



Industrial Stormwater Annual Report Form

NPDES/SDS Industrial Stormwater Multi-Sector General Permit

Due March 31, yearly

Doc Type: Permitting Annual Report

Instructions: The Annual Report must be submitted electronically to the Minnesota Pollution Control Agency (MPCA) by either the owner or the operator of the facility. **All questions with an asterisk (*) are required fields**, and must be completed before the form will be transmitted electronically.

PDF version: Save the form to your computer and send to the MPCA by using the 'Submit' button at the end of the form.

MS Word version: Save the form to your computer and send to MPCA as an email attachment to iswprogram.pca@state.mn.us. If you do not receive an email confirmation receipt within two business days, please contact the Industrial Stormwater Program at iswprogram.pca@state.mn.us.

Questions: Contact MPCA staff by calling the **Stormwater hotline** at: 651-757-2119 or 800-657-3804 (non-metro only).

Email updates: If you'd like to receive the program's quarterly e-newsletter, click on the link: "Sign up for Industrial stormwater email updates" (found in the upper right-hand corner of the MPCA Industrial stormwater webpage at www.pca.state.mn.us/industrialstormwater).

*Reporting year: _____

Facility information

*Facility name: _____

*Facility address (physical location): _____

*City: _____ *State: MN *Zip code: _____

*Permit No./Facility ID No. _____

(ex. MNR053XXX, the number on your coverage card): _____ *Facility contact name: _____

Stormwater Pollution Prevention Plan (SWPPP) Information

*1a. Provide a summary of inspection dates, results, Best Management Practices (BMPs) maintenance, and oil and grease inspection results, if applicable. See Part VII of the permit to determine if oil and grease inspection requirements are applicable. (Permit References: IV.B.7.a.1, IV.B.7.a.2)

Note: If you did not do an inspection, place the word "none" in the field. The form will not submit without the fields filled in.

Inspection #	Inspection date (mm/dd/yyyy)	Inspection results	BMP maintenance	Results of oil/grease inspections (if applicable)
1				
2				
3				
4				
5				

Inspection #	Inspection date (mm/dd/yyyy)	Inspection results	BMP maintenance	Results of oil/grease inspections (if applicable)
6				
7				
8				
9				
10				
11				
12				

*1b. Was a minimum of one inspection per calendar year conducted during a runoff event? **(Permit Reference: III.F.1)**

Yes No Date of inspection(s): _____

1c. The following sectors have additional sector-specific inspection requirements: A, C, D, E, F, G, H, I, J, L, M, N, O, P, Q, R, S, T, U, V, AA, AB. See Part 5.d. of Part VII of each "sector chapter" for your sector-specific inspection requirements. Provide a summary of the inspection results if your facility falls within these sectors. **(Permit Reference: VII.5.d)**

Sector letter	Sector-specific inspection results	Frequency of inspections
Example: Sector M	Example: During my monthly inspections, I inspected all areas where hazardous materials and general automotive fluids are stored, and there were no signs of spilled materials on the ground.	Example: I am required to conduct two of my monthly inspections during precipitation event, which I did, in September and November. Both times, no pollutants were observed during either inspection.

*2a. Does the SWPPP accurately reflect facility conditions?
 Yes No If no, modify your SWPPP. **(Permit Reference: IV.B.7.a.3)**

*2b. Were any newly exposed significant materials identified at the facility during the reporting year?
 Yes No If yes, modify your SWPPP. **(Permit Reference: IV.B.7.a.4)**

2c. Summarize below any SWPPP modifications made since receiving permit coverage at the facility. **(Permit Reference: IV.B.7)**

*2d. Yearly staff training: Provide the date(s) of the required Industrial Stormwater annual staff training:

_____ **(Permit Reference: III. K)**

*3. Has a review been conducted to determine if the facility is discharging to any newly listed impaired waters that are within one mile of the facility during the reporting year? Yes No

Impaired Waters Search Tool: <http://www.pca.state.mn.us/mvri1126>

Note: Only review impaired waters that are impaired for the facility's required monitoring parameters (Part VII of the permit) or pollutant surrogates, check language listed on Page 24 of the permit.

Are there any newly listed impaired waters within one mile of the facility? Yes No

If yes, list those waters below and modify your SWPPP. **(Permit Reference: IV.B.7.a.5)**

*4. Has the facility been subject to any U. S. Environmental Protection Agency-approved Total Maximum Daily Loads (TMDLs) during the reporting year? Yes No

Important Note: If yes, please review Part 1.B.j regarding eligibility for this permit. For information on TMDLs, visit: <http://www.pca.state.mn.us/0aqxa04>. **(Permit Reference: IV.B.7.a.6)**

5. Provide a list of spills and leaks (as defined in Minn. Stat. § 115.061) that occurred at the facility during the reporting year. **(Permit Reference: IV.B.7.a.8)**

6. **If applicable**, provide a summary of all mobile industrial activities conducted by the facility during the reporting year. **(Permit Reference: IV.B.7.a.9)**

Description of activity (include SIC code and/or Narrative Activity)	Locations where the mobile activity occurred (include latitude/longitude coordinates)	Length of time at each location

Owner or Operator Certification (*Required fields)

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 gather and evaluate 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. By typing my name in the following box I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing my application.

*I agree

*Owner/Operator name: _____ *Date: _____
(This document has been electronically signed.) (mm/dd/yyyy)