

# **ECM SERVICES**

## **Group Stormwater Monitoring Program (GSMP)**

### **Self-Paced Training Module One**

#### **Wet Conditions Observation Reporting**

The goal of the “General Permit” is to eliminate or significantly reduce industrial pollutants from coming into contact with storm water run-off that enters our waterways.

The approach is to require industry to develop and implement industry specific pollution control measures, also known as “Best Management Practices” or “BMPs”, that will eliminate or significantly reduce industry generated pollutants from coming into contact with stormwater discharge.

**While the General Permit does not dictate specific pollution control measures that must be utilized, it does make the captured discharger responsible for demonstrating continuous compliance.**

**Of the various ways a discharger is able to gather evidence of compliance, conducting regular visual inspections of actual storm water run-off and documenting the inspection findings is the method of choice because it provides a record of continuous compliance in an affordable, creditable, and user-friendly way.**

The GSMP members use the Wet Condition Observation Report to document the findings of their wet conditions observation inspections.

Wet Condition Observation inspections are to be done *only during a qualified rain event*. A qualified rain event must meet all of the following criteria:

1. Follows at least 3 days of continuous dry weather conditions.
2. Produces off-site discharge DURING NORMAL OPERATING HOURS.

Wet Condition Observation inspections must be conducted within 1 hour of storm water discharge DURING NORMAL OPERATING HOURS.

All rain events are to be documented in the Monthly Rain Activity Report.

Non-qualifying rain events are to be documented in either Table A or Table B of the Monthly Rain Activity Report.

**To complete this self-paced training module, you will need to review Sections 1 and 2 of your program manual.**

The following form is called the Monthly Wet Conditions Observation Report.

It must be used by GSMP members to report their monthly wet observation findings.

It must be completed every month, even if it did not rain.



*The remainder of this module focuses on  
how to properly complete the  
Monthly Wet Conditions Observation Report*

# HEADER SECTION

## ECMS GROUP MONITORING PROGRAM: MONTHLY WET CONDITION OBSERVATION REPORT

Facility: **1** \_\_\_\_\_ WDID: \_\_\_\_\_  
Inspector's Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Month/Year: \_\_\_\_\_ GSMP Member: CADG  WMG  Sample Site: Yes  No

- 1. Record facility's name as registered with ECMS.**

# HEADER SECTION

## ECMS GROUP MONITORING PROGRAM: MONTHLY WET CONDITION OBSERVATION REPORT

Facility: \_\_\_\_\_ WDID: **2** \_\_\_\_\_

Inspector's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Month/Year: \_\_\_\_\_ GSMP Member: CADG  WMG  Sample Site: Yes  No

**2. Record facility's WDID number.**

# HEADER SECTION

## ECMS GROUP MONITORING PROGRAM: MONTHLY WET CONDITION OBSERVATION REPORT

Facility: \_\_\_\_\_ WDID: \_\_\_\_\_

Inspector's Name: **3** \_\_\_\_\_ Title: **4** \_\_\_\_\_

Month/Year: \_\_\_\_\_ GSMP Member: CADG  WMG  Sample Site: Yes  No

**3** and **4**. Record the name and title of the person doing the inspection.

This person must be listed as a member of your facility's PPT.

# HEADER SECTION

## ECMS GROUP MONITORING PROGRAM: MONTHLY WET CONDITION OBSERVATION REPORT

Facility: \_\_\_\_\_ WDID: \_\_\_\_\_

Inspector's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Month/Year: \_\_\_\_\_ **5** \_\_\_\_\_ GSMP Member: CADG  WMG  Sample Site: Yes  No

**5. Enter the MONTH and the YEAR the inspection took place.**

# HEADER SECTION

## ECMS GROUP MONITORING PROGRAM: MONTHLY WET CONDITION OBSERVATION REPORT

Facility: \_\_\_\_\_ WDID: \_\_\_\_\_

Inspector's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Month/Year: \_\_\_\_\_ GSMP Member: CADG  WMG  Sample Site: Yes  No

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6. Check the appropriate box for your group.

# HEADER SECTION

## ECMS GROUP MONITORING PROGRAM: MONTHLY WET CONDITION OBSERVATION REPORT

Facility: \_\_\_\_\_ WDID: \_\_\_\_\_  
Inspector's Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Month/Year: \_\_\_\_\_ GSMP Member: CADG  WMG  Sample Site: Yes  No

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**7. Check the appropriate box indicating if your site is a sample site.**

While you may have an “observable” rain event, you may not be experiencing a “reportable” rain event.

If you are not experiencing a “reportable” rain event, not all sections of this report need to be completed.

This next section has been designed to guide you through the completion of this report.

Did It Rain During *Normal Business Hours* during the month?

1. NO \_\_\_\_\_ If NO: **STOP!** Do not complete the remainder of this report if it did not rain during *normal business hours*.

2. YES \_\_\_\_\_ If YES: *Did The Rain Event Produce An Offsite Discharge During Normal Business Hours?*

2a. NO \_\_\_\_\_ **STOP!** Do not complete the remainder of this report if there was no offsite discharge *during normal business hours*. Complete **TABLE B: NO DISCHARGE INSPECTION LOG** for each day that it rained but no offsite discharge of stormwater occurred.

2b. YES \_\_\_\_\_ If YES: Complete the remainder of this report:

Date of Observation: \_\_\_\_\_ Time Offsite Discharge Started: \_\_\_\_\_

Did It Rain During *Normal Business Hours* during the month?

1. NO  If NO: **STOP!** Do not complete the remainder of this report if it did not rain during *normal business hours*.

2. YES  If YES: *Did The Rain Event Produce An Offsite Discharge During Normal Business Hours?*

2a. NO  **STOP!** Do not complete the remainder of this report if there was no offsite discharge *during normal business hours*.  
Complete **TABLE B: NO DISCHARGE INSPECTION LOG** for each day that it rained but no offsite discharge of stormwater occurred.

2b. YES  If YES: Complete the remainder of this report:

Date of Observation: \_\_\_\_\_ Time Offsite Discharge Started: \_\_\_\_\_

## *Did it rain during the month?*

If the answer is NO, then check box #1 and **STOP**.

If there was no rain during the month, then there should not be any storm water run-off/dischARGE to observe.

Did It Rain During *Normal Business Hours* during the month?

1. NO  If NO: **STOP!** Do not complete the remainder of this report if it did not rain during *normal business hours*.

2. YES  If YES: **Did The Rain Event Produce An Offsite Discharge During Normal Business Hours?**

2a. NO  **STOP!** Do not complete the remainder of this report if there was no offsite discharge *during normal business hours*.  
Complete **TABLE B: NO DISCHARGE INSPECTION LOG** for each day that it rained but no offsite discharge of stormwater occurred.

2b. YES  If YES: Complete the remainder of this report:

Date of Observation: \_\_\_\_\_ Time Offsite Discharge Started: \_\_\_\_\_

***Did it rain during the month?***

**If the answer is YES, then check box #2 and continue to the next question.**

Did It Rain During *Normal Business Hours* during the month?

1. NO \_\_\_\_\_ If NO: **STOP!** Do not complete the remainder of this report if it did not rain during *normal business hours*.

2. YES \_\_\_\_\_ If YES: *Did The Rain Event Produce An Offsite Discharge During Normal Business Hours?*

2a. NO  **STOP!** Do not complete the remainder of this report if there was no offsite discharge *during normal business hours*.  
Complete **TABLE B: NO DISCHARGE INSPECTION LOG** for each day that it rained but no offsite discharge of stormwater occurred.

2b. YES \_\_\_\_\_ If YES: Complete the remainder of this report:

Date of Observation: \_\_\_\_\_ Time Offsite Discharge Started: \_\_\_\_\_

***Did it rain enough to produce run-off during  
Normal Business Hours?***

**If the answer is NO, then check box #2A and *STOP*.**

**You are done with this report and now need to complete **Table B - No Discharge Inspection Log**.**

Did It Rain During *Normal Business Hours* during the month?

1. NO \_\_\_\_\_ If NO: **STOP!** Do not complete the remainder of this report if it did not rain during *normal business hours*.

2. YES \_\_\_\_\_ If YES: **Did The Rain Event Produce An Offsite Discharge During Normal Business Hours?**

2a. NO \_\_\_\_\_ **STOP!** Do not complete the remainder of this report if there was no offsite discharge *during normal business hours*.  
Complete **TABLE B: NO DISCHARGE INSPECTION LOG** for each day that it rained but no offsite discharge of stormwater occurred.

2b. YES  If YES: Complete the remainder of this report:  
Date of Observation: \_\_\_\_\_ **Format as mm/dd/yyyy** Time Offsite Discharge Started: \_\_\_\_\_ **Format as hh:mm AM or PM**

***Did it rain enough to produce run-off during Normal Business Hours?***

**If the answer is YES, the check box #2B.**

**Record the DATE of the observation and the TIME the offsite discharge started and then complete the remainder of the report.**

For the next, and final, section of the *Wet Conditions Observation Report* you will review the section where the inspection findings will be recorded.

***This is the most critical section of the report!***

***This is the information that will be reported to the regulatory agencies.***

To complete the training certification for this module, the following must also be completed:

1. Complete your review of Sections 1 and 2 of the program manual.
2. Complete your review of the BMP Handbook (available for download from Members' Only pages)

**DISCHARGE POINT (D/P) LOCATIONS**

D/P Location Description	Time Observed	Pollutant Observations					Describe Source of Pollutant	Describe Corrective Action To Eliminate Pollutant
		Color or Cloudy	Film or Rainbow Sheen	Floating Material	Odor	Clean & Clear		
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>

- Record the location of the discharge point (D/P) being inspected. All discharge locations listed in your SWPPP must be inspected.
- Record the TIME that specific D/P was inspected. Each D/P should have a different inspection time.
- 3-6. Check the appropriate box(s) to indicate which pollutants were observed. If any of the boxes 3-6 are checked, then box 7 **CANNOT** be checked.
7. Check box 7 **ONLY** if no pollutants were observed at the D/P.
- 8 & 9. If boxes 3, 4, 5 and/or 6 have been checked, then you must record the source of the pollutant observed in box 8 and record corrective action taken to remove pollutant observed from D/P.

