



Maine's Multi-Sector General Annual Report Form

Facility Name:					
Permit Number:					
Contact Person:					
Phone:		Ext:		Email:	
Annual Report Date:					

B. Facility Information

1. Have there been any changes to the facility's Stormwater Pollution Prevention Plan? Yes No

If YES, explain:

2. Has Quarterly Visual Monitoring been performed and documented as required? Yes No

If NO, explain why not:

Please summarize Visual Monitoring details including any corrective actions taken.
(If your facility has more than 3 outfalls please use additional form)

Outfall 1:

Outfall 2:

Outfall 3:

3. Have Quarterly Site Inspections been performed and documented as required? Yes No

If NO, explain why not:

Please summarize site inspection details including any corrective actions taken.

4. Have Benchmark Monitoring values exceeded MSGP limits? NA Yes No

If YES, explain what corrective actions are planned or have been taken:

5. Have Impaired Waters Monitoring been performed as required? NA Yes No

Please describe any corrective actions taken if values exceeded limits or planned participation in a watershed management group.

Structural BMP:

BMP	Location	Function (poor, fair, excellent)	Maintenance Completed Date	Maintenance Planned Date

6. Have any spills occurred at the facility? NA Yes No

IF YES, please note the location and explain any corrective actions taken.

7. **Has an inspection been performed to determine the presence of any non-stormwater discharges?**
(The non-stormwater certification below must be signed) Yes No

Were any non-stormwater discharges identified? Yes No

IF YES, explain

Are the non-stormwater discharges authorized under the MSGP? Yes No

List all corrective actions for unauthorized non-stormwater discharges.

All stormwater outfalls at this facility have been evaluated and found to be free of non-stormwater discharges for this permit year.

Name: _____ **Date:** _____

Signature: _____

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Signature of Responsible Official: 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 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 fines and imprisonment for knowingly violating the law.

Name: _____ **Date:** _____

Signature: _____