



Maine's Multi-Sector General Permit

Corrective Action Report (C.A.R)

A. General Information

Facility Name:				
Permit Number:				
Contact Person:			Title:	
Phone:		Ext:		Email:
C.A.R Date:				
Site Inspection or Site Compliance Evaluation Date:				

B. Report Information

If a non-structural BMP is found to be deficient, this form must be kept in the facility's SWPPP.

Is there a structural or non-structural BMP deficiency?	<input type="checkbox"/> Structural	<input type="checkbox"/> Non-Structural	<input type="checkbox"/> Both
--	--	--	--------------------------------------

If non-structural BMP deficiencies are identified please use the table below (See Section C for Structural):

Non-structural BMP	Location	Deficiency	Corrective Actions (Start and Stop Dates)	SWPPP Modifications

C. If structural BMP deficiencies are identified please complete the following information:

If a structural BMP is found to be deficient, excluding routine maintenance, this report must be kept with the facility's SWPPP and you must notify the regional stormwater inspector within (14) business days by phone, email, or USPS. If a non-structural BMP is found to be deficient, this form must be kept in the facility's SWPPP.

Description of BMP and the deficiency: (Please include the reason for the deficiency)

Location of BMP: _____

Description of planned corrective actions including any temporary BMPs:

Are other Department licenses or permits required? Yes No

If so what, and have they been obtained?

Date of construction or completion of corrective action: _____

Date of SWPPP modifications: _____

Note: If existing structural BMPs require modification or if additional structural BMPs are necessary, implementation must be completed before the next anticipated storm event to the greatest extent practicable, but not more than twelve (12) weeks after discovery of the deficiency unless otherwise authorized by the Department. Temporary BMPs must be implemented as soon as practicable after the Site Compliance Evaluation or site inspection is complete.

Signature of Responsible Official: 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 gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, 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 fines and imprisonment for knowingly violating the law.

Name: _____ Date: _____

Signature: _____