**City of Edinburg Stormwater Business Inspection Checklist:**

Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inspector: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Business Name: Good housekeeping:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | N/A or comments |
| Outside business clean |  |  |  |
| Has site stormwater conveyance system |  |  |  |
| Any stormwater BMP on or near site |  |  |  |
| 1. Does site need more stormwater improvements |  |  |  |
| Are vehicles or equipment washed or cleaned on site? |  |  |  |
| 1. If yes how waste cleaned or collected. |  |  |  |
| Garbage can or waste bin on site |  |  |  |

B. Hazmat Storage**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| If none apply below write NONE ABOVE | Yes | No | N/A or comments |
| Are vehicles fueled on site |  |  |  |
| 1. Fuel tanks locked and/operated properly |  |  |  |
| 1. Are storm drains protected from spills |  |  |  |
| Are AST Aboveground storage tanks on site |  |  |  |
| 1. AST’s have secondary containment |  |  |  |
| Walls are tight or have cracks |  |  |  |
| Site store hazardous materials , solvents, pesticides or acids |  |  |  |
| 1. Containers tight or covered |  |  |  |
| Ignitable or reactive wastes stored near buildings |  |  |  |
| Any spills noted on site |  |  |  |

Other Best Management Practices (BMP)s on site or that can be used on site: ­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| If none apply below. Write NONE above in blank | Yes | No | N/A or comments |
| Does business or site store chemicals: If yes, name below |  |  |  |
|  |  |  |  |
| Does business or site store waste on site; If yes name below |  |  |  |
|  |  |  |  |
| Does business have truck unloading/dock? |  |  |  |
| Site needs oil/water separator? |  |  |  |
| Spill response materials needed? |  |  |  |
| Name if any materials on site: |  |  |  |
|  |  |  |  |
| Any complaints filed against site? Since last inspection? |  |  |  |

Deficiencies must be resolved within 3 working days of date this notice or inspection.

Inspector Name Print:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site Manager Name Print:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_