**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.