# **APPENDIX** A

# **BLANK RECORDKEEPING FORMS**

## Checklist 1 Quarterly SWP3 Inspection

Business Name:	Date:	weather:	
Inspector(s):	Inspector Affili	iation:	
Inspector familiar with industrial activities perform	ed at this facility?	Yes or No	
Inspection Item	Yes/No/NA	Corrections/Recommen	dations
Employee Training & Education Program Effectivere <ul> <li>Are employees trained in the goals, components, &amp; best management practices required by the SWPP</li> <li>Are training sessions documented &amp; record kept on s</li> </ul> Effectiveness of Spill Prevention & Response Measu <ul> <li>Are outdoor areas free of spilled material?</li> <li>Are Spill Kit(s) available and stocked?</li> <li>Are Storage Containers clearly labeled and secondarily contained?</li> <li>Other:</li> </ul> Effectiveness of Good Housekeeping Measures <ul> <li>Are leasehold free of trash &amp; debris?</li> <li>Are waste receptacle(s) covered &amp; intact with no leat</li> <li>Other:</li> <li>Effectiveness of Maintenance Program for Structura</li> <li>Are Structural Controls functioning properly? (Oil/Water Separators, vegetative buffers, cut of</li> <li>Has maintenance been performed regularly?</li> <li>Other:</li> <li>Effectiveness of Pollution &amp; Erosion Control Measure</li> <li>Is the area free of soil erosion?</li> <li>Is there evidence of improper disposal of contaminar</li> <li>Is there an odor present in adjacent ditches and drain</li> </ul> Effectiveness of BMPs <ul> <li>Are BMPs being implemented?</li> <li>Other:</li> <li>Maintenance &amp; Cleaning Areas</li> <li>Does washing occur in designated areas?</li> <li>Do maintenance activities occur in designated areas?</li> </ul>	P? site? res kage? Al Controls if valves) res nts? s?		

### CHECKLIST 2 QUARTERLY FUELING ACTIVITIES CHECKLIST

Inspectio	on Date/Time/Loc	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?		<b>.</b>	<b>,</b>
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?			
	If yes, now is wash water disposed?			
5.	Are any leaks of pumps, hose connections, pipes,	1		
	and valves present at storage tank(s)?			
6.	Are annual inspection records and corrective			
	actions for fueling areas documented and kept onsite?			
7.	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 activation.			
Notes:				
11000051				

#### 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

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.
 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>rt</sup> October – December	1 <sup>st</sup> January – March	2 <sup>nd</sup> April – June	3 <sup>rd</sup> July – September	4 <sup>th</sup> October – December
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Date:	Sampler(s):				
Time Storm Event Beg	Estimated T	Estimated Total Rainfall for Storm Event:			
Characteristics to Monitor:	-				
Color	(yellow, brown, green,	gray, etc., and d	legree of color: none, slig	ghtly, very, etc.	)
Odor	(petroleum, chemical,	sulfur, algae, sev	wage, etc. and degree of o	odor: none, ligh	nt, strong)
Clarity	(clear, or slightly cloud	dy, or very cloud	ly, etc.)		
Floating Solids					
Settled Solids	(allow to sit form	inutes)			
Suspended Solids	(hold a white piece of	paper behind the	i jar to see)		
Foam					
Oil Sheen					
Monitoring Point # 1 (describe location):	Time: SWN	ML#:	Monitoring Point # 2 (describe location):	Time:	SWML#:
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:		ate: Sampler(s):				
Time Storm Event	t Began.		Fotal Rainfall for Sto	orm Event.		
Characteristics to Mon		Lotinated				
Color		grav etc. and	degree of color: none, slig	thtly yery etc		
Odor			wage, etc. and degree of c			
Clarity	(clear, or slightly cloud			dor. none, ng	iit, suolig)	
Floating Solids	(clear, or slightly cloud	dy, of very cloud	iy, etc.)			
Settled Solids	(allow to sit form	inutes)				
	·	,	· · · · · · · · · · · · · · · · · · ·			
Suspended Solids	(hold a white piece of	paper benind the	e jar to see)			
Foam						
Oil Sheen	<u> </u>					
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	1		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	<u>+</u>		Foam			
Oil Sheen			Oil Sheen			
	<u> </u>					
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 (describe location):	Time: OF #	#:	Monitoring Point # 8 (describe location):	Time:	OF #:	
Color			Color			
Odor			Odor			
Clarity	1		Clarity			
Floating Solids	1		Floating Solids			
Settled Solids	1		Settled Solids			
Suspended Solids	1		Suspended Solids			
Foam	1		Foam			
Oil Sheen	1		Oil Sheen			
	collected within the first	30 minutes of 1	1	l		
	collected within the first			a9 Dr 1	attach avelar tim	
2. If "No" for Questi AVI-CPL-001	on #1, were all samples	collected within	the first hour of discharg	e? Provide or	attach explanation.	
<b>a</b>		• -	• •			
Comments: (If any sa	mple was abnormal ple	ease provide an	explanation and what w	as done to an	nend the problem)	

\_\_\_\_\_

#### 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.	<b>Drainage Inlets</b> 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.	<b>Visual inspection of Structural Controls</b> 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	<b>Rock</b>	☐ Other
<ul> <li>Murky water</li> <li>Scum present</li> <li>Sludge present</li> <li>Plan</li> <li>Other:</li> </ul>	ls present y sheen ins on conveya nt life impact (	Odo Colo Colo ance Floa describe):	or (describe*) ored water (c ating objects	): lescribe): (describe):		
□ Murky water □ Oil □ Scum present □ Stai	e or the approx tt? ls present y sheen ins on conveya nt life impact (	imate depth of Yes (Chec Odd Colo ance Floa describe):	flow: ck all that ap or (describe* ored water (c ating objects	gal pply) ): (describe):	/minute	Question 3.)
3. From the inspection location of □ Yes (describe): □ No						
<ul> <li>4. Is there any overland flow vis</li> <li>□ Yes (describe):</li> <li>□ No</li> </ul>						
<ul> <li>5. Are there any dead animals pr</li> <li>Yes (describe):</li> <li>No</li> </ul>						
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:	<ul> <li>Contained in immediate vicinity of source</li> <li>Contained prior to entry into storm drain</li> <li>Contained after entry to storm drain</li> <li>Contained in storm system pipe/ditch</li> </ul>
Did the spill le	eave the facility boundary? $\Box$ Yes $\Box$ No Was anyone injured? $\Box$ Yes $\Box$ No
Other pertinen	nt information/Cause of spill
Weather cond	itions at time of incident:
Rainfall	<ul> <li>Rainfall occurred (approximate amount inches over hours)</li> <li>Rainfall had occurred within 3 hours of incident</li> <li>Rainfall occurred prior to clean-up being completed</li> <li>No rainfall occurred</li> </ul>

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.			

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		Sample Information	
		<ul> <li>No water present</li> <li>Water present. (If yes, describe and coll source):</li> </ul>		<ul> <li>No sample required</li> <li>Sample collected. ID #:</li> </ul>	
		<ul> <li>No water present</li> <li>Water present. (If yes, describe and coll source):</li> </ul>	1 0	<ul> <li>No sample required</li> <li>Sample collected. ID #:</li> </ul>	
		<ul> <li>No water present</li> <li>Water present. (If yes, describe and coll source):</li> </ul>		<ul> <li>No sample required</li> <li>Sample collected. ID #:</li> </ul>	
		<ul> <li>No water present</li> <li>Water present. (If yes, describe and coll source):</li> </ul>		<ul> <li>No sample required</li> <li>Sample collected. ID #:</li> </ul>	
		<ul> <li>No water present</li> <li>Water present. (If yes, describe and coll source):</li> </ul>		<ul> <li>No sample required</li> <li>Sample collected. ID #:</li> </ul>	
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 Code and Telephone No.:		
B. Signature:			D. Date:		