



1200-Z INSPECTION FORM

Industry _____ Inspection Date _____ Time _____

Date of Previous Inspection _____ Connection to MS4 Yes ☐ No ☐ MIP: Yes ☐ No ☐

City Personnel _____ Industry Personnel _____

Current Monitoring Waiver Yes ☐ No ☐ Parameters _____

Applicable Sectors _____ Additional Sector Requirements _____

MONITORING

Is sampling occurring per Schedule B & E as required? Yes ☐ No ☐ NA ☐ Detection limits adequate? Yes ☐ No ☐ NA ☐

Are proper sampling methods in place to meet pH and *e. Coli* hold times? Yes ☐ No ☐ NA ☐

Dissolved metals field filtered? Yes ☐ No ☐ NA ☐

Sample Dates	Exceedances? YES NO	Parameters	Tier I Prepared? YES NO	Date Report Completed	Corrective Actions completed/proposed	Date Action Completed
	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>			
	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>			
	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>			
	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>			

Tier 1s for impairment pollutant exceedances submitted on time? Yes ☐ No ☐ NA ☐

Notes: _____

Deficiencies or Recommendations: _____

SPILLS

If any spills have occurred, have they been properly reported and documented? Yes ☐ No ☐ NA ☐

Describe spill and date(s): _____

STORMWATER POLLUTION CONTROL PLAN

Is the SWPCP kept on-site? Yes ☐ No ☐

Are all spill notification phone numbers included in the SWPCP? Yes ☐ No ☐

Are all name, ownership, and contact information current and documented? Yes ☐ No ☐

Is the existing SWPCP reflective of current activities, site developments and Tier 1s prepared? Yes ☐ No ☐

SWPCP Revisions Required: _____

EMPLOYEE EDUCATION

Date of Last Training _____

Records Available?

Yes ☐ No ☐

Done Annually? Yes ☐ No ☐

New Hires w/in 30 days?

Yes ☐ No ☐

Does the education program include: site specific control measures, spill response and housekeeping, monitoring, facility inspections, reporting and documentation?

Yes ☐ No ☐

Deficiencies or Recommendations: _____

FACILITY INSPECTIONS AND VISUAL OBSERVATIONS

Facility Inspections: Completed monthly? Yes ☐ No ☐ Months Missing: _____

Visual Observations: Completed monthly? Yes ☐ No ☐ Months Missing: _____

When discharge is occurring? Yes ☐ No ☐ At all discharge points? Yes ☐ No ☐

Foam, discoloration, oil and grease, floating solids, settleable solids, odor? Yes ☐ No ☐

Corrective Measures implemented, if Needed? Yes ☐ No ☐ NA ☐

Dates and Times of Visual Observations: Rainfall or Discharge during observation Y/N (record date since last inspection)

Deficiencies or Recommendations: _____

PREVENTATIVE MAINTENANCE

Feature	Records Available YES NO	Frequency (SWPCP)	Implementation per SWPCP YES NO	Dates Maintained	Comments
CBs	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		
CB Filters	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		
Sweeping	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		Vendor/Self Vendor name:
Infiltration Facility	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		
Treatment Facility	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		Type:
Other:	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		

Deficiencies or Recommendations: _____

NARRATIVE TECHNOLOGY-BASED EFFLUENT LIMITS

NTBELs Requirement	Adequate Implementation			Comments
	YES	NO	NA	
Containment (A.1.a)				
– Substances w/o potential to contaminate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
– Materials/equipment in containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
– Drip pans used as needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
– No evidence of leaking containers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Discharge log used for tank farm? Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Mobile Washing occurs on site? (A.1.a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Name of mobile washer:
– No Evidence of washwater discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mobile washer authorized for discharge to sanitary: Y/N Days/Times mobile washing occurs on site:
Cleaning operations (A.1.a)				
– Conducted indoors, under cover or within a bermed area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
– No overspray, or runoff observed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Grading or curbing to divert SW (A.1.a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oil/Grease minimized in SW (A.1.b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fixed Fueling (A.1.a)				
– w/ containment, cover, spill kit, shut-off valve or other appropriate BMPs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Waste storage (A.1.c) (if applic. Sch. E Sector N)				
– Recycling & waste bins covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
– Other materials covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
– No leaking containers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Discharge/exposed soils stabilized to prevent erosion/discharge of debris or contaminated sediment or significant materials from past activities (A.1.d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Areas with contaminated sediment? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
No evidence of tracking off-site (A.1.f)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Housekeeping (A.1.g)				
– Proper routine cleaning occurring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
– Orderly storage occurring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
– Prompt clean-up of spills and leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
– Proper maintenance of vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
– Proper stowing of materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
– Implemented per SWPCP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Spill Prevention and Response (A.1.h)				Discussed notification requirements: Yes <input type="checkbox"/>
– Materials labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highest risk of spills:
– Barriers adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
– Spill kit(s) at locations in SWPCP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
– Notification numbers posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				Describe:
No Non-stormwater discharges (A.1.k)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NTBELS implemented as described in SWPCP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional NTBELS required to be added to SWPCP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

STORMWATER SYSTEM INSPECTION

Requirement	Adequate Implementation			Description/Comments/ Maintenance Required
	YES	NO	NA	
Stormwater catch basins				
- Is area surrounding catch basin free of heavy sediment accumulation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- Filter inserts in good condition and present as described in SWPCP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stormwater Treatment or Infiltration Facility adequately maintained?				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Discharge Points				
- No Evidence of Pollutants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- All discharge points included on map	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- No Non-stormwater discharge observed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No Run-on from neighboring properties observed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

OVERALL INSPECTION NOTES

Deficiencies _____

Recommendations/ Notes _____

Inspected by:_____ Date:_____

gives
10 days
to have
drums
removed

french
ditch
add to
map

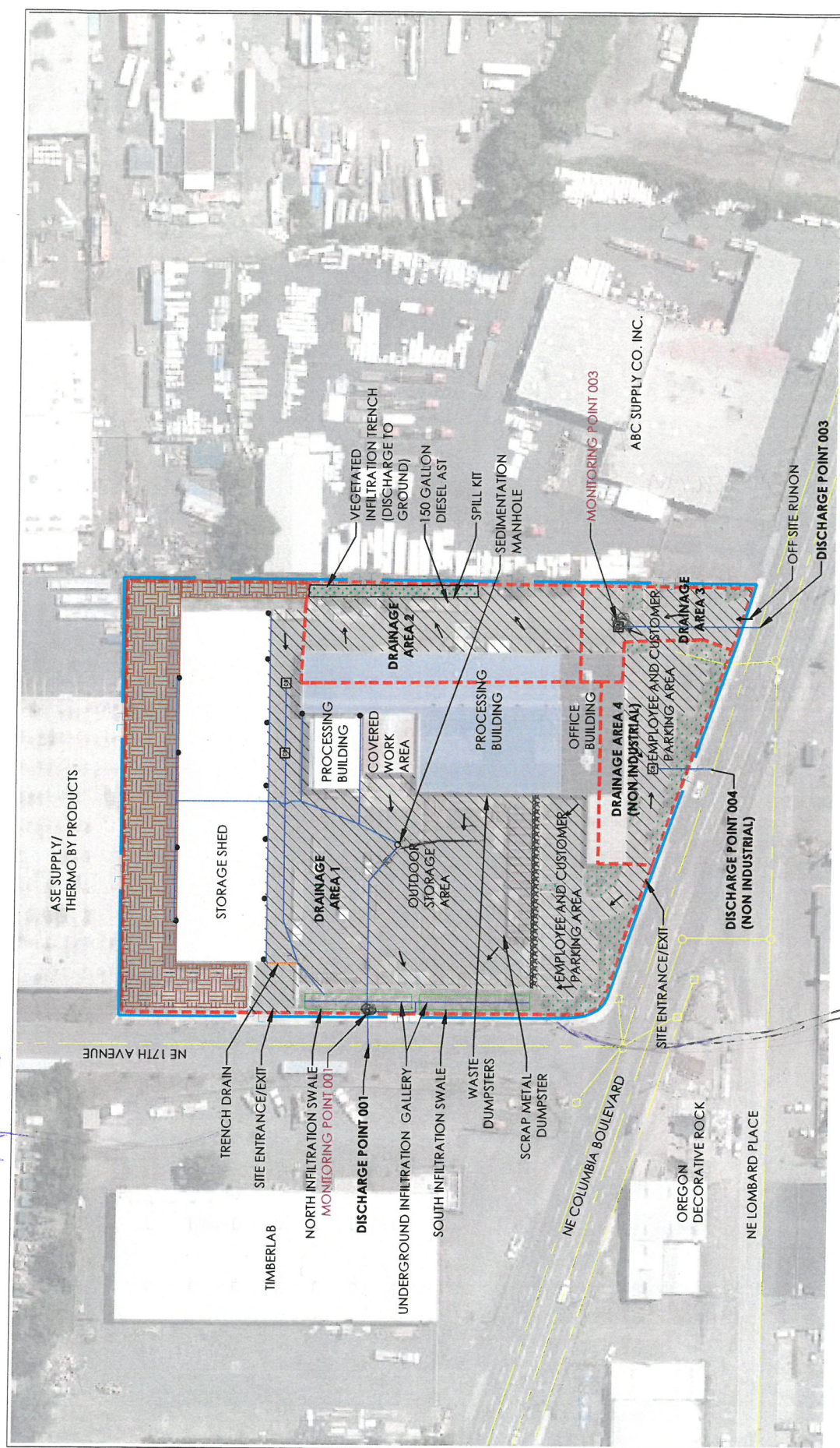


Figure 2
Site Features
Standard Steel, LLC
Portland, Oregon

LEGEND

- GRAVEL
- BERM
- LANDSCAPE
- PAVEMENT
- DRAINAGE AREA BOUNDARY
- PROPERTY BOUNDARY
- PRIVATE STORM SEWER
- CITY STORM SEWER
- SURFACE FLOW DIRECTION
- CATCH BASIN
- ROOF DRAIN

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NOTE: BAR IS ONE INCH ON ORIGINAL DRAWING. IF NOT ONE INCH, SCALE SHEET, ADJUST SCALE ACCORDINGLY.

0 80' 160'

DATE: 8/30/2022 11:08:46 AM

FILEPATH: G:\00_MFA_Civil\3D\00_PROJECTS\2371_01_Standard Steel\K\H\H\Figure 2.dwg

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Add curbline

NFA w/ DEQ + to SWPCP

Dummy OMR

Send lab list

man hole puller - got one

+ soakage trench

Send Tier 1 form

maint. onsite but 3rd party

pesticide offsite

washing / fueling offsite

onsite flut - 3 trucks / 3FL

Send training slideshow