**Routine Facility Inspection Report for MS4 Service Department**

**(DRY WEATHER)**

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| --- | --- | --- | --- |
| **General Information** | | | |
| **Facility Name and MS4 Operator** |  | | |
| **NPDES Permit No.** | N/A | | |
| **Date of Inspection** |  | **Start/End Time** |  |
| **Inspector’s Name(s)** |  | | |
| **Inspector’s Title(s)** |  | | |
| **Inspector’s Contact Information** |  | | |
| **Inspector’s Qualifications** |  | | |
| **Weather Information** | | | |
| **Weather at time of this inspection?**  ❑ Clear ❑Cloudy ❑Rain ❑ Sleet ❑ Fog ❑ Snow ❑ High Winds  ❑ Other: Temperature: | | | |
| **Have any previously unidentified discharges of pollutants occurred since the last inspection?**  ❑Yes ❑No  **If yes, describe:** | | | |
| **Are there any discharges occurring at the time of inspection?** ❑Yes ❑No  **If yes, describe:** | | | |

**Structural Control Measures**

* *Number the structural stormwater control measures identified in your SWPPP on your site map and list them 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.*
* *Measures may include, but are not limited to, oil-water or hydrodynamic separators; storm water management ponds; bioretention areas; permeable pavement; cisterns; sand or other media filters; berms or curbs; covers such as tarps, roofs and lids; secondary containment structures; erosion and sediment controls, catch basin screens, sumps and inserts, spill kits, etc.*
* *Describe corrective actions initiated, date completed, and note the person that completed the work in the Corrective Action Log.*

|  | **Structural Control Measure** | **Control Measure is Operating Effectively?** | **If No, In Need of Maintenance, Repair, or Replacement?** | **Corrective Action Needed and Notes**  (identify needed maintenance and repairs, or any failed control measures that need replacement) |
| --- | --- | --- | --- | --- |
| 1 | Oil/Water Separator | ❑Yes ❑No | ❑ Maintenance  ❑ Repair  ❑ Replacement |  |
| 2 | Spill Kits | ❑Yes ❑No | ❑ Maintenance  ❑ Repair  ❑ Replacement |  |
| 3 |  | ❑Yes ❑No | ❑ Maintenance  ❑ Repair  ❑ Replacement |  |
| 4 |  | ❑Yes ❑No | ❑ Maintenance  ❑ Repair  ❑ Replacement |  |
| 5 |  | ❑Yes ❑No | ❑ Maintenance  ❑ Repair  ❑ Replacement |  |
| 6 |  | ❑Yes ❑No | ❑ Maintenance  ❑ Repair  ❑ Replacement |  |
| 7 |  | ❑Yes ❑No | ❑ Maintenance  ❑ Repair  ❑ Replacement |  |
| 8 |  | ❑Yes ❑No | ❑ Maintenance  ❑ Repair  ❑ Replacement |  |
| 9 |  | ❑Yes ❑No | ❑ Maintenance  ❑ Repair  ❑ Replacement |  |
| 10 |  | ❑Yes ❑No | ❑ Maintenance  ❑ Repair  ❑ Replacement |  |

**Areas of Industrial Materials or Activities Exposed to Storm Water**

*Below are some general areas that should be assessed during routine inspections commonly found at Service Department Garages or Public Works Yards. Customize this list as needed for the specific types of industrial materials or activities at your facility.*

|  | **Area/Activity** | **Inspected?** | **Controls Adequate (appropriate, effective, and operating)?** | **Corrective Action Needed and Notes** |
| --- | --- | --- | --- | --- |
| 1 | **Vehicle maintenance areas (mechanical repairs, body work, oil changes, etc.)** | ❑Yes ❑No ❑ N/A | ❑Yes ❑No |  |
| 2 | **Vehicle washing area** | ❑Yes ❑No ❑ N/A | ❑Yes ❑No |  |
| 3 | **Equipment cleaning (includes lawn mowers)** | ❑Yes ❑No ❑ N/A | ❑Yes ❑No |  |
| 4 | **Outdoor vehicle and equipment storage/parking areas** | ❑Yes ❑No ❑ N/A | ❑Yes ❑No |  |
| 5 | **Fueling stations** | ❑Yes ❑No ❑ N/A | ❑Yes ❑No |  |
| 6 | **Salt and salt-containing material storage, loading and mixing areas** | ❑Yes ❑No ❑ N/A | ❑Yes ❑No |  |
| 7 | **Snow disposal yard** | ❑Yes ❑No ❑ N/A | ❑Yes ❑No |  |
| 8 | **Storage yard for scrap, spare or unused materials and equipment** | ❑Yes ❑No ❑ N/A | ❑Yes ❑No |  |
| 9 | **Sand, dirt, ditch cleanings, mulch and aggregate storage piles** | ❑Yes ❑No ❑ N/A | ❑Yes ❑No |  |
| 10 | **Catch basin cleanings and street sweepings dewatering and solids management areas** | ❑Yes ❑No ❑ N/A | ❑Yes ❑No |  |
| 11 | **Yard waste storage and processing areas** | ❑Yes ❑No ❑ N/A | ❑Yes ❑No |  |
| 12 | **Leaf collection area** | ❑Yes ❑No ❑ N/A | ❑Yes ❑No |  |
| 13 | **Composting area** | ❑Yes ❑No ⌧ N/A | ❑Yes ❑No |  |
| 14 | **Pesticide, herbicide & fertilizer storage and application areas** | ❑Yes ❑No ❑ N/A | ❑Yes ❑No |  |
| 15 | **Hazardous waste collection area** | ❑Yes ❑No ❑ N/A | ❑Yes ❑No |  |
| 16 | **Used oil storage drums and tanks** | ❑Yes ❑No ❑ N/A | ❑Yes ❑No |  |
| 17 | **Waste dumpsters** | ❑Yes ❑No ❑ N/A | ❑Yes ❑No |  |
| 18 | **Recycling area** | ❑Yes ❑No ❑ N/A | ❑Yes ❑No |  |
| 19 | **Impound lot** | ❑Yes ❑No ⌧ N/A | ❑Yes ❑No |  |
| 20 | **Dust generation and off-site vehicle tracking** | ❑Yes ❑No ❑ N/A | ❑Yes ❑No |  |
| 21 | **Indicators of illicit discharge** | ❑Yes ❑No ❑ N/A | ❑Yes ❑No |  |

**Non-Compliance**

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| --- |
| Describe any incidents of non-compliance observed and not described above: |

**Additional Control Measures**

|  |
| --- |
| Describe any additional control measures needed to comply with the permit requirements: |

**Notes**

|  |
| --- |
| Use this space for any additional notes or observations from the inspection: |

**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.”

**Print name and title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**