

2011/12 MFASC STORM WATER MONITORING GROUP

REGISTRATION FORM

(You MUST include a site map with your registration form)

COMPANY NAME: _____

ADDRESS: _____

CONTACT PERSON: _____

TELEPHONE: _____

FAX: _____

SIC CODE(S): _____

WDID#: _____

FACILITY SIZE: _____ (sq. ft. or acres)

PERCENTAGE OF IMPERVIOUS SURFACE: _____%

NUMBER OF DRAINAGE AREAS: _____

POTENTIAL POLLUTANT SOURCES: Spills and leaks during processing; spills and leaks during handling of significant materials; spills and leaks during transfers and additions of significant materials; leaking containers of significant materials; leaking and/or damaged equipment; oil and grease from customer furnished materials, cars, trucks, and forklifts; rainfall running through facility, spill and leaks from waste treatment operations. _____

INDUSTRIAL ACTIVITIES: Electroplating and metal finishing daily operations; waste treatment operations. _____

OPERATING PRACTICES: Indoor processes; spill containment areas; berms; covered chemical storage; spill prevention and response plan; SWPPP in use; BMP's implemented; employee training; regular sweeping and cleaning; monthly facility inspections; wet and dry season observations. _____

MATERIALS EXPOSED TO STORM WATER: Outdoor chemical storage; used equipment; pallets, roof mounted equipment, driveways and parking lots; waste bins. _____

NUMBER AND IDENTIFICATION OF AUTHORIZED NON-STORM WATER DISCHARGES: Fire hydrate flushing; drinking fountain water; refrigeration condensate; compressor condensate; landscape watering; potable water services; atmosphere condensate; air conditioning condensates; irrigation drainage; ground water. _____