

**POLLUTION PREVENTION TEAM**

Worksheet #1

Completed by: \_\_\_\_\_

**MEMBER ROSTER**

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Leader: \_\_\_\_\_ Title: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

**Members:**

(1) \_\_\_\_\_ Title: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

(2) \_\_\_\_\_ Title: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

(3) \_\_\_\_\_ Title: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

(4) \_\_\_\_\_ Title: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## DEVELOPING A SITE MAP

Worksheet #2

Completed by: \_\_\_\_\_

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 include the following features 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 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)







**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

**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.

A. Name & Official Title (type or print)	B. Area Code and Telephone No.
C. Signature	D. Date Signed

**NON-STORM WATER DISCHARGE ASSESSMENT AND  
FAILURE TO CERTIFY NOTIFICATION**

Worksheet #6

Completed by: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Instructions:** 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 Tested/Evaluated	Description of Why Certification is Infeasible	Description of Potential Sources of Non-Storm Water Pollution

**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 be kept 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 & Official Title (type or print)

B. Area Code and Telephone No.

C. Signature

D. Date Signed

## SITE EVALUATION SUMMARY

Worksheet #7

Completed by: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**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				
On-Site Practices				

## SITE EVALUATION SUMMARY

Worksheet #7 (cont.)

Completed by: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**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				

**BEST MANAGEMENT PRACTICE (BMP)  
IDENTIFICATION**

Worksheet #8

Completed by: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Instructions:** Describe the Best Management Practices that you have selected to include in your pollution prevention plan. Also describe any additional BMPs (activity 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.

<b>BMPs</b>	<b>Brief Description of Activities</b>
Good House Keeping	
Preventive Maintenance	
Visual Inspections	
Spill Prevention Response	
Sediment and Erosion Control	

**BEST MANAGEMENT PRACTICE (BMP)  
IDENTIFICATION**

Worksheet #8 (cont.)

Completed by: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Instructions:** Describe the Best Management Practices that you have selected to include in your pollution prevention plan. Also describe any additional BMPs (activity 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	