See document 3.1 for all SOPs.

Ogden City

IDDE BMP Fact Sheets

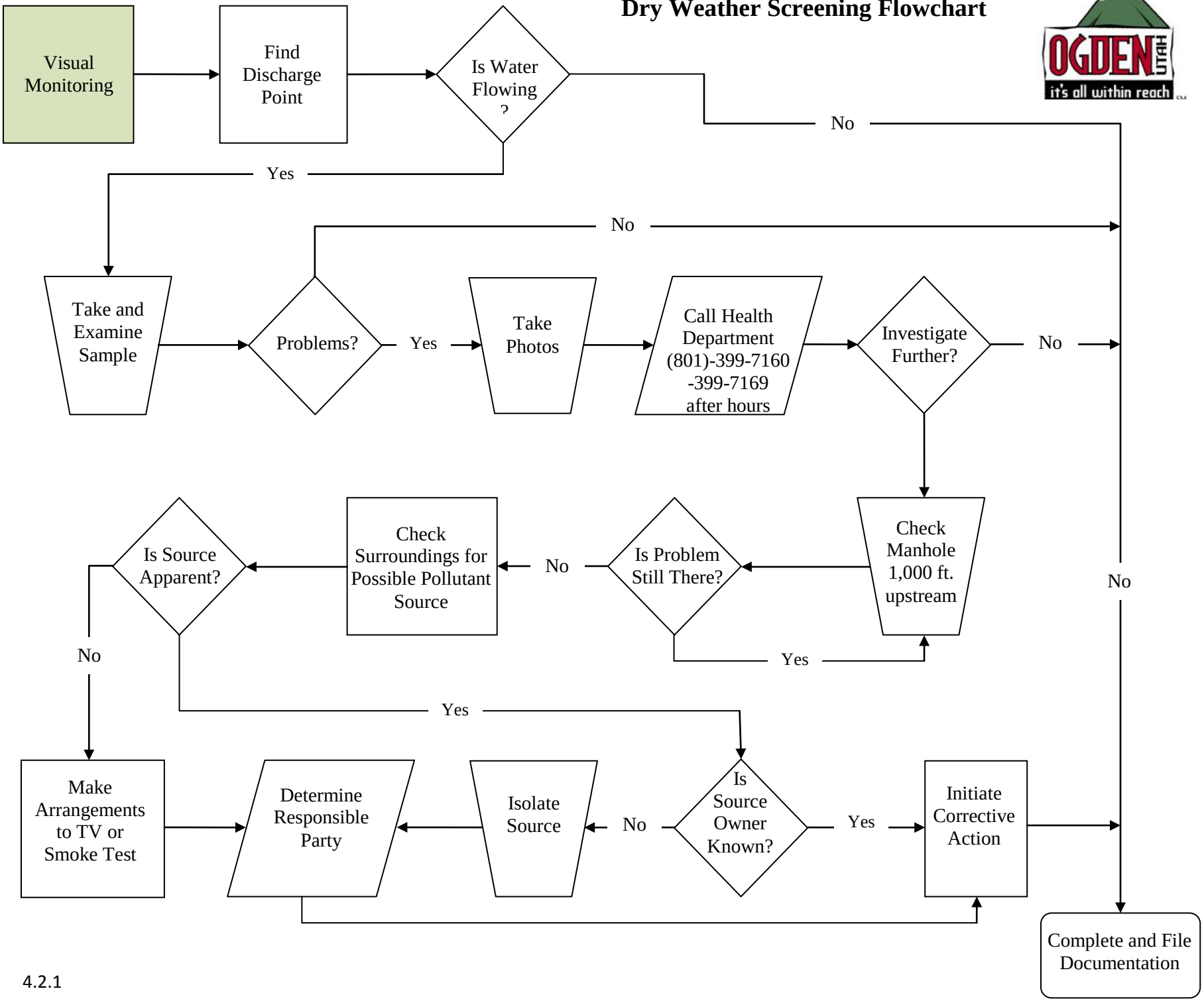
Storm Water Management Plan 2010

View BMP Fact Sheets for IDDE at
http://cfpub.epa.gov/npdes/stormwater/menuofbmps/index.cfm?action=browse

These BMPs include:

- Community Hotlines
- Developing a Used Oil Recycling Program
- Illegal Dumping Control
- Preventing Septic Tank Failure
- Reducing the Occurrence of Sanitary Sewer Overflows
- Sewage from Recreational Activities
- Trash and Debris Management

Dry Weather Screening Flowchart



Ogden City

Dry Weather Screening Checklist/SOP

Storm Water Management Plan 2010

Pre-inspection Items

- ☐ Map Outfalls
- ☐ Develop outfall inspection priority schedule
- ☐ Proper equipment
  - Clear sampling jar
  - Map showing location
  - Visual monitoring report form
  - Camera
  - GPS unit?

Inspection

- ☐ Check for dry weather discharge
- ☐ If discharge is present – pull sample
- ☐ Follow procedures on visual monitoring form
- ☐ Photo document findings
- ☐ If there is cause for concern move to inspection follow-up procedures

Inspection Follow-Up Procedures

- ☐ File any Photos
- ☐ Call health department and report findings 801-399-7160, after hours 399-7169
- ☐ Trace discharge upstream by checking manholes – 1,000 foot intervals
- ☐ Find last manhole with any evidence of illicit discharge
- ☐ Look at surface improvements in the area to determine possible suspects
- ☐ If determination cannot be made from the surface investigations, then TV or smoke test line for unknown connections.

Ogden City

Dry Weather Screening and
Visual Stormwater Discharge Inspection Report

Storm Water Management Plan 2010

Name of Examiner _____ Permit No: UTR _____

Date of Examination: _____

Outfall location or ID number: _____

Nature of Discharge (i.e., runoff, land drain, irrigation or snowmelt) _____

Type of Monitoring:

☐ Dry Weather Screening Date of last rainfall event:_____	☐ Wet Weather Screening (Quarterly Min.) Date of rainfall event:_____ Time of event:_____ Precipitation:_____ ☐ Unable to collect sample due to adverse conditions or inadequate runoff.

Visual Quality of Storm Water Discharge (circle one)

At Time of Sampling:

Color: clear brown green rust other: _____

Odor: Yes / No

Clarity: ☐ ☐ ☐ ☐ ☐

Floating Solids: Yes / No

Foam: Yes / No

After One Hour of Settling:

Settled Solids: Yes / No

Suspended Solids: Yes / No

Oil Sheen: Yes / No

Other obvious indicators of storm water pollution: _____

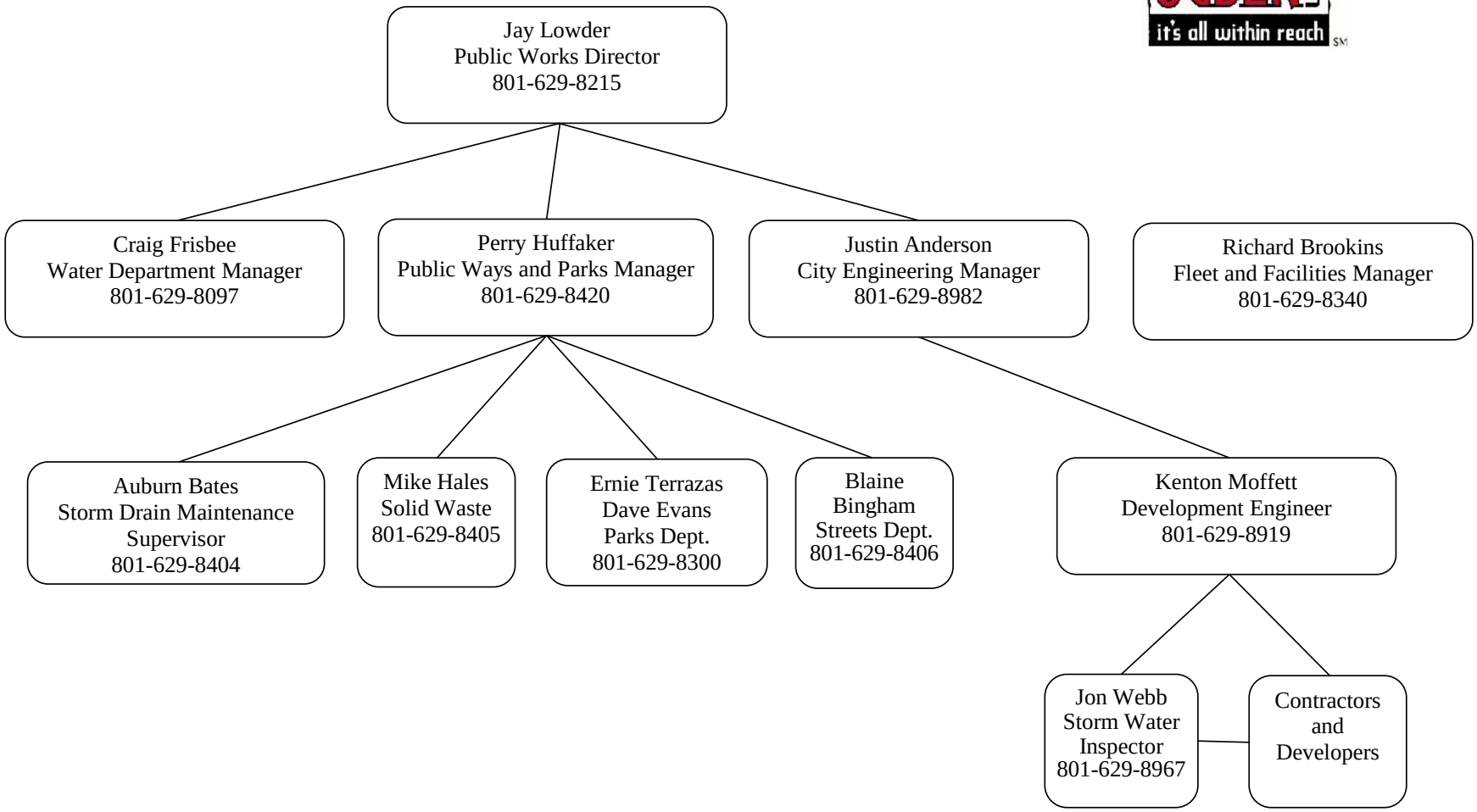
_____

Probable sources of any observed storm water contamination: _____

_____

Inspector_____

Public Works staff is working on this.


Jay Lowder
Public Works Director
801-629-8215
Craig Frisbee
Water Department Manager
801-629-8097
Perry Huffaker
Public Ways and Parks Manager
801-629-8420
Justin Anderson
City Engineering Manager
801-629-8982
Richard Brookins
Fleet and Facilities Manager
801-629-8340
Auburn Bates
Storm Drain Maintenance
Supervisor
801-629-8404
Mike Hales
Solid Waste
801-629-8405
Ernie Terrazas
Dave Evans
Parks Dept.
801-629-8300
Blaine
Bingham
Streets Dept.
801-629-8406
Kenton Moffett
Development Engineer
801-629-8919
Jon Webb
Storm Water
Inspector
801-629-8967
Contractors
and
Developers

Ogden City

Spill Response Plan SOP

Storm Water Management Plan 2010

Follow these steps if a spill occurs:

1. Stop source
2. Contain spill
3. Call supervisor
4. Identify substance
5. Quantify spill
6. Did spill leave the site?
7. Call County Health Department (801-399-7160, after hours 399-7169)
8. Call State Environmental Emergency Response (801- 536-4123)
9. Clean up & dispose
10. Document using Spill Response Report Form - 4.4.2

Ogden City

SPILL RESPONSE REPORT FORM
(For Public Works Crew)

Storm Water Management Plan 2010

Date of spill_____ Time _____ Duration_____

Address/location of spill _____

Chemical name or identity of any substance involved in the release _____

_____

Is it a hazardous substance? _____

Estimate of quantity spilled_____

Who responded? _____

Cleaning method used_____

_____

Any discharge to storm drain? _____

_____

Any known or anticipated acute or chronic health risks for exposed individuals associated with the emergency spill:_____

_____

_____

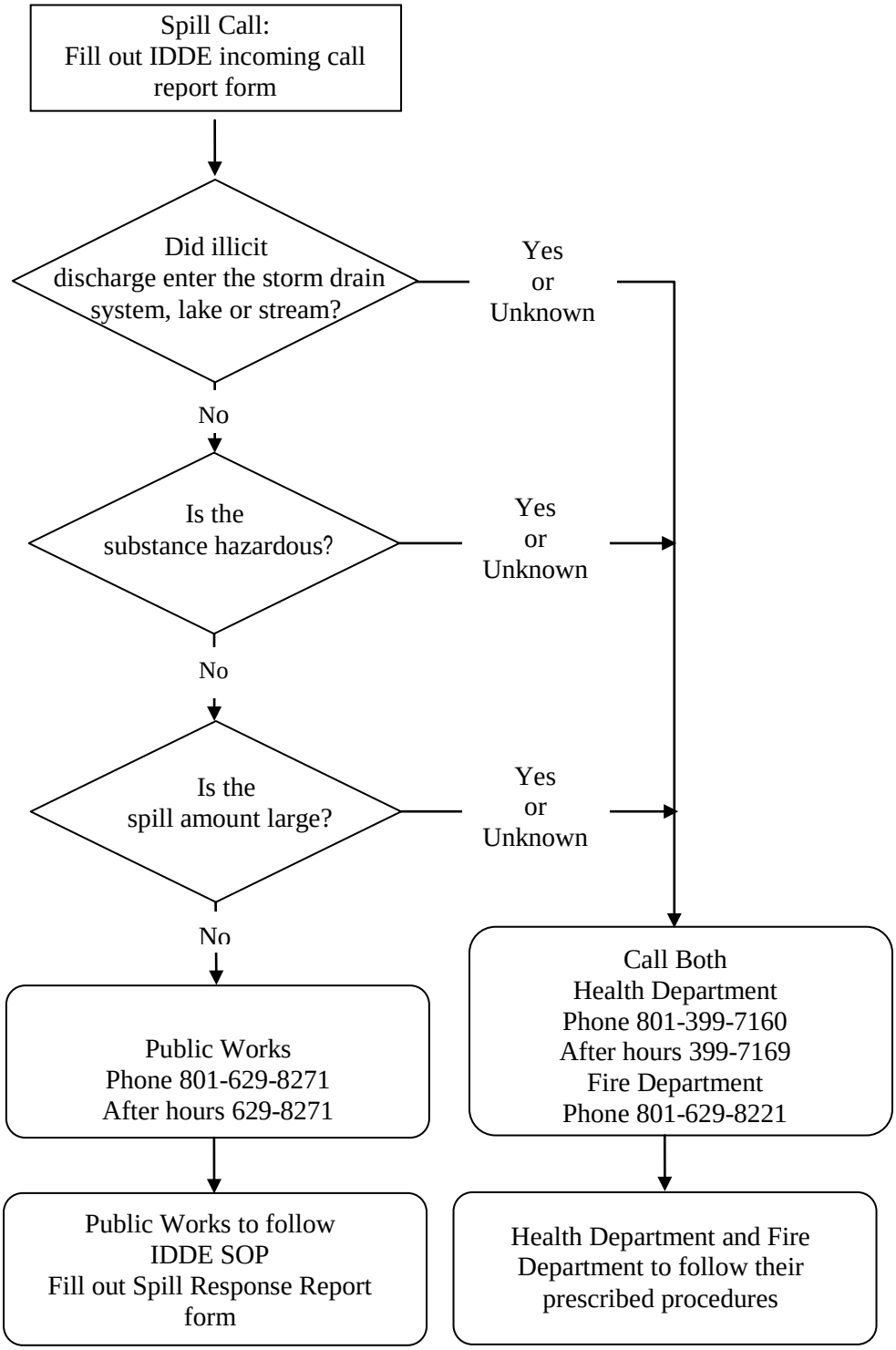
Were proper precautions taken, including evacuation, if necessary? _____

_____

Was spill reported to the state? Yes No

Incident Response Flow Chart

Storm Water Management Plan 2010



Ogden City

IDDE Incoming Call Report Form
(For Phone Operator)

Storm Water Management Plan 2010

Date of illicit discharge_____ Time _____ Duration_____

Address of discharge _____

Name of person discharging (if applicable) _____

Name & phone number of person making the call _____

Chemical name or identity of any substance involved in the release _____

_____

Is substance hazardous? _____

Estimate of quantity spilled? _____

Did the illicit discharge enter a waterbody? (lake or stream) _____

_____

Did the illicit discharge enter the storm drain system? (manhole or storm drain pipe) yes no

Any known or anticipated acute or chronic health risks for exposed individuals associated with the emergency spill: _____

_____

See illicit discharge determination form

Ogden City

Illicit Discharge Inspection Report

Storm Water Management Plan

Source description	Date became aware of illicit discharge	Date investigation initiated	Date the discharge was observed	Location of the discharge	Description of discharge (substance)	Method of discovery	Date of Removal, repair, or enforcement	Date and method of removal verification

Ogden City

Weekly Visual Inspection SOP

Storm Water Management Plan 2010

PREPARATION

- ☐ Identify "High Priority" facilities
- ☐ Map of location
- ☐ Become familiar with potential pollutants at the site

PROCESS

- ☐ Look for evidence of spills at the site
- ☐ If a spill is found assess the general area to identify its source
- ☐ Whenever possible take photographs of the suspected illicit discharge

CLEAN-UP

- ☐ Clean up spill immediately to prevent contact with precipitation or runoff
- ☐ Initiate spill response

DOCUMENTATION

- ☐ Fill out Weekly High Priority Inspection Log for facility and mark that the weekly inspection has been completed
- ☐ If a deficiency was found make note on the Weekly High Priority Inspection Log and fill out the Note Log for that particular facility

Ogden City

Weekly High Priority Facilities Inspection Report Form

Storm Water Management Plan 2010

Facility Name	Inspection Date	Inspector Name	Deficiency Identified	Corrective Actions Taken

Ogden City

Quarterly Comprehensive Inspection SOP

Storm Water Management Plan 2010

PREPARATION

- ☐ Identify "High Priority" facilities
- ☐ Map of location
- ☐ Become familiar with potential pollutants at the site

PROCESS

- ☐ Look for evidence of spills at the site
- ☐ If a spill is found assess the general area to identify its source
- ☐ Whenever possible take photographs of the suspected illicit discharge
- ☐ Inspect all waste storage areas and dumpsters
    - Inspect for leaks
    - have repairs made immediately by responsible party
- ☐ Inspect vehicle maintenance and fueling areas
    - Look for pollutant generating areas and inspect
- ☐ Material handling areas
- ☐ Pollutant generating areas

CLEAN-UP

- ☐ Clean up spill immediately to prevent contact with precipitation or runoff
- ☐ Initiate spill response

DOCUMENTATION

- ☐ Fill out a quarterly comprehensive inspection sheet for each facility
- ☐ Document the inspection was complete on the Quarterly Comprehensive Log sheet along with the date it was completed

Ogden City

Quarterly Comprehensive Inspections
High Priority Facilities

Storm Water Management Plan 2010

Facility _____

Area Evaluated	Y/N	Mainten. Required Y/N	Comments
Evidence of Spills?			List Pollutants:
If spill was it cleaned up?			
Any identified deficiencies?			
Waste Storage Areas			
Dumpsters			
Vehicle & Equipment maintenance areas			
Vehicle & Equipment fueling areas			
Material handling areas			
Pollutant generating areas			

Name of Inspector_____

Signature_____Date_____

Ogden City

Checklist for Weekly High Priority Facilities Inspection

Storm Water Management Plan 2010

This form is for weekly inspection of High Priority City owned facilities. Save in 5.1. Log in 4.6.2. High Priority facility inspections are required every week.

Inspector: Jon Webb	
Date:	
Facility:	Photo numbers correspond to item numbers.
Vehicle and Equipment Storage Area	
List Deficiencies Observed:	
Method Used to Correct Deficiencies:	
Vehicle and Equipment Maintenance Area	
List Deficiencies Observed:	
Method Used to Correct Deficiencies:	
Vehicle and Equipment Cleaning Area	
List Deficiencies Observed:	
Method Used to Correct Deficiencies:	
Fueling Area	
List Deficiencies Observed:	
Method Used to Correct Deficiencies:	
Material Storage Area	
List Deficiencies Observed:	
Method Used to Correct Deficiencies:	