



Department of Public Works
Engineering Division

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EROSION CONTROL PLAN INITIAL IMPLEMENTATION CERTIFICATION FORM

Erosion Control Permit
Number: _____

Project Name: _____

Site Address: _____

Certifying Engineer: _____

Certification Date: _____

INITIAL EROSION CONTROL BEST MANAGEMENT PRACTICES (BMP) INSTALLED:

BMP	Comments

(attach additional sheets as needed)

ADDITIONAL EROSION CONTROL BMPS TO BE IMPLEMENTED AS-NEEDED:

BMP	Comments

(attach additional sheets as needed)

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