# **Stormwater Management Plan**

Company Name:\_\_\_\_\_

	Date of SWMP:	
	Date of SWMP revision:	
1. FACILITY INFORM	MATION	
Company Name:		
Local Street Address:		
Mailing Address:		
Corporate Address:		
Owner/Manager:		
Contact Name:		
Contact Email:		
Contact Telephone:		
Contact Fax Number:		

# 2. MATERIALS, PRODUCTS AND CHEMICALS

# 2a. Materials and Chemical Inventory

SIC or NAICS Code:

at this site:

**Describe business activities** 

	Material, Product or Chemical	Operation Used	Location	Maximum Quantity
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
12				
13				
14				

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2b.	Where and how will the materials be stored and used onsite:
2c.	Disposal of excess, spent or waste materials (including recycling).
3.	BEST MANAGEMENT PRACTICES (BMPs)
	The following best management practices will be used both inside and outside to reduce the risk of spills or other accidental exposure of materials/chemicals to stormwater:
3a.	Administrative and Source Control BMPs (list):
3b.	Spill Control BMPs:

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### **Emergency Numbers-All Facility Spills:**

Facility Environmental Officer	(	)	-
Business Owner/Manager	(	)	-

### **Emergency Numbers-Major Spills Off Facility Property:**

City of Phoenix - Hazardous Spills – Emergency 911

### **Spill Reporting**

- PCC 32C107.G requires facilities to report releases to the City storm drain system immediately. Telephone the initial report to the Stormwater Hotline at (602)256-3190, and leave a detailed message concerning the incident.
- PCC 32C-107.G also requires a written notification within five days of the incident detailing the cause of the release and measures being taken to prevent reoccurrence. The notification should include facility contact information as well. Fax the five day notification to the City of Phoenix Stormwater Management Section at (602)534-7151 or mail to: City of Phoenix Stormwater Management Section, 2474 South 22<sup>nd</sup> Avenue, Phoenix, Arizona 85009.

### 3c. Structural BMPs or controls:

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# Appendix A – Site Plan

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## **APPENDIX B - BMP Checklist**

Company Name

# **Stormwater Inspection Checklist**

[ ] Quarterly Inspection [ ] Rain Event Inspection

(NOTE: E	Each YES ans	wer will require an	explanation o	r comment	describing the	event a	and the
corrective	measures imp	plemented to remed	dy the situation	n.)			

YES NO

\_Date: \_\_\_\_

**Best Management Practice** 

# Administrative and Source Control BMPs Spill Control BMPs Structural BMPs or Controls

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Comments:

Inspected By: