



Annual SWPPP Evaluation Form

WET DECK LOG SPRAY GENERAL PERMIT

COVERAGE NUMBER MSG17 _____

AGENCY INTEREST NUMBER _____



Instructions: The SWPPP shall describe and ensure the implementation of BMPs which will reduce pollutants in stormwater discharges and assure compliance with the terms and conditions of the WDLSGP permit. The SWPPP must be evaluated annually to ensure the effectiveness of the SWPPP's design and implementation. [2022 WDLSGP ACT 5, T-2, T-3, and T-7]

Facility Name:		Person evaluating SWPPP:	
SWPPP Components and Description of Potential Pollutant Sources [ACT 5]:			
<input type="checkbox"/> YES <input type="checkbox"/> NO	SWPPP identifies industrial activities exposed to stormwater. [T-2(1)]		
<input type="checkbox"/> YES <input type="checkbox"/> NO	SWPPP describes materials and pollutants associated with the activities above. [T-2(2) & (3)]		
<input type="checkbox"/> YES <input type="checkbox"/> NO	SWPPP identifies spill and leaks of toxic or hazardous pollutants. [T-2(4)]		
<input type="checkbox"/> YES <input type="checkbox"/> NO	SWPPP identifies pollutants of concern and summarizes stormwater sampling data. [T-2(5)]		
<input type="checkbox"/> YES <input type="checkbox"/> NO	SWPPP includes a detailed scaled site map and a topographical map. [T-2(6) & (7)]		
<input type="checkbox"/> YES <input type="checkbox"/> NO	SWPPP identifies pollutants likely present and a reasonable potential for containment. [T-2(8)]		
SWPPP Components and Description of Stormwater Management Controls [ACT 5]:			
<input type="checkbox"/> YES <input type="checkbox"/> NO	SWPPP identifies position(s) responsible for developing, implementing, maintain, and revising SWPPP. [T-3(1)]		
<input type="checkbox"/> YES <input type="checkbox"/> NO	SWPPP lists materials handled, assess and identifies risk of potential pollution, and specifies necessary controls. [T-3(2)]		
<input type="checkbox"/> YES <input type="checkbox"/> NO	SWPPP identifies areas with a high potential for soil erosion and prevention measures. [T-3(3)]		
<input type="checkbox"/> YES <input type="checkbox"/> NO	SWPPP identifies a preventive maintenance program. [T-3(4)]		
<input type="checkbox"/> YES <input type="checkbox"/> NO	SWPPP identifies good housekeeping practices. [T-3(5)]		
<input type="checkbox"/> YES <input type="checkbox"/> NO	SWPPP identifies potential spill areas, their drainage points, and procedures for cleaning spills. [T-3(6)]		
<input type="checkbox"/> YES <input type="checkbox"/> NO	SWPPP identifies personnel training responsible for implementing and/or complying with the SWPPP. [T-3(7)]		
<input type="checkbox"/> YES <input type="checkbox"/> NO	SWPPP certifies stormwater testing every 5 yrs. when feasible for non-allowed, non-stormwater discharges. [T-3(8)]		
<input type="checkbox"/> YES <input type="checkbox"/> NO	SWPPP identifies areas to be inspected monthly for objectionable characteristics. [T-3(9)]		
<input type="checkbox"/> YES <input type="checkbox"/> NO	SWPPP identifies allowable non-stormwater discharges and appropriate BMPs for the non-stormwater. [T-3(10)]		
<input type="checkbox"/> YES <input type="checkbox"/> NO	SWPPP provides management of stormwater volume through its diversion, infiltration, storage, or re-use. [T-3(11)]		
SWPPP Certification and Signature:			
<input type="checkbox"/> YES <input type="checkbox"/> NO	The SWPPP is on-site, current, adequately addresses the sources of pollution at the facility, is fully compliant with the terms and conditions of the WDLSGP and effectively controls stormwater pollutants. If no, the SWPPP shall be amended and submitted to MDEQ within 30 days of amendment. [ACT 5 T-4(4)]		
<i>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 fines and imprisonment for knowing violations.</i>			
Authorized Signature (2022 WDLSGP ACT 4, T-5)		Date	
Printed Name		Printed Title	