APPENDIX A

BLANK RECORDKEEPING FORMS

Checklist 1 Quarterly SWP3 Inspection

Business Name:	Date:	Weather:
Inspector(s):	Inspector Affili	ation:
Inspector familiar with industrial activities perform	ned at this facility?	Yes or No
Inspection Item	Yes/No/NA	Corrections/Recommendations
Employee Training & Education Program Effective. Are employees trained in the goals, components, & best management practices required by the SWP. Are training sessions documented & record kept on Effectiveness of Spill Prevention & Response Mease Are outdoor areas free of spilled material? Are Spill Kit(s) available and stocked? Are Storage Containers clearly labeled and secondarily contained? Other:	PP? site? ares akage? cal Controls off valves) ants? ns? 	

CHECKLIST 2 QUARTERLY FUELING ACTIVITIES CHECKLIST

inspe	ectio	on Date/Time/_Loca	ation:	By:	
I.	Site	Specific Checklist For Fueling Areas	Yes/No/NA	Corrective Action Req:	Corrected by/ Date:
	1.	Does fueling occur in designated areas?		T	y
	2.	If fuel trucks are used, are the automatic cut-off			
		valve and other components such as pumps, hose			
	3.	connections, pipes, valves, in good condition? Is spill control equipment nearby and available for			
	5.	use if a spill suddenly occurs?			
		List available spill equipment:			
	4.	Are work/spill areas hosed down with water and			
		detergent or emulsifier?			
		If yes, how is wash water disposed?			
	5.	Are any leaks of pumps, hose connections, pipes,			
		and valves present at storage tank(s)?			
	6.	Are annual inspection records and corrective			
		actions for fueling areas documented and kept			
	7.	onsite? Is there any evidence of spills that were not			
	/.	cleaned promptly? Where?			
	8.	Have refueling personnel been made aware of the			
		outfall closure devices available and the proper			
Not	0.01	activation.			
1400	C 5.				

Checklist 3 **Record of Ouarterly Visual Storm Water Monitoring for Tenant Facilities**

An employee trained in accordance with the facility SWP3 shall complete this form for each Storm Water Monitoring Location (SWML) for each quarterly monitoring period.

Instructions:

1. Confirm that the storm event is a "representative" storm event as defined in Section V.

(Check Yes or No) ____Yes ____No

2. If the answer to Number 1 is "No" do not proceed with the visual storm water monitoring. Indicate the date of the attempted visual monitoring and the reason the storm was not a "representative event" in the spaces provided below. 3. If the answer to Number 1 is "Yes" proceed with collection and visual examination of storm water discharge samples, and complete the form for each Storm Water Monitoring Location.

4. If a visual examination was not performed during a guarterly monitoring period, provide an explanation in the space provided below (examples: adverse climatic conditions [lightning]; a representative storm event did not occur during this quarter).

5. Maintain the completed forms, both for visual monitoring attempts and for actual visual monitoring events, in the SWP3 file.

Quarterly Monitoring Period (circle one):

1 st January – March	2 nd April – June	3 rd July – September	4 th October – December

Date:		Sampler(s):			
Time Storm Event Began:		Estimated Total Rainfall for Storm Event:			
Characteristics to Monitor:					
Color	(yellow, brown, green,	gray, etc., and d	legree of color: none, slig	htly, very, etc.)	
Odor	(petroleum, chemical,	sulfur, algae, sev	wage, etc. and degree of o	odor: none, light	, strong)
Clarity	(clear, or slightly cloud	dy, or very cloud	y, etc.)		
Floating Solids					
Settled Solids	(allow to sit form	inutes)			
Suspended Solids	(hold a white piece of	paper behind the	jar to see)		
Foam					
Oil Sheen					
Monitoring Point # 1 (describe location):	Time: SWM	ML#:	Monitoring Point # 2 (describe location):	Time:	SWML#:
Color			Color		
Odor			Odor		
Clarity			Clarity		
Floating Solids		Floa			
Settled Solids		Settled Solids			
Suspended Solids			Suspended Solids		
Foam			Foam		
Oil Sheen			Oil Sheen		

Comments:

1. This was not a representative storm event because: _____

2. Visual monitoring was not performed this Quarter because:

3. Were all samples collected within the first 30 minutes of discharge?

4. If "No" Question #3, were all samples collected within the first hour of discharge? Provide or attach explanation.

4. Other notes or observations:

Signature: Date:

CHECKLIST 4: QUARTERLY STORM WATER VISUAL EXAMINATION FORM

Date:		Sampler(s):					
Time Storm Event	t Regan		Fotal Rainfall for Sto	orm Event			
Characteristics to Mon		Estimated	i otal Malifiali 101 St				
Color		array ato and	degree of color: none, slig	the new sta			
Odor			wage, etc. and degree of c		strong)		
Clarity	(clear, or slightly clou	U	<u> </u>	aor. none, light	, suolig)		
	(clear, or slightly clou	uy, or very cloud	iy, etc.)				
Floating Solids Settled Solids	(allow to sit for m	inutes)					
	· · · · · · · · · · · · · · · · · · ·	,	ior to soc)				
Suspended Solids	(hold a white piece of	paper benind the	e jar to see)				
Foam Oil Sheen							
Monitoring Point # 1 (describe location):	Time: OF #	#:	Monitoring Point # 2 (describe location):	Time:	OF #:		
Color			Color				
Odor			Odor				
Clarity			Clarity				
Floating Solids			Floating Solids				
Settled Solids			Settled Solids				
Suspended Solids			Suspended Solids				
Foam			Foam				
Oil Sheen			Oil Sheen				
Monitoring Point # 3 (describe location):	Time: OF #	#:	Monitoring Point # 4 (describe location):	Time:	OF #:		
Color			Color				
Odor			Odor				
Clarity			Clarity				
Floating Solids			Floating Solids				
Settled Solids			Settled Solids				
Suspended Solids			Suspended Solids				
Foam			Foam				
Oil Sheen			Oil Sheen				
Monitoring Point # 5 (describe location):	Time: OF #	#:	Monitoring Point # 6 (describe location):	Time:	OF #:		
Color			Color				
Odor			Odor				
Clarity			Clarity				
Floating Solids			Floating Solids				
Settled Solids			Settled Solids				
Suspended Solids			Suspended Solids				
Foam			Foam				
Oil Sheen			Oil Sheen				
Monitoring Point # 7			Monitoring Point # 8				
(describe location):	Time: OF #	#:	(describe location):	Time:	OF #:		
Color			Color				
Odor			Odor				
Clarity			Clarity				
Floating Solids			Floating Solids				
Settled Solids			Settled Solids				
Suspended Solids			Suspended Solids				
Foam		Foam					
Oil Sheen			Oil Sheen				
-	collected within the first						
2. If "No" for Questi AVI-CPL-001	on #1, were all samples	collected within	the first hour of discharg	e? Provide or at	ttach explanation.		
Comments:							

CHECKLIST 5 DOA STORM WATER STRUCTURES, POLLUTION CONTROL, AND SEDIMENT CONTROLS

Sit	e Specific Checklist For Surface Drainage	Yes/No/NA	Corrective Action Req:	Corrected by/Date:
Ap	opurtenances		-	
1.	Drainage Inlets Is an odor present? (Describe)			
	Are significant stains present around the grate inlet? (Describe)			
	Is oil stain or oil sheen visible inside the inlet? (Describe)			
	Are the inlets functioning as designed?			
2.	Storm Sewer Outfalls And Adjacent Channel Is an odor present? (Describe)			
	Evidence of improper disposal of contaminants? (Describe)			
	Is erosion present? (Describe)			
3.	Visual inspection of Structural Controls Are structural controls correctly located on site map?			
	Are structural controls (oil water separators, cut- off valves, vegetative buffers, etc.) functioning properly?			
	Has maintenance inspection been performed on a regular basis?			
otes:		·		

CHECKLIST 6: DRY WEATHER EVALUATIONS

Inspection Date/Time	/	Location	:		By:	
Outfall Number:	Type:	Concrete	D Pipe	Grass	Rock	□ Other
 Murky water Oily Scum present Sludge present Plan Other: 	ls present y sheen ins on conveya nt life impact (Odo Colo ance Floa (describe):	r (describe*) ored water (d ting objects	: lescribe): (describe):		
Estimate flow either visually percentage of the conveyance 2. Is there standing water presen Clear water Sud Murky water Oily Scum present Stai Sludge present Plar Other:	t? ts present y sheen ins on conveya nt life impact of	☐ Yes (Chec ☐ Odo ☐ Colo ance ☐ Floa (describe):	flow: k all that aj r (describe*) ored water (d ting objects	gal pply)): (describe): (describe):	/minute	Question 3.)
3. From the inspection location c □ Yes (describe): □ No						
4. Is there any overland flow vis ☐ Yes (describe): ☐ No						
 5. Are there any dead animals pr Yes (describe): No 						
NOTES:						

Signature:

*e.g., rotten eggs, earthy, chemical, chlorine, soap, putrescence, gasoline, musty, etc.

CHECKLIST 7 DEICING/ANTI-ICING ACTIVITIES (CHECKLIST TO BE COMPLETED WEEKLY DURING DEICING/ANTI-ICING ACTIVITY)

	ite Specific Checklist For Deicing/Anti-Icing	Yes/No/NA	Corrective Action Req:	Corrected by/ Date
1	. Have all deicing/anti-icing events been documented in the table located in Appendix E?*			
2				
	If yes, how is wash water disposed?			
3	. Any evidence of deicing/anti-icing fluids draining to storm sewer?			
4	. How was the deicing fluid contained? Cleaned up? Disposed of?			
otes	:			

* Deicing/Anti-Icing Usage Form

DEICING/ANTI-ICING AGENT USAGE FORM

Operator Name:

Date/Time	Agent Used	Quantity Used	Location	How Removed	Date/Time Removed
/					/
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* To be turned in at the end of deicing/anti-icing event during deicing/anti-icing activities

SPILL HISTORY

Company _____ Address _____

Point of Contact _____ Telephone Number _____

DATE	TENANT/ LOCATION	MATERIAL AND AMOUNT	REMARKS: Cause of spill, percent contained and cleaned, etc

SPILL REPORTING FORM

Date of spill	Time of spill
Company	Address
Person Report	tingTelephone Number
Type of Spill	(Jet-A, chemical, etc.)Name of Chemical
Quantity of Sp	pill (gallons)
Where did spi	ll occur?
Duration of di	ischarge Batch (a single release, e.g. spilled drum) Image: Continuous (approximate durationhours minutes)
Action taken t	to contain spill
Containment: Did the spill le	 □ Contained in immediate vicinity of source □ Contained prior to entry into storm drain □ Contained after entry to storm drain □ Contained in storm system pipe/ditch eave the facility boundary? □ Yes □ No Was anyone injured? □ Yes □ No nt information/Cause of spill
Weather cond Rainfall	 itions at time of incident: Rainfall occurred (approximate amount inches over hours) Rainfall had occurred within 3 hours of incident Rainfall occurred prior to clean-up being completed No rainfall occurred

Parties notified of spill

□ Fire Department

□ State Agency Date _____ Time _____ □ National Response Center Date _____ Time _____

In the space provided below, draw a diagram of the location of the spill as it relates to your facility and airport operations.

RETURN COMPLETED FORM TO Sam Peacock FAX (214) 670-6051

Department of Aviation

Date of Training:
Trainer(s):
Purpose of Training:
Description of Training Methods/Materials:
Location of Training:

ATTENDEES					
NAME	ORGANIZATION/TITLE	TELEPHONE NO.			
L					

NON-STORM WATER DISCHARGE		Airport:			
ASSESSMENT AND CERTIFICATION		Completed By/Title:			
Date of Visual Inspection	Manhole, Storm Sewer, Sanitary Sewer or Outfall Observed AND utility connection, if any.	Describe Results From Visual Inspection Storm Water Discha			
		 No water present Water present. (If yes, describe and coll source): 		 No sample required Sample collected. ID #: 	
		 No water present Water present. (If yes, describe and coll source): 	1 0	 No sample required Sample collected. ID #: 	
		 No water present Water present. (If yes, describe and coll source): 		 No sample required Sample collected. ID #: 	
		 No water present Water present. (If yes, describe and coll source): 		 No sample required Sample collected. ID #: 	
		 No water present Water present. (If yes, describe and coll source): 		 No sample required Sample collected. ID #: 	
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 gather and evaluate 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 and Official Title (type or print):B. Area Cod			B. Area Code and Telep	ahone No •	
B. Signature:			D. Date:		