

# Stormwater Pollution Prevention Plan

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*Name of marina*

Date Written: \_\_\_\_\_

Last Update: \_\_\_\_\_

# Stormwater Pollution Prevention Plan for

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*Name of marina*

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## 1. Introduction

This Stormwater Pollution Prevention Plan (SWPPP) covers the operations at:

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*Name of marina*

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*Location of marina*

It has been developed as required under Vermont's Multi-Sector General Permit (General Permit 3-9003). This SWPPP describes this facility and its operations, develops an inventory of potential pollutant sources, identifies controls and best management practices (BMP's) for reducing the discharge of pollutants in stormwater runoff, and outlines measures for implementing and reviewing this plan.

**2. Pollution Prevention Team**

The PPT will be in charge of developing, implementing, and revising the SWPPP and ensuring that it is in compliance with the general permit.

PPT Leader:

\_\_\_\_\_

Office Phone:

\_\_\_\_\_

Cell Phone/Beeper:

\_\_\_\_\_

Title:

\_\_\_\_\_

Responsibilities:

\_\_\_\_\_

PPT Member:

\_\_\_\_\_

Office Phone:

\_\_\_\_\_

Office Phone:

\_\_\_\_\_

Title:

\_\_\_\_\_

Responsibilities:

\_\_\_\_\_

PPT Member:

\_\_\_\_\_

Office Phone:

\_\_\_\_\_

Office Phone:

\_\_\_\_\_

Title:

\_\_\_\_\_

Responsibilities:

\_\_\_\_\_

**3. Site Description**

**3.a. Facility Information**

Street Address:

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Town/City:

VT

ZIP:

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Phone:

FAX:

---

Email:

---

---

Latitude:

---

Longitude:

---

SIC Code(s):

---

**3.b. Narrative Site Description**

### **3.c. General Location Map**

### **3.d. Site Map**

**3.e. Description of Receiving Waters**

Receiving water body name:

---

Discharge points flowing to this receiving water:

---

Applicable VT Water Quality Standards:

---

Impaired Status:

---

Receiving water body name:

---

Discharge points flowing to this receiving water:

---

Applicable VT Water Quality Standards:

---

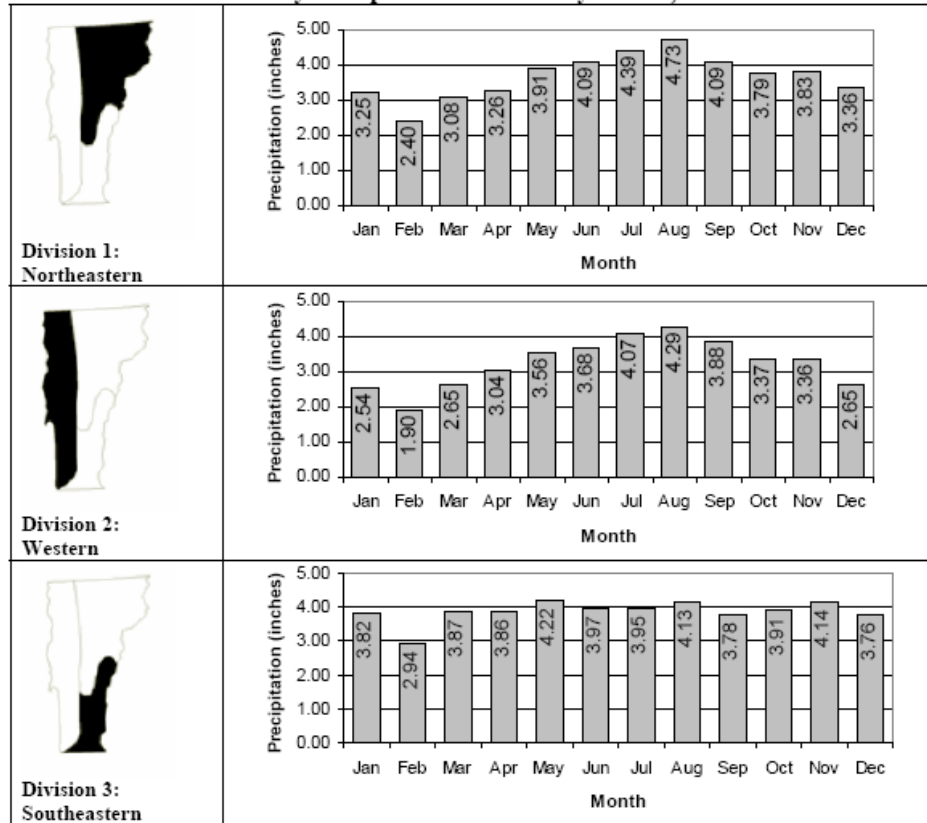
Impaired Status:

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### 3.f. Precipitation Information

Average precipitation for our region is shown in the table below (from MSGP, page 190).

**Table 1: Vermont Monthly Precipitation Normals by Month, 1971-2000\***



\*Data obtained from: National Climatic Data Center. *Climatology of the United States No. 85: Divisional Normals and Standard Deviations of Temperature, Precipitation, and Heating and Cooling Degree Days 1971-2000*. Obtained December 9th, 2005 from the World Wide Web: [http://www5.ncdc.noaa.gov/climate\\_normals/clim85/CLIM85\\_PRCP02.pdf](http://www5.ncdc.noaa.gov/climate_normals/clim85/CLIM85_PRCP02.pdf)







#### **4. Non-Stormwater Discharges**





**5.c. Site-wide BMPs**

| BMP | Implementation Date | Responsible Party |
|-----|---------------------|-------------------|
|     |                     |                   |
|     |                     |                   |
|     |                     |                   |
|     |                     |                   |
|     |                     |                   |
|     |                     |                   |

| BMP | Implementation Date | Responsible Party |
|-----|---------------------|-------------------|
|     |                     |                   |
|     |                     |                   |
|     |                     |                   |
|     |                     |                   |
|     |                     |                   |
|     |                     |                   |

## **6. Spill Response**

### **6.a. Initial Response**

### **6.b. Reporting the Spill**

### **6.c. Clean-up**

## **7. Vehicle and Equipment Washing**

## **8. Sediment and Erosion Control**

## 9. Structural BMPs

|                         |  |
|-------------------------|--|
| Structure:              |  |
| Date of Implementation: |  |
| Discharge point:        |  |
| Area(s) treated:        |  |
| Pollutants removed:     |  |
| Maintenance required:   |  |
| Frequency:              |  |

|                         |  |
|-------------------------|--|
| Structure:              |  |
| Date of Implementation: |  |
| Discharge point:        |  |
| Area(s) treated:        |  |
| Pollutants removed:     |  |
| Maintenance required:   |  |
| Frequency:              |  |

**10. BMP Implementation**

**10.a. Routine Inspections**

**10.b. Employee Training**

## 11. Monitoring Requirements

### 11.a. Quarterly Visual Monitoring

### 11.b. Benchmark Monitoring

During the first four quarters of the permit, benchmark monitoring will be conducted for the parameters described in the following table:

| Parameter                     | Benchmark Monitoring Concentration Limit |
|-------------------------------|--|
| Total recoverable aluminum:   | 0.75 mg/l                                |
| Total recoverable iron:       | 1.0 mg/l                                 |
| Total recoverable lead:       | 0.082 mg/l                               |
| Total recoverable zinc:       | 0.12 mg/l                                |
| Total suspended solids (TSS): | 100 mg/l                                 |

### 11.c. Effluent Limitations

### 11.d. Monitoring Associated with Discharges to Impaired Waters

## **12. Compliance Evaluation**

## **13. Endangered Species**

## **14. General Requirements**

### **14.a. Record Keeping and Reporting**

### **14.b. Maintaining the Updated SWPPP**

**14.c. Certification**

*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 gather and evaluate 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 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.*

Name (print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**15. Summary of Updates**

| Amendment Date | Summary of Updates |
|----------------|--------------------|
|                |                    |
|                |                    |
|                |                    |
|                |                    |
|                |                    |
|                |                    |
|                |                    |
|                |                    |
|                |                    |
|                |                    |
|                |                    |
|                |                    |

# FORMS

## Assesment and Certification of Non-Stormwater Discharges

| Date of Test | Outfall | Method Used to Evaluate Discharge | Test Results | Potential Sources | Person or Party Conducting the Test |
|--------------|---------|-----------------------------------|--------------|-------------------|-------------------------------------|
|              |         |                                   |              |                   |                                     |
|              |         |                                   |              |                   |                                     |
|              |         |                                   |              |                   |                                     |
|              |         |                                   |              |                   |                                     |
|              |         |                                   |              |                   |                                     |
|              |         |                                   |              |                   |                                     |

### CERTIFICATION

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 gather and evaluate 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 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.

|                                  |                                    |
|----------------------------------|------------------------------------|
| <b>Name &amp; Official Title</b> | <b>Area Code and Telephone No.</b> |
| <b>Signature</b>                 | <b>Date Signed</b>                 |

### Non-Stormwater Discharge Failure to Certify Notification

| Outfall Not Tested/Evaluated  | Why Certification is Infeasible | Potential Sources of Non-Stormwater Pollution |
|---|---------------------------------|---|
|   |                                 |   |
|   |                                 |   |
|   |                                 |   |
|   |                                 |   |
|   |                                 |   |
|   |                                 |   |
| <b>CERTIFICATION</b>  |                                 |   |
| <p>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 gather and evaluate 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 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.</p> |                                 |   |
| <b>Name &amp; Official Title</b>  |                                 | <b>Area Code and Telephone No.</b>            |
| <b>Signature</b>  |                                 | <b>Date Signed</b>                            |





# Quarterly Visual SWPPP Inspection Form

*Inspections at each outfall should be made within the first 30 minutes of the runoff event.  
Observations should note color, odor, turbidity, solids, foam, oil sheen, or any other obvious form of contamination.*

| Date/<br>Time | Outfall | Weather<br>Conditions | Observations | Probable Sources<br>of contamination | Action Taken to<br>Prevent in Future |
|---------------|---------|-----------------------|--------------|--------------------------------------|--------------------------------------|
|               |         |                       |              |                                      |                                      |
|               |         |                       |              |                                      |                                      |
|               |         |                       |              |                                      |                                      |
|               |         |                       |              |                                      |                                      |
|               |         |                       |              |                                      |                                      |
|               |         |                       |              |                                      |                                      |
|               |         |                       |              |                                      |                                      |

Date Completed: \_\_\_\_\_

Complete by: \_\_\_\_\_

# Analytical Monitoring Reports

## Storm Event Data

Information on the storm events sampled should be recorded here. This information does not need to be submitted to the Agency, but should be available upon request.

|   |                |                      |                                |
|---|----------------|----------------------|--------------------------------|
| Monitoring Period:                      | _____ to _____ |                      |                                |
|   | MO/DAY/YEAR    | MO/DAY/YEAR          |                                |
| Date of Storm Event:                    | _____          | Type of Monitoring:  | _____                          |
|   | MO/DAY/YEAR    |                      | Effluent limitation/ Benchmark |
| Storm Duration :                        | _____          | Total Precipitation: | _____                          |
|   | Hours          |                      | Inches                         |
| Time Since Last Measurable Storm Event: | _____          |                      |                                |
|   | Hours or Days  |                      |                                |

|   |                |                      |                                |
|---|----------------|----------------------|--------------------------------|
| Monitoring Period:                      | _____ to _____ |                      |                                |
|   | MO/DAY/YEAR    | MO/DAY/YEAR          |                                |
| Date of Storm Event:                    | _____          | Type of Monitoring:  | _____                          |
|   | MO/DAY/YEAR    |                      | Effluent limitation/ Benchmark |
| Storm Duration :                        | _____          | Total Precipitation: | _____                          |
|   | Hours          |                      | Inches                         |
| Time Since Last Measurable Storm Event: | _____          |                      |                                |
|   | Hours or Days  |                      |                                |

|   |                |                      |                                |
|---|----------------|----------------------|--------------------------------|
| Monitoring Period:                      | _____ to _____ |                      |                                |
|   | MO/DAY/YEAR    | MO/DAY/YEAR          |                                |
| Date of Storm Event:                    | _____          | Type of Monitoring:  | _____                          |
|   | MO/DAY/YEAR    |                      | Effluent limitation/ Benchmark |
| Storm Duration :                        | _____          | Total Precipitation: | _____                          |
|   | Hours          |                      | Inches                         |
| Time Since Last Measurable Storm Event: | _____          |                      |                                |
|   | Hours or Days  |                      |                                |

|   |                |                      |                                |
|---|----------------|----------------------|--------------------------------|
| Monitoring Period:                      | _____ to _____ |                      |                                |
|   | MO/DAY/YEAR    | MO/DAY/YEAR          |                                |
| Date of Storm Event:                    | _____          | Type of Monitoring:  | _____                          |
|   | MO/DAY/YEAR    |                      | Effluent limitation/ Benchmark |
| Storm Duration :                        | _____          | Total Precipitation: | _____                          |
|   | Hours          |                      | Inches                         |
| Time Since Last Measurable Storm Event: | _____          |                      |                                |
|   | Hours or Days  |                      |                                |

|   |                |                      |                                |
|---|----------------|----------------------|--------------------------------|
| Monitoring Period:                      | _____ to _____ |                      |                                |
|   | MO/DAY/YEAR    | MO/DAY/YEAR          |                                |
| Date of Storm Event:                    | _____          | Type of Monitoring:  | _____                          |
|   | MO/DAY/YEAR    |                      | Effluent limitation/ Benchmark |
| Storm Duration :                        | _____          | Total Precipitation: | _____                          |
|   | Hours          |                      | Inches                         |
| Time Since Last Measurable Storm Event: | _____          |                      |                                |
|   | Hours or Days  |                      |                                |



Vermont Multi-Sector General Permit

## Discharge Monitoring Report (DMR)

|                 |
|-----------------|
| Permit Number:  |
| SIC Code(s):    |
| Outfall Number: |
| Sample Date:    |

Facility Name: \_\_\_\_\_

**Benchmark Monitoring**      **Monitoring Year:**      **Quarter:**     Jan – Mar     Apr – Jun     Jul – Sept     Oct - Dec

| Parameter | Cut-off Concentration (mg/L) | Sample Result (mg/L) |
|-----------|------------------------------|----------------------|
|           |                              |                      |
|           |                              |                      |
|           |                              |                      |
|           |                              |                      |
|           |                              |                      |
|           |                              |                      |
|           |                              |                      |
|           |                              |                      |
|           |                              |                      |
|           |                              |                      |

**Effluent Limitation Monitoring** *(additional space is available on the back)*

| Parameter | Sample Type <i>(circle one)</i> | Limitation (mg/L) | Sample Result (mg/L) |
|-----------|---------------------------------|-------------------|----------------------|
|           | 1x year / Daily Max             |                   |                      |
|           | 30 day avg / Monthly avg        |                   |                      |
|           | 1x year / Daily Max             |                   |                      |
|           | 30 day avg / Monthly avg        |                   |                      |
|           | 1x year / Daily Max             |                   |                      |
|           | 30 day avg / Monthly avg        |                   |                      |
|           | 1x year / Daily Max             |                   |                      |
|           | 30 day avg / Monthly avg        |                   |                      |

**Impaired Waters Monitoring**

| Parameter | Cut-off Concentration (if applicable) | Sample Value |
|-----------|---------------------------------------|--------------|
|           |                                       |              |
|           |                                       |              |
|           |                                       |              |
|           |                                       |              |

**Certification**

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 gather and evaluate 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 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.

|            |  |               |  |
|------------|--|---------------|--|
| Name:      |  | Phone Number: |  |
| Signature: |  | Date:         |  |

| <b>Effluent Limitation Monitoring (continued)</b> |  |                          |                             |
|---|--|--------------------------|-----------------------------|
| <b>Parameter</b>                                  | <b>Sample Type (<i>circle one</i>)</b> | <b>Limitation (mg/L)</b> | <b>Sample Result (mg/L)</b> |
|   | 1x year / Daily Max                    |                          |                             |
|   | 30 day avg / Monthly avg               |                          |                             |
|   | 1x year / Daily Max                    |                          |                             |
|   | 30 day avg / Monthly avg               |                          |                             |
|   | 1x year / Daily Max                    |                          |                             |
|   | 30 day avg / Monthly avg               |                          |                             |
|   | 1x year / Daily Max                    |                          |                             |
|   | 30 day avg / Monthly avg               |                          |                             |
|   | 1x year / Daily Max                    |                          |                             |
|   | 30 day avg / Monthly avg               |                          |                             |
|   | 1x year / Daily Max                    |                          |                             |
|   | 30 day avg / Monthly avg               |                          |                             |
|   | 1x year / Daily Max                    |                          |                             |
|   | 30 day avg / Monthly avg               |                          |                             |
|   | 1x year / Daily Max                    |                          |                             |
|   | 30 day avg / Monthly avg               |                          |                             |
|   | 1x year / Daily Max                    |                          |                             |
|   | 30 day avg / Monthly avg               |                          |                             |
|   | 1x year / Daily Max                    |                          |                             |
|   | 30 day avg / Monthly avg               |                          |                             |
| <b>Notes:</b>                                     |  |                          |                             |
|   |  |                          |                             |
|   |  |                          |                             |
|   |  |                          |                             |
|   |  |                          |                             |
|   |  |                          |                             |
|   |  |                          |                             |
|   |  |                          |                             |
|   |  |                          |                             |
|   |  |                          |                             |

### Instructions

- A separate DMR form must be submitted for each outfall sampled at your facility.
- List monitoring results for the type(s) of sampling you are reporting in the appropriate section. If your sampling event was used to satisfy more than one type of monitoring (e.g. Effluent Limitation and Benchmark monitoring) you may submit results for each type using the same form.
- For benchmark monitoring, be sure to indicate which quarter the sample was taken in.
- For effluent limitations, the permit may specify that a single grab sample is adequate, or that a daily maximum and a 30 day or monthly average is necessary. Circle the kind of value that you are reporting under the "Sample Type" heading.
- Write additional information about the sample collection and processing in the notes section, such as if the samples were taken more than 30 minutes after the start of discharge and the reason for the delay.
- Keep a copy of your DMR onsite with the SWPPP.
- DMR's must be sent to the Vermont Water Quality Division within 60 days of receiving your lab results at the following address:

Attn: **MSGP Coordinator**  
**DEC Water Quality Div.**  
**103 South Main Street**  
**Bldg. 10 North**  
**Waterbury, VT 05671-0408**

# Annual SWPPP Compliance Evaluation Report for

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*name of marina*

**Name of Person(s) completing evaluation:**

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**Date of evaluation:**

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**Weather conditions during inspection:**

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**Areas inspected during evaluation:**

Inspect all exposed areas of the facility for evidence of contamination of runoff. Areas that need to be inspected include all areas identified in section 3.7 of the SWPPP, areas where spills have or are likely to occur, all structural and non structural BMPs, the stormwater collection system, and all discharge points from the facility.

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## Evidence of Stormwater Pollution

As each of the areas above is investigated, look for the problems listed in the table below. The existence of these problems on the site may indicate that the SWPPP is not being followed or that it is inadequate for preventing stormwater pollution. Should these problems be present, describe their nature and location(s) and create a plan to prevent their reoccurrence.

| Is there evidence of the following problems?   | Yes | No | Describe problem and location | Corrective Actions | Schedule for corrective actions |
|--|-----|----|-------------------------------|--------------------|---------------------------------|
| Industrial materials, residue, or trash coming in contact with stormwater                            |     |    |                               |                    |                                 |
| Leaks or spills from industrial equipment, drums, tanks or other containers                          |     |    |                               |                    |                                 |
| Offsite tracking of industrial or waste materials, or sediment where vehicles exit or enter the site |     |    |                               |                    |                                 |
| Tracking or blowing of raw, final, or waste materials from areas of no exposure to exposed areas     |     |    |                               |                    |                                 |
| Evidence of, or the potential for the pollutants entering the drainage system                        |     |    |                               |                    |                                 |
| Evidence of pollutants discharging to receiving waters at facility discharge points                  |     |    |                               |                    |                                 |
| Scouring around facility discharge points, or any other degradation of these structures              |     |    |                               |                    |                                 |



Are there any new sources of potential stormwater pollutants not previously identified in the SWPPP? YES / NO

If you circled yes, how will the SWPPP be modified to prevent these sources from contaminating runoff? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have either visual inspections or monitoring during the past year indicated pollution of stormwater which have not yet been addressed? YES / NO

If so, describe the potential sources of any pollutants found in runoff \_\_\_\_\_

\_\_\_\_\_

What actions or modifications to the SWPPP are needed to prevent these pollutants from reaching the receiving waters? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any other places where the site inspection indicates noncompliance with the SWPPP and the conditions of the general permit \_\_\_\_\_

\_\_\_\_\_

What other changes to the SWPPP are needed to ensure that the site is in compliance? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Certification of Compliance**

This Compliance Evaluation Report has been prepared by qualified personnel who properly gathered and evaluated information submitted for this Report. The information in this Report, to the best of my knowledge, is accurate and complete. After inspection of all exposed industrial areas, BMPs, and stormwater systems, and review of the SWPPP and required monitoring I find that this facility is in compliance with the SWPPP and the permit.

Name (print): \_\_\_\_\_  
\_\_\_\_\_

Title:

Signature: \_\_\_\_\_  
\_\_\_\_\_

Date: