

Modernizing the MS4 Facility Storm Water Plan and Assessment Program

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2021



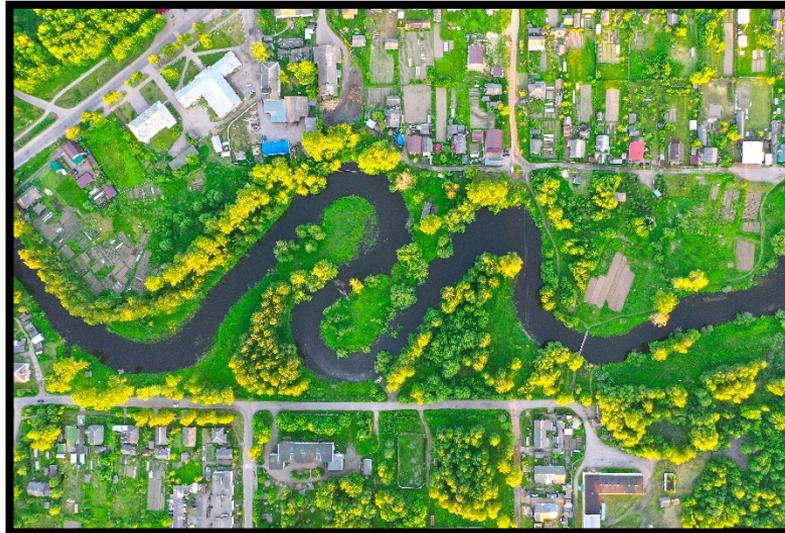
**CDM
Smith**



Introduction

MS4 Responsibility

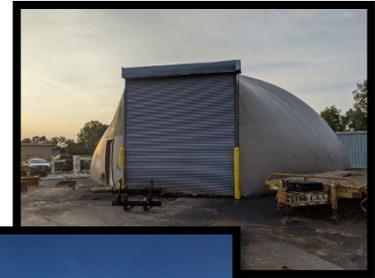
MS4s are responsible for ensuring their facilities are being maintained and operations and activities are being performed to reduce the likelihood for polluted runoff to reach storm sewers and local waterways.



Facilities Subject to MCM6 Requirements

In Ohio, for “municipal facilities that conduct activities described in 40 CFR 122.26(b)(14) that are not required to obtain Industrial Storm Water General Permit coverage ... a Storm Water Pollution Prevention Plan shall be developed and implemented ...”. Applicable facilities can include:

- Service Garages/Vehicle Maintenance Facilities
- Public Works Field Operations
- Fueling Areas
- Impound Lots
- Parks/Landscape Maintenance
- Material Storage and Handling Facilities/Areas



The Old Way

Paper plans can lead to several potential issues:

- Cumbersome recordkeeping and consistency year to year
- Incomplete/partially completed plans
- Wide variability in map format and content
- Illegible handwriting

NOTE: POLLUTANTS FROM INDOOR ACTIVITIES SHALL NOT BE DISPOSED OF OR DISCHARGED INTO A STORM SEWER.

Directions for the use of this inspection form:

1. Locate and label each of the following facility features on the site plan
2. Determine where each feature drains
3. For each feature that is identified as draining to "other", describe the investigation and/or elimination plan

INTERIOR PREMISE CHECKLIST

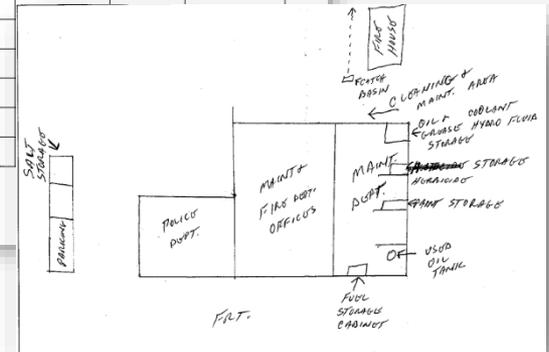
A. FLOOR DRAINS: Yes No

If yes, provide details and a note on the facility site map:

On Map

Where do the floor drain(s) empty?

Floor Drain No.	Sanitary Sewer	Combined Sewer	On-Site Sewage System	Sump or other Containment	Oil/Grit Separator	Other (describe)
1		✓		✓		
2		✓		✓		
3		✓		✓		
4						
5						
6						
7						
8						
9						
10						





Facility Storm Water Plan (FSWP)

The New Way

What is the FSWP?

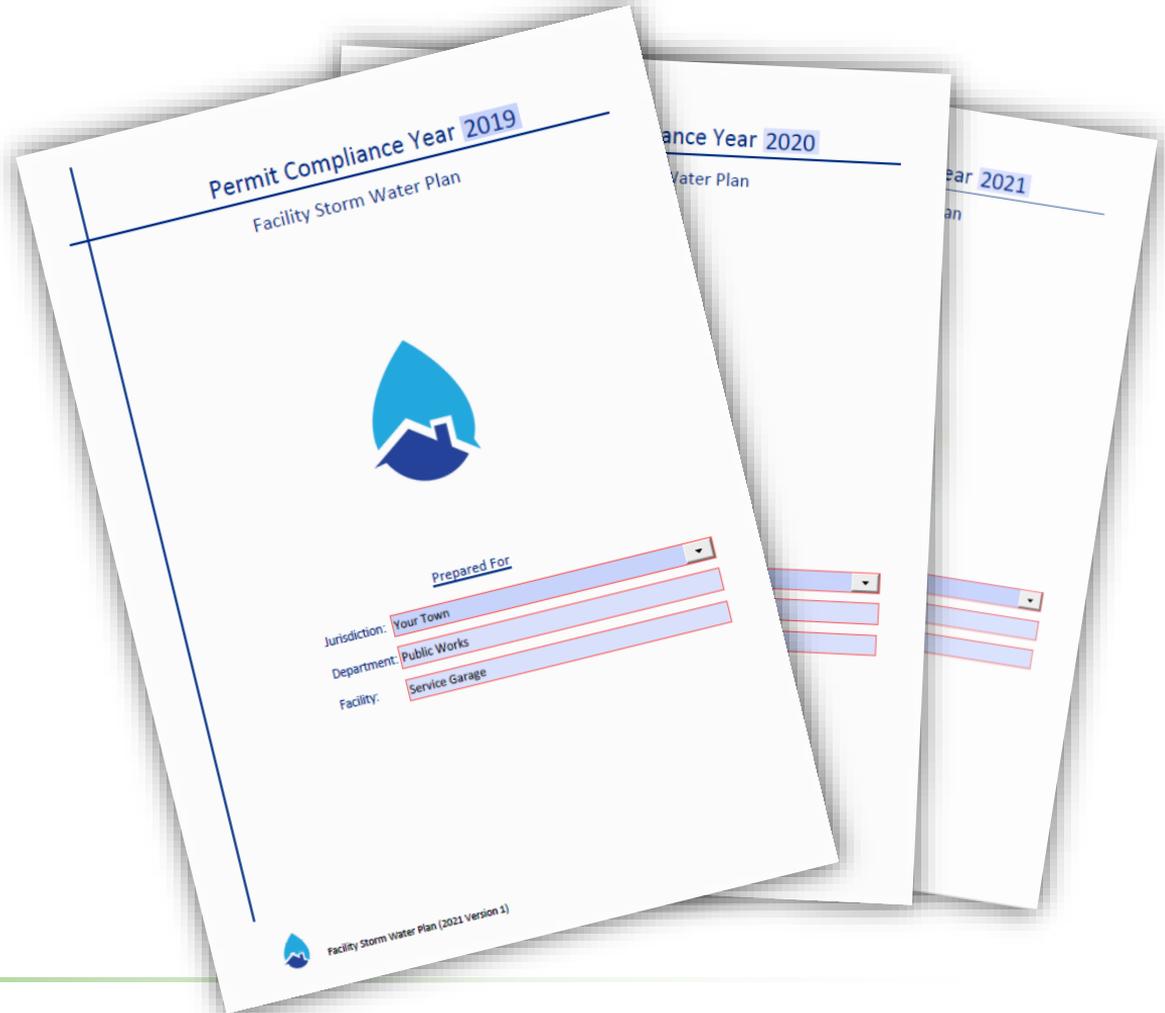
- An electronic fillable PDF form to replace paper forms. One set of forms documents:
 - Responsible parties
 - Facility operations and activities
 - Materials stored and used
 - Maps
 - Practices used to minimize polluted runoff
 - Assessment checklists
- Our version of the SWP3

Floor	Type of Discharge Location ¹	Plan to Investigate/Eliminate Potential Illicit Discharges ²
FD1-4	Sanitary Sewer	
FD5		Look at alternatives to replace containment tank
FD6		

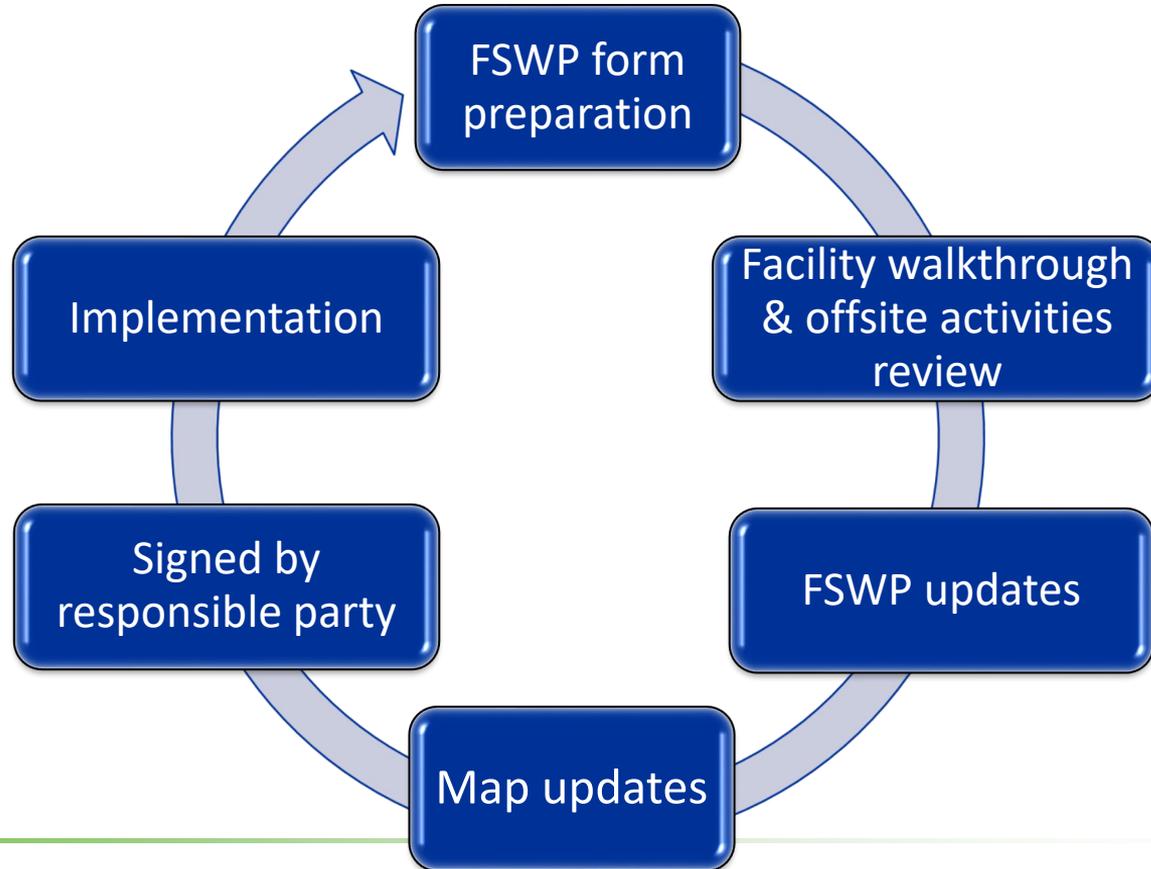
Type of Operation/Activity	Form No.	Where Conducted?*	Operation Contracted?*	Operation Supervisor* ²
<i>Material Storage</i>				
Loading/Unloading Area	D-3	Outdoor	<input type="radio"/> Yes	Mr. XXX 513-XXX-XXX
Outdoor Storage Area	D-4	Outdoor	<input type="radio"/> Yes	
Waste Handling/Disposal	D-6	Outdoor	<input checked="" type="radio"/> Yes	
Vehicle Impoundment Yard	D-2	N/A	<input type="radio"/> Yes	
Container Storage Area	D-5	Both	<input type="radio"/> Yes	

FSWP Benefits

- Consistency
- Flexibility
- Clear instructions
- Completed using a variety of devices



The FSWP Process



Overview of the Form Set

- 
- Form Set A** is used to provide basic information about each facility and operations conducted at/performed by the facility.
 - Form Set B** is used to prepare a map of the facility and inventory type and quantity of materials stored at the facility.
 - Form Set C** is used to identify potential for illicit discharges from materials stored indoors at the facility.
 - Form Set D** is used to assess fixed facility, onsite operations.
 - Form Set E** is used to assess field operations based out of the facility.

Title Page

Displays identifying information for each facility and year completed.

Prepared For

Jurisdiction: Your Town

Department:

Facility:

XXXville

ZYX Village

CBA Township

Permit Compliance Year

Facility Storm Water Plan



Prepared For

Jurisdiction:

Department:

Facility:



Facility Storm Water Plan (2021 Version 1)

Form Index

Each title linked to the appropriate form throughout the FSWP document.

Form Set D: Fixed Facility Operations

- D-1: Fueling Area Assessment
- D-2: Vehicle/Equipment Maintenance Area Assessment
- D-3: Loading/Unloading Area Assessment
- D-4: Outdoor Storage Area Assessment
- D-5: Container Storage Area Assessment
- D-6: Waste Handling & Disposal Assessment

Form Index *Forms headings are linked in the FSWP. Click on the heading to go to a form.*

Form Set A: General Facility/Operation Information

- A-1: Jurisdiction and Departmental Information
- A-2: Facility Information
- A-3: Operations Conducted At/Performed by Facility; Signature Page

Form Set B: Facility Site Map and Materials Inventory

- B-1: Facility Site Map Requirements
- B-2: Site Map/Diagram
- B-3: Materials Storage and Processing Areas
- B-4: Areas of Potential Spills or Leaks

Form Set C: Fixed Facility Illicit Discharge Detection and Elimination (IDDE) Assessment

- C-1: Interior Drainage and Fixtures - Floor Drains
- C-2: Interior Drains and Fixtures - Laundry Area
- C-3: Interior Drains and Fixtures - Utility/Mop Sink(s)
- C-4: Interior Drains and Fixtures - Chemical and/or Waste Oil Storage Areas
- C-5: Interior Drains and Fixtures - Grease Trap(s) and Oil Separator(s)
- C-6: Interior Drains and Fixtures - Equipment Wash Area(s)
- C-7: Interior Drains and Fixtures - Dishwasher(s)/Garbage Grinder(s)

Form Set D: Fixed Facility Operations

- D-1: Fueling Area Assessment
- D-2: Vehicle/Equipment Maintenance Area Assessment
- D-3: Loading/Unloading Area Assessment
- D-4: Outdoor Storage Area Assessment
- D-5: Container Storage Area Assessment
- D-6: Waste Handling & Disposal Assessment

Form Set E: De-icing and Snow Removal Assessment

- E-1: De-icing and Snow Removal Assessment
- E-2: Pavement Cleaning/Maintenance Assessment
- E-3: Pavement Maintenance/Repair Assessment
- E-4: Lawn/Open Space Maintenance Assessment
- E-5: Storm Sewer System Maintenance Assessment
- E-6: Basin and Lake Maintenance Assessment

Note: This plan is a living document and subject to revision, therefore there are no page numbers associated with forms



Facility Storm Water Plan [2021 Version 1]

Form Set A

The purpose of Form Set A is to identify the facility, the operations conducted at/performed by the facility that are subject to MCM6 requirements, and the supervisor of each.



Form A-1. Jurisdiction and Departmental Information

Jurisdiction Name*:	Your Town
Unit of Government*:	Public Works
Unit Supervisor Name*:	Ms. XXX
Title*:	Supervisor
Office Phone*:	(513) XXX-XXXX Ext.: _____ Mc
E-Mail Address*:	XXXX@yourtown.org

Form A-2. Facility Information

Provide location and supervisor of the facility operated by the Unit of Government listed above and complete Forms B and C for the facility

Facility Name*:	Service Garage		
Address1*:	123456 Storm Water Road		
Address2:			
City*:	ABC	Zip Code*:	98765
Facility Supervisor Name*:	Mr. XXXX		
Title*:	Public Works Director		
Office Phone*:	(513) XXX-XXXX	Ext.:	Mobile Phone: _____
E-mail Address*:	XXXX@yourtown.org		

Is this facility subject to Ohio EPA's Industrial Storm Water Permit?*

- Yes, Ohio EPA permit number: _____
- No
- Unknown

Does a Spill Prevention Control and Countermeasure (SPCC) exist for this facility?*

- Yes
- No
- Unknown

Forms A-1 and A-2

Departmental Information
Facility Information

Form A-3. Operations Conducted At/Performed by Facility

Select the Operations and Activities Below that are conducted at/performed at this facility and complete Forms D and E as applicable for each operation/activity selected under "Where Conducted".

1. If activity is not conducted at or by this facility, select "N/A" under "Where Conducted?"
2. If "N/A" is selected, the associated assessment form does not need to be completed.
3. If any part of a listed operation/activity is performed at or from this facility, do not select "Yes" as an answer for contracted operations.
4. If an activity is conducted at or based from another facility, please complete a separate FSWP for that facility.

Type of Operation/Activity	Form No.	Where Conducted?* ¹	Operation Contracted?* ²	Operation Supervisor* ²
<i>Material Storage</i>				
Loading/Unloading Area	D-3	Outdoor	<input checked="" type="radio"/> Yes	Mr. XXX 513-XXX-XXX
Outdoor Storage Area	D-4	Outdoor	<input checked="" type="radio"/> Yes	
Waste Handling/Disposal	D-6	Outdoor	<input checked="" type="radio"/> Yes	
Vehicle Impoundment Yard	D-2	N/A	<input checked="" type="radio"/> Yes	
Container Storage Area	D-5	Both	<input checked="" type="radio"/> Yes	
<i>Vehicle/Equipment Maintenance</i>				
Maintenance Area	D-2	Indoor	<input type="radio"/> Yes	Mr. XXX 513-XXX-XXX
Fueling Area	D-1	Outdoor	<input type="radio"/> Yes	
<i>Solid Waste Collection/Transfer</i>				
Loading/Unloading Area	D-3	Outdoor	<input checked="" type="radio"/> Yes	Mr. XXX 513-XXX-XXX
Waste Handling and Disposal	D-6	Outdoor	<input checked="" type="radio"/> Yes	
<i>Composting Facility</i>				
Loading/Unloading Area	D-3	N/A	<input type="radio"/> Yes	
Waste Handling and Disposal	D-6	N/A	<input type="radio"/> Yes	
<i>Bus Terminal (e.g., school)</i>				
Maintenance	D-2	N/A	<input type="radio"/> Yes	
Fueling Area	D-1	N/A	<input type="radio"/> Yes	

Type of Operation/Activity	Form No.	Where Conducted?* ¹	Operation Contracted?* ²	Operation Supervisor* ²
<i>Pavement Maintenance</i>				
De-icing and Snow Removal	E-1	Outdoor	<input type="radio"/> Yes	Mr. XXX 513-XXX-XXX
Pavement Maintenance	E-2, E-3	Outdoor	<input type="radio"/> Yes	
Roadside Mowing	E-4	Outdoor	<input type="radio"/> Yes	
<i>Storm Drain Maintenance</i>				
Storm Sewers	E-5	Outdoor	<input type="radio"/> Yes	Mr. XXX 513-XXX-XXX
Basins/Lakes	E-6	Outdoor	<input type="radio"/> Yes	
<i>Property/Grounds Maintenance</i>				
Lawns/Open Spaces	E-4	N/A	<input type="radio"/> Yes	

Notes:

1. Select one of the following options from the dropdown list: Inside, Outside, Both, N/A
2. Enter name and phone number for supervisor of each operation
3. Container storage includes containerized materials not covered under de-icing and waste handling/disposal (e.g., paint, solvents, degreaser, cleaning fluids, automotive fluids, fertilizer, pesticides, herbicides)

Form A-3

Operations Conducted At/Performed by the Facility

Form Set B

Form B, prompts users to collect and organize supporting information for each facility/operation identified on Form A including the inventory of materials stored and where these are located.



Form B-1

Facility Site Map Requirements

Form B-1: Facility Site Map Requirements	
Base Information	
<input checked="" type="checkbox"/>	Property lines
<input checked="" type="checkbox"/>	Outline of all buildings and impervious areas within the facility area
Surface Water Information	
<input checked="" type="checkbox"/>	Off-site areas flowing into and through the facility (use extra, larger map if needed)
<input checked="" type="checkbox"/>	Surface water bodies within or adjacent to the site
<input type="checkbox"/>	Areas of bare or disturbed soil, including any active erosion areas
Facility Information	
<input checked="" type="checkbox"/>	Interior drains and fixtures (see Form C)
<input checked="" type="checkbox"/>	Areas of maintenance activities (labeled)
<input type="checkbox"/>	On-site sewage treatment systems
<input checked="" type="checkbox"/>	Storm water inlets, conveyance systems, associated points of discharge (e.g. outfalls) <ul style="list-style-type: none">• Include associated drainage areas – drainage areas may be sketched by hand
<input checked="" type="checkbox"/>	Storm water quantity and/or quality control facilities (i.e. basins, traps, etc.) <ul style="list-style-type: none">• Include associated drainage areas– drainage areas may be sketched by hand
<input checked="" type="checkbox"/>	Arrows showing direction of flow within each drainage area <ul style="list-style-type: none">• List the types of pollutants carried by storm water
<input checked="" type="checkbox"/>	Location of authorized non-storm water discharges to the storm drain

Form B-1 (continued)

Materials Activity Information - Check all that apply - see Form B-3

Locations where activities are directly exposed to precipitation, including, but not limited to:

- Fueling stations
- Vehicle and equipment maintenance and/or cleaning areas
- Loading/unloading areas
- Locations used for treatment/storage/disposal of waste
- Liquid storage tanks
- Processing areas
- Indoor storage areas
- Outdoor storage of hazardous waste and materials
- Outdoor storage of pesticides, herbicides, and fertilizers
- Outdoor vehicle maintenance and storage areas
- Other locations materials are directly exposed to precipitation
- Indoor material storage areas
- Indoor storage of hazardous waste and materials

Areas of Potential Spills or Leaks

Indicate where significant spills or leaks have the potential to occur (i.e. material storage areas, vehicle areas, waste disposal areas, etc. identified in Form B-4):

- Location
- Path of drainage to storm drain system
- Location of applicable outfall

Form B-2

Site Map

Note: Map to be prepared/updated by third party

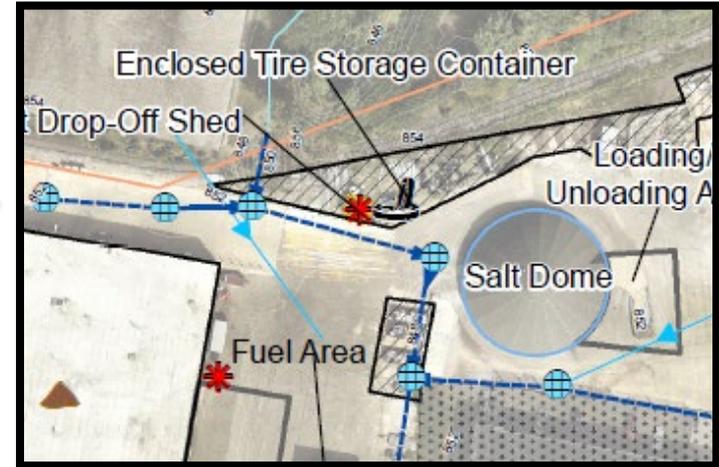
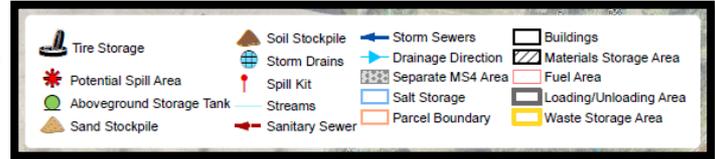
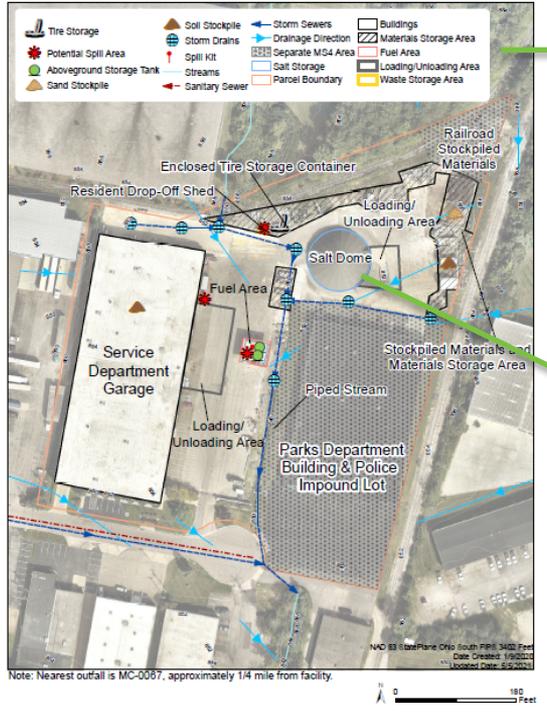
Form B - Facility Site Map and Materials Inventory

Permit Compliance Year 2021

Insert Map* by clicking on the box below or draw by hand. Oversized map may be included as attachment.

Form B-2: Site Map / Diagram

Your Town Service Department Garage Figure 1



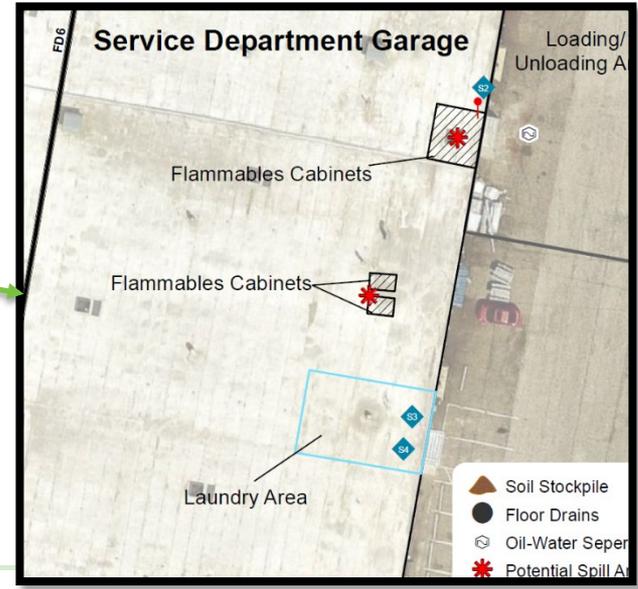
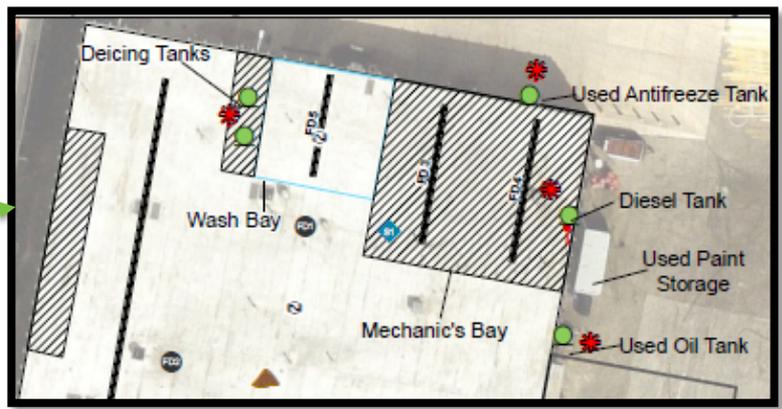
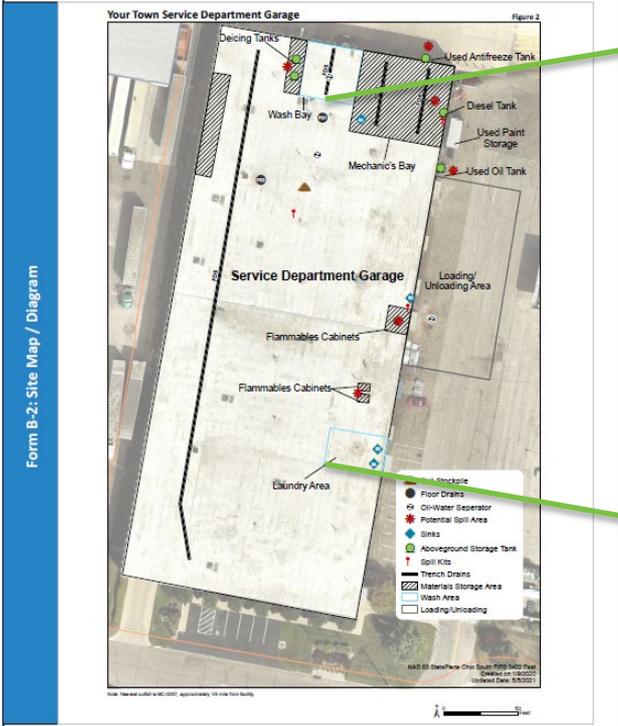
*Items with asterisks are required fields.
Facility Storm Water Plan (2021 Version 1)

Form B-2

Form B-2

Site Map

Note: Map to be prepared/updated by third party
 Form B Facility Site Map and Materials Inventory Permit Compliance Year: 2021
 Insert Map* by clicking on the box below or draw by hand. Oversized map may be included as attachment.



*Items with asterisks are required fields.
 Facility Storm Water Plan (2021 Version 1)

Form B-2

Form B-3. Materials Storage and Processing Areas

Check (☑) each stored material and fill in information about materials use practices*.

Operation/Material	How Stored ¹	Amount Stored ²	Storm Water Cover ³	Additional Information ⁴
Indoor Materials Storage				
<input checked="" type="checkbox"/> Solvents	Other	Small	Buildin	Parts washer
<input type="checkbox"/> Degreaser				
<input checked="" type="checkbox"/> Fuel/Oil Cans	AST	Small	Buildin	100 gals
<input checked="" type="checkbox"/> Paint	Cabine	Small	Buildin	Small quantities of aerosols
<input checked="" type="checkbox"/> Paint Thinner	Cabine	Small	Buildin	10 1-gal containers
<input checked="" type="checkbox"/> Detergent	Pallet	Small	Buildin	30 1-gal containers
<input type="checkbox"/> Pesticides				
<input type="checkbox"/> Herbicides				
<input type="checkbox"/> Fertilizer Pool				
<input type="checkbox"/> Chemicals				
<input type="checkbox"/> Cold Patch				
<input type="checkbox"/> Other:				
<input type="checkbox"/> Other:				
Bulk Materials Storage (Complete Forms D-4 and D-5 if Performed at Facility)				
<input type="checkbox"/> Asphalt				
<input checked="" type="checkbox"/> Salt Storage Piles	Stockpi	Large	Buildin	4,000 tons
<input checked="" type="checkbox"/> Stone/Sand Storage Piles	Stockpi	Small	Roof	100 tons
<input type="checkbox"/> Sand/Salt Mixture Piles				
<input checked="" type="checkbox"/> Soil Storage Piles	Stockpi	Small	Roof	1 ton
<input checked="" type="checkbox"/> Paint	Cabine	Small	Buildin	small quantities of aerosols
<input type="checkbox"/> Pesticides				
<input type="checkbox"/> Herbicides				
<input type="checkbox"/> Fertilizers				
<input type="checkbox"/> Mulch				
<input type="checkbox"/> Cold Patch				
<input type="checkbox"/> Other:				
<input type="checkbox"/> Other:				

Form B-3

Materials Storage & Processing Areas

Select one of the following options from each dropdown list:

1. **How Stored:** AST (Aboveground Storage Tank), UST (Underground Storage Tank), Pallet, Stockpile, Other (provide additional information)
2. **Amount Stored:** Small (1 to 7 day use), Medium (8 to 60 day use), Large (>60 day use)
3. **Storm Water Cover:** None, Tarp, Cover, Roof, Building, Other (provide additional information)
4. **Additional Information:** Provide information on size and type of containers, number of items/containers

Form B-3 (continued)

Vehicle/Equipment Maintenance/Repair (Show location(s) on map, complete Form D-2)

<input checked="" type="checkbox"/> Motor Oil	Other	Small	Buildin	300 gals
<input checked="" type="checkbox"/> Radiator Coolant	Pallet	Small	Buildin	55-gal drum
<input checked="" type="checkbox"/> Hydraulic Fluid	Pallet	Small	Buildin	2 55-gal drum
<input checked="" type="checkbox"/> Solvents	Cabine	Small	Buildin	1-gal containers
<input type="checkbox"/> Brake Fluid				
<input checked="" type="checkbox"/> Wiper Fluid	Shelves	Small	Buildin	3 5-gal containers
<input type="checkbox"/> DEF Fluid				
<input type="checkbox"/> Transmission Fluid				
<input type="checkbox"/> Soap/Truck Wash				
<input type="checkbox"/> Antifreeze				
<input type="checkbox"/> Other: _____				
<input type="checkbox"/> Other: _____				
<input type="checkbox"/> Other: _____				
<input type="checkbox"/> Other: _____				

Container Storage- Larger than Drums (Show location(s) on map, complete Form D-3 if Performed)

<input type="checkbox"/> Solvents				
<input type="checkbox"/> Fuel Oil				
<input type="checkbox"/> Brine				
<input type="checkbox"/> Calcium Chloride				
<input checked="" type="checkbox"/> Beet Juice	AST	Large	Buildin	2 1,000-gal poly containers
<input type="checkbox"/> Other: _____				

Use the following space to provide additional information about materials storage at this facility:

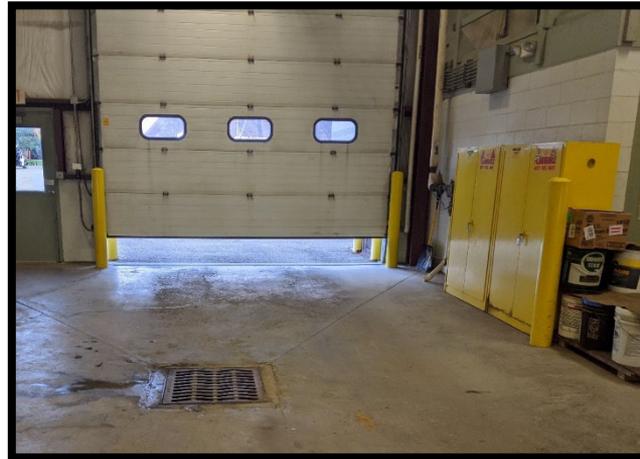
Form B-4

Areas of Potential Spills or Leaks

FORM B-4 – AREAS OF POTENTIAL SPILLS OR LEAKS	
Jurisdiction Name*:	Your Town
Unit of Government Name*:	Public Works
Facility Name*:	Service Garage
Reporting Year*:	2021
Identify each area where liquids are stored or used as a Spill/Leak Location and identify potential pollutants associated with that area. Document spills of materials exceeding SDS* thresholds under "Date of Spill" and "Description of Spill and Cleanup".	
Potential Spill Area Name*:	Mechanic's Bay
Potential Pollutants*:	Used oil, motor oil, radiator coolant, hydraulic fluid, antifreeze windshield wiper fluid, diesel fuel
<u>Date of Spill</u>	<u>Description of Spill and Cleanup</u>
Potential Spill Area Name:	Mechanic's Bay Flammables Cabinets
Potential Pollutants:	Paint, paint thinner, aerosols, solvents
<u>Date of Spill</u>	<u>Description of Spill and Cleanup</u>

Form Set C

The purpose of Form Set C is to verify that spills of materials and wastewater stored or generated indoors do not discharge to storm sewers or waterways. It also collects information of how often temporary collection devices are emptied.



Form C-1: Interior Drainage and Fixtures – Floor Drains

Does this facility have any floor drains?* Yes No

If “yes”, assign each floor drain an ID label (e.g., FD1, FD2, FD3), locate it on the facility site map, and use this form to describe its discharge location and plans to investigate/eliminate potential illicit discharges.

Floor Drain ID	Type of Discharge Location ¹	Plan to Investigate/Eliminate Potential Illicit Discharges ²
FD1-4	Sanitary Sewer	
FD5	Containment	Look at alternatives to replace containment tank
FD6	Sanitary Sewer	

- Drop-Down List of Discharge Location Types: Sanitary Sewer, Combined Treatment, Containment, Oil/Grit Separator, Storm Drain, Ditch, Waterbody, Other, Unknown
- Complete if facility feature discharges to a storm drain, ditch, waterbody, other, or unknown

Forms C-1 and C-2

Floor Drains

Laundry Areas

Form C-2: Interior Drains and Fixtures – Laundry Area(s)

Does this facility have any Laundry Area(s)?* Yes No

If “yes”, assign each Laundry Area an ID label (e.g., L1, L2), locate it on the facility site map, and use this form to describe its discharge location and plans to investigate/eliminate potential illicit discharges.

Laundry Area ID	Type of Discharge Location	Plan to Investigate/Eliminate Potential Illicit Discharges ²
L1	Sanitary Sewer	

- Drop-Down List of Discharge Location Types: Sanitary Sewer, Combined Sewer, Sump, On-Site Treatment, Containment, Oil/Grit Separator, Storm Drain, Ditch, Waterbody, Other, Unknown
- Complete if facility feature discharges to a storm drain, ditch, waterbody, other, or unknown

Forms C-3 and C-4

Utility/Mop Sink(s)

Chemical &/or Waste Oil Storage Areas

Form C-3: Interior Drains and Fixtures – Utility/Mop Sink(s)

Does this facility have any Utility/Mop Sinks? * Yes No

If "yes", assign each sink an ID label (e.g., S1, S2), locate it on the facility site map, and use this form to describe its discharge location and plans to investigate/eliminate potential illicit discharges.

Sink ID	Type of Discharge Location	Plan to Investigate/Eliminate Potential Illicit Discharges ²
S1	Sanitary Sewer <input type="text"/>	
S2	Sanitary Sewer <input type="text"/>	
S3	Sanitary Sewer <input type="text"/>	
S4	Sanitary Sewer <input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	

1. Drop-Down List of Discharge Location Types: Sanitary Sewer, Combined Sewer, Sump, On-Site Treatment, Containment, Oil/Grit Separator, Storm Drain, Ditch, Waterbody, Other, Unknown

2. Complete if facility feature discharges to a storm drain, ditch, waterbody, other, or unknown

Select one of the following options from each dropdown list:

- Types of Chemicals: Motor Oil, Radiator Coolant, Transmission Fluid, Other Automotive Fluids, Hydraulic Fluid, Solvent, Road Salt, Paint, Pesticide, Herbicide, Fertilizer, Solid Waste, Waste Fluid, Unknown, Other (provide name)
- Storage Methods: AST, UST, Drums, Pallet, Stockpile, Cabinet, Shelves, Other (provide name)
- Floor Drain ID: Use one of the ID's listed on Form C-1 or insert "none" if area does not drain.

Form C-4: Interior Drains and Fixtures – Chemical and/or Waste Oil Storage Areas

Does this facility have any Chemical and/or Waste Oil Storage Areas? * Yes No

If "yes", name the associated area and any floor drains. Identify all chemical(s) in each area identified on Form B-3, the storage method, and whether improvements are needed. Use additional forms if needed.

Storage Area Name: <u>Mechanic's Bay</u>		Floor Drain ID ³ : <u>FD3, FD4</u>
Chemical(s) Stored ¹	Storage Method ²	Describe improvements, if needed
1 Other: Diesel Fuel <input type="text"/>	AST <input type="text"/>	
2 Motor Oil <input type="text"/>	Drums <input type="text"/>	
3 Radiator Coolant <input type="text"/>	Drums <input type="text"/>	
4 Hydraulic Fluid <input type="text"/>	Drums <input type="text"/>	
5 Solvent <input type="text"/>	Cabinet <input type="text"/>	
Storage Area Name: <u>Mechanic's Bay Flammables Cabinet</u>		Floor Drain ID ³ : <u>FD3, FD4</u>
Chemical(s) Stored ¹	Storage Method ²	Describe improvements, if needed
1 Other Automotive Fluid <input type="text"/>	Shelves <input type="text"/>	
2 Paint <input type="text"/>	Cabinet <input type="text"/>	
3 Other: Paint Thinner <input type="text"/>	Cabinet <input type="text"/>	
4 <input type="text"/>	<input type="text"/>	
5 <input type="text"/>	<input type="text"/>	

Form C-5: Interior Drains and Fixtures – Grease Trap(s) and Oil Separator(s)

Does this facility have any Grease Trap(s) or Oil Separator(s)?* Yes No

If "yes", assign each trap/separator an ID label (e.g., OS1, GT1), locate it on the facility site map, and use this form to indicate the frequency and responsibility for pumping and cleaning each device.

Device ID	Device Type	Pumping/Cleaning Frequency ²	Pumping/Cleaning Responsibility ³
OWS1	Oil Separator	Annually	Contracted
OWS2	Oil Separator	Annually	Contracted
OWS3	Oil Separator	Annually	Contracted

Select one of the following options from each dropdown list:

- Types of Devices: Grease Trap, Oil Separator, Other (define)
- Pumping/Cleaning Frequency: Weekly, Monthly, Quarterly,
- Pumping/Cleaning Responsibility: Provide the name and phone number of contractor, provide e-mail or other contact information.

Forms C-5 and C-6

Grease Traps & Oil Separators Equipment Wash Areas

Form C-6: Interior Drains and Fixtures – Equipment Wash Area(s)

Does this facility have any Equipment Wash Areas?* Yes No

If "yes", assign each area an ID label (e.g., WA1, WA2), locate it on the facility site map, and use this form to describe its discharge location and plans to investigate/eliminate potential illicit discharges.

Wash Area ID	Type of Discharge Location ¹	Plan to Investigate/Eliminate Potential Illicit Discharges ²
WA1	Containment	

- Drop-Down List of Discharge Location Types: Sanitary Sewer, Combined Sewer, Sump, On-Site Treatment, Containment, Oil/Grit Separator, Storm Drain, Ditch, Waterbody, Other, Unknown
- Complete if facility feature discharges to a storm drain, ditch, waterbody, other, or unknown

Form C-7: Interior Drains and Fixtures– Dishwasher(s)/Garbage Grinder(s)

Does this facility have any Dishwasher(s)/Garbage Grinder(s)?* Yes No

If “yes”, assign each an ID label (e.g., DW1, GG1), locate it on the facility site map, and use this form to describe its discharge location and plans to investigate/eliminate potential illicit discharges.

<u>Fixture ID</u>	<u>Type of Discharge Location¹</u>	<u>Plan to Investigate/Eliminate Potential Illicit Discharges²</u>
	<input type="text"/>	<input type="text"/>

1. Drop-Down List of Discharge Location Types: Sanitary Sewer, Combined Sewer, Sump, On-Site Treatment, Containment, Oil/Grit Separator, Storm Drain, Ditch, Waterbody, Other, Unknown

2. Complete if facility feature discharges to a storm drain, ditch, waterbody, other, or unknown

Use the following space to provide additional information about illicit discharge controls at this facility:

Indoor wash bay self-contained with pit. Pumped as needed. Includes an oil water separator.

Form C-7

Dishwashers/Garbage Grinders Additional Information

Form Set D

Form Set D assesses the potential impact of various operations performed at the facility on local waterbodies and identifies controls or practices put in place to reduce the potential impacts.



FORM D-1 Fueling Area Assessment

Jurisdiction Name: Unit of Government: Facility Name: Area ID:

Complete this assessment form for each operation that fuels petroleum powered vehicles, equipment, and machinery using a fuel source located at this facility.

- **Potential pollutants:** Gasoline, Diesel, Vehicle and Equipment Fluids (e.g. Anti-Freeze, Oil, Transmission Fluid).
- **Date Assessment/Inspection Performed:**

Recommended Management Practices	Activity Performed?
• Routinely "spot clean" leaks and drips	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
• Promptly respond to spills (i.e. berms, absorbent materials, or other)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
• Use dry clean-up methods such as sweeping for removal of litter and debris, and use of rags and absorbents for spills	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
• Collect wet cleaning related runoff within covered areas in a sump, grease trap, oil-water separator, or similar device	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
• Ensure overflow protection devices are in place for tank systems	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
• Ensure protective guards (e.g., bollards, fences) are present for tanks to prevent vehicle or forklift damage	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
• Ensure secondary containment systems are functional and operational	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
• Appropriately label all valves to prevent human error	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A

• Assign a person(s) or fuel island(s) instructing employees not to refuel equipment fuel tanks	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
• Ensure fuel tanks are properly labeled (e.g., secondary containment tanks) around fueling area to prevent spills of vehicle fluids	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
• Ensure spill kit, or absorbent material adjacent or nearby to fueling facility	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
• Divert drainage/runoff from fueling area away from the storm sewer system	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
• Regularly maintain sumps or collection tanks when present	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
• Engage a contractor to regularly maintain sumps or collection tanks when present	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
• Document that the collected material from sumps or collection tanks is disposed properly	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A

Form D-1

Fueling Area Assessment

Form D-1 Fueling Area Assessment

Form D • Fixed Facility Operations – Inventory and Assessment

Permit Compliance Year 2021

Click on the boxes below and follow instructions to insert photographs that characterize typical operations within this area. Attach additional photographs if necessary.



If "No" is marked for any item on the previous page, use the space below to explain why the practice is not used, and identify an equivalent practice that is or will be used.

A spill kit is located within fueling area in case of release during fueling. There is secondary containment in place. The creek located to the east of the fueling area was covered in 2019 to prevent release from site into this channel.



If "No" is marked for any item on the previous page, use the space below to explain why the practice is not used, and identify an equivalent practice that is or will be used.

A spill kit is located within fueling area in case of release during fueling. There is secondary containment in place. The creek located to the east of the fueling area was covered in 2019 to prevent release from site into this channel.

Form Set E

Form Set E is used to assess the potential impact on storm water runoff of various field operations performed by staff based at the facility



FORM E-1 De-Icing and Snow Removal Assessment

Jurisdiction Name: Unit of Government: Facility Name: Area ID:

Complete this assessment form for each operation that applies de-icing agents and removes snow from paved areas.

- Potential pollutants: De-icing Agents, Soil, Grit, and Debris.
- Date Assessment/Inspection Performed:

Recommended Management Practices	Activity Performed?
• Load equipment with de-icing materials indoors or away from drainage systems and watercourses	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
• Store/stockpile materials under cover and away from drainage systems and watercourses	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
• Limit de-icing use to critical areas during all winter storm events except ice storms or significant snowfalls	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
• Minimize the application of de-icing agents near bodies of water	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
• Where feasible deposit snow piles downstream of catch basins, inlets or trench drains when plowing	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
• Document controls used to reduce amounts of de-icing materials	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
• Inspect application calibration to ensure appropriate amount or minimum amounts of de-icing agent are discharged during application	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A

Form E-1

De-icing & Snow Removal Assessment

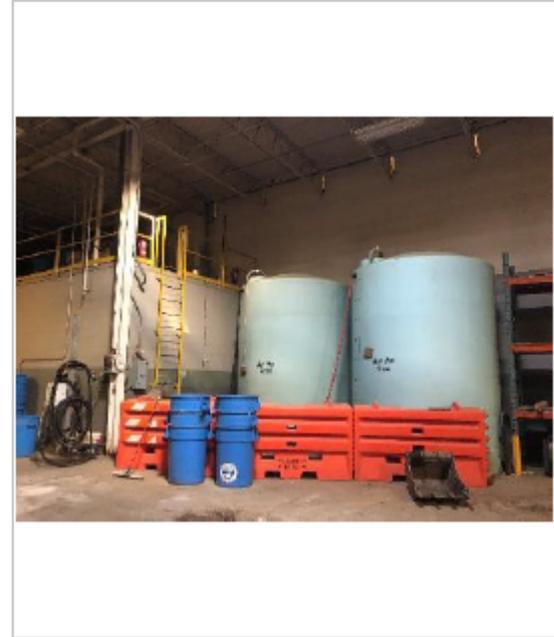
... snow over applications or excess	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
... ure surface drains are protected or away from storm collection systems, / controls that are not designed to types	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
... lume such as amount applied, amount tial loss	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
... nd equipment off-site or in an on-site area discharge of wash water into storm drains	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A



Form E-1

De-icing & Snow Removal Assessment

Click on the boxes below and follow instructions to insert photographs that characterize typical operations within this area. Attach additional photographs if necessary.



If "No" is marked for any item on the previous page, use the space below to explain why the practice is not used, and identify an equivalent practice that is or will be used.

Empty light blue rectangular box for providing an explanation.

Form E-7 Additional Facility or Operation Information

Form E • Field Operations – Inventory and Assessment

Permit Compliance Year 2021

FORM E-7 Additional Facility or Operation Information

Jurisdiction Name*:
Unit of Government*:
Facility Name*: Area ID:

Include any additional relevant facility information or details (*Example: All internal floor drains are connected to the sanitary sewer system.*)

The wash bay drain is a self-contained pit that empties into an oil-water separator. This pit is emptied as-needed by contractors. Other interior drains flow into a sanitary sewer.

Stockpiled materials will be moved away from storm drains in the northern portion of the site and to this area as part of planned improvements.

Waste materials dropped off by residents are collected by a waste disposal firm on an as-needed basis.

A stockpile within the northeastern corner of the site is owned and maintained by the railroad.

Signature Page

By signing below, I certify that the information submitted above is, to the best of my knowledge and belief, true, accurate and complete. I certify that either myself or a representative operating under my supervision will be responsible for updating and maintaining the information on an annual basis and for reporting this information to the Hamilton County Storm Water District in a timely manner for annual reporting purposes.

Unit Supervisor (Signature)*

Unit Supervisor (Print Name)*

Unit Supervisor (Title)*

Service Department Superintendent

Date (mm/dd/yyyy)*

01/14/2020

Caution: The digital signatures should only be added after the report is complete and all mandatory fields (marked with an asterisk --*) are filled in. Once signed the form is locked for future revision.

Facility Walkthrough

- Conducted by designated facility staff
- Assess best management practices for facility operations and materials storage, as well as offsite activities



Ohio EPA MS4 General Permit – FSWP Updates

Summary of Updates for FSWP Program per New MS4 Permit

- | | |
|---|--|
| <ul style="list-style-type: none">• New TMDL performance standards (Choose 1 of 4 program options – street sweeping, catch basin cleaning, leaf/yard waste collection, or routine facility inspections) | <ul style="list-style-type: none">• New information to be reported (salt – lane miles treated, gallons of pesticide, herbicide, and fertilizer used, number of MS4 outfalls) |
| <ul style="list-style-type: none">• New material protection standards (salt piles, brine/deicing liquid tanks) | <ul style="list-style-type: none">• Document facility inspections |
| <ul style="list-style-type: none">• New standards for ditch/MS4 maintenance (work must be stabilized during soil-disturbing activities) | <ul style="list-style-type: none">• Debris disposal documentation (street sweeping, catch basin cleaning) |

Questions?

Contact Jessica Doty – dotyje@cdmsmith.com

