

Pedigo, Leslie

From: Pedigo, Leslie
Sent: Friday, May 24, 2019 11:53 AM
To: loren@januaryservices.com
Cc: Kaur, Ramandeep; Kennedy, Shannon; Brownlee, Sarah; Robinson, Victoria
Subject: January Environmental Services, NPDES Stormwater ID #FLR05G778 and Hazardous Waste facility ID #FLD982162943 - Meeting Follow-up
Attachments: MSGP Notice of Intent Form 62-621.300(5).pdf; Quarterly Visual Monitoring Sample Form.pdf; Annual Comprehensive Evaluation Form.pdf

Loren,

Thank you again for attending today's meeting.

I just spoke with Victoria Robinson. She has not received your fax containing the NPDES Stormwater MSGC Notice of Intent form (Permit renewal form). If the only reason you were having issues submitting the form electronically was due to not having the Receiving Waters information (which should be "Unidentified Waters, Peace River"), Victoria advises that submitting the form electronically would expedite obtaining the permit. If you are still having issues, please fax the completed form to Victoria. Once the permit has been processed, you will be notified to pay the permit fee. I have attached a blank copy of the Notice of Intent form in case you need it.

Please remember to change the facility address on the Notice of Intent to: 1920 Highway 60 West, Bartow.

Attached for your use is the sample Quarterly Visual Monitoring Form and the Annual Comprehensive Evaluation form.

Please send to me by no later than **June 7, 2019**:

1. Notification of when you have successfully submitted the Notice of Intent to Tallahassee, either electronically or via fax.
2. The revised Stormwater Pollution Prevention Plan (SWPPP).
3. The Quarterly Facility Inspection form that you develop for your site along with the initial inspection completed on the new form.
4. A complete Annual Comprehensive Site Compliance Evaluation on the form provided above.
5. A completed Quarterly Visual Monitoring form, if you have a rain event. If not, a statement that you will provide training to your drivers so that you can obtain a sample during the next rain event.

With regards to the outstanding Hazardous Waste issue, please send photos documenting that the used oil drums that were labeled "Waste Oil" are now properly labeled "Used Oil."

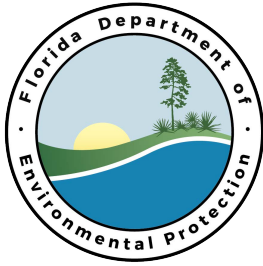
Please let me know if you have any questions.

Sincerely,



Leslie Pedigo
Environmental Specialist III
Compliance Assurance Program
Florida Department of Environmental
Protection

Southwest District
13051 North Telecom Parkway
Temple Terrace, FL 33637-0926
(813) 470-5870



NOTICE OF INTENT TO USE MULTI-SECTOR GENERIC PERMIT FOR STORMWATER DISCHARGE ASSOCIATED WITH INDUSTRIAL ACTIVITY (RULE 62-621.300(5), F.A.C.)

This form is to be completed and submitted to the Department before use of the Multi-Sector Generic Permit for Stormwater Discharge Associated with Industrial Activity (MSGP) provided in subsection 62-621.300(5), F.A.C. The type of facility or activity that qualifies for use of this generic permit, the conditions of the permit and additional requirements to request coverage are specified in paragraph 62-621.300(5)(a), F.A.C. Note that additional requirements for requesting coverage include submittal of the applicable generic permit fee pursuant to Rule 62-4.050, F.A.C. Familiarize yourself with the generic permit and the attached instructions before completing this form. **Please print or type information in the appropriate areas below.**

I. IDENTIFICATION NUMBER: Facility ID _____

II. APPLICANT INFORMATION:

A. Operator Name:		B. Operator Status:	
C. Address:			
D. City:	E. State:	F. Zip Code:	
G. Responsible Authority:			
H. Responsible Authority's Phone No.:			
I. Responsible Authority's Fax No.:			
J. Responsible Authority's E-mail Address:			

III. FACILITY LOCATION INFORMATION:

A. Facility Name:			
B. Street Address:			
C. City:		D. State:	E. Zip Code:
F. County:	G. Latitude:	° ' "	Longitude: ° ' "
H. Is the facility located on Indian Country Lands?		Yes No	I. Water Management District:
J. Facility Contact:		K. Phone No.:	
L. Fax No.:	M. E-mail Address:		

IV. FACILITY ACTIVITY INFORMATION:

A. SIC or Designated Activity Code(s)		Primary:	Secondary:
B. Monitoring code (1, 2, 3, or 4):		C. Will construction be conducted for stormwater controls? Yes No	
D. Other Existing Permits	ERP No.:	Wastewater Permit No.:	Other (specify):

V. DISCHARGE INFORMATION

A. MS4 Operator Name:							
B. Discharge Location(s):							
Outfall No.	Latitude			Longitude			Receiving Water Name
	Deg.	Min.	Sec.	Deg.	Min.	Sec.	

VI. CERTIFICATION¹:

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 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.

Responsible Authority Name and Official Title (Type or Print):

Responsible Authority Signature: _____

Date Signed: _____

¹ Signatory requirements are contained in Rule 62-620.305, F.A.C.

INSTRUCTIONS – DEP FORM 62-621.300(5)(b)
**NOTICE OF INTENT (NOI) TO USE MULTI-SECTOR GENERIC PERMIT FOR STORMWATER
DISCHARGE ASSOCIATED WITH INDUSTRIAL ACTIVITY (MSGP)**

Who Must File an NOI:

Federal law at 40 CFR Part 122 prohibits point source discharges of stormwater associated with industrial activity to waters of the United States without a National Pollutant Discharge Elimination System (NPDES) permit. Under the State of Florida's delegated authority to administer the NPDES program, operators that have stormwater discharge associated with industrial activity to surface waters of the State must file for and obtain either coverage under an appropriate generic permit contained in Chapter 62-621, Florida Administrative Code (F.A.C.), or an individual permit issued pursuant to Chapter 62-620, F.A.C.

Where to File an NOI:

The Department encourages the electronic submission of NOIs for coverage under this generic permit through the NPDES Stormwater Program's electronic permitting application available at <http://www.dep.state.fl.us/water/stormwater/npdes/>. As an alternative, NOIs may be submitted by paper copy to the following address:

NPDES Stormwater Notices Center, MS #2510
Florida Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Part I – Identification Number:

Enter the facility's DEP identification number (generic permit coverage number) if known. If an ID number has not yet been assigned to this facility, leave this item blank.

Part II – Applicant Information:

Item A.: Provide the legal name of the person, firm, public organization or any other entity that operates the facility described in this application. The operator of the facility is the legal entity which controls the facility's operation rather than the plant or site manager. The name of the operator may or may not be the same as the name of the facility.

Items B.: Enter the appropriate one letter code from the list below to indicate the legal status of the operator of the facility:

F = Federal; S = State; P = Private; M = Public (other than federal or state); O = Other

Items C.– F.: Provide the complete mailing address of the facility operator, including city, state and zip code.

Items G. – J.: Provide the name, telephone and fax number (including area code) and e-mail address of the person authorized to submit this application on behalf of the facility operator. This should be the same person as indicated in the certification in Part VI.

Part III – Facility Location Information:

Items A. – E.: Enter the facility's official or legal name and complete street address, including city, state and zip code. Do not provide a P.O. Box number as the street address.

Item F.: Enter the county in which the facility is located.

Item G.: Enter the latitude and longitude of the approximate center of the facility.

Item H.: Indicate whether the facility is located on Indian Country Lands.

Item I.: Enter the appropriate five or six letter code from the list below to indicate the Water Management District the facility is located within:

NFWWMD = Northwest Florida Water Management District
SRWMD = Suwannee River Water Management District
SFWMD = South Florida Water Management District
SWFWMD = Southwest Florida Water Management District
SJRWMD = St. John's River Water Management District

Items J. – M.: Give the name, telephone and fax number (including area code) and e-mail address of the person who is thoroughly familiar with the operation of the facility, with the facts reported in this application and who can be contacted by the Department if necessary.

Part IV – Facility Activity Information:

Item A.: List, in descending order of significance, up to two 4-digit standard industrial classification (SIC) codes that best describe the principal products or services provided at the facility identified in Part III. For industrial activities defined in 40 CFR 122.26(b)(14)(i)-(xi) that do not have SIC codes that accurately describe the principal products produced or services provided, use the appropriate two letter code from the list below:

HZ = Hazardous waste treatment, storage or disposal facilities, including those that are operating under interim status or a permit under subtitle C of RCRA [40 CFR 122.26(b)(14)(iv)].

LF = Landfills, land application sites and open dumps that receive or have received any industrial wastes, including those that are subject to regulation under subtitle D of RCRA [40 CFR 122.26(b)(14)(v)].

SE = Steam electric power generating facilities, including coal handling sites [40 CFR 122.26(b)(14)(vii)].

TW = Treatment works treating domestic sewage or any other sewage sludge or wastewater treatment device or system used in the storage, treatment, recycling and reclamation of municipal or domestic sewage [40 CFR 122.26(b)(14)(ix)].

Item B.: Enter the appropriate 1-digit monitoring code for the facility from the list below. The monitoring requirements for the facility are contained in the MSGP.

1 = Not subject to monitoring requirements under the conditions of the permit.
2 = Subject to monitoring requirements and required to submit data.
3 = Subject to monitoring requirements but not required to submit data.
4 = Subject to monitoring requirements but submitting certification for monitoring exclusion.

Item C.: Indicate whether any construction will be conducted to install or develop stormwater controls.

Item D.: Provide the permit number for any existing state, federal or local environmental permit(s) issued to the facility, including any environmental resource permit (ERP) issued by the DEP or the Water Management District; any DEP wastewater facility permit; and any EPA-issued NPDES permit.

Part V – Discharge Information:

Item A.: If the facility discharges stormwater associated with industrial activity to a municipal separate storm sewer system (MS4), enter the name of the operator of the MS4 (e.g., municipality name, county name). (See Chapter 62-624, F.A.C. for the definition of an MS4.)

Item B.: If the facility discharges stormwater associated with industrial activity directly to receiving water(s), list each outfall; the receiving water of each outfall; and the latitude and longitude of each outfall, if available.

Part VI – Certification:

Type or print the name and official title of the person signing the certification. Sign and date the certification.

Section 403.161, F.S., provides severe penalties for submitting false information on this application (NOI) or any reports or records required by a permit. There are both civil and criminal penalties, in addition to the revocation of permit coverage for submitting false information.

Rule 62-620.305, F.A.C., requires that the application (NOI) and any reports required by the permit to be signed as follows:

- A. For a corporation, by a responsible corporate officer as described in Rule 62-620.305, F.A.C.;
- B. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or
- C. For a municipality, state, federal or other public facility, by a principal executive officer or elected official.

MSGP Quarterly Visual Assessment Form

(Complete a separate form for each outfall you assess)

Name of Facility: Name of Facility NPDES Tracking No. Insert Tracking No.

Outfall Name: Name "Substantially Identical Outfall"? No Yes (identify substantially identical outfalls):

Person(s)/Title(s) collecting sample: Name/Title

Person(s)/Title(s) examining sample: Name/Title

Date & Time Discharge Began: Enter date and time Date & Time Sample Collected: Enter date and time Date & Time Sample Examined: Enter date and time

Substitute Sample? No Yes (identify quarter/year when sample was originally scheduled to be collected):

Nature of Discharge: Rainfall Snowmelt

If rainfall: Rainfall Amount: No of inches inches Previous Storm Ended > 72 hours Before Start of This Storm? Yes No* (explain):

Parameter

Color None Other (describe):

Odor None Musty Sewage Sulfur Sour Petroleum/Gas _____
 Solvents Other (describe):

Clarity Clear Slightly Cloudy Cloudy Opaque Other

Floating Solids No Yes (describe):

Settled Solids** No Yes (describe):

Suspended Solids No Yes (describe):

Foam (gently shake sample) No Yes (describe):

Oil Sheen None Flecks Globs Sheen Slick
 Other (describe):

Other Obvious Indicators of Stormwater Pollution No Yes (describe):

* The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.

** Observe for settled solids after allowing the sample to sit for approximately one-half hour.

Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary). Insert details

Certification by Facility Responsible Official (Refer to MSGP Subpart 11 Appendix B for Signatory Requirements)

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 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 the 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.

A. Name:

B. Title:

C. Signature:

D. Date Signed:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



Annual Reporting Form

A. GENERAL INFORMATION

1. Facility Name:

2. NPDES Permit Tracking No.:

3. Facility Physical Address:

a. Street:

b. City: c. State: d. Zip Code: -

4. Lead Inspectors Name: Title:

Additional Inspectors Name(s):

5. Contact Person: Title:

Phone: - - Ext. E-mail:

6. Inspection Date: / /

B. GENERAL INSPECTION FINDINGS

1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to stormwater?

YES NO

If NO, describe why not:

NOTE: Complete Section C of this form for each industrial activity area inspected and included in your SWPPP or as newly identified in B.2 or B.3 below where pollutants may be exposed to stormwater.

2. Did this inspection identify any stormwater or non-stormwater outfalls not previously identified in your SWPPP? YES NO

If YES, for each location, describe the sources of those stormwater and non-stormwater discharges and any associated control measures in place:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3. Did this inspection identify any sources of stormwater or non-stormwater discharges not previously identified in your SWPPP? YES NO

If YES, describe these sources of stormwater or non-stormwater pollutants expected to be present in these discharges, and any control measures in place:

4. Did you review stormwater monitoring data as part of this inspection to identify potential pollutant hot spots? YES NO NA, no monitoring performed

If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:

5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measures to prevent scouring:

6. Have you taken or do you plan to take any corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection?

YES NO

If YES, how many conditions requiring review for correction action as specified in Parts 3.1 and 3.2 were addressed by these corrective actions?

--	--	--

NOTE: Complete the attached Corrective Action Form (Section D) for each condition identified, including any conditions identified as a result of this comprehensive stormwater inspection.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

C. INDUSTRIAL ACTIVITY AREA SPECIFIC FINDINGS

Complete one block for each industrial activity area where pollutants may be exposed to stormwater. Copy this page for additional industrial activity areas.

In reviewing each area, you should consider:

- Industrial materials, residue, or trash that may have or could come into contact with stormwater;
- Leaks or spills from industrial equipment, drums, tanks, and other containers;
- Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and
- Tracking or blowing of raw, final, or waste materials from areas of no exposure to exposed areas.

INDUSTRIAL ACTIVITY AREA _____:

1. Brief Description:

2. Are any control measures in need of maintenance or repair? YES NO
3. Have any control measures failed and require replacement? YES NO
4. Are any additional/revised control measures necessary in this area? YES NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA _____:

1. Brief Description:

2. Are any control measures in need of maintenance or repair? YES NO
3. Have any control measures failed and require replacement? YES NO
4. Are any additional/revised c necessary in this area? YES NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA _____:

Brief Description:

2. Are any control measures in need of maintenance or repair? YES NO
3. Have any control measures failed and require replacement? YES NO
4. Are any additional/revised BMPs necessary in this area? YES NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

NOTE: Copy this page and attach additional pages as necessary

INDUSTRIAL ACTIVITY AREA _____:

1. Brief Description:

2. Are any control measures in need of maintenance or repair? YES NO

3. Have any control measures failed and require replacement? YES NO

4. Are any additional/revised BMPs necessary in this area? YES NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA _____:

1. Brief Description:

2. Are any control measures in need of maintenance or repair? YES NO

3. Have any control measures failed and require replacement? YES NO

4. Are any additional/revised BMPs necessary in this area? YES NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA _____:

1. Brief Description:

2. Are any control measures in need of maintenance or repair? YES NO

3. Have any control measures failed and require replacement? YES NO

4. Are any additional/revised BMPs necessary in this area? YES NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

D. CORRECTIVE ACTIONS

Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1. Corrective Action # of for this reporting period.

2. Is this corrective action:

- An update on a corrective action from a previous annual report; or
- A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- Unauthorized release or discharge
- Numeric effluent limitation exceedance
- Control measures inadequate to meet applicable water quality standards
- Control measures inadequate to meet non-numeric effluent limitations
- Control measures not properly operated or maintained
- Change in facility operations necessitated change in control measures
- Average benchmark value exceedance
- Other (describe): _____

4. Briefly describe the nature of the problem identified:

5. Date problem identified: / /

6. How problem was identified:

- Comprehensive site inspection
- Quarterly visual assessment
- Routine facility inspection
- Benchmark monitoring
- Notification by EPA or State or local authorities
- Other (describe): _____

7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

8. Did/will this corrective action require modification of your SWPPP? YES NO

9. Date corrective action initiated: / /

10. Date correction action completed: / / or expected to be completed: / /

11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

