

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY (MDEQ)

Individual NPDES Permit SWPPP

FORMS PACKAGE

The following forms must be completed by hand and signed:

•	MONTHLY SPILL & LEAK LOG FORM	2
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These standard forms are used for submittals and record keeping required by permit conditions after the individual permit has been issued. The forms are in adobe format on our website at www.deq.state.ms.us. Required information can be completed on screen, printed and signed.

Revised: 02/08/2016

Facility Name			_ Monthly Spill & Leak Log Sheet Month/Year								
Physical Address _			_	6		Permit Number					
Instructions: A list of spills and leaks of toxic or hazardous pollutants that have occurred at the facility shall be documented on the Monthly Spill and Leak Log Sheet that is provided in the Individual NPDES Permit SWPPP Forms Package. A separate form shall be completed for each month that the facility is covered under this permit. If no spills have occurred, the form shall be completed by checking the available box and signing it as indicated. Permit recipients may use an alternate form to record this information, so long as it includes all of the information on the above referenced form and it is updated monthly. The completed forms shall be filed on-site with the SWPPP and made available to MDEQ personnel for inspection upon request.											
		0		Did the Spill							
Date of Spill	Material Spilled	Quantity Spilled (specify units)	Area that Spill Occurred	Result in a Discharge?	Injury / Property Damage?	Person(s) Involved In Clean- up	Date Reported to MDEQ (If significant)				
Corrective Action(s) Taken											
Date of Spill	Material Spilled	Quantity Spilled (specify units)	Area that Spill Occurred	Did the Spill Result in a Discharge?	Injury / Property Damage?	Person(s) Involved In Clean- up	Date Reported to MDEQ (If significant)				
Corrective Action(s) Taken				,							
Date of Spill	Material Spilled	Quantity Spilled (specify units)	Area that Spill Occurred	Did the Spill Result in a Discharge?	Injury / Property Damage?	Person(s) Involved In Clean- up	Date Reported to MDEQ (If significant)				
Corrective Action(s) Taken				•							
No anilla	"I certify under penal	ty of law that t	his report is true, acc	curate, and comple	te, to the best of my kno	owledge and belief."					
No spills have occurred											
this month.						ector's Signature Date					

Inspector's Signature

Date

Inspector's Name - Printed

INDIVIDUAL NPDES STORM WATER PERMIT PERMIT NUMBER (MS______) MONTHLY INSPECTION / VISUAL EVALUATION REPORT (FOR INDUSTRIAL STORM WATER ACTIVITY)



As required by this permit, this inspection / visual evaluation form must be completed on a monthly basis. Completion of this form must be performed by an individual with the knowledge, skills, and training to assess conditions and activities that could impact storm water quality and to evaluate the effectives of best management practices required by this permit. A copy of the completed and signed form shall be maintained on-site with the SWPPP and be available for review by MDEQ personnel upon request.

FACILITY NAME:	DATE:						
PHYSICAL ADDRESS:							
 WEATHER INFORMATION: Description of Weather Conditions (e.g., sunny, cloudy, raining, snowing, etc.): 							
• Was the inspection conducted during or immediately after a rain event? Yes No If yes, conduct a Jar Test at each storm water outfall and attach the results to this form.							
I. POTENTIAL POLLUTANT SOURCE, AREA INSPECTION	ANI	BES	ST MA	ANAGEMENT PE	RACTICES EVALUATION		
SWPPP AND SITE MAP:	Yes	No	N/A	Findings & Reme	dial Action Documentation		
 Is the Site Map current and accurate? Is the SWPPP inventory of industrial activities, materials and products current? 	0 0	0 0	0 0				
VEHICLE/EQUIPMENT AREAS: Equipment cleaning: Is equipment washed and / or cleaned using a detergent(s)? If so, is all wash water captured and properly disposed of?	00	00	00				
 Equipment fueling: Are all fueling areas free of contaminant buildup and evidence of chronic leaks/spills? Are all chemical liquids, fluids, and petroleum products, stored on an impervious surface that is surrounded with a containment berm or dike that is capable of containing 10% of the total enclosed tank volume or 110% of the volume contained in the largest tank, whichever is greater? Are structures in place to prevent precipitation from accumulating in containment areas? If not, is there any water or other fluids accumulated within the containment area? 	0 0 0 0	0 0 0 0	0 0 0 0				

	Yes	No	N/A	Findings & Remedial Action Documentation
Equipment maintenance:				
 Are maintenance tools, equipment and materials stored under shelter, elevated and covered? 	0	0	0	
 Are all drums and containers of fluids stored with proper cover and containment? 	0	0	0	
• Are exteriors of containers kept outside free of deposits?	0	0	0	
 Are any vehicles and/or equipment leaking fluids? Identify leaking equipment. 	0	0	0	
 Is there evidence of leaks or spills since last inspection? Identify and address. 	0	0	0	
 Are materials, equipment, and activities located so that leaks are contained in existing containment and diversion systems (confine the storage of leaky or leak-prone vehicles and equipment awaiting maintenance to protected areas)? 	0	0	0	
Add any additional site-specific BMPs:	0	0	0	
GOOD HOUSEKEEPING BMPS:		_		
1. Are paved surfaces free of accumulated dust/sediment and debris?	0		0	
Date of last vacuum/sweep				
 Are there areas of erosion or sediment/dust sources that discharge to storm drains? 	0	0	0	
2. Are there any waste receptacles located outdoors? If yes:	0	0	0	
• In good condition?			$\frac{1}{2}$	
Not leaking contaminants?			$ \circ $	
Closed when not being accessed? Closed when not being accessed?	0		0	
 External surfaces and area free of excessive contaminant buildup? 	0			
3. Are the following areas free of accumulated dust/sediment, debris, contaminants, and/or spills/leaks of fluids?				
 External dock areas 	0	0	0	
 Pallet, bin, and drum storage areas 	0	0	0	
• Maintenance shop(s)	0	0	0	
 Equipment staging areas (loaders, tractors, trailers, forklifts, etc) 	0	0	0	
 Around bag-house(s) 	0	0	$ \circ $	
Around bone yards	0	0	0	
Other areas of industrial activity:	0	0	0	

SPILL RESPONSE AND EQUIPMENT:	Yes	No	N/A	Findings & Remedial Action Documentation
1. Are spill kits available, in the following locations?				
 Fueling stations 	0	0	0	
 Transfer and mobile fueling units 	0	0	0	
Vehicle and equipment maintenance areas	0	0	0	
 Process / product formulation areas 	0	0	0	
 2. Do the spill kits contain all the appropriate necessary items such as: Oil absorbents? A storm drain plug or cover kit? 	00	00	00	
A storm drain plug or cover kit?A non-water containment boom?	\sim	0	Õ	
A non-water contaminent boom? A non-metallic shovel?	0	0 (0	
Other additional items:	0	0	0	
• Other additional items.				
3. Are contaminated absorbent materials properly disposed?	0	0	0	
GENERAL MATERIAL STORAGE AREAS:				
 Are damaged materials stored inside a building or another type of storm-resistant shelter? 	0	0	0	
 Are all uncontained material piles stored in a manner that minimizes the discharge of impacted storm water? 	0	0	0	
 Are scrap metal bins covered? 	0	0	0	
• Are outdoor containers covered?	0	0	0	
Constant DMD and Ton Constant				
STORM WATER BMPS AND TREATMENT STRUCTURES: (Visually inspect all storm water BMPs, treatment structures / devices, discharge areas, infiltration, and outfalls shown on the Site Map).				
 Are BMPs and treatment structures in good repair and operational? 	0	0	0	
 Are BMPs and treatment structures free from debris buildup that may impair function? 	0	0	0	
 Are berms, curbing or other methods used to divert and direct discharges adequate and in good condition? 	0	0	0	
OBSERVATION OF STORM WATER DISCHARGES:				
 Is the discharge free of floating materials, visible oil sheen, discoloration, turbidity, odor, foam or any other signs of contamination? 	0	0	0	
 Water from washing vehicles or equipment (with detergent), steam cleaning and/or pressure washing is considered process wastewater and is not allowed to comingle with storm water or enter storm drains. Is process water comingling with storm water or entering storm drains? 	0	0	0	
 Illicit discharges include domestic wastewater, noncontact cooling water, or process wastewater (including leachate). Were any illicit discharges observed during the inspection? 	0	0	0	

MISCELLANEOUS AREAS / ITEMS OF		Yes 1	No 1	N/A	Findings & Remedial Action Docum	entation
(Evaluations of any matters that are no						
section but are covered in the SWPPP						
housekeeping measures; unique BMP be denoted here.)	s; observations, etc.] should					
be denoted here.)						
						
H CODDECTIVE ACTION AND C	WDDD MODIFICATION DE	CCDI	DTI	ONIC.	Additional annua to describe insue	
II. CORRECTIVE ACTION AND S and corrective actions if needed. Pro						
BMPs. Should the SWPPP need to b						ir or uniterent
	•				-	
III. CERTIFICATION STATEMEN	ITS AND SIGNATURES:					
			.1	1		44:
Inspector - Certification: This section to the person with signature authority						ung uns form
to the person with signature authority	of a daily authorized representati	iive oi	tilat	perse	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
"I certify that this report is true, accu	rate, and complete, to the best o	of my h	know	ledge	and belief."	
			· <u> </u>			
Inspector's Name – Printed	Inspector's Signa	ture	· <u> </u>		Inspector's Title	Date

Monthly Visual Jar Test Inspection Form



Instructions: As part of inspections conducted during or after storm events, a representative sample of storm water should be collected at each outfall in a clean, clear jar and examined in a well-lit area. Should any of the objectionable characteristics described in the form below be observed, permit recipient shall investigate upstream from the sample location to identify the potential sources of pollution, implement corrective action, and describe the corrective action in the space provided below.

Facility Name:	Facility Name: Physical Address:								
Date: Permit Number:									
Time collected:	Time collected: Person collecting/examining sample (Print):								
Outfall Number/Location samp	ole wa	s collected:							
Was the sample collected during	ng or i	mmediately after a rain ever	nt? Yes or No						
Parameter		Parameter Description	Desci	ription of Sample					
Color		Is the water sample colored? Yes or No	If yes, descri	be the color:					
Clarity		Is the water sample clear and transparent? Yes or No	If no, describ	be the clarity:					
Floating Solids		Are there solids floating at the top of the sample? Yes or No	If yes, descri	be the floating solids:					
Settled Solids		Are there solids settled out in the bottom of the sample? Yes or No	If yes, describe the settled solids:						
Suspended Solids		Are there solids suspended in the water column of the sample? Yes or No	If yes, descri	be the suspended solids:					
Foam		Is there foam forming at the top of the sample? Yes or No	If yes, descri	be the foam:					
Odor		Does the sample have an odor? Yes or No If yes, description		be the odor:					
Oil Sheens		Does the sample have an oil sheen? Yes or No	If yes, describe the oil sheen:						
Detail any concerns noted in th	e visi	ual jar sample and describe t	he corrective a	actions taken:					
"I certify under penalty of law that this report is true, accurate, and complete, to the best of my knowledge and									
Inspector's Name - Printed	ture	Date							

Employee Training Log



Instructions: Newly hired employees responsible for implementing and/or complying with the requirements of the permit shall receive initial training prior to performing such responsibilities. Employees responsible for implementing and/or complying with the requirements of the permit shall receive refresher training by December 31st of each calendar year. Proper documentation of employee training must be maintained. Include copies of the training agenda and certificates of training when applicable. All training records shall be maintained for at least three years from the date of training.

Facility Name:			Physical Address:						
Permit Number:			Training Date:						
Training Topic:									
Training Description:									
Employee Name (printed)		Employee S	ignature	Worker ID Number	Initial/Refresher				
"I certify under penalty of law that this rep	ccurate, and	l complete, to the bes	st of my knowledge and l	belief."					
Trainer Name (printed)		Trainer Signature Date							

INDIVIDUAL NPDES STORM WATER PERMIT PERMIT NUMBER (MS_____) ANNUAL SWPPP EVALUATION FORM (FOR INDUSTRIAL STORM WATER ACTIVITY)



Permit recipients shall conduct a comprehensive evaluation of the facility's SWPPP by December 31st in the year following issuance and annually thereafter. The evaluation shall assess the effectiveness and accuracy of the SWPPP and ensure that the SWPPP is current, up to date, and meets all requirements set forth in the permit. Should the SWPPP need to be amended based on the findings of any evaluation, a copy of the amended SWPPP must be submitted to MDEQ.

FACILITY NAME:		EVA	ALUATION DATE:			
PHYSICAL ADDRESS:		1 = , 1				
I. DESCRIPTION OF POTENTIAL POLLUTANT SOURCES						
INDUSTRIAL ACTIVITIES	Yes	No	Findings & Remedial Action Documentation			
 Does the SWPPP have a list of Industrial Activities exposed to storm water? 	0	0				
 Has the facility added any Industrial Activities that are exposed to storm water since the previous Annual SWPPP Evaluation? 	0	0				
MATERIALS AND POLLUTANTS						
 Does the SWPPP have a list of materials and pollutants exposed to storm water? 	0	0				
 Does the SWPPP have a narrative description of the materials and pollultants? 	0	0				
 If so, does the narrative contain the following information? 						
 Method of storage and disposal. 	0	0				
 Management practices employed to minimize contact with storm water. 	0	0				
 Structural and non-structural control measures to reduce pollutants in storm runoff. 	0	0				
 Any treatment the storm water receives. 	0	0				
SPILLS AND LEAKS						
 Does the SWPPP contain a monthly updated list of spills and leaks? 	0	0				
 Does the SWPPP contain an updated summary of all storm water samplaing data including a description of associated pollutants? 	0	0				

I. DESCRIPTION OF POTENTIAL POLLUTANT SOURCES (CONTINUED)					
SITE MAP	Yes	No	Findings & Remedial Action Documentation		
Does the SWPPP have a site map showing the property layout with site boundaries?	0	0			
• If so, does the site map indicate the following features?					
 Surface water bodies. 	0	0			
 Drainage area of each storm outfall by number. 	0	0			
 Direction of flow for each drainage area. 	0	0			
 Location and description of existing structural and non-structural control measures to reduce the pollutants in storm runoff. 	0	0			
 Location of any storm water treatment activities. 	0	0			
 Location of any storm drain inlets. 	0	0			
 Location of industrial activities, such as: 	0	0			
 a) Fuel storage and dispensing locations. b) Vehicle/equipment repair, maintenance, and cleaning areas. c) Materials storage and handling areas. d) Loading/unloading areas. e) Process or manufacturing areas. o Location of housekeeping practices. o Storm water conveyances (ditches, pipes, & swales). 	0 0	00			
II. DESCRIPTION OF STORM WATER MANAGEMENT C	ONTRO	OLS			
 POLLUTION PREVENTION MANAGER/COMMITTEE Does the SWPPP specify individual(s) responsible for developing the SWPPP and assisting the facility manager in its implementation, maintenance, and revision? 	0	0			
If so, have there been any changes in the personnel listed since the previous Annual SWPPP Evaluation?	0	0			
RISK IDENTIFICATION AND MATERIAL INVENTORY					
 Does the SWPPP assess the pollution potential of various sources at the facility including loading and unloading operations; outdoor storage, manufacturing or processing activities; significant dust or particulate generating processes and on-site disposal practices? 	0	0			
 If so, have there been any changes in operations or sources of potential pollutants since the previous Annual SWPPP Evaluation? 	0	0			

			ONTINUED)
SEDIMENT AND EROSION PREVENTION			Findings & Remedial Action Documentation
soil erosion, and specify prevention measures to limit	0	0	
would increase the potential for soil erosion since the	0	0	
NTIVE MAINTENANCE			
program to insure the inspection and maintenance of	0	0	
and testing of equipment to preclude breakdowns or	0	0	
Does the SWPPP describe and list practices appropriate to prevent pollutants from entering storm water from industrial activities due to poor housekeeping?	0	0	
If so, do the practices describe or list the following:			
 Designated areas for equipment maintenance and repair. 	0	0	
 Provisions for waste receptacles at convenient locations. 	0	0	
o Provisions for regular collection of waste.	0	0	
1 ,			
chemical container with a capacity greater than 660 gallons or any combination of containers which have an aboveground storage capacity of more than 1,320	0	0	
	0	0	
	_	_	
drainage points?		0	
	0	0	
	0		
spill areas and/or their drainage points since the previous	0	0	
OYEE TRAINING			
that are responsible for implementing and/or complying	0	0	
	repair. Provisions for waste receptacles at convenient locations. Provisions for regular collection of waste. Adequately maintained sanitary facilities. Secondary containment around any on-site fuel or chemical container with a capacity greater than 660 gallons or any combination of containers which have an aboveground storage capacity of more than 1,320 gallons.	If so, have there been any changes to the facility which would increase the potential for soil erosion since the previous Annual SWPPP Evaluation? NITVE MAINTENANCE Does the SWPPP contain a preventive maintenance program to insure the inspection and maintenance of storm water management devices? If so, does the program specify protocol for inspecting and testing of equipment to preclude breakdowns or failures that may cause pollution? HOUSEKEEPING Does the SWPPP describe and list practices appropriate to prevent pollutants from entering storm water from industrial activities due to poor housekeeping? If so, do the practices describe or list the following: Designated areas for equipment maintenance and repair. Provisions for waste receptacles at convenient locations. Provisions for regular collection of waste. Adequately maintained sanitary facilities. Secondary containment around any on-site fuel or chemical container with a capacity greater than 660 gallons or any combination of containers which have an aboveground storage capacity of more than 1,320 gallons. Secondary containment for raw material stockpiles. PREVENTION AND RESPONSE PROCEDURES Does the SWPPP identify potential spill areas and their drainage points? Does the SWPPP specify material handling procedures and storage requirements? Does the SWPPP specify material handling procedures and storage requirements? Does the SWPPP specify material handling procedures and storage requirements? Does the SWPPP specify material handling procedures and storage requirements? Does the SWPPP specify material handling procedures and storage requirements? Does the SWPPP specify periodic training for personnel that are responsible for implementing and/or complying	If so, have there been any changes to the facility which would increase the potential for soil erosion since the previous Annual SWPPP Evaluation? NITIVE MAINTENANCE Does the SWPPP contain a preventive maintenance program to insure the inspection and maintenance of storm water management devices? If so, does the program specify protocol for inspecting and testing of equipment to preclude breakdowns or failures that may cause pollution? HOUSEKEEPING Does the SWPPP describe and list practices appropriate to prevent pollutants from entering storm water from industrial activities due to poor housekeeping? If so, do the practices describe or list the following: O Designated areas for equipment maintenance and repair. Provisions for waste receptacles at convenient locations. Provisions for regular collection of waste. Adequately maintained sanitary facilities. Secondary containment around any on-site fuel or chemical container with a capacity greater than 660 gallons or any combination of containers which have an aboveground storage capacity of more than 1,320 gallons. Secondary containment for raw material stockpiles. PREVENTION AND RESPONSE PROCEDURES Does the SWPPP identify potential spill areas and their drainage points? Does the SWPPP specify material handling procedures and storage requirements? Does the SWPPP have procedures for cleaning up spills? Have there been any changes at the facility in potential spill areas and/or their drainage points since the previous Annual SWPPP Evaluation? NEET RAINING Does the SWPPP specify periodic training for personnel that are responsible for implementing and/or complying

II. DESCRIPTION OF STORM WATER MANAGEMENT CONTROLS (CONTINUED)						
Yes	No	Findings & Remedial Action Documentation				
0	0					
0	0					
0	0					
0	0					
0	0					
0	0					
0	0					
0	0					
0	0					
0	0					
IV. FACILITY CHANGES						
0	0					
	Yes	Yes No O O O O O O O O O O O O O O O O O O O O				

V. MONTHLY INSPECTION SUMMARY (Previous 12 months)											
DATE (mm/dd/yy)	Тіме	ANY DEFICIENCIES? YES NO		IF YES, WER ACTION YES	Inspector(s)						
					NO						
					1						
_	1	1		1							
SWPPP EVALUATION CERTIFICATION STATEMENT AND SIGNATURE:											
SWPPP Evaluation and Certification: This section must be completed by the person who conducted the SWPPP evaluation prior to submitting this form to the person with signature authority or a duly authorized representative. "I certify that this report is true, accurate, and complete to the best of my knowledge and belief."											
Name-Printed		Signa	Signature		e	Date					
RO/DAR CERTI	FICATION AND S	SIGNATURE									
Permittee-Cert	ification:										
☐ The SWPPP	is in compliance wi	th the terms and co	nditions of the Indiv	idual NPDES Stor	m Water Permit.						
☐ The SWPPP is out of compliance with the terms and conditions of the Individual NPDES Storm Water Permit. The SWPPP will be amended and submitted to MDEQ within 30 days of amendment.											
"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 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."											
Printed Name of person with Signature of person with Signature Authority or a Duly Authorized Representative Authorized Representative											
¹ A person is a Duly Authorized Representative only if 1) the authorization is made in writing and submitted to the permit board ["Signatory Requirements"], and 2) the authorization specifies either an individual or a position having responsibility for the overall operation of the regulated activity, such as: manager, operator of a well or well field, superintendent, person of equivalent responsibility, or an individual or position having overall responsibility for environmental matters for the company.											



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL OUALITY

Storm Water Pollution Prevention Plan (SWPPP) Certification Form for Individual NPDES Permit Reissuance

INSTRUCTIONS

This form shall be attached to the NPDES Form 2F (or other required form) for reissuance of the individual NPDES Permit.

The current individual NPDES Permit requires a SWPPP to be maintained and implemented at the site. If the SWPPP is no longer current or does not effectively control storm water pollutants at the facility, a revised SWPPP shall be submitted to MDEQ as an attachment to the NPDES Form 2F (or other required form) submitted for reissuance of the individual permit.

STORM WATER POLLUTION PREVENTION PLAN (SWPPP)

1.	IS A COPY OF THE SWPPP AT THE PERMIT IS THE SWPPP UP-TO-DATE AND EFFECTI CONTROLLING STORM WATER POLLUTA PLEASE ATTACH REQUIRED SWPPP AMER	VE IN NTS? IF NO,		YES YES		NO NO				
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 fines and imprisonment for knowing violations.										
Sign	ature ¹	Date								
Prin	ted Name ¹	Title								

- For a corporation, by a responsible corporate officer.
- For a partnership, by a general partner.
- For a sole proprietorship, by the proprietor.
- For a municipal, state or other public facility, by principal executive officer, mayor, or ranking elected official.

This form shall be signed according to 11 Miss. Admin. Code Pt. 6, Ch. 1, as follows: