

## **Attachment 3**

### **Town of Juno Beach, Florida**

#### **Proactive Inspection Program (Written Procedures)**

##### **1. Procedure and Criteria for identifying priority areas/facilities**

According to the MS4 NPDES permit, priority areas for inspection should include:

- Areas with older infrastructure
- Industrial, commercial, or mixed use areas
- Areas with history of past illicit discharges and/or illegal dumping
- Areas with on-site sewage disposal systems
- Areas upstream of sensitive or impaired water bodies

The attached map depicts the extent of our MS4 contributing area; as well as sites that are listed by the EPA as generators, transporters, treaters, storers, and disposers of hazardous waste. A Facility Detail Report is attached to the map. Facilities that have been identified as the source of illicit discharges in the past should be noted on the map.

##### **2. List of identified priority areas/facilities**

Since there are no significant areas with Industrial/Commercial Zoning there are no specific areas that take priority. The priority sites are labeled on the attached map. Facilities within the priority area are checked against the list of facility types associated with the FDEP MSGP Sectors (see attached list) to determine their need to be covered by a MSGP.

##### **3. Annual schedule for inspections**

All facilities will be inspected at least once within the current permit term. If a facility or area is discovered to have illicit discharges/connections/dumping, it will be placed on the schedule for re-inspection the following year. Inspections are to take place in the order in which they appear on the attached map.

##### **4. Procedure for conducting site inspections (include checking for MSGP)**

The inspector should visit the site and look for signs of illicit discharges. Areas adjacent to the site as well as neighboring drainage structures should be inspected. If any are

identified, the inspector is to make a notation on the Inspection Form and forward the form to his supervisor or other appropriate personnel to complete the investigation.

**5. Procedure for tracing source of discovered illicit discharge**

If an illicit discharge is suspected, the appropriate personnel are to complete an on-site investigation to determine source of illicit discharge. This investigation should cover not only the subject site but other adjacent areas as well.

**6. Procedure for eliminating the discharge**

Town staff is to work with site operator/owners to determine best course of action to eliminate discharge.

**7. Procedure for documenting the inspections and enforcement activities**

(See Inspection Form)

**8. Procedures for enforcement actions (or referrals to appropriate jurisdictional authority)**

Any enforcement actions are to be forwarded to the Code Compliance Section for further processing.

**9. Identification of staff /department/outside entity responsible for inspections and for enforcement**

The Public Works Department is responsible for inspections.

**10. Description of resources allocated to implement this permit element**

Public Works staff is to perform initial assessment of site and report suspected illicit discharges to their supervisor for further action.

**Town of Juno Beach, Florida**

**Proactive Illicit Discharge/Illegal Connection Inspection Form**

Date of Inspection: \_\_\_\_\_

Address of Facility OR General Description of Area Inspected: \_\_\_\_\_

Identification of MS4 component that could receive discharge from this site/area: \_\_\_\_\_

If Facility inspection, does type of business require an MSGP? Yes\_\_\_ No\_\_\_

If yes, does this facility have one? Yes\_\_\_ No\_\_\_

**Findings:**

Evidence of illicit connections to storm sewer? Yes\_\_\_ No\_\_\_

Evidence of dumping/spills to storm sewer? Yes\_\_\_ No\_\_\_

Evidence of wash water going to storm sewer? Yes\_\_\_ No\_\_\_

Storage tanks leaking or improperly contained? Yes\_\_\_ No\_\_\_

Stockpiles/debris piles uncontained? Yes\_\_\_ No\_\_\_

If "yes," to any above, describe:

---

---

---

---

---

---

Type of Enforcement Action Taken: \_\_\_\_\_

Date to verify elimination: \_\_\_\_\_

Date of Referral to FDEP of facility that may require MSGP: \_\_\_\_\_