

## **MONTHLY SPILL & LEAK LOG** HOT MIX ASPHALT GENERAL PERMIT (HMAGP)



Facility Name:\_\_\_\_\_

Month: \_\_\_\_\_

Coverage Number: MSR70\_\_\_\_

Year: \_\_\_\_\_

**Instructions**: A list of spills and leaks of toxic or hazardous pollutants that have occurred at the facility shall be documented on the Monthly Spill and Leak Log Sheet provided by MDEQ at <u>www.mdeq.ms.gov/hmagp</u>. A separate form shall be completed for each month that the facility is covered under this general permit. If no spills have occurred, the form shall be completed by checking the first box and signing at the bottom, as indicated. Coverage recipients may use an alternate form to record this information, as long as it includes all of the information in this form and is updated monthly. The completed monthly forms shall be filed on-site with the SWPPP and made available to MDEQ personnel for inspection upon request. [2022 HMAGP ACT4 T-2(4)]

## □ No spills have occurred this month.

Date of Spill	Material Spilled	Quantity Spilled (specify units)	Area of Spill	Did spill result in a discharge? (Yes/No)	Injury / Property Damage? (Yes/No)	Person(s) involved in cleanup	Date reported to MDEQ (if significant)
Corrective Action	ons(s) Taken:			I	11		
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Corrective Action	ons(s) Taken:	1		l			
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Corrective Actions(s) Taken:							
"I certify under	penalty of law that this	report is true, accura	ate, and complete,	to the best of my k	nowledge and belie	f."	
Inspector Name	9:		Inspector Signature:			Date:	

If requested, submit signed form to 401/Storm Water Branch Manager, ECED, MDEQ, PO Box 2261, Jackson, MS 39225