



# ANNUAL REPORT

## Multi-Sector General Permit

**A COMPLETE AND ACCURATE FORM MUST BE SUBMITTED TO:**  
 Arizona Department of Environmental Quality; Surface Water Section / Stormwater Program  
 1110 West Washington, 5415A-1; Phoenix, Arizona 85007

Send your Annual Report Form to the address provided above. Faxed forms are not acceptable.

### A. GENERAL INFORMATION

1. AZPDES Authorization Number: AZMSG- \_\_\_\_\_

2. Facility Name: \_\_\_\_\_

3. Facility Physical Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: |\_\_| |\_\_| |\_\_| Zip Code: \_\_\_\_\_

4. Lead Inspector's Name: \_\_\_\_\_ Title \_\_\_\_\_

Additional Inspector's Name(s): \_\_\_\_\_

5. Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Ext. \_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_\_

6. Inspection Date: |\_\_| |\_\_| / |\_\_| |\_\_| / |\_\_| |\_\_| |\_\_|

### B. GENERAL INSPECTION FINDINGS

1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to stormwater?  
 \_\_\_\_ YES \_\_\_\_ NO

If NO, describe why not:

*Note: Complete Section C of this form for each industrial activity area inspected and included in your SWPPP or as newly identified in B.2 or B.3 below where pollutants may be exposed to stormwater.*

2. Did this inspection identify any stormwater or non-stormwater outfalls not previously identified in your SWPPP: \_\_\_\_ YES \_\_\_\_ NO

If YES, for each location, describe the sources of those stormwater and non-stormwater discharges and any associated control measures in place.

3. Did this inspection identify any sources of stormwater or non-stormwater discharges not previously identified in your SWPPP?

YES  NO

If YES, describe these sources of stormwater or non-stormwater pollutants expected to be present in these discharges and any control measures in place.

4. Did you review stormwater monitoring data as part of this inspection to identify potential pollutant hot spots?

YES  NO  N/A, no monitoring performed

If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review::

5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters and the condition of and round outfalls, including flow dissipation measures to prevent scouring:

6. Have you taken or do you plan to take any corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection?

YES  NO

If YES, how many conditions requiring review for correction active as specified in Parts 3.1 and 3.2 were addressed by these corrective actions"

|\_|\_|

**NOTE:** Complete the attached Corrective Action Form (Section (D) for each condition identified, including any conditions identified as a result of this comprehensive stormwater inspection.

**C. INDUSTRIAL ACTIVITY AREA-SPECIFIC FINDINGS**

**Complete one block for each industrial activity area where pollutants may be exposed to stormwater.**

In reviewing each area, you should consider:

- ▶ Industrial materials, residue or trash that may have or could come into contact with stormwater;
- ▶ Leaks or spills from industrial equipment, drums, tanks and other containers;
- ▶ Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and
- ▶ Tracking or blowing of raw, final, or waste materials from areas of no exposure to exposed areas.

**INDUSTRIAL ACTIVITY AREA** \_\_\_\_\_

1. Brief Description:

2. Are any control measures in need of maintenance or repair?     YES     NO
3. Have any control measures failed and require replacement?     YES     NO
4. Are any additional/revised control measures necessary in this area?     YES     NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

**INDUSTRIAL ACTIVITY AREA** \_\_\_\_\_

1. Brief Description:

2. Are any control measures in need of maintenance or repair?     YES     NO
3. Have any control measures failed and require replacement?     YES     NO
4. Are any additional/revised control measures necessary in this area?     YES     NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

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1. Brief Description:

2. Are any control measures in need of maintenance or repair?     YES     NO
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4. Are any additional/revised control measures necessary in this area?     YES     NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Copy this page for additional industrial activity areas and attach additional pages as necessary

**INDUSTRIAL ACTIVITY AREA** \_\_\_\_\_

1. Brief Description:

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- 4. Are any additional/revised control measures necessary in this area?     YES     NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

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- 4. Are any additional/revised control measures necessary in this area?     YES     NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

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- 4. Are any additional/revised control measures necessary in this area?     YES     NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)



**E. ANNUAL REPORT CERTIFICATION**

1. Compliance Certification.

Do you certify that your annual inspection has met the requirements of Part 4.3.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge; you are in compliance with the permit?

\_\_\_\_ YES \_\_\_\_ NO

If NO, summarize why you are not in compliance with the permit:

2. Annual Report Certification

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.

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DRAFT