**Bartlesville Stormwater Industrial Routine Facility Inspection Report**

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| **General Information** |
| **Facility Name** | City of Bartlesville Operations Center |
| **NPDES Tracking No.** | Not Applicable |
| **Date of Inspection** |  | **Start/End Time** |  |
| **Inspector’s Name(s)** |  |
| **Inspector’s Title(s)** |  |
| **Inspector’s Contact Information** |  |
| **Inspector’s Qualifications** |  |
| **Weather Information** |
| **Weather at time of this inspection?**❑ Clear ❑Cloudy ❑Rain ❑ Sleet ❑ Fog ❑ Snow ❑ High Winds ❑ Other: Temperature:  |
| **Have any previously unidentified discharges of pollutants occurred since the last inspection?**  ❑Yes ❑No**If yes, describe:**  |
| **Are there any discharges occurring at the time of inspection? ( Dry Weather Field Screening) Is there a discharge from the facility** ❑Yes ❑No**If yes, describe:**  |

**Areas of Industrial Materials or Activities exposed to stormwater**

*Below are some general areas that should be assessed during routine inspections. Customize this list as needed for the specific types of industrial materials or activities at your facility.*

|  | **Area/Activity** | **Inspected?** | **Controls Adequate (appropriate, effective, and operating)?** | **Corrective Action Needed and Notes** |
| --- | --- | --- | --- | --- |
| 1 | **Material loading/unloading and storage areas** | ❑Yes ❑No ❑ N/A | ❑Yes ❑No |  |
| 2 | **Equipment operations and maintenance areas** | ❑Yes ❑No ❑ N/A | ❑Yes ❑No |  |
| 3 | **Fueling areas** | ❑Yes ❑No ❑ N/A | ❑Yes ❑No |  |
| 4 | **Outdoor vehicle and equipment washing areas (Pre Wash Area)** | ❑Yes ❑No ❑ N/A | ❑Yes ❑No |  |
| 5 | **Outdoor vehicle and equipment washing areas (Final Wash Area)** | ❑Yes ❑No ❑ N/A | ❑Yes ❑No |  |
| 6 | **Waste handling and disposal areas** | ❑Yes ❑No ❑ N/A | ❑Yes ❑No |  |
| 7 | **Aggregate Storage Piles** | ❑Yes ❑No ❑ N/A | ❑Yes ❑No |  |
| 8 | **Non-stormwater/ illicit connections** | ❑Yes ❑No ❑ N/A | ❑Yes ❑No |  |
| 9 | **Salt storage piles or pile containing salt**  | ❑Yes ❑No ❑ N/A | ❑Yes ❑No |  |
| 10 | **Dust generation and vehicle tracking** | ❑Yes ❑No ❑ N/A | ❑Yes ❑No |  |
| 11 | **(Other)** | ❑Yes ❑No ❑ N/A | ❑Yes ❑No |  |
| 12 | **(Other)** | ❑Yes ❑No ❑ N/A | ❑Yes ❑No |  |
| 13 | **(Other)** | ❑Yes ❑No ❑ N/A | ❑Yes ❑No |  |

**Non-Compliance**

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| Describe any incidents of non-compliance observed and not described above: |

**Additional Control Measures**

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| --- |
| Describe any additional control measures needed to comply with the permit requirements: |

**Notes**

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| Use this space for any additional notes or observations from the inspection: |

**CERTIFICATION STATEMENT**

“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.”

**Print name and title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

INCOG NOTE: This form was copied from Bartlesville’s SWP3 document for municipal facilities. Some line spacing was adjusted. The form is based upon an EPA template.