

**Annual Certification Report**  
**SPDES Multi-Sector General Permit for Stormwater**  
**Discharges Associated with Industrial Activity (GP-0-06-002)**

The permittee shall complete this Annual Certification Report form by answering the following questions, describing improvements to the facility's Stormwater Pollution Prevention Plan (SWPPP), provide copies of monitoring results on appropriate Monitoring Reports Forms and signing the certification at the end of this form. This completed report is to be submitted each calendar year by March 31st of the following year to: Industrial Stormwater General Permit Coordinator, NYSDEC, Bureau of Water Permits, 625 Broadway, Albany, NY, 12233-3505

**SECTION I: FACILITY INFORMATION**

Permit I.D. No.: NYR00

A536

Report for Calendar Year:

2011

Owner Name

JACK WILLIAMS

Facility Name

R. J. WILLIAMS INC.

**SECTION II: GENERAL INFORMATION:**

1. List the number of stormwater outfalls at the facility that are from areas of industrial activity. .... 001
2. Is the facility claiming any monitoring waivers? ..... ☐ Yes ☒ No  
 [describe and certify in your cover letter]  
☐ Representative Outfall  
☐ Inactive or Unstaffed Site  
☐ Adverse Climatic Conditions  
☐ Alternate Certification of "Not Present" or "No Exposure"
3. Is the information provided in your original Notice of Intent or Termination (NOIT) submission still accurate and up to date? If not, please submit an updated NOIT indicating the correct facility information. .... ☒ Yes ☐ No
4. Has a comprehensive site compliance evaluation been conducted at the facility in the past year? .... ☒ Yes ☐ No
5. Is the facility's Stormwater Pollution Prevention Plan (SWPPP) kept up to date and modified when necessary? .... ☒ Yes ☐ No

**SECTION III: QUARTERLY VISUAL EXAMINATIONS AND DRY WEATHER FLOW INSPECTIONS:**

6. Have the required quarterly visual examinations of stormwater at the facility been performed during this reporting period? .... ☒ Yes ☐ No
7. Did any of the quarterly visual examinations result in observations of color, odor, clarity, floating solids, settled solids, suspended solids, foam, oil sheen, or other indicators of stormwater pollution and contamination? .... ☐ Yes ☒ No
8. Was the annual dry weather flow inspection performed during this reporting period? .... ☒ Yes ☐ No
9. Were any indicators of stormwater pollution or unauthorized discharges identified? .... ☐ Yes ☒ No
10. Did any of these findings result in modification of the SWPPP? .... ☐ Yes ☐ No ☒ NA

**SECTION IV: STORMWATER MONITORING - BENCHMARK PARAMETERS:**

11. Is the permittee required to monitor stormwater at the facility for benchmark parameters? (If no, skip to Section V) ..... ☒ Yes ☐ No
12. Were there any of the sampling results from this year higher than the cut-off values listed in the permit? ..... ☐ Yes ☒ No
13. Were there any monitoring problems? (Answer "Yes" if storm event criteria was not met or if the laboratory indicated quality assurance/quality control problems) ..... ☐ Yes ☒ No
14. If any of the sampling results were higher than the benchmark values listed in the permit, was the facility inspected to identify the source? ..... ☐ Yes ☐ No ☒ NA
15. Did this result in modification of the SWPPP? ..... ☐ Yes ☐ No ☒ NA

**SECTION V: STORMWATER MONITORING - COMPLIANCE MONITORING**

16. Is the permittee required to conduct compliance monitoring for storm water discharges subject to Point Source Category Effluent Limitation? ..... ☐ Yes ☒ No
17. Is the permittee required to conduct compliance monitoring for storm water discharges from coal piles? (If no to questions 16 & 17, go to Section VI) ..... ☐ Yes ☒ No
18. Were there any monitoring problems? (Answer "Yes" if storm event criteria was not met or if the laboratory indicated quality assurance/quality control problems) ..... ☐ Yes ☐ No
19. Were any of the sampling results from this year higher than the effluent limitation listed in the permit? ..... ☐ Yes ☐ No
20. If any of the sampling results were higher than the effluent limitations listed in the permit, was the facility inspected to identify the source? ..... ☐ Yes ☐ No ☐ NA
21. Did this result in modification of the SWPPP? ..... ☐ Yes ☐ No ☐ NA

**SECTION VI: SUMMARY**

Provide a brief description of any facility changes; problems identified during comprehensive compliance evaluations, quarterly visual observations or monitoring results; and action taken to improve the quality of the stormwater discharge.

VISUAL INSPECTION FOUND NO POLLUTANTS ENTERING SYSTEM. NO SPILLS. ALL 5 SAMPLING RESULTS LOWER THAN REQUIRED. MAINTENANCE GARAGE 55 GAL DRUMS HAD CAPS + BASINS AS REQUIRED, AST HAD SECONDARY CONTAINMENT + GARAGE DEBRIS IN MAINTENANCE BUILDING COLLECTED IN SPRING TO ELIMINATE ANY POTENTIAL PROBLEMS. SWALE BEHIND OFFICE MAINTAINED w/ TALL WEEDS + PANTS APPROX 6' TALL + FILTERING SEDIMENT NIKELY. OFFICE BASEMENT SECONDARY CONTAINMENT ADDED TO AST. ADDED VEGETATION MONITORING SYSTEM w/ DERRAIL ALARM TO MONITOR ALL ASPECTS OF UST'S + INSTALLED NEW

CONCRETE PAD. CREATED A NYS DEC PBS MANUAL TO MARCH '11 CONTAINING ALL PRINTOUTS OF ALL PBS REQUIRED CERTIFICATION TESTS. LATE SPRING TO MID AUGUST '11 RESURFACED YARD w/ 3-4" GRANO MILLINGS RECYCLED FROM DEPT. OF HIGHWAYS CUTTING DOWN DUST + ELIMINATING NEED TO WATER YARD

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.

JACK  
Owner/Operator First Name (please print or type)

D  
MI

1/21/6/2011  
Date

WILLIAMS  
Owner/Operator Last Name (please print or type)

*Jack D. Williams*  
Owner/Operator Signature