



MISSISSIPPI DEPARTMENT OF
ENVIRONMENTAL QUALITY

BASELINE STORM WATER GENERAL PERMIT FOR INDUSTRIAL ACTIVITIES NPDES PERMIT MSR00

BASELINE FORMS PACKAGE

These standard forms are used to apply for permit coverage under the Baseline Storm Water General Permit and for submittals and record keeping required by permit conditions after coverage has been granted. Click on the title below to access the form.

The following forms can be completed on screen, printed and signed.

- [BASELINE NOTICE OF INTENT \(BNOI\)](#)
- [REQUEST FOR TERMINATION OF COVERAGE](#)
- [REQUEST FOR TRANSFER OF PERMIT, GENERAL PERMIT COVERAGE AND/OR NAME CHANGE](#)
- [NO EXPOSURE CERTIFICATION](#)

The following new mandatory forms are not electronically fillable. Facilities have until April 1, 2016 to implement their use¹.

- [MONTHLY SPILL AND LEAK LOG SHEET](#)
- [MONTHLY INSPECTION REPORT FORM](#)
- [MONTHLY VISUAL JAR TEST INSPECTION FORM](#)
- [ANNUAL COMPREHENSIVE SWPPP EVALUATION REPORT](#)
- [EMPLOYEE TRAINING LOG FORM](#)

Revised: 12/29/15

¹ Coverage recipients may use alternate forms to record the required information, so long as they include all of the information on the forms in the Baseline Forms Package.

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BASELINE NOTICE OF INTENT (BNOI)
FOR COVERAGE UNDER THE BASELINE STORM WATER
GENERAL NPDES PERMIT MSR00 _____
(NUMBER TO BE ASSIGNED BY STATE)

INSTRUCTIONS

Applicant must be the owner or operator (i.e., legal entity that controls the facility's operation, or the plant/site manager, not the environmental consultant). The owner or operator that receives coverage is responsible for permit compliance. File at least 60 days prior to the commencement of the regulated industrial activity.

Submittals with this BNOI must include a Storm Water Pollution Prevention Plan (SWPPP) with the minimum components found in ACTs 5 and 6 of the Baseline Storm Water General Permit. In addition, a United States Geological Survey (USGS) quadrangle map (or a copy) showing site location and extending at least 1/2 mile beyond the site's property boundary is required. If a copy is submitted, provide the name of the quadrangle map that is found in the upper right hand corner. Maps can be obtained from the MDEQ, Office of Geology at 601-961-5523.

ALL FORM BLANKS MUST BE COMPLETED (enter "NA" if not applicable)

THE APPLICANT IS: **OWNER** **OPERATOR (PLEASE CHECK ONE OR BOTH)**

OWNER INFORMATION

Owner Contact Name: _____ Position: _____

Owner Company Name: _____

Owner Street (P.O. Box): _____

Owner City: _____ State: _____ Zip: _____

Owner Phone Number: (____) _____ Owner Email: _____

OPERATOR INFORMATION (if different than owner)

Operator Contact Name: _____ Position: _____

Operator Company Name: _____

Operator Street (P.O. Box): _____

Operator City: _____ State: _____ Zip: _____

Operator Phone Number: (____) _____ Operator Email: _____

FACILITY INFORMATION

Facility Name: _____

Nature of Business (Include 4-digit Standard Industrial Classification Code (SIC) and description):

SIC Code: _____

Receiving Stream: _____

Is receiving stream on MDEQ's 303(d) List? Yes No

Has a TMDL been established for the receiving stream segment? Yes No

Physical Site Address:

Street: _____ **City:** _____

County: _____ **Zip:** _____

Latitude: ____ degrees ____ minutes ____ seconds **Longitude:** ____ degrees ____ minutes ____ seconds

Method Used to Determine Lat & Long (GPS of plant entrance) or Map Interpolation): _____

Attach a copy of any existing laboratory data for each storm water outfall. If multiple sampling has been performed, provide a summary for each parameter, including sampling dates and the minimum, average and maximum values.

Is this a SARA Title III, Section 313 facility utilizing water priority chemicals at threshold amounts? Yes No
If yes, please attach a list of water priority chemicals present at the facility.

DOCUMENTATION OF COMPLIANCE WITH OTHER REGULATIONS/REQUIREMENTS

Is this notice for a facility that will require other permits? Yes No

If yes, check which one(s): Air, Hazardous Waste, Pretreatment, Water State Operating,
 Individual NPDES, or list Other(s):

How will sanitary sewage be collected and treated? _____

Indicate any local storm water ordinance with which the facility must comply and submit any documentation of approval.

Is treatment of storm water provided at any outfall? Yes No

If yes, please describe: _____

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 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.

Signature¹ (Must be signed by operator when different than owner)

Date Signed

Printed Name¹

Title

¹This application shall be signed according to the General Permit, ACT 14, T-9, as follows:

- For a corporation, by a responsible corporate officer.
- For a partnership, by a general partner.
- For a sole proprietorship, by the proprietor.
- For a municipal, state or other public facility, by principal executive officer, the mayor, or ranking elected official.

After signing please mail to: Chief, Environmental Permits Division
MS Department of Environmental Quality, Office of Pollution Control
P.O. Box 2261
Jackson, MS 39225

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Request for Termination (RFT) of Coverage



BASELINE STORM WATER GENERAL PERMIT
Coverage No. **MSR00** ___ ___ ___ County _____
(Fill in your Certificate of Coverage Number and County)

Facilities planning to cease regulated industrial activity and/or abandon the premises upon which they operate, or wish to terminate Baseline coverage and submit a No Exposure Certification in accordance with the provisions of ACT2, T-6 of the Baseline General Permit, shall request termination of coverage by submitting this form along with a closure plan at least 30 days prior to ceasing operations. The closure plan shall be prepared in accordance with the requirements outlined in ACT13, S-1 of the Baseline General Permit.

Check the appropriate box below to indicate the reason coverage is being terminated. All form blanks must be completed (enter "N/A" if not applicable).

FACILITY IS PERMANENTLY SHUT DOWN

CONVERT TO NO EXPOSURE CERTIFICATION

APPLY FOR INDIVIDUAL NPDES PERMIT

FACILITY NAME: _____ **CLOSURE DATE:** _____

PHYSICAL SITE STREET ADDRESS: _____

CITY: _____ **COUNTY:** _____

OWNER COMPANY NAME: _____

OWNER COMPANY CONTACT NAME AND POSITION: _____

STREET ADDRESS / P.O. BOX: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

TEL. # (____) _____ **EMAIL:** _____

OPERATOR COMPANY NAME (IF DIFFERENT THAN OWNER): _____

OPERATOR CONTACT NAME AND POSITION: _____

STREET/ ADDRESS / P.O. BOX: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

TEL. # (____) _____ **EMAIL:** _____

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. I understand that by submitting this Request for Termination and receiving written confirmation, I will no longer be authorized to discharge storm water associated with industrial activity under this general permit. Discharging pollutants associated with industrial activity to waters of the United States is unlawful under the Clean Water Act where the discharge is not authorized by a NPDES permit. I also understand that the submittal of this Request for Termination does not release an owner or operator from liability for any violations of this permit or the Clean Water Act.

Authorized Name (Print)¹ Telephone Authorized Signature¹ Date Signed

¹This application shall be signed according to the General Permit, ACT 14, T-9 as follows:

- For a corporation, by a responsible corporate officer.
- For a partnership, by a general partner.
- For a sole proprietorship, by the proprietor.
- For a municipal, state or other public facility, by principal executive officer, mayor, or ranking elected official.

After signing please mail to: Chief, Environmental Permits Division
MS Department of Environmental Quality, Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225

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Environmental Permits for Industrial Facilities

Request for Transfer of Permit, General Permit Coverage and/or Name Change

Instructions: For Ownership Change-Complete all Items on Page 1 (except Item VIII) and Page 2 (reverse side).
 For Name Change Only-Complete Items I, II, V, VI, VII, VIII, and Page 2 (reverse side).

Note-This form should be submitted to MDEQ when a transferal date is finalized but prior to the actual transfer.

<p>Item I.</p> <p>Facility Name: _____</p> <p>Location: (Do Not Use P.O. Box)</p> <p style="padding-left: 40px;">Street: _____</p> <p style="padding-left: 40px;">City: _____ State: <u>MS</u> Zip: _____</p> <p>County: _____</p> <p>Telephone: (_____) _____</p>	<p>Item II.</p> <p>Responsible official after transfer or name change:</p> <p>Name: _____</p> <p>Title: _____</p> <p>Mailing Address:</p> <p style="padding-left: 40px;">Street/P.O. Box: _____</p> <p style="padding-left: 40px;">City: _____ State: _____ Zip: _____</p> <p>Telephone (_____) _____</p>								
<p>Item III.</p> <p>Previous Permittee¹: _____</p> <p>Mailing Address:</p> <p style="padding-left: 40px;">Street/P.O. Box: _____</p> <p style="padding-left: 40px;">City: _____ State: _____ Zip: _____</p> <p>Telephone: (_____) _____</p>	<p>Item IV.</p> <p>New Permittee¹: _____</p> <p>Mailing Address:</p> <p style="padding-left: 40px;">Street/P.O. Box: _____</p> <p style="padding-left: 40px;">City: _____ State: _____ Zip: _____</p> <p>Telephone: (_____) _____</p>								
<p>Item V.</p> <p>Industrial Activity SIC Code: _____</p> <p>Brief Description:</p>	<p>Item VI.</p> <p>Will Facility Operations Change? Yes _____ No _____</p> <p>If yes, the appropriate applications and permits may require modification prior to change.</p>								
<p>Item VII.</p> <p>Will Facility Name Change? Yes _____ No _____</p> <p>If Yes, Provide New Name for Permit Coverage.</p> <p>New Name: _____</p>	<p>Item VIII.</p> <p>Signature for Name Change</p> <p>Print Name: _____</p> <p>Authorized Signature²: _____</p> <p>Title: _____ Date: _____</p>								
<p>Item IX.</p> <p>We the undersigned request transfer of permit(s) and/or permit coverage(s) listed on the backside of this form.</p> <p>From: _____</p> <p>To: _____ Acquisition Date: _____</p> <p>By signature below, the recipient certifies that: 1) they are aware of the requirements of the permit(s), 2) the applicant can demonstrate to the Permit Board it has the financial resources and operational expertise and 3) agrees to accept responsibility and liability for the permit(s) listed on the back of this document. By signature below, the previous permittee is requesting that the permit(s) and/or permit coverage(s) be transferred to the recipient. The transfer of the permit(s) or permit coverage(s) will be by written notification from the Office of Pollution Control (OPC). The OPC may require submittal of information regarding financial capability and past compliance history of the recipient.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <p>_____</p> <p>Print New Permittee¹ Name</p> </td> <td style="width: 50%; border: none;"> <p>_____</p> <p>Print Previous Permittee¹ Name</p> </td> </tr> <tr> <td style="border: none;"> <p>_____</p> <p>New Authorized Signature²</p> </td> <td style="border: none;"> <p>_____</p> <p>Previous Authorized Signature²</p> </td> </tr> <tr> <td style="border: none;"> <p>_____</p> <p>Title</p> </td> <td style="border: none;"> <p>_____</p> <p>Title</p> </td> </tr> <tr> <td style="border: none;"> <p>_____</p> <p>Date</p> </td> <td style="border: none;"> <p>_____</p> <p>Date</p> </td> </tr> </table>		<p>_____</p> <p>Print New Permittee¹ Name</p>	<p>_____</p> <p>Print Previous Permittee¹ Name</p>	<p>_____</p> <p>New Authorized Signature²</p>	<p>_____</p> <p>Previous Authorized Signature²</p>	<p>_____</p> <p>Title</p>	<p>_____</p> <p>Title</p>	<p>_____</p> <p>Date</p>	<p>_____</p> <p>Date</p>
<p>_____</p> <p>Print New Permittee¹ Name</p>	<p>_____</p> <p>Print Previous Permittee¹ Name</p>								
<p>_____</p> <p>New Authorized Signature²</p>	<p>_____</p> <p>Previous Authorized Signature²</p>								
<p>_____</p> <p>Title</p>	<p>_____</p> <p>Title</p>								
<p>_____</p> <p>Date</p>	<p>_____</p> <p>Date</p>								

¹A Permittee is a company or individual that has been issued an individual permit or coverage under a general permit.

²Authorized Signature must be owner or in the case of a corporation, a corporate officer as defined in Regulations APC-S-2 and WPC-1.

Mississippi Department of Environmental Quality/Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225
(601) 961-5171

<p>Item X. Storm Water</p> <p>(Check One)</p> <p><input type="checkbox"/> A Storm Water Pollution Prevention Plan (SWPPP) is not required for the site.</p> <p><input type="checkbox"/> The recipient certifies that they have received a copy of the Office of Pollution Control approved SWPPP from the original owner.</p> <p><input type="checkbox"/> The recipient is submitting a new SWPPP, which is attached to this form.</p> <p><input type="checkbox"/> A copy of the SWPPP cannot be obtained from the original owner.</p>	<p>Item XI. Hazardous Waste ID Number</p> <p>EPA ID No. _____</p> <p>(Check One)</p> <p><input type="checkbox"/> An EPA Hazardous Waste ID Number is not required for the site.</p> <p><input type="checkbox"/> The site's EPA ID Number is listed above and a Notification of Regulated Waste Activity Form is attached.</p>
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Item XII. Permit(s) and/or Coverage(s) to be Transferred

<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>	<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>
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<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>	<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>
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<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>	<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>
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<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>	<p>OTHER INFORMATION:</p>
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MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

NO EXPOSURE CERTIFICATION for Exclusion from NPDES Storm Water Permitting

Submission of this **No Exposure Certification** constitutes notice that the entity identified below does not require permit authorization for its storm water discharges associated with industrial activity due to the existence of a condition of no exposure. This certification must be submitted every five years from the date of submittal.

A condition of no exposure exists at an industrial facility when all industrial materials and activities are protected by a storm resistant shelter to prevent exposure to rain, snow, snowmelt, and/or runoff. Industrial materials or activities include, but are not limited to, material handling equipment or activities, industrial machinery, raw materials, intermediate products, by-products, final products, or waste products. Material handling activities include the storage, loading and unloading, transportation, or conveyance of any raw material, intermediate product, final product, or waste product. A storm resistant shelter is not required for the following industrial materials and activities (40 CFR 122.26(g)(2)):

- drums, barrels, tanks, and similar containers that are tightly sealed, provided those containers are not deteriorated and do not leak. "Sealed" means banded or otherwise secured and without operational taps or valves;
- adequately maintained vehicles used in material handling; and
- final products, other than products that would be mobilized in storm water discharges (e.g., rock salt).

A **No Exposure Certification** must be provided for each facility qualifying for the no exposure exclusion. In addition, the exclusion from NPDES permitting is available on a facility-wide basis only, not for individual outfalls. If any industrial activities or materials are or will be exposed to precipitation, the facility is not eligible for the no exposure exclusion.

By signing and submitting this **No Exposure Certification** form, the entity is certifying that a condition of no exposure exists at its facility or site, and is obligated to comply with the terms and conditions of the conditional exclusion for "no exposure" of industrial activities and materials to storm water found in 40 CFR 122.26(g). Please mail the completed form to: **Chief, Environmental Permits Division, Office of Pollution Control, P.O. Box 2261, Jackson, MS 39225**

For this certification to be considered, all questions on this form must be answered. If an item does not apply to you, enter "NA" (for "not applicable") to show that you considered the question. All answers must be printed or typed.

Facility Operator Information (All correspondence will be sent to this address).

1. Contact Name: _____ 2. Phone Number: _____
3. Legal Company Name: _____
4. Mailing Address: Street: _____
- City: _____ State: _____ Zip Code: _____
5. Email: _____

Facility/Site Location Information (If no street address exists, provide the nearest named road [e.g., Intersection of Routes 9 and 55]. Do not use a P.O. Box number).

1. Facility Name: _____
2. Street Address: _____
- City: _____ County: _____ Zip Code: _____
3. Email: _____

NO EXPOSURE CERTIFICATION

Facility/Site Location Information (Continued)

3. Latitude: _____ Longitude: _____ Source: _____

4. Nearest named receiving stream: _____

5. Was the facility or site previously covered under an NPDES storm water permit? Yes No

If yes, enter the NPDES permit or coverage number: _____

6. Does this facility have other environmental permits? Yes No

If yes, provide type (Air, Hazardous Waste, NPDES, Pretreatment, State Operating) and permit number

7. SIC/Activity Codes: Primary: _____ Secondary (if applicable): _____

Exposure Checklist

Are any of the following materials or activities exposed to precipitation, now or in the foreseeable future?
(Please check either "Yes" or "No".)

	Yes	No
1. Using, storing or cleaning industrial machinery or equipment, and areas where residuals from using, storing or cleaning industrial machinery or equipment remain and are exposed to storm water	<input type="checkbox"/>	<input type="checkbox"/>
2. Materials or residuals on the ground or in storm water inlets from spills/leaks	<input type="checkbox"/>	<input type="checkbox"/>
3. Materials or products from past industrial activity	<input type="checkbox"/>	<input type="checkbox"/>
4. Material handling equipment (except adequately maintained vehicles)	<input type="checkbox"/>	<input type="checkbox"/>
5. Materials or products during loading/unloading or transporting activities	<input type="checkbox"/>	<input type="checkbox"/>
6. Materials or products stored outdoors (except final products intended for outside use [e.g., new cars] where exposure to storm water does not result in the discharge of pollutants)	<input type="checkbox"/>	<input type="checkbox"/>
7. Materials contained in open, deteriorated or leaking storage drums, barrels, tanks, and similar containers	<input type="checkbox"/>	<input type="checkbox"/>
8. Materials or products handled/stored on roads or railways owned or maintained by the discharger	<input type="checkbox"/>	<input type="checkbox"/>
9. Waste material (except waste in covered, non-leaking containers [e.g., dumpsters])	<input type="checkbox"/>	<input type="checkbox"/>
10. Application or disposal of process wastewater (unless otherwise permitted)	<input type="checkbox"/>	<input type="checkbox"/>
11. Particulate matter or visible deposits of residuals from roof stacks and/or vents not otherwise regulated (i.e., under an air quality control permit) and evident in the storm water outflow	<input type="checkbox"/>	<input type="checkbox"/>

If you answer "Yes" to any of these questions (1) through (11), you are not eligible for the no exposure exclusion and must be covered by an NPDES Storm Water Permit (individual permit or coverage under a general permit.)

NO EXPOSURE CERTIFICATION

Certification Statement

I certify under penalty of law that I have read and understand the eligibility requirements for claiming a condition of “no exposure” and obtaining an exclusion from NPDES storm water permitting.

I certify under penalty of law that there are no discharges of storm water contaminated by exposure to industrial activities or materials from the industrial facility or site identified in this document (except as allowed under 40 CFR 122.26(g)(2)).

I understand that I am obligated to submit a no exposure certification form once every five years to MDEQ and, if requested, to the operator of the local municipal separate storm sewer system (MS4) into which the facility discharges (where applicable). I understand that I must allow the MDEQ or MS4 operator where the discharge is into the local MS4, to perform inspections to confirm the condition of no exposure and to make such inspection reports publicly available upon request. I understand that I must obtain coverage under an NPDES permit prior to any point source discharge of storm water from the facility. I understand that a copy of this certification must be retained at the facility.

Additionally, 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 Name¹: _____

Print Title¹: _____

Signature¹: _____

Date: _____

¹Certification shall be signed according to the Mississippi Water Pollution Control Regulations (11 Miss. Admin. Code Pt. 6, R. 1.1.2.C(1).)

For a corporation, by a responsible corporate officer.

For a partnership, by a general partner.

For a sole proprietorship, by the proprietor.

For a municipal, state or other public facility, by principal executive officer, mayor, or ranking elected official.

Instructions and Additional Information

Law

Federal law at 40 CFR Part 122.26 prohibits point source discharges of storm water associated with industrial activity to waters of the U.S. without a National Pollutant Discharge Elimination System (NPDES) permit. However, according to 40 CFR 122.26(g), NPDES permit coverage is not required for discharges of storm water associated with industrial activities identified at 40 CFR 122.26 (b)(14)(i)-(ix) and (xi) if the discharger can certify that a condition of “no exposure” exists at the industrial facility or site. Storm water discharges from construction activities identified in 40 CFR 122.26(b)(14)(x) are not eligible for the no exposure exclusion. Submission of this **No Exposure Certification** constitutes notice that the entity identified above does not require permit authorization for its storm water discharges associated with industrial activity due to the existence of a condition of no exposure.

Obtaining and Maintaining the No Exposure Exclusion

This form is used to certify that a condition of “no exposure” exists at the industrial facility or site described herein. By signing and submitting this **No Exposure Certification** form, the entity is certifying that a condition of no exposure exists at its facility or site, and is obligated to comply with the terms and conditions of 40 CFR 122.26(g). A **No Exposure Certification** must be provided for each facility qualifying for the no exposure exclusion. In addition, the exclusion from NPDES permitting is available on a facility-wide basis only, not for individual outfalls. If any industrial activities or materials are or will be exposed to precipitation, the facility is not eligible for the no exposure exclusion. If conditions change resulting in the exposure of materials and activities to storm water, the facility operator must obtain coverage under an NPDES storm water permit immediately. This certification must be resubmitted at least once every five years. The “no exposure” certification is non-transferable.

Instructions for Determining a Facility’s Latitude and Longitude

Enter the latitude and longitude of the facility entrance in degrees/minutes/seconds. Latitude and longitude can be obtained from United States Geological Survey (USGS) quadrangle or topographic maps, GPS, or by accessing web sites that have latitude and longitude finders.

Latitude and longitude for a facility in decimal form must be converted to degrees (°), minutes (′) and seconds (″) for proper entry on the certification form. To convert decimal latitude or longitude to degrees/minutes/seconds, follow the steps in the following example.

Example: Convert decimal latitude 45.1234567 to degrees (°), minutes (′), and seconds (″).

a/ The number to left of the decimal point are the degrees: 45 °

b/ To obtain minutes, multiply the first four numbers to the right of the decimal point by 0.006: $1234 \times 0.006 = 7.404$

c/ The numbers to the left of the decimal point in the result obtained in (b) are the minutes: 7′.

d/ To obtain seconds, multiply the remaining three numbers to the right of the decimal from the result obtained in (b) by 0.06: $404 \times 0.06 = 24.24$. Since the numbers to the right of the decimal point are not used, the result is 24″.

e/ **The conversion for 45.1234567 = 45 ° 7′ 24″.**

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Facility Name _____

Monthly Spill & Leak Log Sheet

Month/Year _____

Physical Address _____



Coverage Number _____

Instructions: A list of spills and leaks of toxic or hazardous pollutants that have occurred at the facility shall be documented on the Monthly Spill and Leak Log Sheet that is provided in the Baseline Forms Package. A separate form shall be completed for each month that the facility is covered under this general permit. If no spills have occurred, the form shall be completed by checking the available box and signing it as indicated. Coverage recipients may use an alternate form to record this information, so long as it includes all of the information on the above referenced form and it is updated monthly. The completed forms shall be filed on-site with the SWPPP and made available to MDEQ personnel for inspection upon request. [Baseline General Permit ACT5 T-3 (4)]

Date of Spill	Material Spilled	Quantity Spilled (specify units)	Area that Spill Occurred	Did the Spill Result in a Discharge?	Injury / Property Damage?	Person(s) Involved In Clean-up	Date Reported to MDEQ (If significant)
Corrective Action(s) Taken							
Date of Spill	Material Spilled	Quantity Spilled (specify units)	Area that Spill Occurred	Did the Spill Result in a Discharge?	Injury / Property Damage?	Person(s) Involved In Clean-up	Date Reported to MDEQ (If significant)
Corrective Action(s) Taken							
Date of Spill	Material Spilled	Quantity Spilled (specify units)	Area that Spill Occurred	Did the Spill Result in a Discharge?	Injury / Property Damage?	Person(s) Involved In Clean-up	Date Reported to MDEQ (If significant)
Corrective Action(s) Taken							
<input type="checkbox"/> No spills have occurred this month.	<i>"I certify under penalty of law that this report is true, accurate, and complete, to the best of my knowledge and belief."</i>						
Inspector's Name - Printed				Inspector's Signature			Date

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**BASELINE STORM WATER GENERAL PERMIT
 COVERAGE NUMBER (MSR _____)
 MONTHLY INSPECTION / VISUAL EVALUATION REPORT
 (FOR INDUSTRIAL STORM WATER ACTIVITY)**



As required by ACT8 of this permit, this inspection / visual evaluation form must be completed on a monthly basis. Completion of this form must be performed by an individual with the knowledge, skills, and training to assess conditions and activities that could impact storm water quality and to evaluate the effectiveness of best management practices required by this permit. A copy of the completed and signed form shall be maintained on-site with the SWPPP and be available for review by MDEQ personnel upon request.

FACILITY NAME:	DATE:
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PHYSICAL ADDRESS:

WEATHER INFORMATION:

- Description of Weather Conditions (e.g., sunny, cloudy, raining, snowing, etc.):

- Was the inspection conducted during or immediately after a rain event? Yes No If yes, conduct a Jar Test at each storm water outfall and attach the results to this form.

I. POTENTIAL POLLUTANT SOURCE, AREA INSPECTION AND BEST MANAGEMENT PRACTICES EVALUATION

<u>SWPPP AND SITE MAP:</u>	Yes	No	N/A	Findings & Remedial Action Documentation
<ul style="list-style-type: none"> • Is the Site Map current and accurate? • Is the SWPPP inventory of industrial activities, materials and products current? 	○	○	○	
<ul style="list-style-type: none"> • Is the SWPPP inventory of industrial activities, materials and products current? 	○	○	○	
<u>VEHICLE/EQUIPMENT AREAS:</u>				
Equipment cleaning:				
<ul style="list-style-type: none"> • Is equipment washed and / or cleaned using a detergent(s)? • If so, is all wash water captured and properly disposed of? 	○	○	○	
Equipment fueling:				
<ul style="list-style-type: none"> • Are all fueling areas free of contaminant buildup and evidence of chronic leaks/spills? • Are all chemical liquids, fluids, and petroleum products, stored on an impervious surface that is surrounded with a containment berm or dike that is capable of containing 10% of the total enclosed tank volume or 110% of the volume contained in the largest tank, whichever is greater? • Are structures in place to prevent precipitation from accumulating in containment areas? • If not, is there any water or other fluids accumulated within the containment area? 	○	○	○	

	Yes	No	N/A	Findings & Remedial Action Documentation
Equipment maintenance:				
<ul style="list-style-type: none"> • Are maintenance tools, equipment and materials stored under shelter, elevated and covered? 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<ul style="list-style-type: none"> • Are all drums and containers of fluids stored with proper cover and containment? 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<ul style="list-style-type: none"> • Are exteriors of containers kept outside free of deposits? 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<ul style="list-style-type: none"> • Are any vehicles and/or equipment leaking fluids? Identify leaking equipment. 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<ul style="list-style-type: none"> • Is there evidence of leaks or spills since last inspection? Identify and address. 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<ul style="list-style-type: none"> • Are materials, equipment, and activities located so that leaks are contained in existing containment and diversion systems (confine the storage of leaky or leak-prone vehicles and equipment awaiting maintenance to protected areas)? 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Add any additional site-specific BMPs: <hr/> <hr/> <hr/> <hr/> <hr/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
GOOD HOUSEKEEPING BMPs:				
1. Are paved surfaces free of accumulated dust/sediment and debris? <ul style="list-style-type: none"> • Date of last vacuum/sweep _____ 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<ul style="list-style-type: none"> • Are there areas of erosion or sediment/dust sources that discharge to storm drains? 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2. Are there any waste receptacles located outdoors? If yes:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<ul style="list-style-type: none"> • In good condition? 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<ul style="list-style-type: none"> • Not leaking contaminants? 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<ul style="list-style-type: none"> • Closed when not being accessed? 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<ul style="list-style-type: none"> • External surfaces and area free of excessive contaminant buildup? 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3. Are the following areas free of accumulated dust/sediment, debris, contaminants, and/or spills/leaks of fluids?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<ul style="list-style-type: none"> • External dock areas 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<ul style="list-style-type: none"> • Pallet, bin, and drum storage areas 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<ul style="list-style-type: none"> • Maintenance shop(s) 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<ul style="list-style-type: none"> • Equipment staging areas (loaders, tractors, trailers, forklifts, etc) 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<ul style="list-style-type: none"> • Around bag-house(s) 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<ul style="list-style-type: none"> • Around bone yards 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<ul style="list-style-type: none"> • Other areas of industrial activity: <hr/> <hr/> <hr/> <hr/> 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

<u>SPILL RESPONSE AND EQUIPMENT:</u>	Yes	No	N/A	Findings & Remedial Action Documentation
<p>1. Are spill kits available, in the following locations?</p> <ul style="list-style-type: none"> • Fueling stations • Transfer and mobile fueling units • Vehicle and equipment maintenance areas • Process / product formulation areas <p>2. Do the spill kits contain all the appropriate necessary items such as:</p> <ul style="list-style-type: none"> • Oil absorbents? • A storm drain plug or cover kit? • A non-water containment boom? • A non-metallic shovel? • Other additional items: <p>_____</p> <p>_____</p> <p>_____</p> <p>3. Are contaminated absorbent materials properly disposed?</p>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>		
<p><u>GENERAL MATERIAL STORAGE AREAS:</u></p> <ul style="list-style-type: none"> • Are damaged materials stored inside a building or another type of storm-resistant shelter? • Are all uncontained material piles stored in a manner that minimizes the discharge of impacted storm water? • Are scrap metal bins covered? • Are outdoor containers covered? 	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>		
<p><u>STORM WATER BMPs AND TREATMENT STRUCTURES:</u> (Visually inspect all storm water BMPs, treatment structures / devices, discharge areas, infiltration, and outfalls shown on the Site Map).</p> <ul style="list-style-type: none"> • Are BMPs and treatment structures in good repair and operational? • Are BMPs and treatment structures free from debris buildup that may impair function? • Are berms, curbing or other methods used to divert and direct discharges adequate and in good condition? 	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>		
<p><u>OBSERVATION OF STORM WATER DISCHARGES:</u></p> <ul style="list-style-type: none"> • Is the discharge free of floating materials, visible oil sheen, discoloration, turbidity, odor, foam or any other signs of contamination? • Water from washing vehicles or equipment (with detergent), steam cleaning and/or pressure washing is considered process wastewater and is not allowed to come in contact with storm water or enter storm drains. Is process water coming in contact with storm water or entering storm drains? • Illicit discharges include domestic wastewater, noncontact cooling water, or process wastewater (including leachate). Were any illicit discharges observed during the inspection? 	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>		

MISCELLANEOUS AREAS / ITEMS OF CONCERN: (Evaluations of any matters that are not contained within another section but are covered in the SWPPP [i.e. industrial areas; housekeeping measures; unique BMPs; observations, etc.] should be denoted here.)	Yes	No	N/A	Findings & Remedial Action Documentation
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>				

II. CORRECTIVE ACTION AND SWPPP MODIFICATION DESCRIPTIONS: Additional space to describe inspection findings and corrective actions if needed. Provide brief explanation of the general location and the rationale for the additional or different BMPs.

III. CERTIFICATION STATEMENTS AND SIGNATURES:

Inspector - Certification: This section must be completed by the person who conducted the site inspection prior to submitting this form to the person with signature authority or a duly authorized representative of that person.

“I certify that this report is true, accurate, and complete, to the best of my knowledge and belief.”

Inspector's Name – Printed	Inspector's Signature	Inspector's Title	Date

Monthly Visual Jar Test Inspection Form



Instructions: As part of inspections conducted during or after storm events, a representative sample of storm water should be collected at each outfall in a clean, clear jar and examined in a well-lit area. Should any of the objectionable characteristics described in the form below be observed, coverage recipient shall investigate upstream from the sample location to identify the potential sources of pollution, implement corrective action, and describe the corrective action in the space provided below. [Baseline General Permit Act8 S-1]

Facility Name:	Physical Address:
Date:	Coverage Number:
Time collected:	Person collecting/examining sample (Print):
Outfall Number/Location sample was collected:	
Was the sample collected during or immediately after a rain event? Yes or No	

Parameter	Parameter Description	Description of Sample
Color	Is the water sample colored? Yes or No	If yes, describe the color:
Clarity	Is the water sample clear and transparent? Yes or No	If no, describe the clarity:
Floating Solids	Are there solids floating at the top of the sample? Yes or No	If yes, describe the floating solids:
Settled Solids	Are there solids settled out in the bottom of the sample? Yes or No	If yes, describe the settled solids:
Suspended Solids	Are there solids suspended in the water column of the sample? Yes or No	If yes, describe the suspended solids:
Foam	Is there foam forming at the top of the sample? Yes or No	If yes, describe the foam:
Odor	Does the sample have an odor? Yes or No	If yes, describe the odor:
Oil Sheens	Does the sample have an oil sheen? Yes or No	If yes, describe the oil sheen:

Detail any concerns noted in the visual jar sample and describe the corrective actions taken:

"I certify under penalty of law that this report is true, accurate, and complete, to the best of my knowledge and belief."

Inspector's Name - Printed	Inspector's Signature	Date

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**BASELINE STORM WATER GENERAL PERMIT
 COVERAGE NUMBER (MSR _____)
 ANNUAL COMPREHENSIVE SWPPP EVALUATION FORM
 (FOR INDUSTRIAL STORM WATER ACTIVITY)**



Coverage recipients shall conduct a comprehensive evaluation of the facility's SWPPP by December 31, 2016, and annually thereafter by December 31st of each year. The evaluation shall assess the effectiveness and accuracy of the SWPPP and ensure that the SWPPP is current, up to date, and meets all the requirements of ACT5 T-1 through T-9. Should the SWPPP need to be amended based on the findings of any evaluation, a copy of the amended SWPPP must be submitted to MDEQ in accordance with ACT7 S-1 (4).

FACILITY NAME:	EVALUATION DATE:		
PHYSICAL ADDRESS:			
I. DESCRIPTION OF POTENTIAL POLLUTANT SOURCES			
<u>INDUSTRIAL ACTIVITIES</u>	Yes	No	Findings & Remedial Action Documentation
<ul style="list-style-type: none"> • Does the SWPPP have a list of Industrial Activities exposed to storm water? • Has the facility added any Industrial Activities that are exposed to storm water since the previous Annual SWPPP Evaluation? 	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	
<u>MATERIALS AND POLLUTANTS</u>			
<ul style="list-style-type: none"> • Does the SWPPP have a list of materials and pollutants exposed to storm water? • Does the SWPPP have a narrative description of the materials and pollutants? • If so, does the narrative contain the following information? <ul style="list-style-type: none"> ○ Method of storage and disposal. ○ Management practices employed to minimize contact with storm water. ○ Structural and non-structural control measures to reduce pollutants in storm runoff. ○ Any treatment the storm water receives. 	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
<u>SPILLS AND LEAKS</u>			
<ul style="list-style-type: none"> • Does the SWPPP contain a monthly updated list of spills and leaks? • Does the SWPPP contain an updated summary of all storm water sampling data including a description of associated pollutants? 	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	

I. DESCRIPTION OF POTENTIAL POLLUTANT SOURCES (CONTINUED)

<u>SITE MAP</u>	Yes	No	Findings & Remedial Action Documentation
<ul style="list-style-type: none"> • Does the SWPPP have a site map showing the property layout with site boundaries? <input type="radio"/> • If so, does the site map indicate the following features? <ul style="list-style-type: none"> ○ Surface water bodies. <input type="radio"/> ○ Drainage area of each storm outfall by number. <input type="radio"/> ○ Direction of flow for each drainage area. <input type="radio"/> ○ Location and description of existing structural and non-structural control measures to reduce the pollutants in storm runoff. <input type="radio"/> ○ Location of any storm water treatment activities. <input type="radio"/> ○ Location of any storm drain inlets. <input type="radio"/> ○ Location of industrial activities, such as: <ul style="list-style-type: none"> a) Fuel storage and dispensing locations. b) Vehicle/equipment repair, maintenance, and cleaning areas. c) Materials storage and handling areas. d) Loading/unloading areas. e) Process or manufacturing areas. ○ Location of housekeeping practices. <input type="radio"/> ○ Storm water conveyances (ditches, pipes, & swales). <input type="radio"/> 			

II. DESCRIPTION OF STORM WATER MANAGEMENT CONTROLS

<p><u>POLLUTION PREVENTION MANAGER/COMMITTEE</u></p> <ul style="list-style-type: none"> • Does the SWPPP specify individual(s) responsible for developing the SWPPP and assisting the facility manager in its implementation, maintenance, and revision? <input type="radio"/> • If so, have there been any changes in the personnel listed since the previous Annual SWPPP Evaluation? <input type="radio"/> 			
<p><u>RISK IDENTIFICATION AND MATERIAL INVENTORY</u></p> <ul style="list-style-type: none"> • Does the SWPPP assess the pollution potential of various sources at the facility including loading and unloading operations; outdoor storage, manufacturing or processing activities; significant dust or particulate generating processes and on-site disposal practices? <input type="radio"/> • If so, have there been any changes in operations or sources of potential pollutants since the previous Annual SWPPP Evaluation.? <input type="radio"/> 			

II. DESCRIPTION OF STORM WATER MANAGEMENT CONTROLS (CONTINUED)			
<u>SEDIMENT AND EROSION PREVENTION</u>	Yes	No	Findings & Remedial Action Documentation
<ul style="list-style-type: none"> • Does the SWPPP identify areas with a high potential for soil erosion, and specify prevention measures to limit erosion? • If so, have there been any changes to the facility which would increase the potential for soil erosion since the previous Annual SWPPP Evaluation? 	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	
<u>PREVENTIVE MAINTENANCE</u> <ul style="list-style-type: none"> • Does the SWPPP contain a preventive maintenance program to insure the inspection and maintenance of storm water management devices? • If so, does the program specify protocol for inspecting and testing of equipment to preclude breakdowns or failures that may cause pollution? 	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	
<u>GOOD HOUSEKEEPING</u> <ul style="list-style-type: none"> • Does the SWPPP describe and list practices appropriate to prevent pollutants from entering storm water from industrial activities due to poor housekeeping? • If so, do the practices describe or list the following: <ul style="list-style-type: none"> ○ Designated areas for equipment maintenance and repair. ○ Provisions for waste receptacles at convenient locations. ○ Provisions for regular collection of waste. ○ Adequately maintained sanitary facilities. ○ Secondary containment around any on-site fuel or chemical container with a capacity greater than 660 gallons or any combination of containers which have an aboveground storage capacity of more than 1,320 gallons. ○ Secondary containment for raw material stockpiles. 	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
<u>SPILL PREVENTION AND RESPONSE PROCEDURES</u> <ul style="list-style-type: none"> • Does the SWPPP identify potential spill areas and their drainage points? • Does the SWPPP specify material handling procedures and storage requirements? • Does the SWPPP have procedures for cleaning up spills? • Have there been any changes at the facility in potential spill areas and/or their drainage points since the previous Annual SWPPP Evaluation? 	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
<u>EMPLOYEE TRAINING</u> <ul style="list-style-type: none"> • Does the SWPPP specify periodic training for personnel that are responsible for implementing and/or complying with the requirements of the SWPPP? (see ACT12) 	<input type="radio"/>	<input type="radio"/>	

II. DESCRIPTION OF STORM WATER MANAGEMENT CONTROLS (CONTINUED)			
<u>ILLCIT CONNECTIONS EVALUATION AND CERTIFICATION</u>	Yes	No	Findings & Remedial Action Documentation
<ul style="list-style-type: none"> Does the SWPPP contain an illicit connection certification? If so, was the certification evaluation and certification completed within the last 5 years? Does the certification include the following?: <ul style="list-style-type: none"> Method of evaluation, date(s), observation point(s), and result(s). 	<input type="radio"/>	<input type="radio"/>	
<ul style="list-style-type: none"> Does the SWPPP describe the policy and procedures for routine visual inspections, including frequencies and areas to be inspected? Does the SWPPP inspection policy describe procedures for collecting storm water if the inspection is conducted during or after a storm event? If so, does the SWPPP inspection policy outline procedures consistent with the requirements of ACT8 S-1 to investigate, correct, and document instances in which visible pollutants are observed? 	<input type="radio"/>	<input type="radio"/>	
<ul style="list-style-type: none"> Does the SWPPP provide for the management of storm water volume through its diversion, infiltration, storage or re-use? 	<input type="radio"/>	<input type="radio"/>	
III. NON-STORM WATER DISCHARGE MANAGEMENT			
<ul style="list-style-type: none"> Does the SWPPP identify any allowable non-storm water discharges identified in ACT2 T-3? Does the SWPPP identify and ensure the implementation of appropriate Best Management Practices (BMPs) for the non-storm water component of any discharge? Have there been any changes or additions to the allowable non-storm water discharges since the previous Annual SWPPP Evaluation? 	<input type="radio"/>	<input type="radio"/>	
IV. FACILITY CHANGES			
<ul style="list-style-type: none"> Has there been a change in design, construction, operation, or maintenance, which may increase the discharge of pollutants to waters of the State or has the SWPPP been ineffective in controlling storm water pollutants? <p>If so, amend the SWPPP and submit it to the MDEQ within 30 days of amendment. (ACT7 S-1 (4))</p>	<input type="radio"/>	<input type="radio"/>	

V. MONTHLY INSPECTION SUMMARY (Previous 12 months)						
DATE (mm/dd/yy)	TIME	ANY DEFICIENCIES?		IF YES, WERE CORRECTIVE ACTIONS TAKEN?		INSPECTOR(S)
		YES	NO	YES	NO	

SWPPP EVALUATION CERTIFICATION STATEMENT AND SIGNATURE:

SWPPP Evaluation and Certification: This section must be completed by the person who conducted the SWPPP evaluation prior to submitting this form to the person with signature authority or a duly authorized representative.

"I certify that this report is true, accurate, and complete to the best of my knowledge and belief."

Name-Printed	Signature	Title	Date

RO/DAR CERTIFICATION AND SIGNATURE

Permittee-Certification:

- The SWPPP is in compliance with the terms and conditions of the Baseline Industrial Storm Water General Permit.
- The SWPPP is out of compliance with the terms and conditions of the Baseline Industrial Storm Water General Permit. The SWPPP will be amended and submitted to MDEQ within 30 days of amendment.

"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 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."

Printed Name of person with Signature Authority or a Duly Authorized Representative¹	Signature of person with Signature Authority or a Duly Authorized Representative¹	Date

¹A person is a Duly Authorized Representative only if 1) the authorization is made in writing and submitted to the permit board by a person described in ACT 14 T-9 ["Signatory Requirements"], and 2) the authorization specifies either an individual or a position having responsibility for the overall operation of the regulated activity, such as: manager, operator of a well or well field, superintendent, person of equivalent responsibility, or an individual or position having overall responsibility for environmental matters for the company.

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Employee Training Log



Instructions: Newly hired employees responsible for implementing and/or complying with the requirements of the permit shall receive initial training prior to performing such responsibilities. Employees shall receive refresher training at a minimum of every twelve (12) months, thereafter. Proper documentation of employee training must be maintained. Include copies of the training agenda and certificates of training when applicable. All training records shall be maintained for at least three years from the date of training. [Baseline General Permit ACT12 S-1]

Facility Name:	Physical Address:
Coverage Number:	Training Date:

Training Topic:

Training Description:

Employee Name (printed)	Employee Signature	Worker ID Number	Initial/Refresher

“I certify under penalty of law that this report is true, accurate, and complete, to the best of my knowledge and belief.”

Trainer Name (printed)	Trainer Signature	Date
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