

**SWPPP INSPECTION OF CITY OWNED FACILITIES**

**Facility Name:**

**Date:**

City Inspector Contact Information

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**City Owned Facility Inspection:** The intent of this inspection is to verify the field condition for a City owned facility.  
 Any issues identify on this inspection will need to be addressed by the Superintendent within the deadlines set by the City Inspector

**City Owned Facility (Select One):** Please, provide any pertinent notes and documentation that may help to support the compliance with local, country, state and federal laws for the proposed development.

City Facility:

- Equipment Storage and Maintenance Facilities:
  1. Public Works Complex  
Hours of Operation: Mo/Tu/We/Th – 7:00 AM to 6:00 PM
- Landscape Maintenance on Municipal Property:
  2. Public Works Complex
- Public Buildings:
  3. Public Library
  4. Police Department
  5. Fire Station
  6. Municipal Administration Building
  7. Other Buildings: Boat Harbor
- Public Parking Lots:
  8. City Hall Administration Building
- Public Golf Courses:
  9. Fox Hollow Golf Course
- Public Swimming Pools:
  10. Fitness Center
- Public Work Yards:
  11. Public Works Complex
- Salt Storage Facilities:
  12. Public Works Complex
- Street Repair and Maintenance Sites:
  13. Public Works Complex
- Vehicle Storage and Maintenance Yards:
  14. Public Works Complex

#	Inspection Questions	Answers and Comments
<b>OPERATIONS AND MAINTENANCE</b>		
1	Is the facility free from hazardous waste?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
2	Are the containers and /or tanks clearly marked with the words "HAZARDOUS WASTE"?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
3	Are all the containers and/ or tanks tightly closed and free from leakage?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
4	Do hazardous waste storage tanks have a secondary containment (berm, vault, double walls, etc)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
5	Do the hazardous waste storage or tanks appear to be properly maintained or may otherwise release hazardous waste to the environment?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
6	Have chemical spills, leaks, dumping or discharges to the ground or floor been clean properly?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
7	Are used oil containers leak free?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
8	Are used oil containers labeled as "Recycle Oil"?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
9	Has the facility been free of spills from the last inspection?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
10	Are used oil filters completely drained before disposal?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
11	Are used oil filters properly disposed?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
12	Is used antifreeze properly contained, segregated and labeled?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
13	Is used antifreeze properly disposed?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
14	Are automotive batteries disposed properly (for example: returned to the battery supplier, sent to the recycling facility, sent to a hazardous waste disposal facility, etc.)?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
15	Are used batteries contained and covered prior to disposal?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
16	Are used rags and towels disposed properly (for example: laundry service, burned for heat, trash, etc.)?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
17	Are used tires disposed properly (for example: sold as used tires, sent to a landfill, returned to the supplier, etc.)?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
18	Does the facility use sawdust or other absorbent for spills or leaks?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

- 19 Are absorbents used for oil spills disposed properly (for example: burned for heat, disposed as hazardous waste, transported to a landfill, etc.)?
- 20 Are the shop floor and surrounding areas cleaned properly (for example: uses dry methods such as dry mop, broom, rags, etc.) or used a hose or wet mop?
- 21 Are fluids (oil, antifreeze, solvents, chlorine, et.) draining somehow into the floor drains?

<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

**PARKING LOT**

- 22 Are current erosion and sedimentation control BMPs adequate to keep materials, sediments or pollutants from leaving the site boundaries?
- 23 Is the site FREE from any off site flows entering the storm drain system and/ or facility?
- 24 Are BMPs implemented on site described/ depicted in the BMPs section of the SWMP?
- 25 Are impervious surfaces FREE from evidence of mud tracking (roads, ramps, sidewalks, parking lot areas, etc.)?
- 26 Are all the drums, tanks and/ or containers sealed and/ or protected from the weather?
- 27 Are secondary containment devices provided in needed areas?
- 28 Are drainage areas cleaned, swept and well maintained?
- 29 Are storage areas and other materials organized neatly to prevent spills?
- 30 Is the site FREE of any trash, pollutants or materials not being contained within the perimeters of the facility?

<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

**VEHICLE AND TRUCK WASH OUT AREA**

- 31 Is the vehicle wash area free of pollutant?
- 32 Is the vehicle wash area dry and clean?
- 33 Are the storm drain inlets clean of debris?

<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

**FUELING STATION AREA**

- 34 Are the spill prevention warning signs in place and legible?
- 35 Is the area FREE of any trash or pollutants that could drain into the nearest storm drain catch basin?

<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

36 Has this area been free of leaks or spills from the previous inspection?

YES  NO  N/A

**FLEET MAINTENANCE AREA**

37 Are hazardous materials labeled properly?

YES  NO  N/A

38 Are spill prevention warning signs in place and legible?

YES  NO  N/A

39 Have spills and vehicle leaks cleaned up properly?

YES  NO  N/A

40 Are the fluids and spill clean-up kits in place?

YES  NO  N/A

41 Are the floor drains free of sedimentation or other pollutants?

YES  NO  N/A

**PARKS DIVISION MAINTENANCE AREA**

42 Are the fluids and spill clean-up kits in place?

YES  NO  N/A

43 Are all the hazardous materials, equipment and vehicles stored within a contained area?

YES  NO  N/A

44 Are all the floor drains and sanitary sewer drains clean and functioning correctly?

YES  NO  N/A

**STREET DIVISION MAINTENANCE AREA**

45 Are the fluids and spill clean-up kits in place?

YES  NO  N/A

46 Are maintenance materials labeled and stored properly?

YES  NO  N/A

47 Are all the spills cleaned up properly?

YES  NO  N/A

48 Are all the maintenance fluids grouped and stored properly?

YES  NO  N/A

49 Are all the floor drains and sanitary sewer drains clean and functioning correctly?

YES  NO  N/A

**WATER DIVISION MAINTENANCE AREA**

50 Are the fluids and spill clean-up kits in place?

YES  NO  N/A

51 Are all the hazardous materials, equipment and vehicles stored within a contained area?

YES  NO  N/A

52 Are all the floor drains and sanitary sewer drains clean and functioning correctly?

YES  NO  N/A

**MATERIAL STORAGE AREA**

53 Is the street snow melting salt store out of the weather or covered with a tarp?

YES  NO  N/A

54 Is the street snow melt salt store area containment area free of leaks or spills?

YES  NO  N/A

55 Is there a perimeter control BMP in place to prevent spills of salt or other materials storm drain runoff?

YES  NO  N/A

56 Is the vegetated area buffering the American Fork River maintained and in good condition?

YES  NO  N/A

57 Is the gravel filter bed dispersing the flow effectively away from the American Fork River?

YES  NO  N/A

58 Are the recycle or metal waste stored properly out of the weather or covered with a tarp?

YES  NO  N/A

59 Is the metal storage area free of cracks, leaks, and spills to the storm drain system?

YES  NO  N/A

60 Are garbage container lids closed?

YES  NO  N/A

**MISCELLANEOUS COMMENTS**

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**Plan Reviewer Certification Statement:** I certify under penalty of law that this inspection review and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated 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.

.....  
Signature

Print Name: .....

Date: .....

Title: .....