

APPENDIX A

BLANK RECORDKEEPING FORMS

Checklist 1
Quarterly SWP3 Inspection

Business Name: _____ **Date:** _____ **Weather:** _____

Inspector(s): _____ **Inspector Affiliation:** _____

Inspector familiar with industrial activities performed at this facility? Yes or No

Inspection Item	Yes/No/NA	Corrections/Recommendations
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Employee Training & Education Program Effectiveness

- Are employees trained in the goals, components, & best management practices required by the SWPPP? _____
- Are training sessions documented & record kept on site? _____

Effectiveness of Spill Prevention & Response Measures

- Are outdoor areas free of spilled material? _____
- Are Spill Kit(s) available and stocked? _____
- Are Storage Containers clearly labeled and secondarily contained? _____
- Other: _____

Effectiveness of Good Housekeeping Measures

- Are leasehold free of trash & debris? _____
- Are waste receptacle(s) covered & intact with no leakage? _____
- Other: _____

Effectiveness of Maintenance Program for Structural Controls

- Are Structural Controls functioning properly? _____
(Oil/Water Separators, vegetative buffers, cut off valves)
- Has maintenance been performed regularly? _____
- Other: _____

Effectiveness of Pollution & Erosion Control Measures

- Is the area free of soil erosion? _____
- Is there evidence of improper disposal of contaminants? _____
- Is there an odor present in adjacent ditches and drains? _____

Effectiveness of BMPs

- Are BMPs being implemented? _____
- Other: _____

Maintenance & Cleaning Areas

- Does washing occur in designated areas? _____
- Do maintenance activities occur in designated areas? _____

ADDITIONAL COMMENTS:

Checklist 3

Record of Quarterly Visual Storm Water Monitoring for Tenant Facilities

An employee trained in accordance with the facility SWP3 shall complete this form for each Storm Water Monitoring Location (SWML) for each quarterly monitoring period.

Instructions:

1. Confirm that the storm event is a "representative" storm event as defined in Section V.
(Check Yes or No) ___ Yes ___ No
2. If the answer to Number 1 is "No" do not proceed with the visual storm water monitoring. Indicate the date of the attempted visual monitoring and the reason the storm was not a "representative event" in the spaces provided below.
3. If the answer to Number 1 is "Yes" proceed with collection and visual examination of storm water discharge samples, and complete the form for each Storm Water Monitoring Location.
4. If a visual examination was not performed during a quarterly monitoring period, provide an explanation in the space provided below (examples: adverse climatic conditions [lightning]; a representative storm event did not occur during this quarter).
5. Maintain the completed forms, both for visual monitoring attempts and for actual visual monitoring events, in the SWP3 file.

Quarterly Monitoring Period (circle one):

1st January – March 2nd April – June 3rd July – September 4th October – December

Date:		Sampler(s):	
Time Storm Event Began:		Estimated Total Rainfall for Storm Event:	
<i>Characteristics to Monitor:</i>			
Color	(yellow, brown, green, gray, etc., and degree of color: none, slightly, very, etc.)		
Odor	(petroleum, chemical, sulfur, algae, sewage, etc. and degree of odor: none, light, strong)		
Clarity	(clear, or slightly cloudy, or very cloudy, etc.)		
Floating Solids			
Settled Solids	(allow to sit for ___ minutes)		
Suspended Solids	(hold a white piece of paper behind the jar to see)		
Foam			
Oil Sheen			
Monitoring Point # 1 (describe location):	Time:	SWML#:	Monitoring Point # 2 (describe location):
Color			Color
Odor			Odor
Clarity			Clarity
Floating Solids			Floating Solids
Settled Solids			Settled Solids
Suspended Solids			Suspended Solids
Foam			Foam
Oil Sheen			Oil Sheen

Comments:

1. This was not a representative storm event because: _____
2. Visual monitoring was not performed this Quarter because: _____
3. Were all samples collected within the first 30 minutes of discharge? _____
4. If "No" Question #3, were all samples collected within the first hour of discharge? Provide or attach explanation.

4. Other notes or observations: _____

Signature: _____ Date: _____

CHECKLIST 4: QUARTERLY STORM WATER VISUAL EXAMINATION FORM

Date:		Sampler(s):	
Time Storm Event Began:		Estimated Total Rainfall for Storm Event:	
<i>Characteristics to Monitor:</i>			
Color	(yellow, brown, green, gray, etc., and degree of color: none, slightly, very, etc.)		
Odor	(petroleum, chemical, sulfur, algae, sewage, etc. and degree of odor: none, light, strong)		
Clarity	(clear, or slightly cloudy, or very cloudy, etc.)		
Floating Solids			
Settled Solids	(allow to sit for ___ minutes)		
Suspended Solids	(hold a white piece of paper behind the jar to see)		
Foam			
Oil Sheen			
Monitoring Point # 1 (describe location):	Time:	OF #:	Monitoring Point # 2 (describe location):
Color			Color
Odor			Odor
Clarity			Clarity
Floating Solids			Floating Solids
Settled Solids			Settled Solids
Suspended Solids			Suspended Solids
Foam			Foam
Oil Sheen			Oil Sheen
Monitoring Point # 3 (describe location):	Time:	OF #:	Monitoring Point # 4 (describe location):
Color			Color
Odor			Odor
Clarity			Clarity
Floating Solids			Floating Solids
Settled Solids			Settled Solids
Suspended Solids			Suspended Solids
Foam			Foam
Oil Sheen			Oil Sheen
Monitoring Point # 5 (describe location):	Time:	OF #:	Monitoring Point # 6 (describe location):
Color			Color
Odor			Odor
Clarity			Clarity
Floating Solids			Floating Solids
Settled Solids			Settled Solids
Suspended Solids			Suspended Solids
Foam			Foam
Oil Sheen			Oil Sheen
Monitoring Point # 7 (describe location):	Time:	OF #:	Monitoring Point # 8 (describe location):
Color			Color
Odor			Odor
Clarity			Clarity
Floating Solids			Floating Solids
Settled Solids			Settled Solids
Suspended Solids			Suspended Solids
Foam			Foam
Oil Sheen			Oil Sheen
1. Were all samples collected within the first 30 minutes of discharge?			
2. If "No" for Question #1, were all samples collected within the first hour of discharge? Provide or attach explanation.			
AVI-CPL-001			
Comments:			

CHECKLIST 6: DRY WEATHER EVALUATIONS

Inspection Date/Time _____ / _____ Location: _____ By: _____

Outfall Number: _____	Type:	<input type="checkbox"/> Concrete	<input type="checkbox"/> Pipe	<input type="checkbox"/> Grass	<input type="checkbox"/> Rock	<input type="checkbox"/> Other
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1. Is there visible flow from the outfall? **Yes (Check all that apply)** **No (Go to Question 2.)**
- | | | |
|---|--|---|
| <input type="checkbox"/> Clear water | <input type="checkbox"/> Suds present | <input type="checkbox"/> Odor (describe*): _____ |
| <input type="checkbox"/> Murky water | <input type="checkbox"/> Oily sheen | <input type="checkbox"/> Colored water (describe): _____ |
| <input type="checkbox"/> Scum present | <input type="checkbox"/> Stains on conveyance | <input type="checkbox"/> Floating objects (describe): _____ |
| <input type="checkbox"/> Sludge present | <input type="checkbox"/> Plant life impact (describe): _____ | |
| <input type="checkbox"/> Other: _____ | | |

Estimate flow either visually or by describing the width, height and shape of the conveyance and the approximate percentage of the conveyance or the approximate depth of flow: _____ **gal/minute**

2. Is there standing water present? **Yes (Check all that apply)** **No (Go to Question 3.)**
- | | | |
|---|--|---|
| <input type="checkbox"/> Clear water | <input type="checkbox"/> Suds present | <input type="checkbox"/> Odor (describe*): _____ |
| <input type="checkbox"/> Murky water | <input type="checkbox"/> Oily sheen | <input type="checkbox"/> Colored water (describe): _____ |
| <input type="checkbox"/> Scum present | <input type="checkbox"/> Stains on conveyance | <input type="checkbox"/> Floating objects (describe): _____ |
| <input type="checkbox"/> Sludge present | <input type="checkbox"/> Plant life impact (describe): _____ | |
| <input type="checkbox"/> Other: _____ | | |

3. From the inspection location can you see any unusual piping or ditches that drain to the storm water conveyance?
- Yes (describe):** _____
- No**

4. Is there any overland flow visible from the discharge location?
- Yes (describe):** _____
- No**

5. Are there any dead animals present?
- Yes (describe):** _____
- No**

NOTES:

Signature: _____

**e.g., rotten eggs, earthy, chemical, chlorine, soap, putrescence, gasoline, musty, etc.*

SPILL REPORTING FORM

Date of spill _____ Time of spill _____

Company _____ Address _____

Person Reporting _____ Telephone Number _____

Type of Spill (Jet-A, chemical, etc.) _____ Name of Chemical _____

Quantity of Spill (gallons) _____

Where did spill occur? _____

Duration of discharge Batch (a single release, e.g. spilled drum)
 Continuous (approximate duration _____ hours _____ minutes)

Action taken to contain spill _____

Containment: Contained in immediate vicinity of source
 Contained prior to entry into storm drain
 Contained after entry to storm drain
 Contained in storm system pipe/ditch

Did the spill leave the facility boundary? Yes No Was anyone injured? Yes No

Other pertinent information/Cause of spill _____

Weather conditions at time of incident:

Rainfall Rainfall occurred (approximate amount _____ inches over _____ hours)
 Rainfall had occurred within 3 hours of incident
 Rainfall occurred prior to clean-up being completed
 No rainfall occurred

Parties notified of spill

- Fire Department
- State Agency Date _____ Time _____
- National Response Center Date _____ Time _____

In the space provided below, draw a diagram of the location of the spill as it relates to your facility and airport operations.

RETURN COMPLETED FORM TO
Sam Peacock
FAX (214) 670-6051

NON-STORM WATER DISCHARGE ASSESSMENT AND CERTIFICATION		Airport: _____ Completed By/Title: _____	
Date of Visual Inspection	Manhole, Storm Sewer, Sanitary Sewer or Outfall Observed AND utility connection, if any.	Describe Results From Visual Inspection for the Presence of Non-Storm Water Discharge	Sample Information
		<input type="checkbox"/> No water present <input type="checkbox"/> Water present. (If yes, describe and collect sample. Identify source): _____	<input type="checkbox"/> No sample required <input type="checkbox"/> Sample collected. ID #: _____
		<input type="checkbox"/> No water present <input type="checkbox"/> Water present. (If yes, describe and collect sample. Identify source): _____	<input type="checkbox"/> No sample required <input type="checkbox"/> Sample collected. ID #: _____
		<input type="checkbox"/> No water present <input type="checkbox"/> Water present. (If yes, describe and collect sample. Identify source): _____	<input type="checkbox"/> No sample required <input type="checkbox"/> Sample collected. ID #: _____
		<input type="checkbox"/> No water present <input type="checkbox"/> Water present. (If yes, describe and collect sample. Identify source): _____	<input type="checkbox"/> No sample required <input type="checkbox"/> Sample collected. ID #: _____
		<input type="checkbox"/> No water present <input type="checkbox"/> Water present. (If yes, describe and collect sample. Identify source): _____	<input type="checkbox"/> No sample required <input type="checkbox"/> Sample collected. ID #: _____
		<input type="checkbox"/> No water present <input type="checkbox"/> Water present. (If yes, describe and collect sample. Identify source): _____	<input type="checkbox"/> No sample required <input type="checkbox"/> Sample collected. ID #: _____
CERTIFICATION			
<p>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.</p>			
A. Name and Official Title (type or print):		B. Area Code and Telephone No.:	
B. Signature:		D. Date:	