



Maine's Multi-Sector General Permit Corrective Action Report (C.A.R)

A. General Information

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|---------------------------------|--|------|--------|--------|--|
| Facility Name: | | | | | |
| Permit Number: | | | | | |
| Contact Person: | | | Title: | | |
| Phone: | | Ext: | | Email: | |
| C.A.R Date: | | | | | |
| Date deficiency was identified: | | | | | |

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

Location of BMP: _____

Description of immediate actions taken, including measures taken to prevent the reoccurrence: _____

Description of planned corrective actions including any temporary BMPs: _____

Dates when temporary BMPs were implemented: _____

Dates when corrective actions was completed: _____

Are other Department licenses or permits required? Yes No
If so what, and have they been obtained? _____

Date of SWPPP modifications: _____

Note: If it is determined that additional actions are necessary beyond those implemented in accordance with immediate action response, the corrective actions must be completed before the next storm event if possible, and within 14 calendar days from the time of discovery of the corrective action condition. If it is infeasible to complete the corrective action within 14 calendar days, the permittee must document why it is infeasible to complete the corrective action within the 14 day timeframe. A schedule for completing the work which must be done as soon as practicable after the 14 day timeframe but no longer than 45 days after the discovery must be identified. If the completion of corrective action will exceed the 45 day timeframe, the Department must be notified of the intention to exceed 45 days. Documentation must include rationale for an extension, and a completion date.

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 compete. 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: _____