



City of Arlington, Texas  
 Public Works & Transportation Department  
 Stormwater Management – Environmental Compliance  
 101 W. Abram Street, MS 01-0220, Arlington, TX 76010

COA RECEIVED DATE:

### INDUSTRIAL FACILITY ASSESSMENT FORM

GENERAL INFORMATION			
Company Name:			
Physical Address:			
Mailing Address:			
Years at Present Location:			
Total Number of Employees:			
Number of Employees per Shift:	1 <sup>st</sup> :	2 <sup>nd</sup> :	3 <sup>rd</sup> :
Days of operation (check all that apply):		<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	
Hours of Operation:		___ am to ___ pm	<input type="checkbox"/> 24 hour operation
FACILITY CONTACT			
Name:			Title:
Phone:	Ext:	Fax:	Email:
ALTERNATE FACILITY CONTACT			
Name:			Title:
Phone:	Ext:	Fax:	Email:
PERMITS			
<input type="checkbox"/> TPDES Stormwater Multi-Sector General Permit Permit #: _____ Sector(s): _____		<input type="checkbox"/> Individual Permit Permit #: _____ Sector(s): _____	
PRODUCTS AND/OR SERVICE INFORMATION			
Standard Industrial Classification Code (SIC):	Primary:		
	Secondary:		
	Tertiary:		
Final products or service:			
Brief description of manufacturing operation or specific industrial activity:			
Principal raw materials (including any chemicals):			
Material transfer area (docks, access ramps, bulk transfer):			
<input type="checkbox"/> open to rainfall and runoff <input type="checkbox"/> covered <input type="checkbox"/> surface runoff excluded			

<p><b>OFFICE USE ONLY:</b></p> <p>Permit Type:    <input type="checkbox"/> NOI    <input type="checkbox"/> NEC</p> <p>Permit Status: <input type="checkbox"/> Active    <input type="checkbox"/> Expired    <input type="checkbox"/> Pending    <input type="checkbox"/> High Risk:    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p>COA #: _____</p> <p>TCEQ CN#: _____</p> <p>TCEQ RN#: _____</p>
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Are inside floor drains connected to sanitary sewer?  YES  NO

If not, how are they drained? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complete the following table concerning storage tanks (use additional sheets if necessary):

Tank # or Identifier	Material Stored in Tank	Volume	Location
			<input type="checkbox"/> above ground <input type="checkbox"/> below ground
			<input type="checkbox"/> above ground <input type="checkbox"/> below ground
			<input type="checkbox"/> above ground <input type="checkbox"/> below ground
			<input type="checkbox"/> above ground <input type="checkbox"/> below ground
			<input type="checkbox"/> above ground <input type="checkbox"/> below ground
			<input type="checkbox"/> above ground <input type="checkbox"/> below ground
			<input type="checkbox"/> above ground <input type="checkbox"/> below ground
			<input type="checkbox"/> above ground <input type="checkbox"/> below ground
			<input type="checkbox"/> above ground <input type="checkbox"/> below ground
			<input type="checkbox"/> above ground <input type="checkbox"/> below ground

**Spill Prevention, Control, and Countermeasure Plan:**

Is a Spill Prevention Control and Countermeasures (SPCC) Plan available on site?  YES  NO

**Stormwater Pollution Prevention Plan:**

Is a Storm Water Pollution Prevention Plan (SWPPP) available on site?  YES  NO

**Site Map:**

Include a site map of the facility with the following: adjacent streets, compass (to indicate direction), all buildings on property, all outside storage areas, storm drain inlets, direction of water flow off property, all outside processing areas, vehicle maintenance areas, and vehicle washing areas.

Please complete the following table to indicate materials storage and the management practices applicable to each material.

Material	Storage	Material Management Practice(s): check all that apply
Fuels	<input type="checkbox"/> Inside (I) <input type="checkbox"/> Outside (O) <input type="checkbox"/> Both I & O	<input type="checkbox"/> None <input type="checkbox"/> Spill Prevention Program (routine visual inspections, spill clean-up, etc.) <input type="checkbox"/> Materials enclosed in above ground containers <input type="checkbox"/> Materials enclosed in underground containers <input type="checkbox"/> Diversion of runoff from storage areas (dikes, berms, etc.) <input type="checkbox"/> Stormwater capture – no discharge (evaporation, infiltration ponds, etc.) <input type="checkbox"/> Stormwater capture and/or treatment – discharge <input type="checkbox"/> Vegetative control (grassy swale) <input type="checkbox"/> Other (please specify): _____
Lubricants	<input type="checkbox"/> Inside (I) <input type="checkbox"/> Outside (O) <input type="checkbox"/> Both I & O	<input type="checkbox"/> None <input type="checkbox"/> Spill Prevention Program (routine visual inspections, spill clean-up, etc.) <input type="checkbox"/> Materials enclosed in above ground containers <input type="checkbox"/> Materials enclosed in underground containers <input type="checkbox"/> Diversion of runoff from storage areas (dikes, berms, etc.) <input type="checkbox"/> Stormwater capture – no discharge (evaporation, infiltration ponds, etc.) <input type="checkbox"/> Stormwater capture and/or treatment – discharge <input type="checkbox"/> Vegetative control (grassy swale) <input type="checkbox"/> Other (please specify): _____
Solvents	<input type="checkbox"/> Inside (I) <input type="checkbox"/> Outside (O) <input type="checkbox"/> Both I & O	<input type="checkbox"/> None <input type="checkbox"/> Spill Prevention Program (routine visual inspections, spill clean-up, etc.) <input type="checkbox"/> Materials enclosed in above ground containers <input type="checkbox"/> Materials enclosed in underground containers <input type="checkbox"/> Diversion of runoff from storage areas (dikes, berms, etc.) <input type="checkbox"/> Stormwater capture – no discharge (evaporation, infiltration ponds, etc.) <input type="checkbox"/> Stormwater capture and/or treatment – discharge <input type="checkbox"/> Vegetative control (grassy swale) <input type="checkbox"/> Other (please specify): _____
Degreasers	<input type="checkbox"/> Inside (I) <input type="checkbox"/> Outside (O) <input type="checkbox"/> Both I & O	<input type="checkbox"/> None <input type="checkbox"/> Spill Prevention Program (routine visual inspections, spill clean-up, etc.) <input type="checkbox"/> Materials enclosed in above ground containers <input type="checkbox"/> Materials enclosed in underground containers <input type="checkbox"/> Diversion of runoff from storage areas (dikes, berms, etc.) <input type="checkbox"/> Stormwater capture – no discharge (evaporation, infiltration ponds, etc.) <input type="checkbox"/> Stormwater capture and/or treatment – discharge <input type="checkbox"/> Vegetative control (grassy swale) <input type="checkbox"/> Other (please specify): _____
Process Waste	<input type="checkbox"/> Inside (I) <input type="checkbox"/> Outside (O) <input type="checkbox"/> Both I & O	<input type="checkbox"/> None <input type="checkbox"/> Spill Prevention Program (routine visual inspections, spill clean-up, etc.) <input type="checkbox"/> Materials enclosed in above ground containers <input type="checkbox"/> Materials enclosed in underground containers <input type="checkbox"/> Diversion of runoff from storage areas (dikes, berms, etc.) <input type="checkbox"/> Stormwater capture – no discharge (evaporation, infiltration ponds, etc.) <input type="checkbox"/> Stormwater capture and/or treatment – discharge <input type="checkbox"/> Vegetative control (grassy swale) <input type="checkbox"/> Other (please specify): _____

Scrap Metal	<input type="checkbox"/> Inside (I) <input type="checkbox"/> Outside (O) <input type="checkbox"/> Both I & O	<input type="checkbox"/> None <input type="checkbox"/> Spill Prevention Program (routine visual inspections, spill clean-up, etc.) <input type="checkbox"/> Materials enclosed in above ground containers <input type="checkbox"/> Materials enclosed in underground containers <input type="checkbox"/> Diversion of runoff from storage areas (dikes, berms, etc.) <input type="checkbox"/> Stormwater capture – no discharge (evaporation, infiltration ponds, etc.) <input type="checkbox"/> Stormwater capture and/or treatment – discharge <input type="checkbox"/> Vegetative control (grassy swale) <input type="checkbox"/> Other (please specify): _____
Pesticides	<input type="checkbox"/> Inside (I) <input type="checkbox"/> Outside (O) <input type="checkbox"/> Both I & O	<input type="checkbox"/> None <input type="checkbox"/> Spill Prevention Program (routine visual inspections, spill clean-up, etc.) <input type="checkbox"/> Materials enclosed in above ground containers <input type="checkbox"/> Materials enclosed in underground containers <input type="checkbox"/> Diversion of runoff from storage areas (dikes, berms, etc.) <input type="checkbox"/> Stormwater capture – no discharge (evaporation, infiltration ponds, etc.) <input type="checkbox"/> Stormwater capture and/or treatment – discharge <input type="checkbox"/> Vegetative control (grassy swale) <input type="checkbox"/> Other (please specify): _____
Herbicides	<input type="checkbox"/> Inside (I) <input type="checkbox"/> Outside (O) <input type="checkbox"/> Both I & O	<input type="checkbox"/> None <input type="checkbox"/> Spill Prevention Program (routine visual inspections, spill clean-up, etc.) <input type="checkbox"/> Materials enclosed in above ground containers <input type="checkbox"/> Materials enclosed in underground containers <input type="checkbox"/> Diversion of runoff from storage areas (dikes, berms, etc.) <input type="checkbox"/> Stormwater capture – no discharge (evaporation, infiltration ponds, etc.) <input type="checkbox"/> Stormwater capture and/or treatment – discharge <input type="checkbox"/> Vegetative control (grassy swale) <input type="checkbox"/> Other (please specify): _____
Fertilizers	<input type="checkbox"/> Inside (I) <input type="checkbox"/> Outside (O) <input type="checkbox"/> Both I & O	<input type="checkbox"/> None <input type="checkbox"/> Spill Prevention Program (routine visual inspections, spill clean-up, etc.) <input type="checkbox"/> Materials enclosed in above ground containers <input type="checkbox"/> Materials enclosed in underground containers <input type="checkbox"/> Diversion of runoff from storage areas (dikes, berms, etc.) <input type="checkbox"/> Stormwater capture – no discharge (evaporation, infiltration ponds, etc.) <input type="checkbox"/> Stormwater capture and/or treatment – discharge <input type="checkbox"/> Vegetative control (grassy swale) <input type="checkbox"/> Other (please specify): _____
Detergents	<input type="checkbox"/> Inside (I) <input type="checkbox"/> Outside (O) <input type="checkbox"/> Both I & O	<input type="checkbox"/> None <input type="checkbox"/> Spill Prevention Program (routine visual inspections, spill clean-up, etc.) <input type="checkbox"/> Materials enclosed in above ground containers <input type="checkbox"/> Materials enclosed in underground containers <input type="checkbox"/> Diversion of runoff from storage areas (dikes, berms, etc.) <input type="checkbox"/> Stormwater capture – no discharge (evaporation, infiltration ponds, etc.) <input type="checkbox"/> Stormwater capture and/or treatment – discharge <input type="checkbox"/> Vegetative control (grassy swale) <input type="checkbox"/> Other (please specify): _____
Paints	<input type="checkbox"/> Inside (I) <input type="checkbox"/> Outside (O) <input type="checkbox"/> Both I & O	<input type="checkbox"/> None <input type="checkbox"/> Spill Prevention Program (routine visual inspections, spill clean-up, etc.) <input type="checkbox"/> Materials enclosed in above ground containers <input type="checkbox"/> Materials enclosed in underground containers <input type="checkbox"/> Diversion of runoff from storage areas (dikes, berms, etc.) <input type="checkbox"/> Stormwater capture – no discharge (evaporation, infiltration ponds, etc.) <input type="checkbox"/> Stormwater capture and/or treatment – discharge

		<input type="checkbox"/> Vegetative control (grassy swale) <input type="checkbox"/> Other (please specify): _____
Salt	<input type="checkbox"/> Inside (I) <input type="checkbox"/> Outside (O) <input type="checkbox"/> Both I & O	<input type="checkbox"/> None <input type="checkbox"/> Spill Prevention Program (routine visual inspections, spill clean-up, etc.) <input type="checkbox"/> Materials enclosed in above ground containers <input type="checkbox"/> Materials enclosed in underground containers <input type="checkbox"/> Diversion of runoff from storage areas (dikes, berms, etc.) <input type="checkbox"/> Stormwater capture – no discharge (evaporation, infiltration ponds, etc.) <input type="checkbox"/> Stormwater capture and/or treatment – discharge <input type="checkbox"/> Vegetative control (grassy swale) <input type="checkbox"/> Other (please specify): _____
Trash	<input type="checkbox"/> Inside (I) <input type="checkbox"/> Outside (O) <input type="checkbox"/> Both I & O	<input type="checkbox"/> None <input type="checkbox"/> Spill Prevention Program (routine visual inspections, spill clean-up, etc.) <input type="checkbox"/> Materials enclosed in above ground containers <input type="checkbox"/> Materials enclosed in underground containers <input type="checkbox"/> Diversion of runoff from storage areas (dikes, berms, etc.) <input type="checkbox"/> Stormwater capture – no discharge (evaporation, infiltration ponds, etc.) <input type="checkbox"/> Stormwater capture and/or treatment – discharge <input type="checkbox"/> Vegetative control (grassy swale) <input type="checkbox"/> Other (please specify): _____
Other Materials (not listed above)  Please specify: _____	<input type="checkbox"/> Inside (I) <input type="checkbox"/> Outside (O) <input type="checkbox"/> Both I & O	<input type="checkbox"/> None <input type="checkbox"/> Spill Prevention Program (routine visual inspections, spill clean-up, etc.) <input type="checkbox"/> Materials enclosed in above ground containers <input type="checkbox"/> Materials enclosed in underground containers <input type="checkbox"/> Diversion of runoff from storage areas (dikes, berms, etc.) <input type="checkbox"/> Stormwater capture – no discharge (evaporation, infiltration ponds, etc.) <input type="checkbox"/> Stormwater capture and/or treatment – discharge <input type="checkbox"/> Vegetative control (grassy swale) <input type="checkbox"/> Other (please specify): _____
Other Materials (not listed above)  Please specify: _____	<input type="checkbox"/> Inside (I) <input type="checkbox"/> Outside (O) <input type="checkbox"/> Both I & O	<input type="checkbox"/> None <input type="checkbox"/> Spill Prevention Program (routine visual inspections, spill clean-up, etc.) <input type="checkbox"/> Materials enclosed in above ground containers <input type="checkbox"/> Materials enclosed in underground containers <input type="checkbox"/> Diversion of runoff from storage areas (dikes, berms, etc.) <input type="checkbox"/> Stormwater capture – no discharge (evaporation, infiltration ponds, etc.) <input type="checkbox"/> Stormwater capture and/or treatment – discharge <input type="checkbox"/> Vegetative control (grassy swale) <input type="checkbox"/> Other (please specify): _____
Other Materials (not listed above)  Please specify: _____	<input type="checkbox"/> Inside (I) <input type="checkbox"/> Outside (O) <input type="checkbox"/> Both I & O	<input type="checkbox"/> None <input type="checkbox"/> Spill Prevention Program (routine visual inspections, spill clean-up, etc.) <input type="checkbox"/> Materials enclosed in above ground containers <input type="checkbox"/> Materials enclosed in underground containers <input type="checkbox"/> Diversion of runoff from storage areas (dikes, berms, etc.) <input type="checkbox"/> Stormwater capture – no discharge (evaporation, infiltration ponds, etc.) <input type="checkbox"/> Stormwater capture and/or treatment – discharge <input type="checkbox"/> Vegetative control (grassy swale) <input type="checkbox"/> Other (please specify): _____

## DESCRIPTION OF ACTIVITIES AT THE FACILITY

Please indicate which of the following activities are performed at the facility. Also indicate how the activity areas are kept clean and how any spillage of materials is handled.

	Activity Material	Location	Cleaning Processes	Wash Water discharges to:	Dry Material
<input type="checkbox"/>	Fueling	<input type="checkbox"/> Inside (I) <input type="checkbox"/> Outside (O) <input type="checkbox"/> Both I & O	<input type="checkbox"/> Wet (washed down) <input type="checkbox"/> Dry (swept/ vacuumed) <input type="checkbox"/> Wet & Dry	<input type="checkbox"/> Sanitary Sewer (SS) <input type="checkbox"/> Storm Drain (SD) <input type="checkbox"/> Both SS & SD	<input type="checkbox"/> Composted <input type="checkbox"/> Landfilled <input type="checkbox"/> Off-site disposal
<input type="checkbox"/>	Lubrication	<input type="checkbox"/> Inside (I) <input type="checkbox"/> Outside (O) <input type="checkbox"/> Both I & O	<input type="checkbox"/> Wet (washed down) <input type="checkbox"/> Dry (swept/ vacuumed) <input type="checkbox"/> Wet & Dry	<input type="checkbox"/> Sanitary Sewer (SS) <input type="checkbox"/> Storm Drain (SD) <input type="checkbox"/> Both SS & SD	<input type="checkbox"/> Composted <input type="checkbox"/> Landfilled <input type="checkbox"/> Off-site disposal
<input type="checkbox"/>	Vehicle rehab.	<input type="checkbox"/> Inside (I) <input type="checkbox"/> Outside (O) <input type="checkbox"/> Both I & O	<input type="checkbox"/> Wet (washed down) <input type="checkbox"/> Dry (swept/ vacuumed) <input type="checkbox"/> Wet & Dry	<input type="checkbox"/> Sanitary Sewer (SS) <input type="checkbox"/> Storm Drain (SD) <input type="checkbox"/> Both SS & SD	<input type="checkbox"/> Composted <input type="checkbox"/> Landfilled <input type="checkbox"/> Off-site disposal
<input type="checkbox"/>	Mechanical Repair	<input type="checkbox"/> Inside (I) <input type="checkbox"/> Outside (O) <input type="checkbox"/> Both I & O	<input type="checkbox"/> Wet (washed down) <input type="checkbox"/> Dry (swept/ vacuumed) <input type="checkbox"/> Wet & Dry	<input type="checkbox"/> Sanitary Sewer (SS) <input type="checkbox"/> Storm Drain (SD) <input type="checkbox"/> Both SS & SD	<input type="checkbox"/> Composted <input type="checkbox"/> Landfilled <input type="checkbox"/> Off-site disposal
<input type="checkbox"/>	Vehicle washing	<input type="checkbox"/> Inside (I) <input type="checkbox"/> Outside (O) <input type="checkbox"/> Both I & O	<input type="checkbox"/> Wet (washed down) <input type="checkbox"/> Dry (swept/ vacuumed) <input type="checkbox"/> Wet & Dry	<input type="checkbox"/> Sanitary Sewer (SS) <input type="checkbox"/> Storm Drain (SD) <input type="checkbox"/> Both SS & SD	<input type="checkbox"/> Composted <input type="checkbox"/> Landfilled <input type="checkbox"/> Off-site disposal
<input type="checkbox"/>	Parts cleaning	<input type="checkbox"/> Inside (I) <input type="checkbox"/> Outside (O) <input type="checkbox"/> Both I & O	<input type="checkbox"/> Wet (washed down) <input type="checkbox"/> Dry (swept/ vacuumed) <input type="checkbox"/> Wet & Dry	<input type="checkbox"/> Sanitary Sewer (SS) <input type="checkbox"/> Storm Drain (SD) <input type="checkbox"/> Both SS & SD	<input type="checkbox"/> Composted <input type="checkbox"/> Landfilled <input type="checkbox"/> Off-site disposal
<input type="checkbox"/>	Airplane deicing	<input type="checkbox"/> Inside (I) <input type="checkbox"/> Outside (O) <input type="checkbox"/> Both I & O	<input type="checkbox"/> Wet (washed down) <input type="checkbox"/> Dry (swept/ vacuumed) <input type="checkbox"/> Wet & Dry	<input type="checkbox"/> Sanitary Sewer (SS) <input type="checkbox"/> Storm Drain (SD) <input type="checkbox"/> Both SS & SD	<input type="checkbox"/> Composted <input type="checkbox"/> Landfilled <input type="checkbox"/> Off-site disposal
<input type="checkbox"/>	Lawn care & maintenance	<input type="checkbox"/> Inside (I) <input type="checkbox"/> Outside (O) <input type="checkbox"/> Both I & O	<input type="checkbox"/> Wet (washed down) <input type="checkbox"/> Dry (swept/ vacuumed) <input type="checkbox"/> Wet & Dry	<input type="checkbox"/> Sanitary Sewer (SS) <input type="checkbox"/> Storm Drain (SD) <input type="checkbox"/> Both SS & SD	<input type="checkbox"/> Composted <input type="checkbox"/> Landfilled <input type="checkbox"/> Off-site disposal
<input type="checkbox"/>	Exhaust air treatment (bag house, filters, etc.)	<input type="checkbox"/> Inside (I) <input type="checkbox"/> Outside (O) <input type="checkbox"/> Both I & O	<input type="checkbox"/> Wet (washed down) <input type="checkbox"/> Dry (swept/ vacuumed) <input type="checkbox"/> Wet & Dry	<input type="checkbox"/> Sanitary Sewer (SS) <input type="checkbox"/> Storm Drain (SD) <input type="checkbox"/> Both SS & SD	<input type="checkbox"/> Composted <input type="checkbox"/> Landfilled <input type="checkbox"/> Off-site disposal

## VERIFICATION AND CERTIFICATION

*I certify that this document and all attachments apply to the above listed facility and was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted.*

*I certify to the best of my knowledge and belief that all of the information on this form is correct.*

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 (Please Print)

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