was installed incorrectly
- A discharge is causing an exceedance of applicable water quality standards
- A Part 1.3 prohibited discharge has occurred
- EPA requires corrective action as a result of permit violations found during an EPA inspection carried out under Part 4.8

Provide a description of the problem:

THREE STOCKPILES WERE FOUND TO BE MISSING FROM THE SITE MAP.

Deadline for completing corrective action (check the box that applies):

- Immediately take all reasonable steps to address the condition, including cleaning up any contaminated surfaces so the material will not discharge in subsequent storm events
- Complete by close of the next business day when problem does not require a new or replacement control or significant repair
- No later than 7 calendar days from the time of discovery for problems that require a new or replacement control or significant repair
- Infeasible to complete the installation or repair within 7 calendar days. Explain why it is infeasible and document schedule for installing control:

Enter date of corrective action completion: July 13, 2020

Section B – Corrective Action Completion (CGP Part 5.4.2)

(Complete this section no later than 24 hours after completing the corrective action)

Section B.1 – Why the Problem Occurred

Cause(s) of Problem (Add an additional sheet if necessary)	How You Determined the Cause and the Date You Determined the Cause
1. 10 STOCKPILES WERE LISTED FOR THE SITE, THESE 3 WERE MISSED	1. EPA INSPECTION 7/13/20
2.	2.

Section B.2 – Stormwater Control Modifications Implemented to Correct the Problem

List of Stormwater Control Modification(s) Needed to Correct Problem (Add an additional sheet if necessary)	Date of Completion	SWPPP Update Necessary?	Notes
1.	7/13/20	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide date SWPPP modified: 7/13/20	SHOWS LOCATIONS OF MISSING STOCKPILES ON SITE MAP
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide date SWPPP modified:	

Section C – Signature and Certification (CGP Part 5.4.3)

Section C.1 – Contractor or Subcontractor Signature and 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 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 have no personal knowledge that the information submitted is other than 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: Jason Jones

Date: July 13, 2020

Printed Name and Affiliation: JASON JONES J.E.C. LLC

Section C.2 – Operator Signature and 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 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 have no personal knowledge that the information submitted is other than 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 Operator or “Duly Authorized Representative”: _____

Date: _____

Printed Name and Affiliation: _____

Section A – Initial Report (CGP Part 5.4.1)			
(Complete this section within 24 hours of identifying the condition that triggered corrective action)			
Name of Project	FAIRBORNE SUB	NPDES ID No.	IDR 1001 GQ Today's Date 7/13/20
Date Problem First Discovered	7/13/2020	Time Problem First Discovered	
Name and Contact Information of Individual Completing this Form	JASON JONES, J.E.C. LLC		
What site conditions triggered the requirement to conduct corrective action (check the box that applies): <ul style="list-style-type: none"> <input type="checkbox"/> A stormwater control needs repair or replacement (beyond routine maintenance required under Part 2.1.4) <input type="checkbox"/> A stormwater control necessary to comply with the requirements of this permit was never installed, or was installed incorrectly <input type="checkbox"/> A discharge is causing an exceedance of applicable water quality standards <input type="checkbox"/> A Part 1.3 prohibited discharge has occurred <input checked="" type="checkbox"/> EPA requires corrective action as a result of permit violations found during an EPA inspection carried out under Part 4.8 			
Provide a description of the problem: ON-SITE BINDER DESTROYED BY DRUNK DRIVER - NEWLY PRINTED BINDER FAILED TO CONTAIN SIGNATURE PAGES.			
Deadline for completing corrective action (check the box that applies): <ul style="list-style-type: none"> <input type="checkbox"/> Immediately take all reasonable steps to address the condition, including cleaning up any contaminated surfaces so the material will not discharge in subsequent storm events <input checked="" type="checkbox"/> Complete by close of the next business day when problem does not require a new or replacement control or significant repair <input type="checkbox"/> No later than 7 calendar days from the time of discovery for problems that require a new or replacement control or significant repair <input type="checkbox"/> Infeasible to complete the installation or repair within 7 calendar days. Explain why it is infeasible and document schedule for installing control: 			
Enter date of corrective action completion: <u>July 13, 2020</u>			
Section B – Corrective Action Completion (CGP Part 5.4.2)			
(Complete this section no later than 24 hours after completing the corrective action)			
Section B.1 – Why the Problem Occurred			
Cause(s) of Problem (Add an additional sheet if necessary)		How You Determined the Cause and the Date You Determined the Cause	
1. PRINTED BINDER DID NOT CONTAIN SIGNATURE SIGNED PAGES 2.		1. EPA INSPECTION 7/13/20 2.	
Section B.2 – Stormwater Control Modifications Implemented to Correct the Problem			
List of Stormwater Control Modification(s) Needed to Correct Problem (Add an additional sheet if necessary)	Date of Completion	SWPPP Update Necessary? If yes, provide date SWPPP modified:	Notes
1. SIGNATURES INSERTED	7/13/20 ON-SITE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide date SWPPP modified:	OPERATOR SIGNED SWPPP BINDER ON-SITE
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide date SWPPP modified:	

Section C – Signature and Certification (CGP Part 5.4.3)

Section C.1 – Contractor or Subcontractor Signature and 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 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 have no personal knowledge that the information submitted is other than 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: Jason Jones

Date: July 13, 2020

Printed Name and Affiliation: JASON JONES J.E.C. LLC

Section C.2 – Operator Signature and Certification

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Signature of Operator or “Duly Authorized Representative”: _____

Date:

Printed Name and Affiliation: _____

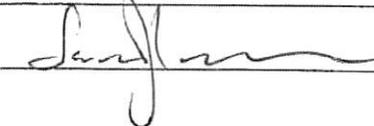
1.2 Stormwater Team

Stormwater Team		
Name and/or position, and contact	Responsibilities	I Have Read the CGP and Understand the Applicable Requirements
<p>Owner: Fairbourne Development LLC Contact: Sam Johnson 2701 E. Pine Ave Meridian, Idaho 83642 Office: (208) 863-5889 Email: Sjohnsonemail2@gmail.com</p>	<p>Responsibilities: The Owner is the principal land owner and the contract manger organization for the project. The Owner has contracted with the Contractor (Fairbroune Development LLC.) to develop and implement the SWPPP and build the project. The Owner will be responsible for general oversight of the project and will retain operational control over construction plans and specifications, including review of the SWPPP and any amendments, inspection reports, corrective actions and changes to stormwater conveyance or control designs. The Owner will participate, when possible, on self-inspections conducted by the Contractor or the Contractor's Inspection Company.</p>	<p><input checked="" type="checkbox"/> Yes Date: 10/22/18</p>
<p>Contractor: Fairbroune Development LLC. Contact: Sam Johnson 2701 E. Pine Ave Meridian, Idaho, 83642 Office: (208) 863-5889 Email: Sjohnsonemail2@gmail.com</p>	<p>Responsibilities: The Contractor has entered into a contract with the Owner to develop and implement and oversee the SWPPP and perform all construction activities at the site. The Contractor will implement and maintain the best management practices (BMPs) specified in Sections 4 and 5, conduct inspections (Section 7), training (Section 8) and address stormwater over the entire site including all areas disturbed by construction activities, areas used for materials storage, discharge points, construction exits, stormwater monitoring/testing, and general responsibility for stormwater on site and at support location.</p>	<p><input checked="" type="checkbox"/> Yes Date: 10/22/18</p>
<p>Company: J.E.C. LLC. Contact: Jason Jones P.O. Box 1512 Meridian, Idaho 83680 Office: (208) 340-2838 Email: Jason@JonesErosion.com</p>	<p>Responsibilities: Consulting as needed, installation of BMPs, site inspections, and developing the SWPPP narrative and plans.</p>	<p><input checked="" type="checkbox"/> Yes Date: October 22, 2018</p>

SECTION 8: CERTIFICATION AND NOTIFICATION

OWNER - Fairbourne Development LLC

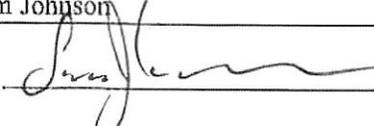
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage 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.

Name: Sam Johnson Title: Member
Signature:  Date: 10/22/18

***This certification must be re-signed in the event of a SWPPP Modification.**

GENERAL CONTRACTOR - Fairbroune Development LLC.

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.

Name: Sam Johnson Title: Certifier
Signature:  Date: 10/22/18

***This certification must be re-signed in the event of a SWPPP Modification.**

Appendix J – Delegation of Authority Form

Delegation of Authority

I, Sam Johnson (name), hereby designate the person or specifically described position below to be a duly authorized representative for the purpose of overseeing compliance with environmental requirements, including the Construction General Permit, at the **Fairbourne Subdivision Phase 1** Project construction site. The designee is authorized to sign any reports, stormwater pollution prevention plans and all other documents required by the permit.

Company: J.E.C. LLC.
Contact: Jason Jones, or Stormwater Inspector
Office: (208) 340-2838
Email: Jason@JonesErosion.com

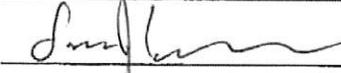
By signing this authorization, I confirm that I meet the requirements to make such a designation as set forth in Appendix I of EPA's CGP, and that the designee above meets the definition of a "duly authorized representative" as set forth in Appendix I.

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 have no personal knowledge that the information submitted is other than 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: Sam Johnson

Company: Fairbourne Development LLC

Title: Member

Signature: 

Date: 10/22/18

Section A – Initial Report (CGP Part 5.4.1)			
(Complete this section within 24 hours of identifying the condition that triggered corrective action)			
Name of Project	PARBOURDE SUB	NPDES ID No.	IDR1001GQ Today's Date 7/13/20
Date Problem First Discovered	7/13/2020	Time Problem First Discovered	
Name and Contact Information of Individual Completing this Form	JASON JONES, J.E.C. LLC		
What site conditions triggered the requirement to conduct corrective action (check the box that applies): <input type="checkbox"/> A stormwater control needs repair or replacement (beyond routine maintenance required under Part 2.1.4) <input type="checkbox"/> A stormwater control necessary to comply with the requirements of this permit was never installed, or was installed incorrectly <input type="checkbox"/> A discharge is causing an exceedance of applicable water quality standards <input type="checkbox"/> A Part 1.3 prohibited discharge has occurred <input checked="" type="checkbox"/> EPA requires corrective action as a result of permit violations found during an EPA inspection carried out under Part 4.8			
Provide a description of the problem: SUBCONTRACTOR NOT COMPLETING DAILY STREET SWEEPING			
Deadline for completing corrective action (check the box that applies): <input type="checkbox"/> Immediately take all reasonable steps to address the condition, including cleaning up any contaminated surfaces so the material will not discharge in subsequent storm events <input checked="" type="checkbox"/> Complete by close of the next business day when problem does not require a new or replacement control or significant repair <input type="checkbox"/> No later than 7 calendar days from the time of discovery for problems that require a new or replacement control or significant repair <input type="checkbox"/> Infeasible to complete the installation or repair within 7 calendar days. Explain why it is infeasible and document schedule for installing control:			
Enter date of corrective action completion: <u>July 14, 2020</u>			
Section B – Corrective Action Completion (CGP Part 5.4.2)			
(Complete this section no later than 24 hours after completing the corrective action)			
Section B.1 – Why the Problem Occurred			
Cause(s) of Problem (Add an additional sheet if necessary)		How You Determined the Cause and the Date You Determined the Cause	
1. SUB CONTRACTOR FAILED TO SWEEP ON DAILY BASIS AFTER 2. STAB, CONST CNT. REMOVED TO FACILITATE 3/4" AGG GRADING		1. EPA INSPECTION 7/13/20 2.	
Section B.2 – Stormwater Control Modifications Implemented to Correct the Problem			
List of Stormwater Control Modification(s) Needed to Correct Problem (Add an additional sheet if necessary)	Date of Completion	SWPPP Update Necessary?	Notes
1.	7/14/20 OBSERVED	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide date SWPPP modified:	
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide date SWPPP modified:	

Section C – Signature and Certification (CGP Part 5.4.3)

Section C.1 – Contractor or Subcontractor Signature and 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 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 have no personal knowledge that the information submitted is other than 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: Jason Jones

Date: July 14, 2020

Printed Name and Affiliation: Jason Jones J.E.C. LLC

Section C.2 – Operator Signature and 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 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 have no personal knowledge that the information submitted is other than 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 Operator or “Duly Authorized Representative”: _____

Date:

Printed Name and Affiliation: _____

Section A – Initial Report (CGP Part 5.4.1)				
(Complete this section within 24 hours of identifying the condition that triggered corrective action)				
Name of Project	FAIRBORNE SUB	NPDES ID No.	IDR1001 GQ	Today's Date 7/23/20
Date Problem First Discovered	7/13/2020	Time Problem First Discovered		
Name and Contact Information of Individual Completing this Form	JASON JONES, J.E.C. LLC			
What site conditions triggered the requirement to conduct corrective action (check the box that applies): <ul style="list-style-type: none"> <input type="checkbox"/> A stormwater control needs repair or replacement (beyond routine maintenance required under Part 2.1.4) <input type="checkbox"/> A stormwater control necessary to comply with the requirements of this permit was never installed, or was installed incorrectly <input type="checkbox"/> A discharge is causing an exceedance of applicable water quality standards <input type="checkbox"/> A Part 1.3 prohibited discharge has occurred <input checked="" type="checkbox"/> EPA requires corrective action as a result of permit violations found during an EPA inspection carried out under Part 4.8 				
Provide a description of the problem: EPA DETERMINED THAT EXISTING DI BAG BY OTHERS NEEDS MAINTENANCE BY US DUE TO OUR TRACKOUT & PROXIMITY TO DROP INLET.				
Deadline for completing corrective action (check the box that applies): <ul style="list-style-type: none"> <input type="checkbox"/> Immediately take all reasonable steps to address the condition, including cleaning up any contaminated surfaces so the material will not discharge in subsequent storm events <input checked="" type="checkbox"/> Complete by close of the next business day when problem does not require a new or replacement control or significant repair <input type="checkbox"/> No later than 7 calendar days from the time of discovery for problems that require a new or replacement control or significant repair <input type="checkbox"/> Infeasible to complete the installation or repair within 7 calendar days. Explain why it is infeasible and document schedule for installing control: 				
Enter date of corrective action completion: 7/24/20				
Section B – Corrective Action Completion (CGP Part 5.4.2)				
(Complete this section no later than 24 hours after completing the corrective action)				
Section B.1 – Why the Problem Occurred				
Cause(s) of Problem (Add an additional sheet if necessary)		How You Determined the Cause and the Date You Determined the Cause		
1. DI BAG INSTALLED PRIOR TO PROJECT START HAS NEEDED MAINTENANCE/REMOVAL 2. BY OTHERS. SINCE OUR OPERATIONS ARE CURRENT & CLOSE, IT HAS BEEN DETERMINED WE SHOULD PROVIDE THE NEEDED MAINTENANCE		1. EPA INSPECTION 7/13/20 EPA REPORT SENT EMAIL 7/23/20 2.		
Section B.2 – Stormwater Control Modifications Implemented to Correct the Problem				
List of Stormwater Control Modification(s) Needed to Correct Problem (Add an additional sheet if necessary)	Date of Completion	SWPPP Update Necessary?	Notes	
1. CHANGE OUT DI BAG NORTHWEST SIDE OF BLACK CREEK	7/24/20	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide date SWPPP modified: 7/24/20	SHOW DI BAG REMOVED & CHANGED	
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide date SWPPP modified:		

Section C –Signature and Certification (CGP Part 5.4.3)

Section C.1 – Contractor or Subcontractor Signature and 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 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 have no personal knowledge that the information submitted is other than 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: Jason Jones

Date: July 23, 2020

Printed Name and Affiliation: JASON JONES J.E.C. LLC

Section C.2 – Operator Signature and 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 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 have no personal knowledge that the information submitted is other than 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 Operator or “Duly Authorized Representative”: _____

Date: _____

Printed Name and Affiliation: _____

Section A - Initial Report (CGP Part 5.4.1)
 (Complete this section within 24 hours of identifying the condition that triggered corrective action)

Name of Project: PAIRBORNE #1

Date Problem First Discovered: 7/13/20

NPDES ID No.:

Today's Date: 7/16/20

Name and Contact Information of Individual Completing this Form: JASON JONES

Time Problem First Discovered: 9:50AM

208 340 2838

- What site conditions triggered the requirement to conduct corrective action (check the box that applies):
- A stormwater control needs repair or replacement (beyond routine maintenance required under Part 2.1.4)
 - A stormwater control necessary to comply with the requirements of this permit was never installed, or was installed incorrectly
 - A discharge is causing an exceedance of applicable water quality standards
 - A Part 1.3 prohibited discharge has occurred
 - EPA requires corrective action as a result of permit violations found during an EPA inspection carried out under Part 4.8

Provide a description of the problem:

CWO ONTO BARE GROUND

- Deadline for completing corrective action (check the box that applies):
- Immediately take all reasonable steps to address the condition, including cleaning up any contaminated surfaces so the material will not discharge in subsequent storm events
 - Complete by close of the next business day when problem does not require a new or replacement control or significant repair
 - No later than 7 calendar days from the time of discovery for problems that require a new or replacement control or significant repair
 - Infeasible to complete the installation or repair within 7 calendar days. Explain why it is infeasible and document schedule for installing control:

Enter date of corrective action completion: _____

Section B - Corrective Action Completion (CGP Part 5.4.2)
 (Complete this section no later than 24 hours after completing the corrective action)

Section B.1 - Why the Problem Occurred

Cause(s) of Problem (Add an additional sheet if necessary)	How You Determined the Cause and the Date You Determined the Cause
1. <u>SPILL/OVERFLOW OF LINED CWO</u> <u>NO CWO PROVIDED</u>	1. <u>VISUAL INSPECTION</u> <u>7/13/20</u>
2. <u>TRUCK DRIVER IGNORANCE</u> <u>MAYBE FROM NEIGHBORING SUB - THEIR USUAL WASHOUT SPOT</u>	

Section B.2 - Stormwater Control Modifications Implemented to Correct the Problem

List of Stormwater Control Modification(s) Needed to Correct Problem (Add an additional sheet if necessary)	Date of Completion	SWPPP Update Necessary?	Notes
1. <u>PROVIDE LINED CWO</u> <u>COMPLETE SCHEDULED MAINTENANCE ON CWO</u>	<u>7/13/20</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide date SWPPP modified: <u>7/13/20</u>	<u>PLASTIC LINED CWO USED & PROVIDED ON-SITE</u>
2. <u>DRIVER TRAINING</u> <u>USE PROVIDED CWO</u>		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide date SWPPP modified:	

Jason Jones

July 8, 2020

Jason Jones JRC UC

OBSERVED FIXES 7/13/20

TOBZ ONSITE OBSERVED 7/22/20

Section A – Initial Report (CGP Part 5.4.1) (Complete this section within 24 hours of identifying the condition that triggered corrective action)				
Name of Project	FAIRBANK SUB	NPDES ID No.	NR1001 GQ	Today's Date 7/23/20
Date Problem First Discovered	7/13/2020	Time Problem First Discovered		
Name and Contact Information of Individual Completing this Form	JASON JONES, JEL WC			
What site conditions triggered the requirement to conduct corrective action (check the box that applies): <input type="checkbox"/> A stormwater control needs repair or replacement (beyond routine maintenance required under Part 2.1.4) <input type="checkbox"/> A stormwater control necessary to comply with the requirements of this permit was never installed, or was installed incorrectly <input type="checkbox"/> A discharge is causing an exceedance of applicable water quality standards <input type="checkbox"/> A Part 1.3 prohibited discharge has occurred <input checked="" type="checkbox"/> EPA requires corrective action as a result of permit violations found during an EPA inspection carried out under Part 4.8				
Provide a description of the problem: CONCRETE NOW WASTE RATHER THAN STOCKPILE				
Deadline for completing corrective action (check the box that applies): <input type="checkbox"/> Immediately take all reasonable steps to address the condition, including cleaning up any contaminated surfaces so the material will not discharge in subsequent storm events <input type="checkbox"/> Complete by close of the next business day when problem does not require a new or replacement control or significant repair <input checked="" type="checkbox"/> No later than 7 calendar days from the time of discovery for problems that require a new or replacement control or significant repair <input type="checkbox"/> Infeasible to complete the installation or repair within 7 calendar days. Explain why it is infeasible and document schedule for installing control:				
Enter date of corrective action completion: OBSERVED 7/22/20				
Section B – Corrective Action Completion (CGP Part 5.4.2) (Complete this section no later than 24 hours after completing the corrective action)				
Section B.1 – Why the Problem Occurred				
Cause(s) of Problem (Add an additional sheet if necessary)		How You Determined the Cause and the Date You Determined the Cause		
1. STOCKPILES OF BROKEN CONCRETE SIDEWALK, GUTTER, PIPE NOW CONSIDERED TO BE CONSTRUCTION WASTE RATHER THAN STOCKPILES, AS HISTORICALLY DETERMINED ON OTHER EPA INSPECTIONS		1. EPA INSPECTION 7/13/20 EPA REPORT SENT 7/23/20 2.		
Section B.2 – Stormwater Control Modifications Implemented to Correct the Problem				
List of Stormwater Control Modification(s) Needed to Correct Problem (Add an additional sheet if necessary)	Date of Completion	SWPPP Update Necessary?	Notes	
1. PROVIDE ON-SITE CONTAINER W/ COVER FOR DEBRIS	OBSERVED 7/22/20	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide date SWPPP modified: 7/22/20	SILT REMOVED PILES ON SITE MAP	
2. OR HAUL OFF ON A DAILY BASIS	STORMWATER INSPECTION	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide date SWPPP modified:		

Section C –Signature and Certification (CGP Part 5.4.3)

Section C.1 – Contractor or Subcontractor Signature and Certification

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Signature of Contractor or Subcontractor: Jason Jones

Date: July 23, 2020

Printed Name and Affiliation: JASON JONES JEC UA

Section C.2 – Operator Signature and 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 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 have no personal knowledge that the information submitted is other than 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 Operator or “Duly Authorized Representative”: _____

Date: _____

Printed Name and Affiliation: _____