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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: |  |
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**3. Observation 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.

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

**4. Observation Related to 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 numbered site map with you during your inspections. This list will ensure that you are inspecting all required control measures at your facility. **Identify if maintenance or corrective action is needed.**

| **Sl. No** | **Structural Control Measure** | **Control Measure is Operating Effectively?** | **If No, In Need of Maintenance, Repair, or Replacement?** | **Maintenance or Corrective Action Needed and Notes** |
| --- | --- | --- | --- | --- |
| 1 | Insert Control Measure Name | 🞏 Yes 🞏 No  | 🞎 Maintenance🞎 Repair🞎 Replacement | Describe Maintenance and/or Corrective Actions Needed  |
| 2 | Insert Control Measure Name | 🞏 Yes 🞏 No  | 🞎 Maintenance🞎 Repair🞎 Replacement | Describe Maintenance and/or Corrective Actions Needed |
| 3 | Insert Control Measure Name | 🞏 Yes 🞏 No | 🞎 Maintenance🞎 Repair🞎 Replacement | Describe Maintenance and/or Corrective Actions Needed |
| 4 | Insert Control Measure Name | 🞏 Yes 🞏 No | 🞎 Maintenance🞎 Repair🞎 Replacement | Describe Maintenance and/or Corrective Actions Needed |
| 5 | Insert Control Measure Name | 🞏 Yes 🞏 No | 🞎 Maintenance🞎 Repair🞎 Replacement | Describe Maintenance and/or Corrective Actions Needed |
| 6 | Insert Control Measure Name | 🞏 Yes 🞏 No | 🞎 Maintenance🞎 Repair🞎 Replacement | Describe Maintenance and/or Corrective Actions Needed |
| 7 | Insert Control Measure Name | 🞏 Yes 🞏 No | 🞎 Maintenance🞎 Repair🞎 Replacement | Describe Maintenance and/or Corrective Actions Needed |
| 8 | Insert Control Measure Name | 🞏 Yes 🞏 No | 🞎 Maintenance🞎 Repair🞎 Replacement | Describe Maintenance and/or Corrective Actions Needed |
| 9 | Insert Control Measure Name | 🞏 Yes 🞏 No | 🞎 Maintenance🞎 Repair🞎 Replacement | Describe Maintenance and/or Corrective Actions Needed |
| 10 | Insert Control Measure Name | 🞏 Yes 🞏 No | 🞎 Maintenance🞎 Repair🞎 Replacement | Describe Maintenance and/or Corrective Actions Needed |
| 11 | Insert Control Measure Name | 🞏 Yes 🞏 No | 🞎 Maintenance🞎 Repair🞎 Replacement | Describe Maintenance and/or Corrective Actions Needed |
| 12 | Insert Control Measure Name | 🞏 Yes 🞏 No | 🞎 Maintenance🞎 Repair🞎 Replacement | Describe Maintenance and/or Corrective Actions Needed |
| 13 | Insert Control Measure Name | 🞏 Yes 🞏 No | 🞎 Maintenance🞎 Repair🞎 Replacement | Describe Maintenance and/or Corrective Actions Needed |

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

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| **Outfall ID** | **Describe your observation of any evidence of/potential for pollutants entering the drainage system, physical condition of and around each outfall, flow dissipation devices. Identify if any corrective action is needed.** |
| 001 | Describe Discharge Points Observations |
| 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 Observation 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: |  |