**Industrial Stormwater Pollution Prevention Plan Template**

This template has been developed to assist facilities in Utah to comply with the requirements of Utah’s Multi-Sector General Permit for Stormwater Discharges Associated with Industrial Activities (MSGP) and the requirements for specific industrial sectors (*Appendix I of the Permit*).

This template is not a substitute for the general permit or specific *Appendix I* requirements. When developing the Stormwater Pollution Prevention Plan, the permittee should ensure all required components have been included by referencing *Part VII* of the MSGP and all applicable *Appendix I* sections. A copy of the MSGP is available at: <https://deq.utah.gov/water-quality/general-multi-sector-industrial-storm-water-permit-updes-permits>

***Using the Industrial Stormwater Pollution Prevention Plan Template***

* **This Template is designed for use by all facilities eligible for coverage under the MSGP. The Template is NOT tailored to your individual industrial sector. Depending upon your industrial sector (*see* *Appendix I of the MSGP*), you may need to address additional requirements.**
* **Complete a Stormwater Pollution Prevention Plan *before* submitting your Notice of Intent (NOI) for permit coverage.**
* **Each section includes instructions and space for your facility’s specific information. You should read the instructions for each section before you complete that section. The Template was designed so that you can add tables and additional text if necessary.**
* **To make it easier to complete, the Template generally uses blue text where the operator is expected to enter information.**
* **Your completed Stormwater Pollution Prevention Plan should remain on site in an accessible format and be able to be made available if requested by an inspector. A copy does not need to be submitted to the State when the NOI is submitted.**

The Utah Division of Water Quality (DWQ) notes that while DWQ has made every effort to ensure the accuracy of all instructions and guidance contained in the Template, the actual obligations of regulated industrial facilities are determined by the relevant provisions of the permit, not by the Template. In the event of a conflict between the Template and any corresponding provision of the MSGP, the permit controls. DWQ welcomes comments on the Template at any time and will consider those comments in any future revision of this document.

**Storm Water Pollution Prevention Plan**

**for:**

Insert Facility Name

Insert Facility Address

Insert City, State, Zip Code

Insert Facility Telephone Number (if applicable)

**Storm Water Pollution Prevention Plan Contact(s):**

Insert Facility Operator

Insert Name

Insert Address

Insert City, State, Zip Code

Insert Telephone Number

Insert Fax/Email

**Storm Water Pollution Prevention Plan Preparation Date:**

**\_\_ \_\_/ \_\_ \_\_ /** **\_\_ \_\_ \_\_ \_\_**

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# CERTIFICATION.

*MSGP Part VII.B.1*:

The Plan shall be signed and dated in accordance with *Part VIII.K* of the MSGP.

This includes being signed by a person who is authorized to sign (see *MSGP* *Part VIII.K.1*).

*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 gather and evaluate 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: |  |

# KEEPING PLANS CURRENT.

*MSGP Part VII.C*:

The Plan should be reviewed by the permittee at least annually to ensure it reflects existing operations and site conditions.

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Review | Name of Reviewer | To the best of my knowledge, this Plan is accurate and up-to-date. | Reviewer Signature |
| [Date] | [Reviewer Name] | Yes  No |  |
| [Date] | [Reviewer Name] | Yes  No |  |
| [Date] | [Reviewer Name] | Yes  No |  |
| [Date] | [Reviewer Name] | Yes  No |  |
| [Date] | [Reviewer Name] | Yes  No |  |

# CONTENTS OF THE PLAN.

## 3.1 Pollution Prevention Team.

***MSGP Part VII.D.1*:**

The storm water pollution prevention team is responsible for developing the Plan and assisting in its implementation, review, and modification. The activities and responsibilities of the team shall address all aspects of the facility’s Plan.

* Identify individuals, by name or title, who are members of the storm water pollution prevention team as well as their individual responsibilities.

|  |  |
| --- | --- |
| **Name and/or Title** | **Individual Responsibilities** |
| Insert name and/or title of team member | Insert explanation of that staff person’s individual responsibilities relating to Plan. |
| [Repeat as necessary] | [Repeat as necessary] |
| [Repeat as necessary] | [Repeat as necessary] |
| [Repeat as necessary] | [Repeat as necessary] |
| [Repeat as necessary] | [Repeat as necessary] |

## 3.2 Description of Activities at the Facility.

***MSGP Part VII.D.2*:**

The Plan shall provide a brief description of the nature of industrial activities at the facility.

* It is recommended that you differentiate activities that occur indoors from those that occur outdoors and could be exposed to stormwater, or under cover but that could be exposed to run-on. Don’t overlook processes that are vented and may contribute pollutants to the roof.

Describe Industrial Activities Here.

## 3.3 Site Map.

*MSGP Part VII.D.3*:

The Plan shall include a site map showing the location of the following, if applicable.

* Boundaries of the facility property;
* Significant structures and impervious surfaces;
* Directions of stormwater flow (indicated by arrows);
* Areas with high soil erosion potential due to activities, topography, or other factors;
* Stormwater control measures;
* Receiving waters, including wetlands, in the immediate vicinity of the facility;
* Stormwater conveyances, including ditches, pipes, and swales;
* Potential pollutant sources identified in *Part VII.D.4* of the MSGP;
* Where significant spills or leaks, as discussed in *Part VII.D.5.d* of the MSGP have occurred for three years prior to the submission of the NOI and up to the present day;
* Stormwater monitoring points;
* Stormwater discharge points, numbered or labeled, and an outline of the portion of the drainage area located within facility boundaries that drains to the discharge point;
* Where stormwater discharges to the MS4, if applicable;
* Run-on to the site from adjacent properties that may contain significant quantities of pollutants; and
* All other potential pollutant generating activities exposed to precipitation, including but not limited to:
  + Fueling stations;
  + Vehicle and equipment maintenance and cleaning areas;
  + Loading and unloading areas;
  + Locations used for the treatment, storage, or disposal of wastes;
  + Liquid storage tanks;
  + Salt storage used for deicing or industrial purposes as described in Part III.M.
  + Processing and storage areas; and
  + Activities included in Appendix I for the applicable sector(s).

The site map for this facility can be found in Attachment 1.

## 3.4 Summary of Potential Pollutant Sources.

*MSGP Part VII.D.4*:

Use the table below to create an inventory of all potential pollutants the industrial activities, materials, and processes at the facility may pose to stormwater quality, including those listed in Part D of Appendix I of the MSGP, if any. The inventory shall specifically list:

* The activities, materials, and processes located at the facility that may be exposed to precipitation. This includes potential exposure that may occur during any handling, treating, storage, or disposal operations;
* Any significant potential pollutant sources located at the site, to include any water priority chemicals, required to be reported as part of the EPCRA, in Appendix II;
* What the pollutants or pollutant parameters of concern are;
* The location at the facility where these industrial materials or activities are being exposed to stormwater;
* The methods or best management practices (BMPs) being used to reduce or eliminate the pollutants in stormwater runoff; and
* A description of any treatment that is being done to the stormwater prior to discharging, if applicable.

*Note: A useful reference to find this information is the Industrial Stormwater Fact Sheet Series at* [*https://www.epa.gov/npdes/industrial-stormwater-fact-sheet-series*](https://www.epa.gov/npdes/industrial-stormwater-fact-sheet-series)*. This includes a list of typical activities and processes that take place for each sector, along with associated pollutants, pollutant parameters, and methods and BMPs that can be used to reduce or eliminate the pollutants.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Activity** | **Pollutant Source** | **Pollutant(s)** | **Location** | **BMPs** | **Treatment (if any)** |
| [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] |
| [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] |
| [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] |
| [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] |
| [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] |
| [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] |
| [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] |

## 3.5 Measures and Controls.

*MSGP Part VII.D.5:*

In addition to any sector-specific requirements in *Part D of Appendix I*, the Plan shall indicate how the following components will be implemented at the facility.

* Good Housekeeping (*see 3.5.1*)
* Preventative Maintenance (*see 3.5.2*)
* Employee Training (*see 3.5.3*)
* Spill Prevention and Response Procedures (*see 3.5.4*)

### *3.5.1 Good Housekeeping.*

*MSGP Part VII.D.5.a:*

The Plan shall include, at a minimum:

* A list of good housekeeping practices implemented at the facility;
* A schedule or convention that will be used for determining when housekeeping practices will occur (i.e. weekly, when identified, as needed, etc.); and
* A schedule for routine inspections for leaks and conditions of drums, tanks, and containers.

*See MSGP Part III.C for some required good housekeeping practices.*

|  |  |
| --- | --- |
| **Good Housekeeping Practices** | **Schedule or Convention**  **(i.e. weekly, when identified, as needed, etc.)** |
| [Repeat as necessary] | [Repeat as necessary] |
| [Repeat as necessary] | [Repeat as necessary] |
| [Repeat as necessary] | [Repeat as necessary] |
| [Repeat as necessary] | [Repeat as necessary] |
| [Repeat as necessary] | [Repeat as necessary] |
| [Repeat as necessary] | [Repeat as necessary] |
| [Repeat as necessary] | [Repeat as necessary] |
| [Repeat as necessary] | [Repeat as necessary] |
| [Repeat as necessary] | [Repeat as necessary] |
| [Repeat as necessary] | [Repeat as necessary] |
| [Repeat as necessary] | [Repeat as necessary] |

### *3.5.2 Preventative Maintenance.*

*MSGP Part VII.D.5.b:*

Preventative maintenance procedures shall involve timely inspection, maintenance, and repair of storm water management devices (i.e. cleaning oil/water separators, catch basins, etc.) as well as inspecting and testing facility equipment and systems to uncover conditions that could cause breakdowns or failures resulting in discharges of pollutants to surface waters, and ensuring appropriate maintenance of such equipment and systems. The Plan shall include at a minimum:

* A list of all selected control measures at the facility that need to be inspected or maintained; and
* The schedule or frequency for inspecting and/or maintaining the selected control measures.

*See MSGP Part III.D for some required maintenance of control measures.*

|  |  |
| --- | --- |
| **Measures or Equipment**  **Requiring Routine Maintenance** | **Schedule or Frequency**  **(i.e. weekly, monthly, as needed, etc.)** |
| [Repeat as necessary] | [Repeat as necessary] |
| [Repeat as necessary] | [Repeat as necessary] |
| [Repeat as necessary] | [Repeat as necessary] |
| [Repeat as necessary] | [Repeat as necessary] |
| [Repeat as necessary] | [Repeat as necessary] |
| [Repeat as necessary] | [Repeat as necessary] |

### *3.5.3 Employee Training.*

*MSGP Part VII.D.5.c:*

Employee training programs shall inform personnel responsible for implementing activities identified in the Plan or otherwise responsible for stormwater management, of the components and goals identified in the Plan. The Plan shall identify at a minimum:

* The frequency of training for employees who work in areas where industrial materials or activities are exposed to stormwater, or who are responsible for implementing any part of the Plan;
* A log of the dates on which specific employees received training; and
* The topic(s) or content discussed during the training

*See MSGP Part III.J for more employee training information. Employee training logs may be maintained separate from the Plan (i.e. as part of new employee on-boarding documentation or another facility specific electronic training program), but they must be maintained in an accessible format and be made available upon request.*

Employee training for required personnel will be conducted [Add Frequency Here (monthly, annually, etc.].

Blank Employee Training Logs can be found in Attachment 2, if needed.

### *3.5.4 Spill Prevention and Response Procedures.*

*MSGP Part VII.D.5.d*:

To prevent and respond appropriately to spills, the Plan shall identify:

* Areas where potential spills could contribute pollutants to storm water discharges;
* Discharge points where potential spills would discharge to waters of the State;
* Procedures for how material handling and storage are to be conducted;
* Location of necessary equipment, such as spill kits, to be implemented to clean or contain a spill;
* Personnel to contact in the event a spill is discovered, both on site and in accordance with *Part II.A*;
* A response schedule to limit tracking of spilled materials to other areas of the facility; and
* A list of significant spills of toxic or hazardous pollutants, as identified in *Part II.A*, that have occurred at areas exposed to precipitation or that drain to a storm water conveyance at the facility for three years prior to the submission of the NOI and up to the present day.

The Plan may reference the existence of other plans, such as a Spill Prevention, Control and Countermeasure (SPCC) plan, plans developed for the facility under *Section 311* of the *Clean Water Act*, or BMP Programs otherwise required by a *UPDES* permit for the facility, so long as it meets all of the requirements under this Part. Any other plan referenced to under this Part must be maintained with the Plan and made available for review at the time of inspection.

*See MSGP Part III.E for more Spill Prevention and Response Procedures.*

|  |  |  |
| --- | --- | --- |
| Area or Material Where  Potential Spill Could Occur | Discharge Point if a Spill Occurs | Nearest Spill Clean or Containment Control Measure |
| [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] |
| [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] |
| [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] |

Material Handling and Storage Procedures: [Brief description of how materials that could meet the significant spill criteria in the event of a spill, such as bulk chemical storage, will be managed and stored.]

|  |  |  |  |
| --- | --- | --- | --- |
| Facility Personnel to Contact | [Facility Contact] | Phone: | [Phone] |
| [Facility Contact] | Phone: | [Phone] |
| State Contact | Utah DWQ, 24-hour Environmental Incident Line 1,2 | Phone: | (801) 536-4123 |
| National Contact | National Response Center 2 | Phone: | (800) 424-8802 |
| 1 Used oil releases exceeding 25 gallons, or smaller releases that pose a potential threat to human health or the environment.  2 Where a leak, spill or other release containing a hazardous substance in an amount equal to or in excess of a reporting quantity established under either 40 CFR Part 110, 40 CFR Part 117, or 40 CFR Part 302, occurs during a 24-hour period. | | | |

Response Schedule (timeline for when response to spills should occur): [Add Response Schedule]

A list of significant spills of toxic of hazardous pollutants that have occurred at areas exposed to precipitation or that drain to a stormwater conveyance at the facility for three years prior to submission of the NOI up to the present day are included in Attachment 3.

## 3.6 Non-Stormwater Discharge Evaluation.

*MSGP Part VII.D.6*:

During the first year of this permit, or within the first year of submittal of the NOI for new permittees, all discharge points at the facility shall be evaluated for the presence of non-stormwater discharges. The evaluation shall include:

* The date of the evaluation;
* Identification of any authorized non-stormwater discharges as listed *in Part I.D.2.b*;
* A description of the evaluation criteria or testing method used (visual observation, sampling, etc.) as well as the results of the evaluation or testing;
* A list of the onsite discharge points or onsite drainage points that were directly observed during the evaluation; and
* A certification that is signed in accordance with *Part VIII.K*.

A Blank Non-Stormwater Discharge Evaluation form can be found in Attachment 4.

Explanation of why certification is not feasible, if applicable:If applicable, describe why certification is not feasible.]

## 3.7 Inspections, Assessments, and Evaluations.

*MSGP Part VII.D.7*:

The Plan shall document procedures and personnel for performing inspections, assessments, and evaluations to include:

* Person(s) or position(s) responsible for conducting inspections;
* Schedule for inspections; and
* Identification of specific areas, materials, and activities to be inspected.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Routine  Facility Inspections | Visual Stormwater Quality Assessments | Comprehensive Site Compliance Evaluations |
| Inspector or Position | [Name or Position] | [Name or Position] | [Name or Position] |
| Other Inspector or Position | [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] |
| Frequency | [Quarterly, Monthly, etc.] | [Quarterly, Monthly, etc.] | [Quarterly, Monthly, etc.] |

Areas, Materials, and Activities to be Inspected (*see Part III and Appendix I*): [Areas, Materials, and Activities]

Blank routine facility inspection forms can be found in Attachment 5. Blank visual stormwater quality assessment forms can be found in Attachment 6. Blank comprehensive site compliance evaluation forms can be found in Attachment 7.

## 3.8 Monitoring and Reporting.

*MSGP Part VII.D.8*:

The Plan shall include the procedures and locations for all types of required monitoring conducted at the site in accordance with *Part V* to include:

* The location(s) at the facility where samples are to be collected;
* The parameters that need to be sampled for based on the industrial sector as found in Part E of Appendix I;
* The parameter concentration requirements as found in *Part E of Appendix I*; and
* The frequency in which the parameters need to be sampled.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Parameter  (see Part E of Appendix I) | Sample Location  (i.e. Outfall 001) | Benchmark/Numeric Effluent Concentration | Sample Frequency | Sample Year(s) |
| [Parameter (TSS, pH, etc.)] | [Outfall 001] | [100 mg/L, 0.068, etc.] | [Quarterly, Annual] | [2024, 2025, etc.] |
| [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] |
| [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] |
| [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] |
| [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] |
| [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] |
| [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] |
| [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] |

## 3.9 Additional Plan Documentation.

*MSGP Part VII.D.7*:

The following documents shall also be maintained with the Plan in an accessible format and made available for review at the time of inspection.

* A copy of the Multi-Sector General Permit (MSGP) Authorization email assigning the UPDES permit number, and the effective date and expiration date of coverage.
* A copy of this permit as a hard copy or in an easily accessible electronic format for facility personnel;
* A copy of any other existing UPDES permits authorizing discharges of anything other than stormwater as a hard copy or in an easily accessible electronic format; and
* A copy of the electronic submittal waiver letter from the Director, if applicable.

## 3.10 Modification Log.

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Modification or Correction | Reasoning for Modification | Modifier Signature 1 |
| [Date] | [Description of Modification] | [Reason for Modification] |  |
| [Date] | [Repeat as necessary] | [Repeat as necessary] |  |
| [Date] | [Repeat as necessary] | [Repeat as necessary] |  |
| [Date] | [Repeat as necessary] | [Repeat as necessary] |  |
| [Date] | [Repeat as necessary] | [Repeat as necessary] |  |
| [Date] | [Repeat as necessary] | [Repeat as necessary] |  |
| [Date] | [Repeat as necessary] | [Repeat as necessary] |  |
| [Date] | [Repeat as necessary] | [Repeat as necessary] |  |
| [Date] | [Repeat as necessary] | [Repeat as necessary] |  |
| [Date] | [Repeat as necessary] | [Repeat as necessary] |  |
| [Date] | [Repeat as necessary] | [Repeat as necessary] |  |
| [Date] | [Repeat as necessary] | [Repeat as necessary] |  |
| [Date] | [Repeat as necessary] | [Repeat as necessary] |  |
| [Date] | [Repeat as necessary] | [Repeat as necessary] |  |
| [Date] | [Repeat as necessary] | [Repeat as necessary] |  |
| 1 Those signing in this column is making the following certification:  *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 gather and evaluate 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.* | | | |

## ATTACHMENT 1: Site Map

*Include a copy of your site map(s).*

## ATTACHMENT 2: Employee Training

*Included is a blank Employee Training log and completed forms.*

**Employee Training Log**

|  |  |
| --- | --- |
| ***Date of Training*** | [Date] |
| ***Topic(s) of Training*** | [Training Topic] |
| ***Name of Person Conducting Training*** | [Instructor Name] |
|  | |
| ***Name of Trained Employee*** | ***Signature of Trained Employee*** |
| [Name] |  |
| [Name] |  |
| [Name] |  |
| [Name] |  |
| [Name] |  |
| [Name] |  |
| [Name] |  |
| [Name] |  |
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| [Name] |  |
| [Name] |  |
| [Name] |  |
| [Name] |  |
| [Name] |  |
| [Name] |  |

## ATTACHMENT 3: Significant Spills of Toxic or Hazardous Pollutants

*Include a list of all significant spills or hazardous pollutants within three years of the date of submittal of the NOI to the present day.*

**Significant Spills of Toxic or Hazardous Pollutants**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Date of Significant Spill*** | ***Location***  ***of the Spill*** | ***Description of Spill*** | ***Description of Clean-up*** |
| [Date] | [Location] | [Description of the Spill] | [Description of the Clean-up] |
| [Date] | [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] |
| [Date] | [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] |
| [Date] | [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] |
| [Date] | [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] |
| [Date] | [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] |
| [Date] | [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] |
| [Date] | [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] |
| [Date] | [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] |
| [Date] | [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] |
| [Date] | [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] |
| [Date] | [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] |
| [Date] | [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] |
| [Date] | [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] |
| [Date] | [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] |
| [Date] | [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] |
| [Date] | [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] |
| [Date] | [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] |

## ATTACHMENT 4: Non-Stormwater Discharge Evaluation

*Included is a blank Non-Stormwater Discharge Evaluation form and completed forms.*

**Non-Stormwater Discharge Evaluation**

|  |  |  |  |
| --- | --- | --- | --- |
| The permittee shall eliminate all non-stormwater discharges not authorized under *Part I.D.2* of the MSGP. If not covered under a separate UPDES permit, wastewater, wash water, and any other unauthorized non-stormwater shall be discharged to a sanitary sewer, in accordance with applicable industrial pretreatment requirements, or otherwise disposed of appropriately (i.e. hauled off site to an appropriate disposal facility, allowed to evaporate, etc.). This permit does not authorize the permittee to discharge to the sanitary sewer. If the facility does connect to the sanitary sewer, the permittee shall be responsible for obtaining the approval and/or permitting from the sanitary sewer operator prior to discharging. (*MSGP Part III.K*) | | | |
| Date | Identification of Authorized Non-Stormwater Discharge (*see MSGP Part I.D.2.b*) | Evaluation Criteria or Testing Method (visual observation, sampling, etc.) | Discharge Point for Identified  Non-Stormwater Discharge |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*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 gather and evaluate 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: |  |

## ATTACHMENT 5: Routine Facility Inspections

*Included is a blank Routine Facility Inspection form and completed forms.*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Facility Inspection Form** | | | | | | | | |
|  | | | | | | | | |
| Inspection Date: | Inspection Time: | | Inspector Name: | | | | | |
|  |  | |  | | | | | |
|  | | | | | | | | |
| Is there a discharge occurring at the facility? | | | If yes, what is the location of the discharge? | | | | | |
| Yes  No | | |  | | | | | |
|  | | |  | | | | | |
| Inspected Areas | | The inspected area needs (include comments below): | | | | | | |
| Maintenance | Repair | | Replacement | | No Action | Not Applicable |
| Areas where materials, residues, or trash are come in contact with stormwater | |  |  | |  | |  |  |
| Areas where activities or materials are exposed to stormwater at the facility | |  |  | |  | |  |  |
| Areas where equipment, drums, tanks, or other containers are being stored | |  |  | |  | |  |  |
| Areas where tracking from vehicles entering and exiting the facility occurs | |  |  | |  | |  |  |
| Areas where soil erosion has occurred or has the potential to occur | |  |  | |  | |  |  |
| Areas where unauthorized non-stormwater discharges may be occurring | |  |  | |  | |  |  |
| All discharge points | |  |  | |  | |  |  |
| All control measures installed at the facility to control stormwater | |  |  | |  | |  |  |
|  | |  |  | |  | |  |  |
|  | |  |  | |  | |  |  |
|  | |  |  | |  | |  |  |
| Comments on any maintenance, repairs, or replacements identified above: | | | | | | | | |
|  | | | | | | | | |
| Any other incidents of non-compliance with the permit: | | | | | | | | |
|  | | | | | | | | |
| *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 gather and evaluate 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 | | |

## ATTACHMENT 6: Visual Stormwater Quality Assessments

*Included is a blank Visual Stormwater Quality Assessments and completed forms.*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Visual Stormwater Quality Assessment Form** | | | | | | | | | | |
|  | | | | | | | | | | |
| Assessment Date: | | Assessment Time: | | Name of the individual(s) conducting the assessment: | | | | | | |
|  | |  | |  | | | | | | |
| Was the sample taken within the first 30 minutes of when runoff from a storm event began at the facility? (if no, explain why) | | | | | | | | Was the assessment conducted during daylight hours and during normal operating business hours? | | |
| Yes  No | If no, explain: | | | | | | | Yes  No | | |
|  | | | | | | | | | | |
| Type of Stormwater Sampled | | | | If yes, what is the location of the discharge? | | | | | | |
| Rain  Snowmelt  Other | | | |  | | | | | | |
|  | | | |  | | | | | | |
|  | | | Comments | | | | | | | |
| Color (i.e. clear, brown, gray, etc.) | | |  | | | | | | | |
| Odor (i.e. no smell, sewage, gasoline, bleach, etc.) | | |  | | | | | | | |
| Clarity (i.e. clear, murky, etc.) | | |  | | | | | | | |
| Floating solids at the top of the sample | | |  | | | | | | | |
| Settled solids at the bottom of the sample | | |  | | | | | | | |
| Suspended solids floating within the sample | | |  | | | | | | | |
| Foam (i.e. none, thick, thin, etc.) | | |  | | | | | | | |
| Oil sheen (i.e. no sheen, rainbow, etc.) | | |  | | | | | | | |
| Any other obvious indicators of stormwater pollution | | |  | | | | | | | |
|  | | |  |  | |  | | |  |  |
|  | | |  |  | |  | | |  |  |
| If any potential source(s) of pollutants were identified above, identify the probable source(s): | | | | | | | | | | |
|  | | | | | | | | | | |
| *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 gather and evaluate 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 | | | |

## ATTACHMENT 7: Comprehensive Site Compliance Evaluations

*Included is a blank Comprehensive Site Compliance Evaluation form and completed forms.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Comprehensive Site Compliance Evaluation Form** | | | | |
|  | | | | |
| Evaluation Date: | Name of the individual(s) conducting the evaluation: | | | |
|  |  | | | |
|  | | | | |
| *The evaluation shall include at least the following:*   * *All industrial activities taking place at the facility and all materials that are located at the facility to ensure they have been identified in the Storm Water Pollution Prevention Plan;* * *The control measures that have been installed at the facility to determine if they are adequate, properly designed, and correctly implemented;* * *All stormwater management measures, sediment and erosion control measures, and other pollution prevention measures to ensure they are operating correctly;* * *The equipment needed to implement the Storm Water Pollution Prevention Plan, such as spill response equipment, to ensure it is adequate and located appropriately throughout the facility as needed;* * *The Storm Water Pollution Prevention Plan to ensure it is current with existing facility operations; and* * *All associated documents, such as sampling results, inspection reports, and additional permit documents, to ensure they are accurate and are being maintained with the Storm Water Pollution Prevention Plan in an accessible format.* | | | | |
|  | | | | |
| Describe any corrections needed to be made in the Storm Water Pollution Prevention Plan in relation to changes or updates to stormwater management, sediment and erosion control, and other pollution prevention measures? | | | | |
|  | | | | |
| Are there any known incidents of noncompliance with the permit? | | | | |
|  | | | | |
|  | | | | |
| ***If there were any corrections needed or known incidents of noncompliance identified above, complete these corrections before continuing this evaluation.*** | | | | |
|  | | | | |
| Is the Stormwater Pollution Prevention Plan up-to-date and current with existing facility operations? | | Is the facility in compliance with the Stormwater Pollution Prevention Plan and the permit? | | |
| Yes  No | | Yes  No | | |
| *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 gather and evaluate 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 |

## ATTACHMENT 8: Additional Plan Documents

*Attach copies of all applicable documents:*

* *A copy of the Multi-Sector General Permit (MSGP) Authorization email assigning the UPDES permit number, and the effective date and expiration date of coverage.*
* *A copy of the permit as a hard copy or in an easily accessible electronic format for facility personnel.*
* *If applicable, a copy of any other existing UPDES permits authorizing discharges of anything other than stormwater as a hard copy or in an easily accessible electronic format.*
* *If applicable, a copy of the electronic submittal waiver letter from the Director (MSGP Part I.I.2)*