

**Iowa Department of Natural Resources  
Worksheets for NPDES Storm Water General Permit #1**

**Worksheet #1 - Pollution Prevention Team Member Roster**

Leader: \_\_\_\_\_ Title: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Member 1: \_\_\_\_\_ Title: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Member 2: \_\_\_\_\_ Title: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Member 3: \_\_\_\_\_ Title: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Member 4: \_\_\_\_\_ Title: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Member 5: \_\_\_\_\_ Title: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Member 6: \_\_\_\_\_ Title: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Member 7: \_\_\_\_\_ Title: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Completed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

## Worksheet #2 - Developing a Site Map

Instructions: Draw a map of your overall facility site including property boundaries, all buildings, structures, paved areas, and parking lots. Draw the map to scale to the best of your ability. Also include the following on the map:

- An outline of the drainage area of each storm water outfall including:
  - Drainage patterns
  - Direction of flow
  - Discharge points (outfalls)
  
- Existing structural storm water pollution control measures (physically constructed features used to control storm water flows), such as:
  - Flow diversion structures
  - Retention/detention ponds
  - Vegetative swales
  - Sediment traps
  
- Name of receiving water (or if through a Municipal Separate Storm Sewer System)
  
- Location and name of surface water bodies, including any neighboring stream, river, lake, or water body receiving storm water discharges from the site
  
- Locations of past spills and leaks (during the past three years)
  
- Locations for each of the following activities (where exposed to storm water):
  - Fueling stations
  - Vehicle/equipment washing and maintenance area
  - Areas for unloading/loading materials
  - Above-ground tanks for liquid storage
  - Industrial waste management areas (landfills, waste piles, treatment plants, disposal areas)
  - Outside storage areas for raw materials, by-products, and finished products
  - Outside manufacturing or processing areas
  - Other areas of concern (specify): \_\_\_\_\_
  - \_\_\_\_\_

Completed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_







**Worksheet #6A - Non-Storm Water Discharge Assessment and Certification**

Instructions: Test or evaluate your outfalls for non-storm water discharge within 180 days of the discharge authorization date and fill in the table below with the appropriate information. Sign this form to certify the accuracy of the included information. Use the key from your site map to identify each outfall.

Date of Test or Evaluation	Outfall Directly Observed During the Test (identify as indicated on the site map)	Method Used to test or Evaluate Discharge	Describe Results from Test for the Presence of Non-Storm Water Discharge	Identify Potential Significant Sources	Name of Person Who Conducted the Test or Evaluation

Completed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Certification**

I, \_\_\_\_\_ (responsible corporate official), 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 for knowing violations.

(Type or Print)

Name: \_\_\_\_\_ Official Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

**Worksheet #6B - Non-Storm Water Discharge Assessment and Failure to Certify Notification**

Instructions: If you cannot feasibly test or evaluate an outfall within 180 days of the discharge authorization date, fill in the table below with the appropriate information and sign this form to certify the accuracy of the information. List all outfalls not tested or evaluated, describe any potential sources of non-storm water pollution from listed outfalls, and state the reason(s) why certification is not possible. Use the key from your site map to identify each outfall.

**Notice: A copy of this certification must be signed and kept onsite and made available to the Iowa Department of Natural Resources upon request.**

Identify Outfall Not Tested or Evaluated	Description of Why Certification is Infeasible	Description of Potential Sources of Non-Storm Water Pollution

Completed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Certification**

I, \_\_\_\_\_ (responsible corporate official), 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 for knowing violations.

(Type or Print)

Name: \_\_\_\_\_ Official Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

**Worksheet #7 - Site Evaluation Summary**

Instructions: List all identified storm water pollutant sources and describe existing management practices that address these sources.

Activity	Storm Water Pollutant Source	Pollutants of Concern (from existing information or estimation)	Describe Existing BMPs (pollution prevention measures)	Description of New BMP Options (identify BMP options for eliminating remaining sources of pollutants)
Loading / Unloading Operations				
Maintenance Operations / Equipment Cleaning Operations				
Outdoor Storage Operations				
Onsite Practices				
Dust or Particulate Generating Processes				
Above ground Liquid Storage Tanks				

Activity	Storm Water Pollutant Source	Pollutants of Concern (from existing information of estimation)	Describe Existing BMPs (pollution prevention measures)	Description of New BMP Options (identify BMP options for eliminating remaining sources of pollutants)
Outdoor Manufacturing and / or Process Operations				
Others				

Completed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Worksheet #8 - Best Management Practice (BMP) Identification**

Instructions: Describe the Best Management Practices that you have selected to include in your pollution prevention plan. Also describe any additional BMPs (activity specific and site specific BMPs) that you have selected from Worksheet #7. For each of the BMPs, describe actions that will be incorporated into facility operations. Attach additional sheets if necessary.

BMPs	Brief Description of Activities
Good Housekeeping	
Preventative Maintenance	
Visual Inspections	
Spill Prevention Response	
Sediment and Erosion Control	
Storm water Management - Runon	
Storm Water Management - Runoff	
Additional BMPs (Activity specific and site specific chosen from Worksheet #7)	
Employee Training	

Completed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_