

SWMP INSPECTION REPORTING FORM

Well Name: Kiser 03-13-Line Leak (2-3-15) Legal Description: SWSW/4, Sec 3-T1S-R45W

Reason for Routine Inspection: 14-Day Interval 30-Day Interval Significant Storm Event.

Spill Point ID 440772

Remediation #: 14012

Weather information since last inspection was held.

Event	Date Began	Amount (Inches)		Event	Date Began	Amount (Inches)
1				2		
3				4		

Best Management Practices	Overall Condition	Need Repair	G=Good, F=Fair, P=Poor, N/A=Not Applicable Comments
Perimeter BMPs			
Straw Bales/Rolls	G F P <u>N/A</u>	Y <u>N</u>	<i>AREA IS IMPROVING BUT STILL NEEDS MORE PERENNIAL GROWTH</i>
Silt Fence	G F P <u>N/A</u>	Y <u>N</u>	
Berms/Dikes/Ditches	G F P <u>N/A</u>	Y <u>N</u>	
Slope BMPs			
Surface Roughening	<u>G</u> F P N/A	Y <u>N</u>	
Straw mulch	<u>G</u> F P N/A	Y <u>N</u>	
Perennial Vegetation	<u>G</u> F P N/A	Y <u>N</u>	

Will existing BMPs need to be modified or removed or additional BMPs Installed? YES NO
If yes, list the action items to be completed on the table below.

Are uncontrolled releases of mud or sediment from the site evident? YES NO
If yes, what corrective actions are to occur – describe on table below.

Are non-compliance incidents evident? YES NO If no, sign the certification at the bottom of this form: If yes, describe actions to be completed below.

Actions to be Completed	Date Completed
1	
2	
3	

I certify the site is in compliance with the SWMP and this permit: W. REPUBLICAN/DBS

Old Permit: COR 03H496/ New Permit: COR 403419

Inspection completed on 02/26/2021

by: *Don J...*

Title of inspector: Lease Attendant

MA 3-17-21

SWMP INSPECTION REPORTING FORM

Well Name: Kiser 03-13-Line Leak (2-3-15) Legal Description: SWSW/4, Sec 3-T1S-R45W

Reason for Routine Inspection: ___ 14-Day Interval, X 30-Day Interval, ___ Significant Storm Event.

Spill Point ID 440772

Remediation #: 14012

Weather information since last inspection was held.

Event	Date Began	Amount (Inches)		Event	Date Began	Amount (Inches)
1				2		
3				4		

Best Management Practices	Overall Condition	Need Repair	G=Good, F=Fair, P=Poor, N/A=Not Applicable Comments
Perimeter BMPs			
Straw Bales/Rolls	G F P <u>N/A</u>	Y <u>N</u>	<i>SETP IS IMPROVING BUT STILL NEEDS MORE PERENNIAL GROWTH</i>
Silt Fence	G F P <u>N/A</u>	Y <u>N</u>	
Berms/Dikes/Ditches	G F P <u>N/A</u>	Y <u>N</u>	
Slope BMPs			
Surface Roughening	<u>G</u> F P N/A	Y <u>N</u>	
Straw mulch	<u>G</u> F P N/A	Y <u>N</u>	
Perennial Vegetation	<u>G</u> <u>F</u> P N/A	Y <u>N</u>	

Will existing BMPs need to be modified or removed or additional BMPs Installed? YES NO
If yes, list the action items to be completed on the table below.

Are uncontrolled releases of mud or sediment from the site evident? YES NO
If yes, what corrective actions are to occur – describe on table below.

Are non-compliance incidents evident? YES NO If no, sign the certification at the bottom of this form: If yes, describe actions to be completed below.

Actions to be Completed	Date Completed
1	
2	
3	

I certify the site is in compliance with the SWMP and this permit: W. REPUBLICAN/DBS

Old Permit: COR 03H496 / New Permit: COR 403419

Inspection completed on 01/29/2021

by: *[Signature]*

Title of inspector: Lease Attendant

MA 3-17-21

SWMP INSPECTION REPORTING FORM

Well Name: Kiser 03-13-Line Leak (2-3-15) Legal Description: SWSW/4, Sec 3-T1S-R45W

Reason for Routine Inspection: ___ 14-Day Interval, X 30-Day Interval. ___ Significant Storm Event.

Spill Point ID 440772

Remediation #: 14012

Weather information since last inspection was held.

Event	Date Began	Amount (Inches)		Event	Date Began	Amount (Inches)
1				2		
3				4		

Best Management Practices	Overall Condition	Need Repair	G=Good, F=Fair, P=Poor, N/A=Not Applicable Comments
Perimeter BMPs			<i>AREA IS IMPROVING. WILL STILL NEED MORE PERENNIAL GROWTH</i>
Straw Bales/Rolls	G F P <u>N/A</u>	Y <u>N</u>	
Silt Fence	G F P <u>N/A</u>	Y <u>N</u>	
Berms/Dikes/Ditches	G F P <u>N/A</u>	Y <u>N</u>	
Slope BMPs			
Surface Roughening	<u>G</u> F P N/A	Y <u>N</u>	
Straw mulch	<u>G</u> F P N/A	Y <u>N</u>	
Perennial Vegetation	<u>G</u> <u>F</u> P N/A	Y <u>N</u>	

Will existing BMPs need to be modified or removed or additional BMPs Installed? YES NO
If yes, list the action items to be completed on the table below.

Are uncontrolled releases of mud or sediment from the site evident? YES NO
If yes, what corrective actions are to occur – describe on table below.

Are non-compliance incidents evident? YES NO If no, sign the certification at the bottom of this form: If yes, describe actions to be completed below.

Actions to be Completed	Date Completed
1	
2	
3	

I certify the site is in compliance with the SWMP and this permit: W. REPUBLICAN/DBS

Old Permit: COR 03H496 / New Permit: COR 403419

Inspection completed on 12/3/2020 by: *[Signature]*

Title of inspector: Lease Attendant

[Signature] 1-6-21

SWMP INSPECTION REPORTING FORM

Well Name: Kiser 03-13-Line Leak (2-3-15) Legal Description: SWSW/4, Sec 3-T1S-R45W

Reason for Routine Inspection: 14-Day Interval, 30-Day Interval, Significant Storm Event.

Weather information since last inspection was held.

Event	Date Began	Amount (Inches)	Event	Date Began	Amount (Inches)
1			2		
3			4		

Best Management Practices	Overall Condition	Need Repair	G=Good, F=Fair, P=Poor, N/A=Not Applicable Comments
Perimeter BMPs			
Straw Bales/Rolls	G F P <u>N/A</u>	Y <u>N</u>	<i>SITE HAS IMPROVED BUT STILL NEEDS MORE PERENNIAL VEGETATION</i>
Silt Fence	G F P <u>N/A</u>	Y <u>N</u>	
Berms/Dikes/Ditches	G F P <u>N/A</u>	Y <u>N</u>	
Slope BMPs			
Surface Roughening	<u>G</u> F P N/A	Y <u>N</u>	
Straw mulch	<u>G</u> F P N/A	Y <u>N</u>	
Perennial Vegetation	<u>G</u> F P N/A	Y <u>N</u>	

Will existing BMPs need to be modified or removed or additional BMPs Installed? YES NO
 If yes, list the action items to be completed on the table below.

Are uncontrolled releases of mud or sediment from the site evident? YES NO
 If yes, what corrective actions are to occur – describe on table below.

Are non-compliance incidents evident? YES NO If no, sign the certification at the bottom of this form: If yes, describe actions to be completed below.

Actions to be Completed	Date Completed
1	
2	
3	

I certify the site is in compliance with the SWMP and this permit: W. REPUBLICAN/DBS COR

03H496

Inspection completed on 11/30/2020

by 

Title of inspector: Lease Attendant

MW 1-6-20

SWMP INSPECTION REPORTING FORM

Well Name: Kiser 03-13-Line Leak (2-3-15) Legal Description: SWSW/4, Sec 3-T1S-R45W

Reason for Routine Inspection: ___ 14-Day Interval, X 30-Day Interval. ___ Significant Storm Event.

Weather information since last inspection was held.

Event	Date Began	Amount (Inches)		Event	Date Began	Amount (Inches)
1				2		
3				4		

Best Management Practices	Overall Condition	Need Repair	G=Good, F=Fair, P=Poor, N/A=Not Applicable Comments
Perimeter BMPs			
Straw Bales/Rolls	G F P <u>N/A</u>	Y <u>N</u>	<i>AREA IS IMPROVING BUT STILL NEED MORE PERENNIAL VEGETATION</i>
Silt Fence	G F P <u>N/A</u>	Y <u>N</u>	
Berms/Dikes/Ditches	G F P <u>N/A</u>	Y <u>N</u>	
Slope BMPs			
Surface Roughening	<u>G</u> F P N/A	Y <u>N</u>	
Straw mulch	<u>G</u> F P N/A	Y <u>N</u>	
Perennial Vegetation	<u>G</u> F P N/A	Y <u>N</u>	

Will existing BMPs need to be modified or removed or additional BMPs Installed? YES NO
If yes, list the action items to be completed on the table below.

Are uncontrolled releases of mud or sediment from the site evident? YES NO
If yes, what corrective actions are to occur – describe on table below.

Are non-compliance incidents evident? YES NO If no, sign the certification at the bottom of this form: If yes, describe actions to be completed below.

Actions to be Completed	Date Completed
1	
2	
3	

I certify the site is in compliance with the SWMP and this permit: W. REPUBLICAN/DBS COR
03H496

Inspection completed on 10/27 2020

by: 

Title of inspector: Lease Attendant



SWMP INSPECTION REPORTING FORM

Well Name: Kiser 03-13-Line Leak (2-3-15) Legal Description: SWSW/4, Sec 3-T1S-R45W

Reason for Routine Inspection: ___ 14-Day Interval, X 30-Day Interval. ___ Significant Storm Event.

Weather information since last inspection was held.

Event	Date Began	Amount (Inches)		Event	Date Began	Amount (Inches)
1				2		
3				4		

Best Management Practices	Overall Condition	Need Repair	G=Good, F=Fair, P=Poor, N/A=Not Applicable Comments
Perimeter BMPs			
Straw Bales/Rolls	G F P <u>N/A</u>	Y <u>N</u>	<i>SITE HAS IMPROVED BUT STILL NEEDS MORE PERENNIAL VEGETATION</i>
Silt Fence	G F P <u>N/A</u>	Y <u>N</u>	
Berms/Dikes/Ditches	G F P <u>N/A</u>	Y <u>N</u>	
Slope BMPs			
Surface Roughening	<u>G</u> F P N/A	Y <u>N</u>	
Straw mulch	<u>G</u> F P N/A	Y <u>N</u>	
Perennial Vegetation	<u>G</u> F P N/A	Y <u>N</u>	

Will existing BMPs need to be modified or removed or additional BMPs Installed? YES NO
If yes, list the action items to be completed on the table below.

Are uncontrolled releases of mud or sediment from the site evident? YES NO
If yes, what corrective actions are to occur – describe on table below.

Are non-compliance incidents evident? YES NO If no, sign the certification at the bottom of this form: If yes, describe actions to be completed below.

Actions to be Completed	Date Completed
1	
2	
3	

I certify the site is in compliance with the SWMP and this permit: W. REPUBLICAN/DBS COR
03H496

Inspection completed on 09/30/2020

by: 

Title of inspector: Lease Attendant



SWMP INSPECTION REPORTING FORM

Well Name: Kiser 03-13-Line Leak (2-3-15) Legal Description: SWSW/4, Sec 3-T1S-R45W

Reason for Routine Inspection: 14-Day Interval, X 30-Day Interval. Significant Storm Event.

Weather information since last inspection was held.

Event	Date Began	Amount (Inches)		Event	Date Began	Amount (Inches)
1				2		
3				4		

Best Management Practices	Overall Condition	Need Repair	G=Good, F=Fair, P=Poor, N/A=Not Applicable Comments
Perimeter BMPs			
Straw Bales/Rolls	G F P <u>N/A</u>	Y <u>N</u>	<i>AREA HAS IMPROVED BUT STILL NEEDS MORE PERENNIAL VEGETATION</i>
Silt Fence	G F P <u>N/A</u>	Y <u>N</u>	
Berms/Dikes/Ditches	G F P <u>N/A</u>	Y <u>N</u>	
Slope BMPs			
Surface Roughening	<u>G</u> F P N/A	Y <u>N</u>	
Straw mulch	<u>G</u> F P N/A	Y <u>N</u>	
Perennial Vegetation	<u>G</u> F P N/A	Y <u>N</u>	

Will existing BMPs need to be modified or removed or additional BMPs Installed? YES NO
 If yes, list the action items to be completed on the table below.

Are uncontrolled releases of mud or sediment from the site evident? YES NO
 If yes, what corrective actions are to occur – describe on table below.

Are non-compliance incidents evident? YES NO If no, sign the certification at the bottom of this form: If yes, describe actions to be completed below.

Actions to be Completed	Date Completed
1	
2	
3	

I certify the site is in compliance with the SWMP and this permit: W. REPUBLICAN/DBS COR
03H496

Inspection completed on 08/31 /2020

by: *Da [Signature]*
Mo/9-28-20

Title of inspector: Lease Attendant

SWMP INSPECTION REPORTING FORM

Well Name: Kiser 03-13-Line Leak (2-3-15) Legal Description: SWSW/4, Sec 3-T1S-R45W

Reason for Routine Inspection: ___ 14-Day Interval, X 30-Day Interval, ___ Significant Storm Event.

Weather information since last inspection was held.

Event	Date Began	Amount (Inches)		Event	Date Began	Amount (Inches)
1				2		
3				4		

Best Management Practices	Overall Condition	Need Repair	G=Good, F=Fair, P=Poor, N/A=Not Applicable Comments
Perimeter BMPs			
Straw Bales/Rolls	G F P <u>N/A</u>	Y <u>N</u>	<i>SITE HAS IMPROVED, STILL NEEDS MORE PERENNIAL GROWTH</i>
Silt Fence	G F P <u>N/A</u>	Y <u>N</u>	
Berms/Dikes/Ditches	G F P <u>N/A</u>	Y <u>N</u>	
Slope BMPs			
Surface Roughening	<u>G</u> F P N/A	Y <u>N</u>	
Straw mulch	<u>G</u> F P N/A	Y <u>N</u>	
Perennial Vegetation	<u>G</u> F P N/A	Y <u>N</u>	

Will existing BMPs need to be modified or removed or additional BMPs Installed? YES NO
If yes, list the action items to be completed on the table below.

Are uncontrolled releases of mud or sediment from the site evident? YES NO
If yes, what corrective actions are to occur – describe on table below.

Are non-compliance incidents evident? YES NO If no, sign the certification at the bottom of this form: If yes, describe actions to be completed below.

Actions to be Completed	Date Completed
1	
2	
3	

I certify the site is in compliance with the SWMP and this permit: W. REPUBLICAN/DBS COR -

03H496

Inspection completed on 07/31/2020

by *[Signature]*

Title of inspector: Lease Attendant

[Signature]
07-2-20

SWMP INSPECTION REPORTING FORM

Well Name: Kiser 03-13-Line Leak (2-3-15) Legal Description: SWSW/4, Sec 3-T1S-R45W

Reason for Routine Inspection: 14-Day Interval, 30-Day Interval. Significant Storm Event.

Weather information since last inspection was held.

Event	Date Began	Amount (Inches)		Event	Date Began	Amount (Inches)
1				2		
3				4		

Best Management Practices	Overall Condition	Need Repair	G=Good, F=Fair, P=Poor, N/A=Not Applicable Comments
Perimeter BMPs			<i>GROWTH IS IMPROVING, STILL NEEDS MORE PERENNIAL GROWTH</i>
Straw Bales/Rolls	G F P <u>N/A</u>	Y <u>N</u>	
Silt Fence	G F P <u>N/A</u>	Y <u>N</u>	
Berms/Dikes/Ditches	G F P <u>N/A</u>	Y <u>N</u>	
Slope BMPs			
Surface Roughening	<u>G</u> F P N/A	Y <u>N</u>	
Straw mulch	<u>G</u> F P N/A	Y <u>N</u>	
Perennial Vegetation	<u>G</u> F P N/A	Y <u>N</u>	

Will existing BMPs need to be modified or removed or additional BMPs Installed? YES NO

If yes, list the action items to be completed on the table below.

Are uncontrolled releases of mud or sediment from the site evident? YES NO

If yes, what corrective actions are to occur – describe on table below.

Are non-compliance incidents evident? YES NO If no, sign the certification at the bottom of this form: If yes, describe actions to be completed below.

Actions to be Completed	Date Completed
1	
2	
3	

I certify the site is in compliance with the SWMP and this permit: W. REPUBLICAN/DBS COR
03H496

Inspection completed on 06/30/2020

by: *Don St...*

Title of inspector: Lease Attendant

MS 7-22-20

SWMP INSPECTION REPORTING FORM

Well Name: Kiser 03-13-Line Leak (2-3-15)

Legal Description: SWSW/4, Sec 3-T1S-R45W

Reason for Routine Inspection: ___ 14-Day Interval, X 30-Day Interval. ___ Significant Storm Event.

Weather information since last inspection was held.

Event	Date Began	Amount (Inches)		Event	Date Began	Amount (Inches)
1				2		
3				4		

Best Management Practices	Overall Condition	Need Repair	<u>G=Good, F=Fair, P=Poor, N/A=Not Applicable</u> Comments
Perimeter BMPs			
Straw Bales/Rolls	G F P <u>N/A</u>	Y <u>N</u>	<i>GROWTH CONTINUES TO IMPROVE BUT STILL THEN ON PERENNIAL GROWTH</i>
Silt Fence	G F P <u>N/A</u>	Y <u>N</u>	
Berms/Dikes/Ditches	G F P <u>N/A</u>	Y <u>N</u>	
Slope BMPs			
Surface Roughening	<u>G</u> F P N/A	Y <u>N</u>	
Straw mulch	<u>G</u> F P N/A	Y <u>N</u>	
Perennial Vegetation	<u>G</u> F P N/A	Y <u>N</u>	

Will existing BMPs need to be modified or removed or additional BMPs Installed? YES NO
If yes, list the action items to be completed on the table below.

Are uncontrolled releases of mud or sediment from the site evident? YES NO
If yes, what corrective actions are to occur – describe on table below.

Are non-compliance incidents evident? YES NO If no, sign the certification at the bottom of this form: If yes, describe actions to be completed below.

Actions to be Completed	Date Completed
1	
2	
3	

I certify the site is in compliance with the SWMP and this permit: W. REPUBLICAN/DBS COR
03H496

Inspection completed on 05/29/2020

by: 

Title of inspector: Lease Attendant

MA 7-15-20

SWMP INSPECTION REPORTING FORM

Well Name: Kiser 03-13-Line Leak (2-3-15) Legal Description: SWSW/4, Sec 3-T1S-R45W

Reason for Routine Inspection: ___ 14-Day Interval, X 30-Day Interval. ___ Significant Storm Event.

Weather information since last inspection was held.

Event	Date Began	Amount (Inches)		Event	Date Began	Amount (Inches)
1				2		
3				4		

Best Management Practices	Overall Condition	Need Repair	G=Good, F=Fair, P=Poor, N/A=Not Applicable Comments
Perimeter BMPs			
Straw Bales/Rolls	G F P <u>N/A</u>	Y <u>N</u>	<i>SOME PERENNIAL GROWTH BUT NEEDS MORE</i>
Silt Fence	G F P <u>N/A</u>	Y <u>N</u>	
Berms/Dikes/Ditches	G F P <u>N/A</u>	Y <u>N</u>	
Slope BMPs			
Surface Roughening	<u>G</u> F P N/A	Y <u>N</u>	
Straw mulch	<u>G</u> F P N/A	Y <u>N</u>	
Perennial Vegetation	G <u>F</u> P N/A	Y <u>N</u>	

Will existing BMPs need to be modified or removed or additional BMPs Installed? YES NO
If yes, list the action items to be completed on the table below.

Are uncontrolled releases of mud or sediment from the site evident? YES NO
If yes, what corrective actions are to occur – describe on table below.

Are non-compliance incidents evident? YES NO If no, sign the certification at the bottom of this form: If yes, describe actions to be completed below.

Actions to be Completed	Date Completed
1	
2	
3	

I certify the site is in compliance with the SWMP and this permit: W. REPUBLICAN/DBS COR

03H496

Inspection completed on 04/30/2020

by: 

Title of inspector: Lease Attendant

MS 7-16-20

SWMP INSPECTION REPORTING FORM

Well Name: Kiser 03-13-Line Leak (2-3-15) Legal Description: SWSW/4, Sec 3-T1S-R45W

Reason for Routine Inspection: 14-Day Interval, 30-Day Interval, Significant Storm Event.

Weather information since last inspection was held.

Event	Date Began	Amount (Inches)		Event	Date Began	Amount (Inches)
1				2		
3				4		

Best Management Practices	Overall Condition	Need Repair	G=Good, F=Fair, P=Poor, N/A=Not Applicable Comments
Perimeter BMPs			PERENNIAL GROWTH STILL THIN AND NEEDS MORE TIME
Straw Bales/Rolls	G F P <u>N/A</u>	Y <u>N</u>	
Silt Fence	G F P <u>N/A</u>	Y <u>N</u>	
Berms/Dikes/Ditches	G F P <u>N/A</u>	Y <u>N</u>	
Slope BMPs			
Surface Roughening	<u>G</u> F P N/A	Y <u>N</u>	
Straw mulch	<u>G</u> F P N/A	Y <u>N</u>	
Perennial Vegetation	<u>G</u> F P N/A	Y <u>N</u>	

Will existing BMPs need to be modified or removed or additional BMPs installed? YES NO

If yes, list the action items to be completed on the table below.

Are uncontrolled releases of mud or sediment from the site evident? YES NO

If yes, what corrective actions are to occur – describe on table below.

Are non-compliance incidents evident? YES NO If no, sign the certification at the bottom of this form: If yes, describe actions to be completed below.

Actions to be Completed	Date Completed
1	
2	
3	

I certify the site is in compliance with the SWMP and this permit: W. REPUBLICAN/DBS COR
03H496

Inspection completed on 03/31/2020 by: *[Signature]*

Title of inspector: Lease Attendant

Mark 4-23-20

SWMP INSPECTION REPORTING FORM

Well Name: Kiser 03-13-Line Leak (2-3-15) Legal Description: SWSW/4, Sec 3-T1S-R45W

Reason for Routine Inspection: ___ 14-Day Interval, X 30-Day Interval. ___ Significant Storm Event.

Weather information since last inspection was held.

Event	Date Began	Amount (Inches)		Event	Date Began	Amount (Inches)
1				2		
3				4		

Best Management Practices	Overall Condition	Need Repair	G=Good, F=Fair, P=Poor, N/A=Not Applicable Comments
Perimeter BMPs			
Straw Bales/Rolls	G F P <u>N/A</u>	Y <u>N</u>	<i>PERENNIAL GROWTH SHOWS SOME IMPROVEMENT IN THE LAST GROWING SEASON BUT STILL NEEDS IMPROVEMENT</i>
Silt Fence	G F P <u>N/A</u>	Y <u>N</u>	
Berms/Dikes/Ditches	G F P <u>N/A</u>	Y <u>N</u>	
Slope BMPs			
Surface Roughening	<u>G</u> F P N/A	Y <u>N</u>	
Straw mulch	<u>G</u> F P N/A	Y <u>N</u>	
Perennial Vegetation	G <u>F</u> P N/A	Y <u>N</u>	

Will existing BMPs need to be modified or removed or additional BMPs installed? YES NO
If yes, list the action items to be completed on the table below.

Are uncontrolled releases of mud or sediment from the site evident? YES NO
If yes, what corrective actions are to occur – describe on table below.

Are non-compliance incidents evident? YES NO If no, sign the certification at the bottom of this form: If yes, describe actions to be completed below.

Actions to be Completed	Date Completed
1	
2	
3	

I certify the site is in compliance with the SWMP and this permit: W. REPUBLICAN/DBS COR

03H496

Inspection completed on 02/28/2020

by: 

Title of inspector: Lease Attendant

M 4-23-20

SWMP INSPECTION REPORTING FORM

Well Name: Kiser 03-13-Line Leak (2-3-15) Legal Description: SWSW/4, Sec 3-T1S-R45W

Reason for Routine Inspection: 14-Day Interval, 30-Day Interval, Significant Storm Event.

Weather information since last inspection was held.

Event	Date Began	Amount (Inches)		Event	Date Began	Amount (Inches)
1				2		
3				4		

Best Management Practices	Overall Condition	Need Repair	G=Good, F=Fair, P=Poor, N/A=Not Applicable Comments
Perimeter BMPs			
Straw Bales/Rolls	G F P <u>N/A</u>	Y <u>N</u>	<i>PERENNIAL GROWTH STILL THIN AND NEEDS MORE TIME</i>
Silt Fence	G F P <u>N/A</u>	Y <u>N</u>	
Berms/Dikes/Ditches	G F P <u>N/A</u>	Y <u>N</u>	
Slope BMPs			
Surface Roughening	<u>G</u> F P N/A	Y <u>N</u>	
Straw mulch	<u>G</u> F P N/A	Y <u>N</u>	
Perennial Vegetation	<u>G</u> F P N/A	Y <u>N</u>	

Will existing BMPs need to be modified or removed or additional BMPs Installed? YES **NO**
 If yes, list the action items to be completed on the table below.

Are uncontrolled releases of mud or sediment from the site evident? YES **NO**
 If yes, what corrective actions are to occur – describe on table below.

Are non-compliance incidents evident? YES **NO** If no, sign the certification at the bottom of this form: If yes, describe actions to be completed below.

Actions to be Completed	Date Completed
1	
2	
3	

I certify the site is in compliance with the SWMP and this permit: W. REPUBLICAN/DBS COR
03H496

Inspection completed on 01/31/2020

by: 

Title of inspector: Lease Attendant

Mark 2-24-20