

4AA Sample Reporting Form



**Alameda Countywide
Clean Water Program
Standard Stormwater Facility Inspection Report Form**

Municipality: _____

Date: _____

Reason for Inspection: First Inspection Routine Inspection Response to Complaint Facility has closed or Facility Information has changed

NAME OF FACILITY _____ SITE ADDRESS _____

CONTACT NAME _____ PHONE _____ BUSINESS TYPE/ACTIVITY _____ SIC _____

Is the property owner different than the facility owner? yes no
If yes, complete the following:
NAME _____ PHONE _____
MAILING ADDRESS _____

Is the facility covered under any other programs or permits? (Check all that apply.) None Sanitary sewer
 Air quality Hazmat business plan Underground storage tanks Aboveground storage tanks
 Fire department(hazmat storage) Hazmat waste generator Other _____

Is the facility covered under a storm water permit? Does not need Coverage No, but may need to be (Refer to Regional Board)
 Individual General: Does the facility have a SWPPP? yes no

N/A = Not Applicable; PTNL = POTENTIAL for Pollutant Discharge: 1 = low potential, 2 = medium potential, 3 = high potential
ACTUAL Type of Discharge: BMP: 0 = BMPs are effective, 1 = BMPs are fairly/almost effective, 2 = BMPs are not effective, 3 = No BMPs are implemented
PEX = Pollutant Exposure, NSW = Non-Stormwater Discharge

AREAS OF ACTIVITY	N/A	PTNL	ACTUAL Type of Discharge			REMARKS: Describe recommendations, requirements, and time to implement. Check box if remark is a requirement.
			BMP	PEX	NSW	
A. Outdoor Process/Manufacturing Areas						<input type="checkbox"/>
B. Outdoor Material Storage Areas						<input type="checkbox"/>
C. Outdoor Waste Storage/Disposal Areas						<input type="checkbox"/>
D. Outdoor Vehicle and Heavy Equipment Storage, Maintenance Areas						<input type="checkbox"/>
E. Outdoor Parking Areas and Access Roads						<input type="checkbox"/>
F. Outdoor Wash Areas						<input type="checkbox"/>
G. Rooftop Equipment						<input type="checkbox"/>
H. Outdoor Drainage from Indoor Areas						<input type="checkbox"/>
I. Other (describe):						<input type="checkbox"/>

ADDITIONAL COMMENTS/REMARKS _____

 See attached for more comments.

FIRST Follow-up Inspection (Date & Findings) _____ SECOND Follow-up Inspection (Date & Findings) _____

PRIORITY FOR RE-INSPECTION: 1; First 2; Second 3; Third
ENFORCEMENT: None Verbal Notice Administrative Action Administrative Action w/ Penalty &/or Cost Recovery Legal Action

Facility Representative Signature: _____ Date: _____

Print Name of Facility Representative: _____ Inspector's Signature: _____