

7:30am - 8:30am

Quarterly SWPPP Inspection Checklist

Site Name: Piney Orchard WRF Date: 6/24/20 Inspector(s): Michael Kowalcuk

	Y	N	N/A
Is any construction currently occurring on site that may impact stormwater runoff?		<input checked="" type="checkbox"/>	
Describe noted problems:			
Are all chemicals and materials being stored properly to minimize contact with stormwater runoff?	<input checked="" type="checkbox"/>		
Describe noted problems:			
Is there evidence of spills or leaks that have not been or are in need of immediate cleanup?		<input checked="" type="checkbox"/>	
Describe noted problems:			
Are drips or leaks from tanks, equipment, and machinery being properly controlled?	<input checked="" type="checkbox"/>		
Describe noted problems: <u>MAGE pump HAS A VERY SLIGHT LEAK, BUT YOU WOULD HAVE TO TEAR PUMP COMPLETELY DOWN. SEAL LEAK. (WE ONLY RUN PUMP DURING OPERATIONS) (KARAS KNOWS ALL OF THIS) ALUMINUM SUBSTRATE: PUMP NEEDS TO BE REPAIRED. SEALS ARE BAD. BUT RAN OFF IN CONFIDENCE TO PROTECT ANYWAY.</u>			
Are any spill booms, pads, absorbent material, or other containment equipment currently being utilized for spill containment or cleanup?		<input checked="" type="checkbox"/>	
Describe noted problems:			
Is there evidence of recurring spills or leaks (i.e. used spill cleanup material, staining, or spotting)?		<input checked="" type="checkbox"/>	
Describe noted problems:			
Are the storage tank secondary containment structures free of all debris, water, and oil?	<input checked="" type="checkbox"/>		
Describe noted problems:			
Is there a large amount of debris and trash present in or around any stormwater inlets, swales, ponds, or other stormwater structures		<input checked="" type="checkbox"/>	
Describe noted problems:			

(MK)

Additional Remarks:

* PLANT PRETTY CLEAN, Daily Routine to pickup any loose TRASH/Debris!

Both chemical pumps are need of replacing, but due to Coronavirus, It's been put on hold. (But) Rob Keras knows about these pumps. They are still functional, and will be fine under daily observation. (M.K.)

INSPECTOR:	
SIGNATURE: <u>Michael R. Kowalczyk</u>	DATE: <u>6/24/20</u>
NAME: <u>Michael R. Kowalczyk</u>	TITLE: <u>OPERATOR TECH II</u>
FACILITY ACKNOWLEDGEMENT:	
SIGNATURE: _____	DATE: _____
NAME: _____	TITLE: _____