

ECM SERVICES

Self Paced Training Module 3



Monthly Rain Activity Reporting

The *Monthly Rain Activity Report*

form consists of a header section and
two tables

This Report must be completed daily!!

ECMS GROUP MONITORING PROGRAM: MONTHLY RAIN ACTIVITY REPORT

Facility: _____ WDID: _____
 Inspector's Name: _____ Title: _____
 Month/Year: _____ GSMMP Number: CADG WMG

TABLE A: DAILY RAIN ACTIVITY LOG ✓

Dates	Did it Rain ¹		Offsite Discharge ²		Dates	Did it Rain ¹		Offsite Discharge ²		Dates	Did it Rain ¹		Offsite Discharge ²	
	Yes	No	Yes	No		Yes	No	Yes	No		Yes	No	Yes	No
1					12					23				
2					13					24				
3					14					25				
4					15					26				
5					16					27				
6					17					28				
7					18					29				
8					19					30				
9					20					31				
10					21					Notes: 1. Did it rain during normal business hours? 2. Did stormwater start to discharge offsite during normal business hours?				
11					22									

Header

Table A

TABLE B: DISCHARGE INSPECTION LOG

Facility: _____ WDID# _____

Instructions: Complete Table B: No Discharge Inspection Log:
 Fill out Section 1 of this log for days of the reporting month that it rained during normal business hours but did not result in any offsite discharge of stormwater or surface drainage during normal business hours. Inspect all discharge locations at your site and verify that no offsite discharge of stormwater occurred during the rain event, and/or:
 Fill out Section 2 of this log for days of the reporting month that it rained, but the stormwater discharge DID NOT START during normal business hours. For those days that it rained and the offsite stormwater discharge started during normal business complete the already filed Observation Report. Times may be approximate. Use "BBH" for before business hours. Use "ABH" for after business hours.

Section 1: No Offsite Discharge Log

Date of Rain Event	Date of Inspection	Time of Inspection	Inspector Name	Inspector Title

Section 2: No Discharge During Business Hours Log

Date Rain Started	Time Rain Started	Date Discharge Started	Time Discharge Started	Inspector Name	Inspector Title

Table B

Section 1

Section 2

Table A

- **Calendars the month's rain events on a daily basis;**
- **Provides real-time documentation concerning the occurrence of any off-site discharge; and**
- **Provides a reliable reference source to use to complete other monthly reporting requirements.**

Table B

1. Section 1: **No Discharge Inspection Log** provides a daily recording of all rain events that occurred during business hours, but ***did not*** produce off-site storm water discharge.
2. Section 2: **No Discharge During Business Hours Log** documents rain events occurring during business hours that resulted in run-off/dischARGE either ***before and/or after normal business hours.***

Important

**The data recorded in Tables A and B
must support each other**

**ECMS GROUP MONITORING PROGRAM: MONTHLY RAIN ACTIVITY
REPORT**

Facility: _____ WDID: _____

Inspector's Name: _____ Title: _____

Month/Year: _____ GSMP Member: CADG WMG

TABLE A: DAILY RAIN ACTIVITY LOG

Date	Did it Rain?		Offsite Discharge?		Date	Did it Rain?		Offsite Discharge?	
	Yes	No	Yes	No		Yes	No	Yes	No
1 1		2		3	17 1		2		3
2					18				
3					19				

Table A

- 1. Do not record anything in the Date Box. These numbers correspond to the days of the month. This report MUST be completed DAILY.**
- 2. For each day, indicate if it rained or not by checking the appropriate box.**
- 3. For each day, indicate if any off-site discharge occurred during normal business hours.**



**Record in Table B – Section 1,
the days where it rained during
normal business hours, but off-
site storm water run-off/
discharge **DID NOT OCCUR****

TABLE B: DISCHARGE INSPECTION LOG

Facility: _____ **WDID#** _____

Instructions: Complete Table B: No Discharge Inspection Log:

Fill out Section 1 of this log for days of the reporting month that it rained during normal business hours but did not result in any offsite discharge of stormwater or surface drainage during normal business hours. Inspect all discharge locations at your site and verify that no offsite discharge of stormwater occurred during the rain event.; and/or

Fill out Section 2 out this log for days of the reporting month that it rained, but the stormwater discharge DID NOT START during normal business hours. For those *days that it rained and the offsite stormwater discharge started during normal business complete the Weekly Wet Observation Report.*

Times may be approximate. Use "BBH" for before business hours. Use "ABH" for after business hours.

Section 1: No Offsite Discharge Log

Date of Rain Event	Date of Inspection	Time of Inspection	Inspector Name	Inspector Title
1	2	3	4	5

Table B – Section 1

All dates are to be formatted as dd/mm/yyyy

- 1. Enter the date it rained.**
- 2. Enter the date the discharge locations were inspected when it was determined that there was no off-site discharge to document.**
- 3. Enter the time the discharge locations were inspected when it was determined that there was no off-site discharge. This time must be during normal business hours.**
- 4. & 5. Enter the name and title of the PPT member who conducted the inspection.**



**Record in Table B – Section 2,
the days where it rained during
normal business hours, but the
off-site storm water run-off
OCCURRED either before and/or
after normal business hours.**

TABLE B: DISCHARGE INSPECTION LOG

Section 2: No Discharge During Business Hours Log

Date Rain Started	Time Rain Started	Date Discharge Started	Time Discharge Started	Inspector Name	Inspector Title
1	2	3	4	5	6

Table B – Section 2

All dates are to be formatted as dd/mm/yyyy

1. Enter the date the rain started.
2. Enter the time the rain started during normal business hours.
3. Enter the date that off-site discharge started.
4. Enter the time (either before or after normal business hours) that off-site discharge started.
5. & 6. Enter the name and title of the PPT member who conducted the inspections.

[CLICK HERE TO COMPLETE THE TRAINING CERTIFICATION](#)