

ANNUAL SWP3 COMPREHENSIVE SITE COMPLIANCE EVALUATION INSPECTION

FORM 12-2

Storm Water Pollution Prevention Plan
Austin Bergstrom International Airport

Business Name: _____

Date: _____

Inspector(s): _____ Inspector(s) Affiliation: _____

Business Type & SIC Code: _____ Co-Permittee (Yes/No) TPDES# _____

Weather: _____

Business Representative Name _____ Title: _____ Phone: _____

INSPECTION ITEMS	YES / NO or N/A	RECOMMENDED ACTIONS	FOLLOW-UP DATE
<input type="checkbox"/> Copy of SWPPP on site	_____	_____	_____
<input type="checkbox"/> SWP3 Certification	_____	_____	_____
<input type="checkbox"/> TPDES Permit On-site	_____	_____	_____
<input type="checkbox"/> SWPPP training records on site	_____	_____	_____
<input type="checkbox"/> SWPPP-related inspection records on site	_____	_____	_____
<input type="checkbox"/> Spill records on site	_____	_____	_____
<input type="checkbox"/> Waste Manifest available	_____	_____	_____
Effectiveness of Spill Prevention and Response Measures			
<input type="checkbox"/> Outdoor areas free of spilled material	_____	_____	_____
<input type="checkbox"/> Spill Kit available and stocked	_____	_____	_____
<input type="checkbox"/> Storage containers are clearly labeled	_____	_____	_____
<input type="checkbox"/> Other	_____	_____	_____
Inventory of Exposed Materials Inspection			
<input type="checkbox"/> Material storage areas protective of storm water	_____	_____	_____
<input type="checkbox"/> Storage containers leaking	_____	_____	_____
<input type="checkbox"/> Waste storage areas protective of storm water	_____	_____	_____
<input type="checkbox"/> New materials stored on-site w/potential exposure to storm water	_____	_____	_____
<input type="checkbox"/> Other	_____	_____	_____
Structural Controls and Maintenance Programs Inspection			
<input type="checkbox"/> Evidence of flooding or other drainage problems	_____	_____	_____
<input type="checkbox"/> Structural Controls Operating (O/W Separators, WQPs, etc.)	_____	_____	_____
<input type="checkbox"/> Maintenance being performed on structural controls	_____	_____	_____
<input type="checkbox"/> Records available documenting maintenance	_____	_____	_____
<input type="checkbox"/> Other	_____	_____	_____

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Inspection of BMPs and housekeeping effectiveness

YES / NO or N/A

- | | | | |
|---|-------|-------|-------|
| <input type="checkbox"/> Leasehold free of trash and debris | _____ | _____ | _____ |
| <input type="checkbox"/> Waste receptacles available and intact | _____ | _____ | _____ |
| <input type="checkbox"/> Dumpster closed and free of leaks | _____ | _____ | _____ |
| <input type="checkbox"/> BMPs being performed satisfactorily | _____ | _____ | _____ |
| <input type="checkbox"/> Other | _____ | _____ | _____ |

DOA maintained records:

- | | | | |
|---|-------|-------|-------|
| <input type="checkbox"/> De-icing Area Inspections | _____ | _____ | _____ |
| <input type="checkbox"/> De-icing Activity Records | _____ | _____ | _____ |
| <input type="checkbox"/> Visual Monitoring | _____ | _____ | _____ |
| <input type="checkbox"/> Hazardous Metals Monitoring | _____ | _____ | _____ |
| <input type="checkbox"/> WQP Maintenance | _____ | _____ | _____ |
| <input type="checkbox"/> Down stream inspection of TPDES regulated outfalls | _____ | _____ | _____ |

OTHER COMMENTS OR OBSERVATIONS: _____
