**Common Plan SWPPP for**

**Lot 16 Gallop Bend**

**3711 W 2450 S**

Weber County, UTAH

Stephen and Celeste Atkinson

3711 W 2450 S

Taylor, UT 84404

Date

5/15/19



# . Project Information

|  |
| --- |
| **Project Name:** Lot 16 Gallop Bend |
| **Address:** 3711 W 2450 S |
| **City:** Un-Incorperated Weber County | **State:** UT |  |
| **Latitude:** 41.2201 |
| **Longitude:** -112.0685 |
| **UPDES Permit Tracking Number:** UTRH94151 |

|  |
| --- |
| **Owner:** Stephen and Celeste Atkinson |
| **Contact Person:** Cody Rhees |
| **Address:** 4089 W 2400 N |
| **City:** Plain City, UT 84404 | **State:** UT | **Zip:** 84404 |
| **Telephone Number:** 801-458-4868 |
| **Email Address:** c\_rhees@yahoo.com |
| **General Contractor:** Owner-Builder |
| **Contact Person:** Cody Rhees, President, RSI |
| **Address:** 4089 W 2400 N |
| **City:** Plain City | **State:** UT | **Zip:** 84404 |
| **Telephone Number:** 801-458-4868 |
| **Email Address:** c\_rhees@yahoo.com |

**1.5**

**Unknown Features (although this may be a law under another program, it’s not a permit requirement). Discovery of Historical, Archaeological or Paleontological Objects, Features, Sites, or Human Remains**

A. Immediately suspend construction operations in the vicinity(100 foot minimum buffer) of the discovery.

B. Verbally notify the Public Works Department and provide them the exact location.

C. Protect the discovery and provide written confirmation of the discovery to the City and State Historic Departments within two calendar days.

D. Contractor and City follow State mitigation laws.

**2. Best Management Practices**

**2.1 SWPPP Sign**(see permit part 1.10, 4.2.11)

SWPPP Sign Posted on Site as Required by State Code. SWPPP Plan available upon request from Operator and Contractor.

**2.2 Sensitive Features Control** (see permit part 2.2)

**2.2.x Wetlands**

No Wetlands present on property, Does Not Apply

**2.3 Sediment Control** (see permit part 2.1.2, 2.1.3 & 2.3)

**2.3.x** **Trap/Filter Sediment at Property Boundary**(see permit part 2.1.2)

 None Needed, Natural Vegetation Buffer used around perimeter of home site

**2.4.x Inlet Protection**(see permit part 2.1.3 & 2.3)

Inlet Protection by Developer on Site SWPPP Plans in Place and used for COPD site work

**2.4.x Steep Slopes** (see permit part 2.3.2)

Property is dead flat, No Slopes Present, Does not apply

**2.4.x Street Maintenance**(see permit part 3.2.2)

 AS NEEDED, STREET MAINTENANCE WILL OCCUR

**2.5 Dust Control**(see permit part)

**2.5.x**

 As Needed, Dust Control will occur by watering of disturbed dirt

**2.6 Egress Control**(see permit part 2.4)

**2.6.x Track Out**(see permit part 2.4.1)

 Gravel Track Out as needed and maintained if soiled will apply

**2.7 Waste Management Control**(see permit part 4.2.6)

 On-Site Dumpsters Provided with regular maintenance

**2.7.x Construction Spoil**(see permit part 2.1.1)

 No Construction Spoils on Residential Site Expected, Does Not Apply at this time

**2.7.x Sanitary Waste**(see permit part 2.4.4)

 Sanitary Waste Facility will be placed on site, properly staked down, and maintained weekly

**2.7.x Cement Product Operations**(see permit part 2.4.5, 2.9.2)

 a. Cement Product Operations will occur off-site and manufacturing will not apply.

b. Concrete Washout will be lined on-site pit with regular maintenance will apply.

**2.7.x Concrete Cutting Operations**(see permit part 2.9.2)

 Concrete Cutting Not Expected on this site, Does not Apply

**2.7.x Non Aqueous Waste**(see permit part 2.8.2)

 **No Non-Aqueous Waste Expected on Jobsite, Does not Apply**

***2.7.x Construction Wastewater****(see permit part 2.7, 2.9, 2.9.4)*

No Construction Wastewater will be present on this jobsite, Does Not Apply

***2.8 Management of Construction Materials Control***

***2.8.x Storage of Construction Materials****(see permit part 2.8.2)*

Materials Exposed During Excavation to be stored on site in tracked down piles surrounding excavation site for approximately 2 weeks

***2.8.x Construction Staging(backfill)****(see permit part 2.1.1)*

Backfilling of excavation will happen approximately 2 weeks after innital excavation and only minimal areas to be disturbed. Natuarl Vegitation Buffer to be present entirely surrounding home site.

***2.8.x Construction Staging(Landscaping)****(see permit part 2.1.1)*

Landscaping by landscape contractor must comply with SWPPP and be Completed prior to Final Site Work Termination (NOT)

***2.9 Final Stabilization****(see permit part 2.6)*

Final Stabilization may be present upon completion of home building process, by final grade and tracking as req by State Code prior to Landscaping Completion.

***2.9.x Landscaping Plan***

Landscaping Plans By Others and Not part of Site work contract (Not Required)

# 3. Spill Prevention and Response Plan(see permit part 2.8.3, 2.9.3)

Description of Spill control Plan, details and policy are filed in Appendix L.

**Any discharges in 24 hours equal to or in excess of the reportable quantities listed in 40 CFR 117, 40 CFR 110, and 40 CFR 302 will be reported to the National Response Center and the Division of Water Quality (DWQ) as soon as practical after knowledge of the spill is known to the permittee.** The permittee shall submit within 14 calendar days of knowledge of the release a written description of: the release (including the type and estimate of the amount of material released), the date that such release occurred, the circumstances leading to the release, and measures taken and/or planned to be taken to the Division of Water Quality (DWQ), 288 North 1460 West, P.O. Box 144870, Salt Lake City, Utah 84114-4870. The Storm Water Pollution Prevention Plan must be modified within14 calendar days of knowledge of the release to provide a description of the release, the circumstances leading to the release, and the date of the release. In addition, the plan must be reviewed to identify measures to prevent the reoccurrence of such releases and to respond to such releases, and the plan must be modified where appropriate.

|  |  |
| --- | --- |
| **Agency** | **Phone Number** |
| National Response Center | (800) 424-8802 |
| Division of Water Quality ( DWQ) 24-Hr Reporting | (801) 538-6146; (801) 536-4123 |
| Utah Department of Health Emergency Response | (801) 580-6681 |
| Weber Fire Department  | (801)745-9277 or (801)782-3580 |

Minimum spill quantities requiring reporting:

|  |  |  |
| --- | --- | --- |
| **Material** | **Media Released To** | **Reportable Quantity** |
| Engine oil, fuel, hydraulic & brake fluid | Land | 25 gallons |
| Paints, solvents, thinners | Land | 100 lbs (13 gallons) |
| Engine oil, fuel, hydraulic & brake fluid | Water | Visible Sheen |
| Refrigerant | Air | 1 lb |
| Antifreeze, battery acid, gasoline, engine degreasers | Air, Land, Water | 100 lbs (13 gallons) |

Emphasis to:

1st Priority: Protect all people (including onsite staff)

2nd Priority: Protect equipment and property

3rd Priority: Protect the environment

1. Make sure the spill area is safe to enter and that it does not pose an immediate threat to health or safety of any person.
2. Check for hazards (flammable material, noxious fumes, cause of spill) – if flammable liquid, turn off engines and nearby electrical equipment. If serious hazards are present leave area and call 911. LARGE SPILLS ARE LIKELY TO PRESENT A HAZARD.
3. Stop the spill source and contain flowing spills immediately with spill kits, dirt or other material that will achieve containment.
4. Call co-workers and supervisor for assistance and to make them aware of the spill and potential dangers
5. If spilled material has entered a storm sewer, regardless of containment; contact the Municipal Storm Water Division.
6. Cleanup all spills (flowing or non-flowing) immediately following containment. Clean up spilled material according to manufacturer specifications, for liquid spills use absorbent materials and do not flush area with water.
7. Properly dispose of cleaning materials and used absorbent material according to manufacturer specifications.
8. Report the reportable quantity to the Weber Morgan Health Department.

**Emergency Numbers**

Utah Hazmat Response Officer 24 hrs (801)-538-3745

Weber County Sheriff Department (801)-778-6600)

Weber County Engineering Division (801)-399-8374

# *4. Site Map(s) (see permit part 4.2.3)*

*The SWPPP site maps are filed in Appendix B*

# 5. Record Keeping

See the appendices in Appendix A-K.

# SWPPP Inspections-Maintenance-Correction Report (permit part 3.2.1, 3.2.2, 3.3, 3.4, 4.2.12)

Inspections are required every 14 calendar days, or upon a storm event as required by state code.

Repair or replace BMPs as needed. Update the Inspection-Maintenance-Correction Report as needed.

Section 3.2.2 requires daily maintenance of pavements and site grounds.

See the Inspection-Maintenance-Correction Reports in Appendix E

# Changes to the SWPPP(see permit part 4.2.12, 4.2.13)

See the Amendment Log in Appendix F. Changes will be used as needed.

# 6. Discharge Information

**Receiving Waters (look up** [**http://wq.deq.utah.gov**](http://wq.deq.utah.gov) **to identify your receiving water body)**

|  |  |
| --- | --- |
| **1.** | **Great Salt Lake** |

**Impaired Waters (refer to** [**http://wq.deq.utah.gov**](http://wq.deq.utah.gov) **in the left hand column to determine status of receiving water body).**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Impaired Surface Water** | **Is this surface water impaired?** | **Pollutant(s) causing the impairment** | **Has a TMDL been completed?** | **Pollutant(s) for which there is a TMDL** |
| Great Salt Lake | ☐ Yes ☐ No |  |  |  |

# 7. Certification, Notification and Delegation(see permit part 4.2.9)

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| --- |
| **Owner Certification:** See documents filed in Appendix G. **Operator Certification: RSI Operator will Apply****Delegation of Authority: Not Used****Subcontractor Certification:** Not Required or Used**Notice of Permit Transfer Requirements: If Needed Only** |
|  |

# SWPPP Appendices

**Appendix A: General Location Map**

**Appendix B: SWPPP Site Maps**

**Appendix C: UPDES Permit(UTRH00000)**

**Appendix D: Permits; NOI, MS4** (Including City, County, State, 3rd Party; MS4 Acknowledgements)

**Appendix E: Inspection-Maintenance-Correction Report**

**Appendix F: SWPPP Amendment Log**

**Appendix G: Certifications, Agreements, Delegation of Authority**

**Appendix H: Training Log**

**Appendix I: Construction Plans**

**Appendix J: Additional Information** (e.g. Support documents and out of date SWPPP documents, etc.)

**Appendix K: BMP Specifications and Details**

**APPENDIX A: General Location Map**

**APPENDIX B: SWPPP Site Map**

**APPENDIX C: UPDES Permit (UTRH00000)**

**APPENDIX D: Permits, NOI, MS4**

**APPENDIX E: Inspection-Maintenance-Correction Report**



**APPENDIX F: SWPPP Amendment Log**



**APPENDIX G: Certificates, Agreements, Delegation of Authority**

***OWNER CERTIFICATION***

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 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.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  |  Title: |  |
| Signature: |  |  Date: |  |

|  |  |
| --- | --- |
| Company: |  |

|  |  |
| --- | --- |
| Project: |  |

***OPERATOR CERTIFICATION***

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 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.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  |  Title: |  |
| Signature: |  |  Date: |  |

|  |  |
| --- | --- |
| Company: |  |

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| --- | --- |
| Project: |  |

SUBCONTRACTOR CERTIFICATION

STORMWATER POLLUTION PREVENTION PLAN

Project Number: ­­

Project Title:

Operator(s):

As a subcontractor, you are required to comply with the Stormwater Pollution Prevention Plan (SWPPP) for any work that you perform on-site. Any person or group who violates any condition of the SWPPP may be subject to substantial penalties or loss of contract. You are encouraged to advise each of your employees working on this project of the requirements of the SWPPP. A copy of the SWPPP is available for your review at the office trailer.

Each subcontractor engaged in activities at the construction site that could impact stormwater must be identified and sign the following certification statement:

**I certify under the penalty of law that I have read and understand the terms and conditions of the SWPPP for the above designated project and agree to follow the BMPs and practices described in the SWPPP.**

This certification is hereby signed in reference to the above named project:

Company:

Address:

Telephone Number:

Type of construction service to be provided:

Signature:

Title:

Date:

Delegation of Authority Form

Delegation of Authority

I, \_\_\_Stephen Atkinson\_\_\_\_ (name), hereby designate the person or specifically described position below to be a duly authorized representative for the purpose of overseeing compliance with environmental requirements, including the Construction General Permit, at the \_\_\_Lot 16 Gallop Bend \_\_\_ construction site. The designee is authorized to sign any reports, stormwater pollution prevention plans and all other documents required by the permit.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of person or position)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (company)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (address)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (city, state, zip)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (phone)

By signing this authorization, I confirm that I meet the requirements to make such a designation as set forth in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Reference State Permit), and that the designee above meets the definition of a “duly authorized representative” as set forth in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Reference State Permit).

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 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.

**Name:**

**Company:**

**Title:**

**Signature:**

**Date:**

**Notice of Permit Transfer Requirements**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Previous Owner Telephone Number

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Address of Previous Owner City State Zip

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Signature of Previous Owner Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of New Owner Telephone Number

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Address of New Owner City State Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of New Owner Date

**PROJECT NAME AND LOCATION**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Permit Number Name of Project

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Project City State Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Longitude Latitude

**WHAT KIND OF TRANSFER: PARTIAL OR TOTAL?**

Is this a transfer of ownership of partial or total of the permitted area? Partial □

 Total □

If this is a transfer of part of the permitted area to a new owner, describe what part:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Will there be a new SWPPP prepared? YES X NO □

Please update the General Contractor Information (see transfer options 1 or 2, first page). If this is a partial transfer the only option is 1.

This form must be submitted to the Municipality of Jurisdiction and DWQ

To submit to DWQ either email to the construction storm water coordinator or,

FAX to 801-535-4301

Or mail to DWQ

 PO Box 144870

**APPENDIX H: Training Log**



**APPENDIX I: Construction Plans**

**APPENDIX J: Additional Information**

**APPENDIX K: BMP Specifications and Details (label BMPs to match the sections identified in this document.)**