

STATE OF CALIFORNIA
REGIONAL WATER QUALITY CONTROL BOARD-LAHONTAN REGION

INSPECTION FORM
FOR
IMPLEMENTATION, FORENSIC AND EFFECTIVENESS MONITORING
FOR DISCHARGES RELATED TO TIMBER HARVEST ACTIVITIES

THP Name: _____ Project Number/Name: _____

Inspector Name: _____ Title: _____

Date of Inspection: _____ Time: _____

Road Name: _____ Crossing #: _____

Watercourse Name: _____ Classification: I II III IV

Monitoring Type

Implementation
(Before November 15th with
No winter ops planned)

Forensic
(November 15th to April 1st -
2" in 24-hours & 5" total)

Effectiveness
(March 15th to June 15th)

Implementation
(Before November 15th with
Winter ops planned)

Forensic
(November 1st to April 1st -
2" in 24-hours & 15" total)

Observations (for implementation monitoring indicate if mitigation measures were implemented; for effectiveness monitoring discuss the effectiveness of mitigation measures/BMPs)

Are all operations/harvest activities in compliance with the waiver? Yes No
If No please provide a description:

Are all activities conducted within the criteria for Project Waiver Category? Yes No
If No please provide a description:

Have corrective actions been identified? Yes No

Describe corrective actions that were taken and/or a schedule of any future corrective actions:

Field Observations

Stream Stage: Dry Low Moderate High Flooding
(select one)

Sky Code: Clear Partly Cloudy Overcast Fog Hazy
(select one)

Precipitation: None Foggy Drizzle Rain Snow
(select one)

Date of Last Precipitation:

Notes:

I certify under the penalty of law that this document and all attachments were prepared under my direct or supervision following a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my knowledge of the person(s) who manage the system, or those directly responsible for data gathering, 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.

Signature: _____

Name:

Title:

Photo Point Monitoring

For each Photo Point please provide a photo number and give a description of the area being photographed: (stream crossing, road fill slope/cutslope, landing, etc.).

For each Photo Point Location please provide a brief description of the area: Upstream, Downstream, Aerial, Other:



Image Number: Date: _____ Time: _____

Description and location:

