




**Compliance Table:**

Facility Name	Compliance Issue(s)	Correspondence Sent? <i>(Attach copies of all correspondence to and from the PCS)</i>	Compliance Issues Resolved?

\_\_\_\_\_  
**Name and Signature of person conducting the BMP inspections**

\_\_\_\_\_  
**Date**

**Has the inspector been trained for BMP inspections by DES staff?    Yes    No    If so, when? \_\_\_\_\_**

*Assistance in achieving BMP compliance is available from DES by contacting Pierce Rigrod at 271-0688 or [pierce.rigrod@des.nh.gov](mailto:pierce.rigrod@des.nh.gov) .*

**Please return completed and signed form with your application**