

Annual Report

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Site / Owner / Operator

Site	
ID Number	MSW-
Name	
Address Line 1	
Address Line 2	
City	
State	
Zip Code	
Contact Name	
Phone Number	
Email Address	

Owner	
Name	
Address Line 1	
Address Line 2	
City	
State	
Zip Code	
Contact Name	
Phone Number	
Email Address	

Operator	
Name	
Address Line 1	
Address Line 2	
City	
State	
Zip Code	
Contact Name	
Phone Number	
Email Address	

Routine Facility Inspection Documentation Findings

Routine Facility Inspection Documentation Findings

Describe the findings from the facility's Routine Facility Inspection documentation.

Spills, Leaks, and Unauthorized Discharges

Spill, Leaks, and Unauthorized Discharges

Provide updated spill, leak, and unauthorized discharge information and any necessary corrective actions taken.

Spill/Leak/Unauthorized Discharge 1

On what date did the spill/leak/discharge occur?

What type of substance was spilled/leaked/discharged?

What quantity of the substance was spilled/leaked/discharged?

Where was the substance spilled/leaked/discharged?

How did the spill/leak/discharge occur and what caused it?

What corrective actions were taken in response to the spill/leak/discharge?

Spill/Leak/Unauthorized Discharge 2

On what date did the spill/leak/discharge occur?

What type of substance was spilled/leaked/discharged?

What quantity of the substance was spilled/leaked/discharged?

Where was the substance spilled/leaked/discharged?

How did the spill/leak/discharge occur and what caused it?

What corrective actions were taken in response to the spill/leak/discharge?

Spill/Leak/Unauthorized Discharge 3	
On what date did the spill/leak/discharge occur?	
What type of substance was spilled/leaked/discharged?	
What quantity of the substance was spilled/leaked/discharged?	
Where was the substance spilled/leaked/discharged?	
How did the spill/leak/discharge occur and what caused it?	
What corrective actions were taken in response to the spill/leak/discharge?	

Spill/Leak/Unauthorized Discharge 4	
On what date did the spill/leak/discharge occur?	
What type of substance was spilled/leaked/discharged?	
What quantity of the substance was spilled/leaked/discharged?	
Where was the substance spilled/leaked/discharged?	
How did the spill/leak/discharge occur and what caused it?	
What corrective actions were taken in response to the spill/leak/discharge?	

Spill/Leak/Unauthorized Discharge 5	
On what date did the spill/leak/discharge occur?	
What type of substance was spilled/leaked/discharged?	
What quantity of the substance was spilled/leaked/discharged?	
Where was the substance spilled/leaked/discharged?	
How did the spill/leak/discharge occur and what caused it?	
What corrective actions were taken in response to the spill/leak/discharge?	

Spill/Leak/Unauthorized Discharge 6	
On what date did the spill/leak/discharge occur?	
What type of substance was spilled/leaked/discharged?	
What quantity of the substance was spilled/leaked/discharged?	
Where was the substance spilled/leaked/discharged?	
How did the spill/leak/discharge occur and what caused it?	
What corrective actions were taken in response to the spill/leak/discharge?	

SWPPP Effectiveness in Reducing Pollutant Loads

SWPPP Effectiveness in Reducing Pollutant Loads

Provide a narrative evaluation of the effectiveness of the Stormwater Pollution Prevention Plan (SWPPP) in reducing pollutant loads.

Control Measure Modification and SWPPP Revision

Control Measure Modification and SWPPP Revision

Provide a schedule for modifying control measures and revising the SWPPP if further reductions of pollutant loads can be reasonably achieved.

Revised SWPPP Documentation

Revised SWPPP Documentation

If changes were made to the SWPPP during the reporting year, attach a copy of the revised SWPPP documentation to the end of this Annual Report.

Monitoring Data

Monitoring Data

Attach collected monitoring data to the end of this Annual Report and provide a narrative summary and interpretation of the data.

Total Discharge of Stormwater

Total Discharge of Stormwater

Provide the estimated total discharge of stormwater from each outfall to Waters of the State of Nevada that meet the definition of Waters of the U.S., and number of discharge events.

Outfall Name	Total Discharge of Stormwater	Number of Discharge Events

Non-Compliance Incidents

Non-Compliance Incidents

Provide a narrative description of any incidence of non-compliance and any necessary corrective actions taken.

Non-Compliance Incident 1

Describe the incident.

Describe any necessary corrective actions taken in response to the incident.

Non-Compliance Incident 2

Describe the incident.

Describe any necessary corrective actions taken in response to the incident.

Non-Compliance Incident 3

Describe the incident.

Describe any necessary corrective actions taken in response to the incident.

Non-Compliance Incident 4

Describe the incident.

Describe any necessary corrective actions taken in response to the incident.

Non-Compliance Incident 5

Describe the incident.

Describe any necessary corrective actions taken in response to the incident.

Non-Compliance Incident 6

Describe the incident.

Describe any necessary corrective actions taken in response to the incident.

Best Management Practices (BMPs)

Best Management Practices

Attach, to the end of this Annual Report, photo documentation, with a brief summary narrative, from established photo points of management BMPs and discharge point BMPs. Photos from previous years may be used provided those photos remain representative of the referenced BMPs.

Certification Statement

Print out this completed Annual Report and sign and date below. Digital signatures are not accepted.

Adherence Statement

"I certify under penalty of law, that the facility is in compliance with the SWPPP and the permit and 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 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."

Name (print)	Title
Signature	Date
 	 _____/_____/_____