Appendix G1: Industrial and Commercial Inspection Report
INDUSTRIAL / COMMERCIAL INSPECTION REPORT

As part of its responsibilities under the Federal Clean Water Act, the City Department of Environmental Services is making inspections of industrial / commercial properties which may have discharges to the City storm drain system. If you have any questions, please contact the investigator whose name appears at bottom.

Date: __________________ State-Receiving Water: __________________

Site address (industrial area): __________________________

Name of firm: __________________________________________

Storm Water Contact Person (title): ______________________ Phone No: __________________

Description of Business: __________________________________

SIC Code Description: ____________________________________

Does facility need NGPC, NPDES or No-exposure certification (based on Standard Industrial Classification – SIC code) □Yes □No

If facility has Notice of General Permit Coverage (NGPC) or any applicable NPDES Permit Coverage:

Permit Number: __________________________ Issue Date: __________________________

Storm Water Pollution Control Plan and Notice of Intent located at site: □Yes □No

Drain Connection to the City MS4: □Yes □No Drain Connection License: # __________________

Storm Water from Facility goes to: Street: □Yes □No Drainage Ditch: □Yes □No Other: __________________

DEFICIENCIES FOUND AT FACILITY: □ YES □ NO CORRECT BY: __________________________

☐ Illicit Discharge to City’s storm drain system:

□ Discharge □ Oil □ Grease □ Wash water □ Soil / Sediment □ Other __________________

Location of discharge: __________________________________________

☐ Unlicensed private storm drain connection to the City’s storm drain system. Contact the Department of Planning and Permitting at 768-8106 to obtain license. You must obtain license within 90 days.

Location of drainage connection: __________________________________________

☐ NPDES Permit or No Exposure Certification Required. Contact the State Department of Health Clean Water Branch at 586-4309 to obtain permit or certification.

GPS Coordinates of discharge Point: Lat: __________________ Long: __________________

☐ Other __________________

Directives / Recommendations: __________________________________________

__________________________________________ _______________________________
Signature / Printed Name of Investigator Phone

NOTIFY THE STORM WATER QUALITY BRANCH INVESTIGATOR WHEN CORRECTIVE ACTION IS COMPLETED

(Rev 2/25/13)
Site Visit:

1. Does the facility store chemical(s) that may enter the MS4 (oil – motor or cooking, hydraulic fluid, paint, etc.) □Yes □No

Where are the chemicals located (storage cabinet, flammable container)? _______________________________________________

What types of chemicals are stored? _______________________________________________

For facilities with chemicals are there Material Safety Data Sheets (MSDS) onsite? □Yes □No
Are MSDS sheets located near chemicals? □Yes □No
-Note MSDS sheets provide information on:
  • Accidental Release measures (Environmental precautions and methods for cleaning up)
  • Good housekeeping practices on handling and storage.

Are the containers labeled? □Yes □No

How are the chemicals disposed of? _______________________________________________

Best Management Practices (BMP’s): _______________________________________________
  • Spill Kits □
  • Secondary containment □
  • Oil Recycling Practice □
  • Employee Training □
  • Other: _______________________________________________

2. Does facility have Permanent BMP’s: □Yes □No
Type:
  • Oil / Water Separator □
  • Hydrodynamic Separator □
  • Vegetative Swale □
  • Other: _______________________________________________

Maintenance: _______________________________________________

3. Are there automotive batteries on site? □Yes □No
Are batteries stored with overhead cover or secondary containment? □Yes □No

4. Does facility maintain or wash vehicles □Yes □No
Water goes to: _______________________________________________

5. Dumpsters used by Facility: □Yes □No
  • Is the refuse dumpster communal □Yes □No
  • Are dumpsters covered? □Yes □No
  • Condition of dumpster or disposal area: □Good □Fair □Poor

6. Overall Housekeeping Practices (includes failure to properly contain possible contaminants, cleaning of spills and leaks, trash pickup, condition of gutters, conditions of catch basins, etc.):

Facility Conditions: □Good □Fair □Poor _______________________________________________

Outside Conditions: □Good □Fair □Poor _______________________________________________

7. Informational sheet(s) given to manager or point of contact □Yes □No

Notes: _______________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

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