

June 2021

APPENDIX C-2: BROADWATER WATER RECLAMATION FACILITY  
STORMWATER POLLUTION PREVENTION ANNUAL EMPLOYEE REFRESHER COURSE  
EMPLOYEE SIGN-IN SHEET

Team Manager = Robert Money

Date	Employee Name	Employee Signature
6/16/21	William Jones	William Jones
6/16/21	James Wells	James Wells
6/16/21	Tim Walter	Tim Walter
6/16/21	JEFF McClanathan	Jeff McClanathan
6/16/21	Steve Conrad	Steve Conrad
6/16/21	Andrew Dwarshius	Andrew Dwarshius
6/16/21	Rob Stall	Rob Stall
6/16/21	Robert Money	Robert Money

June 2021

Annual Facility Comprehensive Site Compliance Evaluation

Date	Location	Potential Pollutants / Source	BMP	Changes Since Last Inspection	BMP Effective? (Y/N)
6/16/21	Drainage Area 1	Sediment / Headworks & Influent Pumping Station	Trench drain at Grit Collection	NONE	Y
6/16/21	Drainage Area 1	Sediment / Headworks & Influent Pumping Station	Material tracked onto paved areas is removed as soon as practical.	NONE	Y
6/16/21	Drainage Area 1	Sediment, caustics, process chemicals, fuel, oil and biosolids / Spills during material transfer	Employees are trained in proper transfer techniques	NONE	Y
6/16/21	Drainage Area 1	Sediment, caustics, process chemicals, fuel, oil and biosolids / Spills during material transfer	Spill response equipment is available where materials are handled, stored or transferred.	NONE	Y
6/16/21	Drainage Area 1	Sediment, caustics, process chemicals, fuel, oil and biosolids / Spills during material transfer	Material deliveries are scheduled for times when facility personnel are available to supervise the delivery	NONE	Y
6/16/21	Drainage Area 1	Sediment, caustics, process chemicals, fuel, oil and biosolids / Spills during material transfer	Prior to material transfer, all hoses, valves, and fittings are checked to ensure that they are leak free	NONE	Y
6/16/21	Drainage Area 1	Sediment, caustics, process chemicals, fuel, oil and biosolids / Spills during material transfer	Good housekeeping - Spills that occur during material transfer are cleaned up promptly	NONE	Y
6/16/21	Drainage Area 1	Solids / Outdoor Material Storage	Storage silo and pneumatic conveyance of material	NONE	Y
6/16/21	Drainage Area 1	Oil/Electrical Transformer	Monthly inspections of the electrical transformer containment pad for evidence of spills or leaks	NONE	Y
6/16/21	Drainage Area 1	Diesel Fuel / Fuel Storage Tank	Monthly inspections of the diesel fuel storage tank pad for evidence of spills or leaks	NONE	Y
6/16/21	Drainage Area 1	Diesel Fuel / Fuel Storage Tank	Self-contained storage tank	NONE	Y

## Annual Facility Comprehensive Site Compliance Evaluation

Date	Location	Potential Pollutants / Source	BMP	Changes Since Last Inspection	BMP Effective? (Y/N)
6/16/21	Drainage Area 1	Sediment / Gravity Sludge Thickeners	Covered units	NONE	Y
6/16/21	Drainage Area 1	Fuel / Vehicle Refueling Station	Monthly inspections of refueling area for evidence of spills.	NONE	Y
6/16/21	Drainage Area 1	Oil / Waste Oil Storage	Monthly inspections of tank pad for evidence of a release or spill.	NONE	Y
6/16/21	Drainage Area 1	Oil / Waste Oil Storage	Self-contained storage tank.	NONE	Y
6/16/21	Drainage Area 1	Caustics, fuel, and process materials / Spills during material storage	Chemical management system so supplies arrive as needed.	NONE	Y
6/16/21	Drainage Areas 1, 3 & 4	Sediment / Clarifiers	Overflow channels on inside perimeter of concrete walls	NONE	Y
6/16/21	Drainage Areas 1, 3 & 5	Sediment / Oxidation Ditches	Adequate freeboard maintained	NONE	Y
6/16/21	Drainage Area 3	Sediment / Storm water runoff	Storm Water Detention Pond	NONE	Y
6/16/21	Drainage Area 3	Diesel Fuel / Emergency Generator	Monthly inspections of the emergency generator pad for evidence of spills or leaks	NONE	Y
6/16/21	Facility-wide	Sediment / Vehicular traffic	Material tracked onto paved areas is removed as soon as practical.	NONE	Y
6/16/21	Facility-wide	Sediment / Litter	Litter is picked up promptly and disposed of properly.	NONE	Y
6/16/21	Drainage Area 3	Methanol Facility	In case of a spill drain to drain to direct water to the methanol containment area. Sump pump will pump to the Filter Overflow Box	NONE	Y

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**FORM D-1: OUTDOOR MATERIAL HANDLING AREAS – MONTHLY INSPECTIONS**

Site: Broadwater Date of Inspection: 6/14/21 Name of Inspector: William

Item	Observation Results						Corrective Action Taken
	Diesel Fuel		Chemical Storage Tanks				
	Yes	No	Yes	No	Yes	No	
Paved areas: Is there evidence of past spills or leaks?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Spill response procedures clearly posted and response equipment available?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Transfer equipment: Do hoses, valves or fittings show signs of wear?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Storage structures: Signs of corrosion or material failure?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Drains/valves in closed position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Containment area: Is there evidence of past spills or leaks?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Containment area: Is containment area free of debris?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			

The following inspections are made to verify that equipment not under the ownership or control of AA County complies with the SWPPP.

Item	Observation Results						Corrective Action Taken
	Electrical Transformer		Lime Storage Silo				
	Yes	No	Yes	No	Yes	No	
Is there evidence of past spills or leaks?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Spill response equipment available?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Storage structures: Signs of corrosion or material failure?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

June 2021

**FORM D-2: DRY WEATHER - QUARTERLY INSPECTION**

Date of Inspection: 6/14/21 Name of Inspector: William J

Item	Observation Results						Corrective Action Taken
	Outfall #1		Outfall #2		Outfall #3		
	Yes	No	Yes	No	Yes	No	
Non-storm water flow present?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Bare spots or signs of erosion at outfall discharge?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

If non-stormwater flow is present, complete the following for each outfall:

Outfall #:	Observation Results					
Inspection Parameters (circle)	Outfall #1		Outfall #2		Outfall #3	
	Yes	No	Yes	No	Yes	No
Color	None	Yellow	Brown	Red	Gray	
Clarity	Clear	Suspended Solids	Milky / Cloudy	Opaque		
	Other (describe)					
Oil Sheen	None	Rainbow sheen	Floating oil globules	Slick		
	Other (describe)					
Odor	None	Chemical	Musty	Rotten Eggs	Sewage	Sour Milk
	Oil / Petroleum		Other (describe)			
Floating Solids	None	Suds	Oily Film	Garbage	Sewage	
	Waterfowl Excrement		Other (describe)			
Deposits	None	Oil	Sediment	Other (describe)		

June 2021

Broadwater

**Quarterly Visual Monitoring Form**  
Fill out a separate form for each outfall sampled.

June 2021

1.4" Rain

Sample Location		OUTFall #1	
Quarter / Year:	June/2021	Date / Time Collected:	6/15/21/10:00
Date / Time Examined:		6/15/21 10:40am	
Qualifying Storm Event?	<input checked="" type="radio"/> Yes	No	Runoff Source: <input checked="" type="radio"/> Rainfall 1.4" <input type="radio"/> Snowmelt
Collector's Name & Title	William Jones Flex #3		
Examiner's Name & Title	William Jones Flex #3		
Parameter	Parameter Description	Parameter Characteristics	
1. Color	Does the stormwater appear to have any color? Yes <input type="radio"/> No <input checked="" type="radio"/> (Clear)	If Yes, describe: Yellow Brown Red Gray Other:	
2. Clarity	Is the stormwater clear? Yes <input type="radio"/> No <input checked="" type="radio"/>	If not clear, which of the following best describes the clarity of the stormwater? Suspended Solids Milky/Cloudy Opaque Other:	
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes <input type="radio"/> No <input checked="" type="radio"/>	Which best describes the sheen? Rainbow sheet Floating oil globules Other:	
Odor	Does the sample have an odor? Yes <input type="radio"/> No <input checked="" type="radio"/>	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:	
5. Floating Solids	Is there anything on the surface of the sample? Yes <input type="radio"/> No <input checked="" type="radio"/>	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:	
6. Suspended Solids	Is there anything suspended in the sample? Yes <input type="radio"/> No <input checked="" type="radio"/>	Describe:	

\*\*\*Leave sample undisturbed for 30 minutes.\*\*\*

7. Settled Solids	Is there anything settled on the bottom of the sample? Yes <input type="radio"/> No <input checked="" type="radio"/>	Describe: (note type, size and material after sample is not disturbed for 30 minutes)
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes <input type="radio"/> No <input checked="" type="radio"/>	Describe:

9. If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.

Stormwater Collector's Signature and Date: William Jones 6/15/21

Stormwater Examiner's Signature and Date: William Jones 6/15/21

Note - Sample should be collected and analyzed in a colorless glass or plastic bottle.

June 2021

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### Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

June 2021  
1.4" Rain

Sample Location	outfall # 2		
Quarter / Year:	June / 2021	Date / Time Collected:	6/15/21 10:00
		Date / Time Examined:	6/15/21 10:40 Am
Qualifying Storm Event?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	Runoff Source: <input checked="" type="radio"/> Rainfall <input type="radio"/> Snowmelt
Collector's Name & Title	William Jones Flex #3		
Examiner's Name & Title	William Jones Flex #3		

Parameter	Parameter Description	Parameter Characteristics
1. Color	Does the stormwater appear to have any color? Yes <input type="radio"/> No <input checked="" type="radio"/> (Clear)	If Yes, describe: Yellow Brown Red Gray Other:
2. Clarity	Is the stormwater clear? Yes <input type="radio"/> No <input checked="" type="radio"/>	If not clear, which of the following best describes the clarity of the stormwater? Suspended Solids Milky/Cloudy Opaque Other:
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes <input type="radio"/> No <input checked="" type="radio"/>	Which best describes the sheen? Rainbow sheet Floating oil globules Other:
Odor	Does the sample have an odor? Yes <input type="radio"/> No <input checked="" type="radio"/>	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:
5. Floating Solids	Is there anything on the surface of the sample? Yes <input type="radio"/> No <input checked="" type="radio"/>	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:
6. Suspended Solids	Is there anything suspended in the sample? Yes <input type="radio"/> No <input checked="" type="radio"/>	Describe:

\*\*\*Leave sample undisturbed for 30 minutes.\*\*\*

7. Settled Solids	Is there anything settled on the bottom of the sample? Yes <input type="radio"/> No <input checked="" type="radio"/>	Describe: (note type, size and material after sample is not disturbed for 30 minutes)
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes <input type="radio"/> No <input checked="" type="radio"/>	Describe:

9. If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.

Stormwater Collector's Signature and Date: William Jones 6/15/21

Stormwater Examiner's Signature and Date: William Jones 6/15/21

Note - Sample should be collected and analyzed in a colorless glass or plastic bottle.

June 2021

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### Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

June 2021  
1.4" Rain

Sample Location		Outfall #3	
Quarter / Year:	June/2021	Date / Time Collected:	6/15/21 10:00
Date / Time Examined:		6/15/21 10:40	
Qualifying Storm Event?	Yes	No	Runoff Source: Rainfall
Collector's Name & Title		William Jones Flex #3	
Examiner's Name & Title		William Jones Flex #3	
Parameter	Parameter Description	Parameter Characteristics	
1. Color	Does the stormwater appear to have any color? Yes <input type="radio"/> No (Clear) <input checked="" type="radio"/>	If Yes, describe: Yellow Brown Red Gray Other:	
2. Clarity	Is the stormwater clear? Yes <input type="radio"/> No <input checked="" type="radio"/>	If not clear, which of the following best describes the clarity of the stormwater? Suspended Solids Milky/Cloudy Opaque Other:	
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes <input type="radio"/> No <input checked="" type="radio"/>	Which best describes the sheen? Rainbow sheet Floating oil globules Other:	
Odor	Does the sample have an odor? Yes <input type="radio"/> No <input checked="" type="radio"/>	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:	
5. Floating Solids	Is there anything on the surface of the sample? Yes <input type="radio"/> No <input checked="" type="radio"/>	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:	
6. Suspended Solids	Is there anything suspended in the sample? Yes <input type="radio"/> No <input checked="" type="radio"/>	Describe:	
<b>***Leave sample undisturbed for 30 minutes.***</b>			
7. Settled Solids	Is there anything settled on the bottom of the sample? Yes <input type="radio"/> No <input checked="" type="radio"/>	Describe: (note type, size and material after sample is not disturbed for 30 minutes)	
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes <input type="radio"/> No <input checked="" type="radio"/>	Describe:	
9. If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.			

Stormwater Collector's Signature and Date: William Jones 6/15/21

Stormwater Examiner's Signature and Date: William Jones 6/15/21

Note - Sample should be collected and analyzed in a colorless glass or plastic bottle.



Broadwater

June 2001

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FORM D-3 WET WEATHER AND RAINFALL GREATER THAN 0.5 INCH INSPECTION - QUARTERLY INSPECTION

Date of Inspection: 6/15/01 Name of Inspector: William Jones

Time: 09:00 Am Rainfall amount: 1.4"

The following observations must be made once a quarter within the first hour of a storm.

Item	Observation Results					
	Auxiliary Septage Receiving Area		Grit Collection		New Septage Receiving Area	
	Yes	No	Yes	No	Yes	No
Does storm water appear to be contaminated?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Item	Observation Results					
	Sludge Dewatering		Sludge Transfer		Electrical Transformer	
	Yes	No	Yes	No	Yes	No
Does storm water appear to be contaminated?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Item	Observation Results					
	Paved Roads and Parking Areas		Diesel Fuel Storage Area		Chemical Storage Area	
	Yes	No	Yes	No	Yes	No
Does storm water appear to be contaminated?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Item	Observation Results					
	Outfall #1		Outfall #2		Outfall #3	
	Yes	No	Yes	No	Yes	No
Does storm water appear to be contaminated?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Item	Observation Results			
	Sodium Hypochlorite Storage		Sodium Bisulfite Storage	
	Yes	No	Yes	No
Does storm water appear to be contaminated?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Broadwater

June 2021

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FORM D-3 (CONT'D) WET WEATHER AND RAINFALL GREATER THAN 0.5 INCH INSPECTION - QUARTERLY INSPECTION

Date of Inspection: 6/15/21 Name of Inspector: William Jones  
Time: 09:00 Am Rainfall amount: 1.4"

The following inspections must be conducted within 12 hours of the end of a storm with rainfall amounts greater than 0.5 inches.

Item	Observation Results								
	Auxiliary Septage Receiving Area		Grit Collection		New Septage Receiving Area				
	Yes	No	Yes	No	Yes	No	Yes	No	
Does storm water appear to be contaminated?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Storm debris present?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Item	Observation Results								
	Sodium Hypochlorite Storage		Sodium Bisulfite Storage		Paved Roads and Parking Areas				
	Yes	No	Yes	No	Yes	No	Yes	No	
Does storm water appear to be contaminated?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Storm debris present?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Item	Observation Results									
	Outfall #1		Outfall #2		Outfall #3		Diesel Fuel Storage			
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Does storm water appear to be contaminated?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Storm debris present?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Item	Observation Results									
	Chemical Storage Area		Sludge Dewatering		Sludge Transfer		Electrical Transformer			
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Does storm water appear to be contaminated?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Storm debris present?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>