

Stormwater Comprehensive Site Compliance Evaluation

Covering the period of July 1 to June 30.
Submission due to KDHE by October 1 annually

Facility Name: _____

Kansas Permit No.: _____

Date of Inspection: _____

Inspector's Name(s): _____

Inspector's Title(s): _____

Weather Information at time of Inspection

Clear Cloudy Rain High Winds Temp _____

Other: _____

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

If yes, describe: _____

Is there any evidence of pollutants, in any outfall, entering the drainage system since the last inspection? Yes / No

If yes, describe: _____

Control Measures					
	Structural Control Measure (e.g. diversion swale, hay bales, silt fence)	Location	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Maintenance or Corrective Action Needed and Notes
1			<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
2			<input 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	
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	

AREAS OF INDUSTRIAL MATERIALS OR ACTIVITIES EXPOSED TO STORMWATER				
	Area/Activity	Inspected?	Controls Adequate (appropriate, effective and operating)?	Maintenance or Corrective Action Needed and Notes
1	Material loading/unloading and storage areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Equipment operations and maintenance areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Fueling areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input 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 type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	Waste handling and disposal areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Erodible areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	Processing areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8	(other) industrial activity	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9	(other) industrial activity	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Describe any incidents of non-compliance observed and not described above:.

Use this space to indicate any additional notes or observations from this 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.”

Print Name and Title: _____

Signature: _____ Date: _____