

Due Date: **June 29th**

Submit During Scheduled Visit

Date: _____

**JOHN F. KENNEDY (JFK) INTERNATIONAL AIRPORT
BEST MANAGEMENT PRACTICES PLAN
QUESTIONNAIRE**

(Note: One questionnaire should be completed for each discrete facility located at JFK Airport)

A) GENERAL INFORMATION

1) Facility Name _____

Facility Address _____

Primary Contact for Stormwater Issues _____

Telephone _____ Fax _____

Airport Tenant Since: Month _____ Year _____

Facility Standard Industrial Classification (SIC) Code, if Known: _____

SARA Title III Section 313 Reporter? Yes _____ No _____

List Subtenant(s), if any: _____

2) Provide a general description of facility operations _____

3) Facility Area (leasehold/building) _____

(Acreage/sq. ft.)

a) What percentage of the facility is impervious (covered b y buildings, pavement, etc.)?
_____ %

4) Describe storm water drainage patterns for your facility:

() Sheet Flow (surface flow)
() Surface Swales/Ditches

Primary Flow Direction () North
() South

Section A: General Information

() Subsurface Pipes

() East

() West

- 5) Please circle all activities conducted at your facility and provide the data requested below. Indicate the location of each activity by writing the 2-letter activity code in the appropriate area on the site map.

	Activity	Location Indoors (I), Outdoors (O) Or Booth (B) Or Covered Outdoor Area (OC)	Conducted By Staff (S) Contractor (C) Or Both (B)	Any Discharge? Y or N	Discharge Drains to Sanitary Sewer (SS), SS with O/W Interceptor (OW), Ground (G), Storm Drain (SD)
AD	Aircraft Deicing/Anti-Icing				
AF	Aircraft Fuel				
AM	Aircraft Maintenance				
AP	Aircraft Painting/Stripping				
AR	Aircraft Rental/Sales				
AS	Aircraft Sanitary Service				
AW	Aircraft Washing				
CH	Cargo Handling				
CS	Chemical Storage				
ED	Equipment Degreasing/Washing				
EM	Equipment Maintenance				
ES	Equipment Storage				
FS	Fuel Storage*				
FW	Floor Wash Down				
LS	Lavatory Service				
MF	Manufacturing				
OA	Outdoor Apron Washdown				
PH	Pesticide Handling				
RD	Runway/Taxiway Deicing				
SC	Steam Cleaning				
VF	Vehicle Fueling				
VM	Vehicle Maintenance				
VP	Vehicle Paint/Shop				
VW	Vehicle Washing				
OT	Other:				

*if your facility stores fuel, confirm that SPCC has been prepared

Section B: Potential Pollutant Sources

- a) If specific services (washing, fueling, equipment maintenance, etc.) are conducted at your facility by contractors, please list the name of the contractor and the service that they provide:

Contractor

Service

B) POTENTIAL POLLUTANT SOURCES

- 1) Were toxic chemicals, oils or hazardous substances spilled or leaked to the ground at your facility within the last five years?

Yes _____ No _____

If YES, describe the spills or leaks below. Attach additional sheets as necessary.

Materials Spilled/Leaked	Estimated Amount	Cause	Discharge Point	Reached Storm Drain	Date	Method of Clean-up

- 2) What chemicals are currently stored on-site? This includes new chemicals, products, hazardous waste and used oil. Attach additional sheets as necessary.

Method of Storage

Chemical Name	Quantity (Max. qty. at any one time)	Method of Storage	
		Drum Underground Storage Tank (UST) Aboveground Storage Tank (AST) Other (explain)	Indoors (I) Outdoors (O)

- a) Are Material Safety Data Sheets (MSDS) retained on-site for all chemicals used at your facility?

Yes _____ No _____

Section C: Non-Storm Water Discharge/Illicit Connections

3) Describe existing chemical and/or loading/unloading areas.

4) Check materials used at your facility. This includes any chemicals which are used, stored, or disposed of in areas where the pollutants may come into contact with rainwater and enter storm drains. Also include lubrication oil leaks from motor vehicles.

- | | |
|--|---|
| <input type="checkbox"/> Oils and Greases | <input type="checkbox"/> Ethylene Glycol |
| <input type="checkbox"/> Petroleum Hydrocarbons | <input type="checkbox"/> Propylene Glycol |
| <input type="checkbox"/> Halogenated Solvents | <input type="checkbox"/> Silver |
| <input type="checkbox"/> Nonhalogenated Solvents | <input type="checkbox"/> Thallium |
| <input type="checkbox"/> Arsenic | <input type="checkbox"/> Zinc |
| <input type="checkbox"/> Cadmium | <input type="checkbox"/> Phenols |
| <input type="checkbox"/> Chromium | <input type="checkbox"/> Pesticides |
| <input type="checkbox"/> Copper | <input type="checkbox"/> Herbicides |
| <input type="checkbox"/> Mercury | <input type="checkbox"/> Acid Waste |
| <input type="checkbox"/> Nickel | <input type="checkbox"/> Alkaline Waste |
| <input type="checkbox"/> Selenium | <input type="checkbox"/> Cyanide |
| <input type="checkbox"/> Lead | <input type="checkbox"/> PCBs |
| <input type="checkbox"/> Other (please describe) _____ | |

5) Briefly describe and attach copies of any storm water characterization studies (drainage or sampling) conducted at your facility, if any are available.

None exist

C. EXISTING STORMWATER BEST MANAGEMENT PRACTICES

1) Identify existing measures at your facility (if any) to reduce storm water pollution.

- None
- Zero discharge of storm water (all stormwater is retained on-site through treatment such as percolation, evaporation or contained storage)
- Activities/materials enclosed and/or covered
- Secondary containment provided
- Spill Prevention Plan established (attach)
- Spill Response Plan established (attach)
- Periodic employee training conducted

Section D: Non-Storm Water Discharge/Illicit Connections

- Material handling plan established (attached)
- Housekeeping Plan established (attach)
- Outdoor sweep program
- Use of Dryzit or other sorbent
- Oil/ water separator (for storm water treatment)
- Storm water collection and treatment
- Inspection program established for areas of potential pollutant contact by storm water
- Storm water routed to sanitary water
- Storm water routed to industrial pretreatment
- Established Best Management Practices (BMPs) (attach)
- Storm Water Pollution Prevention Plan (SWPPP) (attach)

2) Identify the person or persons responsible for implementing storm water pollution prevention measures at your facility

Name	Title	Phone No.

D. NON-STORM WATER DISCHARGE/ILLICIT CONNECTIONS

*Note: Generally, only rain water runoff is permitted to enter the storm drainage system at JFK Airport

1) Do any activities occur at your facility which results in the discharge of any non-storm water to the ground surface the ground surface or storm drainage system at any time? This includes activities conducted by staff, contractors, and any construction activities (e.g dewatering)

- No
- Yes

If YES, please describe the location, type, and magnitude of the discharge(s).

If construction activities are occurring on your facility:

- a) Is a Stormwater Pollution Prevention Plan required? Yes No
 If YES, has it been submitted to the NYSDEC? Yes No
- b) Is a Long Island Well Permit required? Yes No
 If YES, has it been submitted to the NYSDEC? Yes No