

Action Plan Form

PART I: ESCP NARRATIVE FORM

1. Permit Registration Information

Date: _____

Project Name: _____

Prepared By: _____

Company Name: _____

E-mail Address: _____

2. Oregon Registered Professional Engineer Information and Stamp (for projects over 20 acres)

Name: _____

Address: _____

Telephone: _____

Imprint Seal Above

3. Inspector Qualifications Information

Name: _____

Telephone: _____

Address: _____

E-Mail: _____

Training: _____

Experience: _____

4. Local Government Requirements

Describe changes in local government requirements: _____

5. Narrative Site Description

Changes to the nature of the construction activity and the final use of the site: _____

Describe changes in the origin and nature of fill material to be used: _____

6. 303(d)/TMDL Requirements

Check the selected BMP(s) that will be implemented and rationale for choosing the BMPs: _____

- Option 2: Will implement one or more of the following BMPs to control and treat sediment and turbidity:**
 - Compost berms, compost blankets, or compost socks;**
 - Erosion control mats (rolled or blown);**
 - Tackifiers used in combination with perimeter sediment control BMPs;**
 - Established vegetated buffers sized at 50 feet plus 25 feet per 5 degrees of slope;**
 - Water treatment by electro-coagulation, chemical flocculation, filtration; or**
 - Other substantially equivalent sediment or turbidity BMP approved by DEQ.**