

**BEST MANAGEMENT PRACTICES PLAN (BMPP)
FOR PUBLIC SWIMMING AND BATHING FACILITIES COVERED BY THE
KPDES GENERAL PERMIT KYG760000**

Facility Name: _____

Facility Address: _____

Preparer Name: _____

Preparer Telephone Number: _____

Preparer E-Mail Address: _____

Date of Original Preparation: _____

Modification Date: _____

Modification Number: _____

GENERAL REQUIREMENTS

FACILITY INFORMATION				
Facility Name				
Facility Description (Check all boxes that apply)	Status	Ownership	Type	Size
	<input type="checkbox"/> Existing <input type="checkbox"/> New <input type="checkbox"/> Reconstructed	<input type="checkbox"/> Private <input type="checkbox"/> Public	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Spa <input type="checkbox"/> Wave Pool <input type="checkbox"/> Water Park	<input type="checkbox"/> < 1,000 gallons <input type="checkbox"/> 1,000 to 9,999 gallons <input type="checkbox"/> 10,000 to 99,999 gallons <input type="checkbox"/> 100,00 to 1,000,000 gallons <input type="checkbox"/> > 1,000,000 gallons
Street Address				
City				
Operator Name				
Operator Mailing Address				
City, State, Zip Code				
Facility Contact				
Telephone Number				
Email Address				

BMP POLICY AND OBJECTIVES	
BMP Policy	It is the policy of this facility to operate in an environmentally responsible manner minimizing the potential for release of pollutants to the environment from ancillary activities and to immediately respond and provide sufficient resources for the mitigation of any environmental incident that may originate from its facilities.
BMP Objectives	It is the objective of this BMP Plan (BMPP) to identify the practices used to minimize environmental impact from the disposal of filter wash and backwash waters and pool draw down waters. This BMPP shall identify those areas which pose a potential risk of an uncontrolled release of pollutants to the environment, assess that risk, provide operational controls and procedures to minimize that risk, and establish response procedures in the event an incident occurs.

SPECIFIC REQUIREMENTS

FILTER WASH AND BACKWASH WATERS		
Frequency of Wash/Backwash (indicate the number of times per week or month)	times <input type="checkbox"/> per week <input type="checkbox"/> per month	
Duration of Wash/Backwash Cycle	minutes	
Volume of Water Used Per Cycle	gallons	
Current Disposal Practice	Proposed Disposal Practice	Reason for Change
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Public Sewer	<input type="checkbox"/> New
<input type="checkbox"/> Subsurface	<input type="checkbox"/> Land Application	<input type="checkbox"/> Expanded
<input type="checkbox"/> Land Application	<input type="checkbox"/> Discharge	<input type="checkbox"/> Reconstructed
<input type="checkbox"/> Discharge		
LAND APPLICATION PRACTICES FOR FILTER WASH AND BACKWASH WATERS		
Application Area	<input type="checkbox"/> Facility Landscaping <input type="checkbox"/> Golf Course <input type="checkbox"/> Other (describe)	
Size of Application Area	<input type="checkbox"/> Acres <input type="checkbox"/> Square Feet	
Rate of Application	Gallons <input type="checkbox"/> per Minute <input type="checkbox"/> per Hour <input type="checkbox"/> per Day	
Frequency of Application	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> As Needed (describe)	
Application Method	<input type="checkbox"/> Permanently Installed Irrigation System <input type="checkbox"/> Moveable Irrigation System (pipe or hose) <input type="checkbox"/> Moveable Irrigation System (vehicle mounted) <input type="checkbox"/> Other (describe)	
Time of Application	<input type="checkbox"/> During Operational Hours <input type="checkbox"/> After Operational Hours <input type="checkbox"/> Other (describe)	
Frequency of Observation	<input type="checkbox"/> Once During Application (end) <input type="checkbox"/> Twice During Application (beginning and end) <input type="checkbox"/> Other (describe)	

SPECIFIC REQUIREMENTS

DISCHARGE TO SURFACE WATERS FOR FILTER WASH AND BACKWASH WATERS	
Surface Water Name	
Distance to Surface Water	feet
Frequency of Discharge	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> As Needed (describe)
Duration of Discharge	<input type="checkbox"/> Minutes <input type="checkbox"/> Hours
Velocity Dissipation Devices	<input type="checkbox"/> None <input type="checkbox"/> Permanent Structures (describe) <input type="checkbox"/> Moveable Structures (describe)
Sample Collection Frequency	Times <input type="checkbox"/> per Discharge <input type="checkbox"/> per Week <input type="checkbox"/> per Month <input type="checkbox"/> per Quarter
Chlorine	<input type="checkbox"/> DPD Colorimetric Test Kit <input type="checkbox"/> Meter
pH	<input type="checkbox"/> Test Kit <input type="checkbox"/> Meter
Total Suspended Solids	<input type="checkbox"/> Test Kit <input type="checkbox"/> Other (describe)
Cyanuric Acid	<input type="checkbox"/> Not Required <input type="checkbox"/> Test Kit
Frequency of Observation	<input type="checkbox"/> Once During Discharge (end) <input type="checkbox"/> Twice During Discharge (beginning and end) <input type="checkbox"/> Other (describe)

SPECIFIC REQUIREMENTS

POOL DRAW DOWN WATERS		
Frequency of Pool Draw Down	<input type="checkbox"/> End of Season <input type="checkbox"/> Repairs	
Duration of Draw Down	minutes	
Volume of Water Drawn Down	gallons	
Current Disposal Practice	Proposed Disposal Practice	Reason for Change
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Public Sewer	<input type="checkbox"/> New
<input type="checkbox"/> Subsurface	<input type="checkbox"/> Land Application	<input type="checkbox"/> Expanded
<input type="checkbox"/> Land Application	<input type="checkbox"/> Discharge	<input type="checkbox"/> Reconstructed
<input type="checkbox"/> Discharge		
LAND APPLICATION PRACTICES FOR DRAW DOWN WATERS		
Application Area	<input type="checkbox"/> Facility Landscaping <input type="checkbox"/> Golf Course <input type="checkbox"/> Other (describe)	
Size of Application Area	<input type="checkbox"/> Acres <input type="checkbox"/> Square Feet	
Rate of Application	Gallons <input type="checkbox"/> per Minute <input type="checkbox"/> per Hour <input type="checkbox"/> per Day	
Frequency of Application	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> As Needed (describe)	
Application Method	<input type="checkbox"/> Permanently Installed Irrigation System <input type="checkbox"/> Moveable Irrigation System (pipe or hose) <input type="checkbox"/> Moveable Irrigation System (vehicle mounted) <input type="checkbox"/> Other (describe)	
Time of Application	<input type="checkbox"/> During Operational Hours <input type="checkbox"/> After Operational Hours <input type="checkbox"/> Other (describe)	
Frequency of Observation	<input type="checkbox"/> Once During Application (end) <input type="checkbox"/> Twice During Application (beginning and end) <input type="checkbox"/> Other (describe)	

SPECIFIC REQUIREMENTS

DISCHARGE TO SURFACE WATERS FOR POOL DRAW DOWN WATERS	
Surface Water Name	
Distance to Surface Water	feet
Frequency of Discharge	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> As Needed (describe)
Duration of Discharge	<input type="checkbox"/> Minutes <input type="checkbox"/> Hours <input type="checkbox"/> Days
Velocity Dissipation Devices	<input type="checkbox"/> None <input type="checkbox"/> Permanent Structures (describe) <input type="checkbox"/> Moveable Structures (describe)
Sample Collection Frequency	Times <input type="checkbox"/> per Discharge <input type="checkbox"/> per Week <input type="checkbox"/> per Month <input type="checkbox"/> per Quarter
Chlorine	<input type="checkbox"/> DPD Colorimetric Test Kit <input type="checkbox"/> Meter
pH	<input type="checkbox"/> Test Kit <input type="checkbox"/> Meter
Total Suspended Solids	<input type="checkbox"/> Test Kit <input type="checkbox"/> Other (describe)
Cyanuric Acid	<input type="checkbox"/> Not Required <input type="checkbox"/> Test Kit
Frequency of Observation	<input type="checkbox"/> Once During Discharge (end) <input type="checkbox"/> Twice During Discharge (beginning and end) <input type="checkbox"/> Other (describe)

POOL CHEMICALS

Usage and application rates shall be in accordance with manufacturer's instructions. Storage shall be in the original containers in a secure dry place. Material Safety Data Sheets (MSDS) shall be maintained for each product that is stored or handled at the facility.

REPORTING OF BMP INCIDENTS

All spills and leaks shall be immediately contained and controlled. Reporting shall be in compliance with the conditions of the General Permit for Public Swimming and Bathing Facilities, KYG760000.

GOOD HOUSEKEEPING

The wastewater treatment and disposal areas shall be maintained in a clean and environmentally friendly manner. Efforts are undertaken to collect, recycle and/or dispose of all excess or unused materials.

SPECIFIC REQUIREMENTS

PREVENTATIVE MAINTENANCE

The wastewater treatment and disposal equipment and facilities shall be in good operating condition and repair. Routine inspections are performed and potential problems noted. Appropriate corrective actions are taken within a timely manner. Routine maintenance takes place in designated areas where adequate and appropriate controls are in place. Should a catastrophic failure occur and repair be required outside of these designated areas then the necessary steps shall be taken to contain and recover any lost materials and complete the repairs in an environmentally sound manner.

INSPECTIONS AND RECORDS

Routine inspections of the equipment and facilities shall be conducted daily, weekly, semi-monthly and/or monthly. Inspection reports shall be prepared and maintained on site. Records including land application or discharge logs shall be maintained for a minimum of three (3) years.

EMPLOYEE TRAINING

New employees and contractors shall receive BMP training prior to commencement of activities. Periodic, including an annual, training shall be provided to employees and contractors during safety meetings. A certification of completion of BMP training must be provided for each employee and contractor.

MODIFICATIONS

This BMPP shall be modified as necessary to address any ineffectiveness of the BMPs employed. It will also be modified when there is a change in operator or ownership, or when there is a change in disposal practices for filter backwash and pool draw down waters.

CERTIFICATION	
I hereby certify and attest that I am sufficiently familiar with the facilities addressed, have reviewed this BMP Plan, and that to the best of my knowledge and belief, the information contained in this plan is true, complete, and accurate. Therefore, this plan shall be implemented as herein described.	
Name of Responsible Person	
Title of Responsible Person	
Signature of Responsible Person	
Date	

