

DEQ Form
606-005
Oct 18, 2017



**Oklahoma Department of Environmental Quality
Annual Comprehensive Site Compliance Evaluation Report (ACSCER)
for Stormwater Discharges Associated with Construction Activity
under the OPDES Construction General Permit OKR10**

Submission of this ACSCER form is required in ADDENDUM G of OKR10 permit for **Concrete and Asphalt Plants** only.
All requested information must be provided on this form. See instructions on Page 5 of this form.

DEQ Authorization Number: OKR10 _____

Part A: Operator Information and Certification

Section I. Operator Information

Operator Name: _____

Mailing Address: _____ City: _____

County: _____ State: _____ Zip Code: _____

Operator's Point of Contact : _____ Title: _____

Phone: _____ Email: _____

Section II. Facility Information

Facility Name: _____ Phone: _____

Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Latitude: _____ Longitude: _____

Facility's Point of Contact : _____ Title: _____

Phone: _____ E-mail: _____

Section 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 beginning in 2018.

This report is also to be retained as part of the Stormwater Pollution Prevention Plan (SWP3) for at least 3 years from the date permit coverage expires or is terminated and will be made available to any State or Federal Inspector visiting this facility. All records of actions taken in accordance with Addendum F of OKR10 Permit as part of the SWP3 will be retained for at least 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: _____

1.	Number of routine facility inspections you performed during the reporting period: _____				
2.	Dates of the Inspection performed: _____				
3.	Did any of your routine facility inspections find that one or more of your BMPs was not effective in controlling the pollutant source for which it was designed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 the Annual Comprehensive Site Compliance Evaluation? <input type="checkbox"/> Yes <input type="checkbox"/> No				
5.	If you found one or more ineffective BMPs, have they all been replaced with an alternative or modified BMP? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> All BMPs were being effective				
6.	Were there additional BMPs needed to address any conditions requiring corrective action? <input type="checkbox"/> Yes <input type="checkbox"/> No				
7.	If one or more BMPs were not being implemented, were corrective actions taken after the first inspection to eliminate the problem? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> All BMPs were being implemented				
8.	Was/were the same failure(s) to implement a BMP deficiency(ies) noted in more than one inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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	_____

10.	<p>What must you do to correct the deficiencies that remain uncorrected?</p> <p>_____</p> <p>_____</p>
11.	<p>Did any conditions require SWP3 review and revision to eliminate design, selection, installation, and/or implementation problem during the past year? If yes, describe the conditions in brief:</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes _____</p>
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 <input type="checkbox"/> Permit applied for <input type="checkbox"/> No unauthorized discharges</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</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 sweeping 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 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 all of your stormwater discharges at all the outfalls during the reporting year?</p> <p>_____</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>

20.	<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>																													
21.	<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>																													
22.	<p>Did any monitoring results exceed a numeric effluent limitation contained in Part 3.4.1 and Part F.7.B during the past discharge monitoring period?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>																													
23.	<p>If your answer to the previous question was Yes, list the dates, name of the pollutants and the test results that exceeded numeric effluent limitations. Use additional sheets if necessary.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr style="background-color: #e0e0e0;"> <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: 10%;">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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24.	<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>																													
25.	<p>Were there any required revisions to the SWP3 resulting from the inspection and/or monitoring?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>																													
26.	<p>If your answer to the previous question was Yes, list the dates, reason for revision and brief description of the revision. Use additional sheets if necessary.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr style="background-color: #e0e0e0;"> <th style="width: 15%;">Date</th> <th style="width: 35%;">Reason for Revision</th> <th style="width: 50%;">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 the Annual Comprehensive Site Compliance Evaluation Report (ACSCER) Form 606-005 for Stormwater Discharges Associated with Construction supporting Activity for Concrete or Asphalt Batch Plants

When to File an ACSCER Form

Permittees who are presently covered under OPDES General Permit OKR10 for stormwater discharges associated with construction activity must submit an ACSCER form to DEQ by March 1 of each year beginning in 2018. If your authorization becomes effective less than one month from the end of the yearly monitoring period, your first monitoring period starts with the next annual monitoring period.

Completing the Form

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

Permit Information

Enter the existing DEQ Authorization 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 application. 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 complete mailing address including city, county, state, and ZIP code. Include operator's point of contact name, title, telephone number and a valid email address.

Section II. Facility Information

Enter the facility's official or legal name and complete physical address including city, county, state, and ZIP code. Include facility's point of contact name, telephone number and email address. Indicate the latitude and longitude of the facility to the nearest 15 seconds. . Include facility's point of contact name, title, telephone number and a valid email address.

Section III. Certification

The ACSCER form must be signed by a responsible party - **for corporation:** by a responsible corporate official, such as: president, vice president, secretary, and treasurer either for a corporation or company; **for a partnership or sole proprietorship:** by a general partner or the proprietor, respectively. (Note: **for 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

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

Note: Please see Part F.5 of OKR10 for detailed scope of Annual Comprehensive Site Compliance Evaluation.

**Completed ACSCER form must be submitted to DEQ by
March 1 of each year beginning in 2018.**

If you need any assistance or have any question, contact the Stormwater Unit of Environmental Complaints and Local Services (ECLS) of DEQ at (405) 702-6100 or email to: ecls-stormwaterpermitting@deq.ok.gov

Where to file an ACSCER Form

Completed ACSCER form must be submitted to the following address:

Stormwater Unit of ECLS
Oklahoma DEQ
P.O. Box 1677
Oklahoma City, OK 73101-1677

or fax it to: (405)702-6226

or email it to: ecls-stormwaterpermitting@deq.ok.gov

*Commencing **December 21, 2020**, ACSCERs must be electronically submitted to DEQ. Instructions on how to access and use the appropriate electronic reporting tool will be made available on DEQ's website prior to the December 21, 2020 compliance deadline.*