





















**BMP #5: Ensure that controls are installed that shall prevent or minimize water quality impacts. The permittee shall inspect all qualifying development or redevelopment projects during the construction phase to ensure proper installation of the approved structural PCSM BMPs. A tracking system (e.g., database, spreadsheet, or written list) shall be implemented to track the inspections conducted and to track the results of the inspections (e.g., BMPs were, or were not, installed properly).**

1. During the reporting period have you inspected all qualifying development and redevelopment projects during the construction phase to ensure proper installation of approved structural BMPs?  
 Yes  No  Not Applicable (no qualifying projects during reporting period)
2. Has a tracking system been established and maintained to record results of inspections?  
 Yes  No

**BMP #6: Develop a written procedure that describes how the permittee shall address all required components of this MCM.**

Have you developed a written plan that addresses: 1) minimum requirements for use of structural and/or non-structural BMPs in plans for development and redevelopment; 2) criteria for selecting and standards for sizing stormwater BMPs; and 3) implementation of an inspection program to ensure that BMPs are properly installed?  Yes  No

**MCM #5 Comments:**

The City has passed the Act 167 Stormwater Management Plan developed by Allegheny County. This document is consistent with the PA D.E.P. 2022 Stormwater Management Ordinance.

**MCM #6 – POLLUTION PREVENTION / GOOD HOUSEKEEPING**

**BMP #1: Identify and document all operations that are owned or operated by the permittee and have the potential for generating pollution in stormwater runoff to the MS4. This includes activities conducted by contractors for the permittee.**

1. Have you identified all facilities and activities owned and operated by the permittee that have the potential to generate stormwater runoff into the MS4?  Yes  No
2. When was the inventory last reviewed? July 2020
3. When was it last updated? July 2020

**BMP #2: Develop, implement and maintain a written O&M program for all operations that could contribute to the discharge of pollutants from the MS4, as identified under BMP #1. This program shall address stormwater collection or conveyance systems within the regulated MS4.**

1. Have you developed a written O&M program for the operations identified in BMP #1?  Yes  No
2. Date of last review or update to written O&M program: July 2020

**BMP #3: Develop and implement an employee training program that addresses appropriate topics to further the goal of preventing or reducing the discharge of pollutants from operations to the regulated small MS4. All relevant employees and contractors shall receive training.**

1. Have you developed an employee training program?  Yes  No
2. Date of last review or update to training program: July 2020 Date of latest training: N/A

3. Training topics covered:
4. Name(s) of training presenter(s):
5. Names of training attendees:

**MCM #6 Comments:**

The Operation and Maintenance Manual & Employee Training Manual have been updated and combined into one document

**POLLUTANT CONTROL MEASURES (PCMs)**

Indicate the status of implementing PCMs in Appendices A, B and/or C by completing the table below. Skip this section if PCMs are not applicable.

Task	Date Completed	Attached	Anticipated Completion Date
Storm Sewershed Map(s)	09/09/2019	<input type="checkbox"/>	
Source Inventory	09/09/2020	<input checked="" type="checkbox"/>	
Investigation of Suspected Sources		<input type="checkbox"/>	Sept 2022
Ordinance/SOP for Controlling Animal Wastes		<input type="checkbox"/>	Sept 2022

**PCM Comments:**

**POLLUTANT REDUCTION PLANS (PRPs) AND TMDL PLANS**

1. Complete this section if the development and submission of a PRP and/or TMDL Plan was required as an attachment to the latest NOI or application or was required by the permit, regardless of whether DEP has approved the plan(s).

Type of Plan	Submission Date	DEP Approval Date	Surface Waters Addressed by Plan
<input type="checkbox"/> Chesapeake Bay PRP (Appendix D)			Chesapeake Bay
<input type="checkbox"/> Impaired Waters PRP (Appendix E)			
<input type="checkbox"/> TMDL Plan (Appendix F)			
<input type="checkbox"/> Combined Chesapeake Bay / Impaired Waters PRP			Chesapeake Bay,
<input type="checkbox"/> Combined PRP / TMDL Plan			

- Joint Plan (if checked, list the name of the MS4 group or names of all entities participating in the joint plan below)

Joint Plan Participants:

2. Identify the pollutants of concern and pollutant load reduction requirements under the permit (see instructions).

Type of Plan	TSS Load Reduction (lbs/yr)	TP Load Reduction (lbs/yr)	TN Load Reduction (lbs/yr)
<input type="checkbox"/> Chesapeake Bay PRP (Appendix D)			
<input type="checkbox"/> Impaired Waters PRP (Appendix E)			
<input type="checkbox"/> TMDL Plan (Appendix F)			
<input type="checkbox"/> Combined Chesapeake Bay / Impaired Waters PRP			
<input type="checkbox"/> Combined PRP / TMDL Plan			

3. Date Final Report Demonstrating Achievement of Pollutant Load Reductions Due:

4. Have any modifications to the plan(s) occurred since DEP approval?  Yes  No

If Yes to #4, was the updated plan(s) submitted to DEP?  Yes  No

If Yes to #4, did you comply with the public participation requirements of the applicable appendix?  Yes  No

If Yes to #4, describe the plan modifications.

5. Summary of progress achieved during reporting period.

6. Anticipated activities for next reporting period.

**PRP/TMDL Plan Comments:**

No Pollution Reduction Plan or TMDL is required for the City of Duquesne.

**NEW BMPs FOR PRP/TMDL PLAN IMPLEMENTATION**

**Table 2.** List all new structural BMPs installed and ongoing non-structural BMPs implemented during the reporting period that are being used toward achieving load reductions in the permittee's PRP and/or TMDL Plan (see instructions).

BMP No.	BMP Name	DA (ac)	% Imp.	BMP Extent	Units	Latitude	Longitude	Date Installed or Implemented	Planning Area?	Ch. 102?	Annual Sediment Load Reduction (lbs/yr)
						o ' "	o ' "		<input type="checkbox"/>	<input type="checkbox"/>	
						o ' "	o ' "		<input type="checkbox"/>	<input type="checkbox"/>	
						o ' "	o ' "		<input type="checkbox"/>	<input type="checkbox"/>	
						o ' "	o ' "		<input type="checkbox"/>	<input type="checkbox"/>	
						o ' "	o ' "		<input type="checkbox"/>	<input type="checkbox"/>	

**BMP INVENTORY FOR PRP/TMDL PLAN IMPLEMENTATION**

**Table 3.** List all existing structural BMPs that have been installed in prior reporting periods and are eligible to use toward achieving load reductions in the permittee's PRP and/or TMDL Plan (see instructions).

BMP No.	BMP Name	DA (ac)	% Imp.	BMP Extent	Units	Latitude	Longitude	Date Installed	Annual Sediment Load Reduction (lbs/yr)	Date of Latest Inspection	Satisfactory?
						o ' "	o ' "				<input type="checkbox"/>
						o ' "	o ' "				<input type="checkbox"/>
						o ' "	o ' "				<input type="checkbox"/>
						o ' "	o ' "				<input type="checkbox"/>
						o ' "	o ' "				<input type="checkbox"/>
						o ' "	o ' "				<input type="checkbox"/>

**CERTIFICATION**

**For PAG-13 Permittees:** I have read the latest PAG-13 General Permit issued by DEP and agree and certify that (1) the permittee continues to be eligible for coverage under the PAG-13 General Permit and (2) the permittee will continue to comply with the conditions of that permit, including any modifications thereto. I understand that if I do not agree to the terms and conditions of the PAG-13 General Permit, I will apply for an individual permit within 90 days of publication of the General Permit. I also acknowledge that any facility construction needed to comply with the General Permit requirements shall be designed, built, operated, and maintained in accordance with operative laws and regulations.

**For All Permittees:** I certify under penalty of law that this report was 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. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Doug Sample - Borough Manager

\_\_\_\_\_  
Name of Responsible Official

412-469-0544

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date