

SWMP INSPECTION REPORTING FORM

Well Name: Schelpier 19-03 PA 12-2021 Legal Description: NENW/4 SEC 19-T0 2S-R44W

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

Remediation #: 20322

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 N/A | Y N | <i>5050 PLUSSED. APPLIED GYPSUM</i> |
| Silt Fence | G F P N/A | Y N | |
| Berms/Dikes/Ditches | G F P N/A | Y N | |
| Slope BMPs | | | |
| Surface Roughening | G F P N/A | Y N | |
| Straw mulch | G F P N/A | Y N | |
| Perennial Vegetation | G F P N/A | Y N | |

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: Vernon/AT

Old Permit: COR 039921 / New Permit: COR 403420

Inspection completed on 12/21/2021 by: Austin Torrence

Title of inspector: Lease Attendant

MW 2-17-22