



ANNUAL REPORT FORM

for the Non-mining and Mining Multi-Sector General Permits

Use this form for documenting results from the annual Comprehensive Facility Inspection, in accordance with Part 4.3 and Part 7.2 of both permits. All permittees must complete an annual report form and keep a copy with the SWPPP. Permittees with facilities that discharge to an impaired or outstanding Arizona water shall submit an annual report on or before July 15 (postmark date) during each year until coverage is terminated (not when the permit expires) to the following address:

Arizona Department of Environmental Quality; Surface Water Section / Stormwater Program
1110 West Washington, 5415A-1; Phoenix, Arizona 85007
Faxed forms are not acceptable.

A. GENERAL INFORMATION

1. AZPDES Authorization Number: AZMSG-_____

2. Facility Name: _____

3. Facility Physical Address:

Street: _____

City: _____ State: |__|_| Zip Code: _____

4. Lead Inspector's Name: _____ Title: _____

Additional Inspector's Name(s): _____

5. Contact Person: _____ Title: _____

Telephone: _____ Ext. _____ E-mail: _____

6. Comprehensive Facility Inspection Date: |__|_|/|__|_|/|__|_|_|_|

B. GENERAL INSPECTION FINDINGS

1. Did this comprehensive facility inspection include all potential pollutant sources, including areas where industrial activity may be exposed to stormwater?
 ___ YES ___ NO

If NO, explain why not:

Note: Complete Section C of this form for each industrial activity area inspected and included in your SWPPP or as newly identified in B.2 or B.3 below where pollutants may be exposed to stormwater.

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 the sources of stormwater or non-stormwater pollutants expected to be present in these discharges and any control measures in place.

4. Did this inspection include a review of stormwater monitoring data to identify potential areas of concern for stormwater pollution?

YES NO N/A, no monitoring performed

If YES, summarize the findings of that review and describe any additional inspection activities resulting from the review:

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 any corrective actions, as specified in Part 3 of the permit, during this reporting period, including any corrective actions identified as a result of this annual comprehensive facility inspection?

YES NO

Do you plan to take any corrective actions, as specified in Part 3 of the permit, including any corrective actions identified as a result of this annual comprehensive facility inspection?

YES NO

NOTE: Complete the attached Corrective Action Form (Section D) for each condition identified, including any conditions identified as a result of this ~~annual~~ comprehensive stormwater inspection.

C. INDUSTRIAL ACTIVITY AREA-SPECIFIC FINDINGS

Complete one block for each industrial activity area where pollutants may be exposed to stormwater.

In reviewing each area, you must look for:

- ▶ 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 control measures 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 on the attached Corrective Action Form – Section D.)

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 control measures 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 on the attached Corrective Action Form.)

INDUSTRIAL ACTIVITY AREA: _____

1. Brief Description:

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If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

INDUSTRIAL ACTIVITY AREA: _____

1. Brief Description:

2. Are any control measures in need of maintenance or repair? YES NO

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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 control measures 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 on the attached Corrective Action Form.)

E. ANNUAL REPORT CERTIFICATION

1. Compliance Certification:

A. Do you certify that your annual comprehensive facility inspection meets the requirements of Part 4.3 of the permit? ____ YES ____ NO

If NO, explain which requirements of Part 4.3 have not been met:

B. Based upon the results of this inspection, to the best of your knowledge, is the facility in compliance with the permit? ____ YES ____ NO

If NO, explain what items are not in compliance with the permit, and what actions the permittee will take to correct the non-compliance. (If applicable, you may reference Corrective Actions described in Section D., above.)

2. 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 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.

Printed Name: _____ Title: _____

Signature: _____ Date: _____