**Additional 2017 OKR10 Reports Templates**

**Site Inspection Report**

**Corrective Action Report**

**Employee Training Report**

**SWP3 Modification Log**

**Site Grading and Stabilization Log**

**Quarterly Visual Monitoring Report**

**Annual Site Evaluation Report**

**This Page is Intentionally Left Blank**

**Site Inspection Report**

**Inspection Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **General Information (OKR10 Part 4.3.13.E)** |
| **Name of Project:** |  | **DEQ Permit No.:** |  |
| **Inspector Name:** |  | **Inspector Title:** |
| **Inspector’s Contact Information:** |  |
| **Inspection Frequency:** **Standard Frequency**:[ ] Every 7 days and within 24 hours of a 0.50” rain, or discharge from snowmelt  [ ] Every 14 days and within 24 hours of a 0.50” rain, or discharge from snowmelt **Reduced Frequency**: [ ] Once per month (for stabilized areas) |
| **Weather at the time of this inspection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Was this inspection after a 0.50” storm event?** [ ] Yes [ ] No, **Total rainfall that triggered the inspection** (in inches)**:** |
| **Are there any discharges at the time of inspection?** [ ] Yes [ ] No |

List all areas where soil stabilization is required to begin because construction work in that area has permanently or temporarily stopped and all areas where stabilization has been implemented:

|  |
| --- |
| **Stabilization of Exposed Soil (OKR10 Part 4.3.13.D)** |
| **Stabilization Area** | **Stabilization Method** | **Have You Initiated Stabilization?** | **Notes**(describe your observation) |
|   |  | [ ]  Yes [ ]  No If yes, provide date: |  |
|  |  | [ ]  Yes [ ]  No If yes, provide date: |  |
|  |  | [ ]  Yes [ ]  No If yes, provide date: |  |
|  |  | [ ]  Yes [ ]  No If yes, provide date: |  |
|  |  | [ ]  Yes [ ]  No If yes, provide date: |  |

**(Notes:** *For each area where stabilization has been initiated, describe the progress that has been made, and what additional actions are necessary to complete stabilization. Note the effectiveness of stabilization in preventing erosion. If stabilization has been initiated but not completed, make a note of the date it is to be completed. If stabilization has been completed, make a note of the date it was completed. If stabilization has not yet been initiated, make a note of the date it is to be initiated, and the date it is to be completed.)*

Provide a list/description of all structural and non-structural BMPs that your SWP3 indicates will be installed and implemented at your site. You must separately identify the **location** of each control. During Inspection, identify whether they are **installed and operating properly**, or any **corrective action** is necessary. Provide the **date** on which the condition that triggered the need for maintenance or corrective action was first identified. In the notes section you must describe the **specifics about the problem** you observed.

|  |
| --- |
| **Condition and Effectiveness of BMP Controls & Pollution Prevention (OKR10 Part 3.3, 4 & 5)** |
| **No.** | **BMP Description & Location** | **Is BMP Installed & Operating Properly?** | **Corrective Action (CA) Required?** | **Date on Which Maintenance or CA First Identified?** | **Notes**(describe if you observed any problem) |
| 1. | Silt Fence/Fiber Rolls/Berm/WattlesLocation:  | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |  |
| 2. | Silt Dikes/Check Dams/Rock DamsLocation: | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |  |
| 3. | Stabilized Construction Entrance/ExitLocation: | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |  |
| 4. | Inlet Protection on all storm drainLocation: | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |  |
| 5. | Sand Bag Barrier/Gravel Bag BarrierLocation: | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |  |
| 6. | Vegetated SwalesLocation: | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |  |
| 7. | Compost Blankets/Geotextiles/MatsLocation: | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |  |
| 8. | Vegetative BuffersLocation: | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |  |
| 9. | Sediment Trap/ Sediment BasinLocation: | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |  |
| 10. | Concrete Washout PitLocation: | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |  |
| 11. | Dust Control/Prevention | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |  |
| 12. |  | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |  |
| 13. |  | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |  |
| 14. |  | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |  |
| 15. |  | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |  |
| 16. |  | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |  |

 (**Note:** *The permit differentiates between conditions requiring repairs and maintenance, and those requiring corrective action. The permit requires maintenance in order to keep controls in effective operating condition and requires repairs if controls are not operating as intended. Corrective actions are triggered only for specific, more serious conditions – whether a required stormwater control was never installed, or was installed incorrectly, or not installed in accordance with the requirements of OKR10*)

|  |
| --- |
| **Pollution Prevention and Waste Management (OKR10 Part 3.3.3)** |
| **Items of Inspection** | **Response & Reason** | **Action(s) Needed** |
| Is the site free of floatables, litter, and construction debris? | [ ]  Yes [ ]  No If no, reason: |  |
| Are material storage and handling areas, including fueling areas, free of spills and leaks? | [ ]  Yes [ ]  No If no, reason: |  |
| Are spill kits available where spills and leaks are likely to occur?  | [ ]  Yes [ ]  No If no, reason: |  |
| Are dumpsters and waste receptacles covered when not in use?  | [ ]  Yes [ ]  No If no, reason: |  |
| Has preventative maintenance been conducted on equipment and machinery? | [ ]  Yes [ ]  No If no, reason: |  |
| Are material stockpiles sufficiently contained?  | [ ]  Yes [ ]  No If no, reason: |  |
| Has there been any sediment tracked-out from the site onto the surface of paved street, sidewalks or other paved areas outside of the site? | [ ]  Yes [ ]  No If no, reason: |  |
| Is the project free from visible erosion and/or sedimentation? | [ ]  Yes [ ]  No If no, reason: |  |

Complete the following section if a discharge is occurring at the time of inspection:

|  |
| --- |
| **Description of Discharges** **(OKR10 Part 4.3.13.D.2.f)** |
| Was a stormwater discharge or other discharge occurring from any part of your site at the time of the inspection? [ ]  Yes [ ]  No, **If yes, provide the following information for each point of discharge:** |
| **Specify Discharge Location** | **Observations (Visual Quality of the Discharge)** |
| 1. | Describe the discharge (color, odor, floating, settled/suspended solids, foam, & oil sheen):Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge? [ ]  Yes [ ]  No, If yes, describe what you see, specify the location(s) where these conditions were found, and indicate whether modification, maintenance, or corrective action is needed to resolve the issue:  |
| 2.  | Describe the discharge (color, odor, floating, settled/suspended solids, foam, & oil sheen):Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge?[ ]  Yes [ ]  No, If yes, describe what you see, specify the location(s) where these conditions were found, and indicate whether modification, maintenance, or corrective action is needed to resolve the issue:  |

**Contractor or Subcontractor Certification and Signature:**

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.

|  |  |
| --- | --- |
| **Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Print Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Affiliation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Corrective Action Report**

Today’s Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(You are only required to fill out this form if any of the corrective action triggering conditions occurs on your site. Routine maintenance and repairs are generally not considered to be a corrective action triggering condition.)

|  |
| --- |
| **Section A: Initial Report (Part 4.3.14.B.1 of OKR10)**(Complete this section within **24 hours** of discovering the condition that triggered corrective action) |
| **Name of Project:** |  | **DEQ’s Permit No.** | OKR10 |
| **Date Problem First Discovered:** |  | **Time Problem First Discovered:** |  |
| **Name & Contact Information of the Individual:**  |
| **What site conditions triggered the requirement to conduct corrective action** *(check the box that applies)***:** [ ]  A required stormwater control was never installed or was installed incorrectly, or not in accordance with the corresponding OKR10 permit requirement[ ]  A stormwater control is not effective enough for the discharge to meet applicable water quality standards[ ]  A prohibited discharge (OKR10 Parts 3.1 and 3.3.3.A) is occurring or has occurred.[ ]  DEQ requires corrective action as a result of permit violations found during an DEQ inspection  |
| **Provide a description of the problem:**  |
| **Deadline for completing corrective action:** | ***not more than 7 calendar days after the date******you discovered the problem*** |

|  |
| --- |
| **Section B: Corrective Action Progress (Part 4.3.14.B.2 of OKR10)**(Complete this section no later than **7 calendar days** after discovering the condition that triggered corrective action) |
| **Section B.1: Why the Problem Occurred** |
| **Cause(s) of Problem** | **How It Was Determined & Date of Determining the Cause** |
| 1. | 1. |
| 2. | 2. |
| **Section B.2: Stormwater Control Modifications to be Implemented to Correct the Problem** |
| **Stormwater Control Modification(s) Needed to Correct Problem** | **Date of Completion** | **SWP3 Update Necessary?** | **SWP3 Modifications Notes** |
| 1. |  | [ ] Yes [ ]  No, If yes, provide date SWP3 modified:  |  |
| 2. |  | [ ]  Yes [ ]  No, If yes, provide date SWP3 modified:  |  |

**Section C: Certification and Signature by Permittee**

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.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  |  **Title:** |  |
| **Signature:** |  |  **Date:** |  |

**SWP3 Employee Training Report**

|  |  |  |
| --- | --- | --- |
| **Project Name:**  |  | **DEQ Authorization No. OKR10\_\_\_\_\_\_\_\_\_\_\_** |
|  |  |  |
| **Instructor’s Name:** |  | **Instructor’s Title:** |  |

**Course Location:**  **Date:**

**Course Length (hours):**

**Stormwater Training Topic:** *(check as appropriate)*

|  |  |  |  |
| --- | --- | --- | --- |
| 🞎 | **Overview of SWP3** | 🞎 | **Temporary & Permanent Stabilization** |
|  |  |  |  |
| 🞎 | **Erosion & Sediment Controls Installation**  | 🞎 | **Good Housekeeping** |
|  |  |  |  |
| 🞎 | **Erosion & Sediment Controls Maintenance** | 🞎 | **Inspections and Corrective Actions** |
|  |  |  |  |
| 🞎 | **Spill Prevention & Response** | 🞎 | **Emergency Procedures** |
|  |

**Specific Training Objective:**

**Attendee Roster:** *(attach additional pages as necessary)*

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Name of Attendee** | **Signature of the Attendees** | **Date**  |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |
| 7. |  |  |  |
| 8. |  |  |  |
| 9. |  |  |  |
| 10. |  |  |  |
| 11. |  |  |  |
| 12. |  |  |  |

**Grading and Stabilization Activities Log**

| **Date Grading Initiated** | **Description of Grading Activity** | **Description of Stabilization Measure and Location** | **Date Grading** **Activity Ceased** (Temporary or Permanent) | **Date When Stabilization Initiated** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**SWP3 Modification Log**

| **No.** | **Description of the Modification** | **Date of Modification** | **Modification Prepared by**[Name(s) and Title] | **Signature by Designated** **Corporate Official** |
| --- | --- | --- | --- | --- |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| 6. |  |  |  |  |
| 7. |  |  |  |  |
| 8. |  |  |  |  |
| 9. |  |  |  |  |
| 10. |  |  |  |  |

|  |
| --- |
| **Quarterly Visual Monitoring Report** (Complete a separate form for each outfall you assess) |

|  |  |
| --- | --- |
| **Facility Name:**  | **DEQ Authorization No.** |
| **Outfall Id.:**  |  **Substantially Identical Outfall?** [ ]  No | [ ]  Yes (identify substantially identical outfalls)  |
| **Date & Time Discharge Began:**  | **Date & Time Sample Collected:**  | **Date & Time Sample Examined:**  |
| **Substitute Sample?** [ ]  No | [ ]  Yes (identify quarter/year when sample was originally scheduled to be collected) |
| **Person’s Name/Title collecting sample:**  |
| **Person’s Name/Title examining sample:**  |
| **Nature of Discharge:** [ ]  Rainfall, if rainfall: **Rainfall Amount:** inches [ ]  Snowmelt |

**Parameters & Observation Results**

|  |  |  |
| --- | --- | --- |
| **Parameter** | **Method** | **Results** |
| **Color** | Visual | [ ]  Clear [ ]  Green [ ]  Yellow [ ]  Brown [ ]  Red [ ]  Black [ ]  Blue [ ]  Milky [ ]  Other (Describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Odor** | Smell | [ ]  None [ ] Musky [ ]  Earthy [ ]  Rotten Eggs [ ]  Sewage [ ]  Petroleum [ ]  Other (Describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Clarity or Turbidity** | Visual(try to see through clear container) | [ ]  Can’t see through bottle, [ ]  Can see through but can’t read newsprint, [ ]  Can see through and read newsprint, [ ]  Clear, but not as clear as bottled water, [ ]  As clear as bottled water |
| **Floating Solids** | Visual(top of water in container) | [ ]  Yes (Describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  No |
| **Settled Solids** | Visual(bottom of container) | [ ]  \_\_\_\_ Tablespoons, or[ ]  \_\_\_\_ Cups of solids on bottom after 24-hr. |
| **Suspended Solids** | Visual(look through container) | Describe Observations. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Foam** | Visual | [ ]  No [ ]  Yes, if yes, Thickness \_\_\_\_\_\_\_\_\_\_\_ Color \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Oil Sheen** | Visual | [ ]  No [ ]  Yes, if yes, Color \_\_\_\_\_\_\_\_\_\_\_\_ Extent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Other Obvious Indicators of Stormwater Pollution | Indicate what you observed | Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Probable Sources of any Observed Stormwater Contamination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  |  Title: |  |
| Signature: |  |  Date: |  |

|  |  |  |
| --- | --- | --- |
| **DEQ Form****606-005** **July 5, 2017** | DEQ9_11_02 | **Oklahoma Department of Environmental Quality****Annual Comprehensive Site Compliance Evaluation Report (ACSCER)** **for Stormwater Discharges Associated with Industrial Activity** **under the OPDES Multi-Sector General Permit OKR05** |
| Submission of this ACSCER form is required for all authorized industrial facilities.**All requested information must be provided on this form. See instructions on Page 5 of this form.** |
| **DEQ Authorization Number: OKR05**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Part A: Operator Information and Certification** |
| **Section I. Operator Information** |
| Operator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Operator’s Point of Contact : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Section** **II. Facility Information** |
| Facility Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_Latitude: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Longitude: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Facility’s Point of Contact : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **Section III. Certification** |
| *I certify under penalty of law that I have read and understand the requirements for filing this Annual Comprehensive Site Compliance Evaluation Report, which is to be filed by March 1 of each year beginning in 2018.**This report is also to be retained as part of the Stormwater Pollution Prevention Plan (SWP3) for at least 3 years from the date permit coverage expires or is terminated and will be made available to any State or Federal Inspector visiting this facility. All records of actions taken in accordance with 4.10 of this Permit as part of the SWP3 will be retained for at least 3 years from the date permit coverage expires or is terminated. 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 upon my inquiry of the person or persons who manage the system, or those persons directly involved in gathering the information, the information submitted is to the best of my knowledge and belief true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.*Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **Part B:**  | **Annual Comprehensive Site Compliance Evaluation**  |  |
| **Reporting Period:**  |  |  |
|  |
| 1. | Number of routine facility inspections you performed during the reporting period: |  |  |
|  |  |
| 2. | Dates of the Inspection performed:  |  |  |
|  |
| 3. | Did any of your routine facility inspections find that one or more of your BMPs was not effective in controlling the pollutant source for which it was designed? |
|  | 🞎 Yes | 🞎 No | 🞎 All BMPs were effective |
| 4. | Were all BMPs you indicated you would be using in your SWP3 (Part 4.2.4), including good housekeeping practices, actually being implemented at the time of the Annual Comprehensive Site Compliance Evaluation? |
| 🞎 Yes | 🞎 No |  |
| 5. | If you found one or more ineffective BMPs, have they all been replaced with an alternative or modified BMP? |
|  | 🞎 Yes | 🞎 No | 🞎 All BMPs were being effective |
| 6. | Were there additional BMPs needed to address any conditions requiring corrective action? |  |
|  | 🞎 Yes | 🞎 No |  |
| 7. | If one or more BMPs were not being implemented, were corrective actions taken after the ***first*** inspection to eliminate the problem? |
|  | 🞎 Yes | 🞎 No | 🞎 All BMPs were being implemented |
| 8. | Was/were the same failure(s) to implement a BMP deficiency(ies) noted in more than one inspection? |
|  | 🞎 Yes | 🞎 No | 🞎 No deficiencies noted in any inspection |
| 9. | Document any deficiencies identified and any corrective actions implemented (see Part 6 of OKR05) to remove the original violation below. Use additional sheets if necessary. |
|  | Date | Deficiencies | Corrected  | Date of Correction |
|  |  |  |  |  | 🞎 Yes | 🞎 No |  |  |  |
|  |  |  |  |  | 🞎 Yes | 🞎 No |  |  |  |
|  |  |  |  |  | 🞎 Yes | 🞎 No |  |  |  |
|  |  |  |  |  | 🞎 Yes | 🞎 No |  |  |  |
| 10. | What must you do to correct the deficiencies that remain uncorrected? |
|  |  |  |  |
|  |  |  |
|  |
| 11. | Did any conditions require SWP3 review and revision to eliminate design, selection, installation, and/or implementation problem during the past year? If yes, describe the conditions in brief: |
| 🞎 No | 🞎 Yes |  |  |
|  |  |
| 12. | At any time during the reporting period, did you discover any previously unidentified *unauthorized* non-stormwater discharges from your facility or previously unidentified pollutants in the existing discharges? |
|  | 🞎 Yes | 🞎 No |
| 13. | Have all unauthorized non-stormwater discharges (including any discovered in previous years) been eliminated or permitted?  |
|  | 🞎 Yes | 🞎 No | 🞎 Permit applied for | 🞎 No unauthorized discharges |
| 14. | Have any significant spills or leaks occurred at your facility during the reporting period? |
|  | 🞎 Yes | 🞎 No |  |  |  |
| 15. | If any significant spills or leaks occurred, did they result in either a dry weather discharge or an actual discharge of the spilled or leaked material commingled with stormwater (as opposed to the spilled material being washed away by stormwater?) |
|  | 🞎 Yes | 🞎 No |  |  |  |
| 16. | If any significant spills or leaks occurred, did they result in more than the minimum amounts of material being discharged in stormwater? Base your answer on your knowledge of the material you spilled or that leaked. The minimum amounts could vary with the nature (toxicity, oxygen demand, pH, etc.) of the spilled or leaked material from amounts left after normal ***sweeping*** type cleanup to the point at which even trace amounts left after cleanup could cause an environmental problem. |
|  | 🞎 Yes | 🞎 No | 🞎 No spills or leaks occurred |  |
| 17. | Have all known spills or leaks been cleaned up or otherwise prevented from contaminating stormwater that would be discharged under the authority of this permit? |
|  | 🞎 Yes | 🞎 No | 🞎 No spills or leaks occurred |  |
| 18. | How many times did you visually monitor all of your stormwater discharges at all the outfalls during the reporting year (count only those done in accordance with the procedures at Part 5.1 - Quarterly Visual Monitoring)?  |
|  |  |  |  |  |
|  |  |  |
| 19. | Would the results of your visual monitoring indicate that there are pollutants in your stormwater discharges that are not adequately controlled by your current BMPs? |
|  | 🞎 Yes | 🞎 No |  |  |  |
| 20. | If the results of your visual monitoring indicated a potential problem, was it due to one or more of the following?  |
|  | 🞎 New pollutant source (including exposure of previously unexposed material) |
| 🞎 Failure to implement or maintain an existing BMP |  |  |
| 🞎 Less than expected performance from a BMP |  |  |
| 🞎 No BMP was selected to deal with that problem |  |  |
| 🞎 N/A (No problems identified) |  |  |
| 21. | If your visual monitoring indicated a potential problem, what have you done to resolve the problem? |
|  | 🞎 Eliminated exposure or pollutant source | 🞎 Modified existing BMPs |
| 🞎 Added a new BMP | 🞎 Plan to address problem by end of current reporting year |
| 🞎 Nothing planned | 🞎 N/A (No problems identified) |
| 22. | Did any monitoring results exceed a numeric effluent limitation contained in Part 7.2.2 and Part 11 during the past discharge monitoring period? |
|  | 🞎 Yes | 🞎 No |  |
| 23. | If your answer to the previous question was ***Yes***, list the dates, name of the pollutants and the test results that exceeded numeric effluent limitations. Use additional sheets if necessary. |
|  | Date | Pollutants | Test Results | Date | Pollutants | Test Results |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| 24. | Were there any incidents of noncompliance in the past year or any non-compliance that is currently ongoing?  |
|  | 🞎 Yes | 🞎 No | 🞎 Compliant with the Permit |
| 25. | Were there any required revisions to the SWP3 resulting from the inspection and/or monitoring? |
|  | 🞎 Yes | 🞎 No |
| 26. | If your answer to the previous question was ***Yes***, list the dates, reason for revision and brief description of the revision. Use additional sheets if necessary. |
|  | Date | Reason for Revision | Description of Revision |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| DEQ9_11_02 | **Instructions for Completing****the Annual Comprehensive Site Compliance Evaluation Report (ACSCER)** **Form 606-005 for Stormwater Discharges Associated with Industrial Activity** |
| **When to File an ACSCER Form**Permittees who are presently covered under OPDES MSGP OKR05 for stormwater discharges associated with industrial activity must submit an ACSCER form to DEQ by March 1 of each year beginning in 2018. If your authorization becomes effective less than one month from the end of the yearly monitoring period, your first monitoring period starts with the next annual monitoring period. **Completing the Form** To complete this form, type or print in the appropriate areas only. **Permit Information**Enter the existing DEQ Authorization assigned to the facility identified in Section I for stormwater discharges from industrial activity.**Part A: Operator Information and Certification** **Section I. Operator Information**Provide the legal name of the person, firm, public organization or any other commercial entity that owns or operates the facility described in this application. The name of the operator may or may not be the same name as the facility. An operator is the legal entity that controls the facility's operation, rather than the plant or site manager. Provide complete mailing address including city, county, state, and ZIP code. Include operator’s point of contact name, title, telephone number and a valid email address. **Section II. Facility Information**Enter the facility’s official or legal name and complete physical address including city, county, state, and ZIP code. Include facility’s point of contact name, telephone number and email address. Indicate the latitude and longitude of the facility to the nearest 15 seconds. . Include facility’s point of contact name, title, telephone number and a valid email address.**Section III. Certification**The ACSCER form must be signed by a responsible party - ***for corporation:*** by a responsible corporate official, such as: president, vice president, secretary, and treasurer either for a corporation or company; ***for a partnership or sole proprietorship:*** by a general partner or the proprietor, respectively. (Note: ***for limited liability company (LLC):*** by one of its owners, called managing members/partners of the company); ***for a municipality, state, Federal, or other public facility:*** by either a principal executive or ranking elected official. | **Part B: Annual Comprehensive Site Compliance Evaluation Report** 1. A summary of your past year’s routine facility inspection documentation such as control measures’ maintenance, repair and/or replacement, any additional control measures needed to comply with the permits;
2. The location(s) of discharges of pollutants from the site, evidence of pollutants discharging to receiving waters at all facility outfall(s), and the condition of and around the outfall(s);
3. A summary of your past year’s corrective action documentation;
4. A summary of your past year’s quarterly visual monitoring documentation;
5. A summary of your past year’s effluent limitation violations if applicable; and
6. Describe any incidents of noncompliance in the past year or currently ongoing, or if none, provide a statement that you are in compliance with the Permit.

**Note:** *Please see Part 8.3 of OKR05 for detailed scope of Annual Comprehensive Site Compliance Evaluation.***Completed ACSCER form must be submitted to DEQ by March 1 of each year beginning in 2018.*****If you need any assistance or have any question***, contact the Stormwater Unit of Environmental Complaints and Local Services (ECLS) of DEQ at (405) 702-6100 or email to:ecls-stormwaterpermitting@deq.ok.gov**Where to file an ACSCER Form**Completed ACSCER form must be submitted to the following address:Stormwater Unit of ECLSOklahoma DEQP.O. Box 1677Oklahoma City, OK 73101-1677or fax it to: (405)702-6226or email it to: ecls-stormwaterpermitting@deq.ok.gov*Commencing* ***December 21, 2020****, ACSCERs must be electronically submitted to DEQ. Instructions on how to access and use the appropriate electronic reporting tool will be made available on DEQ’s website prior to the December 21, 2020 compliance deadline.* |