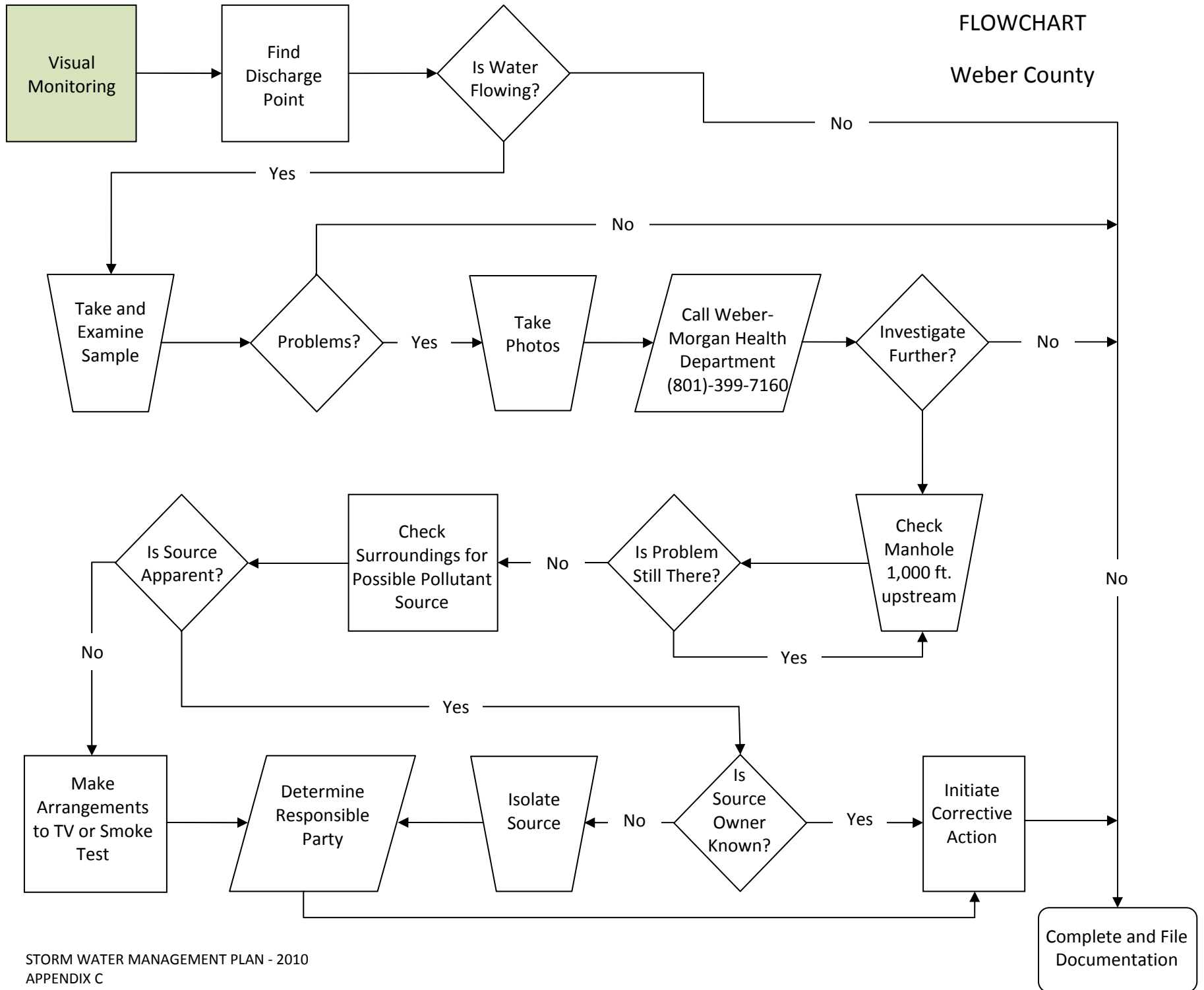


Escalating Enforcement



DRY WEATHER SCREENING
FLOWCHART
Weber County



Spill Response Procedure (S.O.P)

Follow these steps if a spill occurs:

1. Stop source
2. Contain Spill
3. Call Supervisor
4. Identify substance
5. Quantify spill
6. Did spill leave the site?
7. Call County Health Department (801) 399-7160 if reportable amount.
8. Call State Environmental Emergency Response (801) 536-4123 if reportable amount.
9. Clean up & dispose
10. Document

(Use Spill Response Report from SWPPP Appendix C)

SPILL RESPONSE REPORT FORM
(For Public Works Crew)

Date of Spill _____ Time _____ Duration _____

Chemical name or identity of any substance involved in the release _____

Is it a hazardous substance? _____

Estimate of Quantity Spilled _____

Who Responded? _____

Cleaning Method Used _____

Any Discharge to Storm Drain? _____

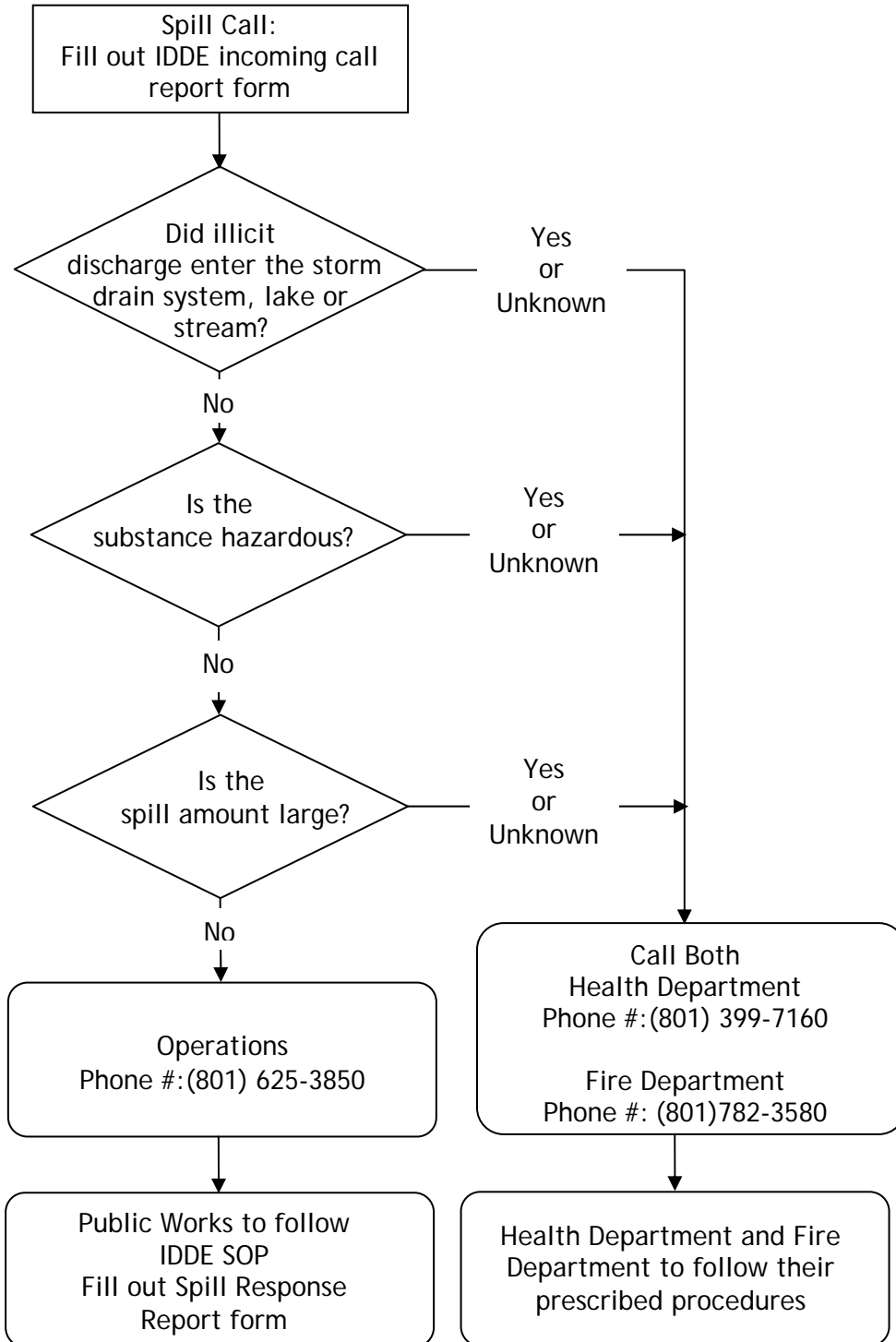
Any known or anticipated acute or chronic health risks for exposed individuals associated with the emergency spill:

Where proper precautions taken, including evacuation, if necessary? _____

Was Spill Reported to the State? Yes No

INCIDENT RESPONSE FLOW CHART

Weber County



IDDE INCOMING CALL REPORT FORM
(For Phone Operator)

Date of Illicit Discharge _____ Time _____ Duration _____

Address of Discharge _____

Name of person discharging (If applicable) _____

Name & phone number of person making the call _____

Chemical name or identity of any substance involved in the release _____

Is substance hazardous? _____

Estimate of Quantity Spilled? _____

Did the illicit discharge enter a waterbody? (Lake or Stream)

Did the illicit discharge enter the storm drain system? (Manhole or storm drain pipe) Yes

No Any known or anticipated acute or chronic health risks for exposed individuals associated with the emergency spill:

See Illicit Discharge determination form

DRY WEATHER SCREENING AND VISUAL STORM WATER DISCHARGE EXAMINATION REPORT

Date of Examination: _____ Permit No. UTR _____

Outfall location or ID number: _____

Nature of Discharge (i.e., runoff, land drain, irrigation or snowmelt) _____

Type of Monitoring:

<input type="checkbox"/> Dry Weather Screening Date of last Rainfall Event: _____	Wet Weather Screening (Quarterly Min.) <input type="checkbox"/> Rainfall Event Date of Rainfall Event: _____ Time of Event: _____ Precipitation: _____ <input type="checkbox"/> Unable to collect sample due to adverse conditions or inadequate runoff.
--	---

Visual Quality of Storm Water Discharge: (circle response)

At Time of Sampling:

Color: clear brown green rust other: _____

Odor: Yes / No

Clarity:

Floating Solids: Yes / No

Foam: Yes / No

After One Hour of Settling:

Settled Solids: Yes / No

Suspended Solids: Yes / No

Oil Sheen: Yes / No

Other obvious indicators of storm water pollution: _____

Probable sources of any observed storm water contamination: _____

Name of Examiner _____ Title _____

Signature _____ Date _____

Revised: 10-15-2010