** EQUINE FACILITY DAILY INSPECTION FORM **

Inspection of the areas listed below should occur daily. Record any conditions or changes that could result in discharges to surface water and/or from the property under the control of the discharger on this sheet. Record the date, your initials, a check-mark beneath each column once the item is examined, and provide notes as needed, as well as the action taken to correct the issue or concern.

*Reporting Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Facility Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Facility Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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| ***Date*** | ***Your Initials*** | ***Pumping equipment******(if applicable)*** | ***Waterlines*** | ***Outdoor animal wash racks*** | ***Corrals*** | ***Nearby Surface Water*** | ***Notes****. Describe any manure containment conditions that could lead to discharges. If there are no such conditions, indicate, “None.” Note actions taken to correct any deficiencies. Attach additional notes as needed.* |
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*Note: Under the SF Bay CAF WDR, this record must be maintained for a period of 5 years after it is created and made available upon request during inspections.*

# Form to document non-stormwater discharges.

**If enrolled in the San Francisco Bay CAF WDR, all adverse conditions, including discharges that are a threat to human health or the environment must be reported to the Water Board within 24 hours, and corrective action taken as soon as possible.**

**For every event of a discharge from your facility not comprised of clean water, one of these data sheets must be filled out and included in the annual report.**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Observer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of discharge event:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Approximate amount of liquid or solid discharged (if known):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Actions Required (note N/A if no action required):

Drawing and Observations: