**Phase II MS4 Self Assessment Module 6**

**Status**

****

**Permittee Name**

****

**Permit Number**

****

**Assessment Period Start**

****

**Assessment Period End**

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**Tab Pages**

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| --- | --- |
|  | Print Module 6 |

**Pollution Prevention/Good Housekeeping for Municipal Operations**

**Attachments Requested**

**A. Photos of municipally owned facilities. The photos should show the front view, back view, and work areas (e.g., storage areas, vehicle maintenance and wash area, fueling area, waste disposal area) that are exposed to storm water.**

**Yes**

**No**

**B. Copy of inspection reports performed at municipal owned facilities during assessment period.**

**Yes**

**No**

**C. List of all municipally owned facilities and include the location address.**

**Yes**

**No**

**D. Copy of a blank checklist used to inspect municipal owned facilities.**

**Yes**

**No**

**E. Copy of Program Description Document (PDD).**

**Yes**

**No**

**Program GoalThe goal of the Pollution Prevention/Good Housekeeping for Municipal Operations program is to prevent or reduce water quality impacts from pollutants being discharged to the MS4 from municipal facilities and operations.**

**1. Under the Code of Federal Regulations (CFR) 40 CFR §§122.26, 122.34(a), 122.34(b) (6) and State permit requirements, has the permittee developed and implemented a Pollution Prevention/Good Housekeeping for Municipal Operations program? If no, explain why this program has not been developed and implemented.**

**Yes**

**No**

**Response**

****

**2. Are the operational procedures for this program described in a comprehensive PDD? If yes, where is this program (i.e., page, chapter) described in the document?**

**Yes**

**No**

**Response**

****

**3. What pollutants of concern are targeted for reduction through this program?**

****

**Section I: Regulatory Mechanism**

**1. Is legal authority required to carry out and or enforce the Pollution Prevention/Good Housekeeping for Municipal Operations program? If no, skip 2 and 3 of this Section.**

**Yes**

**No**

**2. Describe the ordinances, codes, or policies in place that give legal authority and the extent of that authority to implement and or enforce this program.**

****

**3. Who is the person (e.g., specific staff, department) authorized to exercise the legal authority for this program?**

****

**Section II: Fiscal Resources**

**1. What was the budget to carry out the Pollution Prevention/Good Housekeeping for Municipal Operations program for this Assessment Period?**

**Assessment Period Date**

****

**Press Key down or Key up for access to Calendar.**

**Assessment Period Budget**

****

**Next Reporting Period Date**

****

**Press Key down or Key up for access to Calendar.**

**Next Reporting Period Budget**

****

**2. Did the budget meet the program demands? If no, describe the parts of the program that could improve with increased funding and resources.**

**Yes**

**No**

**Response**

****

**Section III: Training**

**1. What measures are used to ensure municipal staff are trained to implement the Pollution Prevention/Good Housekeeping for Municipal Operations program?**

****

**2. What control measures are staff trained in using to prevent or reduce pollutant sources?**

****

**3. Describe the permittee’s training program for those identified to inspect Control Measures.**

****

**Section IV: Maintenance and Inspections**

**1. How many facilities are owned and operated by the MS4? *(Check all that apply)***

**Facility**

**Number facilities?**

**a. Municipal landfills**

**M4 Smi Q1 Ml Num**

****

**b. Municipal Waste Water Treatment Plants**

**M4 Smi Q1 Mwwtp Num**

****

**c. Municipal Storage facilities**

**M4 Smi Q1 Msf Num**

****

**d. Municipal Disposal facilities**

**M4 Smi Q1 Mdf Num**

****

**e. Municipal Recovery facilities**

**M4 Smi Q1 Mrf Num**

****

**f. Asphalt or concrete batch plants**

**M4 Smi Q1 Mrf Num**

****

**g. Vehicle Maintenance Facilities**

**M4 Smi Q1 Mrf Num**

****

**Other, (Specify):**

****

**2. Are there any municipal facilities that are not located within the permit implementation areas? If so, how many?**

****

**3. Does the permittee currently or previously have any fire training facilities that use(d) PFAs containing firefighting foam either during an emergency or training? If yes, how many facilities and where are they located?**

****

**4. Are these facilities covered under a storm water permit and or implement a site plan? Or are procedures developed for the listed operations? (Check all that apply)**

**Yes**

**No**

**Facility**

**a. Municipal landfills**

**b. Municipal Wastewater Treatment Plants**

**c. Municipal Storage facilities**

**d. Municipal Disposal facilities**

**e. Municipal Recovery facilities**

**f. Streets, roads, highways**

**g. Municipal parking lots**

**h. Storage yards**

**i. Maintenance shops with outdoor storage areas**

**j. Snow dumps/snow disposal areas**

**k. Sites used for temporary storage of sweeper tailings or other waste piles**

**l. Park and open space maintenance**

**m. Building maintenance**

**n. Application of pesticides, herbicides and fertilizers**

**o. Large outdoor festival and events**

**p. Construction activities not part of construction sites program**

**q. Maintenance, replacement and construction of utilities and the storm system**

**5. Are municipal owned and operated facilities inspected to make sure Control Measures are not compromised and permit compliance is achieved?**

**Yes**

**No**

**6. What control measures have been implemented to reduce phosphorous and nitrogen in stormwater runoff?**

****

**7. Are spill prevention and response procedures in place? If yes, please describe the procedures.**

**Yes**

**No**

**Response**

****

**8. Does the permittee perform self- audits of its municipal facilities? If yes, give the date of the most current audit.**

**Yes**

**No**

**Response**

****

**9. Does the permittee have written facility inspection procedures to include, at a minimum, annual visual inspections, observations and locations of various discharges, observations of facility conditions including pollutant sources, control measures, locations where stormwater is discharged offsite, and verification that written procedures and documentation reflect current site conditions?**

**Yes**

**No**

**Response**

****

**Section V: Enforcement**

**1. Is an enforcement policy in place that clearly describes the action (e.g., verbal and written warnings, deadlines, Cease & Desist Orders, reprimands, fines) to be taken for non-compliance? If yes, describe how the permittee enforces against itself; for good housekeeping non-compliance. If no, explain why.**

**Yes**

**No**

**Response**

****

**Section VI: Records Management**

**1. Describe the system in place to track activities and events related to the Pollution Prevention/Good Housekeeping for Municipal Operations program.**

****

**2. What municipal department, team, or co-permittees have access to the program data?**

****

**3. Who (i.e., inspectors, data specialist) is responsible to make data entries for this program?**

****

**4. What is the timeframe to complete data entries for this program? Be document specific.**

****

**Section VII: Evaluation**

**1. Was this program evaluated and a report of the results filed? If yes, briefly describe the strongest programs and those that need improvements. Include where this report is kept. If no, explain why this program was not evaluated.**

**Yes**

**No**

**Response**

****

**2. Who led the program evaluation?**

****

**3. What municipal departments, staff, team, or co-permittees took part in the program evaluation?**

****

**Module 6 Contact Information**

**Completed Date**

****

**Press Key down or Key up for access to Calendar.**

**Comp By First Name**

****

**Comp By Last Name**

****

**Signed By**

****

**Job Title**

****

**Department**

****

**Address**

****

**City**

****

**State**

****

**Zipcode**

****

**Telephone**

****

**Email**

****

**Module 6 Attachments**

Add Attachment

**No Module 6 Attachments Found.**