

Multi-Sector General Permit 3-9003 Annual Report Form



A. General Information

Facility Name: _____

Permit Number: _____ -9003 or 9003.R Inspection Date: _____

Facility Physical Address:

Street: _____

City/Town: _____ State: _____ Zip: _____

Lead Inspector Name: _____ Title: _____

Additional Inspector Name: _____ Title: _____

Contact Person: _____ Title: _____

Phone: _____ Email: _____

B. General Inspection Findings

1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to stormwater? Yes No

If no, describe why not:

2. Did this inspection identify any stormwater or non-stormwater outfalls not previously identified in your SWPPP? Yes No

If yes, for each location, describe the sources of those stormwater and non-stormwater discharges and any associated control measures in place:

3. Did this inspection identify any sources of stormwater or non-stormwater discharges not previously identified in your SWPPP? Yes No

If yes, describe these sources of stormwater or non-stormwater pollutants expected to be present in these discharges, and any control measures in place:

4. Please review the results of your stormwater benchmark monitoring testing from the past year and summarize the findings below. Benchmark monitoring is not required at this site.

5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measures to prevent scouring:

6. Have you taken or do you plan to take any corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection? Yes No

If yes, how many conditions requiring review for corrective action as specified in Parts 3.1 and 3.2 were addressed by these corrective actions? _____

NOTE: Complete the Corrective Action section on this form for each condition identified, including any conditions identified as a result of this comprehensive stormwater inspection.

C. Industrial Activity Area Specific Findings

Complete one block for each industrial activity area where pollutants may be exposed to stormwater. Copy this page for additional industrial activity areas.

In reviewing each area, you should consider:

- Industrial materials, residue, or trash that may have or could come into contact with stormwater;
- Leaks or spills from industrial equipment, drums, tanks, and other containers;
- Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and
- Tracking or blowing of raw, final, or waste materials from areas of no exposure to exposed areas.

Industrial Activity Area: _____

1. Brief Description: _____

2. Are any control measures in need of maintenance or repair? Yes No

3. Have any control measures failed and require replacement? Yes No

4. Are any additional/revised BMPs necessary in this area? Yes No

If yes to any of these three questions, provide a description of the problem. (Any necessary corrective actions should be described in the corrective action section of this form)

Industrial Activity Area: _____

1. Brief Description: _____

2. Are any control measures in need of maintenance or repair? Yes No

3. Have any control measures failed and require replacement? Yes No

4. Are any additional/revised BMPs necessary in this area? Yes No

If yes to any of these three questions, provide a description of the problem. (Any necessary corrective actions should be described in the corrective action section of this form)

Industrial Activity Area: _____

1. Brief Description: _____

2. Are any control measures in need of maintenance or repair? Yes No
3. Have any control measures failed and require replacement? Yes No
4. Are any additional/revised BMPs necessary in this area? Yes No

If yes to any of these three questions, provide a description of the problem. (Any necessary corrective actions should be described in the corrective action section of this form)

Industrial Activity Area: _____

1. Brief Description: _____

2. Are any control measures in need of maintenance or repair? Yes No
3. Have any control measures failed and require replacement? Yes No
4. Are any additional/revised BMPs necessary in this area? Yes No

If yes to any of these three questions, provide a description of the problem. (Any necessary corrective actions should be described in the corrective action section of this form)

Industrial Activity Area: _____

1. Brief Description: _____

2. Are any control measures in need of maintenance or repair? Yes No
3. Have any control measures failed and require replacement? Yes No
4. Are any additional/revised BMPs necessary in this area? Yes No

If yes to any of these three questions, provide a description of the problem. (Any necessary corrective actions should be described in the corrective action section of this form)

Industrial Activity Area: _____

1. Brief Description: _____

2. Are any control measures in need of maintenance or repair? Yes No
3. Have any control measures failed and require replacement? Yes No
4. Are any additional/revised BMPs necessary in this area? Yes No

If yes to any of these three questions, provide a description of the problem. (Any necessary corrective actions should be described in the corrective action section of this form)

D. Corrective Actions

Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1. Corrective Action # _____ of _____

2. Is this corrective action:

- An update on a corrective action from a previous annual report; or
 A new corrective action

3. Identify the condition(s) triggering the need for this review:

- Unauthorized release or discharge
 Average benchmark value exceedance
 Numeric effluent limitation exceedance
 Control measures inadequate to meet applicable water quality standards
 Control measures inadequate to meet non-numeric effluent limitations
 Control measures not properly operated or maintained
 Change in facility operations necessitated change in control measures
 Other (describe): _____

4. Briefly describe the nature of the problem identified:

5. Date problem identified: _____

6. How problem was identified:

- Comprehensive site inspection
 Quarterly visual inspection
 Routine facility inspection
 Benchmark monitoring
 Notification by EPA or State or local authorities
 Other (describe): _____

7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for the determination:

8. Did/will this corrective action require modification of your SWPPP? Yes No

9. Date corrective action initiated: _____

10. Date corrective action completed: _____ or expected to be completed: _____

11. If corrective action is not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:

E. Annual Report Certification

Compliance Certification

Do you certify that your annual inspection has met the requirements of Part 4.3 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit?

Yes No

If no, summarize why you are not in compliance with the permit:

Annual Report 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 contained therein. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information contained 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.

Authorized Representative:

Name: _____ Title: _____

Signature: _____ Date: _____

Please submit this form to:

Vermont Department of Environmental Conservation
Stormwater Program - MSGP Coordinator
1 National Life Drive, Main 2
Montpelier, VT 05620-3522

Or by email to:

anr.wsmdstormwatergeneral@vermont.gov