TRAINING SIGN-IN SHEET

Municipal Facilities/Operations Pollution Prevention/Good Housekeeping Program and Spill Prevention, Control, and Countermeasures

| Facility Name: | |
|----------------|------|
| Name | Date |
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Non-Storm Water (Illicit) Discharge Visual Inspection Form
Municipal Facilities/Operations Pollution Prevention/Good Housekeeping Program and Spill Prevention, Control, and Countermeasures

| Facility Name: | Date/Time: |
|----------------|------------|
| - | <u>-</u> |

| Inspection Item | Yes | No | N/A | Comments (Stains, Odors, Leaks, Trash & Debris) |
|---|-----|---|-----|--|
| OUTFALL(S): | | | | |
| Any water flowing?(If YES, list OUTFALL location and WATER SOURCE (below): | | | | |
| Irrigation | | | | |
| Water line flushing | | | | |
| Broken water line | | | | |
| Firefighting activities | | | | |
| Other (write source in Comments) | , | | | |
| Unknown | | *************************************** | | |
| The connection to the source must be identified and eliminated as soon as possible. | | | | |
| SITE HOUSEKEEPING: | | | | |
| Are there areas of debris (paper, leaves, material stockpiles, etc.) that require housekeeping? | | | | |
| Do storm drain inlets contain debris? | | | | |
| VEHICLE MAINTENANCE/STORAGE AREAS: | | | | |
| Dirt and grease buildup? | | | | |
| Debris (paper, leaves, etc.)? | | | | |
| Stains on the pavement or ground? | | | | |
| MATERIALS STORAGE AREAS: | | | | |
| Are recyclable materials accumulating? | | | | |
| Are stored drums unsealed, exposed to precipitation? | | | | |
| Are oily parts exposed to storm water contact? | | | | |



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Non-Storm Water (Illicit) Discharge Visual Inspection Form
Municipal Facilities/Operations Pollution Prevention/Good Housekeeping Program and Spill Prevention, Control, and Countermeasures

| Issue Being Evaluated | Yes | No | N/A | Comments (Stains, Odors, Leaks, Trash & Debris) |
|--|-----|--------|--------|--|
| MATERIALS STORAGE AREAS: | | | | (20000) |
| Do the loading and unloading areas require housekeeping? | | | | |
| Are potential pollutants exposed to storm water? | | | | |
| Do areas around waste containers have debris or staining? | | | | |
| VEHICLE FUELING AREAS Fuel stains evident? | | | | |
| SITE CONSTRUCTION ACTIVITIES Materials exposed to storm water? | | | | |
| Do (additional) erosion controls need to be put in place? | | | | |
| Are construction debris/litter exposed to storm water? | | | | |
| SUMMARY Summary of recommended actions to elimin contacting non-storm water discharges: If the answer to any of the questions are "YE | | | | discharges and reduce or prevent pollutants from ituation. |
| KEEP THE FORM ON FILE FOR WATER DISTRICT BEFORE DEST | | T FIVE | YEARS. | CONTACT THE BUTLER COUNTY STORM |
| Inspected By: | | | | |
| Signature: | | | | |



ANNUAL

Comprehensive Site Inspection Form

Municipal Facilities/Operations Pollution Prevention/Good Housekeeping Program and Spill Prevention, Control, and Countermeasures

To be completed by January 31st of each year and submitted to the Butler County Storm Water District. Revisions to the PPGHP recommended by this inspection shall be completed within 90 days.

| Facility Name: | | y Name: Date/Time: | |
|----------------|--|---|--------|
| I. | S | TORM WATER MONITORING PROGRAM | |
| | 1. | Have at least one non-storm water inspection been performed and documented? Date: If NO, indicate reason: | |
| | 2. | Have monthly storm water inspections been performed and documented? If NO, indicate reason: | Yes/No |
| | 3. | Have any corrective actions been conducted as a result of site inspections? If yes, explain. | Yes/No |
| II. | R | EVIEW OF THE POLLUTION PREVENTION/GOOD HOUSEKEEPING PROGRAM (P. | PGHP) |
| | 1. | Are there any changes to the site operations/activities? | Yes/No |
| | 2. | Are there any changes to storm water BMPs? | Yes/No |
| | 3. | Are there any changes to potential pollutant sources or activities? | Yes/No |
| | 4. | Are there any changes to storm water program personnel? | Yes/No |
| | 5. | Has employee training been conducted and documented? Date: If NO, indicate reason: | Yes/No |
| III. | SI | TE INSPECTION | |
| | Are preventive maintenance activities being implemented and documented? (catch basins cleaned, parking areas cleaned, etc.?) If NO, indicate reason: | | Yes/No |
| | 2. | Are housekeeping activities being implemented (covered trash bins, wipe up drips and spills, place drip pans under leaking vehicles, clean oily parts before storing outside, etc.)? If NO, indicate reason: | Yes/No |
| | | | |



| 3. | Are storm water BMPs being implemented (erosion controls, curbs, spill prevention, etc.)? If NO, indicate reason: | Yes/No |
|----|---|--------|
| 4. | Have spill prevention and response procedures been implemented, and is spill prevention equipment operational and ready (secondary containment, personnel training, inspection of chemical storage areas, etc.)? If NO, indicate reason: | Yes/No |
| 5. | Have sediment erosion controls been implemented? If NO, indicate reason: | Yes/No |
| 6. | Are any additional storm water controls recommended as a result of the site inspection? If NO, indicate reason: | Yes/No |

EVALUATION OF BEST MANAGEMENT PRACTICES (BMPs) IV.

Inspect the facility using this list of existing BMPs:

| BMP Description | Existing BMP (E) | New BMP | Status (FI, PI NI, NA) | Implementation Schedule |
|--|---------------------|------------|---------------------------|----------------------------|
| Keep vehicle maintenance areas clean | | | | |
| Regular pavement sweeping | | | | |
| Practice proper waste disposal | | | | |
| Eliminate non-storm water discharges | | | | |
| Properly store materials to minimize exposure | | | | |
| Store wastes and recycling materials in proper place (including covering trash bins) | | | | |
| Cover road salt storage area | | | | |
| Routinely clean catch basins | | | | |
| Keep equipment and vehicles clean | | | | |
| Implement construction BMPs as necessary | | | | |
| Wash equipment and vehicles in designated areas | | | | _ |

| E | = Existing BM | P |
|------------------------|---------------------|---|
| $\mathbf{D}\mathbf{I}$ | - Eviller Imagelous | |

= Fully Implemented= Partially Implemented

NI = Not Implemented NA = Not Applicable



| Employee | Measurable Goal | Completed (Yes/No) | Topic(s) | | Targeted Audience | # of Employees Attended | Summary of Activities | | |
|--|-------------------------------|--------------------|-----------------------------|------------------|--------------------------------|--|---|--|--|
| Training Program | | | | | | | | | |
| | Summarize Mair | ntenance Activ | rities and Schedules | | Summarize Activities Performed | | | | |
| MS4 Maintenance | ce | | | | | | | | |
| | Proced | ures Develope | l (Yes/No) | | Document A | mounts of Was es, Automotive Fluid | stes Properly Disposed ds, Oil, Solvents, Paint, Etc) | | |
| +Disposal and/or Recycling of Wastes | | | | | | | | | |
| Deicing | Covered (Yes/No) | | Tons Used | | Summarize | Measures Tak | en to Minimize Usage | | |
| Materials Road Salt, Brine Calcium Chloride Etc. | | | | | | | | | |
| | Procedures Developed (Yes/No) | Amount | Amount & Concentration Used | | | Summarize Measures Taken to Minimize Usage | | | |
| Pesticide & Herbicide Usage | | | | | | | | | |
| | Procedures Developed (Yes/No) | Amount & | & Concentration Use | d | Summarize | Measures Tak | en to Minimize Usage | | |
| Fertilizer Usage | Developed (resp.vo) | | | | | | | | |
| | Procedures Developed (Yes/No) | Documen | t Amount of Material | coll | ected and Prop | erly Disposed | | | |
| Street Sweeping | Developed (Tess.vo) | | | | | | | | |
| | Procedures Developed (Yes/No) | Documen | t Amount of Material | coll | ected and Prop | erly Disposed | | | |
| Vactor Truck | | | | | | | | | |
| | Summarize any New | lood Management Pr | oject | ts that were ass | sessed for Imp | acts on Water Quality | | | |
| Flood Management Projects | | | | | | | | | |

From the table above, answer the following questions:

| | 1. | Do the existing BMPs appear to be effective in reducing the potential for storm water pollution? If NO, indicate reason: | Yes/No |
|------|------|---|----------------------|
| | 2. | Are additional BMPs needed to address sources of pollutants at the site (i.e., more frequent inspections of certain areas of operations, changes in operations, etc.)? If YES, describe the BMPs needed to address sources of pollutants and a time schedule for implementation: | Yes/No |
| | | | |
| | 3. | General Comments: | |
| V. | | PDATE POLLUTION PREVENTION/GOOD HOUSEKEEPING PROGRAM (PPGHP) I Based on the answers provided in this form, have necessary updates been made to the PPGHP Plan? If NO, indicate reason: | Yes/No |
| VI. | | PILL PREVENTION CONTROL AND COUNTERMEASURES (SPCC) REGULATORY ROGRAM | |
| 1. | Ha | | es/No/NA es/No/NA |
| Nar | ne: | | |
| Sigi | natu | nre: Date: | |
| Titl | e: _ | | |

