



City of Corpus Christi Industrial Multisector General Permit Annual Compliance Report

UTILITIES

PO Box 9277
Corpus Christi
TX 78469-9277

Facility Name: _____ Facility Address: _____

MSGP#: _____ SIC Code# _____ Sector _____ Corpus Christi, TX _____

Date of Annual Compliance Inspection: _____ Completed by: _____

Were there any previously unidentified discharges from the site? Yes No If yes explain: _____

Were there any unidentified pollutants in existing discharge? Yes No If yes explain: _____

Was there any evidence of, or the potential for, pollutants to enter the municipal separate storm sewer system? Yes No If yes explain: _____

Was there evidence of pollutants discharging to receiving waters or affecting the condition of the outfall? Yes No If yes explain: _____

Were any additional control measures needed to address corrective actions identified in the inspection? Yes No If yes explain: _____

Were there any changes to the stormwater pollution prevention plan as a result of the inspection? Yes No If yes explain: _____

Any incidents of non-compliance during the past year? Yes No If yes explain: _____

If discharge sampling is required, have there been any exceedances of the benchmark values this year? Yes No If yes explain: _____

Have all members of the Stormwater Pollution Prevention Team been trained? Yes No

Have all employees received Stormwater Pollution Prevention Education? Yes No

I certify that the information provided herein is true and correct to the best of my ability.

Signature : _____ Date: _____

Printed Name/Title of Rep. Completing This Report Form: _____