APPENDIX A

Worksheets

WORKSHEET 1

POLLUTION PREVENTION TEAM

Name	Title	Phone	Responsibilities

WORKSHEET 2

DEVELOPING A SITE MAP

Directions: Draw a map of your site, including aircraft maneuvering areas, and footprint of all buildings, structures, paved areas, and parking lots. The information below describes additional elements required by EPA's General Permit.

EPA's General Permit requires that you indicate the following features on you site map:
• the size of the property in acres
• the location and extent of significant structures and impervious surfaces
• directions of stormwater flow (use arrows)
Locations of all existing structural control measures
Locations of all receiving waters in the immediate vicinity of the facility, indicating if any of the waters are impaired and,if so, whether the waters have TMDLs established for them
Locations of all sormwater conveyances including ditches, pipes, and swales
Locations of potential pollutant sources identified under MSGP, Part 5.1.3.2
Locations of all stormwater monitoring points
Locations of stormwater inlets and outfalls, with a unique identification code for each outfall(e.g., Outfall No.1, No.2, etc), indicating if you are treating one or more outfalls as "substantially identical under MSGP, Parts 4.2.3, 5.1.5.2, and 6.1.1, and an approximate outline of the areas draining to each outfall
Municipal separate storm sewer systems, where your sotrmwater discharges to them
Locations and descriptions of all non-stromwater discharges identified under MSGP, Part 2.1.2.10
• Locations of activities exposed to precipitation such as: Fueling stations; Vehicle and equipment maintenance and/or cleaning areas; loading/unloading areas, aboveground tanks; processing and storage areas; immediate access roads used or traveled by carriers of raw materials, manufactured products, waste material, or by-products used or created by the facility; machinery; aircraft and pavement deicing/anti-icing areas; and any other areas of concern.
• Locations and sources of run-on to your site from adjacent property that contains significant quantities of pollutants

WORKSHEET 3

MATERIAL INVENTORY

Completed by: _____ Title: _____ Year Performed: _____

Directions: List all materials or group of materials stored, or produced on site. Assess and evaluate these materials for their potential to contribute pollutants to storm water runoff. Also complete Table 3, Description of Exposed Material, if the material has been exposed to precipitation during the last three years.

					Past Significant Spills/Leaks	
Material	**Location (as indicated on the site map)**	**Quantity Stored**	**Quantity Exposed in Last 3 Years**	**Likelihood of contact with storm water; if yes, describe reason**	**Yes**	**No**

WORKSHEET 3A

DESCRIPTION OF EXPOSED SIGNIFICANT MATERIALS

Completed by: _____ Title: _____ Year Performed: _____

Directions: Based on your material inventory, describe the significant materials that were exposed to storm water during the past 3 years.

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)	Description of Material Management Practices (e.g., pile, covered, sealed drum)

WORKSHEET 4

INVENTORY OF SPILLS AND LEAKS

Completed by: _____ Title: _____ Year Performed: _____

Directions: Record below all significant spills and significant leaks of toxic or hazardous pollutants that have occurred at the facility over the past three years. Significant spills include, but are not limited to, releases of oil or hazardous substances in excess of reportable quantities.

				Description				Response Procedure		Preventative Measures Taken
Date	**Spill (X)**	**Leak (X)**	**Location (as indicated on the site map)**	**Type of Material**	**Quantity**	**Source, if Known**	**Reason**	**Amount of Material Recovered**	**Material No Longer Exposed to Storm Water (True\False)**	
Year_____										
Year _____										
Year _____										
none										
Year _____										

WORKSHEET 4A

INVENTORY OF SPILLS AND LEAKS

Completed by: _____ Title: _____ Year Performed: _____

Directions: Record below all significant spills and significant leaks of toxic or hazardous pollutants that have occurred at the facility. Significant spills include, but are not limited to, releases of oil or hazardous substances in excess of reportable quantities.

				Description				Response Procedure		Preventative Measures Taken
Date	**Spill (X)**	**Leak (X)**	**Location (as indicated on the site map)**	**Type of Material**	**Quantity**	**Source, if Known**	**Reason**	**Amount of Material Recovered**	**Material No Longer Exposed to Storm Water (True\False)**	
Year _____										
Year _____										
Year _____										
Year _____										
										See next page

WORKSHEET 5

NON-STORM WATER DISCHARGE ASSESSMENT AND CERTIFICATION

Name of Person Who Conducted the Test or Evaluation:

Date of Test or Evaluation	Outfall Directly Observed During the Test (as indicated on site map)	Method Used to Test or Evaluate Discharge	Describe Results from Test for the Presence of Non-Storm Water Discharge	Identify type of Discharge and Potential Significant Sources	Actions taken, such as a list of control measures used to eliminate unauthorized discharge(s), if any were identified

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**

WORKSHEET 6

NON-STORM WATER DISCHARGE ASSESSMENT AND FAILURE TO CERTIFY NOTIFICATION

Directions: If you cannot feasibly test or evaluate an outfall, 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 submitted to the Director within 180 days of the effective date of this permit.

Identify Outfall Not Tested/Evaluated	Description of Why Certification is Infeasible	Description of Potential Sources of Non-Storm Water Pollution

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**

WORKSHEET 7

POLLUTANT SOURCE IDENTIFICATION

Completed by: _____ Title: _____ Year Performed: _____

Directions: List all identified storm water pollutant sources and describe existing management practices that address those sources. In the third column, list possible BMP options that can be incorporated into the plan to address remaining sources of pollutants. If none, write none.

Storm Water Pollutant Sources	Existing Management Practices	Description of New BMP Options
Fueling Operations	Spill Response Kits are located in fueling area. Immediate response is made to all spills and leaks	
Snow Storage Areas	Area A is designed with a geotextile-lined, gravel filtration system before discharge into the stormwater system.	N/A – Current system operating efficiently
Deicing Activities	Application is only on road intersections and runway/apron/taxiway areas and consist of applying chemical to center of runways and directing runoff through grassy swales	N/A – Current system operating efficiently
Trash from roads and wind-blown	Routing clean-up of airport areas and annual spring cleaning for tenants.	

WORKSHEET 7A

BMP IDENTIFICATION

Completed by: _____ Title: _____ Year Performed: _____

Directions: Describe the BMPs that you have selected to include in your plan. For each of the baseline BMPs, describe actions that are incorporated in the facility operations. Also describe any additional BMPs that you have selected.

Baseline BMPs	**Description of Activities**
Good Housekeeping	Existing program of regular maintenance of buildings, equipment, and BMP's to continue. MSDS and spill prevention kit are available and clearly marked.
Preventative Maintenance	Oil-Grease Separator and Oil-Water separator are regularly maintained. Spill kits are required for fuel transfer.
Inspections	Quarterly monitoring is maintained. Regular visual inspection by airport maintenance continues.
Spill Prevention and Response	Continue existing program involving adherence to spill response measures.
Sediment and Erosion Control	All unpaved areas and steep slopes are kept vegetated and regularly inspected for erosion.
Management of Runoff	Monitor airport area for runoff concerns after major rain events.
Additional BMPs	

WORKSHEET 8

IMPLEMENTATION

Completed by: _____ Title: _____ Year Performed: _____

Directions: Develop a schedule for implementing each BMP. Provide a brief description of each BMP, the steps necessary to implement the BMP, the schedule for completing those steps (list dates) and the person(s) responsible for implementation. Attach additional sheets if necessary.

BMPs	Description of Action(s) Required for Implementation	Scheduled Completion Date(s) for Actions	Person Responsible for Actions(s)	Notes
Good Housekeeping	Conduct training	Ongoing for new employees and tenants	Assistant	
Preventative Maintenance	Clean Oil-Grease separator - Maintenance Building Clean Oil-Water separator – Airport Wash Facility	Monthly Every three years	Maintenance Employees Maintenance Employees	
Inspections	Inspection of facility	Annually	Maintenance employees	HDL conducts inspections with Maintenance
Spill Prevention & Response	Conduct training	See Schedule in Appendix H		
Sediment and Erosion Control	Maintain vegetation and ground cover in unpaved areas	Ongoing	Maintenance Employees	
Management of Runoff	Inspection of swales for sedimentation	Semi-Annually	Maintenance Employees	Concurrent with quarterly monitoring
Additional BMPs	Inspect and maintain deicing runoff controls	Winter	Maintenance Employees	

WORKSHEET 9

EMPLOYEE TRAINING

Completed by: _____ Title: _____ Year Performed: _____

Directions: Describe the employee training program for each facility or specific activity. At a minimum, the program should, if topics apply, address good housekeeping, spill prevention and response, and material management practices. Provide a schedule for the training program and the roster ID number that lists the employees who attended the training sessions. Attach additional sheet if necessary.

Training Topics	Brief Description of Training Program and Materials	Scheduled for Training	Roster ID Number
Spill Prevention and Response			
Good Housekeeping			
Material Management Practices			
Other Topics			

See Attached Schedule in Appendix H.

WORKSHEET 10

DEICING/ANTI-ICING RELEASES

Completed by: _____ Title: _____ Year Performed: _____

Directions: Record the releases of deicing/anti-icing chemicals as an aggregate of all deicing/anti-icing operations that occur during a 24-hour period. Attach additional sheets if necessary.

Date	Location (rwy/twy/apron/rdwy)	Type of Deicing/Anti-icing Product by tradename	Estimated Quantity (gallons)	Estimated Quantity (tons)	Notes

See Attached Copy