**Corrective Action Report Form**

DEQ Authorization No. OKR10\_\_\_\_\_\_\_\_\_\_

You are only required to fill out this form if any of the corrective action triggering conditions occurs on your site. Routine maintenance and repairs are generally not considered to be a corrective action triggering condition.

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| --- | --- | --- | --- | --- | --- | --- |
| **Section A – Initial Report (Part 4.5.15.C.1 of OKR10)**  (Complete this section within **24 hours** of discovering the condition that triggered corrective action) | | | | | | |
| **Name of Project:** |  | | | | **Today’s Date:** |  |
| **Date Problem First Discovered:** | |  | | **Time Problem First Discovered:** | |  |
| **Name & Contact Information of the Individual:** | | | | | | |
| **What site conditions triggered the requirement to conduct corrective action** *(check the box that applies)***:**  A required stormwater control was never installed or was installed incorrectly, or not in accordance with the corresponding OKR10 permit requirement  A stormwater control is not effective enough for the discharge to meet applicable water quality standards  A prohibited discharge (OKR10 Parts 3.1 and 3.3.3.A) is occurring or has occurred.  DEQ requires corrective action as a result of permit violations found during an DEQ inspection | | | | | | |
| **Provide a description of the problem:** | | | | | | |
| **Deadline for completing corrective action:** | | | ***no more than 7 calendar days after the date***  ***you discovered the problem*** | | | |

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| **Section B – Corrective Action Progress (Part 4.5.15.C.2 of OKR10)**  (Complete this section no later than **7 calendar days** after discovering the condition that triggered corrective action) | | | |
| **Section B.1 – Why the Problem Occurred** | | | |
| **Cause(s) of Problem** | | **How It Was Determined & Date of Determining the Cause** | |
| 1. | | 1. | |
| 2. | | 2. | |
| **Section B.2 – Stormwater Control Modifications to be Implemented to Correct the Problem** | | | |
| **List of Stormwater Control Modification(s) Needed to Correct Problem** | **Date of Completion** | **SWP3 Update Necessary?** | **Notes** |
| 1. |  | Yes No, If yes, provide date SWPPP modified: |  |
| 2. |  | Yes No, If yes, provide date SWPPP modified: |  |

**Section C – Certification and Signature by Permittee**

“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 the 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 fine and imprisonment for knowing violations.”

**Signature of Permittee or**

**Duly Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**