

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
STORMWATER SITE INSPECTION REPORT
CORRECTIVE ACTIONS SUMMARY

CEM-2035 (REV 2/2012)

PROJECT INFORMATION NAME AND SITE ADDRESS	CONTRACT NUMBER/CO/RTE/PM	
	PROJECT IDENTIFIER NUMBER	
	WDID NUMBER	
CONTRACTOR NAME AND ADDRESS	PROJECT SITE WATER POLLUTION CONTROL <input type="checkbox"/> WPCP <input type="checkbox"/> SWPPP	SWPPP PROJECT SITE RISK LEVEL <input type="checkbox"/> Risk Level 1 <input type="checkbox"/> N/A. Project resides in the Lake Tahoe Hydrologic Unit and is regulated under Order No. R6T-2011-0019, NPDES No. CAG616002. <input type="checkbox"/> Risk Level 2 <input type="checkbox"/> Risk Level 3
Submitted by contractor (print and sign name)		Date

Daily Site Inspection of Best Management Practices
List daily inspections for at least the previous four days.

Date	Daily inspection performed by	Any corrective actions listed on inspection reports?		If yes, are corrective actions shown on form CEM-2035?		Date shown on corrective action form
		YES	NO	YES	NO	
		<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"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Implement required actions identified in a Stormwater Site Inspection Report Summary as soon as possible, but actions must begin within 72 hours of the site inspection, or complete before the next predicted rain event, whichever is sooner if in the Lake Tahoe Hydrologic Unit.

Corrective action number	Verification of Stormwater Site Inspection Corrective Actions			
1	BMP Type		Location	
	Required Action		Comments	
	Date Completed	Verified by (print name)	Verified by (signature)	
2	BMP Type		Location	
	Required Action		Comments	
	Date Completed	Verified by (print name)	Verified by (signature)	
3	BMP Type		Location	
	Required Action		Comments	
	Date Completed	Verified by (print name)	Verified by (signature)	
4	BMP Type		Location	
	Required Action		Comments	
	Date Completed	Verified by (print name)	Verified by (signature)	

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Stormwater Site Inspection Report Corrective Action Summary Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision according to a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the people who manage the system or are directly responsible for gathering the information, the information submitted is true, accurate, and complete to the best of my knowledge and belief. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment of knowing violations.

Water pollution control manager name	Date
Water pollution control manager signature	

Stormwater Site Inspection Report Corrective Action Summary Acceptance

Resident engineer name	Date
Resident engineer signature	

General Information

- CGP Attachments C, D, and E, Section G., 5., g require the information on this form.
- If the summary form does not have enough lines to report all required actions, use additional copies of this form's page 2 to report all required corrective actions from an inspection form.
- On page 2 of this form and additional copies of page 2, insert consecutive numbers for each required corrective action.

Required Actions

- Identified locations—where BMPs are failing or have other shortcomings—require repairs or design changes within 72 hours of identification and complete BMP repairs or other changes as soon as possible, or before the next predicted rain event, whichever is sooner per the Lake Tahoe Hydrologic Unit Permit.
- Comments must be provided when the required action is changed from the Stormwater Site Inspection Report.

ADA Notice

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