

Submission of this ACSCER from is required for all authorized industrial facilities.

**All requested information must be provided on this form. See instructions on page 5 of this form.**

DEQ Authorization number: OKR05 \_\_\_\_\_ OKC SWQ Permit Number: IND/SWI \_\_\_\_\_

**Part A: Operator Information and Certification**

**I. Operator Information**

Operator Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Operator's Point of Contact : \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**II. Facility Information**

Facility Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_ (decimal format) at the entrance of the Facility

Facility's Point of Contact : \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**III. Certification**

*I certify under penalty of law that I have read and understand the requirements for filing this Annual Comprehensive Site Compliance Evaluation Report, which is to be filed by March 1 of each year.*

*This report is also to be retained as part of the Stormwater Pollution Prevention Plan (SWP3) for at least three (3) years from the date permit coverage expires or is terminated, and will be made available to any local, State, or Federal inspector visiting this facility. All records of actions taken as part of the SWP3 will be retained for at least three (3) years from the date permit coverage expires or is terminated.*

*I 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 gathered and evaluated the information submitted. Based upon my inquiry of the person or persons who manage the system, or those persons directly involved in gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.*

**Print Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Part B: Annual Comprehensive Site Compliance Evaluation

Reporting Period: \_\_\_\_\_ (calendar year)

1. Number of routine facility inspections you performed during the reporting period: \_\_\_\_\_

2. Dates of inspections performed: \_\_\_\_\_  
\_\_\_\_\_

3. Did any of your routine facility inspections find that one or more of your Best Management Practices (BMPs) was not effective in controlling the pollutant source for which it was designed?

Yes       No       All BMPs were effective

4. Were all BMPs you indicated you would be using in your SWP3, including good housekeeping practices, actually being implemented at the time of this inspection?

Yes       No

5. If you found one or more ineffective BMPs, have they all been replaced with an alternative or modified BMP?

Yes       No       All BMPs were being effective

6. Were there additional BMPs needed to address any conditions requiring corrective action?

Yes       No

7. If one or more BMPs were not being implemented, were corrective actions taken after the *first* inspection to eliminate the problem?

Yes       No       All BMPs were being implemented

8. Was/were the same failure(s) to implement a BMP deficiency(ies) noted in more than one inspection?

Yes       No       No deficiencies noted in any inspection

9. Document any deficiencies identified and any corrective actions implemented to remove the original violation, below. Use additional sheets if necessary.

Date	Deficiencies	Corrected		Date of Correction
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

10.	<p>What must you do to correct the deficiencies that remain uncorrected from question #9?</p> <hr/> <hr/> <hr/>
11.	<p>Did any conditions require SWP3 review and revision to eliminate design, selection, installation, and/or implementation problems during the past year? If yes, describe the conditions in brief:</p> <p><input type="checkbox"/> No      <input type="checkbox"/> Yes _____</p> <hr/>
12.	<p>At any time during the reporting period, did you discover any previously unidentified <i>unauthorized</i> non-stormwater discharges from your facility or previously unidentified pollutants in the existing discharges?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
13.	<p>Have all unauthorized non-stormwater discharges (including any discovered in previous years) been eliminated or permitted?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
14.	<p>Have any significant spills or leaks occurred at your facility during the reporting period?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
15.	<p>If any significant spills or leaks occurred, did they result in either a dry-weather discharge; or an actual discharge of the spilled or leaked material commingled with stormwater (as opposed to the spilled material being washed away by stormwater)?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> No significant spills or leaks occurred</p>
16.	<p>If any significant spills or leaks occurred, did they result in more than the minimum amounts of material being discharged in stormwater? Base your answer on your knowledge of the material you spilled or that leaked. The minimum amounts could vary with the nature (toxicity, oxygen demand, pH, etc.) of the spilled or leaked material from amounts left after normal <i>sweeping</i> type cleanup to the point at which even trace amounts left after cleanup could cause an environmental problem.</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> No significant spills or leaks occurred</p>
17.	<p>Have all known spills or leaks been cleaned up or otherwise prevented from contaminating stormwater that would be discharged under the authority of this permit?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> No spills or leaks occurred</p>
18.	<p>How many times did you visually monitor your stormwater discharges at the documented/representative outfalls during the reporting year (count only those done in accordance with Quarterly Visual Monitoring procedures)? _____</p>
19.	<p>Would the results of your visual monitoring indicate that there are pollutants in your stormwater discharges that are not adequately controlled by your current BMPs?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>

<b>20.</b>	<p>If the results of your visual monitoring indicated a potential problem, was it due to one or more of the following?</p> <p><input type="checkbox"/> New pollutant source (including exposure of previously unexposed material)</p> <p><input type="checkbox"/> Failure to implement or maintain an existing BMP</p> <p><input type="checkbox"/> Less than expected performance from a BMP</p> <p><input type="checkbox"/> No BMP was selected to deal with that problem</p> <p><input type="checkbox"/> N/A (No problems identified)</p>																													
<b>21.</b>	<p>If your visual monitoring indicated a potential problem, what have you done to resolve the problem?</p> <p><input type="checkbox"/> Eliminated exposure or pollutant source                      <input type="checkbox"/> Modified existing BMPs</p> <p><input type="checkbox"/> Added a new BMP    <input type="checkbox"/> Plan to address problem by end of current reporting year</p> <p><input type="checkbox"/> Nothing planned    <input type="checkbox"/> N/A (No problems identified)</p>																													
<b>22.</b>	<p>Did any monitoring results exceed a numeric effluent limitation (from DEQ's OKR05: Sector-Specific requirements or coal pile storage) during the past discharge monitoring period?</p> <p><input type="checkbox"/> Yes                      <input type="checkbox"/> No</p>																													
<b>23.</b>	<p>If your answer to the previous question (#22) was <b>Yes</b>, list the dates, name(s) of the pollutant(s), and the test results that exceeded numeric effluent limitations. Use additional sheets if necessary.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th style="width: 15%;">Date</th> <th style="width: 20%;">Pollutants</th> <th style="width: 20%;">Test Results</th> <th style="width: 15%;">Date</th> <th style="width: 20%;">Pollutants</th> <th style="width: 20%;">Test Results</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						Date	Pollutants	Test Results	Date	Pollutants	Test Results																		
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<b>24.</b>	<p>Were there any incidents of noncompliance in the past year, or any non-compliance that is currently ongoing?</p> <p><input type="checkbox"/> Yes                      <input type="checkbox"/> No                      <input type="checkbox"/> Compliant with the Permit</p>																													
<b>25.</b>	<p>Were there any required revisions to the SWP3 resulting from an inspection and/or monitoring?</p> <p><input type="checkbox"/> Yes                      <input type="checkbox"/> No</p>																													
<b>26.</b>	<p>If your answer to the previous question was <b>Yes</b>, list the dates, reason for revision, and a brief description of the revision. Use additional sheets if necessary.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th style="width: 15%;">Date</th> <th style="width: 30%;">Reason for Revision</th> <th style="width: 55%;">Description of Revision</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>						Date	Reason for Revision	Description of Revision																					
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## Instructions for Completing OKC SWQ ACSCER Annual Comprehensive Site Compliance Evaluation Report for Stormwater Discharges Associated with Industrial Activity

### When to File an ACSCER Form

Permittees who are presently covered under an issued Storm Water Quality permit for stormwater discharges associated with industrial activity must complete an Annual Comprehensive Site Compliance Evaluation Report (ACSCER) form by March 1st of each year, to report on the findings of the previous calendar year (reporting period). If your permit becomes effective less than one month from the end of a calendar year, your first reporting period starts with the following calendar year.

**Keep your completed ACSCER forms filed in your Storm Water Pollution Prevention Plan (SWP3), do not submit a copy to The City of Oklahoma City (unless requested).**

### Completing the Form

To complete this form, type or print in the appropriate areas only.

### Permit Information

Enter the existing stormwater permit number(s) assigned to the facility identified in Section I for stormwater discharges from industrial activity.

### Part A: Operator Information and Certification

#### Section I. Operator Information

Provide the legal name of the person, firm, public organization, or any other commercial entity that owns or operates the facility described in this report. The name of the operator may or may not be the same name as the facility. An operator is the legal entity that controls the facility's operation, rather than the plant or site manager. Provide the complete mailing address including the city, state, and ZIP code. Include the operator's point of contact's name, title, telephone number, and a valid email address.

#### Section II. Facility Information

Enter the facility's official or legal name, phone number, and complete physical address including the city, county, state, and ZIP code. Indicate the latitude and longitude of the facility (in decimal format) at the entrance of the facility. Latitude and longitude may be obtained from the DEQ's website:

<http://gis.deq.ok.gov/maps/>

Include the facility's point of contact's name, telephone number, and a valid email address.

#### Section III. Certification

The ACSCER form must be signed by a responsible party - **for a corporation:** by a responsible corporate official, such as: president, vice president, secretary, or treasurer either for the corporation or company; **for a partnership or sole proprietorship:** by a general partner or the proprietor, respectively. (Note: **for a limited liability company (LLC):** by one of its owners, called managing members/ partners of the company); **for a municipality, state Federal, or other public facility:** by either a principal executive or ranking elected official.

### Part B: Annual Comprehensive Site Compliance Evaluation Report

- A summary of your past year's routine facility inspection documentation such as control measures' maintenance, repair, and/or replacement, and any additional control measures needed to comply with the permit;
- The location(s) of discharges of pollutants from the site, evidence of pollutants discharging to receiving waters at all facility outfall(s), and the conditions of and around all outfall(s);
- A summary of your past year's corrective action documentation;
- A summary of your past year's quarterly visual monitoring documentation;
- A summary of your past year's effluent limitation violations, if applicable;
- Describe any incidents of noncompliance in the past calendar year, or currently ongoing; or if none, provide a statement that you are in compliance with the Permit.

*Note: Please refer to the DEQ's OKR05 (Part 8.3) for the detailed scope of the Annual Comprehensive Site Compliance Evaluation.*

**Keep your completed ACSCER forms filed in your Storm Water Pollution Prevention Plan (SWP3), do not submit a copy to The City of Oklahoma City (unless requested).**

**Reports must be kept for a period of three (3) years from the date of termination of the permit.**

***If you need any assistance or have any questions regarding this report,*** contact your inspector or:

Storm Water Quality Management  
The City of Oklahoma City  
420 W. Main St., Suite 360  
Oklahoma City, OK 73102

(405) 297-1774