



2017 OKR05

SWPPP Forms

Notice of Intent (NOI)

- OKC version VS. DEQ version
 - Minor differences
 - OKC will accept DEQ version
 - DEQ will not accept OKC version
- Revised NOI is not “renewing” permit with OKC – our permit has an annual renewal with a \$55 permit fee
 - State permit rules change every 5 years, forcing renewal/re-application
- Submit the new NOI version to OKC in order to update records with the new required information



VS



Notice of Intent (NOI) – page 1

OKC-SWQ
Form
IND-1

October 2, 2017



Oklahoma City Storm Water Quality Management Division (SWQ) Notice of Intent (NOI) for Stormwater Discharges Associated with Industrial Activity

Submission of this NOI constitutes notice that the party identified in Section I of this form intends to be authorized by The City of Oklahoma City for stormwater discharges associated with industrial activity in the corporate boundaries of The City of Oklahoma City. Becoming a permittee obligates such discharger to comply with the terms and conditions of the municipal code. To obtain an authorization, this form must be complete with all the pertinent information. See instructions for completing the NOI on pages 3 and 4 of this form.

NEW APPLICATION, MODIFICATION or RENEWAL of current permit, enter the authorization number: SWI/IND 2015-00352

I. Operator Information

Operator Name: The Corporation Phone: (713) 737-3546

Mailing Address: 713 N. Walker Ave.

City: Houston State: TX Zip Code: 85642

Operator's Point of Contact : Mr. Business Owner Title: President

Phone: (713) 737-1234 E-mail: BusinessOwner@corporation.org

Notice of Intent (NOI) – page 1

II. Facility Information

Facility Name: The Business – OKC Office Phone: (405) 737-3546

Facility Address: 420 W. Sheridan Ave.

City: Oklahoma City County: Oklahoma State: OK Zip Code: 73101

Facility's Point of Contact : Mr. Team Leader Title: EHS Coordinator

Phone: (405) 297-1774 E-mail: TeamLeader@business.net

Facility's Type of Ownership: Federal State Municipal Public Private

Latitude: 35.123456 Longitude: -97.654321 (decimal format) at the entrance of the Facility

SIC or Designated Activity Code and Sector: Primary: 3411 Sector: AB Secondary: Sector:

Total Area of the Facility: 5.7 (acres) Total Impervious Area at the Facility: 2.1 (acres)

Estimated Area of Industrial Activity at your Facility exposed to stormwater: 3.3 (acres)

Notice of Intent (NOI) – page 1

Note: the only area in OKC affected by the Endangered Species Eligibility section is within one mile of the banks of the South Canadian River in SW OKC.

Endangered Species Eligibility

- a. My facility is not located in nor draining to Federal and State sensitive waters and watersheds.
- b. My facility is located in or drains to Federal and State sensitive waters and watersheds and I agree to implement the control measures specified in Step 2 of Appendix A of the Department of Environmental Quality's Industrial Multi-Sector General Permit, OKR05.
- c. I am relying on another permittee's certification of eligibility and agree to comply with any conditions of that certification.

III. Facility Discharge Information

Does the facility discharge stormwater into a MS4? Yes The name of the MS4 Operator: The City of Oklahoma City

Is the facility required to submit Discharge Monitoring Report due to sector-specific requirement? Yes No; If yes, what is your applicable sector? A C D E J K L O S ; Discharges to impaired water monitoring: Yes No

Is the facility's storm water discharge covered by a separate individual or general permit? Yes No, If yes, enter the

OPDES Permit Number: OKR059999 Is the facility required to perform "High Risk" monitoring every 5 years? Yes No

Notice of Intent (NOI) – page 2

Outfall and Receiving Water Information				
Outfall ID	Latitude/ Longitude	Name of the Receiving Waterbody	Is this waterbody impaired? If so, what are its impairments?	Is there a TMDL for that impairment?
001	35.123489	NORTH CANADIAN RIVER	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	-97.987654		D.O., E. Coli	Enterococci
002			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
003			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
004			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
005			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
006			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
007			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Note: use additional sheet of paper if the facility has more than 7 outfalls.

Notice of Intent (NOI) – page 2

IV. Stormwater Pollution Prevention Plan (SWP3) Information

Has the SWP3 been prepared in accordance with 2017 DEQ OKR05 Permit in advance of filing this NOI? Yes No

Is the SWP3 properly certified and available at the Facility? Yes No

Proposed **Best Management Practices** to control pollution in the stormwater discharges, check all that apply:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Sediment Basin | <input type="checkbox"/> Sediment Trap | <input type="checkbox"/> Ret/Detention Pond | <input type="checkbox"/> Vegetated Buffer |
| <input type="checkbox"/> Vegetative Swale | <input type="checkbox"/> Runoff Infiltration | <input type="checkbox"/> Runoff Diversion/Berm | <input checked="" type="checkbox"/> Inlet Protection |
| <input checked="" type="checkbox"/> Secondary Containment | <input type="checkbox"/> Dust Collection System | <input checked="" type="checkbox"/> Covered Material Storage | <input checked="" type="checkbox"/> Indoor Vehicle Maint. |
| <input checked="" type="checkbox"/> Good housekeeping | <input checked="" type="checkbox"/> Employee Training | <input checked="" type="checkbox"/> Spill Prevention Plans | <input type="checkbox"/> |

Scope of business: **MANUFACTURE SPROCKETS**

Notice of Intent (NOI) – page 2

V. Certification

I certify under penalty of law that I have read and understand Chapter 57 of the City of Oklahoma City Ordinance requirements for coverage under the Storm Water Discharge Industrial Permit, and that I have read and understand the requirements relating to the protection of endangered or threatened species or critical habitat in Appendix A of the Department of Environmental Quality's Industrial Multi-Sector General Permit, OKR05.

Furthermore, this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated 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.

I understand that continued coverage under the Stormwater Discharge Industrial Permit is contingent upon maintaining eligibility for this permit.

Print Name: Mr. Business Owner Title: President

Signature: Mr. Business Owner Date: 07/26/2017

Notice of Intent (NOI) - instructions

- Who must file an NOI form
- Where to file permit application
- Completing the NOI form
- Section instructions
 - Section 1. Operator Information
 - Section 2. Facility Information
 - Section 3. Facility Discharge Information
 - Section 4. SWP₃ Information
 - Section 5. Certification

Latitude/Longitude

The screenshot shows a web browser window displaying a GIS application. The address bar shows the URL <http://gis.deq.ok.gov/maps/>. The browser tab is titled "Oklahoma Department of E...". The application interface includes a "Layers" panel on the left with tabs for "Layers", "Basemaps", and "Legend". Under the "Layers" tab, there are sections for "Operational Layers" and "Water Data". The "Water Data" section is expanded, showing a list of layers with checkboxes. The "2014 303d Waterbodies" layer is checked. The map displays a street grid of Oklahoma City, with major roads like the Centennial Expy and North Canadian River. A red circle highlights a coordinate overlay at the bottom left of the map, showing the text: $35.468413 -97.523893$ Degrees. The map also shows various parks and landmarks, including Oklahoma City University and Wheeler Park. The bottom right corner of the map features the Esri logo and the text "POWERED BY esri".

Layers

Layers Basemaps Legend

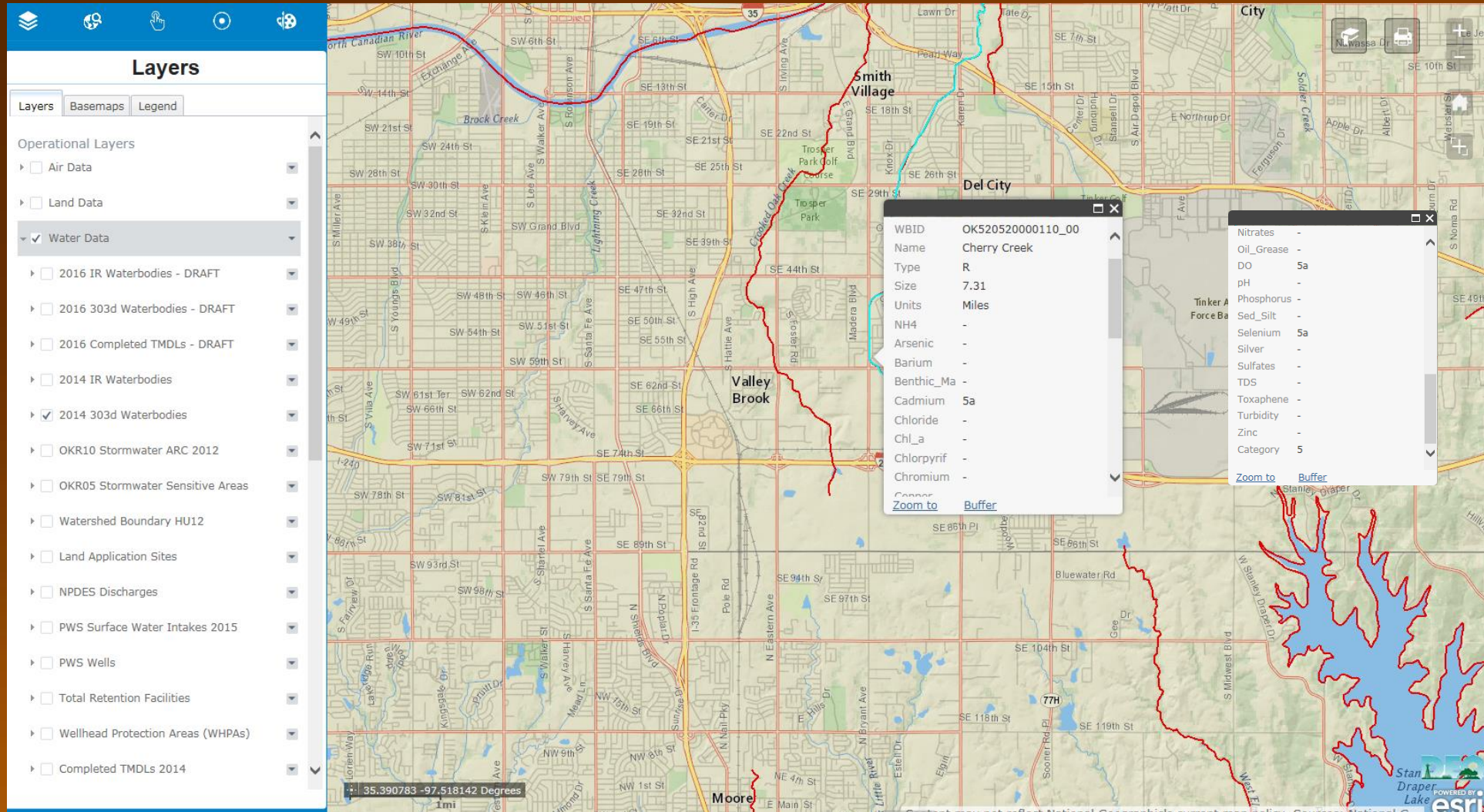
Operational Layers

- Air Data
- Land Data
- Water Data
 - 2016 IR Waterbodies - DRAFT
 - 2016 303d Waterbodies - DRAFT
 - 2016 Completed TMDLs - DRAFT
 - 2014 IR Waterbodies
 - 2014 303d Waterbodies
 - OKR10 Stormwater ARC 2012
 - OKR05 Stormwater Sensitive Areas
 - Watershed Boundary HU12
 - Land Application Sites
 - NPDES Discharges
 - PWS Surface Water Intakes 2015
 - PWS Wells
 - Total Retention Facilities
 - Wellhead Protection Areas (WHPAs)
 - Completed TMDLs 2014

$35.468413 -97.523893$ Degrees

Powered by esri

Impaired Waters Monitoring, 303(d) Listed Streams



Annual Report (ACSCER) – page 1

OKC-SWQ
ACSCER
Part A

November 9, 2017



Oklahoma City Storm Water Quality Management Division (SWQ) Annual Comprehensive Site Compliance Evaluation Report for Industrial Facilities (ACSCER)

Submission of this ACSCER form is required for all authorized industrial facilities.

All requested information must be provided on this form. See instructions on page 5 of this form.

DEQ Authorization number: OKR05 9999

OKC SWQ Permit Number: IND/SWI 2015-00352

Part A: Operator Information and Certification

I. Operator Information

Operator Name: The Corporation Phone: (713) 737-3546

Mailing Address: 713 N. Walker Ave.

City: Houston State: TX Zip Code: 85642

Operator's Point of Contact : Mr. Business Owner Title: President

Phone: (713) 737-1234 E-mail: BusinessOwner@corporation.org

Annual Report (ACSCER) – page 1

II. Facility Information

Facility Name: **The Business – OKC Office** Phone: **(405) 737-3546**

Facility Address: **420 W. Sheridan Ave.**

City: **Oklahoma City** County: **Oklahoma** State: **OK** Zip Code: **73101**

Latitude: **35.123456** Longitude: **-97.654321** (decimal format) at the entrance of the Facility

Facility's Point of Contact : **Mr. Team Leader** Title: **EHS Coordinator**

Phone: **(405) 297-1774** E-mail: **TeamLeader@business.net**

Annual Report (ACSCER) – page 1

III. Certification

I certify under penalty of law that I have read and understand the requirements for filing this Annual Comprehensive Site Compliance Evaluation Report, which is to be filed by March 1 of each year.

This report is also to be retained as part of the Stormwater Pollution Prevention Plan (SWP3) for at least three (3) years from the date permit coverage expires or is terminated, and will be made available to any local, State, or Federal inspector visiting this facility. All records of actions taken as part of the SWP3 will be retained for at least three (3) years from the date permit coverage expires or is terminated.

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 assure that qualified personnel properly gathered and evaluated the information submitted. Based upon my inquiry of the person or persons who manage the system, or those persons directly involved in gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Print Name: Mr. Business Owner Title: President

Signature: Mr. Business Owner Date: 01/31/2018

Annual Report (ACSCER) – page 2

Part B: Annual Comprehensive Site Compliance Evaluation

Reporting Period: 2017, calendar year (calendar year)

1. Number of routine facility inspections you performed during the reporting period: 12, monthly

2. Dates of inspections performed: 1/15/17; 2/15/17; 3/15/17; 4/15/17; 5/15/17; 6/15/17; 7/15/17; 8/15/17; 9/15/17;
10/15/17; 11/15/17; 12/15/17

3. Did any of your routine facility inspections find that one or more of your Best Management Practices (BMPs) was not effective in controlling the pollutant source for which it was designed?

Yes No All BMPs were effective

4. Were all BMPs you indicated you would be using in your SWP3, including good housekeeping practices, actually being implemented at the time of this inspection?

Yes No

Annual Report (ACSCER) – page 2

5.	If you found one or more ineffective BMPs, have they all been replaced with an alternative or modified BMP? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> All BMPs were being effective
6.	Were there additional BMPs needed to address any conditions requiring corrective action? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7.	If one or more BMPs were not being implemented, were corrective actions taken after the <i>first</i> inspection to eliminate the problem? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> All BMPs were being implemented
8.	Was/were the same failure(s) to implement a BMP deficiency(ies) noted in more than one inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> No deficiencies noted in any inspection

Annual Report (ACSCER) – page 2

9.

Document any deficiencies identified and any corrective actions implemented to remove the original violation, below. Use additional sheets if necessary.

Date	Deficiencies	Corrected		Date of Correction
01/15/2017	Metal shavings on ground near scrap bin.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
02/15/2017	Metal shavings on ground near scrap bin.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	02/15/2017
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Annual Report (ACSCER) – page 3

10.	<p>What must you do to correct the deficiencies that remain uncorrected from question #9?</p> <div style="background-color: #e6f2ff; height: 100px; border: 1px solid #ccc;"></div>
11.	<p>Did any conditions require SWP3 review and revision to eliminate design, selection, installation, and/or implementation problems during the past year? If yes, describe the conditions in brief:</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <div style="background-color: #e6f2ff; display: inline-block; width: 600px; height: 20px; vertical-align: middle;"></div></p> <div style="background-color: #e6f2ff; height: 50px; border: 1px solid #ccc; margin-top: 10px;"></div>
12.	<p>At any time during the reporting period, did you discover any previously unidentified <i>unauthorized</i> non-stormwater discharges from your facility or previously unidentified pollutants in the existing discharges?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

Annual Report (ACSCER) – page 3

13.	<p>Have all unauthorized non-stormwater discharges (including any discovered in previous years) been eliminated or permitted?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
14.	<p>Have any significant spills or leaks occurred at your facility during the reporting period?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
15.	<p>If any significant spills or leaks occurred, did they result in either a dry-weather discharge; or an actual discharge of the spilled or leaked material commingled with stormwater (as opposed to the spilled material being washed away by stormwater)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> No significant spills or leaks occurred</p>
16.	<p>If any significant spills or leaks occurred, did they result in more than the minimum amounts of material being discharged in stormwater? Base your answer on your knowledge of the material you spilled or that leaked. The minimum amounts could vary with the nature (toxicity, oxygen demand, pH, etc.) of the spilled or leaked material from amounts left after normal <i>sweeping</i> type cleanup to the point at which even trace amounts left after cleanup could cause an environmental problem.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> No significant spills or leaks occurred</p>

Annual Report (ACSCER) – page 3

17.	<p>Have all known spills or leaks been cleaned up or otherwise prevented from contaminating stormwater that would be discharged under the authority of this permit?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No spills or leaks occurred</p>
18.	<p>How many times did you visually monitor your stormwater discharges at the documented/representative outfalls during the reporting year (count only those done in accordance with Quarterly Visual Monitoring procedures)? <u>4, quarterly</u></p>
19.	<p>Would the results of your visual monitoring indicate that there are pollutants in your stormwater discharges that are not adequately controlled by your current BMPs?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

Annual Report (ACSCER) – page 4

20.	<p>If the results of your visual monitoring indicated a potential problem, was it due to one or more of the following?</p> <ul style="list-style-type: none"><input type="checkbox"/> New pollutant source (including exposure of previously unexposed material)<input type="checkbox"/> Failure to implement or maintain an existing BMP<input type="checkbox"/> Less than expected performance from a BMP<input type="checkbox"/> No BMP was selected to deal with that problem<input checked="" type="checkbox"/> N/A (No problems identified)						
21.	<p>If your visual monitoring indicated a potential problem, what have you done to resolve the problem?</p> <table border="0"><tr><td><input type="checkbox"/> Eliminated exposure or pollutant source</td><td><input type="checkbox"/> Modified existing BMPs</td></tr><tr><td><input type="checkbox"/> Added a new BMP</td><td><input type="checkbox"/> Plan to address problem by end of current reporting year</td></tr><tr><td><input type="checkbox"/> Nothing planned</td><td><input checked="" type="checkbox"/> N/A (No problems identified)</td></tr></table>	<input type="checkbox"/> Eliminated exposure or pollutant source	<input type="checkbox"/> Modified existing BMPs	<input type="checkbox"/> Added a new BMP	<input type="checkbox"/> Plan to address problem by end of current reporting year	<input type="checkbox"/> Nothing planned	<input checked="" type="checkbox"/> N/A (No problems identified)
<input type="checkbox"/> Eliminated exposure or pollutant source	<input type="checkbox"/> Modified existing BMPs						
<input type="checkbox"/> Added a new BMP	<input type="checkbox"/> Plan to address problem by end of current reporting year						
<input type="checkbox"/> Nothing planned	<input checked="" type="checkbox"/> N/A (No problems identified)						

Annual Report (ACSCER) – page 4

22.	<p>Did any monitoring results exceed a numeric effluent limitation (from DEQ's OKR05: Sector-Specific requirements or coal pile storage) during the past discharge monitoring period?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>																								
23.	<p>If your answer to the previous question (#22) was <i>Yes</i>, list the dates, name(s) of the pollutant(s), and the test results that exceeded numeric effluent limitations. Use additional sheets if necessary.</p> <table border="1"><thead><tr><th data-bbox="257 765 468 872">Date</th><th data-bbox="468 765 817 872">Pollutants</th><th data-bbox="817 765 1276 872">Test Results</th><th data-bbox="1276 765 1505 872">Date</th><th data-bbox="1505 765 1908 872">Pollutants</th><th data-bbox="1908 765 2410 872">Test Results</th></tr></thead><tbody><tr><td data-bbox="257 872 468 986"></td><td data-bbox="468 872 817 986"></td><td data-bbox="817 872 1276 986"></td><td data-bbox="1276 872 1505 986"></td><td data-bbox="1505 872 1908 986"></td><td data-bbox="1908 872 2410 986"></td></tr><tr><td data-bbox="257 986 468 1100"></td><td data-bbox="468 986 817 1100"></td><td data-bbox="817 986 1276 1100"></td><td data-bbox="1276 986 1505 1100"></td><td data-bbox="1505 986 1908 1100"></td><td data-bbox="1908 986 2410 1100"></td></tr><tr><td data-bbox="257 1100 468 1219"></td><td data-bbox="468 1100 817 1219"></td><td data-bbox="817 1100 1276 1219"></td><td data-bbox="1276 1100 1505 1219"></td><td data-bbox="1505 1100 1908 1219"></td><td data-bbox="1908 1100 2410 1219"></td></tr></tbody></table>	Date	Pollutants	Test Results	Date	Pollutants	Test Results																		
Date	Pollutants	Test Results	Date	Pollutants	Test Results																				
24.	<p>Were there any incidents of noncompliance in the past year, or any non-compliance that is currently ongoing?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Compliant with the Permit</p>																								

Annual Report (ACSCER) – page 4

25.

Were there any required revisions to the SWP3 resulting from an inspection and/or monitoring?

Yes

No

26.

If your answer to the previous question was *Yes*, list the dates, reason for revision, and a brief description of the revision. Use additional sheets if necessary.

Date	Reason for Revision	Description of Revision

Annual Report (ACSCER) – instructions

- When to file an ACSCER form
 - Keep OKC ACSCER in your SWP₃, do not mail to OKC
- Completing the form
- Permit Information
- Part A: Operator Information and Certification
 - Section 1. Operator Information
 - Section 2. Facility Information
 - Section 3. Certification
- Part B: ACSCER

Notice of Termination (NOT) – page 1

OKC-SWQ
IND-2
November 8,
2017



City of Oklahoma City Notice of Termination (NOT) for Stormwater Discharges Associated with Industrial or Construction Activity Under an OPDES General Permit

Submission of this NOT constitutes notice that the operator identified in Section II of this form no longer intends to be authorized to discharge storm water associated with industrial or construction activity under an OPDES Stormwater General Permit. Authorization is not terminated until you are notified that all termination requirements have been met and your complete NOT has been processed by The City of Oklahoma City.

All necessary information must be provided on this form. See completing instructions on the back of the form.

I. Permit Information

City of Oklahoma City Storm Water Permit Number:

SWI-2015-00352

Reason for Termination (check one only):

- A new owner of operator has taken over responsibility for the facility/site/project and has submitted an NOI for permit coverage.
- Storm water discharge from industrial activity is being terminated.
- All construction or land disturbing activities have been completed and met all other requirements under Construction or Land Disturbing permit, including final stabilization on the entire site.
- You are obtaining coverage under another type of Industrial Storm Water Permit with the City of Oklahoma City.

Notice of Termination (NOT) – page 1

II. Operator Information

Operator Name: **The Corporation** Phone: **(713) 737-3546**
Mailing Address: **713 N. Walker Ave.**
City: **Houston** County: **Houston** Zip Code: **85642** E-mail: **BusinessOwner@corporation.org**

III. Facility/Site/Project Information

Facility or Site Name: **The Business – OKC Office** Phone: **(405) 737-3546**
Address: **420 W. Sheridan Ave.**
City: **Oklahoma City** County: **Oklahoma** State: **OK** Zip Code: **73101**
Latitude: **35.123456** Longitude: **-97.654321** at the entrance of the facility or center of the site
(Note: You must include an updated facility map or site map that shows all the completed activities.)

IV. New Operator Information

New Operator Name: **The New Business in OKC** Phone: **(405) 373-6543**
Address: **420 W. Sheridan Ave.** City: **Oklahoma City**
County: **Oklahoma** State: **OK** Zip Code: **73101** Email: **NewBusiness@NB.net**

(Note: Use additional sheets of paper if necessary. Permittee is required to provide information for each new operator).

Notice of Termination (NOT) – page 1

V. Certification

I certify under penalty of law that all stormwater discharges associated with industrial or construction activity from the identified facility that were authorized by a storm water permit have been eliminated or that I am no longer the operator of the facility or construction site. I understand that by submitting this NOT form that all the termination requirements have been met and the complete NOT has been processed, I am no longer authorized to discharge stormwater associated with industrial or construction activity to waters of the State. It is unlawful under the Clean Water Act, OAC 252:606-5-5, and City of Oklahoma City Municipal Code, Chapter 47, where the discharge is not authorized by a storm water permit. I also understand that the submittal of this NOT form does not release me as an operator from liability for any violations of this Permit or SWQ/OPDES rules and procedures.

Print Name: Mr. Business Owner Title: President

Signature: Mr. Business Owner Date: 07/26/2018

Notice of Termination (NOT) – instructions

- Who may file an NOT form
- Section 1. Permit Information
- Section 2. Operator Information
- Section 3. Facility Information
- Section 4. New Operator Information
- Section 5. Certification
- Where to file an NOT form

DEQ Reports Templates



Additional 2017 OKR05 Reports Templates

Routine Facility Inspection Report

Quarterly Visual Monitoring Report

Corrective Action Report

Employee Training Log

SWP3 Amendment Log

Control Measure/BMP Maintenance Records

Industrial Equipment/Systems Maintenance Records

Routine Facility Inspection Report – page 1

Industrial Stormwater Routine Facility Inspection Report

1. General Information

Facility Name:	The Business – OKC Office		
DEQ Authorization No.	OKR059999/SWI-2015-00352	Date of Inspection:	01/15/2017
Inspection Start Time:	9:15am	End Time:	10:15am
Inspector's Name:	Mr. Team Leader		
Inspector's Title & Phone No.:	EHS Coordinator, 405-797-3546		

Routine Facility Inspection Report – page 1

2. Weather and Discharge Information

Weather at time of this inspection?

Clear Cloudy Rain Sleet Fog Snow High Winds Other:

Temperature: 73 °F Rainfall Data: 0.47" (in inch)

Are there any discharges occurring at the time of inspection? Yes No

If yes, describe: Slow, steady rain since 3am, runoff appears clear and clean.

Have any previously unidentified discharges of pollutants occurred since the last inspection? Yes No

If yes, describe: _____

Routine Facility Inspection Report –

page 1

3. Observations Related to Areas of Industrial Materials/Activities Exposed to Stormwater

The following general areas and the areas identified as potential sources of pollutants should be assessed during routine inspections. *Customize* this list as needed for the specific types of industrial materials or activities at your facility that are potential pollutant sources.

Sl. No.	Area/Activity	Inspected?	Controls appropriate, effective & operating?	Describe the Needed Maintenance and/or Corrective Action
1	Material loading/unloading and storage areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2	Equipment operations and maintenance areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Fueling areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	Outdoor vehicle and equipment washing areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	Waste handling and disposal areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Need to sweep up metal shavings
6	Erodible areas/construction	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Routine Facility Inspection Report – page 2

Sl. No.	Area/Activity	Inspected?	Controls appropriate, effective & operating?	Describe the Needed Maintenance and/or Corrective Action
7	Non-stormwater/illicit connections	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8	Salt storage piles or pile containing salt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9	Dust generation and vehicle tracking	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10	Processing areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
12	Immediate access roads and rail lines used or traveled by carriers of the facility	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
13	Storage areas for raw materials, intermediate and final products	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
14	Shipping and receiving areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Routine Facility Inspection Report – page 2

15	(Other) Metal pipe racks, stock material	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
16	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
17	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
18	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Routine Facility Inspection Report – page 2

4. Observations Related to Implementation of Structural Control Measures

Include all the structural stormwater control measures identified on your site map in your SWP3 below (add as many control measures as are implemented on-site). Carry a *copy of the site map* which locates all the structural stormwater controls and pollutants generating activities with you during your inspections. This list will ensure that you are inspecting all the activity areas and control measures at your facility. **Identify if maintenance or corrective action is needed.**

Sl. No	Name of the Structural Control Measure	Control Measure is Operating Effectively?	If No, in need of Maintenance, Repair, or Replacement?	Describe the Needed Maintenance and/or Corrective Action
1	Metal awning	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
2	Compost soxx	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
3		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	

Routine Facility Inspection Report – page 3

Sl. No	Name of the Structural Control Measure	Control Measure is Operating Effectively?	If No, in need of Maintenance, Repair, or Replacement?	Describe the Needed Maintenance and/or Corrective Action
4		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
5		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
6		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
7		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
8		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
9		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
10		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
11		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
12		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
13		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	

If you have more Structural BMPs, inspect and list them here!

Routine Facility Inspection Report – page 3

5. Observations Related to Each Discharge Point

Outfall ID	Describe your observations of any evidence of potential for pollutants entering the drainage system, physical condition of and around each outfall, flow dissipation devices, etc. Identify if any corrective action is needed.
001	Outfall appears clean, stable, and flowing efficiently.
002	
003	
004	
005	

Routine Facility Inspection Report – page 4

6. Incidents of Non-Compliance

Describe any incidents of non-compliance observed and not described above: Metal shavings need cleaned up around scrap bin. Employees state that incident occurred during bin swapout. Need to check area daily.

7. Additional Control Measures needed to Comply with the Permit Requirement

Describe any additional control measures needed to comply with the permit requirements: _____

Routine Facility Inspection Report – page 4

8. Additional Notes or Observations from the Inspection

Describe any additional notes or observations from the inspection: _____

Certification Statement

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 assure that qualified personnel properly gathered and evaluated 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.

Name: Mr. Team Leader Title: EHS Coordinator

Signature: Mr. Team Leader Date: 01/15/2017

Quarterly Visual Monitoring Report

Quarterly Visual Monitoring Report

(Complete a separate form for each outfall you assess)

Facility Name: The Business – OKC Office		DEQ Authorization No. OKR05 <u>9999/SWI-2015-00352</u>	
Outfall Id.: 001	Substantially Identical Outfall? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Date & Time Discharge Began: 03/09/2017 @ 2:11pm	Date & Time Sample Collected: 03/09/2017 @ 2:22pm	Date & Time Sample Examined: 03/09/2017 @ 3:00pm	
Substitute Sample? <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes		
Person's Name/Title collecting sample: Mr. Team Member / Maintenance Crew			
Person's Name/Title examining sample: Mr. Team Leader / EHS Coordinator			
Nature of Discharge: <input checked="" type="checkbox"/> Rainfall, Rainfall Amount: <u>0.21</u> " inches <input type="checkbox"/> Snowmelt			

Quarterly Visual Monitoring Report

Note: must add comments regarding why you weren't able to collect samples within the first 30 minutes, if applicable.

Parameters & Observation Results

Parameter	Method	Results
Color	Visual	<input type="checkbox"/> Clear <input type="checkbox"/> Green <input type="checkbox"/> Yellow <input checked="" type="checkbox"/> Brown <input type="checkbox"/> Red <input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Milky <input type="checkbox"/> Other (Describe) _____
Odor	Smell	<input type="checkbox"/> None <input type="checkbox"/> Musky <input checked="" type="checkbox"/> Earthy <input type="checkbox"/> Rotten Eggs <input type="checkbox"/> Sewage <input type="checkbox"/> Petroleum <input type="checkbox"/> Other (Describe) _____
Clarity or Turbidity	Visual (try to see through clear container)	<input type="checkbox"/> Can't see through bottle <input type="checkbox"/> Can see through but can't read newspaper <input checked="" type="checkbox"/> Can see through and read newspaper <input type="checkbox"/> Clear, but not as clear as bottled water <input type="checkbox"/> As clear as bottled water
Floating Solids	Visual (top of water in container)	<input type="checkbox"/> Yes (Describe) _____ <input checked="" type="checkbox"/> No
Settled Solids	Visual (bottom of container)	<input checked="" type="checkbox"/> 0.5 Tablespoons, or <input type="checkbox"/> _____ Cups of solids on bottom after 60 minutes.
Suspended Solids	Visual (look through container)	Describe Observations. <u>Appears slightly cloudy.</u>
Foam	Visual	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, if yes, Thickness _____ Color _____
Oil Sheen	Visual	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, if yes, Color _____ Extent _____
Other Obvious Indicators of Stormwater Pollution	Indicate what you observed	<u>Nothing else observed.</u>
Probable Sources of any Observed Stormwater Contamination: <u>Appears slightly cloudy, possibly due to dust blowing from neighboring property with construction activities.</u>		

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 assure that qualified personnel properly gathered and evaluated 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.

Name: Mr. Team Leader

Title: EHS Coordinator

Signature: Mr. Team Leader

Date: 03/09/2017

Corrective Action Report



Corrective Action Report

Initial Report (Part 6.3.3 of OKR05) (Complete this section <u>within 24 hours</u> of discovering the condition that triggered corrective action listed in Part 6.1 or Part 6.2)		
Facility Name: The Business – OKC Office		DEQ Authorization No. OKR05 <u>9999/SWI-2015-00352</u>
Name & Title of the Individual: Mr. Team Leader / EHS Coordinator		Today's Date: 05/15/2018
What condition(s) triggered the need for corrective action: <input checked="" type="checkbox"/> Spills, leaks or unauthorized discharge occurred <input type="checkbox"/> A prohibited discharge is occurring or has occurred or a discharge violates a numeric effluent limit <input type="checkbox"/> A stormwater control is not effective enough to meet applicable water quality standards or control measure was never installed <input type="checkbox"/> DEQ requires corrective action as a result of permit violations found during an inspection		
For Spills or Leaks		
Describe the incident: Forklift hydraulic assembly sprung a leak while moving pipe stock.		
Material Released: Hydraulic Fluid	Amount: Approx 5 gallons	Location: East side of pipe yard
Reason for Spill/Leak: Hydraulic assembly failed		
Date & Time of the Incident: 05/14/2018 @ 3:45pm		Discharge to waters of State: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Describe Immediate Actions to Minimize/Prevent Discharge of Pollutants: As soon as employee saw that the hydraulics were leaking, employee parked the forklift, radioed his supervisor, and went to the spill shed to obtain and apply absorbent material. Used drip pan and swept absorbent. Contacted service company for repairs.		

Corrective Action Progress (Part 6.3.3 of OKR05) (Complete this section <u>no later than 14 calendar days</u> after discovering of any condition listed in Part 6.1 or Part 6.2)		
Cause of Problem and Summary of Corrective Action		
Cause(s) of Problem	Summary of the Corrective Action taken to Resolve the Problem	Date & Time Implemented
1. Hydraulics failure	1. Cleaned spill using dry absorbent, contained leak with drip pan.	05/14/2018 @ 4pm
2. Hydraulics failure	2. Service company replaced faulty hydraulics.	05/18/2018 @ 10am

Corrective Action Report

Stormwater Control Modifications and SWP3 Modification			
List of Stormwater Control Modification(s) Needed to Correct the Problem	Date of Completion	SWP3 Update Necessary?	SWP3 Modifications Notes
1. None. Regular maintenance already performed on forklifts.		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide date SWP3 modified:	
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide date SWP3 modified:	

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 assure that qualified personnel properly gathered and evaluated 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.

Name: Mr. Team Leader Title: EHS Coordinator

Signature: Mr. Team Leader Date: 05/20/2018

DEQ's Template

SWP3 Employee Training Report

SWP3 Employee Training Report

Facility Name: The Business – OKC Office DEQ Authorization No. OKR05 9999/SWI-2015-00352

Instructor's Name: Ms. Safety Coordinator Instructor's Title: Safety Analyst

Course Location: 420 W. Sheridan Ave. Date: 07/29/2018

Course Length (hours): 0.75 hours

Stormwater Training Topic: *(check as appropriate)*

- | | |
|---|--|
| <input checked="" type="checkbox"/> Overview of SWP3 | <input type="checkbox"/> Minimize Overall Exposure to Stormwater |
| <input type="checkbox"/> Controls Measures/BMPs Design & Installation | <input checked="" type="checkbox"/> Good Housekeeping |
| <input type="checkbox"/> Controls Measures/BMPs Repair & Maintenance | <input type="checkbox"/> Inspections and Corrective Actions |
| <input checked="" type="checkbox"/> Spill Prevention and Response | <input type="checkbox"/> Emergency Procedures |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

SWP₃ Employee Training Report

Attendee Roster: (attach additional pages as necessary)

No.	Name of the Attendee	Signature of the Attendee
1	Mr. Business Owner	<i>Business Owner</i>
2	Mr. Team Leader	<i>Team Leader</i>
3	Employee One	<i>Employee One</i>
4	Employee Two	<i>Employee Two</i>
5	Employee Three	<i>Employee Three</i>
6	Employee Four	<i>Employee Four</i>
7	Mr. Team Member	<i>Team Member</i>
8		
9		
10		

SWP₃ Modification/Amendment Log

SWP ₃ Modification/Amendment Log				
Sl. No.	Description of the Amendment	Date of Amendment	Amendment Prepared by (Name and Title)	Signature by Designated Corporate Official
1	Updated SWP ₃ for new OKR05	07/24/2017	Team Leader, EHS Coord.	<i>Mr. Business Owner</i>
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				

Control Measure/BMP Maintenance Records (two per page)

Control Measure/BMP Maintenance Records

Facility Name: The Business – OKC Office DEQ Authorization No. OKR05 9999/SWI-2015-00352

Name of Control Measure:	Compost Soxx	
Describe maintenance activities:	Inspect outer shell, refill, maintain stakes.	
Maintenance Schedule:	Annual	Date of Maintenance Action: 08/24/2018
Reason for Action:	<input checked="" type="checkbox"/> Regular Maintenance	<input type="checkbox"/> Discovery of Problem
If Problem Identified,		
♦ Description of Action Required:	_____	
♦ Date Control Measure Returned to Full Function:	_____	
♦ Justification for Extended Schedule, if applicable:	_____	
Additional Notes:	Compost Soxx appear to be in good, working order. No maintenance required at this time.	

Industrial Equipment/Systems Maintenance Records (two per page)

Industrial Equipment/Systems Maintenance Records

Facility Name: The Business – OKC Office DEQ Authorization No. OKR05 9999/SWI-2015-00352

Name of Equipment/System:	Forklift #2		
Describe maintenance activities:	Replace right hydraulics system.		
Maintenance Schedule:	Quarterly	Date of Maintenance Action:	05/18/2018
Reason for Action:	<input type="checkbox"/> Regular Maintenance	<input checked="" type="checkbox"/> Discovery of Problem	
If Problem Identified,			
♦ Description of Action Required: Hydraulic system failure. Replace cylinder/hoses.			
♦ Date the System/Eqmt Returned to Full Function: 05/18/2018			
♦ Justification for Extended Schedule, if applicable:			
Additional Notes:	System was last inspected on 2/15/2018 – was in good, working order at that time.		

Audit Report



The City of Oklahoma City, Public Works Department
Storm Water Quality Management
Industrial Audit Report
(405) 297-1774



Facility Name _____ Facility Address _____

Date _____ OKC SWQ Permit # _____ DEQ Permit # OKR05 _____ Sector _____

Yes - No - N/A

1. Are SWP3 and supporting documentation available for review, and are signatures current? 1. _____
2. Are routine facility site inspections performed? Frequency: _____ 2. _____
Date of inspection performed during runoff event: _____
Inspection Dates: _____
3. Is Employee Training current? Date: _____ 3. _____
4. Quarterly Visual Monitoring, total # of outfalls: _____ # of outfalls sampled: _____ 4. _____
1st: _____ 2nd: _____ 3rd: _____ 4th: _____
5. Does this facility perform 5-year High Risk monitoring? 5. _____
6. Does this facility perform DEQ Sector-Specific monitoring? 6. _____
If so, provide a copy of your results to your inspector. Required sectors include: A, C, D, E, J, K, L, O, S
7. Does this facility perform impaired waters monitoring? If so, provide a copy of your results to your inspector. 7. _____
8. Is the annual report (ACSCER) complete and filed in the SWP3? Date: _____ 8. _____
9. Are spill cleanup supplies onsite, stocked, and ready for use? 9. _____
Description: _____
10. Are control measures (BMPs) implemented and operating effectively? 10. _____

E-Mailed



Audit Report

- | | |
|---|-----------|
| 11. Are all materials and stored equipment, with pollution potential, covered? | 11. _____ |
| 12. Are waste and storage containers covered, leak proof, and clean on the exterior? | 12. _____ |
| 13. Are facility surface areas clear of all potential pollutants? | 13. _____ |
| 14. Are blowables and floatables contained? | 14. _____ |
| 15. Is erosion and/or sedimentation controlled on site? | 15. _____ |
| 16. Are material handling equipment and vehicles adequately maintained? | 16. _____ |
| 17. Is cosmetic cleaning performed? In-house? _____ Contract? _____ (Who performs: _____) | 17. _____ |
| 18. Re-inspection trip fee required? | 18. _____ |

Overall Remarks: _____

...Any pertinent instructions or additional notes will be included in this section of the audit report.

Inspector: _____

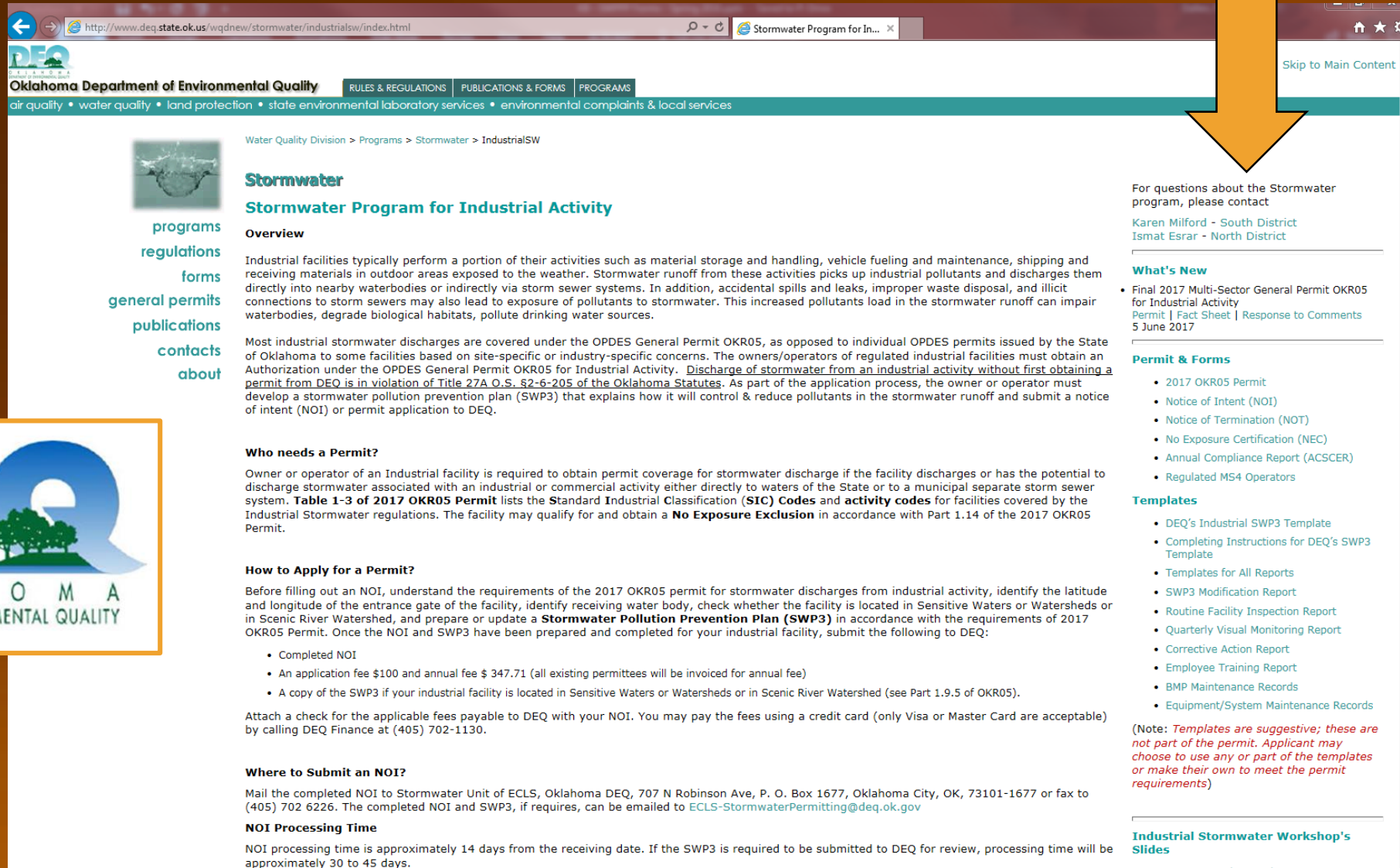
Print Name: _____ Signature: _____



DEQ Webpage

<http://www.deq.state.ok.us/wqdnew/stormwater/industrialsw/index.html>

LOOK



Water Quality Division > Programs > Stormwater > IndustrialSW

Stormwater

Stormwater Program for Industrial Activity

Overview

Industrial facilities typically perform a portion of their activities such as material storage and handling, vehicle fueling and maintenance, shipping and receiving materials in outdoor areas exposed to the weather. Stormwater runoff from these activities picks up industrial pollutants and discharges them directly into nearby waterbodies or indirectly via storm sewer systems. In addition, accidental spills and leaks, improper waste disposal, and illicit connections to storm sewers may also lead to exposure of pollutants to stormwater. This increased pollutants load in the stormwater runoff can impair waterbodies, degrade biological habitats, pollute drinking water sources.

Most industrial stormwater discharges are covered under the OPDES General Permit OKR05, as opposed to individual OPDES permits issued by the State of Oklahoma to some facilities based on site-specific or industry-specific concerns. The owners/operators of regulated industrial facilities must obtain an Authorization under the OPDES General Permit OKR05 for Industrial Activity. [Discharge of stormwater from an industrial activity without first obtaining a permit from DEQ is in violation of Title 27A O.S. §2-6-205 of the Oklahoma Statutes.](#) As part of the application process, the owner or operator must develop a stormwater pollution prevention plan (SWP3) that explains how it will control & reduce pollutants in the stormwater runoff and submit a notice of intent (NOI) or permit application to DEQ.

Who needs a Permit?

Owner or operator of an Industrial facility is required to obtain permit coverage for stormwater discharge if the facility discharges or has the potential to discharge stormwater associated with an industrial or commercial activity either directly to waters of the State or to a municipal separate storm sewer system. **Table 1-3 of 2017 OKR05 Permit** lists the **Standard Industrial Classification (SIC) Codes** and **activity codes** for facilities covered by the Industrial Stormwater regulations. The facility may qualify for and obtain a **No Exposure Exclusion** in accordance with Part 1.14 of the 2017 OKR05 Permit.

How to Apply for a Permit?

Before filling out an NOI, understand the requirements of the 2017 OKR05 permit for stormwater discharges from industrial activity, identify the latitude and longitude of the entrance gate of the facility, identify receiving water body, check whether the facility is located in Sensitive Waters or Watersheds or in Scenic River Watershed, and prepare or update a **Stormwater Pollution Prevention Plan (SWP3)** in accordance with the requirements of 2017 OKR05 Permit. Once the NOI and SWP3 have been prepared and completed for your industrial facility, submit the following to DEQ:

- Completed NOI
- An application fee \$100 and annual fee \$ 347.71 (all existing permittees will be invoiced for annual fee)
- A copy of the SWP3 if your industrial facility is located in Sensitive Waters or Watersheds or in Scenic River Watershed (see Part 1.9.5 of OKR05).

Attach a check for the applicable fees payable to DEQ with your NOI. You may pay the fees using a credit card (only Visa or Master Card are acceptable) by calling DEQ Finance at (405) 702-1130.

Where to Submit an NOI?

Mail the completed NOI to Stormwater Unit of ECLS, Oklahoma DEQ, 707 N Robinson Ave, P. O. Box 1677, Oklahoma City, OK, 73101-1677 or fax to (405) 702 6226. The completed NOI and SWP3, if requires, can be emailed to ECLS-StormwaterPermitting@deq.ok.gov

NOI Processing Time

NOI processing time is approximately 14 days from the receiving date. If the SWP3 is required to be submitted to DEQ for review, processing time will be approximately 30 to 45 days.

For questions about the Stormwater program, please contact
Karen Milford - South District
Ismat Esrar - North District

What's New

- Final 2017 Multi-Sector General Permit OKR05 for Industrial Activity
[Permit | Fact Sheet | Response to Comments](#)
5 June 2017

Permit & Forms

- 2017 OKR05 Permit
- Notice of Intent (NOI)
- Notice of Termination (NOT)
- No Exposure Certification (NEC)
- Annual Compliance Report (ACSCER)
- Regulated MS4 Operators

Templates

- DEQ's Industrial SWP3 Template
- Completing Instructions for DEQ's SWP3 Template
- Templates for All Reports
- SWP3 Modification Report
- Routine Facility Inspection Report
- Quarterly Visual Monitoring Report
- Corrective Action Report
- Employee Training Report
- BMP Maintenance Records
- Equipment/System Maintenance Records

(Note: Templates are suggestive; these are not part of the permit. Applicant may choose to use any or part of the templates or make their own to meet the permit requirements)

Industrial Stormwater Workshop's Slides

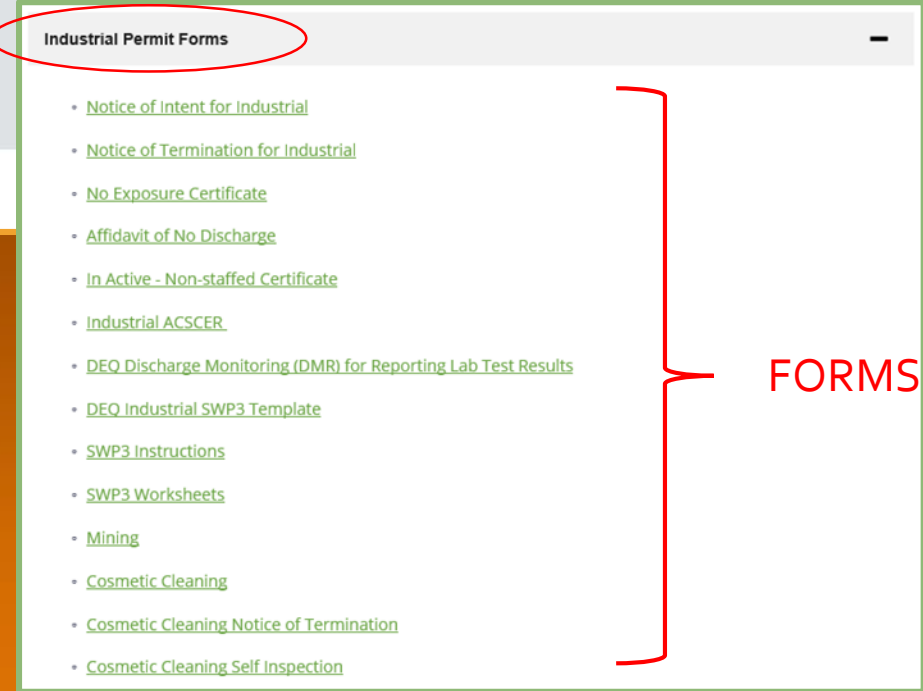
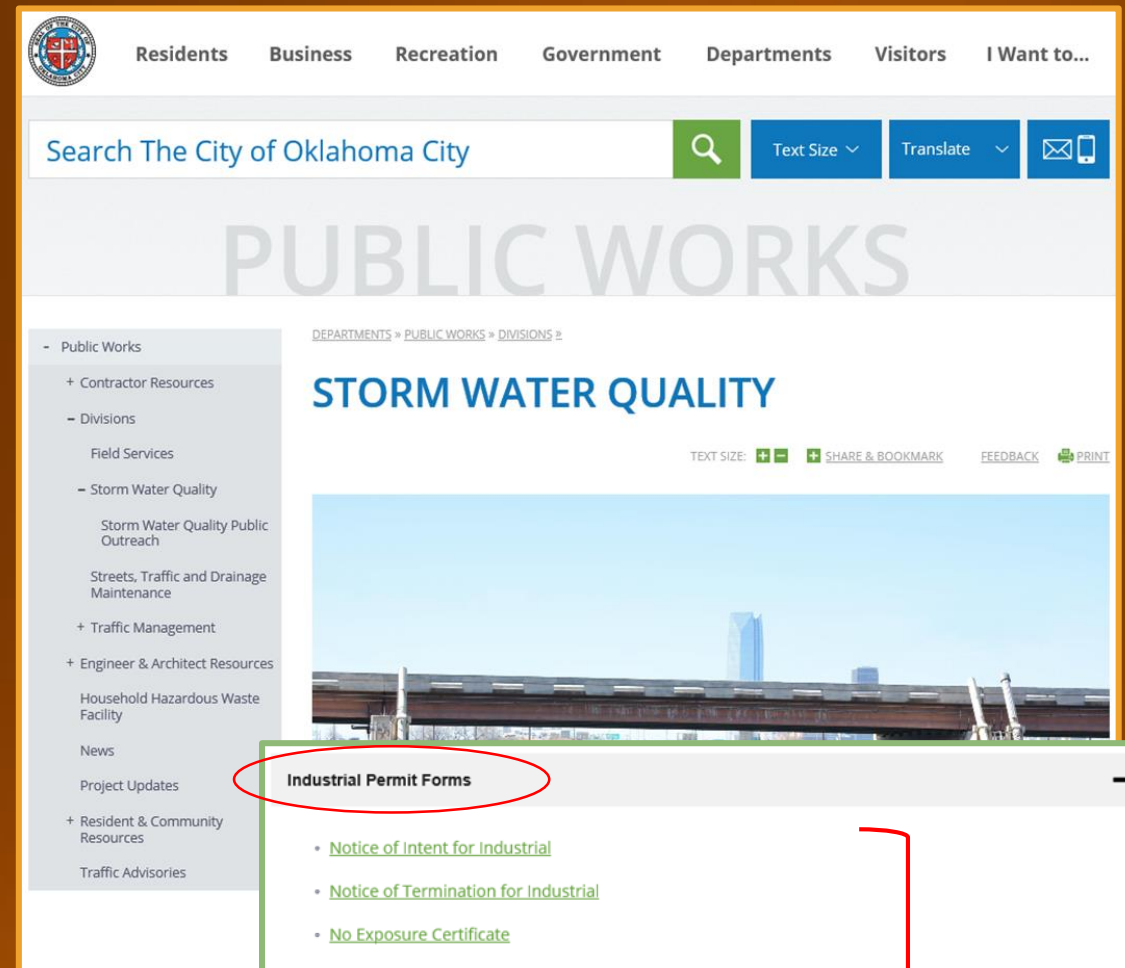
OKR05 Permit Overview



OKC Webpage

www.okc.gov/SWQ

- Visit our website to download SWP3 forms and templates – in the *Industrial Permit Forms* section, at the bottom of the web page.
- SWP3 Guidelines, forms, and additional information are available on your workshop CD's.





For additional information:

www.okc.gov/SWQ

<http://www.deq.state.ok.us/wqdnew/stormwater/industrialsw/index.html>

Questions?