



Minnesota Pollution Control Agency

520 Lafayette Road North
St. Paul, MN 55155-4194

Individual Industrial Stormwater Annual Report Form

NPDES/SDS Wastewater Permit Program

Doc Type: Annual Compliance Report

Purpose: The purpose of the Annual Report is to summarize the Permittee's compliance with the stormwater chapter of its NPDES/SDS Permit over the last calendar year. It assures that the Stormwater Pollution Prevention Plan (SWPPP) adequately represents site conditions and that Best Management Practices (BMPs) are working properly in the treatment of industrial stormwater. All discharges of stormwater associated with industrial activity shall be composed entirely of stormwater. Discharges of any material other than stormwater are prohibited unless authorized under a separate portion of the permit.

Return to: Attn: WQ Submittals Center
Minnesota Pollution Control Agency
520 Lafayette Road North
St. Paul, Minnesota 55155-4194

Note: If this is the first time you have ever completed an Annual Report, it should cover the period from when the facility received authorization under the permit to December 31st of the reporting year.

Annual Reporting Year

January 1, _____ to December 31, _____

Permittee Information

Facility name: _____

Facility address: _____

City: _____ State: _____ Zip code: _____

SIC Code(s): _____ Facility activity(ies): _____

Permittee name (if different from facility name): _____

Permit number: _____ Site contact name: _____

SWPPP Information

Does your SWPPP accurately describe site conditions? Yes No

Are there any newly exposed materials since last SWPPP revision? Yes No

Summarize below your facility's SWPPP. Be sure to include a general site description, modifications to the SWPPP, newly created BMPs, newly exposed materials and activities, and new personnel responsible for SWPPP implementation. (Attach additional sheets if necessary.)

Inspection Information

Have inspections occurred every month during the last year? Yes No

Has at least one of these inspections occurred during a rain event? Yes No

Do any of your BMPs inspected require maintenance or changes? Yes No

Were corrective actions initiated within 30 days after deficiencies were found? Yes No

Describe below site areas and BMPs inspected, and corrective actions taken for BMP maintenance or SWPPP deficiencies discovered during inspections. (Attach additional sheets if necessary.)

Date	Time	Inspector	BMPs inspected	Corrective actions/Comments

Owner/Operator Certification

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 (Minn. R. 7001.0070).

Print name: _____

Title: _____

Signature: _____

Date (mm/dd/yyyy): _____