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Worksheet #1 Completed by	
Title:	
Date:	

Leader:	Title:
	Office Phone:
Responsibilities:	
Members:	
(1)	Title:
	Office Phone:
Responsibilities:	
(2)	Title:
	_
Responsibilities:	Office Phone:
Kesponsibilities.	
(3)	Title:
	Office Phone:
Responsibilities:	

(4)	_ Title:
D	Office Phone:
Responsibilities:	

Worksheet #2 Completed by: **DEVELOPING A SITE MAP** Title: Date: **Instructions:** Draw a map of your overall facility site including property boundaries, all buildings, structures, paved areas, and parking lots. Draw the map to scale to the best of your ability. Also included the following on the map. An outline of the drainage area of each storm water outfall including: **Drainage patterns Direction of flow Discharge pints (outfalls)** Existing structural storm water pollution control measures (physically constructed features used to control storm water flows), such as: Flow diversion structures **Retention/detention pons** 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 tanks for liquid storage** Industrial waste management areas (landfills, waste piles, treatment plants, disposal areas) Outside storage areas for raw materials, by-products, and finished products **Outside manufacturing or processing areas** Other areas of concern (specify:

MATERIAL INV Instructions: List all significant materials used, store contribute pollutants to storm water ru			ed by:		r potential to	
Name of Material	Where is it located?	Quantity (units) Used Produced Discharged			What is the likelihood of contact with the storm water? What conditions would cause contact with storm water? Explain.	Has any of this material been exposed to storm water in the last three year? (Yes or No)
Ivalite of iviaterial	where is it ideated.					(Tes of No)

	DESCRIPTION OF EXPOSED SIGNIFICANT MATERIAL Title: Date: 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		ar inventory, describe	the significant materials that wer	e exposed to storm wa	ter during t	ne past timee years and/or are currently					
Description Of Exposed Significant Material	Period of Exposure	Quantity Exposed (units)	Location (as indicated on the site map)	Method of Storage o (e.g., pile, drum,		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).					

HISTORY OF "HAZARDOUS CONDITION" REPORTING

Workshe Complete			
Title:			
Date:			

Directions: 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 (month/day/year)	Name of Material	Location (as indicated on the map)	Reason for Spill or Leak	Preventive Measure(S) Taken To Prevent Reoccurrence Of Spill Or Leak

NON-STORM WATER DISCHARGE ASSESSMENT AND CERTIFICATION

Worksheet #5 Completed by:			
Title:			
Date:			

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				
		CERTIFI	CATION						
I,									
A. Name & O	fficial Title (type or print)	B. Area Code and Telepl	hone No.						
C. Signature				D. Date Signed					

Worksheet #6 Completed by: NON-STORM WATER DISCHARGE ASSESSMENT AND Title: FAILURE TO CERTIFY NOTIFICATION Date: Directions: If you cannot feasibly test or evaluate an outfall within 180 days of the discharge authorization date, fill in the table below with the appropriate information and sign this form to certify the accuracy of the included information List all outfalls not tested or evaluated, describe any potential sources of non-storm water pollution from listed outfalls, and state the reason(s) why certification is not possible. Use the key from your site map to identify each outfall. Important Notice: A copy of this notification must be signed and kept on-site and made available to the Iowa Department of Natural Resources upon request. **Identify Outfall Not Description of Why Certification Description of Potential Sources of** is Infeasible **Non-Storm Water Pollution** Tested / Evaluated **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 ensure 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. Such notification will dept on-site and made available to the Iowa Department of Natural Resources anytime, after 180 days from the discharge authorization date, if non-storm water certification cannot be provided. A. Name and Official Title (type or print) B. Area Code and Telephone No. C. Signature: D. Date Signed:

Worksheet #7 Completed by: SITE EVALUATION SUMMARY Title: Date: Directions: List all identified storm water pollutant sources and describe existing management practices that address these sources. **Activity Storm Water Pollutants of Concern Describe Existing BMPs** Description of New BMP Options (identify BMP options for eliminating **Pollutant Source** (from existing information of estimation) (pollution prevention measures) remaining sources of pollutants) Loading/ unloading Operations Maintenance Operations / Equipment Cleaning Operations Outdoor Storage **Operations**

On-Site Practices

SITE EVALUATION SUMMARY

Worksheet #7			
(Cont.)			
Completed by:			_
Γitle:			
			_
Date:			

Directions: 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: BEST MANAGEMENT PRACTICE (BMP) IDENTIFICATION Title: Date: Describe the Best Management Practices that you have selected to include in your pollution prevention plan. Also describe any additional BMPs (activity **Instructions:** specific and site specific BMPs) that you have selected from Worksheet #7. For each of the BMPs, describe actions that will be incorporated into facility operations. Attach additional sheets if necessary. **BMPs Brief Description of Activities Good House Keeping Preventive Maintenance Visual Inspections Spill Prevention Response Sediment and Erosion Control**

Worksheet #8 (cont.) Completed by: BEST MANAGEMENT PRACTICE (BMP) IDENTIFICATION Title: Date: Describe the Best Management Practices that you have selected to include in your pollution prevention plan. Also describe any additional BMPs (activity **Instructions:** specific and site specific BMPs) that you have selected from Worksheet #7. For each of the BMPs, describe actions that will be incorporated into facility operations. Attach additional sheets if necessary. **BMPs Brief Description of Activities Storm Water Management - Runon Storm Water Management - Runoff** Additional BMPs (activity specific and site specific chosen from worksheet #7) **Employee Training**

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