

4th 2019

Attachment I – Routine Facility Inspection

Site Location:	<i>Kimberly</i>	Date:	<i>12-17-19</i>	Time:	<i>2:17</i>
Inspection Completed by (Pollution Prevention Team Member(s)):					

1. Describe weather conditions at time of inspection :(For example: sunny, clear, temperatures in mid-50s.)

Sunny, 24°

2. Describe any storm water discharges at the time of inspection? (For example: clear appearance, no sheen)

none

3. Are there any previously unidentified discharges of pollutants from the site? Yes No
(If yes then describe below and notify the Site Manager immediately)

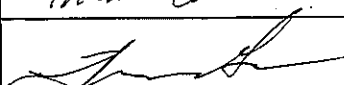
4. Are any control measures in need of maintenance, repair or replacement? Yes No
(If yes, then describe action taken – i.e. submitted maintenance request)

5. Are there any incidents of noncompliance observed? Yes No
(If yes, the notify the Site Manager immediately)

6. Are there any additional control measures need to comply with permit? Yes No
(If yes, then describe additional control measures required)

7. CERTIFICATION – this section must be completed by an authorized person.

By signing below, I certify I have completed this routine facility inspection in accordance with TPDES General Permit, Part III. I further certify that this facility is in compliance with the Permit and this facility's SWPPP.

Name:	<i>Thomas Garv</i>	Title:	<i>Asst. Mgr.</i>
Signature:		Date:	<i>12-17-19</i>

NOTE: If revisions or additions to the SWPPP are recommended as a result of this inspection, a summary description of these proposed changes must be attached to this inspection form.

3rd

Attachment I – Routine Facility Inspection

Site Location:	<i>Kimberly</i>	Date:	<i>9-13-19</i>	Time:	<i>11:20</i>
Inspection Completed by (Pollution Prevention Team Member(s)):		<i>T. Garr</i>			

1. Describe weather conditions at time of inspection :(For example: sunny, clear, temperatures in mid-50s.)

sunny 70°

2. Describe any storm water discharges at the time of inspection? (For example: clear appearance, no sheen)

none

3. Are there any previously unidentified discharges of pollutants from the site? Yes No
(If yes then describe below and notify the Site Manager immediately)

4. Are any control measures in need of maintenance, repair or replacement? Yes No
(If yes, then describe action taken – i.e. submitted maintenance request)

5. Are there any incidents of noncompliance observed? Yes No
(If yes, the notify the Site Manager immediately)

6. Are there any additional control measures need to comply with permit? Yes No
(If yes, then describe additional control measures required)

7. CERTIFICATION – this section must be completed by an authorized person.

By signing below, I certify I have completed this routine facility inspection in accordance with TPDES General Permit, Part III. I further certify that this facility is in compliance with the Permit and this facility's SWPPP.

Name:	<i>T. Garr</i>	Title:	<i>Asst. Man.</i>
Signature:	<i>[Signature]</i>	Date:	<i>9-13-19</i>

NOTE: If revisions or additions to the SWPPP are recommended as a result of this inspection, a summary description of these proposed changes must be attached to this inspection form.

2016

Attachment I – Routine Facility Inspection

Site Location:	<i>Kimberly</i>	Date:	<i>6/11/19</i>	Time:	<i>8:52 am</i>
Inspection Completed by (Pollution Prevention Team Member(s)):		<i>T. Garr</i>			

1. Describe weather conditions at time of inspection : (For example: sunny, clear, temperatures in mid-50s.)

<i>Sunny 75° breezy</i>

2. Describe any storm water discharges at the time of inspection? (For example: clear appearance, no sheen)

<i>none</i>

3. Are there any previously unidentified discharges of pollutants from the site? Yes No
(If yes then describe below and notify the Site Manager immediately)

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4. Are any control measures in need of maintenance, repair or replacement? Yes No
(If yes, then describe action taken – i.e. submitted maintenance request)

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5. Are there any incidents of noncompliance observed? Yes No
(If yes, then notify the Site Manager immediately)


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6. Are there any additional control measures need to comply with permit? Yes No
(If yes, then describe additional control measures required)

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7. CERTIFICATION – this section must be completed by an authorized person.

By signing below, I certify I have completed this routine facility inspection in accordance with TPDES General Permit, Part III. I further certify that this facility is in compliance with the Permit and this facility's SWPPP.

Name:	<i>T. Garr</i>	Title:	<i>Asst. Mon.</i>
Signature:		Date:	<i>6/11/19</i>

NOTE: If revisions or additions to the SWPPP are recommended as a result of this inspection, a summary description of these proposed changes must be attached to this inspection form.

Attachment I – Routine Facility Inspection

Site Location:	<i>Kimberly</i>	Date:	<i>3/8/19</i>	Time:	<i>10:15 am.</i>
Inspection Completed by (Pollution Prevention Team Member(s)):		<i>T. Garr</i>			

1. Describe weather conditions at time of inspection :(For example: sunny, clear, temperatures in mid-50s.)

Cloudy 40° F

2. Describe any storm water discharges at the time of inspection? (For example: clear appearance, no sheen)

none

3. Are there any previously unidentified discharges of pollutants from the site? Yes No
(If yes then describe below and notify the Site Manager immediately)

4. Are any control measures in need of maintenance, repair or replacement? Yes No
(If yes, then describe action taken – i.e. submitted maintenance request)

5. Are there any incidents of noncompliance observed? Yes No
(If yes, the notify the Site Manager immediately)

6. Are there any additional control measures need to comply with permit? Yes No
(If yes, then describe additional control measures required)

7. CERTIFICATION – this section must be completed by an authorized person.

By signing below, I certify I have completed this routine facility inspection in accordance with TPDES General Permit, Part III. I further certify that this facility is in compliance with the Permit and this facility's SWPPP.

Name:	<i>Thomas Garr</i>	Title:	<i>Assistant Manager</i>
Signature:	<i>[Signature]</i>	Date:	<i>3/8/19</i>

NOTE: If revisions or additions to the SWPPP are recommended as a result of this inspection, a summary description of these proposed changes must be attached to this inspection form.