**Additional BMP Form for** Choose an item. **Minimum Control Measure**

1. **BMP #** Click here to enter text.

2. **BMP Title:** Click here to enter text.

3. **Provide the measurable goal from SWMP:** Click here to enter text.

1. Did you comply with the measurable goal? Yes[ ]  No[ ]
2. If not, explain why you did not comply with the measurable goal: Click here to enter text.

4. **Documentation**

1. Did you attach documentation of the BMP activities completed during the reporting period? Yes[ ]  No[ ]
2. If not, please explain why: Click here to enter text.

5. **Implementation Schedule**

1. BMP activities completed during this reporting period: Click here to enter text.
2. Date(s) for any BMP activities completed during this reporting period: Click here to enter text.
3. Did you comply with the implementation schedule in the SWMP? Yes[ ]  No[ ]
4. If not, please explain why: Click here to enter text.

6. **BMP Effectiveness**

1. Do you consider this BMP to be effective? Yes[ ]  No[ ]
2. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue[ ]  Revise[ ]
3. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes[ ]  No[ ]
4. If yes, please explain: Click here to enter text.