

MDR0800



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
WASHINGTON, DC 20460

## Annual Reporting Form

### A. GENERAL INFORMATION

1. Facility Name: Cox Creek WRF

2. NPDES Permit Tracking No.: MDR0800

3. Facility Physical Address:

a. Street: 8866 Wagner Station Road

b. City: Curtis Bay

c. State: MD

d. Zip Code: 21226

4. Lead Inspectors Name: JEROME NAPORA

Title: TEAM MANAGER

Additional Inspectors Name(s): MIKE SMITH JR

TEAM MANAGER

5. Contact Person: JEROME NAPORA

Title: TEAM MANAGER

Phone: 410-222-6060 Ext. --- E-mail: jwnap@223a9c0county.org

6. Inspection Date: / /

### B. GENERAL INSPECTION FINDINGS

1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to stormwater?  
 YES  NO

If NO, describe why not:

**NOTE:** Complete Section C of this form for each industrial activity area inspected and included in your SWPPP or as newly identified in B.2 or B.3 below where pollutants may be exposed to stormwater.

2. Did this inspection identify any stormwater or non-stormwater outfalls not previously identified in your SWPPP?  YES  NO

If YES, for each location, describe the sources of those stormwater and non-stormwater discharges and any associated control measures in place:

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3. Did this inspection identify any sources of stormwater or non-stormwater discharges not previously identified in your SWPPP?  YES  NO

If YES, describe these sources of stormwater or non-stormwater pollutants expected to be present in these discharges, and any control measures in place:

4. Did you review stormwater monitoring data as part of this inspection to identify potential pollutant hot spots?  YES  NO  NA, no monitoring performed

If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:

5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measures to prevent scouring:

N/A

6. Have you taken or do you plan to take any corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection?

YES  NO

If YES, how many conditions requiring review for correction action as specified in Parts 3.1 and 3.2 were addressed by these corrective actions?

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**NOTE:** Complete the attached Corrective Action Form (Section D) for each condition identified, including any conditions identified as a result of this comprehensive stormwater inspection.

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**C. INDUSTRIAL ACTIVITY AREA SPECIFIC FINDINGS**

Complete one block for each industrial activity area where pollutants may be exposed to stormwater. Copy this page for additional industrial activity areas.

In reviewing each area, you should consider:

- Industrial materials, residue, or trash that may have or could come into contact with stormwater;
- Leaks or spills from industrial equipment, drums, tanks, and other containers;
- Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and
- Tracking or blowing of raw, final, or waste materials from areas of no exposure to exposed areas.

INDUSTRIAL ACTIVITY AREA A: Administration Building

1. Brief Description: Pollutants: Laboratory Chemicals. Admin Building ① Main Level Chart Room, ② Lower Level STORED Parts (elec. Equipment), ③ Upper Level LAB & Conf. Room

2. Are any control measures in need of maintenance or repair?  YES  NO
3. Have any control measures failed and require replacement?  YES  NO
4. Are any additional/revised control measures necessary in this area?  YES  NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

NEED to Complete Installation of 24" Storm Drain & install Permeable PAVEMENT. (HAVERS) "Future Capital ENG. Project"

INDUSTRIAL ACTIVITY AREA B: Aerated Grit Chamber No. 1, 2

1. Brief Description: Pollutants: Grease, Grit & Wastewater. Both Grit Basin Covered For Odor Control, Both Grit Basins 1/2

2. Are any control measures in need of maintenance or repair?  YES  NO
3. Have any control measures failed and require replacement?  YES  NO
4. Are any additional/revised c necessary in this area?  YES  NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA C: Biosolids Handling Building

Brief Description: Pollutants: Chemicals (polymer, caustic soda, Diesel Fuel, Lime, Sulfuric Acid & Sodium Hypochlorite) and Stabilized Biosolids. ANNE ARUNDEL County contractor out solid waste disposal, Vendor Synagro

2. Are any control measures in need of maintenance or repair?  YES  NO
3. Have any control measures failed and require replacement?  YES  NO
4. Are any additional/revised BMPs necessary in this area?  YES  NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

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NOTE: Copy this page and attach additional pages as necessary

INDUSTRIAL ACTIVITY AREA D: Chlorine Contact Tank No. 1, 2

1. Brief Description: Pollutant: Hypo. & Treated Wastewater. Hypo stored inside Building & Pumped to Chlorine Basins for Disinfection. Both Chlorine Basins OK

2. Are any control measures in need of maintenance or repair?  YES  NO
3. Have any control measures failed and require replacement?  YES  NO
4. Are any additional/revise BMPs necessary in this area?  YES  NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA E: Control Chamber (Digester Building)

1. Brief Description: Pollutants: NONE. Cox Creek no longer purchase or store Pesticides on site.

2. Are any control measures in need of maintenance or repair?  YES  NO
3. Have any control measures failed and require replacement?  YES  NO
4. Are any additional/revise BMPs necessary in this area?  YES  NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA F: Equalization Tank No. 1, 2, 3, 4, 5, 6, 7

1. Brief Description: Pollutants: Partinly Treated Wastewater. EQ system operational Flow stored in Basins 0800 to 2359 & Pumped Back To Fine Screen Building During low flow 0000 to 0759.

2. Are any control measures in need of maintenance or repair?  YES  NO
3. Have any control measures failed and require replacement?  YES  NO
4. Are any additional/revise BMPs necessary in this area?  YES  NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

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NOTE: Copy this page and attach additional pages as necessary

INDUSTRIAL ACTIVITY AREA G: Ferric Chloride Storage Tank

1. Brief Description: Pollutant: Chemical. Both Ferric Chloride Tanks  $K_3$  Chemical used to For phos. control to meet Permit limit of 0.3 ppm.

2. Are any control measures in need of maintenance or repair?  YES  NO
3. Have any control measures failed and require replacement?  YES  NO
4. Are any additional/revised BMPs necessary in this area?  YES  NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA H: Generators

1. Brief Description: Pollutant: Diesel Fuel. Cox Creek WRF has 4 Generator Sets  
 ① Headworks Building ② Admin Building ③ Membrane Building & ④ ELB (Maintenance Building)

2. Are any control measures in need of maintenance or repair?  YES  NO
3. Have any control measures failed and require replacement?  YES  NO
4. Are any additional/revised BMPs necessary in this area?  YES  NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA I: Gravity Thickener No. 1, 2, 3, and 4

1. Brief Description: Pollutants: Partially Treated Wastewater & Scum. All Four Thickeners  
 $K_5$

2. Are any control measures in need of maintenance or repair?  YES  NO
3. Have any control measures failed and require replacement?  YES  NO
4. Are any additional/revised BMPs necessary in this area?  YES  NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

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NOTE: Copy this page and attach additional pages as necessary

INDUSTRIAL ACTIVITY AREA J: Grease & Scum Receiving Station

1. Brief Description: Pollutants: Grease, Partially Treated Wastewater & Scum. Grease/Scum is Collected & Pumped From Primary Basin/Thickener Basin to Scum Building. Scum/Grease is De-watered @ Partially Treated Wastewater in Pump Back to Ponds & Grease/Scum Collected in Dumpster & Disposed of off site

2. Are any control measures in need of maintenance or repair?  YES  NO
3. Have any control measures failed and require replacement?  YES  NO
4. Are any additional/revised BMPs necessary in this area?  YES  NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA K: Headworks Building

1. Brief Description: Pollutants: Grit, RAGS & Partially Treated Wastewater. All 3 Barscreens are Operational. Grit & RAGS are Stored in Dumpster & Hauled off site for Disposal By Private Vendor.

2. Are any control measures in need of maintenance or repair?  YES  NO
3. Have any control measures failed and require replacement?  YES  NO
4. Are any additional/revised BMPs necessary in this area?  YES  NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA L: Maintenance Building

1. Brief Description: Pollutants: Oil, Grease, Solvent Cleaners, Paint & Gas. Oil/Grease/Gas stored in separate Room (LUBE STORAGE AREA), additional Paint & Gas store in separate Safety Rate Cabinets.

2. Are any control measures in need of maintenance or repair?  YES  NO
3. Have any control measures failed and require replacement?  YES  NO
4. Are any additional/revised BMPs necessary in this area?  YES  NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

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NOTE: Copy this page and attach additional pages as necessary

INDUSTRIAL ACTIVITY AREA M: Membrane Facility

1. Brief Description: Pollutants: Chemicals & Wastewater. All Membrane Equipment's. Chemicals: Citric Acid/Sodium Hydroxide/Sodium Hypo store in ABOVE Ground Tanks inside Building

- 2. Are any control measures in need of maintenance or repair?  YES  NO
- 3. Have any control measures failed and require replacement?  YES  NO
- 4. Are any additional/revised BMPs necessary in this area?  YES  NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA N: Methanol Facility Micro C

1. Brief Description: Pollutant: Micro C stored in Two 6000 gallon Tanks  
NOTE: Facility DOES NOT USE OR STORE Methanol on site.

- 2. Are any control measures in need of maintenance or repair?  YES  NO
- 3. Have any control measures failed and require replacement?  YES  NO
- 4. Are any additional/revised BMPs necessary in this area?  YES  NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA O: Ozone Building

1. Brief Description: Pollutants: Salt/Gas/oil. The ozone Building is used for storage of small Lawn Equipment & salt. NOTE/OZONE Equipment has been REMOVED from Building

- 2. Are any control measures in need of maintenance or repair?  YES  NO
- 3. Have any control measures failed and require replacement?  YES  NO
- 4. Are any additional/revised BMPs necessary in this area?  YES  NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

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NOTE: Copy this page and attach additional pages as necessary

INDUSTRIAL ACTIVITY AREA P: Post-Aeration Tank No. 1, 2

1. Brief Description: Pollutants: Treated Wastewater. Both Post Aeration Tanks are KS.

- 2. Are any control measures in need of maintenance or repair?  YES  NO
- 3. Have any control measures failed and require replacement?  YES  NO
- 4. Are any additional/revised BMPs necessary in this area?  YES  NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA Q: Primary Clarifier No. 1, 2, 3, 4, 5, 6

1. Brief Description: Pollutants: Partially Treated Wastewater. Three Primary Clarifiers KS & Three Primary Clarifiers in Stand-By

- 2. Are any control measures in need of maintenance or repair?  YES  NO
- 3. Have any control measures failed and require replacement?  YES  NO
- 4. Are any additional/revised BMPs necessary in this area?  YES  NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA R: Post-chlorination Building

1. Brief Description: Pollutants: NONE. Post Chlorination Building house MEC for Equipment & Store of Hoses in Cylinder Room. Note: No Ton Chlorine Cylinder stored/USE at site.

- 2. Are any control measures in need of maintenance or repair?  YES  NO
- 3. Have any control measures failed and require replacement?  YES  NO
- 4. Are any additional/revised BMPs necessary in this area?  YES  NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)



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NOTE: Copy this page and attach additional pages as necessary

INDUSTRIAL ACTIVITY AREA S: Reactor No. 1, 2, 3, 4

1. Brief Description: Pollutant: Partially Treated Wastewater. All Four Reactors ARE KS

- 2. Are any control measures in need of maintenance or repair?  YES  NO
- 3. Have any control measures failed and require replacement?  YES  NO
- 4. Are any additional/revised BMPs necessary in this area?  YES  NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA T: Scum Concentrator Building

1. Brief Description: Pollutants: Grease/Scum/Partially Treated Wastewater. Grease/Scum is Pump from 2 Wet Well to Scum Separator where Wastewater Gravity Flows Back to Draw Wet Well. Grease is Collected & Dispose into Dumpster & Hauled off site by Private Vendor

- 2. Are any control measures in need of maintenance or repair?  YES  NO
- 3. Have any control measures failed and require replacement?  YES  NO
- 4. Are any additional/revised BMPs necessary in this area?  YES  NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA U: Sludge Pump Station

1. Brief Description: Scum  
Pollutant: Scum. Two Scum Wet Well Pump Station collect Grease/Scum from Primaryes & Thickeners. Pumps Pump to Scum Building

- 2. Are any control measures in need of maintenance or repair?  YES  NO
- 3. Have any control measures failed and require replacement?  YES  NO
- 4. Are any additional/revised BMPs necessary in this area?  YES  NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

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NOTE: Copy this page and attach additional pages as necessary

INDUSTRIAL ACTIVITY AREA V: Septage Receiving

1. Brief Description:

Pollutant: Septage Sludge. County excepts Septage/Holding Tank waste from Private Haulers. Septage/Holding Tank waste collected & Pumped Back To Primary Tanks For Treatment.

2. Are any control measures in need of maintenance or repair?  YES  NO
3. Have any control measures failed and require replacement?  YES  NO
4. Are any additional/revised BMPs necessary in this area?  YES  NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA W: Sludge Digester No. 2

1. Brief Description:

Pollutants: NONE. Digester o/s, Rain Water Collected in Tank pumped Back To Thickeners For Treatment.

2. Are any control measures in need of maintenance or repair?  YES  NO
3. Have any control measures failed and require replacement?  YES  NO
4. Are any additional/revised BMPs necessary in this area?  YES  NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA X: Sludge Pump Station

1. Brief Description:

Pollutant: Thickener Sludge. Sludge Pumps in Basement CAN BS USED (IF NEEDED) TO Recirculate Thickeners or Pump Sludge To Sump.

2. Are any control measures in need of maintenance or repair?  YES  NO
3. Have any control measures failed and require replacement?  YES  NO
4. Are any additional/revised BMPs necessary in this area?  YES  NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

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NOTE: Copy this page and attach additional pages as necessary

INDUSTRIAL ACTIVITY AREA Y: Sodium Bisulfite Storage

1. Brief Description: Pollutant: Chemical. Sodium Bisulfite used for dechlorination of treated wastewater. Tank located outside in a self contained box.

2. Are any control measures in need of maintenance or repair?  YES  NO
3. Have any control measures failed and require replacement?  YES  NO
4. Are any additional/revised BMPs necessary in this area?  YES  NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA Z: Sodium Hydroxide Storage

1. Brief Description: Pollutant: Chemical. Sodium Hydroxide used to clean membranes. Storage tank inside building in a self contained area.

2. Are any control measures in need of maintenance or repair?  YES  NO
3. Have any control measures failed and require replacement?  YES  NO
4. Are any additional/revised BMPs necessary in this area?  YES  NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA AA: Sodium Hypochlorite Feed Facility

1. Brief Description: Pollutant: Chemical. Sodium Hypochlorite used to clean membranes. Storage tank inside building in a self contained area.

2. Are any control measures in need of maintenance or repair?  YES  NO
3. Have any control measures failed and require replacement?  YES  NO
4. Are any additional/revised BMPs necessary in this area?  YES  NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

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NOTE: Copy this page and attach additional pages as necessary

INDUSTRIAL ACTIVITY AREA AB: Truck Weigh Station

1. Brief Description: Pollutant: Cake Sludge. Syngro uses scale to weight trucks. Cake sludge collected in trailers, trailer are covered before truck goes over scale

- 2. Are any control measures in need of maintenance or repair?  YES  NO
- 3. Have any control measures failed and require replacement?  YES  NO
- 4. Are any additional/revised BMPs necessary in this area?  YES  NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA AC: Odor Control System No. 1, 2

1. Brief Description: Pollutant: Chemicals Cox Creek Has two units ① Handwork Area To collect gas/odors off Grit Tanks & Primary channels ② Thickener Area to collect gas/odors off Thickeners/septage wetwells 9 JB 14

- 2. Are any control measures in need of maintenance or repair?  YES  NO
- 3. Have any control measures failed and require replacement?  YES  NO
- 4. Are any additional/revised BMPs necessary in this area?  YES  NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA \_\_\_\_\_:

1. Brief Description: Rain Gardens - Two Rain Gardens do not let water percolate into ground, All other Rain Gardens are operating as designed

- 2. Are any control measures in need of maintenance or repair?  YES  NO
- 3. Have any control measures failed and require replacement?  YES  NO
- 4. Are any additional/revised BMPs necessary in this area?  YES  NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

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**D. CORRECTIVE ACTIONS**

Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1. Corrective Action # 03 of 03 for this reporting period.

2. Is this corrective action:

- An update on a corrective action from a previous annual report; or
- A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- Unauthorized release or discharge
- Numeric effluent limitation exceedance
- Control measures inadequate to meet applicable water quality standards
- Control measures inadequate to meet non-numeric effluent limitations
- Control measures not properly operated or maintained
- Change in facility operations necessitated change in control measures
- Average benchmark value exceedance
- Other (describe): work removed from ENR phase II upgrade Project

4. Briefly describe the nature of the problem identified:

5. Date problem identified:      /      /     

6. How problem was identified:

- Comprehensive site inspection
- Quarterly visual assessment
- Routine facility inspection
- Benchmark monitoring
- Notification by EPA or State or local authorities
- Other (describe): Problem Reported During Construction

7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

1) Storm Water Pipe & Pavers - Eng. Dept Developed Project to Hire Contractor to install pipe & pavers  
2) Engineering Service Request Submit To Develop Project to address to Rain Gardens

8. Did/will this corrective action require modification of your SWPPP?  YES  NO

9. Date corrective action initiated:      /      /      (UNKNOWN)

10. Date correction action completed:      /      /      or expected to be completed:      /      /      (UNKNOWN)

11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

Engineering Service Request generated to develop Capital Project To correct problem(s)



# ANNUAL SWPPP REVIEW REPORT FORM

Facility Information	
Designated Name: <u>COX CREEK WPF</u>	Certificate of Coverage No. or Individual Permit No.:
Facility Address: <u>8833 Wagner Station Rd</u> <u>Curtis Bay MD, 21226</u>	County: <u>Anne Arundel</u>
Facility Contact Information	
Name: <u>JEROME NAPORA</u>	Telephone No.: <u>410-222-6060</u>
Email Address: <u>pnw@p22@AACounty.org</u>	Certification No.: .
Backup Facility Contact Information	
Name: <u>MIKE SMITH JR</u>	Telephone No.: <u>410-222-6060</u>
Email Address: <u>pnw@mit77@AACounty.org</u>	Certification No.:
Industrial Storm Water Certified Operator Information	
Name:	Telephone No.:
Email Address: <u>N/A</u>	Certification No.: <u>N/A</u>
Space to list additional operators if applicable:	

The SWPPP Checklist on the DEQ, WRD Industrial Storm Water webpage should be used to review the facility's SWPPP and before the following 10 questions are completed.			
1. Facility general information is current and accurate	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
2. Site map is current and accurate	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
3. Significant material inventory is current and accurate	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
4. New exposures, processes and related controls have been documented appropriately in the SWPPP	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
5. Spills have been recorded and reported as appropriate	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input checked="" type="checkbox"/>
6. Employee SWPPP training was conducted and documented	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
7. Records of routine preventative maintenance and housekeeping inspections are available in the SWPPP file	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
8. Comprehensive site inspections have been completed, certified and filed in the SWPPP file	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
9. Visual Assessments have been completed and the reports have been filed in the SWPPP file	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
10. Corrective actions noted in the inspection reports have been completed	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
11. The SWPPP is compliant with the permit and has been reviewed and signed by the Certified Storm Water Operator and the permittee or designated representative	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Additional Comments:			

<b>I certify that the above information is correct:</b>	
Name: 	Signature / Date: <u>01/17/2020</u>

SUBMIT THIS FORM TO THE DEQ, WRD DISTRICT OFFICE IDENTIFIED ON YOUR CERTIFICATE OF COVERAGE ON OR BEFORE **JANUARY 10<sup>TH</sup>** OF EACH YEAR