



PROJECT NAME AND SITE ADDRESS:	CONTRACT NUMBER:
	ORACLE NUMBER:
	WDID NUMBER:

CONTRACTOR NAME AND ADDRESS:	PROJECT SITE RISK LEVEL <input type="checkbox"/> Risk Level 1 <input type="checkbox"/> LUP Type 1 <input type="checkbox"/> Risk Level 2 <input type="checkbox"/> LUP Type 2 <input type="checkbox"/> Risk Level 3 <input type="checkbox"/> LUP Type 3
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General Information

Active time during the reporting period of July 1 through June 30

Was construction active for three months or longer within this annual reporting period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were there any inactive periods that started and stopped during the reporting period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If last answer was YES, list the start and stop dates of Inactive Period(s) Start: _____ Stop: _____	

Personnel Summary

Primary Qualified SWPPP Developer (QSD):
Primary Qualified SWPPP Practitioner (QSP):

Individual(s) who performed inspections, sampling or measurements:

Name	Title	Inspection	Sampling	Measurements
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Exceptions Summary

Were there any visual inspection exceptions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were there any sampling exceptions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were there any General Permit violations?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Corresponding Reports

Attach the following reports:

Inspection Log Template (Annual Report Excel Template).



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Certification

Water Pollution Control Manager 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 gather and evaluate 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.

Water Pollution Control Manager Name:

Date:

Water Pollution Control Manager Signature:

Resident Engineer 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 gather and evaluate 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.

Resident Engineer Name:

Date:

Resident Engineer Signature:

INSTRUCTIONS

GENERAL INFORMATION

- This form complies with Order WQ 2022-0057-DWQ, NPDES Number CAS000002, "National Pollutant Discharge Elimination System General Permit for Stormwater Discharges Associated with Construction and Land Disturbance Activities."
- Submit a Stormwater Annual Report to the resident engineer by July 15 of any calendar year, for the previous construction period from July 1 through June 30, for any project that was active for a minimum of 90 days in that time period. Otherwise, submit within 15 days after Contract Acceptance.