



PROJECT NAME AND SITE ADDRESS:	CONTRACT NUMBER:
	ORACLE NUMBER:
	WDID NUMBER:
CONTRACTOR NAME AND ADDRESS:	PROJECT SITE RISK LEVEL: <input type="checkbox"/> Risk Level 1 <input type="checkbox"/> Risk Level 2 <input type="checkbox"/> Risk Level 3 <input type="checkbox"/> LUP Type
Submitted by (Print Name and Sign):	
	Date:
Water Pollution Control Manager Name and Company Name:	Phone Number:
	Emergency (24/7) Phone Number:
Erosion and sediment control provider or subcontractor Name and Company:	Phone number
	Emergency (24/7) Phone Number:
Stormwater sampling and testing agent or subcontractor Name and Company:	Phone Number:
	Emergency (24/7) Phone Number:

Storm Information

Attach forecasted precipitation information from the National Weather Service Forecast Office website, <http://www.srh.noaa.gov/forecast>

Project site zip code:	Date forecast checked:	Time forecast checked:
Forecast percentage probability of precipitation in 24 hours:	Expected precipitation amount:	Date:
Forecast percentage probability of precipitation in 48 hours:	Expected precipitation amount:	Date:
Forecast percentage probability of precipitation in 72 hours:	Expected precipitation amount:	Date:
Will predicted weather pattern rain event produce ½-inch or more rain? <input type="checkbox"/> Yes <input type="checkbox"/> No	Note: A qualifying rain event happens when a predicted weather pattern will produce ½-inch or more precipitation. A qualifying rain event will require stormwater visual monitoring, site inspections, and sampling and analysis of stormwater discharges.	

Activities Associated with Construction Projects

Check ALL boxes below that apply to current project site.

<input type="checkbox"/> Erosion and sediment control	<input type="checkbox"/> Trash removal	<input type="checkbox"/> Other _____
<input type="checkbox"/> Material delivery and storage	<input type="checkbox"/> Sweeping	<input type="checkbox"/> Other _____

Subcontractors or Trades Active on Site for Construction

Check ALL boxes below that apply to current project site.

<input type="checkbox"/> Erosion and sediment control	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Other _____

Trade (Subcontractor) Information Provided

Check ALL boxes below that apply to current project site.

<input type="checkbox"/> Project SWPPP handout	<input type="checkbox"/> Tailgate meetings
<input type="checkbox"/> Contract specifications	<input type="checkbox"/> Posters and signage
<input type="checkbox"/> Educational material handout	Other _____
<input type="checkbox"/> SWPPP training workshop	Other _____



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Predicted Rain-Event-Triggered Actions

Activity	Actions Required Before Predicted Likely Rain Event
Information and Scheduling	<p> <input type="checkbox"/> Project superintendent informed of predicted rain at _____ (time) on _____ (date). <input type="checkbox"/> Foreman and subcontractors informed of predicted rain. <input type="checkbox"/> Erosion control or sediment control provider notified to provide. <input type="checkbox"/> Pre-storm crew with at least _____ people. <input type="checkbox"/> Pre-storm crew to start implementing storm event actions by _____ (time) on _____ (date). If non-visible pollutant sampling and testing are required, alert sample collection and testing provider. List of non-visible pollutant sampling locations and parameters. 1. _____ 2. _____ 3. _____ 4. _____ <input type="checkbox"/> Check that adequate erosion and sediment control materials are on hand for: <input type="checkbox"/> Pre-storm required actions <input type="checkbox"/> Extended storm event maintenance and repair <input type="checkbox"/> Review that the BMP site map is updated and provide a copy to erosion and sediment control provider or subcontractor. <input type="checkbox"/> Other _____ </p> <p align="center">Construction Site Monitoring Program Actions Required Before a Forecasted Qualified Rain Event</p> <p> <input type="checkbox"/> Pre-storm stormwater site inspection completed. <input type="checkbox"/> Listed corrective actions identified by pre-storm stormwater site inspection that must be corrected before storm event on page 4 of this REAP. <input type="checkbox"/> Staff scheduled for inspections during storm. <input type="checkbox"/> Erosion control or sediment control provider notified at _____ (time) on _____ (date) to provide crew of at least _____ people during the storm event. <input type="checkbox"/> The attached contingency plan is to be implemented in the event of flooding. <input type="checkbox"/> Review the discharge location site map for the current phase of the project. Include additional non-visible pollutant sampling locations identified during pre-storm stormwater site inspection. <input type="checkbox"/> Alert sample collection and testing provider that sampling will be required and provide the following: <input type="checkbox"/> Update discharge location site map <input type="checkbox"/> The required number of sampling locations for this phase of the project: <input type="checkbox"/> _____ Discharge points <input type="checkbox"/> _____ Receiving water for Risk Level 3 <input type="checkbox"/> _____ Run-on locations <input type="checkbox"/> _____ Non-visible potential discharge points Discharge Sampling Locations 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ Run-on Sampling Locations 1. _____ 2. _____ 3. _____ 4. _____ </p>



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Predicted Rain-Event-Triggered Actions (continued)

Activity	Construction Site Monitoring Program Actions Required Before a Forecasted Qualifying Rain Event (continued)
Information and Scheduling	Receiving Water Sampling Locations 1. _____ 2. _____ 3. _____ 4. _____ <input type="checkbox"/> Identify non-visible pollutant testing locations and parameters on Page 2. <input type="checkbox"/> Sampling will need to begin at approximately _____ (time) on _____ (date).
	Actions Required Before Predicted Rain Event
Material Storage Areas	<input type="checkbox"/> Material covered or in sheds (For example, treated woods and metals) <input type="checkbox"/> Stockpiles covered and perimeter control installed <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____
Waste Management Areas	<input type="checkbox"/> Dumpsters closed <input type="checkbox"/> Drain holes plugged <input type="checkbox"/> Recycling bins covered <input type="checkbox"/> Sanitary stations bermed and protected from tipping <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____
Secure Site for Storm Event	<input type="checkbox"/> Materials and equipment properly stored and covered <input type="checkbox"/> Waste and debris exposed in covered dumpsters or removed from site <input type="checkbox"/> Trenches and excavations protected <input type="checkbox"/> Perimeter controls placed around disturbed areas <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____
Spills and Drips	<input type="checkbox"/> Clean up all spills and drips, including paint, fuel, and oil <input type="checkbox"/> Empty drip pans <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____



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Predicted Rain-Event-Triggered Actions (continued)

Activity	Actions Required Before Predicted Likely Rain Event	
Site Erosion and Sediment Control BMPs	<input type="checkbox"/> Site perimeter controls are in place. <input type="checkbox"/> Catch basin and drop inlet protection are in place. <input type="checkbox"/> Sediment basins and traps have adequate capacity. <input type="checkbox"/> Temporary perimeter control deployed on inactive areas. <input type="checkbox"/> Temporary perimeter control deployed around disturbed areas and stockpiles. <input type="checkbox"/> Roads swept. <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	
Pre-storm Inspection Identified Corrective Action	<input type="checkbox"/> _____ <input type="checkbox"/> _____	Corrective Action Number (From form CE 2022) _____ _____ _____ _____ _____ _____ _____ _____ _____

Certification of Rain Event Action Plan

I certify under penalty of law that this Rain Event Action Plan (REAP) will be implemented in accordance with the General Construction Permit by me or under my direction or supervision. The information contained in this REAP was gathered and evaluated by qualified personnel before submittal. Based on my review of the information and inquiry of those who gathered and evaluated the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete.

I am aware that Section 309 (c)(4) of the CWA provides for significant penalties, including fines and imprisonment for knowingly submitting false material statement, representation or certification.

Water Pollution Control Manager (Name)	Date
Water Pollution Control Manager (Signature)	
Accepted by Resident Engineer (Name)	Date
Resident Engineer (Signature)	