



City of Castle Pines
 360 Village Square Lane, Suite B
 Castle Pines, CO 80108
 Phone 303-705-0200

OPERATOR COMPLIANCE FOLLOW-UP FORM

Project Information

Project Name:	GESC Permit No.:
CPDS Cert. No.: COR-03-	Location:
Date of Operator Compliance Follow-up Inspection:	
SWMP Admin/ECS Name(s):	Site Operator:
Describe present phase of construction:	

Corrective Actions

Date of inspection when inadequate or failure to implement controls or pollutant discharges were noted:

Contractor must submit photo documentation demonstrating all corrective actions have been addressed. Photographs to be attached to this report and sent to:

Corrective Action Log

Item No.	Description of Items Needing Correction (can be taken directly from MS4 Compliance Inspection)	Photo #(s). for Work Completed	Date Completed
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

Please note, this report may not include all deficiencies on your site. This MS4 oversight inspection is designed to assist the City in determining if this site's stormwater program is being consistently and effectively implemented.

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Item No.	Description of Items Needing Correction, continued	Photo No(s). for Work Completed	Date Completed
10.			
11.			
12.			
13.			
14.			
15.			

Operator Inspector Certification

I certify that the information in this Inspection Report is, to the best of my knowledge and belief, true, accurate, and complete.

Operator/Contractor or GESC Inspector's Signature:

Operator/Contractor or GESC Inspector's Printed Name:

Date:

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Photo 1:



Photo 2:



Photo 3:



Photo 4:



Photo 5:



Photo 6:



Photo 7:

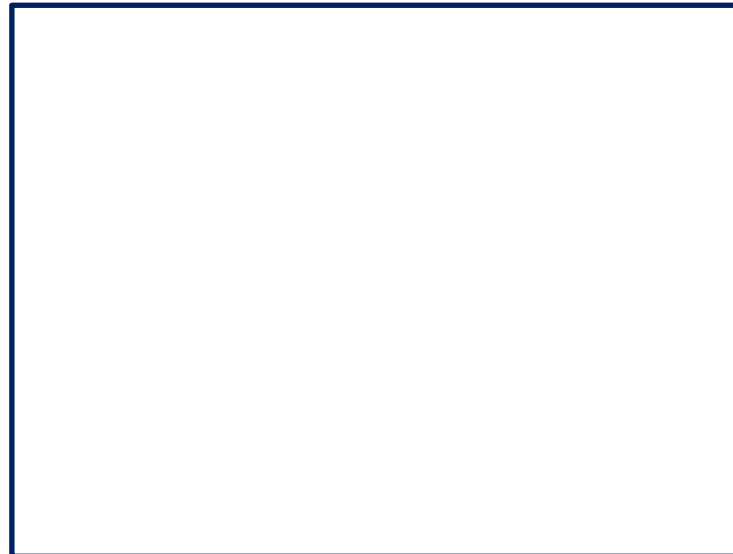


Photo 8:



Photo 9:



Photo 10:

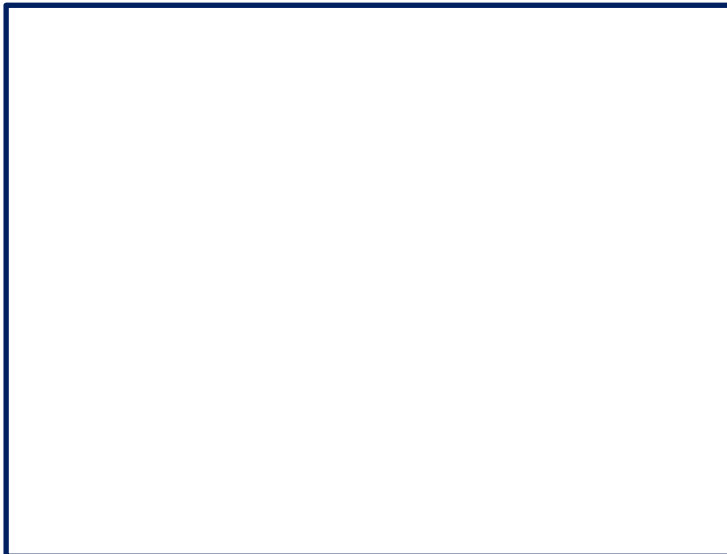


Photo 11:



Photo 12:



Photo 13:



Photo 14:



Photo 15:



Photo 16:



Photo 17:



Photo 18:



Photo 19:



Photo 20:



Photo 21:



Photo 22:



Photo 23:



Photo 24:



Photo 25:



Photo 26:



Photo 27:



Photo 28:



Photo 29:



Photo 30:



Photo 31:



Photo 32: