

Annual Comprehensive Site Inspection & Corrective Action Report

A. GENERAL INFORMATION		
1. Facility Name and Physical Address: Central Motor Wheel of America dba CMWA 125 Wheat Dr. Paris, KY 40361 <div style="float: right; border: 1px solid blue; padding: 2px; margin-top: 5px;">See ICP Notebook Appendix O.</div>		
2. KPDES Permit No.: KYR000000 AI# 35050	3. Inspection Date:	
4. Lead Inspectors Name:	Title:	
Additional Inspectors Name(s):		
5. Contact Person:	Title:	
Phone:	Ext.	E-mail:

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? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, describe why not: _____ _____
2. Did this inspection identify any stormwater or non-stormwater outfalls not previously identified in your SWPPP? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO 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 a result of this annual comprehensive site inspection? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, how many conditions requiring review for correction action were addressed by these corrective actions? _____ _____

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C. INDUSTRIAL ACTIVITY AREA SPECIFIC FINDINGS	
Complete a copy of Section C for each industrial activity area where pollutants may be exposed to stormwater. In reviewing each area, you should consider: <ul style="list-style-type: none"> • 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; • 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? <input type="checkbox"/> YES <input type="checkbox"/> NO	
3. Have any control measures failed and require replacement? <input type="checkbox"/> YES <input type="checkbox"/> NO	
4. Are any additional/revised control measures necessary in this area? <input type="checkbox"/> YES <input type="checkbox"/> 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 ACTION REPORT	
Complete a copy of this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Once the Corrective Action Report is complete, retain it as an addendum to the SWPPP in Appendix G. 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. Is this corrective action:	
<input type="checkbox"/> An update on a corrective action from a previous annual report	
<input type="checkbox"/> A new corrective action	
2. Identify the condition(s) triggering the need for this review:	
<input type="checkbox"/> Unauthorized release or discharge	
<input type="checkbox"/> Numeric effluent limitation exceedance	
<input type="checkbox"/> Control measures inadequate to meet applicable water quality standards	
<input type="checkbox"/> Control measures not properly operated or maintained	
<input type="checkbox"/> Change in facility operations necessitated change in control measures	
<input type="checkbox"/> Other (describe): _____	
3. Briefly describe the nature of the problem identified: _____ _____	
4. Date problem identified: _____	
5. How problem was identified:	
<input type="checkbox"/> Comprehensive site inspection	<input type="checkbox"/> Stormwater inspection
<input type="checkbox"/> Notification by EPA or State or local authorities	<input type="checkbox"/> Other (describe): _____
6. 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, etc.) or if no modifications are needed, basis for that determination: _____ _____	
7. Did/will this corrective action require modification of your SWPPP? <input type="checkbox"/> YES <input type="checkbox"/> NO	
8. Date corrective action initiated: _____	
9. Date correction action completed or expected to be completed: _____	

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D. CORRECTIVE ACTION REPORT
10. 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: _____

E. Certification	
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.	
Authorized Representative Printed Name:	Title:
Signature:	Date Signed:

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