

MONTHLY SUMMARY REPORT

For the month of: _____ (the last day of the month), the **Storm Water Pollution Prevention Checklist** has been completed by: _____ (your name, rank and/or title) for the following facility: _____ (use the name from the cover page for your facility).

Check one of the following items:

- There were no problems noted for this facility.**
- There is (are) a problem(s) for this facility. It is described in detail as follows:**

Only this page must be faxed to (502) 624-3000
