

**Stormwater Coalition of Albany County
Facility Self-Audit Form
(Released August 19, 2014)**

BACKGROUND, PURPOSE, and FORM ORGANIZATION

Background:

This Stormwater Coalition of Albany County Facility Self Audit Form combines into one document a variety of forms previously developed by other organizations, in particular the Stormwater Coalition of Monroe County Guidance to Developing an Effective Municipal Pollution Prevention and Good Housekeeping Program document (2010) Facility Self Audit and BMP Summary Sheets and the LA County Facility Self Audit Form as adapted by the Albany County Department of Public Works (2012). Subsequent to MS4 Permit audits by EPA and NYSDEC (2013, 2014) this particular Stormwater Coalition of Albany County Form was further refined to capture extensive information typically asked during a regulatory audit.

Purpose:

Frequent staff turnover, changing MS4 Permit requirements, and an evolving understanding of regulatory expectations, makes it difficult to guarantee year in and year out that individuals responsible for MS4 Permit implementation know fully what their predecessors may have accomplished, or where their program for municipal operations needs to be going into the future. By consolidating information into one document and expanding the amount and type of information included in the Self-Audit Form, this will help address that problem. This particular form also incorporates various tasks listed in the 2012 Stormwater Coalition Storm Water Management Program (SWMP) document; see Minimum Control Measure 6 Pollution Prevention/Good Housekeeping for Municipal Operations.

Organization:

Section I. Basic Facility Information establishes when the facility audit information was collected, by whom and whether or not the facility needs to undergo a self-assessment every 3 years as described in the NYSDEC MS4 Permit. This section includes screening questions which serve to identify other SPDES Permits already regulating the facility, the geographic area of those permits, and depending on facility activities, which if any other SPDES permits may be required for this facility. This Facility Self Audit Form, in its entirety represents the self-assessment referred to in the MS4 Permit.

Section II. Inventory of Facility Characteristics asks for information about the facility which clarifies what kind of stormwater infrastructure, if any exists within or near the facility; who is responsible for management of the facility; the presence of other permits regulating the facility (Clean Water Act and other permits); training needs of staff working at the facility; the status of vendor Third Party Certification Statements as required in the MS4 Permit; and the location and status of all record keeping associated with the facility. This "Inventory" information informs MS4 stormwater program decisions regarding future self-audits.

Section III. Self-Assessment of Daily Operations-Pollution Prevention Checklist combines questions from both the Monroe County and the adapted LA County Self Audit Forms which help guide a walk-through of the facility so that pollution prevention practices are easily identified, along with opportunities for improvement. A comments section is provided which allows the user to brainstorm ways to address various problems.

Section IV. Best Management Practices (BMP) Summary Sheet

This BMP Summary Sheet describes in detail how a municipality intends to address recognized pollution issues. The Sheet establishes who will do what by when; providing for MS4/municipalities benchmark measurable goals, to be implemented, re-evaluated annually, and incorporated into their Storm Water Management Program document.

SECTION I. Basic Facility Information

A. MS4 Permit Information

B. Stormwater Coalition Self Audit Form

C. Future Self Audits-- Decision Tree

A. MS4 Permit Information

1. Name of MS4/Municipality: _____ NYSDEC MS4 Permit SPDES No: _____
2. Name of Facility: _____
3. Address: _____
4. At time of this audit, name of Stormwater Program Coordinator: _____

B. Stormwater Coalition Self Audit Form

1. Date this facility self-audit form was completed: ____/____/____
2. This self-audit was completed by (Name/Job title): _____
3. Did others provide information, Y/N? (circle one)
 - a. If yes, list their name and job title: _____

4. For this audit, were photos taken of the facility, Y/N? (circle one)
 - a. If yes, Camera ID: _____
Picture #s: _____

 - Location(s) of digital photo files: _____
5. Were other self-audit forms combined and used to completely this self-audit form, Y/N? (circle one)
 - a. If yes, are these other forms attached, on file, or discarded? Explain _____
6. Date the last facility self-audit was completed: ____/____/____
 - a. Which audit form(s) was used? _____
7. If this facility fits the criteria for a self-assessment every three years, what is the anticipated date of the next facility self-audit? To answer this question, refer to information provided in Section I. C. Future Self Audits-- Decision Tree.
 - a. Date of next facility self-audit: ____/____/____
8. If a tri-annual self-assessment is NOT planned for this facility, what is the status of any future changes to this facility? To answer this question, refer to information provided in Section I. C. Future Self Audits-- Decision Tree.
 - a. Status of future changes to this facility: _____
 - b. Date facility will be evaluated for any future changes: ____/____/____

C. Future Self Audits --Decision Tree

After completing Section II.A. General Information; Section II.B. Management Information; Section II.C. Facility Vendors and MS4 Permit Third Party Certification Form; Section II.D. Staff Training, and Section III. Self-Assessment of Daily Operations-Pollution Prevention Check List, review information provided in Section II. A.6. Regulations, then answer the following questions:

1. Does this Facility have a NYSDEC Individual Clean Water Act SPDES Permit, Y/N? (circle one)

a. If yes, does the NYSDEC Individual Clean Water Act SPDES Permit address stormwater runoff for the entire land area associated with the facility, or some of the land area (check off) ?

- ___ entire land area
- ___ some of the land area

i. If entire land area, then oversight of stormwater pollution prevention activities (good housekeeping, spill procedures, sampling protocols, and discharge monitoring reports) is embedded within that Individual SPDES Permit and the responsibility of the individual charged with managing the permit. Continued auditing of this facility as part of the MS4 Permit Stormwater Program (MCM6) is therefore optional. The status of future self-audits however needs to be explicit. Please answer the following questions:

(a). In addition to Individual SPDES Permit requirements, will this facility continue to be audited every three years as part of MS4 Permit Stormwater Program (MCM6), Y/N? (circle one)

(b). If yes, what is the anticipated date of the next facility self-audit? _____

(c). If no, who currently manages the Individual SPDES Permit?

(d) Is that person aware of MS4 Permit responsibilities and prepared to communicate any Individual SPDES Permit stormwater issues or permit changes to the MS4 Permit Stormwater Program Coordinator, Y/N? (circle one).

ii. If some of the land area is included in the Individual SPDES Permit, for that portion of the land area covered by the Individual Permit, oversight of stormwater pollution prevention activities (good housekeeping, spill procedures, sampling protocols, and discharge monitoring reports) is embedded within Individual SPDES Permit and the responsibility of the individual charged with managing the permit. Continued auditing of this portion of the facility as part of the MS4 Permit Stormwater Program (MCM6) is therefore optional. The status of future self-audits for this portion of the land area, however needs to be explicit. Please answer the following questions:

(a) In addition to Individual Permit requirements, will the relevant portion of the facility continue to be audited every three years as part of MS4 Permit Stormwater Program (MCM6), Y/N? (circle one)

(b) If yes, what is the anticipated date of the next facility self-audit? _____

(c). If no, who currently manages the Individual SPDES Permit? _____

(d) Is that person aware of MS4 Permit responsibilities and prepared to communicate any Individual SPDES Permit stormwater issues or permit changes to the MS4 Permit Stormwater Program Coordinator, Y/N? (circle one)

iii. For that portion of land area NOT covered by the Individual Permit, is there a flow path where stormwater runoff associated with this facility is concentrated into a single stream, such that pollutants can be picked up and transported to the MS4 owned storm system, adjacent MS4s, drainage ditches, outfalls, and/or surface waters of the New York State, Y/N? (circle one)

(a). If yes, then this portion of facility as stated in the MS4 Permit, will need to undergo a “self-assessment” once every three years. Completion of this Self Audit Form, all Sections, represents the “self-assessment” referred to in the MS4 Permit.

(i). What is the anticipated date of the next facility self-audit? _____

(b). If no, it may be possible to drop this portion of the facility land area from future self-audits. That will depend on the presence of any changes to the facility over the next 3 years. To evaluate various scenarios, answer the following questions.

(i). Over the next 3 years...

... will a new structure be built on this portion of the facility, Y/N? _____

... will a new structure be added on to an existing structure, Y/N? _____

... is it likely that other municipal operations will be transferred to this site (ex. storage of catch basin spoils, storage of vehicles, scrap metal, other solid waste, conversion to recreational facility, etc.), Y/N? _____

(ii). If yes to any of the above, this portion of the facility will need to be audited again.

What is the anticipated date of the next facility self-audit? _____

(c) If no or uncertain, minimally a statement and procedure needs to be in place documenting the status of facility changes and decisions regarding future self-audits.

(i) In the space below, check off which statement best describes your decision.

_____ Although there are no likely changes to this portion of the facility, the stormwater program coordinator or other program staff will conduct a facility self-audit every 3 years.

_____ Any changes to this portion of the facility are unlikely, therefore, a self-audit will not be conducted every three years. The status of any facility changes, will however be recorded below, and over time, as needed audits conducted.

Date	Any changes to facility, Y/N?	Describe the changes

2. Does this facility have a NYSDEC SPDES Multi-Sector General Permit (MSGP) for Stormwater Discharges Associated with Industrial Activity, Y/N? (circle one)

a. If yes, does the MSGP address stormwater runoff for the entire land area associated with the facility, or some of the land area (check off) ?

- ___ entire land area
- ___ some of the land area

i. If entire land area, then oversight of stormwater pollution prevention activities (good housekeeping, spill procedures, sampling protocols, and discharge monitoring reports) is embedded within that Multi-Sector General Permit and the responsibility of the individual charged with managing the permit. Continued auditing of this facility as part of the MS4 Permit Stormwater Program (MCM6) is therefore optional. The status of future self-audits however needs to be explicit. Please answer the following questions:

- (a). In addition to MSGP Permit requirements, will this facility continue to be audited every three years as part of MS4 Permit Stormwater Program (MCM6), Y/N? (circle one)
- (b). If yes, what is the anticipated date of the next facility self-audit? _____
- (c). If no, who currently manages the NYS SPDES Multi-Sector General Permit?

- (d) Is that person aware of MS4 Permit responsibilities and prepared to communicate any SPDES MSGP Permit stormwater issues or permit changes to the MS4 Permit Stormwater Program Coordinator, Y/N? (circle one).

ii. If some of the land area is included in the MSGP, for that portion of the land area covered by the MSGP, oversight of stormwater pollution prevention activities (good housekeeping, spill procedures, sampling protocols, and discharge monitoring reports) is embedded within the Multi-Sector General Permit and the responsibility of the individual charged with managing the permit. Continued auditing of this portion of the facility as part of the MS4 Permit Stormwater Program (MCM6) is therefore optional. The status of future self-audits of this land area, however needs to be explicit. Please answer the following \ questions:

- (a) In addition to MSGP Permit requirements, will the relevant land area continue to be audited every three years as part of MS4 Permit Stormwater Program (MCM6), Y/N? (circle one)
- (b) If yes, what is the anticipated date of the next facility self-audit? _____
- (c). If no, who currently manages the NYS SPDES Multi-Sector General Permit?

- (d) Is that person aware of MS4 Permit responsibilities and prepared to communicate any SPDES MSGP Permit stormwater issues or permit changes to the MS4 Permit Stormwater Program Coordinator, Y/N? (circle one)

iii. For that portion of land area NOT covered by the Multi Sector General Permit, is there a flow path where stormwater runoff associated with this facility is concentrated into a single stream, such that pollutants can be picked up and transported to the MS4 owned storm system, adjacent MS4s, drainage ditches, outfalls, and/or surface waters of the New York State, Y/N? (circle one)

(a). If yes, then this portion of facility as stated in the MS4 Permit, will need to undergo a “self-assessment” once every three years. Completion of this Self Audit Form, all Sections, represents the “self-assessment” referred to in the MS4 Permit.

(i). What is the anticipated date of the next facility self-audit? _____

(b). If no, it may be possible to drop this portion of the facility land area from future self-audits. That will depend on the presence of any changes to the facility over the next 3 years. To evaluate various scenarios, answer the following questions.

(i). Over the next 3 years...

... will a new structure be built on this portion of the facility, Y/N? _____

... will a new structure be added on to an existing structure, Y/N? _____

... is it likely that other municipal operations will be transferred to this site (ex. storage of catch basin spoils, storage of vehicles, scrap metal, other solid waste, conversion to recreational facility, etc.), Y/N? _____

(ii). If yes to any of the above, this portion of the facility will need to be audited again.

What is the anticipated date of the next facility self-audit? _____

(c) If no or uncertain, minimally a statement and procedure needs to be in place documenting the status of facility changes and decisions regarding future self-audits.

(i) In the space below, check off which statement best describes your decision.

____ Although there are no likely changes to this portion of the facility, the stormwater program coordinator or other program staff will conduct a facility self-audit every 3 years.

____ Any changes to this portion of the facility are unlikely, therefore, a self-audit will not be conducted every three years. The status of any facility changes, will however be recorded below, and over time, as needed audits conducted.

Date	Any changes to facility, Y/N?	Describe the changes

3. If this facility has neither an Individual SPDES nor Multi-Sector General Permit, after completing this Self Audit Form, review information provided in Section II Inventory of Facility Characteristics and Section III Self-Assessment of Daily Operations-Pollution Prevention Checklist. Then answer the following questions:

a. Is there a flow path where stormwater runoff associated with this facility is concentrated into a single stream, such that pollutants can be picked up and transported to the MS4 owned storm system, adjacent MS4s, drainage ditches, outfalls, and/or surface waters of the New York State, Y/N? (circle one)

i. If yes, then this facility as stated in the MS4 Permit, will need to undergo a “self-assessment” once every three years. Completion of this Self Audit Form, all Sections, represents the “self-assessment” referred to in the MS4 Permit.

(a) What is the anticipated date of the next facility self-audit? _____

ii. If yes and there are industrial-like activities occurring at the facility, the facility may instead need coverage under the NYSDEC SPDES Multi-Sector General Permit.

(a) To help make that determination, study the list below and circle all Sectors which may describe operations taking place at this facility. For more information about each of these Sectors, go to NYSDEC website and read the NYSDEC SPDES MSGP (GP-0-12-001).

- Sector D Asphalt Paving and Roofing Materials and Lubricants
- Sector L Land Fills and Land Application Sites
- Sector M Automobile Salvage Yards
- Sector N Scrap Recycling Facilities
- Sector P Land Transportation and Warehousing

(b) Were any of these Sectors circled, Y/N? (circle one).

If yes, contact NYSDEC Region 4 staff, for further direction (call 357-2045). In the space below, explain how NYSDEC Region 4 would like you to proceed.

iii. If no, it may be possible to drop this facility from future self-audits. That will depend on the presence of any changes to the facility over the next 3 years. To evaluate various scenarios, answer the following questions.

(a) Over the next 3 years...

... will a new structure be built on the facility, Y/N? ____

... will a new structure be added on to an existing structure, Y/N? _____

... is it likely that other municipal operations will be transferred to this site (ex. storage of catch basin spoils, storage of vehicles, scrap metal, other solid waste, conversion to recreational facility, etc.), Y/N? ____

(b) If yes to any of the above, the facility will need to be audited again.

What is the anticipated date of the next facility self-audit? _____

iv. If no or uncertain, minimally a statement and procedure needs to be in place documenting the status of facility changes and decisions regarding future self-audits.

(a) In the space below, check off which statement best describes your decision.

_____ Although there are no likely changes to this facility, the stormwater program coordinator or other program staff will conduct a facility self-audit every 3 years.

_____ Any changes to this facility are unlikely, therefore, a self-audit will not be conducted every three years. The status of any facility changes, will however be recorded below, and over time, as needed audits conducted.

Date	Any changes to facility, Y/N?	Describe the changes

4. In the space below, using the information provided in Questions #1, 2, and 3 summarize in writing the status of future self-audits for this facility.

SECTION II: Inventory of Facility Characteristics

- A. General Information-Facility and Site**
- B. Management Information**
- C. Facility Vendors and MS4 Third Party Certification Statement**
- D. Staff Training**

A. General Information-Facility and Site

1. Location of Facility (complete using AIMS and/or GIS)

a. Address: _____

b. Tax Parcel Information:

Tax Map Numbers (Section-Block-Parcel)	Centroid of Tax Parcel		Property Class	
	GIS Latitude (ex. 42.65490)	GIS Longitude (ex. -73.74200)	Number	Description

2. Physical Geography (complete using AIMS and/or GIS)

- a. Watershed (HUC 12 & Name): _____ Sub Watershed: _____
- b. Receiving Waters: _____ Distance of Facility to Receiving Waters: _____
- c. Total Site Acreage: _____
- d. Land Cover Type (s):
 - ____ % Wooded
 - ____ % Turf Grass
 - ____ % Landscaping
 - ____ % Bare Soil
 - ____ % Surface Water
 - ____ % Facility (Building/Paved)
 - 100 % Total
- e. How frequently is your turf maintained (mowing, frequency of chemical applications, etc.)? _____

3. Purpose of Facility

- a. Basic Description of Operation: _____

- b. Category (check all that apply):
 - 1. Public Works: _____
 - Type: Highway Garage _____
 - Materials and Vehicle Storage Only _____
 - Sign Shop _____
 - Coordination of Multiple Municipal Operations _____
 - 2. Solid Waste Management: _____
 - Type: Landfill _____ Transfer Station _____ Recycling _____
 - Other _____
 - 3. Park/Recreation Facility _____
 - Type: Pool _____ Senior Center _____
 - Summer/After School Programs _____ Turf Playing Fields _____
 - Entertainment _____ Food Service _____
 - Other _____
 - 4. Municipal/Office: _____
 - Type: City/Town/Village Hall _____ Administrative Offices (Misc Departments) _____
 - Other _____
 - 5. Infrastructure Facility: _____
 - Type: Water/Filter Plant _____ Water/Pump Station _____
 - Wastewater/Processing Plant _____ Wastewater/Pump Station _____
 - Stormwater/Pump Station _____ Other _____
 - 6. Special Purpose _____
 - Type: Fire House _____ Airport _____ Nursing Home _____ Jail _____
 - Police Station _____ Hockey _____ Historic Site _____ Other _____

4. Facility Records

- a. If this facility has structures and infrastructure, is there a paper and/or electronic record describing these features, Y/N? (circle one)
 - 1. If yes, describe the record (check all that apply):
 Paper map ___ Site plan ___ Electronic CAD file ___ Electronic GIS file ___ Other _____ (describe)
 - 2. If yes, describe where it is located, in which Department, accessible to whom? _____

- b. Is the storm system infrastructure of your facility, if any, mapped using a GIS, Y/N? (circle one)
 (Ex. location of catch basins, manholes, pipes, ditches, stormwater practices, outfalls?)
 - 1. If yes, when was the facility infrastructure mapped? Date? _____ By whom? _____

5. Physical Plant

- a. Is there a building associated with this facility, Y/N? (circle one)
 - 1. If yes, provide the following information regarding the building and parking lot:
 - a. Building:
 Approximate age: ___ yrs. Condition surfaces: Clean ___ Stained ___ Dirty ___ Damaged ___
 - b. Parking lot:
 Approximate age: ___ yrs. Condition: ___ Clean ___ Stained ___ Dirty ___ Breaking up ___
 Surface material: Paved/concrete ___ Gravel ___ Permeable ___ Don't Know ___
 - 2. If yes, complete the following table regarding stormwater runoff:

Facility Stormwater Runoff Pathways					
	Yes	No	Not Applicable	Can't Determine	Comments
Are drains inside the facility connected to a sanitary sewer? (ex: floor drains)					
Are drains inside the facility connected to the stormwater system?					
Are downspouts/roof drains discharging to impervious surface (ex: paved area, driveway, sidewalk)?					
Are downspouts/roof drains directly connected to storm drains?					
Are downspouts/roof drains discharging to a green area (ex: garden, turf, stormwater practice)?					
Are drains inside the facility connected to an oil-water separator?					
Are downspouts/roof drains discharging to an oil-water separator?					

- b. Does your facility connect to a wastewater treatment plant, Y/N? (circle one) Septic system, Y/N? (circle one)
 - 1. If septic system, when was the system last inspected? _____
 - 2. If septic system, when was the system last maintained? _____
- c. Is there any on site combined storm and sanitary infrastructure, Y/N? (circle one)

6. Regulations

- a. Does this facility have its own Clean Water Act SPDES Permit(s), Y/N? (circle one)
 - 1. If yes, provide the following information for each permit:

NYS SPDES Permit No	Type of Permit		If Gen'l, Name of Permit?	# of Outfalls	Pollutant(s) of Concern	Date Issued	Date Coverage Ends	Permit Managed By (Name)
	Individual	Gen'l						

- b. Does this facility comply with other regulations, Y/N? (circle one)
 - 1. If yes, check all that apply:
 - PESH (OSHA for Public Employees) _____
 - NYS/Albany County Department of Health (food service, swimming pools, drinking water) _____
 - NYS Clean Air Act Permit (Part 200) _____
 - NYS Solid Waste Management Laws (Parts 360 & 364) _____
 - NYS Pesticide Application Laws (Part 325) _____
 - NYS Petroleum Bulk Storage Laws (Parts 612-614) _____
 - NYS Dishwasher Detergent and Nutrient Runoff Law (2010) _____
 - Other (write in): _____

7. Storm System, Sanitary, and Water Infrastructure

- a. From the list below, which storm structures are located on/adjacent (near perimeter) to your facility? Include # of structures where indicated.

Catch Basin(s) on Facility		Catch Basin(s) Adjacent to Facility		Discharge Points (where SW leaves facility)						Stormwater Structure(s) (Pond, Sand Filter, Bioretention, Rain Garden, Etc.)		
				Closed Pipe Outfall		Ditch or Culvert		Underground Pipe				
Y/N?	# of CBs	Y/N?	# of CBs	Y/N?	# of Outfalls	Y/N?	# of Locations	Y/N?	# of Locations	Y/N?	Type of Structures	# of Each Type

- b. Are there other storm water treatment practices (ex: porous pavement, stream buffers, open space protection) present, Y/N/Unknown? (circle one) If yes, please describe _____
- c. Are private storm drains located at the facility, Y/N/Unknown? (circle one)
- d. What is the source of drinking water? _____

B. Management Information

1. Facility Oversight & Staffing

- a. Person Responsible for Facility:
 Name: _____
 Job Title: _____
 Phone Number: _____
 E-Mail: _____
 Mailing Address: _____
 Date Contact Information Recorded: _____

- b. Organizational Structure:
 Within your institutional organizational chart, where does this facility reside? Name the Department or Agency (Ex. Dept. of Public Works, Highway Dept., Health Dept., Dept. of Water and Water Supply, etc.)

- c. Does the facility manager currently participate in the development of the MS4 Permit stormwater program, Y/N? (circle one)

- d. Is the facility manager the designated stormwater person for this facility, Y/N? (circle one)

- e. How many staff work at this facility? Full time? _____ Part Time? _____ Seasonal? _____

2. Record Keeping

- a. For this facility, who maintains records pertaining to the SPDES MS4 permit? (check all that apply)

MS4 Permit Stormwater Program Coordinator _____ Name: _____

MS4 Permit Stormwater Management Officer _____ Name: _____

Manager of the Facility _____ Name: _____

Someone else _____ Name: _____

- b. Which MS4 permit records are kept for this facility? (check all that apply)

MS4 Permit Annual Report Data	Check if "Yes"	Comment
Annual pounds (lbs) of Nitrogen applied in chemical fertilizer		
Annual number of acres of pesticide and herbicide applied (calculated as number of acres to which pesticide and herbicide was applied X number of times applied to the nearest tenth)		
Annual number of tons of road salt/deicer applied		
Annual # of facility catch basins cleaned		
Annual # of parking lot acres swept		
# of times parking lots are swept annually		
Annual record of location of catch basin spoils		
Other		

c. Where are these facility records located? (check all that apply)

Binder ____ Where is the binder located? _____

File cabinet ____ Where is the file cabinet located? _____ Is the file cabinet labeled, Y/N? (circle one)
What does the label say? _____

Electronic file ____ Where is the file located? Name of computer: _____ Drive: ____
Name of folder: _____
Name of file: _____

Other _____ Describe: _____

C. Facility Vendors and MS4 Permit Third Party Certification Statement

a. Do outside vendors provide services for this facility, Y/N? (circle one)

b. If yes, who oversees contract documents (scope of services, oversees vendor tasks, approves invoices, etc.)?
Name/Title/Department: _____

- c. In the space below, list all of the vendors providing services to this facility, describe their services, and note services potentially impacting water quality.

(Examples: loading/unloading of toxic products-liquid/solid; application of pesticides, herbicides, and fertilizers; managing solid waste- recycling, electronics, yard waste; loading and unloading of road salt and other deicers)

List of All Facility Vendors		
Vendor Name	Service(s) Provided	List of Vendor Activities Potentially Impacting Water Quality, if any

- d. For vendors potentially impacting water quality, record the following information.
 (A sample Third Party Certification Form follows)

Facility Vendors Potentially Impacting Water Quality						Third Party Certification Form Info		
Business Name	Name of Contact	Address	Phone	Email	Vendor Activities Impacting Water Quality	If water quality at risk, has the vendor signed the MS4 Permit 3rd Party Form, Y/N?	Date Signed	List all Locations Where Signed Form Is Located

Third Party Certification Form

Name of MS4: _____ NYSDEC MS4 Permit No. _____

Contracted Entity Certification Statement

From SPDES General Permit for Stormwater Discharges from MS4s, GP-0-10-002,
Part IV. G. Reliance Upon Third Parties

I certify under penalty of law that I understand and agree to comply with the terms and conditions of the _____ (Name of MS4) stormwater management program and agree to implement any corrective actions identified by the _____ (Name of MS4) or an authorized representative thereof. I also understand that the _____ (Name of MS4) must comply with the terms and conditions of the New York State Pollutant Discharge Elimination System ("SPDES") general permit for stormwater discharges from Municipal Separate Storm Sewer Systems ("MS4s") and that it is unlawful for any person to directly or indirectly cause or contribute to a violation of water quality standards. Further, I understand that any non-compliance by the _____ (Name of MS4) will not diminish, eliminate or lessen my own liability.

Name of Third Party Entity: _____

Address: _____

Phone Number(s): _____

Description of activities performed by your firm or organization within the _____ (Name of MS4) which help with the development or implementation of the _____ (Name of MS4) Storm Water Management Program (SWMP):

Description of where the work is performed within the _____ (Name of MS4):

Signature

Printed Name

Title

Date

D. Staff Training

For your facility, what is the current status of stormwater related training? Fill in the following information:

Staff Information					
Date	Total # of Facility Staff (FT, PT, Seasonal)	# To Be Trained in SW Pollution	# Trained	Date of Trainings	
Training Content-Videos					
Rain Check DVD					
Date	Location	# of Attendees	Sign In Sheet (Y/N?)	Who Has It?	# Trained From This Facility
IDDE A Grate Concern DVD					
Date	Location	# of Attendees	Sign In Sheet (Y/N?)	Who Has It?	# Trained From This Facility
Spills and Skills DVD					
Date	Location	# of Attendees	Sign In Sheet (Y/N?)	Who Has It?	# Trained From This Facility
After The Storm DVD or Video					
Date	Location	# of Attendees	Sign In Sheet (Y/N?)	Who Has It?	# Trained From This Facility
Other Training Activities-Description					
Date	Location	# of Attendees	Sign In Sheet (Y/N?)	Who Has It?	# Trained From This Facility

SECTION III: Self-Assessment of Daily Operations-Pollution Prevention Checklist

Review each question and check the appropriate box to determine if your facility is incorporating stormwater pollution prevention in daily operations. This checklist may be used to identify opportunities for improvement in pollution prevention as well as to document practices that the facility uses to prevent stormwater pollution.

Facility Operation					
Are vehicles maintained, repaired, recycled, fueled, washed, or stored at this facility, Y/N? (circle one) If yes, answer the following questions. If no, skip to "Fluids Management." What types of vehicles? ___ Fleet vehicles ___ School Buses ___ Other How many vehicles? ____					
	Yes	No	Not Applicable	Can't Determine	Comments
Are vehicles parked indoors or under a roof when not in use?					
Are operations such as vehicle washing, vehicle maintenance, draining of fluids, storage of fluids and waste performed under a roof or inside?					
Are vehicles washed regularly to remove contamination and prevent it from polluting stormwater?					
Does the wash water contain soap?					
Is wash water treated in an oil-water separator prior to discharge?					
Is process water diverted to a trench drain system to collect contaminated runoff inside work areas?					
Is process water from the trench drain system treated in an oil-water separator prior to discharge?					
Are solids cleaned out of the oil-water separator and trench drain system regularly?					
If an outside vendor is used to clean the oil-water separator, has the vendor signed the Third Party Certification form?					
Is there evidence of poor cleaning practices for construction activities (ex: staining leading to a storm drain)?					
Is there evidence that maintenance of building results in discharge to storm drains (ex: staining/discoloration)?					
Site Observations:					

Fluids Management					
Do you manage fluids in tanks or drums at this facility, Y/N? (circle one) If yes, answer the following questions. If no, skip to "Leak and Spill Prevention and Control."					
	Yes	No	Not Applicable	Can't Determine	Comments
If there is a threat of runoff, are fluids in tanks or drums stored with an appropriate amount of secondary containment?					
Are drum-top pads used for leaks and spills that occur during transfer of fluids?					
Are fluids drained over a drip pan or pad?					
Are funnels or pumps used when transferring fluids?					
Are drip pans placed under leaks?					
Are containers maintained in good condition, closed, covered and away from equipment that can cause them to tip over?					
Are containers stored inside or under a roof?					
Are containers inspected regularly?					
Are all containers labeled in a manner that describes the contents adequately?					
Is a closed-loop parts washer system used (contains solvent)?					
Is the parts-washer lid kept closed when not in use?					
Is a contract in place with a parts washer service company to change out spent solvent?					
Has the possibility of using an aqueous-based parts washer been explored?					
Are fluids stored in appropriate containers and/or storage cabinets?					
Are storage areas kept clean and well organized?					
Are storage areas labeled clearly?					
Site Observations:					

Leak and Spill Prevention and Control					
Answer the questions below and then continue to "Oil Management."					
	Yes	No	Not Applicable	Can't Determine	Comments
Are vehicles which services this facility inspected daily for leaks?					
Is spill control equipment and absorbents readily available for this facility? (ex: in vehicle/at site/department)					
Are emergency phone numbers posted in the area? (ex: in vehicle/at site/department)					
Are material safety data sheets (MSDSs) readily available? (ex: in vehicle/at site/department)					
Are spills cleaned up immediately?					
Are employees who service this facility trained annually on spill prevention and clean-up procedures?					
Site Observations:					

Oil Management					
Do you manage oil at this facility, Y/N? (circle one) If yes, answer the following questions. If no, skip to "Antifreeze Management."					
	Yes	No	Not Applicable	Can't Determine	Comments
Is oil changed indoors over concrete, sloped to a drain or curbed surface?					
Is oil changed over a drip pan or pad?					
Are funnels or pumps used when transferring oil?					
Are drip pans placed immediately under any oil leak?					
Is waste oil stored indoors when possible and with secondary containment?					
Are waste oil containers in good condition, closed, labeled and inspected regularly?					
Is anything else mixed with waste oil?					
Is waste oil recycled?					
Site Observations:					

Antifreeze Management					
Do you manage antifreeze at this facility, Y/N? (circle one) If yes, answer the following questions. If no, skip to "Lead-Acid Batteries Management."					
	Yes	No	Not Applicable	Can't Determine	Comments
Is antifreeze changed indoors or over concrete that is sloped to a drain or curbed surface?					
Is antifreeze drained over a drip pan or pad?					
Are funnels or pumps used when transferring antifreeze?					
Are drip pans placed immediately under any leak?					
Is waste antifreeze stored indoors when possible with secondary containment?					
Are containers kept in good condition, closed, labeled and inspected regularly?					
Is antifreeze stored separate from other wastes?					
Is waste antifreeze recycled?					
Site Observations:					

Lead-Acid Batteries Management					
Do you manage lead-acid batteries at this facility, Y/N? (circle one) If yes, answer the following questions. If no, skip to "Tires Management."					
	Yes	No	Not Applicable	Can't Determine	Comments
Are lead-acid batteries stored indoors over a curbed impermeable surface?					
Are intact batteries stored on an acid resistant rack or tub?					
Are cracked or leaking batteries stored in closed leak-proof and labeled containers?					
Is the date each battery was placed into storage recorded?					
Are batteries stacked more than 5 high?					
Are batteries inspected regularly for leaks?					
Are acid neutralizing agents, such as baking soda, available in case of leaks?					
Are batteries recycled?					
Are batteries stored longer than 6 months before recycling?					
Are lead cable ends left on the batteries to be recycled?					
Site Observations:					

Tires Management					
Do you store tires at this facility, Y/N? (circle one) If yes, answer the following questions. If no, skip to "Fueling Areas Management."					
	Yes	No	Not Applicable	Can't Determine	Comments
Are tires stored indoors?					
If tires are stored outdoors, is the tire pile covered?					
Are tires recycled frequently to keep the number of tires stored on site low?					
Site Observations:					

Fueling Areas Management

Do you have fueling areas at this facility, Y/N? (circle one)
 If yes, answer the following questions.
 If no, skip to "Rags, Oil-Absorbing Pads, Towels and Clothing Management."

	Yes	No	Not Applicable	Can't Determine	Comments
Is fueling performed under a canopy?					
Are spill cleanup materials available at the fueling area?					
Is the fueling handle lock disconnected so the person fueling must attend the fueling process?					
Are breakaway valves used on fueling hoses?					
Is fueling area stormwater runoff treated in an oil-water separator?					
Are all fueling deliveries monitored?					
Is the fueling automatic stop inspected regularly to ensure proper function?					
Does fueling area drain directly to storm drain?					

Site Observations:

Rags, Oil-Absorbing Pads, Towels and Clothing Management

Do you have rags, oil-absorbing pads, towels, and/or clothing at this facility, Y/N? (circle one)
 If yes, answer the following questions.
 If no, skip to "Salt Storage Management."

	Yes	No	Not Applicable	Can't Determine	Comments
Are oil rags and absorbent pads stored in appropriate containers and disposed of properly?					
Are reusable oily materials such as towels and clothing maintained through a commercial laundering service or an in-house washing machine (using no emulsifying detergents) that discharges to a sanitary system through an oil-water separator?					

Site Observations:

Salt Storage Management

Do you manage any chemical deicers at this facility, Y/N? (circle one)
 Do you manage salt at this facility, Y/N? (circle one)
 If yes, answer the following questions.
 If no, skip to "Pesticides/Herbicides/Fertilizers in Storage on Facility Management."

	Yes	No	Not Applicable	Can't Determine	Comments
Are salt piles stored in a salt storage building or under a roof?					
Are salt spills at a facility cleaned up promptly?					
Does stormwater drain away from the salt pile?					

Site Observations:

Pesticides/Herbicides/Fertilizers in Storage on Facility Management					
Do you have materials such as pesticides, herbicides, and/or fertilizers at this facility, Y/N? (circle one) If yes, answer the following questions. If no, skip to "Other Materials in Storage on Facility Management."					
	Yes	No	Not Applicable	Can't Determine	Comments
Are these materials stored indoors?					
Are these materials properly labeled?					
If applicable, do you have a certified pesticide applicator aware of and responsible for proper storage of pesticides and herbicides?					
Does this municipality have a written Integrated Pest Management (IPM) program for municipal properties?					
Is this facility part of the IPM process?					
Is there a person assigned to coordinate the IPM process? (Record who this person is in the 'Comments' section)					
Is there an IPM auditing process in place?					
Are IPM materials stored at this facility?					
Site Observations:					

Other Chemicals in Storage on Facility Management					
Do you have materials such as cleaning materials, paint, graffiti materials, power washing materials, etc. at this facility, Y/N? (circle one) If yes, answer the following questions. If no, skip to "Outdoor Materials and Miscellaneous Storage Piles Management."					
	Yes	No	Not Applicable	Can't Determine	Comments
Are these materials stored indoors?					
Are these materials properly labeled?					
Are there procedures for chemical applications?					
Site Observations:					

Outdoor Materials and Miscellaneous Storage Piles Management					
Do you have any loading and/or unloading operations present at this facility, Y/N? (circle one) Do you have any storage piles (ex: mulch, soil, waste/spoils piles) outdoors at this facility, Y/N? (circle one) If yes, answer the following questions. If no, skip to "Waste Management." Are the materials stored outdoors liquid/solid? (circle one) Description: _____ Where are they stored? (check all that apply) Grass/dirt area ____ Concrete/asphalt ____ Bermed area ____					
	Yes	No	Not Applicable	Can't Determine	Comments
Are loading and unloading operations uncovered <i>and</i> draining towards a storm drain?					
Is the storage directly or indirectly connected to a storm drain?					
Is staining or discoloration around the storage/ loading/unloading area visible?					
Does outdoor storage area lack a cover?					
Are liquid materials stored <i>without</i> secondary containment?					
Are storage containers missing labels or in poor condition (rusting)?					
Are piles of spoils, asphalt, street cuts, etc. stored at the facility under a roof or cover?					
Are spills of miscellaneous debris on facility grounds cleaned up promptly?					
Site Observations:					

Waste Management					
Are there cigarette disposal containers available outside of the building, Y/N? (circle one) Do you have any waste (garbage and/or dumpsters) present at this facility, Y/N? (circle one) If yes, answer the following questions. If no, skip to "Turf Management." What type of waste is present? (check all that apply) Garbage ____ Construction Materials ____ Hazardous Materials ____ If present, what is the condition of the dumpster? (check all that apply) No dumpster__ No cover/lid is open __ Damaged/poor condition __ Leaking or evidence of leaking (stains on ground) __ Overflowing __					
	Yes	No	Not Applicable	Can't Determine	Comments
If present, is the dumpster located near a storm drain inlet?					
Is runoff diverted away from the dumpster?					
Are there trash receptacles available outside of the buildings?					
Site Observations:					

Turf Management					
Answer the questions below and then continue to "Gutters/Ditches Condition."					
	Yes	No	Not Applicable	Can't Determine	Comments
Evidence of permanent irrigation or "non-target irrigation?"					
Do landscaped areas drain to a storm drain system?					
Do landscape plants accumulate organic matter (leaves, grass clippings) on adjacent impervious surfaces?					
Site Observations:					

Gutters/Ditches Condition					
Are there gutters/ditches on/adjacent to the facility, Y/N? (circle one)					
If yes, answer the following question and complete the index below.					
If no, skip to "Catch Basin Condition Inspection."					
Is trash present in gutters or ditches leading to storm drains, Y/N? (circle one)					
Index Rating for Accumulation in all gutters/ditches (circle appropriate index)					
Description	Clean				Filthy
Sediment	1	2	3	4	5
Organic material	1	2	3	4	5
Litter	1	2	3	4	5
Site Observations:					

Catch Basin Condition Inspection				
Are there catch basins on/adjacent to the facility, Y/N? (circle one) If yes, complete the table below (circle if 'on' or 'adjacent' in the table). If no, skip to "Site Discharge Observations."				
	Where located on property	ID #, if available	Condition of Catch Basin	
			Debris Present? (Y/N)	Structural Condition (good, fair, poor)
Catch Basin #1 (on or adjacent)				
Catch Basin #2 (on or adjacent)				
Catch Basin #3 (on or adjacent)				
Catch Basin #4 (on or adjacent)				
Catch Basin #5 (on or adjacent)				
Catch Basin #6 (on or adjacent)				
Catch Basin #7 (on or adjacent)				
Catch Basin #8 (on or adjacent)				
Catch Basin #9 (on or adjacent)				
Catch Basin #10 (on or adjacent)				
Catch Basin #11 (on or adjacent)				
Catch Basin #12 (on or adjacent)				
Site Observations:				

Site Discharge Observations					
Are there visible stormwater infrastructure discharge points (locations you can see stormwater discharge from facility), Y/N? (circle one) If yes, complete the table below. If no, the assessment is complete.					
	Where located on property	Color, odor, debris present? (Y?N)	If mapped outfall, ID #, if available	Condition of Outfall	
				Discharge Present? (Y/N)	Structural Condition (good, fair, poor)
Discharge Point #1					
Discharge Point #2					
Discharge Point #3					
Discharge Point #4					
Site Observations:					

Name of MS4: _____ Name of Facility: _____ Date of Facility Self Audit: _____

Comments

Use this space to identify pollution problems and brainstorm potential stormwater pollution prevention activities which could be formally organized into Best Management Practice (BMP) Summary Sheets. Attach photos if helpful.

Section IV. Best Management Practices (BMP) Summary Sheet

Use the blank BMP Summary Sheet which follows to describe how pollution problems identified at this facility will be addressed. In some cases, the listed BMPs may also apply to other municipal facilities and various operations. Explain as needed in the BMP Summary Sheets. Attach additional BMP Summary Sheets and photos, as needed. .

To maintain consistency, to the extent possible categorize your activities based on the list of municipal operations provided in the MS4 permit. They are: street and bridge maintenance; winter road maintenance; stormwater system maintenance; vehicle and fleet maintenance; park and open space maintenance; municipal building maintenance; solid waste management; new construction and land disturbances; right of way maintenance; marine operations; hydrological habitat modification; other.

The measurable goals stated in your BMP Summary Sheets represent key components of your Storm Water Management Program Plan.

BMP Summary Sheet

Department Name:

Category of Municipal Operations:

BMP Title:
BMP Description:
Measurable Goals:
Timeline/Implementation Schedule:
Specific Components and Notes:
Responsible Party for this BMP <i>Indicate who specifically is responsible for the implementation and monitoring of this BMP. This should be the individual who is actively involved with the BMP.</i> Name: Department: Phone: E-mail: