

MSGP Quarterly Visual Assessment Form

(Complete a separate form for each outfall you assess)

| | | |
|--|---|------------------------------------|
| Name of Facility: <u>Alliance Liquid Fuels #54</u> | Permit No.: <u>IDRO 53208</u> | |
| Street Address: <u>3139 Eldridge Ave</u> | City: <u>Twin Falls</u> State: <u>ID</u> Zip Code: <u>83301</u> | |
| Outfall Number: <u>1/2/3</u> | <u>Substantially Identical Outfall?</u> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (identify substantially identical outfalls): | |
| Quarter/Year: <u>1st 2019</u> | Substitute Sample?: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (identify quarter/year when sample was originally scheduled to be collected): | |
| Person(s)/Title(s) collecting sample: | | |
| Person(s)/Title(s) examining sample: | | |
| Date & Time Storm or Snowmelt Began: | Date & Time Sample Collected: _____ | Date & Time Sample Examined: _____ |
| Nature of Discharge: <input type="checkbox"/> Rainfall <input type="checkbox"/> Snowmelt Rainfall Amount: _____ inches Previous Storm Ended > 72 hours Before Start of This Storm? <input type="checkbox"/> Yes <input type="checkbox"/> No* (explain): _____ | | |
| Parameter | | |
| Color | <input type="checkbox"/> None <input type="checkbox"/> Other (describe): _____ | |
| Odor | <input type="checkbox"/> None <input type="checkbox"/> Musty <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfur <input type="checkbox"/> Sour <input type="checkbox"/> Petroleum/Gas <input type="checkbox"/> Solvents <input type="checkbox"/> Other (describe): _____ | |
| Clarity | <input type="checkbox"/> Clear <input type="checkbox"/> Slightly Cloudy <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Other (describe): _____ | |
| Floating Solids | <input type="checkbox"/> No <input type="checkbox"/> Yes (describe): _____ | |
| Settled Solids** | <input type="checkbox"/> No <input type="checkbox"/> Yes (describe): _____ | |
| Suspended Solids | <input type="checkbox"/> No <input type="checkbox"/> Yes (describe): _____ | |
| Oil Sheen | <input type="checkbox"/> None <input type="checkbox"/> Flecks <input type="checkbox"/> Globs <input type="checkbox"/> Sheen <input type="checkbox"/> Slick <input type="checkbox"/> Other (describe): _____ | |
| Foam (gently shake sample) | <input type="checkbox"/> No <input type="checkbox"/> Yes (describe): _____ | |
| Other Obvious Indicators of Storm Water Pollution | <input type="checkbox"/> No <input type="checkbox"/> Yes (describe): _____ | |

* The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.

** Observe for settled solids after allowing the sample to sit for approximately one-half hour.

Sampling not performed due to adverse conditions: No Yes (explain): _____

Sampling not performed due to no measurable storm event occurring that resulted in a discharge during the monitoring quarter:
 No Yes (explain): No Stormwater discharges 1st Qtr 2019

Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).

Certification by Facility Responsible Official (Refer to MSGP Subpart 11 Appendix B for Signatory Requirements)

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 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name Buzz Tolbert

B. Title Plant Manager

C. Signature BT

D. Date Signed 4-5-19

| INSPECTION CATEGORY | OBSERVATIONS | YES | NO |
|--|---|---------------------|----|
| Maintenance (Inspect all tanks for liquid materials, bulk loading/unloading areas, catch basins and unpaved areas) | <p>Are all bulk storage containers (tanks, totes, and drums) for liquid material equipped with secondary containment and do tanks have overfill protection measures?</p> <p>Is there any debris or sediment in or around catch basins/outfalls?</p> <p>Is there any evidence of improper discharges to storm drains (staining or odor)?</p> <p>Are there signs of erosion in unpaved areas?</p> | ✓ ✓ ✓ ✓ | |
| Vehicle/Equipment/ Parts Storage (Inspect outdoor storage of vehicles, equipment and parts) | <p>Is there evidence of fluids leaking from vehicles or equipment in outdoor areas?</p> <p>Is there evidence of corrosion of metal parts that could cause storm water pollution?</p> | ✓ ✓ | |
| Spill Response Equipment | <p>Are emergency spill kits located near areas where spills could occur (including near all tanks and loading/unloading areas)?</p> <p>Are spill kits fully stocked?</p> | ✓ ✓ | |
| <p>A check mark in a shaded box requires corrective action.</p> <p>Signature: </p> | | Date Signed: 4-5-19 | |

Alliance Liquid Feeds Facility No. 54
Twin Falls, Idaho

FORM C-3 – QUARTERLY FACILITY INSPECTION CHECKLIST

INSTRUCTIONS – This form must be completed once each calendar quarter. Inspect each area identified on this checklist and identify (1) any previously unidentified discharges, (2) any BMPs needing maintenance or repair, (3) any BMPs that need replacement, (4) any incidents of noncompliance observed, and (5) any additional BMPs needed. Retain completed C-3 Forms with the SWPPP. Corrective Action is required as describe in Section 8 of the plan if an inspection identifies any unauthorized discharge or finds BMPs that are not implemented or properly maintained. Corrective Action requiring a new BMP requires an update to Section 5-1. Revisions to the SWPPP must be documented on Form C-8.

| Date: 4-5-19 | Time: 16:15 A.M. | Name of Inspector: Buzz T. Oberst | |
|--|--|--|-----------|
| Weather Conditions: Cloudy & Cool | Discharges occurring at the time of the inspection? No | | |
| INSPECTION CATEGORY | OBSERVATIONS | YES | NO |
| General housekeeping and minimization of exposure (inspect all outdoor areas exposed to precipitation) | <p>Are all drums and containers of liquid materials stored inside weather resistant structures?</p> <p>Is exterior of building free of storage of equipment that could cause storm water pollution (including old metal parts subject to corrosion, parts that are covered with grease or oil, parts leaking liquids, and tires)?</p> <p>Is there trash or other debris on the property (in parking areas and along fences)?</p> <p>Are areas for loading/unloading of bulk materials swept and free of dust collection?</p> | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | |
| Waste management (inspect all dumpsters, roll-off bins, and other large waste containers) | <p>Are all trash containers, dumpsters, roll-off bins, and scrap metal containers under cover or otherwise provided with lids that are kept closed?</p> <p>Is there evidence of fluids leaking from trash containers or dumpsters?</p> <p>Is there any trash spilled or overflowing in the vicinity of dumpsters or trash containers?</p> | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | |