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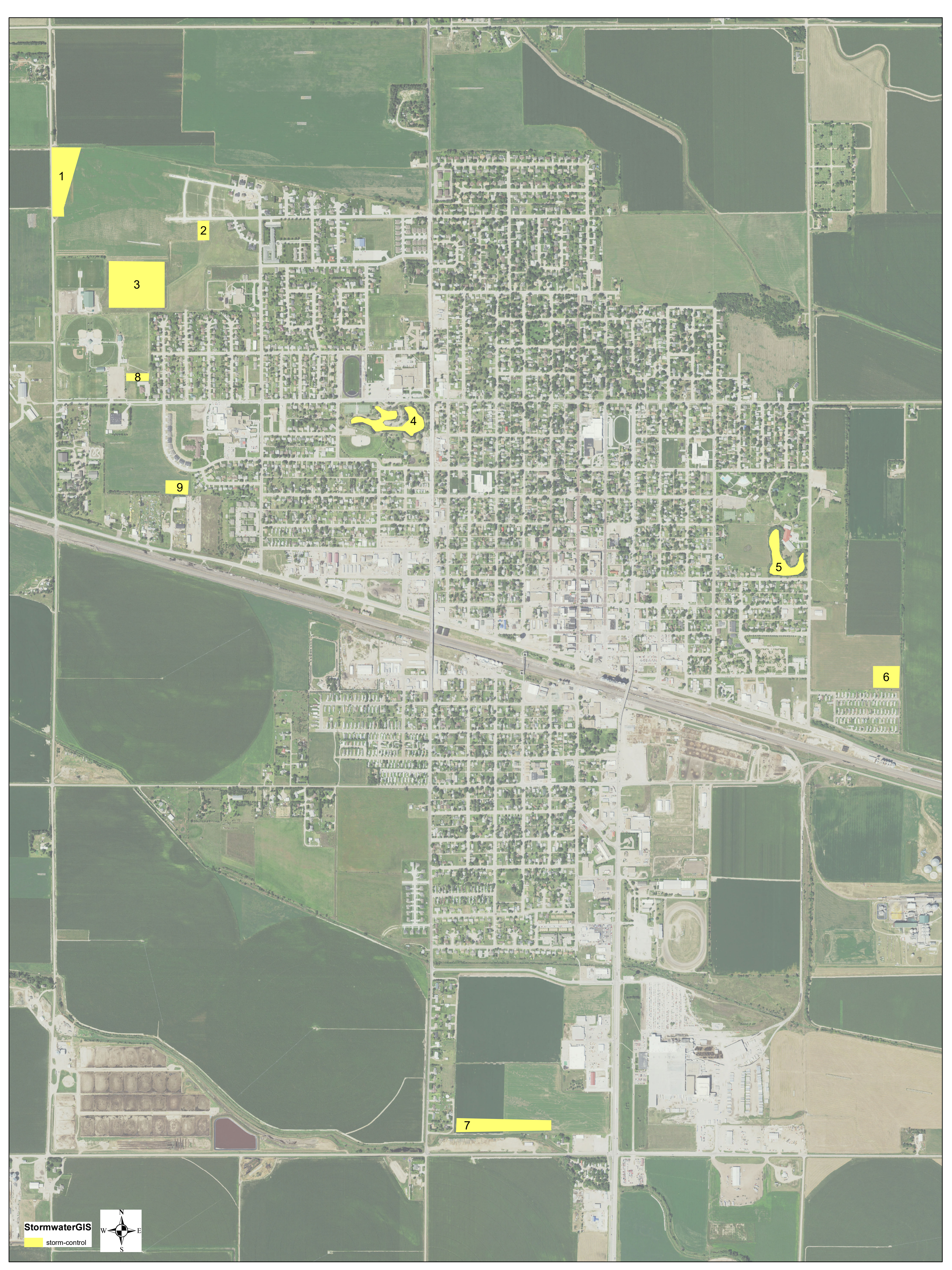
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Post-Construction Stormwater Management Plan (PCSMP)

Project Name: _____

Inspector: _____

Inspection Date: _____

STF Number	STF Type	Assessment Performed	Corrective Actions Needed	Corrective Actions Assigned To	Expected Completion Date	Access Restricted (Fences, Vegetation, etc.)	Is Site Modified From Original Plan?

Conditions	Maintenance Corrections and Comments
Outstanding (No Maintenance Required) Satisfactory (Minor Maintenance Required) Needs Improvement (Maintenance Needed) Not Applicable	