

**Newberry County, SC**  
**Storm Water Pollution Prevention Plan Sampling and Inspections for**  
**Newberry County Airport**  
**February 2, 2021**  
**Request for Proposal (RFP) No. 2021-07**

**I. Purpose of the Request for Proposals.**

The purpose of this request is to obtain formal sealed proposals from qualified offerors and to select a vendor to provide routine inspections and outfall discharge sampling within the industrial activity areas of the airport in accordance with the Storm Water Pollution Prevention Plan (SWPPP). Proposals are requested in accordance with the requirements listed below. The successful submission will be selected upon the basis of factors set forth in this RFP, including without limitation, price, and demonstration of appropriate skills and experience necessary for the inspection and qualifications of staff.

Newberry County reserves the right to reject any or all proposals, to waive any informalities or irregularities in the proposals received and accept that proposal which in its judgment best serves the requirements and interests of Newberry County.

**II. Scope of Project**

Newberry County is seeking licensed engineers qualified to:

- conduct the non-storm water discharge assessment using SWPPP Form 5
- conduct routine facility inspections of the airport industrial areas quarterly using SWPPP Form 10
- conduct visual assessment of each outfall (1, 2,3) quarterly using SWPPP Form 6 (A completed copy of the Quarterly Visual Assessment Form for each sample will be forwarded to the Public Works Director for inclusion in the SWPPP for Newberry County Airport)
- conduct comprehensive site inspection annually using SWPPP Form 7 (The inspection will include a complete site walkthrough to assess control measures, industrial activities, pollutants, outfalls and location of past spills to determine compliance with the sites SWPPP. Engineer shall review the site's SWPPP, monitoring data and visual inspections to determine the effectiveness of corresponding control measures. Upon completion of the annual inspection, a written report shall be provided to the Public Works Director for Newberry County)
- conduct Spill Prevention, Control and Countermeasures Plan (SPCC) monthly inspections using SPCC Form 1
- complete spill response/notification form using SPCC Form 4, Significant Spill report using SWPPP Form 13, Discharge Report To EPA Regional Administrator

using SWPPP Form 4, and Deicing/Anti-icing usage Log (in winter) using SWPPP Form 9

- update SWPPP as required

All documentation shall be reviewed by a professional engineer licensed in the state of South Carolina and provided in a package signed and sealed by the engineer. All referenced forms are included in this solicitation.

### **III. Format of Proposals**

Proposals submitted should be concise and must address the points raised in this solicitation. This RFP is organized so that Purpose of the Request for Proposal above should provide sufficient background information on Newberry County and its needs. Proposals shall address the firm's ability to provide the services set forth in this RFP

A fee schedule shall be included in the submittal to include pricing for sampling and associated reporting, annual and quarterly inspections and travel expenses, if applicable.

### **IV. Proposal Submission**

*Proposals may be mailed to:*

Newberry County Purchasing Director  
Attn: Crystal Waldrop, CPPB

PO BOX 156  
Newberry, SC 29108

*Hand delivered to:*

Newberry County Courthouse Annex  
Conference Room  
Attn: Crystal Waldrop, CPPB  
1309 College Street  
Newberry, SC 29108

### **V. Instructions for Offerors**

- A. **Proposals must be submitted in a sealed package and delivered to Newberry County and received by 3:00 p.m.; on February 23, 2021. All submittals shall be marked "Request for Proposal, Storm Water Prevention Plan for Newberry County Airport" with the proposal number prominently displayed on the outside of the envelope.**
- B. Offerors shall submit all documents necessary to support their response and include them with the submittal. One original and three (3) copies to be submitted.
- C. Offerors are responsible for the timely delivery of submittals during business hours to the address indicated in the cover letter. It shall not be sufficient to show that the submittal was mailed in time to be received before the scheduled closing time. Proposals received after the date and time indicated shall be considered non-responsive and will be returned unopened.
- D. Newberry County reserves the right to reject any non-conforming proposal and all submittals at the County's sole discretion and to request clarification of information from offerors.
- E. Offerors may be required to submit additional information which Newberry County may deem necessary to further evaluate the proposer's qualifications.

- F. Newberry County will not reimburse proposers for any costs associated with the preparation and submittal of any proposal, or for any travel and per diem costs that are incurred.
- G. All submittals, responses, inquiries, or correspondence relating to or in reference to this RFP, and all reports, charts, and other documentation submitted by offerors shall become the property of Newberry County when received.
- H. Newberry County shall be the sole judge as to the merits of qualifications submitted by offerors. The decision of Newberry County shall be final, and only those offerors qualified shall be considered for interview, if interviews are conducted. Interviews may be conducted with the top three ranked firms.
- K. Proposals submitted must be firm for a period of ninety days from proposal submission date, unless otherwise specified, and no proposal may be withdrawn during that period.

Price shall be considered but shall not be the sole determining factor. Newberry County will select the offeror which, in its sole opinion, has made the best proposal and shall award the contract to that offeror. Should Newberry County determine in its sole decision that only one offeror is fully qualified or that one offeror is clearly more highly qualified than the others under consideration, a contract may be negotiated and awarded to that offeror.

#### **VI. Requirements**

- A. All submittals shall include three current references for whom comparable work has been performed, preferably with County entities.
- B. It is the intent to enter into a contract with one offeror for an initial contract of three (3) years, with the option to renew for two additional, one-year extensions.
- C. Offeror shall provide the County with comprehensive general liability insurance of one million dollars coverage and Newberry County shall be listed as an additional insured. Professional liability insurance will be provided, along with worker's compensation insurance, regardless of the number of employees.
- D. It is the sole responsibility of the offeror to acquaint themselves with the scope of services and obtain any addenda that may be issued. All information related to addenda shall be posted on the County website at [www.newberrycounty.net/departments/purchasing](http://www.newberrycounty.net/departments/purchasing).
- E. All sub-contractors shall be named in the submittal, along with contact information.

#### **VII. Evaluation Criteria**

The following will be used to determine the most responsive proposal.

- A. Qualifications of firm and staff to perform the duties (30 points);
- B. Proximity to Newberry County (10 points);
- C. Cost of Services, fee schedule (30 points);
- D. Quality of Proposal and understanding of scope of services (20 points);
- E. Proposed Schedule for completing inspections (10 points).



## NON-STORMWATER DISCHARGE ASSESSMENT

<b>NON-STORMWATER DISCHARGE ASSESSMENT</b>		Facility: <u>Newberry County Airport (EOE)</u>			
		Inspector: _____	Date: _____		
Date of Test or Evaluation	Outfall Directly Observed During the Test (identify as indicated on the site map)	Method Used to Test or Evaluate Discharge	Describe Results from Test for the Presence of Non-Stormwater Discharge	Identify Potential Significant Sources	Actions Taken to Eliminate Discharge
<b>CERTIFICATION</b>					
I certify, under penalty of law, that all stormwater outfalls covered by this Permit have been tested or evaluated for the presence of non-stormwater discharges and that [this Form] was 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 [on this Form] is, to the best of my knowledge and belief, 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.					
A. Name & Official Title (type or print)			B. Area Code and Telephone No.		
C. Signature			D. Date Signed		

**STORMWATER OUTFALL QUARTERLY VISUAL ASSESSMENT FORM**

(Complete a separate form for each outfall you assess)

Facility Name: Newberry County Airport (EOE)

NPDES Tracking No. S/C/R/ / / / / / / /

Outfall Name: Substantially Identical Outfall?  Yes  No

(Identify substantially identical outfalls):

Describe the industrial activities that occur within the outfall drainage area:

Receiving Stream:

Person(s)/Title(s) collecting sample:

Person(s)/Title(s) examining sample:

Date/Time Discharge Began:

Date/Time Sample Collected:

Date/Time Sample Examined:

Nature of Discharge:  Rainfall  Snowmelt

If rainfall: Rainfall amount \_\_\_\_\_ inches

Previous Storm Ended > 72 hours before start of this storm?  Yes  No\* (explain):

\*The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.

**Parameter**

Color:  None  Other (describe using basic colors (red, brown, blue, etc.) and tint (light, medium, dark) as descriptors):

Odor:  None  Musty  Sewage  Sulfur  Sour  Petroleum/Gas  Chlorine  Solvents  Other: \_\_\_\_\_

Clarity:  Clear  Slightly Cloudy  Cloudy  Opaque  Other: \_\_\_\_\_

Floating Solids:  No  Yes (describe):

Settled Solids\*\*:  No  Yes (describe):

Suspended Solids:  No  Yes (describe):

Foam (gently shake sample):  No  Yes (describe):

Oil Sheen:  None  Flecks  Globs  Sheen  Slick  Other: \_\_\_\_\_

Other Obvious Indicators of Stormwater Pollution:  No  Yes (describe):

\*\*Observe for settled solids after allowing the sample to sit for approximately one-half hour.

Detail any concerns, additional comments, descriptions of pictures taken and any corrective actions taken below (attach additional sheets as necessary):

**CERTIFICATION STATEMENT**

"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."

Print name and title: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_



SWPPP FORM 7

Did this inspection identify any sources of stormwater or non-stormwater discharges not previously identified in your SWPPP?  YES  NO

If YES, describe these sources of stormwater or non-stormwater pollutants expected to be present in these discharges, and any control measures in place:

4. Did you review stormwater monitoring data as part of this inspection to identify potential pollutant hot spots?  YES  NO  NA, no monitoring performed

If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:

Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measures to prevent scouring:

6. Have you taken or do you plan to take any corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection?

YES  NO

If YES, how many conditions requiring review for correction action as specified in Parts 3.1 and 3.2 were addressed by these corrective actions?

□ □ □

**NOTE:** Complete the attached Corrective Action Form (Section D) for each condition identified, including any conditions identified as a result of this comprehensive stormwater inspection.



**C. INDUSTRIAL ACTIVITY AREA SPECIFIC FINDINGS**

*Complete one block for each industrial activity area where pollutants may be exposed to stormwater. Copy this page for additional industrial activity areas.*

In reviewing each area, you should consider:

- Industrial materials, residue, or trash that may have or could come into contact with stormwater;
- Leaks or spills from industrial equipment, drums, tanks, and other containers;
- Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and
- Tracking or blowing of raw, final, or waste materials from areas of no exposure to exposed areas.

INDUSTRIAL ACTIVITY AREA \_\_\_\_\_:

1. Brief Description:

2. Are any control measures in need of maintenance or repair?  YES  NO
3. Have any control measures failed and require replacement?  YES  NO
4. Are any additional/revised control measures necessary in this area?  YES  NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA \_\_\_\_\_:

1. Brief Description:

2. Are any control measures in need of maintenance or repair?  YES  NO
3. Have any control measures failed and require replacement?  YES  NO
4. Are any additional/revised c necessary in this area?  YES  NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA \_\_\_\_\_:

Brief Description:

2. Are any control measures in need of maintenance or repair?  YES  NO
3. Have any control measures failed and require replacement?  YES  NO
4. Are any additional/revised BMPs necessary in this area?  YES  NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

NOTE: Copy this page and attach additional pages as necessary

INDUSTRIAL ACTIVITY AREA \_\_\_\_\_:

1. Brief Description:

2. Are any control measures in need of maintenance or repair?  YES  NO

3. Have any control measures failed and require replacement?  YES  NO

4. Are any additional/revised BMPs necessary in this area?  YES  NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA \_\_\_\_\_:

1. Brief Description:

2. Are any control measures in need of maintenance or repair?  YES  NO

3. Have any control measures failed and require replacement?  YES  NO

4. Are any additional/revised BMPs necessary in this area?  YES  NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA \_\_\_\_\_:

1. Brief Description:

2. Are any control measures in need of maintenance or repair?  YES  NO

3. Have any control measures failed and require replacement?  YES  NO

4. Are any additional/revised BMPs necessary in this area?  YES  NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

**D. CORRECTIVE ACTIONS**

*Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.*

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1. Corrective Action #   of   for this reporting period.

2. Is this corrective action:

- An update on a corrective action from a previous annual report; or
- A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- Unauthorized release or discharge
- Numeric effluent limitation exceedance
- Control measures inadequate to meet applicable water quality standards
- Control measures inadequate to meet non-numeric effluent limitations
- Control measures not properly operated or maintained
- Change in facility operations necessitated change in control measures
- Average benchmark value exceedance
- Other (describe): \_\_\_\_\_

4. Briefly describe the nature of the problem identified:

5. Date problem identified:   /   /

6. How problem was identified:

- Comprehensive site inspection
- Quarterly visual assessment
- Routine facility inspection
- Benchmark monitoring
- Notification by EPA or State or local authorities
- Other (describe): \_\_\_\_\_

7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

8. Did/will this corrective action require modification of your SWPPP?  YES  NO

9. Date corrective action initiated:   /   /

10. Date correction action completed:   /   /    or expected to be completed:   /   /

11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:



DEICING/ANTI-ICING CHEMICAL USAGE LOG

MONTH OF \_\_\_\_\_, 20\_\_\_\_

DAY	Chemical	USE ONLY	
	Quantity	Temp	Precip. Type
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
Sub			

DAY	Chemical	USE ONLY	
	Quantity	Temp	Precip. Type
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
Sub			
Total			

This form is to be returned to the Airport SWPPP TEAM Leader each month following each deicing or anti-icing chemical application month.

Quantity is pre-dilution volume (gallons) of deicing/anti-icing chemicals applied to aircraft or pavements.

Temp is Temperature during deicing/anti-icing operations.

Precipitation Type is rain, frozen rain, or snow.

"The information contained on this form is to the best of my knowledge and belief, true, accurate, and complete."

<b>Authorized Signatory</b>	<b>Title</b>	<b>Phone No.</b>	<b>Date</b>
<i>Print name</i>	<i>Print title</i>	<i>Print phone</i>	<i>Print date</i>
<i>Sign here</i>			
<i>Airport/Commercial Tenant Name</i> Newberry County Airport (EOE)/			

**ROUTINE FACILITY INSPECTION**

<b>General Information</b>		
Facility Name		
NPDES Tracking No.		
Date of Inspection		Start/End Time
Inspector's Name(s)		
Inspector's Title(s)		
Inspector's Contact Information		
Inspector's Qualifications		
<b>Weather Information</b>		
Weather at time of this inspection?		
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snow <input type="checkbox"/> High Winds <input type="checkbox"/> Other: _____ Temperature: _____		
Have any previously unidentified discharges of pollutants occurred since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:		
Are there any discharges occurring at the time of inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:		

**Control Measures**

- Number the structural stormwater control measures identified in your SWPPP on your site map and list them below (add as many control measures as are implemented on-site). Carry a copy of the numbered site map with you during your inspections. This list will ensure that you are inspecting all required control measures at your facility.
- Describe corrective actions initiated, date completed, and note the person that completed the work in the Corrective Action Log.

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
1		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
2		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
3		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
4		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
5		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
6		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	

**Areas of Industrial Materials or Activities exposed to stormwater**

*Below are some general areas that should be assessed during routine inspections. Customize this list as needed for the specific types of industrial materials or activities at your facility.*

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
1	Material loading/unloading and storage areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Equipment operations and maintenance areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Fueling areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	Outdoor vehicle and equipment washing areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	Waste handling and disposal areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Erodible areas/construction	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	Non-stormwater/ illicit connections	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8	Salt storage piles or pile containing salt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9	Dust generation and vehicle tracking	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Non-Compliance**

Describe any incidents of non-compliance observed and not described above:

**Additional Control Measures**

Describe any additional control measures needed to comply with the permit requirements:

**Notes**

Use this space for any additional notes or observations from the inspection:

**CERTIFICATION STATEMENT**

"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."

Print name and title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



SPILL REPORT

Complete this form for each significant spill incident. Keep original form with the Plan.

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Facility Name: Newberry County Airport (EOE)

Address & Location: \_\_\_\_\_

Person Reporting: \_\_\_\_\_ Phone: \_\_\_\_\_

Spill Location: \_\_\_\_\_

Type of Material: \_\_\_\_\_

Quantity: \_\_\_\_\_

Source (if known): \_\_\_\_\_

Cause of Spill (if known): \_\_\_\_\_

Amount of Material Recovered: \_\_\_\_\_

	YES	NO
Spill contained on premises?	<input type="checkbox"/>	<input type="checkbox"/>
Did the spill enter the stormwater drainage system?	<input type="checkbox"/>	<input type="checkbox"/>
Did the spill enter a body of water?	<input type="checkbox"/>	<input type="checkbox"/>
Nearest body of water or body of water spill entered? _____		Distance _____

Amount of spill control supplies used/ to be restocked: \_\_\_\_\_

Measures taken to prevent recurring incidents: \_\_\_\_\_

Personal Injuries: \_\_\_\_\_

Additional pertinent information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AGENCIES NOTIFIED OF SPILL:

SCR Contact: \_\_\_\_\_ Date/Time: \_\_\_\_\_

SCDHEC Contact: \_\_\_\_\_ Date/Time: \_\_\_\_\_

OTHER Contact: \_\_\_\_\_ Date/Time: \_\_\_\_\_

IT IS NOT NECESSARY TO WAIT FOR ALL INFORMATION BEFORE CALLING THE NATIONAL RESPONSE CENTER.

<sup>1</sup> *Significant spill* includes, but is not limited to: releases of oil or hazardous substances in excess of reportable quantities under Section 311 of the Clean Water Act (Ref: 40 CFR 110.10 and CFR 117.21) or Section 102 of CERCLA (Ref: 40 CFR 302.4) [or spills that cannot be controlled with on-site resources, or cause a contamination to the environment, or cause injury to personnel].

**MONTHLY INSPECTION CHECKLIST**

Further description and comments, if needed, should be provided on a separate sheet of paper and attached to this sheet. Any item answered "YES" needs to be promptly reported, repaired, or replaced, as it may result in non-compliance with regulatory requirements. Records are maintained with the SPCC at the Newberry County Airport office.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

	Yes	No	Description & Comments (Note tank/equipment ID)
<b>Storage tanks and Separation Equipment</b>			
<i>Tank surfaces show signs of leakage</i>			
<i>Tanks show signs of damage, rust, or deterioration</i>			
<i>Bolts, rivets or seams are damaged</i>			
<i>Aboveground tank supports are deteriorated or buckled</i>			
<i>Aboveground tank foundations have eroded or settled</i>			
<i>Gaskets are leaking</i>			
<i>Level gauges or alarms are inoperative</i>			
<i>Vents are obstructed</i>			
<i>Thief hatch and vent valve does not seal air tight</i>			
<i>Containment wall shows discoloration or stains</i>			
<i>Wall is cracked or breached or has vegetation</i>			
<i>Containment drainage valves are open / broken</i>			
<i>Tank area clear of trash and vegetation</i>			
<i>Equipment protectors, labels, or signs are missing</i>			
<b>Piping and Related Equipment</b>			
<i>Valve seals or gaskets are leaking.</i>			
<i>Pipelines or supports are damaged or deteriorated.</i>			
<i>Buried pipelines are exposed.</i>			
<b>Transfer equipment</b>			
<i>Loading/unloading lines are damaged or deteriorated.</i>			
<i>Connections are not capped or blank-flanged</i>			
<i>Secondary containment is damaged or stained</i>			
<b>Response Kit Inventory</b>			
<i>Discharge response material is missing or damaged or needs replacement</i>			

Additional Remarks (attach sheet as needed):

**DISCHARGE NOTIFICATION PROCEDURES**

Circumstances, instructions, and phone numbers for reporting a discharge to the National Response Center and other federal, state, and local agencies, and to other affected parties, are provided below. They are also posted at the facility in the storage shed containing the discharge response equipment. Note that any discharge to water must be reported immediately to the National Response Center.

Line Service Personnel, \_\_\_\_\_ (24 hours) \_\_\_\_\_

Airport Operations Manager, \_\_\_\_\_ (24 hours) \_\_\_\_\_

Local Emergency (fire, explosion, or other hazards) 911

Agency / Organization	Agency Contact	Circumstances	When to Notify
<i>Federal Agencies</i>			
National Response Center	1 (800) 424-8802	Discharge reaching navigable waters.	<b>Immediately (verbal)</b>
USEPA Region IV (Hotline)	1 (404) 562-8700		<b>Immediately (verbal)</b>
USEPA Region IV Regional Administrator	Sam Nunn Atlanta Federal Center 61 Forsyth St. SW Atlanta, GA 30303	Discharge 1,000 gallons or more; or second discharge of 42 gallons or more over a 12-month period.	Written notification within 60 days
<i>State Agencies</i>			
SCDHEC Emergency Response	1 (888) 481-0125	1) Injury requiring hospitalization or fatality. 2) Fire, explosion, or other impact that could affect public safety. 3) Release exceeding 24-hour reportable quantity. 4) Impact to areas beyond the facility's confines.	<b>Immediately (verbal)</b>

Agency /Organization	Agency Contact	Circumstances	When to Notify
SCDHEC Regional Office	1 (803) 896-0620	Discharges of 25 gals or more or causes sheen on nearby surface water body; or discharge <25 gallons but cannot be cleaned up within 24 hours of discharge or discharge causes sheen on nearby surface water.	<b>Within 24 hours of discovery (verbal).</b>  Written notification within 7 working days.
<i>Local Agencies</i>			
Newberry County Emergency Management	(803) 321-2135	Discharges that pose emergency conditions, regardless of the volume discharged.	<b>Within 1 hour of discovery (verbal).</b>
<i>Others</i>			
Noble Oil Services (24-hour)	1 (800) 662-5364	For removal and disposal of fuels or fuel-contaminated water.	As needed

The person reporting the discharge must provide the following information:

- Name, location, organization, and telephone number;
- Name and address of the owner/operator;
- Date and time of the incident;
- Location of the incident;
- Source and cause of discharge;
- Types of material(s) discharged;
- Total quantity of materials discharged;
- Quantity discharged in harmful quantity (to navigable waters or adjoining shorelines);
- Danger or threat posed by the release or discharge;
- Description of all affected media (e.g., water, soil);
- Number and types of injuries (if any) and damaged caused;
- Weather conditions;
- Actions used to stop, remove, and mitigate effects of the discharge;
- Whether an evacuation is needed;
- Name of individuals and/or organizations contacted; and
- Any other information that may help emergency personnel respond to the incident.

Whenever the facility discharges more than 1,000 gallons of oil in a single event, or discharges more than 42 gallons of oil in each of two discharge incidents within a 12-month period, the Airport

Operations Manager must provide the following information to the U.S. Environmental Protection Agency's Regional Administrator within 60 days:

- Name of the facility;
- Name of the owner or operator;
- Location of the facility;
- Maximum storage or handling capacity and normal daily throughput;
- Corrective actions and countermeasures taken, including a description of equipment repairs and replacements;
- Description of facility, including maps, flow diagrams, and topographical maps;
- Cause of the discharge(s) to navigable waters, including a failure analysis of the system and subsystems in which the failure occurred;
- Additional preventive measures taken or contemplated to minimize possibility of recurrence; and
- Other pertinent information requested by the Regional Administrator.

**DISCHARGE NOTIFICATION FORM**

\*\*\* Notification must not be delayed if information or individuals are not available.

Facility: **Newberry County Airport**  
 1309 College Street  
 Newberry, SC 29108  
 (803) 259-1090

Description of Discharge			
Date/Time	Release date:	Discovery date:	
	Release time:	Discovery time:	
	Duration:		
Reporting Individual	Name:		
	Title:		
	Tel. #:		
Location of Discharge	Latitude:	Description:	
	Longitude:		
Equipment Source	<ul style="list-style-type: none"> <li>• tank</li> <li>• piping</li> <li>• fuel truck</li> <li>• unknown</li> </ul>	Description:	
		Equipment ID:	
Product	<ul style="list-style-type: none"> <li>• Jet-A</li> <li>• AVGAS</li> <li>• Diesel</li> <li>• Auto Gas</li> <li>• Other*</li> </ul>	* Describe other:	
Appearance and Description			
Environmental Conditions	Wind direction:	Rainfall:	
	Wind speed:	Current:	

<b>Impacts</b>		
Quantity	Released:	Recovered:
Receiving Medium	<ul style="list-style-type: none"> <li>• water**</li> <li>• land</li> <li>• other (describe):</li> </ul>	<ul style="list-style-type: none"> <li>• Release confined to company property.</li> <li>• Release outside company property.</li> </ul> <p>** If water, indicate extent and body of water</p>
Describe Circumstances of the Release		
Assessment of Impacts and Remedial Actions		
Disposal Method for Recovered Material		
Action taken to Prevent Incident from Reoccurring		
Safety Issues	<ul style="list-style-type: none"> <li>• Injuries</li> <li>• Fatalities</li> <li>• Evacuation</li> </ul>	
<b>Notifications</b>		
Agency	Name	Date/Time Reported and Comments
Airport Operations Manager		
National Response Center 1-800-424-8802		
SCDHEC		
State Emergency Management		
Newberry County Emergency Management		
Oil Spill Removal Organization/Cleanup Contractor		