Iowa Department of Natural Resources General Permit # 1 Worksheet

Worksheet #1		
Completed by:	Title:	
Date:		
	Pollution Prevention Team Member Roster	
Leader:	T'11.	
Office Phone:		
December 11 this con		
nesponsibilities.		
Member 1:	Title:	
Office Phone:		
Responsibilities:		
Member 2:	Title:	
Office Phone:		
Responsibilities:		
Member 3:	Title:	
Office Phone:		
Responsibilities:		
Member 4:	Title:	
Office Phone:		
Responsibilities:		
Member 5:	Title:	
Office Phone:		
Responsibilities:		
Member 6:	Title:	
Office Phone:		
Responsibilities:		
Member 7:	Title:	
Office Phone:		
Responsibilities:		

Worksheet #2	
Completed by:	Title:
Date:	
	Developing a Site Map

Instructions: Draw a map of your overall facility site including proper ty boundaries, all buildings, structures, paved areas, and parking lots. Draw the map to scale to the best of your ability. Also include the following on the map:

- An outline of the drainage area of each storm water outfall including:
 - Drainage patterns
 - Direction of flow
 - Discharge points (outfalls)
- Existing structural storm water pollution control measures (physically constructed features used to control storm water flows), such as:
 - Flow diversion structures
 - Retention/detention ponds
 - Vegetative swales
 - Sediment traps
- Name of receiving water (or if through a Municipal Separate Storm Sewer System)
- Location and name of surface water bodies, including any neighboring stream, river, lake, or water body receiving storm water discharges from the site
- Locations of past spills and leaks (during the past three years)
- Locations for each of the following activities (where exposed to storm water):
 - Fueling stations
 - Vehicle/equipment washing and maintenance area Areas for unloading/loading materials
 - Above-ground tank s for liquid storage
 - Industrial waste management area s (landfills, waste piles, treatment plants, disposal area s) Outside storage areas for raw materials, by-products, and finished products
 - Outside manufacturing or processing areas

_	Other areas of concern (specify):	

	Mater	rial Inventory	
Completed by:	Title:		Date:
Worksheet #3			

Instructions: List all significant materials used, stored, handled, disposed, processed, or produced onsite. Assess and evaluate these materials for their potential to contribute pollutants to storm water runoff. Also, complete Worksheet 3A if the material has been exposed during the last 3 years.

Name of Material	Where is it located?	Quantity (units)		ts)	What is the likelihood of contact with the storm water? What	Has any of this material been exposed to storm
		Used	Produced	Discharged	conditions would cause contact with storm water? Explain.	water in the last three years? (Yes or No)
						Yes No
						Yes No
						Yes No
						Yes No
						Yes No
						Yes No
						Yes No
						Yes No
						Yes No
						Yes No
						Yes No
						Yes No
						Yes No
						Yes No
						Yes No
						Yes No
						Yes No
						Yes No
						Yes No

Worksheet #4 Completed by:	Title:	Date:				
Description of Exposed Significant Material Instructions: Based on your material inventory, describe the significant materials that were exposed to storm water during the past three years and/or are currently exposed.						
		Material Management Practices Used (Provide a				

Description of Exposed Significant Material	Period of Exposure	Quantity Exposed (units)	Location (as indicated on the site map)	Method of Storage or Disposal (e.g. pile, drum, tank)	Material Management Practices Used (Provide a narrative description of the materials management practices used that either: minimized contact with storm water, serve as structural or non-structural control measures to reduce pollutants in storm water, or treat storm water)

Worksheet #5		
Completed by:	Title:	Date:

History of "Hazardous Condition" Reporting

Instructions: Record below all spills and leaks of toxic or hazardous pollutants, which resulted in a "hazardous condition" that have occurred at the facility since October 1, 1989.

Date (MM/DD/YYYY)	Name of Material	Location (as indicated on the site map)	Reason for Spill or Leak	Preventative Measure(s) Taken to Prevent Reoccurrence of Spill or Leak

Worksheet #6 Completed by:		Title:		Da	ate:			
	Non-Storm Water Discharge Assessment and Certification Date: Non-Storm Water Discharge Assessment and Certification							
Date of Test or Evaluation	Outfall Directly Observed During the Test (identify as indicated on the site map)	Method Used to test or Evaluate Discharge	Describe Results from Test for the Presence of Non- Storm Water Discharge	Identify Potential Significant Sources	Name of Person Who Conducted the Test or Evaluation			
Certification I, (responsible corporate official), 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. (Type or Print)								
	Name & Official Title: Area Code and Phone Number:							
Signature:				Date Signed:				

Worksheet #6			
Completed by: Title: Date:			
information and sign this fo List all outfalls not tested or certification is not possible.	rm to certify the accuracy of the included information. evaluated, describe any potential sources of non-storm was Use the key from your site map to identify each outfall.	ailure to Certify Notification ge authorization date, fill in the table below with the appropriate ter pollution from listed outfalls, and state the reason(s) why lable to the Iowa Department of Natural Resources upon request.	
Identify Outfall Not Tested or Evaluated	Description of Why Certification is Infeasible	Description of Potential Sources of Non-Storm Water Pollution	
rested of Evaluated			
ensure that qualified personnel or those persons directly respor complete. I am aware that there violations. Such notification will	properly gather and evaluate the information submitted. Bansible for gathering the information, the information submiterance are significant penalties for submitting false information, in	my direction or supervision in accordance with a system designed to ased on my inquiry of the person or persons who manage the system ted is, to the best of my knowledge and belief, true, accurate, and ncluding the possibility of fine and imprisonment for knowing of Natural Resources anytime, after 180 from the discharge	
(Type or Print)			
Name & Official Title:		Area Code and Phone Number:	
Signature:		Date Signed:	

Worksheet #7		
Completed by:	Title:	Date:

Site Evaluation Summary

Instructions: List all identified storm water pollutant sources and describe existing management practices that address these sources.

Activity	Storm Water Pollutant Source	Pollutants of Concern (from existing information of estimation)	Describe Existing BMPs (pollution prevention measures)	Description of New BMP Options (identify BMP options for eliminating remaining sources of pollutants)
Loading / Unloading Operations				
Maintenance Operations / Equipment Cleaning Operations				
Outdoor Storage Operations				
Onsite Practices				

Worksheet #7		
Completed by:	Title:	Date:

Site Evaluation Summary

Instructions: List all identified storm water pollutant sources and describe existing management practices that address these sources.

Activity	Storm Water Pollutant Source	Pollutants of Concern (from existing information of estimation)	Describe Existing BMPs (pollution prevention measures)	Description of New BMP Options (identify BMP options for eliminating remaining sources of pollutants)
Dust or Particulate Generating Processes				
Above ground Liquid Storage Tanks				
Outdoor Manufacturing and / or Process Operations				
Others				

Worksheet #8 Completed by:	Title:	Date:	
Instructions: Describe the Best Manage	Best Management Practice (BMP) Identification ment Practices that you have selected to include in your pollution MPs) that you have selected from Worksheet #7. For each of the BI	o n prevention plan. Also describe any additional BMPs	
BMPs	Brief Description of Activities		
Good Housekeeping			
Preventative Maintenance			
Visual Inspections			
Spill Prevention Response			
Sediment and Erosion Control			
Storm water Management - Runon			
Storm Water Management - Runoff			
Additional BMPs (Activity specific and site specific chosen from Worksheet #7)			
Employee Training			