

**APPENDIX A**

**BLANK RECORDKEEPING FORMS**

**Checklist 1**  
**Quarterly SWP3 Inspection**

**Business Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Weather:** \_\_\_\_\_

**Inspector(s):** \_\_\_\_\_ **Inspector Affiliation:** \_\_\_\_\_

**Inspector familiar with industrial activities performed at this facility? Yes or No**

Inspection Item	Yes/No/NA	Corrections/Recommendations
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**Employee Training & Education Program Effectiveness**

- Are employees trained in the goals, components, & best management practices required by the SWPPP? \_\_\_\_\_
- Are training sessions documented & record kept on site? \_\_\_\_\_

**Effectiveness of Spill Prevention & Response Measures**

- Are outdoor areas free of spilled material? \_\_\_\_\_
- Are Spill Kit(s) available and stocked? \_\_\_\_\_
- Are Storage Containers clearly labeled and secondarily contained? \_\_\_\_\_
- Other: \_\_\_\_\_

**Effectiveness of Good Housekeeping Measures**

- Are leasehold free of trash & debris? \_\_\_\_\_
- Are waste receptacle(s) covered & intact with no leakage? \_\_\_\_\_
- Other: \_\_\_\_\_

**Effectiveness of Maintenance Program for Structural Controls**

- Are Structural Controls functioning properly? \_\_\_\_\_  
(Oil/Water Separators, vegetative buffers, cut off valves)
- Has maintenance been performed regularly? \_\_\_\_\_
- Other: \_\_\_\_\_

**Effectiveness of Pollution & Erosion Control Measures**

- Is the area free of soil erosion? \_\_\_\_\_
- Is there evidence of improper disposal of contaminants? \_\_\_\_\_
- Is there an odor present in adjacent ditches and drains? \_\_\_\_\_

**Effectiveness of BMPs**

- Are BMPs being implemented? \_\_\_\_\_
- Other: \_\_\_\_\_

**Maintenance & Cleaning Areas**

- Does washing occur in designated areas? \_\_\_\_\_
- Do maintenance activities occur in designated areas? \_\_\_\_\_

**ADDITIONAL COMMENTS:**

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### Checklist 3

## Record of Quarterly 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 quarterly 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<sup>st</sup> January – March      2<sup>nd</sup> April – June      3<sup>rd</sup> July – September      4<sup>th</sup> October – December

Date:		Sampler(s):	
Time Storm Event Began:		Estimated Total Rainfall for Storm Event:	
<i>Characteristics to Monitor:</i>			
Color	(yellow, brown, green, gray, etc., and degree of color: none, slightly, very, etc.)		
Odor	(petroleum, chemical, sulfur, algae, sewage, etc. and degree of odor: none, light, strong)		
Clarity	(clear, or slightly cloudy, or very cloudy, etc.)		
Floating Solids			
Settled Solids	(allow to sit for ___ minutes)		
Suspended Solids	(hold a white piece of paper behind the jar to see)		
Foam			
Oil Sheen			
Monitoring Point # 1 (describe location):	Time:	SWML#:	Monitoring Point # 2 (describe location):
Color			Color
Odor			Odor
Clarity			Clarity
Floating Solids			Floating Solids
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: \_\_\_\_\_
5. If sample was found abnormal please provide an explanation and what was done to amend the problem.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CHECKLIST 4: QUARTERLY STORM WATER VISUAL EXAMINATION FORM

Date:		Sampler(s):	
Time Storm Event Began:		Estimated Total Rainfall for Storm Event:	
<i>Characteristics to Monitor:</i>			
Color	(yellow, brown, green, gray, etc., and degree of color: none, slightly, very, etc.)		
Odor	(petroleum, chemical, sulfur, algae, sewage, etc. and degree of odor: none, light, strong)		
Clarity	(clear, or slightly cloudy, or very cloudy, etc.)		
Floating Solids			
Settled Solids	(allow to sit for ___ minutes)		
Suspended Solids	(hold a white piece of paper behind the jar to see)		
Foam			
Oil Sheen			
Monitoring Point # 1 (describe location):	Time:	OF #:	Monitoring Point # 2 (describe location):
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):
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):
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 (describe location):	Time:	OF #:	Monitoring Point # 8 (describe location):
Color			Color
Odor			Odor
Clarity			Clarity
Floating Solids			Floating Solids
Settled Solids			Settled Solids
Suspended Solids			Suspended Solids
Foam			Foam
Oil Sheen			Oil Sheen
1. Were all samples collected within the first 30 minutes of discharge?			
2. If "No" for Question #1, were all samples collected within the first hour of discharge? Provide or attach explanation.			
AVI-CPL-001			
<b>Comments: (If any sample was abnormal please provide an explanation and what was done to amend the problem)</b>			



## CHECKLIST 6: DRY WEATHER EVALUATIONS

Inspection Date/Time \_\_\_\_\_ / \_\_\_\_\_ Location: \_\_\_\_\_ By: \_\_\_\_\_

Outfall Number: _____	Type:	<input type="checkbox"/> Concrete	<input type="checkbox"/> Pipe	<input type="checkbox"/> Grass	<input type="checkbox"/> Rock	<input type="checkbox"/> Other
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1. Is there visible flow from the outfall?       **Yes (Check all that apply)**       **No (Go to Question 2.)**
- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Clear water    | <input type="checkbox"/> Suds present                        | <input type="checkbox"/> Odor (describe*): _____            |
| <input type="checkbox"/> Murky water    | <input type="checkbox"/> Oily sheen                          | <input type="checkbox"/> Colored water (describe): _____    |
| <input type="checkbox"/> Scum present   | <input type="checkbox"/> Stains on conveyance                | <input type="checkbox"/> Floating objects (describe): _____ |
| <input type="checkbox"/> Sludge present | <input type="checkbox"/> Plant life impact (describe): _____ |   |
| <input type="checkbox"/> Other: _____   |  |   |

Estimate flow either visually or by describing the width, height and shape of the conveyance and the approximate percentage of the conveyance or the approximate depth of flow: \_\_\_\_\_ **gal/minute**

2. Is there standing water present?       **Yes (Check all that apply)**       **No (Go to Question 3.)**
- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Clear water    | <input type="checkbox"/> Suds present                        | <input type="checkbox"/> Odor (describe*): _____            |
| <input type="checkbox"/> Murky water    | <input type="checkbox"/> Oily sheen                          | <input type="checkbox"/> Colored water (describe): _____    |
| <input type="checkbox"/> Scum present   | <input type="checkbox"/> Stains on conveyance                | <input type="checkbox"/> Floating objects (describe): _____ |
| <input type="checkbox"/> Sludge present | <input type="checkbox"/> Plant life impact (describe): _____ |   |
| <input type="checkbox"/> Other: _____   |  |   |

3. From the inspection location can you see any unusual piping or ditches that drain to the storm water conveyance?
- Yes (describe):** \_\_\_\_\_
- No**

4. Is there any overland flow visible from the discharge location?
- Yes (describe):** \_\_\_\_\_
- No**

5. Are there any dead animals present?
- Yes (describe):** \_\_\_\_\_
- No**

**NOTES:**

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

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











# SPILL REPORTING FORM

Date of spill \_\_\_\_\_ Time of spill \_\_\_\_\_

Company \_\_\_\_\_ Address \_\_\_\_\_

Person Reporting \_\_\_\_\_ Telephone Number \_\_\_\_\_

Type of Spill (Jet-A, chemical, etc.) \_\_\_\_\_ Name of Chemical \_\_\_\_\_

Quantity of Spill (gallons) \_\_\_\_\_

Where did spill occur? \_\_\_\_\_

Duration of discharge  Batch (a single release, e.g. spilled drum)  
 Continuous (approximate duration \_\_\_\_\_ hours \_\_\_\_\_ minutes)

Action taken to contain spill \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Containment:  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

Did the spill leave the facility boundary?  Yes  No      Was anyone injured?  Yes  No

Other pertinent information/Cause of spill \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Weather conditions at time of incident:

Rainfall  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**



<b>NON-STORM WATER DISCHARGE ASSESSMENT AND CERTIFICATION</b>		<b>Airport: _____ Completed By/Title: _____</b>	
<b>Date of Visual Inspection</b>	<b>Manhole, Storm Sewer, Sanitary Sewer or Outfall Observed AND utility connection, if any.</b>	<b>Describe Results From Visual Inspection for the Presence of Non-Storm Water Discharge</b>	<b>Sample Information</b>
		<input type="checkbox"/> No water present <input type="checkbox"/> Water present. (If yes, describe and collect sample. Identify source): _____	<input type="checkbox"/> No sample required <input type="checkbox"/> Sample collected. ID #: _____
		<input type="checkbox"/> No water present <input type="checkbox"/> Water present. (If yes, describe and collect sample. Identify source): _____	<input type="checkbox"/> No sample required <input type="checkbox"/> Sample collected. ID #: _____
		<input type="checkbox"/> No water present <input type="checkbox"/> Water present. (If yes, describe and collect sample. Identify source): _____	<input type="checkbox"/> No sample required <input type="checkbox"/> Sample collected. ID #: _____
		<input type="checkbox"/> No water present <input type="checkbox"/> Water present. (If yes, describe and collect sample. Identify source): _____	<input type="checkbox"/> No sample required <input type="checkbox"/> Sample collected. ID #: _____
		<input type="checkbox"/> No water present <input type="checkbox"/> Water present. (If yes, describe and collect sample. Identify source): _____	<input type="checkbox"/> No sample required <input type="checkbox"/> Sample collected. ID #: _____
		<input type="checkbox"/> No water present <input type="checkbox"/> Water present. (If yes, describe and collect sample. Identify source): _____	<input type="checkbox"/> No sample required <input type="checkbox"/> Sample collected. ID #: _____
<b>CERTIFICATION</b>			
<p>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.</p>			
<b>A. Name and Official Title (type or print):</b>		<b>B. Area Code and Telephone No.:</b>	
<b>B. Signature:</b>		<b>D. Date:</b>	