**Additional 2015 MSGP Documentation Template**

**Introduction**

After you become permitted under the 2015 MSGP, you are required to keep certain minimum records (or documentation) as part of the implementation of your permit responsibilities. As required in Part 5.5 of the 2015 MSGP, these records must be kept in the same place your SWPPP (which you completed prior to submitting your NOI to be covered) is kept. This “Additional MSGP Documentation Template” (or “Template”) will assist you in complying with this requirement.

**Using the Additional MSGP Documentation Template**

Tips for using the Template:

* **This Template is designed for use by all facilities permitted under the 2015 MSGP. The Template is NOT tailored to your individual industrial sector. Depending on which industrial sector(s) you fall under (see Appendix D of the 2015 MSGP) and where your facility is located (see Appendix C of the 2015 MSGP), you will need to address any additional documentation requirements outlined in Part 8 and/or Part 9 of the permit, respectively.**
* **Each section of the template includes “instructions” and space for your facility’s specific information. You should read the instructions before you complete each section. The text you will need to complete is generally indicated through the use of blue form fields (e.g., “**Insert Facility Name**”). Click on the form field and your text will replace the instructional text.**
* **The Template was developed in *Microsoft Word* so that you can easily add tables and additional text.**
* **Because many of the activities you are required to document occur throughout the permit term, you will need to continually modify and add records to this Template. You may wish to create separate electronic files for each category of documentation (e.g., files for monitoring, employee training, etc.) so that they can be easily modified.**
* **The records you create using this Template must be kept in the same location as your SWPPP (2015 MSGP Part 5.5).**

EPA notes that while the Agency has made every effort to ensure the accuracy of all instructions and guidance contained in the Template, the actual obligations of regulated industrial facilities are determined by the relevant provisions of the 2015 MSGP, not by the Template. In the event of a conflict between the Template and any corresponding provision of the MSGP, the permit provisions establish your actual requirements. EPA welcomes comments on the Template at any time and will consider those comments in any future revision of this document.

**Additional MSGP Documentation**

**For:**

Insert Facility Name

Insert Facility Address

Insert City, State, Zip Code

Insert Facility Telephone Number (if applicable)

Insert Facility Permit Tracking Number

Instructions:

* Keep the following inspection, corrective action, monitoring, and certification records in the same location that you keep your SWPPP:
  + - A copy of the NOI submitted to EPA along with any correspondence exchanged between you and EPA specific to coverage under this permit (you should already have this);
    - A copy of the acknowledgment you receive from the EPA assigning your NPDES ID (you should already have this);
    - A copy of 2015 MSGP (you can provide an electronic copy);
    - Documentation of maintenance and repairs of control measures, including the date(s) of regular maintenance, date(s) of discovery of areas in need of repair/replacement, and for repairs, date(s) that the control measure(s) returned to full function, and the justification for any extended maintenance/repair schedules (see Part 2.1.2.3);
    - All inspection reports, including the Routine Facility Inspection Reports (see Part 3.1) and Quarterly Visual Assessment Reports (see Part 3.2.2);
    - Description of any deviations from the schedule for visual assessments and/or monitoring, and the reason for the deviations (e.g., adverse weather or it was impracticable to collect samples within the first 30 minutes of a measurable storm event) (see Parts 3.2.3 and 6.1.5);
    - Corrective action documentation required per Part 4.4;
    - Documentation of any benchmark exceedances and the type of response to the exceedance you employed, including:
      * the corrective action taken;
      * a finding that the exceedance was due to natural background pollutant levels;
      * a determination from EPA that benchmark monitoring can be discontinued because the exceedance was due to run-on; or
      * a finding that no further pollutant reductions were technologically available and economically practicable and achievable in light of best industry practice consistent with Part 6.2.1.2.
    - Documentation to support any determination that pollutants of concern are not expected to be present above natural background levels if you discharge directly to impaired waters, and that such pollutants were not detected in your discharge or were solely attributable to natural background sources (see Part 6.2.4.1);
    - Documentation to support your claim that your facility has changed its status from active to inactive and unstaffed with respect to the requirements to conduct routine facility inspections (see Part 3.1.1), quarterly visual assessments (see Part 3.2.3), benchmark monitoring (see Part 6.2.1.3), and/or impaired waters monitoring (see Part 6.2.4.3).
* With the exception of the first 3 items, these are records that you will be updating throughout the permit term. Follow the instructions in Sections A through L of this template to keep your records complete.

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# A. Employee Training

Instructions:

* Keep records of employee training, including the date of the training (see Parts 2.1.2.8 and 5.2.5.1 of the 2015 MSGP).
* For in-person training, consider using the tables below to document your employee trainings. For computer-based or other types of training, keep similar records on who was trained, the training date, and the type of training conducted.

|  |  |
| --- | --- |
| **Training Date**: Insert Date of Training | |
| **Training Description**: Insert Description of Training | |
| **Trainer**: Insert Trainer(s) names | |
| **Employee(s) trained** | **Employee signature** |
| Insert Name |  |
| Insert Name |  |
| Insert Name |  |
| Insert Name |  |
| Insert Name |  |
| Insert Name |  |

|  |  |
| --- | --- |
| **Training Date**: Insert Date of Training | |
| **Training Description**: Insert Description of Training | |
| **Trainer**: Insert Trainer(s) names | |
| **Employee(s) trained** | **Employee signature** |
| Insert Name |  |
| Insert Name |  |
| Insert Name |  |
| Insert Name |  |
| Insert Name |  |
| Insert Name |  |

|  |  |
| --- | --- |
| **Training Date**: Insert Date of Training | |
| **Training Description**: Insert Description of Training | |
| **Trainer**: Insert Trainer(s) names | |
| **Employee(s) trained** | **Employee signature** |
| Insert Name |  |
| Insert Name |  |
| Insert Name |  |
| Insert Name |  |
| Insert Name |  |
| Insert Name |  |

# B. Maintenance

Instructions:

* Include in your records documentation of maintenance and repairs of control measures and industrial equipment (see Part 2.1.2.3 and 5.5), including:
* the control measure/equipment maintained,
* date(s) of regular maintenance,
* date(s) of discovery of areas in need of repair/replacement, and for repairs, date(s) that the control measure/equipment was returned to full function, and
* the justification for any extended maintenance/repair schedules and the notification to your EPA Region that you need an extension past 45 days to complete repairs/maintenance.
* As a reminder:
* you are required to take all reasonable steps to prevent or minimize the discharge of pollutants until the final repair or replacement is implemented.
* final repair/replacements of stormwater controls should be completed as soon as feasible but no later than 14 days, or if that is infeasible within 45 days.
* if the completion of stormwater control repairs/replacement will exceed the 45 day timeframe, you may take the minimum additional time necessary to complete the maintenance, provided you notify the EPA Regional Office and document your rationale in your SWPPP.
* Provide information, as shown below, to document your maintenance activities for each control measure and industrial equipment. Repeat as necessary by copying and pasting the information below for additional control measures.

Note that maintenance documentation in this section is separate from required corrective action documentation. For any Part 4 corrective action triggering conditions, you must include documentation in section G of this Template.

**Control Measure Maintenance Records** (copy information below for each control measure)

**Control Measure:** Insert Name of Control Measure

**Regular Maintenance Activities:** Describe maintenance activities

**Regular Maintenance Schedule:** Insert Maintenance Schedule

**Date of Maintenance Action:** Insert Date of Action

**Reason for Action:**  **Regular Maintenance**  **Discovery of Problem**

**If Problem,**

**- Description of Action Required:** Describe actions taken in response to problem

**- Date Control Measure Returned to Full Function:** Insert Date

**- Justification for Extended Schedule, if applicable:** Insert Justification (if applicable)

**Notes:** Insert Notes (if applicable)

**Industrial Equipment/Systems:** Insert Name of Industrial Equipment/System

**Regular Maintenance Activities:** Describe maintenance activities

**Regular Maintenance Schedule:** Insert Maintenance Schedule

**Date of Maintenance Action:** Insert Date of Action

**Reason for Action:**  **Regular Maintenance**  **Discovery of Problem**

**If Problem,**

**- Description of Action Required:** Describe actions taken in response to problem

**- Date Industrial Equipment Returned to Full Function:** Insert Date

**- Justification for Extended Schedule, if applicable:** Insert Justification (if applicable)

**Notes:** Insert Notes (if applicable)

**Date of Maintenance Action:** Insert Date of Action

**Reason for Action:**  **Regular Maintenance**  **Discovery of Problem**

**If Problem,**

**- Description of Action Required:** Describe actions taken in response to problem

**- Date Industrial Equipment Returned to Full Function:** Insert Date

**- Justification for Extended Schedule, if applicable:** Insert Justification (if applicable)

**Notes:** Insert Notes (if applicable)

**Industrial Equipment and Systems Maintenance Records** (copy information below for each industrial equipment/system)

**Date of Maintenance Action:** Insert Date of Action

**Reason for Action:**  **Regular Maintenance**  **Discovery of Problem**

**If Problem,**

**- Description of Action Required:** Describe actions taken in response to problem

**- Date Industrial Equipment Returned to Full Function:** Insert Date

**- Justification for Extended Schedule, if applicable:** Insert Justification (if applicable)

**Notes:** Insert Notes (if applicable)

**Date of Maintenance Action:** Insert Date of Action

**Reason for Action:**  **Regular Maintenance**  **Discovery of Problem**

**If Problem,**

**- Description of Action Required:** Describe actions taken in response to problem

**- Date Industrial Equipment Returned to Full Function:** Insert Date

**- Justification for Extended Schedule, if applicable:** Insert Justification (if applicable)

**Notes:** Insert Notes (if applicable)

**Date of Maintenance Action:** Insert Date of Action

**Reason for Action:**  **Regular Maintenance**  **Discovery of Problem**

**If Problem,**

**- Description of Action Required:** Describe actions taken in response to problem

**- Date Industrial Equipment Returned to Full Function:** Insert Date

**- Justification for Extended Schedule, if applicable:** Insert Justification (if applicable)

**Notes:** Insert Notes (if applicable)

# C. Routine Facility Inspection Reports

Instructions:

* Include in your records copies of all routine facility inspection reports completed for the facility.
* The sample inspection report is consistent with the requirements in Part 3.1.2 of the 2015 MSGP relating to routine facility inspections. Facilities subject to state industrial stormwater permits may also find this form useful. **If your permitting authority provides you with an inspection report, use that form.**

**Using the Sample Routine Facility Inspection Report**

* This inspection report is designed to be customized according to the specific control measures and activities at your facility. For ease of use, you should take a copy of your site plan and number all of the stormwater control measures and areas of industrial activity that will be inspected. A brief description of the control measures and areas that were inspected should then be listed in the site-specific section of the inspection report.
* You can complete the items in the “General Information” section that will remain constant, such as the facility name, NPDES tracking number, and inspector (if you only use one inspector). Print out multiple copies of this customized inspection report to use during your inspections.
* When conducting the inspection, walk the site by following your site map and numbered control measures/areas of industrial activity to be inspected. Also note whether the “Areas of Industrial Materials or Activities exposed to stormwater” have been addressed (customize this list according to the conditions at your facility). Note any required corrective actions and the date and responsible person for the correction.

**Stormwater Industrial Routine Facility Inspection Report**

|  |  |  |  |
| --- | --- | --- | --- |
| **General Information** | | | |
| **Facility Name** | Insert Name | | |
| **NPDES Tracking No.** | Insert Tracking No. | | |
| **Date of Inspection** | Insert Date | **Start/End Time** | Insert Start/End Time |
| **Inspector’s Name(s)** | Insert Name | | |
| **Inspector’s Title(s)** | Insert Title | | |
| **Inspector’s Contact Information** | Insert Contact Info | | |
| **Inspector’s Qualifications** | Insert qualifications or add reference to the SWPPP | | |
| **Weather Information** | | | |
| **Weather at time of this inspection?**  ❑ Clear ❑Cloudy ❑Rain ❑ Sleet ❑ Fog ❑ Snow ❑ High Winds  ❑ Other: Temperature: | | | |
| **Have any previously unidentified discharges of pollutants occurred since the last inspection?**  ❑Yes ❑No  **If yes, describe:** Describe | | | |
| **Are there any discharges occurring at the time of inspection?** ❑Yes ❑No  **If yes, describe:** Describe | | | |

**Control Measures**

* *Number the structural stormwater control measures identified in your SWPPP on your site map and list them below (add as many control measures as are implemented on-site). Carry a copy of the numbered site map with you during your inspections. This list will ensure that you are inspecting all required control measures at your facility.*
* *Identify if maintenance or corrective action is needed.*
* *If maintenance is needed, fill out section B of this template*
* *If corrective action is needed, fill out section G of this template*

|  | **Structural Control Measure** | **Control Measure is Operating Effectively?** | **If No, In Need of Maintenance, Repair, or Replacement?** | **Maintenance or Corrective Action Needed and Notes** |
| --- | --- | --- | --- | --- |
| 1 | Insert Control Measure Name | ❑Yes ❑No | ❑ Maintenance  ❑ Repair  ❑ Replacement | Describe Maintenance and/or Corrective Actions Needed |
| 2 | Insert Control Measure Name | ❑Yes ❑No | ❑ Maintenance  ❑ Repair  ❑ Replacement | Describe Maintenance and/or Corrective Actions Needed |
| 3 | Insert Control Measure Name | ❑Yes ❑No | ❑ Maintenance  ❑ Repair  ❑ Replacement | Describe Maintenance and/or Corrective Actions Needed |
| 4 | Insert Control Measure Name | ❑Yes ❑No | ❑ Maintenance  ❑ Repair  ❑ Replacement | Describe Maintenance and/or Corrective Actions Needed |
| 5 | Insert Control Measure Name | ❑Yes ❑No | ❑ Maintenance  ❑ Repair  ❑ Replacement | Describe Maintenance and/or Corrective Actions Needed |
| 6 | Insert Control Measure Name | ❑Yes ❑No | ❑ Maintenance  ❑ Repair  ❑ Replacement | Describe Maintenance and/or Corrective Actions Needed |
| 7 | Insert Control Measure Name | ❑Yes ❑No | ❑ Maintenance  ❑ Repair  ❑ Replacement | Describe Maintenance and/or Corrective Actions Needed |
| 8 | Insert Control Measure Name | ❑Yes ❑No | ❑ Maintenance  ❑ Repair  ❑ Replacement | Describe Maintenance and/or Corrective Actions Needed |
| 9 | Insert Control Measure Name | ❑Yes ❑No | ❑ Maintenance  ❑ Repair  ❑ Replacement | Describe Maintenance and/or Corrective Actions Needed |
| 10 | Insert Control Measure Name | ❑Yes ❑No | ❑ Maintenance  ❑ Repair  ❑ Replacement | Describe Maintenance and/or Corrective Actions Needed |

**Areas of Industrial Materials or Activities Exposed to Stormwater**

*Below are some general areas that should be assessed during routine inspections. Customize this list as needed for the specific types of industrial materials or activities at your facility that are potential pollutant sources. Identify if maintenance or corrective action is needed. If maintenance is needed, fill out section B of this template. If corrective action is needed, fill out section G of this template.*

|  | **Area/Activity** | **Inspected?** | **Controls Adequate (appropriate, effective and operating)?** | **Maintenance or Corrective Action Needed and Notes** |
| --- | --- | --- | --- | --- |
| 1 | **Material loading/unloading and storage areas** | ❑Yes ❑No ❑ N/A | ❑Yes ❑No | Describe Maintenance and/or Corrective Actions Needed |
| 2 | **Equipment operations and maintenance areas** | ❑Yes ❑No ❑ N/A | ❑Yes ❑No | Describe Maintenance and/or Corrective Actions Needed |
| 3 | **Fueling areas** | ❑Yes ❑No ❑ N/A | ❑Yes ❑No | Describe Maintenance and/or Corrective Actions Needed |
| 4 | **Outdoor vehicle and equipment washing areas** | ❑Yes ❑No ❑ N/A | ❑Yes ❑No | Describe Maintenance and/or Corrective Actions Needed |
| 5 | **Waste handling and disposal areas** | ❑Yes ❑No ❑ N/A | ❑Yes ❑No | Describe Maintenance and/or Corrective Actions Needed |
| 6 | **Erodible areas/construction** | ❑Yes ❑No ❑ N/A | ❑Yes ❑No | Describe Maintenance and/or Corrective Actions Needed |
| 7 | **Non-stormwater/ illicit connections** | ❑Yes ❑No ❑ N/A | ❑Yes ❑No | Describe Maintenance and/or Corrective Actions Needed |
| 8 | **Salt storage piles or pile containing salt** | ❑Yes ❑No ❑ N/A | ❑Yes ❑No | Describe Maintenance and/or Corrective Actions Needed |
| 9 | **Dust generation and vehicle tracking** | ❑Yes ❑No ❑ N/A | ❑Yes ❑No | Describe Maintenance and/or Corrective Actions Needed |
| 10 | **Processing areas** | ❑Yes ❑No ❑ N/A | ❑Yes ❑No | Describe Maintenance and/or Corrective Actions Needed |
| 11 | **Areas where industrial activity has taken place in the past and significant materials remain and are exposed to storm water** | ❑Yes ❑No ❑ N/A | ❑Yes ❑No | Describe Maintenance and/or Corrective Actions Needed |
| 12 | I**mmediate access roads and rail lines used or traveled by carriers of raw materials, manufactured products, waste material, or by-products used or created by the facility** | ❑Yes ❑No ❑ N/A | ❑Yes ❑No | Describe Maintenance and/or Corrective Actions Needed |
| 13 | **(Other)** | ❑Yes ❑No ❑ N/A | ❑Yes ❑No | Describe Maintenance and/or Corrective Actions Needed |
| 14 | **(Other)** | ❑Yes ❑No ❑ N/A | ❑Yes ❑No | Describe Maintenance and/or Corrective Actions Needed |

**Discharge Points**

|  |
| --- |
| At discharge points, describe any evidence of, or the potential for, pollutants entering the drainage system. Also describe observations regarding the physical condition of and around all outfalls, including any flow dissipation devices, and evidence of pollutants in discharges and/or the receiving water. Identify if any corrective action is needed.  Describe Discharge Points Observations |

**Non-Compliance**

|  |
| --- |
| Describe any incidents of non-compliance observed and not described above:  Describe Non-compliance |

**Additional Control Measures**

|  |
| --- |
| Describe any additional control measures needed to comply with the permit requirements:  Describe Additional Controls Needed |

**Notes**

|  |
| --- |
| Use this space for any additional notes or observations from the inspection:  Additional Notes |

**CERTIFICATION STATEMENT**

“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 name and title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# D. Quarterly Visual Assessment Reports

Instructions:

* Include in your records copies of all quarterly visual assessment reports completed for the facility (Part 3.2.2). An example quarterly visual assessment report can be found on the following page.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MSGP Quarterly Visual Assessment Form** | | | | | | | | | | | | | | | | | | | | | | |
| (Complete a separate form for each outfall you assess) | | | | | | | | | | | | | | | | | | | | | | |
| Name of Facility: | | | | | Name of Facility | | | | | | | | | NPDES Tracking No. | | | | | | Insert Tracking No. | | |
| Outfall Name: Name | | | | | | | | "Substantially Identical Discharge Point"? | | | | | | Yes (identify substantially identical outfalls):  No | | | | | | | | |
| Person(s)/Title(s) collecting sample: Name/Title | | | | | | | | | | | | | | | | | | | | | | |
| Person(s)/Title(s) examining sample: Name/Title | | | | | | | | | | | | | | | | | | | | | | |
| Date & Time Discharge Began:  Enter date and time | | | | | | | | | | | | Date & Time Sample Collected:  Enter date and time. If sample not taken within first 30 minutes, explain why. | | | | | | | | | | Date & Time Sample Examined:  Enter date and time |
| Substitute Sample?  No | | | | | | | | Yes (identify quarter/year when sample was originally scheduled to be collected): | | | | | | | | | | | | | | |
| Nature of Discharge:  Rainfall  Snowmelt | | | | | | | | | | | | | | | | | | | | | | |
| If rainfall: Rainfall Amount: No of inches\_ | | | | | | | | | | | Previous Storm Ended > 72 hours  Before Start of This Storm? | | | | | | Yes | | No\* (explain): | | | |
| **Pollutants Observed** | | | | | | | | | | | | | | | | | | | | | | |
| Color | None  Other | | | | | | | | (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
| Odor | None  Musty  Sewage  Sulfur  Sour  Petroleum/Gas  Solvents  Other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | |
| Clarity | Clear  Slightly Cloudy  Cloudy  Opaque  Other | | | | | | | | | | | | | | | | | | | | | |
| Floating Solids | | | | | | No  Yes (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| Settled Solids\*\* | | | | | | No  Yes (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| Suspended Solids | | | | | | No  Yes (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| Foam (gently shake sample) | | | | | | | | No  Yes (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
| Oil Sheen | | | None  Flecks  Globs  Sheen  Slick  Other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | |
| Other Obvious Indicators of Stormwater Pollution | | | | | | | No  Yes (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| \* The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period. | | | | | | | | | | | | | | | | | | | | | | |
| \*\* Observe for settled solids after allowing the sample to sit for approximately one-half hour. | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **Identify probably sources of any observed stormwater contamination. Also, include any additional comments, descriptions of pictures taken, and any corrective actions necessary below (attach additional sheets as necessary).** Insert details | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **Certification Statement (Refer to MSGP Subpart 11 Appendix B for Signatory Requirements)** | | | | | | | | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| A. Name: | |  | | | | | | | | | | | | | | B. Title: | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| C. Signature: | | | |  | | | | | | | | | | | D. Date Signed: | | | | | |  | |

# E. Monitoring results

Instructions:

* Include in your records copies of all monitoring results (including analytical laboratory data, benchmarks, effluent limits, and other monitoring conducted) for the facility. Also include copies of monitoring data submitted to EPA’s NetDMR reporting system or paper Industrial Discharge Monitoring Reports (DMRs) if EPA has issued your facility a waiver from electronic reporting (Part 6.1.9).

# F. Deviations from assessment or monitoring schedule

Instructions:

Include in your records:

* A description of any deviations from the schedule you provided in your SWPPP for visual assessments and/or monitoring (Part 5.5), and
* The reason for the deviations (e.g., adverse weather or it was impracticable to collect samples within the first 30 minutes of a measurable storm event) (Parts 3.2.3 and 6.1.5 of the 2015 MSGP).

Use the fields below to document the deviations. Repeat as necessary for any deviations.

**Date**: Insert Date

**Visual assessments**  **Monitoring**

**Describe deviation from schedule**: Describe deviation

**Reason for deviation**: Describe reason

**Date**: Insert Date

**Visual assessments**  **Monitoring**

**Describe deviation from schedule**: Describe deviation

**Reason for deviation**: Describe reason

**Date**: Insert Date

**Visual assessments**  **Monitoring**

**Describe deviation from schedule**: Describe deviation

**Reason for deviation**: Describe reason

**Date**: Insert Date

**Visual assessments**  **Monitoring**

**Describe deviation from schedule**: Describe deviation

**Reason for deviation**: Describe reason

# G. Corrective Action Documentation

Instructions:

Within 24 hours of becoming aware of a condition identified in Parts 4.1 or 4.2 of the 2015 MSGP, document the existence of the condition and subsequent actions. Note that this information must be summarized in the annual report (as required in Part 7.5 of the 2015 MSGP).

**Description of Condition**: Insert description of condition trigering the need for corrective action

**For Spills and Leaks:**

**Description of Incident**: Insert Description

**Material**: Insert description of material

**Date/Time**: Insert Date/Time

**Amount**: Insert Estimated Amount of Spill/Leak

**Location**: Insert Location of Spill/Leak

**Reason for Spill**: Insert Reason for Spill/Leak

**Discharge to Waters of U.S.**: Insert Whether Spill/Leak discharged to a Water of the U.S.

**Date**: Insert Date Condition was Identified

**Immediate Actions**: Insert Description of Immediate Actions Taken

**Actions Taken within 14 Days**: Insert Description of Actions Taken within 14 days of discovery

**14 Day Infeasibility**: If Applicable, document why it is infeasible to complete necessary installations or repairs within 14-day timeframe and describe schedule

**45 Day Extension**: If Applicable, document rationale sent to EPA for extension of 45 day timeframe

**Description of Condition**: Insert description of condition trigering the need for corrective action

**For Spills and Leaks:**

**Description of Incident**: Insert Description

**Material**: Insert description of material

**Date/Time**: Insert Date/Time

**Amount**: Insert Estimated Amount of Spill/Leak

**Location**: Insert Location of Spill/Leak

**Reason for Spill**: Insert Reason for Spill/Leak

**Discharge to Waters of U.S.**: Insert Whether Spill/Leak discharged to a Water of the U.S.

**Date**: Insert Date Condition was Identified

**Immediate Actions**: Insert Description of Immediate Actions Taken

**Actions Taken within 14 Days**: Insert Description of Actions Taken within 14 days of discovery

**14 Day Infeasibility**: If Applicable, document why it is infeasible to complete necessary installations or repairs within 14-day timeframe and describe schedule

**45 Day Extension**: If Applicable, document rationale sent to EPA for extension of 45 day timeframe

# H. Benchmark Exceedances

Instructions:

Include in your records documentation of any four quarter average benchmark exceedances and how they were responded to, including either:

* (1) corrective action taken (Parts 4.2 and 6.2.1.2),
* (2) a finding that the exceedance was due to natural background pollutant levels (Part 6.2.1.2),
* (3) a determination from the EPA Regional Office that benchmark monitoring can be discontinued because the exceedance was due to run-on, or
* (4) a finding that no further pollutant reductions were technologically available and economically practicable and achievable in light of best industry practice consistent with Part 6.2.1.2 of the 2015 MSGP.

**Date**: Insert Date

**Pollutant Exceeded and Results**: Insert Pollutant Name

**Quarter 1 (Sample date:** Insert Sample Date**) Result:** Insert Sample Result

**Quarter 2 (Sample date:** Insert Sample Date**) Result:** Insert Sample Result

**Quarter 3 (Sample date:** Insert Sample Date**) Result:** Insert Sample Result

**Quarter 4 (Sample date:** Insert Sample Date**) Result:** Insert Sample Result

**Average Result:** Insert Value

**Benchmark Value**: Insert Benchmark Value from 2015 MSGP

**Document how benchmark exceedance(s) responded to**:

**Corrective action review completed** (ensure documentation is included in section G of this Template)

**Finding that the exceedance was due to natural background pollutant levels**

Pollutant(s): Insert Pollutant

Attach data and/or studies that tie the presence of the pollutant causing the exceedance in your discharge to natural background sources in the watershed.

**Determination from EPA Regional Office that benchmark monitoring can be discontinued because the exceedance was due to run-on**

Pollutant(s): Insert Pollutant

Attach documentation from EPA Regional Office.

**Finding that no further pollutant reductions are technologically available and economically practicable and achievable in light of best industry practice consistent with Part 6.2.1.2.**

Pollutant(s): Insert Pollutant

Attach documentation supporting this finding.

# I. Impaired Waters Monitoring: Documentation of Natural Background Sources or Non-Presence of Impairment Pollutant

Instructions:

This section applies only if your facility:

* Discharges directly to an impaired water without an EPA approved or established total maximum daily load (TMDL), and either your impaired waters monitoring results shows that the pollutant(s) for which the water is impaired is

1. Not present and not expected to be present in your discharge, or
2. Present, but you have determined its presence is caused solely by natural background sources. See Part 6.2.4.1 of the 2015 MSGP.

If # 1 applies to your facility, include here documentation that the impairment pollutant(s) was not detected in your discharge sample.

If # 2 applies to your facility, include the following documentation here:

* An explanation of why you believe that the presence of the pollutant(s) causing the impairment in your discharge is not related to the activities at your facility; and
* Data and/or studies that tie the presence of the pollutant(s) causing the impairment in your discharge to natural background sources in the watershed.

Note: You are reminded that the permit requires you to include a notification that you have met either condition # 1 or # 2 (above) in your monitoring report that you submit to EPA.

**Date**: Insert Date

Check one of the boxes below and complete the additional documentation:

**#1 – Pollutant(s) for which the water is impaired is not present and not expected to be present in your discharge**

Attach documentation that the impairment pollutant(s) was not detected in your discharge sample(s).

**#2 – Pollutant(s) for which the water is impaired is present, but you have determined its presence is caused solely by natural background sources.**

Attach the following documentation:

* An explanation of why you believe that the presence of the pollutant(s) causing the impairment in your discharge is not related to the activities at your facility; and
* Data and/or studies that tie the presence of the pollutant(s) causing the impairment in your discharge to natural background sources in the watershed.

# J. Active/Inactive status change

Instructions:

If your facility changes it status from active to inactive and unstaffed (or from inactive/unstaffed to active), include documentation in this section to support your claim.

**Date**: Insert Date of Change in Status

**New Facility Status:**  **Inactive and Unstaffed**  **Active**

**Reason for change in status**: Describe reason

# K. SWPPP Amendment Log

Instructions:

Include in your records:

* A log of the date and description of any amendments to your SWPPP.

Fill in the appropriate columns of this table for each amendment to your SWPPP. Copy and paste additional rows into the table as necessary.

| **Amend. No.** | **Description of the Amendment** | **Date of Amendment** | **Amendment Prepared by [Name(s) and Title]** |
| --- | --- | --- | --- |
| 1 | Insert description of amendment | Insert date | Insert name/title |
| 2 | Insert description of amendment | Insert date | Insert name/title |
| 3 | Insert description of amendment | Insert date | Insert name/title |
| 4 | Insert description of amendment | Insert date | Insert name/title |
| 5 | Insert description of amendment | Insert date | Insert name/title |
| 6 | Insert description of amendment | Insert date | Insert name/title |
| 7 | Insert description of amendment | Insert date | Insert name/title |
| 8 | Insert description of amendment | Insert date | Insert name/title |
| 9 | Insert description of amendment | Insert date | Insert name/title |
| 10 | Insert description of amendment | Insert date | Insert name/title |
| 11 | Insert description of amendment | Insert date | Insert name/title |

# L. Miscellaneous Documentation

Instructions:

Use this section to keep records of any additional documentation that relates to your compliance with the permit.