



Commercial Facility

Storm Water Compliance Inspection

Gary Gabriel
Wastewater Manager
Salinas Public Works
426 Work Street
Salinas, CA 93901
Office: (831) 758-7103

Facility Name: _____		Date of Inspection: _____	
Facility Address: _____		Mailing/Billing Address: _____	
Facility Contact Person: _____		Contact Phone Number: _____	
Type of Inspection: <input type="checkbox"/> Annual <input type="checkbox"/> Routine <input type="checkbox"/> Initial Inspection	FACILITY COMPLIANCE RATING: See Attached Compliance Rating Sheet		
Business Type/Activity: _____	Facility BMP Compliance Rating: <input type="text"/>	Facility Trash Rating: <input type="text"/>	
SIC: _____	General Permit No: _____	Refer to General Permit? : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not determined	SWPPP: <input type="checkbox"/> Yes <input type="checkbox"/> No Facility Map: <input type="checkbox"/> Yes <input type="checkbox"/> No

Customer Advised: *Illicit Discharges to storm drains are prohibited from non-storm water sources. Yes No

Examples: Facility/Equipment Cleaning, Pressure Washing, Hosing of Outdoor Areas, Excessive Landscape Watering, Trash/Litter

A.	OUTDOOR AREAS	Y	N	N/A
1	Storm drain inlets within property boundaries clean and free of accumulated dirt and debris? Facility storm drains to be cleaned prior to the wet weather season (October 1 st annually)?			
2	Are outside areas free of evidence of stains or non-storm water discharges from hosing down, pressure washing, steam cleaning, <i>excessive landscape watering</i> from entering outdoor drains?			
3	Are outside areas regularly dry swept and kept clean of trash/debris (sidewalks, outdoors etc.)?			
4	Is facility clear of excessive dust/debris/or particulates from operations?			

B.	MATERIAL STORAGE	Y	N	N/A
1	Are there appropriate BMP's for outdoor storage of materials, products and by-products?			
2	Is there secondary containment for liquid storage?			
3	Are current BMPs in material storage areas adequate?			

C.	WASTE/TRASH MANAGEMENT	Y	N	N/A
1	Are containers for storage of wastes labeled?			
2	Are hazardous wastes properly handled and disposed of?			
3	Is there secondary containment for liquid wastes?			
4	Are dumpsters free of leakage and areas free of loose trash and spills?			
5	Are dumpster areas cleaned in manner that does not pollute storm drains? Dry cleanup methods are used or wash water is contained and recovered for disposal into sanitary sewer?			
D.	SPILL CONTROL	Y	N	N/A
1	Are there procedures for spill response and cleanup?			
2	Are spill containment and cleanup materials kept on-site and in convenient locations?			
3	Are used absorbent materials removed and disposed of in a timely manner?			
4	Are current spill BMPs adequate?			
5	Have all unauthorized non-storm water discharges been eliminated or permitted?			

COMMENTS, RECOMMENDATIONS AND/OR FOLLOW-UP ITEMS (Include re-inspection or return to compliance date)		
Inspector Name (Print): _____	Signature: _____	Date: _____
Facility Rep. Name (Print): _____	Signature: _____	Date: _____
Signature indicates that Facility Representative understands the term of this inspection and has received a copy of this inspection report.		

Inspection may involve obtaining photographs, sampling, review and copying of records and determination of compliance with waste handling requirements. This inspection was conducted under authority of City Codes and Regulations and the Central Coast Regional Water Quality Control Board WDR Order No. R3-2012-0005 NPDES Permit No. CA0049981 Waste Discharge Requirements for City Of Salinas Municipal Storm Water Discharges.