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| **Industrial Stormwater**  **Routine Facility Inspection Report** |

1. **General Information**

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| --- | --- | --- | --- | --- | --- |
| **Facility Name:** |  | | | | |
| **DEQ Authorization No.** | |  | | **Date of Inspection:** |  |
| **Inspection Start Time:** | |  | | **End Time:** |  |
| **Inspector’s Name:** | |  | | | |
| **Inspector’s Title & Phone No.:** | | |  | | |

**2. Weather and Discharge Information**

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| --- | --- | --- | --- | --- |
| **Weather at time of this inspection?**  Clear Cloudy Rain Sleet Fog Snow High Winds  Other: | | | | |
| **Temperature:** |  | **Rainfall Data:** |  | (in inch) |
| **Are there any discharges occurring at the time of inspection?**  Yes  No | | | | |
| If yes, describe: |  | | | |
|  | | | | |
| **Have any previously unidentified discharges of pollutants occurred since the last inspection?**  Yes  No | | | | |
| If yes, describe: |  | | | |
|  | | | | |

**3. Observations Related to Areas of Industrial Materials/Activities Exposed to Stormwater**

The following general areas and the areas identified as potential sources of pollutants should be assessed during routine inspections. ***Customize*** this list as needed for the specific types of industrial materials or activities at your facility that are potential pollutant sources.

| **No.** | **Area/Activity** | **Inspected?** | **Controls appropriate, effective & operating?** | **Describe the Needed Maintenance and/or Corrective Action** |
| --- | --- | --- | --- | --- |
| 1 | Material loading/unloading and storage areas | Yes  No  N/A | Yes  No |  |
| 2 | Equipment operations and maintenance areas | Yes  No  N/A | Yes  No |  |
| 3 | Fueling areas | Yes  No  N/A | Yes  No |  |
| 4 | Outdoor vehicle and equipment washing areas | Yes  No  N/A | Yes  No |  |
| 5 | Waste handling and disposal areas | Yes  No  N/A | Yes  No |  |
| 6 | Erodible areas/construction | Yes  No  N/A | Yes  No |  |
| 7 | Non-stormwater/illicit connections | Yes  No  N/A | Yes  No |  |
| 8 | Salt storage piles or pile containing salt | Yes  No  N/A | Yes  No |  |
| 9 | Dust generation and vehicle tracking | Yes  No  N/A | Yes  No |  |
| 10 | Processing areas | Yes  No  N/A | Yes  No |  |
| 12 | Immediate access roads and rail lines used or traveled by carriers of the facility | Yes  No  N/A | Yes  No |  |
| 13 | Storage areas for raw materials, intermediate and final products | Yes  No  N/A | Yes  No |  |
| 14 | Shipping and receiving areas | Yes  No  N/A | Yes  No |  |
| 15 | (Other) | Yes  No  N/A | Yes  No |  |
| 16 | (Other) | Yes  No  N/A | Yes  No |  |
| 17 | (Other) | Yes  No  N/A | Yes  No |  |
| 18 | (Other) | Yes  No  N/A | Yes  No |  |

**4. Observations Related to Implementation of Structural Control Measures**

Include all the structural stormwater control measures identified on your site map in your SWP3 below (add as many control measures as are implemented on-site). Carry a ***copy of the******site map*** which locates all the structural stormwater controls and pollutants generating activities with you during your inspections. This list will ensure that you are inspecting all the activity areas and control measures at your facility. **Identify if maintenance or corrective action is needed.**

| **No.** | **Name of the Structural Control Measure** | **Control Measure is Operating Effectively?** | **If No, in need of Maintenance, Repair, or Replacement?** | **Describe the Needed Maintenance and/or**  **Corrective Action** |
| --- | --- | --- | --- | --- |
| 1 |  | Yes  No | Maintenance  Repair  Replacement |  |
| 2 |  | Yes  No | Maintenance  Repair  Replacement |  |
| 3 |  | Yes  No | Maintenance  Repair  Replacement |  |
| 4 |  | Yes  No | Maintenance  Repair  Replacement |  |
| 5 |  | Yes  No | Maintenance  Repair  Replacement |  |
| 6 |  | Yes  No | Maintenance  Repair  Replacement |  |
| 7 |  | Yes  No | Maintenance  Repair  Replacement |  |
| 8 |  | Yes  No | Maintenance  Repair  Replacement |  |
| 9 |  | Yes  No | Maintenance  Repair  Replacement |  |
| 10 |  | Yes  No | Maintenance  Repair  Replacement |  |

**5. Observations Related to Each Discharge Point**

|  |  |
| --- | --- |
| **Outfall ID** | **Describe your observations of any evidence of potential for pollutants entering the drainage system, physical condition of and around each outfall, flow dissipation devices, etc. Identify if any corrective action is needed.** |
| 001 |  |
| 002 |  |
| 003 |  |
| 004 |  |
| 005 |  |
|  |  |
|  |  |
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**6. Incidents of Non-Compliance**

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| --- | --- |
| Describe any incidents of non-compliance observed and not described above: |  |
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**7. Additional Control Measures needed to Comply with the Permit Requirement**

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| --- | --- |
| Describe any additional control measures needed to comply with the permit requirements: |  |
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**8. Additional Notes or Observations from the Inspection**

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| --- | --- |
| Describe any additional notes or observations from the inspection: |  |
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**Certification Statement**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | | **Title:** |  | | |
| **Signature:** | |  | | | **Date:** |  |