

Name of Inspector: Frank Donroe  
 Signature: *[Handwritten Signature]*  
 Date of inspection: 9-29-23  
 Time inspection Started: 1pm

**1) UPON COMPLETION, RETURN THIS FORM AND REPORT ALL IDENTIFIED PROBLEMS IMMEDIATELY TO THE WEP COORDINATOR.**

AREAS SUBJECT TO INSPECTION		Additional Comments
Southside of Bldg.	Northside of Bldg.	No horses on site
S	S	
<b>Process Wastewater Management</b>		
Are there any hoses or signs of washing of vehicles or equipment (e.g. floats) outside?		
Interview one employee to assess compliance with this policy?		
Is there a posting inside the building notifying workers of proper process waste water management?		
Are there posting outside the building notifying workers of proper process wastewater management		
<b>Other Issues:</b>		
		Jeff xxxx

IMMEDIATELY CONTACT THE WEP COORDINATOR WITH ANY IDENTIFIED DEFICIENCIES AT (516) 204.5093. IF NOT AVAILABLE CONTACT SECURITY AT GATE 6 BACK STRETCH AT (718) 641.7400 OR AQUEDUCT MAIN SECURITY AT (718)659.3511