



City Officials Use Only

Case No.:
Date Received:
Date Reviewed:
Approved: YES NO
Comments:

Water Quality Fee

NPDES Credit Application Form

NPDES Evaluation Forms are REQUIRED by June 1st of each Tax Year in order for ANY Credit to be applied for that same Tax Year. Evaluation Forms received after June 1st will apply towards the following year Water Quality Fee.

Property Owner: _____

*Must match owner name on Tax Bill

Contact Person (if different than owner): _____

Property Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different than above): _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

Email: _____

Tax Map (Parcel) ID (s): _____

*From Tax Bill

To receive Water Quality Fee credit, all stormwater structures and the property site grounds need to be well maintained. BMP maintenance should be conducted according to the City BMP Maintenance Manual/Guidelines.

Attach the Following Supporting Documents:

- NPDES Evaluation Form
- Attach any other documents if needed.

Property Owner Certification:

I certify that the stormwater BMP(s) at this property have been well maintained during the past 12 months.

Signature

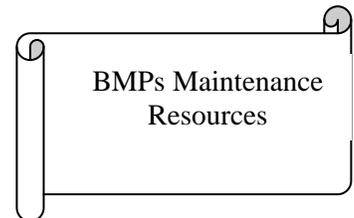
Date

Please return completed form to: (Preferably via Email)	ChattanoogaWQ@chattanooga.gov
	City of Chattanooga Water Quality Manager 1250 Market Street Suite 2100 Chattanooga, TN 37402
	Phone: (423) 643-5877 Fax: (423) 643-5862

(No Application Fee)

Please refer to the City of Chattanooga BMP Manual/Guidelines available on the internet for maintenance procedures and guidelines:

- <http://www.chattanooga.gov/Files/OE-DetentionMaintenance.doc>
- <http://www.chattanooga.gov/Files/CD-swbmpDetention.pdf>
- <http://www.hamiltontn.gov/WaterQuality/BMP.aspx>
- http://www.chattanooga.gov/Files/BMP_Insp_Maint_Plan.pdf
- http://www.chattanooga.gov/Files/Typ_BMPs_MAINT_GUIDELINES.pdf





NPDES Water Quality Fee Credit Form

ANNUAL INDUSTRIAL STORM WATER NPDES COMPLIANCE EVALUATION

This Form is used to apply for the NPDES Water Quality Fee Credit. This form needs to be completed and submitted to the City of Chattanooga Water Quality Program yearly by June 1.

DATE Completed:

<i>FACILITY NAME</i>	
<i>FACILITY ADDRESS</i>	
<i>CONTACT PERSON</i>	<p style="text-align: center;"><u><i>CITY USE ONLY</i></u></p> <p>Date Received:</p> <p>Reviewer(s):</p> <p>Comments:</p>
<i>PHONE</i>	
<i>FAX</i>	
<i>EMAIL</i>	
<i>FACILITY NPDES TMSP #</i>	
<i>SIC:</i> <i>SECTOR:</i>	
<i>FACILITY TYPE</i>	
<i>HAZARDOUS WASTE GENERATOR</i> YES () NO ()	
<u><i>LOW OR HIGH QUANTITY GENERATOR</i></u>	
<u><i>CHEMICALS REPORTED FOR DISPOSAL</i></u>	

FACILITY GROUNDS INSPECTION

	YES	NO	N/A
MATERIALS STORED OUTSIDE LIST:	[]	[]	[]
DRUMS LABELED AND STORED PROPERLY?	[]	[]	[]
EVIDENCE OF SPILLS?	[]	[]	[]
DUMPSTERS PROPERLY CONTAINED?	[]	[]	[]
HOUSKEEPING ADEQUATE?	[]	[]	[]
IS THERE ANY EVIDENCE OF ACTIVE EROSION AND/OR DISTRESSED VEGETATION?	[]	[]	[]
VEHICLES WASHED ON SITE?	[]	[]	[]
IF YES TO ABOVE QUESTION, IS WASHWATER DISCHARGED THROUGH THE SANITARY SEWER?	[]	[]	[]
VEHICLES FUELED ON SITE?	[]	[]	[]
IF YES TO ABOVE QUESTION, IF FUEL ISLAND COVERED AND SPILL KIT PRESENT?	[]	[]	[]
ABOVE GROUND FUEL STORAGE TANKS ON SITE? (NUMBER OF TANKS _____)	[]	[]	[]
TOTAL VOLUME (gallons) OF FUEL STORED ON SITE			

-- PERMIT AND DOCUMENT REVIEW--	YES	NO	N/A
PERMIT DATE VALID? (DATE _____)	[]	[]	[]
STORMWATER POLLUTION PREVENTION PLAN (SWPPP) DATE VALID? (CURRENT REVISION DATE _____)	[]	[]	[]
SPILL PREVENTION CONTROL AND COUNTER-MEASURE (SPCC) PLAN AVAILABLE?	[]	[]	[]
SITE MAP AVAILABLE DEPICTING LOCATION OF <u>ALL</u> EXPOSED MATERIALS, OUTFALLS, STORMWATER STRUCTURES?	[]	[]	[]
IS THE FACILITY REQUIRED TO OBTAIN LAB ANALYSIS FOR STORMWATER RUNOFF?	[]	[]	[]
STORMWATER SAMPLE RECORDS RETAINED FOR 3 YEARS	[]	[]	[]
VISUAL SAMPLING (AND ANALYTICALS IF REQUIRED) IS CONDUCTED AND MAINTAINED IN ACCORDANCE TO THE FACILITY PERMIT?	[]	[]	[]
DAILY MONITORING REPORTS (DMRs) REQUIRED FOR FACILITY?	[]	[]	[]
IF YES TO THE ABOVE QUESTION, ARE DMRs RETAINED FOR 3 YEARS?	[]	[]	[]
STORMWATER TRAINING CONDUCTED IN THE PAST 12 MONTHS AND SUCH TRAINING RECORDS IS AVAILABLE?	[]	[]	[]
NON-STORMWATER DISCHARGE CERTIFICATION AVAILABLE IN SWPPP?	[]	[]	[]
ANY SPILLS IN THE PAST 3 YEARS?	[]	[]	[]
IF YES TO THE ABOVE QUESTIONS, ARE SPILLS DOCUMENTED IN SWPPP?	[]	[]	[]
DOES THE FACILITY HAVE A PRE-TREATMENT PERMIT WITH MOCASSIN BEND WASTEWATER TREATMENT PLANT?	[]	[]	[]

DOES THE FACILITY HAVE STRUCTURED BEST MANAGEMENT PRACTICES (BMPs) (DETENTION PONDS, OIL SKIMMERS, etc.)	YES	NO	N/A
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**LIST YOUR BMPs:
HOW MANY OF EACH?**

ALL BMPs WELL MAINTAINED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOCUMENTATION ON ROUTINE MAINTENANCE INSPECTIONS FOR STRUCTURAL BMPs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DO YOU SEE ANY POTENTIAL FOR MODIFICATIONS AND/OR RETROFITS FOR EXISTING OR NEW BMPs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REQUIRED ACTIONS:

ADDITIONAL COMMENTS:

DOCUMENTS TO BE SUBMITTED WITH THIS FORM:

- 1. Annual Training records (for training conducted within the last 12 months) for Stormwater Pollution Prevention and/or Spill Control and Countermeasures.**
- 2. Annual Visual (and Analytical if required) Monitoring records for the last 12 months.**
- 3. Certificate of Non-Stormwater Discharge.**
- 4. State or federal NPDES inspection reports (if inspected by such regulators within the past 12 months).**
- 5. Stormwater Pollution Prevention Plan (SWPPP) including site drainage map.**
- 6. Any other annual NPDES self-evaluation/auditing materials.**

Certification Statement

I certify that to the best of my knowledge and belief that all of the information on this form has been fully reviewed and accurate before submittal. I also understand that failure to report completely and accurately all documents listed in this form will result in forfeiting the NPDES stormwater fee credit.

Facility: _____

Your Name: _____

Your Title: _____

Date: _____

Signature: _____