

Comprehensive Site Compliance Evaluation Report

Permit Part II G 8 (Comprehensive Site Compliance Evaluation)

Facility Name:		Allied Concrete- Redi-Rock	
Permit Number:		VAG110327	
Date:	December 14, 2020	Time:	10:00 am
Weather:	rain		
Name of Inspector (Print/Sign):		Pete Hawes	

Note: A Measurable Storm Event is an storm event that results in an actual discharge from the site. It must be at least 72 hours from the last Measurable Storm Event for monitoring.

Storm Event Information: If applicable during CSCE	Date	Rainfall (inches)	Duration of Storm Event (hours)	Duration between Storm Events
Previous Qualifying Storm Event	12/05/20	0.89	9.75	
Present Qualifying Storm Event	12/14/20	0.93	9.5	214
Valid Storm Event for Stormwater Sampling?	YES - Qualifies for Stormwater Sampling			

Describe/list areas inspected where industrial materials or activities are exposed to storm water (Part III.B.3)	block production yard, block storage, inside storage, outfall area, truck chute clean-up area.
Elements Evaluated.	Comments/observations relating to the implementation of the SWPPP. Observations shall include such things as: the location(s) of discharges of pollutants from the site; location(s) of previously unidentified sources of pollutants; location(s) of BMPs that need to be maintained or repaired; location(s) of failed BMPs that need replacement; and location(s) where additional BMPs are needed. The report shall identify any incidents of noncompliance that were observed.
Industrial materials, residue or trash that may have or could come into contact with storm water;	Concrete waste and sweepings kept in 3 wall bin; disposed when transportation available. Sand for turn pile kept in 3 wall bin; used infrequently. Form oil kept inside and contained to prevent spills. Minor spill in area has been absorbed.
Leaks or spills from industrial equipment, drums, barrels, tanks or other containers that have occurred within the past three years;	No spills in last 3 years.
Off-site tracking of industrial or waste materials or sediment where vehicles enter or exit the site;	No evidence of off site tracking.
Tracking or blowing of raw, final, or waste materials from areas of no exposure to exposed areas;	Periodic cleaning and sweeping minimizes tracking of materials. Vacuum sweeper truck has been used on site.
Evidence of, or the potential for, pollutants entering the drainage system;	No excess solids observed in area of outfall.
Evidence of pollutants discharging to surface waters at all facility outfalls, and the condition of and around the outfall, including flow dissipation measures to prevent scouring;	No stains, no odors, no oil sheen present at outfall, No erosion. Normal fall debris (leaves, etc.) observed
Review of training performed, inspections completed, maintenance performed, quarterly visual examinations, and effective operation of BMPs;	Training conducted 12/14/20. Quarterly inspections complete. QVEs complete. DMR submitted.
Results of both visual and any analytical monitoring done during the past year shall be taken into consideration during the evaluation.	Annual samples remain below benchmark.
Storm Water Pollution Prevention Plan review: any revisions or updates needed.	2020 Training documentation to be added.

Comments, Findings and Corrective Measures required (if applicable, list deficiencies or areas which require the SWPPP to be revised (revision within 30 days of the inspection) and controls implemented within 60 days of this inspection). Include date(s) Corrective Measures were achieved for any listed deficiencies.

A visual observation was made for the presence of any unauthorized discharges at the area of Outfall 001 as well as drainages leading to the outfall. No indications of an unauthorized discharge were seen.

In Compliance with SWPPP? **[YES or NO]** YES

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 GATHER AND EVALUATE 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.

<i>Pete Hawes</i>	Pete Hawes	Safety Director	12/14/20	434-296-7181
Certification Signature	Printed Name	Title	Date	Phone No.