



Columbus Consolidated Government
 Department of Engineering
 Stormwater Division
 Industrial Stormwater Discharger
 Annual Compliance Form

| | |
|---|--|
| Facility Name | |
| Physical Address | |
| Mailing Address | |
| Facility SIC (or NAICS) code(s) | |
| Name of Individual Responsible for NPDES Compliance | |
| Telephone Number for Responsible Individual | |
| Email of Responsible Individual | |
| Signature of Responsible Individual | |

| Compliance Item | Response | | | Comments |
|---|----------|----|-----|----------|
| Did the facility collect and examine 4 quarterly first flush samples? | YES | NO | N/A | |
| Did the facility conduct an Annual Compliance Inspection? | YES | NO | N/A | |
| Did the facility recertify its nonstormwater discharge certificate? | YES | NO | N/A | |

| | | | | |
|--|-----|----|-----|--|
| Is the facility required to collect a first flush sample for laboratory analysis? | YES | NO | N/A | |
| Did the facility collect a sample for laboratory analysis? | YES | NO | N/A | |
| Did the facility update its SWPPP during the reporting period? | YES | NO | N/A | |
| Did the facility conduct employee training concerning the SWPPP during the reporting period? | YES | NO | N/A | |
| Does the facility have Stormwater Management BMP(s) on-site? | YES | NO | N/A | |
| Was/Were the Stormwater Management BMP(s) inspected and maintained per CCG requirements? | YES | NO | N/A | |

Industrial Stormwater Discharger Reporting Instructions

Please submit the following documents digitally to stormwater@columbusga.org by January 31, demonstrating permit compliance for the previous year. In the subject line of the email, please include the name of the facility and "Industrial Annual Compliance Forms"

Subject: Acme Manufacturing, Industrial Annual Compliance Forms

___ Industrial Stormwater Discharger Annual Compliance Form

___ Quarterly First Flush Examination Forms

___ Annual Compliance Inspection Documentation

___ Annual Non-Stormwater Discharge Certification

___ Laboratory Analysis Results for First Flush Sample (if required)

___ Roster of Employees Trained on SWPPP component(s)