

APPENDIX G  
MISCELANEOUS SUPPORT MATERIALS

## Appendix G – Miscellaneous Support Materials



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State of California  
STATE WATER RESOURCES CONTROL BOARD

2006-2007  
**ANNUAL REPORT**  
FOR  
STORM WATER DISCHARGES ASSOCIATED  
WITH INDUSTRIAL ACTIVITIES

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Reporting Period July 1, 2006 through June 30, 2007

**An annual report is required to be submitted to your local Regional Water Quality Control Board (Regional Board) by July 1 of each year.** This document must be certified and signed, under penalty of perjury, by the appropriate official of your company. Many of the Annual Report questions require an explanation. Please provide explanations on a separate sheet as an attachment. **Retain a copy of the completed Annual Report for your records.**

Please circle or highlight any information contained in Items A, B, and C below that is new or revised so we can update our records. Please remember that a Notice of Termination and new Notice of Intent are required whenever a facility operation is relocated or changes ownership.

If you have any questions, please contact your Regional Board Industrial Storm Water Permit Contact. The names, telephone numbers and e-mail addresses of the Regional Board contacts, as well as the Regional Board office addresses can be found at <http://www.waterboards.ca.gov/stormwtr/contact.html>. To find your Regional Board information, match the first digit of your WDID number with the corresponding number that appears in parenthesis on the first line of each Regional Board office.

**GENERAL INFORMATION:**

**A. Facility Information:**

Facility Business Name: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Standard Industrial Classification (SIC) Code(s): \_\_\_\_\_

**Facility WDID No:** \_\_\_\_\_

Contact Person: \_\_\_\_\_  
e-mail: \_\_\_\_\_  
**CA** Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**B. Facility Operator Information:**

Operator Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_

Contact Person: \_\_\_\_\_  
e-mail: \_\_\_\_\_  
State: \_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**C. Facility Billing Information:**

Operator Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_

Contact Person: \_\_\_\_\_  
e-mail: \_\_\_\_\_  
State: \_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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**SPECIFIC INFORMATION**

**MONITORING AND REPORTING PROGRAM**

**D. SAMPLING AND ANALYSIS EXEMPTIONS AND REDUCTIONS**

1. For the reporting period, was your facility exempt from collecting and analyzing samples from **two** storm events in accordance with sections B.12 or 15 of the General Permit?

☐ **YES** Go to Item D.2

☐ **NO** Go to Section E

2. Indicate the reason your facility is exempt from collecting and analyzing samples from **two** storm events. Attach a copy of the first page of the appropriate certification if you check boxes ii, iii, iv, or v.

- i. ☐ Participating in an Approved Group Monitoring Plan

**Group Name:** \_\_\_\_\_

- ii. ☐ Submitted **No Exposure Certification (NEC)**

Date Submitted: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Re-evaluation Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Does facility continue to satisfy NEC conditions?

☐

YES

☐

NO

- iii. ☐ Submitted **Sampling Reduction Certification (SRC)**

Date Submitted: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Re-evaluation Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Does facility continue to satisfy SRC conditions?

☐

YES

☐

NO

- iv. ☐ Received Regional Board Certification

Certification Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

- v. ☐ Received Local Agency Certification

Certification Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

3. If you checked boxes i or iii above, were you scheduled to sample **one** storm event during the reporting year?

☐ **YES** Go to Section E

☐ **NO** Go to Section F

4. If you checked boxes ii, iv, or v, go to Section F.

**E. SAMPLING AND ANALYSIS RESULTS**

1. How many storm events did you sample? \_\_\_\_\_

If less than 2, **attach explanation** (if you checked item D.2.i or iii. above, only attach explanation if you answer "0").

2. Did you collect storm water samples from the first storm of the wet season that produced a discharge during scheduled facility operating hours? (Section B.5 of the General Permit)

☐ **YES**

☐

**NO** **attach explanation** (Please note that if you do not sample the first storm event, you are still required to sample 2 storm events)

3. How many storm water discharge locations are at your facility? \_\_\_\_\_

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4. For each storm event sampled, did you collect and analyze a sample from each of the facility's' storm water discharge locations? ☐ YES, go to Item E.6 ☐ NO
5. Was sample collection or analysis reduced in accordance with Section B.7.d of the General Permit? ☐ YES ☐ NO, **attach explanation**

If "YES", **attach documentation** supporting your determination that two or more drainage areas are substantially identical.

Date facility's drainage areas were last evaluated \_\_\_\_ / \_\_\_\_ / \_\_\_\_

6. Were all samples collected during the first hour of discharge? ☐ YES ☐ NO, **attach explanation**
7. Was all storm water sampling preceded by three (3) working days without a storm water discharge? ☐ YES ☐ NO, **attach explanation**
8. Were there any discharges of storm water that had been temporarily stored or contained? (such as from a pond) ☐ YES ☐ NO, go to Item E.10
9. Did you collect and analyze samples of temporarily stored or contained storm water discharges from two storm events? (or one storm event if you checked item D.2.i or iii. above) ☐ YES ☐ NO, **attach explanation**

10. Section B.5. of the General Permit requires you to analyze storm water samples for pH, Total Suspended Solids (TSS), Specific Conductance (SC), Total Organic Carbon (TOC) or Oil and Grease (O&G), other pollutants likely to be present in storm water discharges in significant quantities, and analytical parameters listed in Table D of the General Permit.

- a. Does Table D contain any additional parameters related to your facility's SIC code(s)? ☐ YES ☐ NO, Go to Item E.11
- b. Did you analyze all storm water samples for the applicable parameters listed in Table D? ☐ YES ☐ NO
- c. If you did not analyze all storm water samples for the applicable Table D parameters, check one of the following reasons:

\_\_\_\_\_ In prior sampling years, the parameter(s) have not been detected in significant quantities from two consecutive sampling events. **Attach explanation**

\_\_\_\_\_ The parameter(s) is not likely to be present in storm water discharges and authorized non-storm water discharges in significant quantities based upon the facility operator's evaluation. **Attach explanation**

\_\_\_\_\_ Other. **Attach explanation**

11. For each storm event sampled, attach a copy of the laboratory analytical reports and report the sampling and analysis results using **Form 1** or its equivalent. The following must be provided for each sample collected:

- |   |   |
|---|---|
| • Date and time of sample collection    | • Testing results                             |
| • Name and title of sampler             | • Test methods used                           |
| • Parameters tested                     | • Test detection limits                       |
| • Name of analytical testing laboratory | • Date of testing                             |
| • Discharge location identification     | • Copies of the laboratory analytical results |

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**F. QUARTERLY VISUAL OBSERVATIONS**

**1. Authorized Non-Storm Water Discharges**

Section B.3.b of the General Permit requires quarterly visual observations of all authorized non-storm water discharges and their sources.

- a. Do authorized non-storm water discharges occur at your facility?

☐ **YES** ☐ **NO** Go to Item F.2

- b. Indicate whether you visually observed all authorized non-storm water discharges and their sources during the quarters when they were discharged. **Attach an explanation for any "NO" answers.** Indicate "N/A" for quarters without any authorized non-storm water discharges.

July-September ☐ **YES** ☐ **NO** ☐ **N/A**      October-December ☐ **YES** ☐ **NO** ☐ **N/A**

January-March ☐ **YES** ☐ **NO** ☐ **N/A**      April-June ☐ **YES** ☐ **NO** ☐ **N/A**

- c. Use **Form 2** to report quarterly visual observations of authorized non-storm water discharges or provide the following information:

- i. name of each authorized non-storm water discharge
- ii. date and time of observation
- iii. source and location of each authorized non-storm water discharge
- iv. characteristics of the discharge at its source and impacted drainage area/discharge location
- v. name, title, and signature of observer
- vi. **any** new or revised BMPs necessary to reduce or prevent pollutants in authorized non-storm water discharges. Provide new or revised BMP implementation date.

**2. Unauthorized Non-Storm Water Discharges**

Section B.3.a of the General Permit requires quarterly visual observations of all drainage areas to detect the presence of unauthorized non-storm water discharges and their sources.

- a. Indicate whether you visually observed all drainage areas to detect the presence of unauthorized non-storm water discharges and their sources. **Attach an explanation for any "NO" answers.**

July-September ☐ **YES** ☐ **NO**      October-December ☐ **YES** ☐ **NO**

January-March ☐ **YES** ☐ **NO**      April-June ☐ **YES** ☐ **NO**

- b. Based upon the quarterly visual observations, were any unauthorized non-storm water discharges detected?

☐ **YES** ☐ **NO** Go to Item F.2.d

- c. Have each of the unauthorized non-storm water discharges been eliminated or permitted?

☐ **YES** ☐ **NO** **Attach explanation**

- d. Use **Form 3** to report quarterly unauthorized non-storm water discharge visual observations or provide the following information:

- i. name of each unauthorized non-storm water discharge
- ii. date and time of observation
- iii. source and location of each unauthorized non-storm water discharge
- iv. characteristics of the discharge at its source and impacted drainage area/discharge location
- v. name, title, and signature of observer
- vi. **any** corrective actions necessary to eliminate the source of each unauthorized non-storm water discharge and to clean impacted drainage areas. Provide date unauthorized non-storm water discharge(s) was eliminated or scheduled to be eliminated.

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## G. MONTHLY WET SEASON VISUAL OBSERVATIONS

Section B.4.a of the General Permit requires you to conduct monthly visual observations of storm water discharges at all storm water discharge locations during the wet season. These observations shall occur during the first hour of discharge or, in the case of temporarily stored or contained storm water, at the time of discharge.

1. Indicate below whether monthly visual observations of storm water discharges occurred at all discharge locations. **Attach an explanation for any "NO" answers.** Include in this explanation whether any eligible storm events occurred during scheduled facility operating hours that did not result in a storm water discharge, and provide the date, time, name and title of the person who observed that there was no storm water discharge.

	YES	NO		YES	NO
October	<input type="checkbox"/>	<input type="checkbox"/>	February	<input type="checkbox"/>	<input type="checkbox"/>
November	<input type="checkbox"/>	<input type="checkbox"/>	March	<input type="checkbox"/>	<input type="checkbox"/>
December	<input type="checkbox"/>	<input type="checkbox"/>	April	<input type="checkbox"/>	<input type="checkbox"/>
January	<input type="checkbox"/>	<input type="checkbox"/>	May	<input type="checkbox"/>	<input type="checkbox"/>

2. Report monthly wet season visual observations using **Form 4** or provide the following information:

- a. date, time, and location of observation
- b. name and title of observer
- c. characteristics of the discharge (i.e., odor, color, etc.) and source of any pollutants observed
- d. **any** new or revised BMPs necessary to reduce or prevent pollutants in storm water discharges. Provide new or revised BMP implementation date.

## ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION (ACSCE)

### H. ACSCE CHECKLIST

Section A.9 of the General Permit requires the facility operator to conduct one ACSCE in each reporting period (July 1- June 30). Evaluations must be conducted within 8-16 months of each other. The SWPPP and monitoring program shall be revised and implemented, as necessary, within 90 days of the evaluation. The checklist below includes the minimum steps necessary to complete a ACSCE. Indicate whether you have performed each step below. **Attach an explanation for any "NO" answers.**

1. Have you inspected all potential pollutant sources and industrial activities areas? ☐ YES ☐ NO  
The following areas should be inspected:
 

<ul style="list-style-type: none"> <li>• areas where spills and leaks have occurred during the last year</li> <li>• outdoor wash and rinse areas</li> <li>• process/manufacturing areas</li> <li>• loading, unloading, and transfer areas</li> <li>• waste storage/disposal areas</li> <li>• dust/particulate generating areas</li> <li>• erosion areas</li> </ul>	<ul style="list-style-type: none"> <li>• building repair, remodeling, and construction</li> <li>• material storage areas</li> <li>• vehicle/equipment storage areas</li> <li>• truck parking and access areas</li> <li>• rooftop equipment areas</li> <li>• vehicle fueling/maintenance areas</li> <li>• non-storm water discharge generating areas</li> </ul>
--	--
2. Have you reviewed your SWPPP to assure that its BMPs address existing potential pollutant sources and industrial activities areas? ☐ YES ☐ NO
3. Have you inspected the entire facility to verify that the SWPPP's site map is up-to-date? The following site map items should be verified: ☐ YES ☐ NO
 

<ul style="list-style-type: none"> <li>• facility boundaries</li> <li>• outline of all storm water drainage areas</li> <li>• areas impacted by run-on</li> <li>• storm water discharges locations</li> </ul>	<ul style="list-style-type: none"> <li>• storm water collection and conveyance system</li> <li>• structural control measures such as catch basins, berms, containment areas, oil/water separators, etc.</li> </ul>
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4. Have you reviewed all General Permit compliance records generated since the last annual evaluation?

☐ YES ☐ NO

The following records should be reviewed:

- |   |  |
|---|--|
| • quarterly authorized non-storm water discharge visual observations  | • quarterly unauthorized non-storm water discharge visual observations |
| • monthly storm water discharge visual observation                    | • Sampling and Analysis records  |
| • records of spills/leaks and associated clean-up/response activities | • preventative maintenance inspection and maintenance records          |

5. Have you reviewed the major elements of the SWPPP to assure compliance with the General Permit?

☐ YES ☐ NO

The following SWPPP items should be reviewed:

- |  |  |
|--|--|
| • pollution prevention team                  | • assessment of potential pollutant sources  |
| • list of significant materials              | • identification and description of the BMPs to be implemented for each potential pollutant source |
| • description of potential pollutant sources |  |

6. Have you reviewed your SWPPP to assure that a) the BMPs are adequate in reducing or preventing pollutants in storm water discharges and authorized non-storm water discharges, and b) the BMPs are being implemented?

☐ YES ☐ NO

The following BMP categories should be reviewed:

- |                               |   |
|-------------------------------|---|
| • good housekeeping practices | • preventative maintenance                |
| • spill response              | • material handling and storage practices |
| • employee training           | • waste handling/storage                  |
| • erosion control             | • structural BMPs                         |
| • quality assurance           |   |

7. Has all material handling equipment and equipment needed to implement the SWPPP been inspected?

☐ YES ☐ NO

**I. ACSCE EVALUATION REPORT**

The facility operator is required to provide an evaluation report that includes:

- |   |  |
|---|--|
| • identification of personnel performing the evaluation | • schedule for implementing SWPPP revisions                        |
| • the date(s) of the evaluation                         | • any incidents of non-compliance and the corrective actions taken |
| • necessary SWPPP revisions                             |  |

Use **Form 5** to report the results of your evaluation or develop an equivalent form.

**J. ACSCE CERTIFICATION**

The facility operator is required to certify compliance with the Industrial Activities Storm Water General Permit. To certify compliance, both the SWPPP and Monitoring Program must be up to date and be fully implemented.

Based upon your ACSCE, do you certify compliance with the Industrial Activities Storm Water General Permit?

☐ YES ☐ NO

If you answered "NO" **attach an explanation** to the ACSCE Evaluation Report why you are not in compliance with the Industrial Activities Storm Water General Permit.



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**ATTACHMENT SUMMARY**

Answer the questions below to help you determine what should be attached to this annual report. Answer NA (Not Applicable) to questions 2-4 if you are not required to provide those attachments.

- |  |  |                             |                             |
|--|--|-----------------------------|-----------------------------|
| 1. Have you attached Forms 1,2,3,4, and 5 or their equivalent?   | <input type="checkbox"/> YES (Mandatory) |                             |                             |
| 2. If you conducted sampling and analysis, have you attached the laboratory analytical reports?  | <input type="checkbox"/> YES             | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| 3. If you checked box II, III, IV, or V in item D.2 of this Annual Report, have you attached the first page of the appropriate certifications? | <input type="checkbox"/> YES             | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| 4. Have you attached an explanation for each "NO" answer in items E.1, E.2, E.5-E.7, E.9, E.10.c, F.1.b, F.2.a, F.2.c, G.1, H.1-H.7, or J?     | <input type="checkbox"/> YES             | <input type="checkbox"/> NO | <input type="checkbox"/> NA |

**ANNUAL REPORT CERTIFICATION**

I am duly authorized to sign reports required by the INDUSTRIAL ACTIVITIES STORM WATER GENERAL PERMIT (see Standard Provision C.9) and I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those person 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.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

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***DESCRIPTION OF BASIC ANALYTICAL PARAMETERS***

The Industrial Activities Storm Water General Permit (General Permit) requires you to analyze storm water samples for at least four parameters. These are pH, Total Suspended Solids (TSS), Specific Conductance (SC), and Total Organic Carbon (TOC). Oil and Grease (O&G) may be substituted for TOC. In addition, you must monitor for any other pollutants which you believe to be present in your storm water discharge as a result of industrial activity and analytical parameters listed in Table D of the General Permit. There are no numeric limitations for the parameters you test for.

The four parameters which the General Permit requires to be tested are considered *indicator* parameters. In other words, regardless of what type of facility you operate, these parameters are nonspecific and general enough to usually provide some indication whether pollutants are present in your storm water discharge. The following briefly explains what each of these parameters mean:

**pH** is a numeric measure of the hydrogen-ion concentration. The neutral, or acceptable, range is within 6.5 to 8.5. At values less than 6.5, the water is considered acidic; above 8.5 it is considered alkaline or basic. An example of an acidic substance is vinegar, and a alkaline or basic substance is liquid antacid. Pure rainfall tends to have a pH of a little less than 7. There may be sources of materials or industrial activities which could increase or decrease the pH of your storm water discharge. If the pH levels of your storm water discharge are high or low, you should conduct a thorough evaluation of all potential pollutant sources at your site.

**Total Suspended Solids (TSS)** is a measure of the undissolved solids that are present in your storm water discharge. Sources of TSS include sediment from erosion of exposed land, and dirt from impervious (i.e. paved) areas. Sediment by itself can be very toxic to aquatic life because it covers feeding and breeding grounds, and can smother organisms living on the bottom of a water body. Toxic chemicals and other pollutants also adhere to sediment particles. This provides a medium by which toxic or other pollutants end up in our water ways and ultimately in human and aquatic life. TSS levels vary in runoff from undisturbed land. It has been shown that TSS levels increase significantly due to land development.

**Specific Conductance (SC)** is a numerical expression of the ability of the water to carry an electric current. SC can be used to assess the degree of mineralization, salinity, or estimate the total dissolved solids concentration of a water sample. Because of air pollution, most rain water has a SC a little above zero. A high SC could affect the usability of waters for drinking, irrigation, and other commercial or industrial use.

**Total Organic Carbon (TOC)** is a measure of the total organic matter present in water. (All organic matter contains carbon) This test is sensitive and able to detect small concentrations of organic matter. Organic matter is naturally occurring in animals, plants, and man. Organic matter may also be man made (so called synthetic organics). Synthetic organics include pesticides, fuels, solvents, and paints. Natural organic matter utilizes the oxygen in a receiving water to biodegrade. Too much organic matter could place a significant oxygen demand on the water, and possibly impact its quality. Synthetic organics either do not biodegrade or biodegrade very slowly. Synthetic organics are a source of toxic chemicals that can have adverse affects at very low concentrations. Some of these chemicals bioaccumulate in aquatic life. If your levels of TOC are high, you should evaluate all sources of natural or synthetic organics you may use at your site.

**Oil and Grease (O&G)** is a measure of the amount of oil and grease present in your storm water discharge. At very low concentrations, O&G can cause a sheen (that floating "rainbow") on the surface of water (1 qt. of oil can pollute 250,000 gallons of water). O&G can adversely affect aquatic life and create unsightly floating material and film on water, thus making it undrinkable. Sources of O&G include maintenance shops, vehicles, machines and roadways.

If you have any questions regarding whether or not your constituent concentrations are too high, please contact your local Regional Board office. The United States Environmental Protection Agency (USEPA) has published stormwater discharge benchmarks for a number of parameters. These benchmarks may be helpful when evaluating whether additional BMPs are appropriate. These benchmarks can be accessed at our website at <http://www.waterboards.ca.gov>. It is contained in the Sampling and Analysis Reduction Certification.

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**See Storm Water Contacts at**

**<http://www.waterboards.ca.gov/stormwtr/contact.html>**

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SIDE A

FORM 1-SAMPLING & ANALYSIS RESULTS

FIRST STORM EVENT

- If analytical results are less than the detection limit (or non detectable), show the value as less than the numerical value of the detection limit (example: <.05)
- If you did not analyze for a required parameter, do not report "0". Instead, leave the appropriate box blank
- When analysis is done using portable analysis (such as portable pH meters, SC meters, etc.), indicate "PA" in the appropriate test method used box.
- Make additional copies of this form as necessary.

NAME OF PERSON COLLECTING SAMPLE(S): \_\_\_\_\_ TITLE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DESCRIBE DISCHARGE LOCATION Example: NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	ANALYTICAL RESULTS For First Storm Event										
			BASIC PARAMETERS					OTHER PARAMETERS					
			PH	TSS	SC	O&G	TOC						
	____/____/____ <input type="checkbox"/> AM <input type="checkbox"/> PM	____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM											
	____/____/____ <input type="checkbox"/> AM <input type="checkbox"/> PM	____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM											
	____/____/____ <input type="checkbox"/> AM <input type="checkbox"/> PM	____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM											
	____/____/____ <input type="checkbox"/> AM <input type="checkbox"/> PM	____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM											
TEST REPORTING UNITS:			pH Units	mg/l	umho/cm	mg/l	mg/l						
TEST METHOD DETECTION LIMIT:													
TEST METHOD USED:													
ANALYZED BY (SELF/LAB):													

TSS - Total Suspended Solids

SC - Specific Conductance

O&G - Oil & Grease

TOC - Total Organic Carbon

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SIDE B

FORM 1-SAMPLING & ANALYSIS RESULTS

SECOND STORM EVENT

- If analytical results are less than the detection limit (or non detectable), show the value as less than the numerical value of the detection limit (example: <.05)
- If you did not analyze for a required parameter, do not report "0". Instead, leave the appropriate box blank
- When analysis is done using portable analysis (such as portable pH meters, SC meters, etc.), indicate "PA" in the appropriate test method used box.

NAME OF PERSON COLLECTING SAMPLE(S): \_\_\_\_\_ TITLE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DESCRIBE DISCHARGE LOCATION Example: NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	ANALYTICAL RESULTS For Second Storm Event										
			BASIC PARAMETERS					OTHER PARAMETERS					
			PH	TSS	SC	O&G	TOC						
	____/____/____ <input type="checkbox"/> AM <input type="checkbox"/> PM	____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM											
	____/____/____ <input type="checkbox"/> AM <input type="checkbox"/> PM	____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM											
	____/____/____ <input type="checkbox"/> AM <input type="checkbox"/> PM	____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM											
	____/____/____ <input type="checkbox"/> AM <input type="checkbox"/> PM	____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM											
TEST REPORTING UNITS:			pH Units	mg/l	umho/cm	mg/l	mg/l						
TEST METHOD DETECTION LIMIT:													
TEST METHOD USED:													
ANALYZED BY (SELF/LAB):													

TSS - Total Suspended Solids

SC - Specific Conductance

O&G - Oil & Grease

TOC - Total Organic Carbon

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SIDE A

FORM 2-QUARTERLY VISUAL OBSERVATIONS OF AUTHORIZED  
NON-STORM WATER DISCHARGES (NSWDs)

- Quarterly dry weather visual observations are required of each authorized NSWD.
- Observe each authorized NSWD source, impacted drainage area, and discharge location.

- Authorized NSWDs must meet the conditions provided in Section D (pages 5-6), of the General Permit.
- Make additional copies of this form as necessary.

<p>QUARTER:</p> <p><b>JULY-SEPT.</b></p> <p>DATE:</p> <p>____ / ____ / ____</p>	<p>Observers Name: _____</p> <p>Title: _____</p> <p>Signature: _____</p>	<p>WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?</p> <p><input type="checkbox"/> YES      If <b>YES</b>, complete reverse side of this form.</p> <p><input type="checkbox"/> NO</p>
<p>QUARTER:</p> <p><b>OCT.-DEC.</b></p> <p>DATE:</p> <p>____ / ____ / ____</p>	<p>Observers Name: _____</p> <p>Title: _____</p> <p>Signature: _____</p>	<p>WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?</p> <p><input type="checkbox"/> YES      If <b>YES</b>, complete reverse side of this form.</p> <p><input type="checkbox"/> NO</p>
<p>QUARTER:</p> <p><b>JAN.-MARCH</b></p> <p>DATE:</p> <p>____ / ____ / ____</p>	<p>Observers Name: _____</p> <p>Title: _____</p> <p>Signature: _____</p>	<p>WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?</p> <p><input type="checkbox"/> YES      If <b>YES</b>, complete reverse side of this form.</p> <p><input type="checkbox"/> NO</p>
<p>QUARTER:</p> <p><b>APRIL-JUNE</b></p> <p>DATE:</p> <p>____ / ____ / ____</p>	<p>Observers Name: _____</p> <p>Title: _____</p> <p>Signature: _____</p>	<p>WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?</p> <p><input type="checkbox"/> YES      If <b>YES</b>, complete reverse side of this form.</p> <p><input type="checkbox"/> NO</p>

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SIDE B

FORM 2-QUARTERLY VISUAL OBSERVATIONS OF AUTHORIZED  
NON-STORM WATER DISCHARGES (NSWDs)

DATE /TIME OF OBSERVATION	SOURCE AND LOCATION OF AUTHORIZED NSWD  <u>EXAMPLE:</u> Air conditioner Units on Building C	NAME OF AUTHORIZED NSWD  <u>EXAMPLE:</u> Air conditioner condensate	DESCRIBE AUTHORIZED NSWD CHARACTERISTICS  Indicate whether authorized NSWD is clear, cloudy, or discolored, causing staining, contains floating objects or an oil sheen, has odors, etc.		DESCRIBE ANY REVISED OR NEW BMPs AND PROVIDE THEIR IMPLEMENTATION DATE
			At the NSWD Source	At the NSWD Drainage Area and Discharge Location	
____ / ____ / ____  ____ : ____ <input type="checkbox"/> AM <input type="checkbox"/> PM					
____ / ____ / ____  ____ : ____ <input type="checkbox"/> AM <input type="checkbox"/> PM					
____ / ____ / ____  ____ : ____ <input type="checkbox"/> AM <input type="checkbox"/> PM					
____ / ____ / ____  ____ : ____ <input type="checkbox"/> AM <input type="checkbox"/> PM					
____ / ____ / ____  ____ : ____ <input type="checkbox"/> AM <input type="checkbox"/> PM					

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**FORM 3-QUARTERLY VISUAL OBSERVATIONS OF UNAUTHORIZED**  
**NON-STORM WATER DISCHARGES (NSWDs)**

- Unauthorized NSWDS are discharges (such as wash or rinse waters) that do not meet the conditions provided in Section D (pages 5-6) of the General Permit.
- Quarterly visual observations are required to observe current and detect prior unauthorized NSWDS.
- Quarterly visual observations are required during dry weather and at all facility drainage areas.
- Each unauthorized NSWDS source, impacted drainage area, and discharge location must be identified and observed.
- Unauthorized NSWDS that can not be eliminated within 90 days of observation must be reported to the Regional Board in accordance with Section A.10.e of the General Permit.
- Make additional copies of this form as necessary.

<b>QUARTER: JULY-SEPT.</b>  <b>DATE/TIME OF OBSERVATIONS</b> ____/____/____ :____ <input type="checkbox"/> AM ____/____/____ :____ <input type="checkbox"/> PM	<b>Observers Name:</b> _____  <b>Title:</b> _____  <b>Signature:</b> _____	<b>WERE UNAUTHORIZED NSWDS OBSERVED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO  <b>WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDS?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	If <b>YES</b> to either question, complete reverse side.
<b>QUARTER: OCT.-DEC.</b>  <b>DATE/TIME OF OBSERVATIONS</b> ____/____/____ :____ <input type="checkbox"/> AM ____/____/____ :____ <input type="checkbox"/> PM	<b>Observers Name:</b> _____  <b>Title:</b> _____  <b>Signature:</b> _____	<b>WERE UNAUTHORIZED NSWDS OBSERVED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO  <b>WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDS?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	If <b>YES</b> to either question, complete reverse side.
<b>QUARTER: JAN.-MARCH</b>  <b>DATE/TIME OF OBSERVATIONS</b> ____/____/____ :____ <input type="checkbox"/> AM ____/____/____ :____ <input type="checkbox"/> PM	<b>Observers Name:</b> _____  <b>Title:</b> _____  <b>Signature:</b> _____	<b>WERE UNAUTHORIZED NSWDS OBSERVED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO  <b>WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDS?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	If <b>YES</b> to either question, complete reverse side.
<b>QUARTER: APRIL-JUNE</b>  <b>DATE/TIME OF OBSERVATIONS</b> ____/____/____ :____ <input type="checkbox"/> AM ____/____/____ :____ <input type="checkbox"/> PM	<b>Observers Name:</b> _____  <b>Title:</b> _____  <b>Signature:</b> _____	<b>WERE UNAUTHORIZED NSWDS OBSERVED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO  <b>WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDS?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	If <b>YES</b> to either question, complete reverse side.

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**FORM 3 QUARTERLY VISUAL OBSERVATIONS OF UNAUTHORIZED  
NON-STORM WATER DISCHARGES (NSWDs)**

OBSERVATION DATE (FROM REVERSE SIDE)	NAME OF UNAUTHORIZED NSWD  EXAMPLE: Vehicle Wash Water	SOURCE AND LOCATION OF UNAUTHORIZED NSWD  EXAMPLE: NW Corner of Parking Lot	DESCRIBE UNAUTHORIZED NSWD CHARACTERISTICS Indicate whether unauthorized NSWD is clear, cloudy, discolored, causing stains; contains floating objects or an oil sheen, has odors, etc.		DESCRIBE CORRECTIVE ACTIONS TO ELIMINATE UNAUTHORIZED NSWD AND TO CLEAN IMPACTED DRAINAGE AREAS. PROVIDE UNAUTHORIZED NSWD ELIMINATION DATE.
			AT THE UNAUTHORIZED NSWD SOURCE	AT THE UNAUTHORIZED NSWD AREA AND DISCHARGE LOCATION	
____ / ____ / ____  ____ : ____ <input type="checkbox"/> AM <input type="checkbox"/> PM					
____ / ____ / ____  ____ : ____ <input type="checkbox"/> AM <input type="checkbox"/> PM					
____ / ____ / ____  ____ : ____ <input type="checkbox"/> AM <input type="checkbox"/> PM					
____ / ____ / ____  ____ : ____ <input type="checkbox"/> AM <input type="checkbox"/> PM					



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**FORM 4-MONTHLY VISUAL OBSERVATIONS OF**

**SIDE**

**A**

**STORM WATER DISCHARGES**

- Storm water discharge visual observations are required for at least one storm event per month between October 1 and May 31.
- Visual observations must be conducted during the first hour of discharge at all discharge locations.
- Discharges of temporarily stored or contained storm water must be observed at the time of discharge.

- Indicate "None" in the first column of this form if you did not conduct a monthly visual observation.
- Make additional copies of this form as necessary.
- Until a monthly visual observation is made, record any eligible storm events that do not result in a storm water discharge and note the date, time, name, and title of who observed there was no storm water discharge.

<b>Observation Date: October ____ 2006</b>  Observers Name: _____  Title: _____  Signature: _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Time Discharge Began	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
	<b>Observation Date: November ____ 2006</b>  Observers Name: _____  Title: _____  Signature: _____	Drainage Location Description	#1	#2	#3
Observation Time		: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
Time Discharge Began		: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
Were Pollutants Observed (If yes, complete reverse side)		YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Observation Date: December ____ 2006</b>  Observers Name: _____  Title: _____  Signature: _____		Drainage Location Description	#1	#2	#3
	Observation Time	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Time Discharge Began	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
	<b>Observation Date: January ____ 2007</b>  Observers Name: _____  Title: _____  Signature: _____	Drainage Location Description	#1	#2	#3
Observation Time		: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
Time Discharge Began		: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
Were Pollutants Observed (If yes, complete reverse side)		YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

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FORM 4-MONTHLY VISUAL OBSERVATIONS OF  
STORM WATER DISCHARGES

DATE/TIME OF OBSERVATION (From Reverse Side)	DRAINAGE AREA DESCRIPTION  <u>EXAMPLE:</u> Discharge from material storage Area #2	DESCRIBE STORM WATER DISCHARGE CHARACTERISTICS  Indicate whether storm water discharge is clear, cloudy, or discolored; causing staining; containing floating objects or an oil sheen, has odors, etc.	IDENTIFY AND DESCRIBE SOURCE(S) OF POLLUTANTS  <u>EXAMPLE:</u> Oil sheen caused by oil dripped by trucks in vehicle maintenance area.	DESCRIBE ANY REVISED OR NEW BMPs AND THEIR DATE OF IMPLEMENTATION
/ /  : <input type="checkbox"/> AM <input type="checkbox"/> PM				
/ /  : <input type="checkbox"/> AM <input type="checkbox"/> PM				
/ /  : <input type="checkbox"/> AM <input type="checkbox"/> PM				
/ /  : <input type="checkbox"/> AM <input type="checkbox"/> PM				
/ /  : <input type="checkbox"/> AM <input type="checkbox"/> PM				

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**FORM 4 (Continued)-MONTHLY VISUAL OBSERVATIONS OF**  
**STORM WATER DISCHARGES**

**SIDE A**

- Storm water discharge visual observations are required for at least one storm event per month between October 1 and May 31.
- Visual observations must be conducted during the first hour of discharge at all discharge locations.
- Discharges of temporarily stored or contained storm water must be observed at the time of discharge.

- Indicate "None" in the first column of this form if you did not conduct a monthly visual observation.
- Make additional copies of this form as necessary.
- Until a monthly visual observation is made, record any eligible storm events that do not result in a storm water discharge and note the date, time, name, and title of who observed there was no storm water discharge.

<b>Observation Date: February ____ 2007</b>  Observers Name: _____  Title: _____  Signature: _____		<b>#1</b>	<b>#2</b>	<b>#3</b>	<b>#4</b>
	Drainage Location Description				
	Observation Time	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Time Discharge Began	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Observation Date: March ____ 2007</b>  Observers Name: _____  Title: _____  Signature: _____		<b>#1</b>	<b>#2</b>	<b>#3</b>	<b>#4</b>
	Drainage Location Description				
	Observation Time	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Time Discharge Began	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Observation Date: April ____ 2007</b>  Observers Name: _____  Title: _____  Signature: _____		<b>#1</b>	<b>#2</b>	<b>#3</b>	<b>#4</b>
	Drainage Location Description				
	Observation Time	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Time Discharge Began	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Observation Date: May ____ 2007</b>  Observers Name: _____  Title: _____  Signature: _____		<b>#1</b>	<b>#2</b>	<b>#3</b>	<b>#4</b>
	Drainage Location Description				
	Observation Time	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Time Discharge Began	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

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FORM 4 (Continued)-MONTHLY VISUAL OBSERVATIONS OF  
STORM WATER DISCHARGES

DATE/TIME OF OBSERVATION (From Reverse Side)	DRAINAGE AREA DESCRIPTION  <u>EXAMPLE:</u> Discharge from material storage Area #2	DESCRIBE STORM WATER DISCHARGE CHARACTERISTICS  Indicate whether storm water discharge is clear, cloudy, or discolored; causing staining; containing floating objects or an oil sheen, has odors, etc.	IDENTIFY AND DESCRIBE SOURCE(S) OF POLLUTANTS  <u>EXAMPLE:</u> Oil sheen caused by oil dripped by trucks in vehicle maintenance area.	DESCRIBE ANY REVISED OR NEW BMPs AND THEIR DATE OF IMPLEMENTATION
<div data-bbox="94 459 220 492">_ / _ / _</div> <div data-bbox="94 553 268 613"> <div data-bbox="94 553 163 581">_: _</div> <div data-bbox="163 553 199 581"><input type="checkbox"/></div> <div data-bbox="220 553 268 581">AM</div> <div data-bbox="163 586 199 613"><input type="checkbox"/></div> <div data-bbox="220 586 268 613">PM</div> </div>				
<div data-bbox="94 678 220 711">_ / _ / _</div> <div data-bbox="94 773 268 833"> <div data-bbox="94 773 163 800">_: _</div> <div data-bbox="163 773 199 800"><input type="checkbox"/></div> <div data-bbox="220 773 268 800">AM</div> <div data-bbox="163 805 199 833"><input type="checkbox"/></div> <div data-bbox="220 805 268 833">PM</div> </div>				
<div data-bbox="94 898 220 930">_ / _ / _</div> <div data-bbox="94 992 268 1052"> <div data-bbox="94 992 163 1019">_: _</div> <div data-bbox="163 992 199 1019"><input type="checkbox"/></div> <div data-bbox="220 992 268 1019">AM</div> <div data-bbox="163 1024 199 1052"><input type="checkbox"/></div> <div data-bbox="220 1024 268 1052">PM</div> </div>				
<div data-bbox="94 1117 220 1149">_ / _ / _</div> <div data-bbox="94 1211 268 1271"> <div data-bbox="94 1211 163 1239">_: _</div> <div data-bbox="163 1211 199 1239"><input type="checkbox"/></div> <div data-bbox="220 1211 268 1239">AM</div> <div data-bbox="163 1243 199 1271"><input type="checkbox"/></div> <div data-bbox="220 1243 268 1271">PM</div> </div>				
<div data-bbox="94 1336 220 1369">_ / _ / _</div> <div data-bbox="94 1430 268 1490"> <div data-bbox="94 1430 163 1458">_: _</div> <div data-bbox="163 1430 199 1458"><input type="checkbox"/></div> <div data-bbox="220 1430 268 1458">AM</div> <div data-bbox="163 1463 199 1490"><input type="checkbox"/></div> <div data-bbox="220 1463 268 1490">PM</div> </div>				

**FORM 5-ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION  
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY BMP STATUS**

EVALUATION DATE:    /    /    INSPECTOR NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

<b>POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA</b> (as identified in your SWPPP)	<b>HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, to either question, complete the next two columns of this form	<b>Describe deficiencies in BMPs or BMP implementation</b>	<b>Describe additional/revised BMPs or corrective actions and their date(s) of implementation</b>
	<b>ARE ADDITIONAL/REVISED BMPs NECESSARY?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA</b> (as identified in your SWPPP)	<b>HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, to either question, complete the next two columns of this form	<b>Describe deficiencies in BMPs or BMP implementation</b>	<b>Describe additional/revised BMPs or corrective actions and their date(s) of implementation</b>
	<b>ARE ADDITIONAL/REVISED BMPs NECESSARY?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA</b> (as identified in your SWPPP)	<b>HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, to either question, complete the next two columns of this form	<b>Describe deficiencies in BMPs or BMP implementation</b>	<b>Describe additional/revised BMPs or corrective actions and their date(s) of implementation</b>
	<b>ARE ADDITIONAL/REVISED BMPs NECESSARY?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA</b> (as identified in your SWPPP)	<b>HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, to either question, complete the next two columns of this form	<b>Describe deficiencies in BMPs or BMP implementation</b>	<b>Describe additional/revised BMPs or corrective actions and their date(s) of implementation</b>
	<b>ARE ADDITIONAL/REVISED BMPs NECESSARY?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			

**FORM 5 (Continued)-ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION**  
**POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY BMP STATUS**

EVALUATION DATE:      /      /      INSPECTOR NAME:                                  TITLE:                                  SIGNATURE: \_\_\_\_\_

<b>POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA</b> (as identified in your SWPPP)	<b>HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?</b> <div> <input type="checkbox"/> YES           <input type="checkbox"/> NO         </div>	If yes, to either question, complete the next two columns of this form	<b>Describe deficiencies in BMPs or BMP implementation</b>	<b>Describe additional/revised BMPs or corrective actions and their date(s) of implementation</b>
	<b>ARE ADDITIONAL/REVISED BMPs NECESSARY?</b> <div> <input type="checkbox"/> YES           <input type="checkbox"/> NO         </div>			
<b>POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA</b> (as identified in your SWPPP)	<b>HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?</b> <div> <input type="checkbox"/> YES           <input type="checkbox"/> NO         </div>	If yes, to either question, complete the next two columns of this form	<b>Describe deficiencies in BMPs or BMP implementation</b>	<b>Describe additional/revised BMPs or corrective actions and their date(s) of implementation</b>
	<b>ARE ADDITIONAL/REVISED BMPs NECESSARY?</b> <div> <input type="checkbox"/> YES           <input type="checkbox"/> NO         </div>			
<b>POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA</b> (as identified in your SWPPP)	<b>HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?</b> <div> <input type="checkbox"/> YES           <input type="checkbox"/> NO         </div>	If yes, to either question, complete the next two columns of this form	<b>Describe deficiencies in BMPs or BMP implementation</b>	<b>Describe additional/revised BMPs or corrective actions and their date(s) of implementation</b>
	<b>ARE ADDITIONAL/REVISED BMPs NECESSARY?</b> <div> <input type="checkbox"/> YES           <input type="checkbox"/> NO         </div>			
<b>POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA</b> (as identified in your SWPPP)	<b>HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?</b> <div> <input type="checkbox"/> YES           <input type="checkbox"/> NO         </div>	If yes, to either question, complete the next two columns of this form	<b>Describe deficiencies in BMPs or BMP implementation</b>	<b>Describe additional/revised BMPs or corrective actions and their date(s) of implementation</b>
	<b>ARE ADDITIONAL/REVISED BMPs NECESSARY?</b> <div> <input type="checkbox"/> YES           <input type="checkbox"/> NO         </div>			

# San Diego Stormwater Copermittees

## Dry Weather Monitoring Field Datasheet

☒ Routine Investigation

☐ IC/ID Follow-Up For \_\_\_\_\_

### GENERAL SITE DESCRIPTION

(NAD 83 decimal degrees to 5th place)

Site ID		Latitude		Watershed	Hydrologic Unit	
Location		Longitude			Hydrologic Area	
Date		TB Page			Hydrologic Subarea (Optional)	
Time		Observer	RG, MG	Discharge Area (Optional)		

Land Use (Primary)  
(Check one only)

☐ Residential

☐ Commercial

☐ Industrial

☐ Agricultural

☐ Parks

☐ Open

Land Use (Secondary)  
(Optional, greater than 10%)

☐ Residential

☐ Commercial

☐ Industrial

☐ Agricultural

☐ Parks

☐ Open

Conveyance  
(Check one only)

☐ Manhole

☒ Catch Basin

☐ Outlet

☐ Concrete Channel

☐ Natural Creek

☐ Earthen Channel

### ATMOSPHERIC CONDITIONS

Weather

☐ Sunny

☐ Partly Cloudy

☐ Overcast

☐ Fog

Tide

☐ N/A

☐ Low

☐ Incoming

☐ High

☐ Outgoing

Tide Height: \_\_\_\_\_ ft.

Last Rain

☐ > 72 hours

☐ < 72 hours

Rainfall

☐ None

☐ < 0.1"

☐ > 0.1"

### RUNOFF CHARACTERISTICS

Odor	<input type="checkbox"/> None	<input type="checkbox"/> Musty	<input type="checkbox"/> Rotten Eggs	<input type="checkbox"/> Chemical	<input type="checkbox"/> Sewage	<input type="checkbox"/> Other	_____
Color	<input type="checkbox"/> None	<input type="checkbox"/> Yellow	<input type="checkbox"/> Brown	<input type="checkbox"/> White	<input type="checkbox"/> Gray	<input type="checkbox"/> Other	_____
Clarity	<input type="checkbox"/> Clear		<input type="checkbox"/> Slightly Cloudy	<input type="checkbox"/> Opaque		<input type="checkbox"/> Other	_____
Floatables	<input type="checkbox"/> None	<input type="checkbox"/> Trash	<input type="checkbox"/> Bubbles/Foam	<input type="checkbox"/> Sheen	<input type="checkbox"/> Fecal Matter	<input type="checkbox"/> Other	_____
Deposits	<input type="checkbox"/> None	<input type="checkbox"/> Sediment/Gravel	<input type="checkbox"/> Fine Particulates	<input type="checkbox"/> Stains	<input type="checkbox"/> Oily Deposits	<input type="checkbox"/> Other	_____
Vegetation	<input type="checkbox"/> None	<input type="checkbox"/> Limited	<input type="checkbox"/> Normal	<input type="checkbox"/> Excessive		<input type="checkbox"/> Other	_____
Biology	<input type="checkbox"/> None	<input type="checkbox"/> Insects	<input type="checkbox"/> Algae	<input type="checkbox"/> Snails/Fish	<input type="checkbox"/> Mussels/Barnacles	<input type="checkbox"/> Other	_____

Flow Observed

☐ Yes

☐ No

☐ Ponded

☐ Tidal

Does the storm drain flow reach the Receiving Water?

☐ Yes

☐ No

☐ N/A

Evidence of Overland Flow?

☐ Yes

☐ No

☐ Irrigation Runoff

☐ Other: \_\_\_\_\_

Photo Taken

☐ Yes

☐ No

Photo # \_\_\_\_\_

Field Screening Samples Collected?

☐ Yes

☐ No

Water Temp (°C)		NH3-N (mg/L)		NO3-N (mg/L)		React PO4 (mg/L)	
pH (pH units)		TURB (NTU)		COND (mS/cm)		MBAS (mg/L)	

### FLOW ESTIMATION WORKSHEETS

Flowing Creek or Box Culvert			Filling a Bottle or Known Volume			Flowing Pipe		
Width		ft	Volume		mL	Diameter		ft
Depth		ft	Time to Fill		sec	Depth		ft
Velocity		ft/sec	Flow		gpm	Velocity		ft/sec
Flow		gpm				Flow		gpm

Analytical Laboratory Samples Collected?

☐ Yes

☐ No

O&G (mg/L)		Enter. (MPN/100mL)		Fecal Col. (MPN/mL)		Chlorpy. (ug/L)		Pb (ug/L)	
Hardness (mg/L)		Total Col. (MPN/100mL)		Diazanone (ug/L)		Cd (ug/L)		Zn (ug/L)	

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

San Diego Stormwater Copermittees  
**Land Use Types for Dry Weather Monitoring**  
(Adopted by the Dry Weather Monitoring Workgroup, April 20, 2004)

**1. Residential**

**Residential** (general)

Single- and multi-family homes, mobile home parks, etc.

**Rural residential** (For the County of San Diego and other appropriate Copermittees)

Single family homes located in rural areas with lot sizes of approximately 1 to 10 acres. Rural residential estates may have small orchards, fields or small storage buildings associated with the residential dwelling unit, etc.

**2. Commercial**

Offices, schools, shopping centers, auto dealerships, government/civic centers, cemeteries, churches, libraries, post offices, fire/police stations, military use, jails, prisons, border patrol holding stations, dormitories, hotels, motels, resorts, and casinos, etc.

**3. Agricultural**

Orchards, vineyards, nurseries, greenhouses, flower fields, dairies, livestock, poultry, equine ranches, row crops and grains, pasture, fallow, etc.

**4. Industrial**

Shipbuilding, airframe, aircraft manufacturing, industrial parks, manufacturing uses such as lumber, furniture, paper, rubber, stone, clay, and glass; auto repair services/recycling centers; warehousing, wholesale trade; mining, sand and gravel extraction, salt evaporation; junkyard, dumps/landfills; auto wrecking/dismantling and recycling centers, etc.

**5. Parks**

Recreation areas and centers, neighborhood parks, wildlife and nature preserves, golf courses, accessible sandy areas along the coast or major water bodies allowing swimming and picnicking, etc.

**6. Open**

Vacant and undeveloped lands, etc.



## Storm Water Quality Inspection For Industrial/Commercial/Municipal Facilities

Inspector Name: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Type of Inspection

☐ Routine

☐ Complaint Investigation

☐ Other

☐ Follow-up

### Contact Information

Business Name \_\_\_\_\_

Street Address \_\_\_\_\_

Business Type \_\_\_\_\_

Subtenants \_\_\_\_\_

On-Site Contact \_\_\_\_\_ Cell phone # \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Environ Contact \_\_\_\_\_ Cell phone # \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Business Telephone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Business Fax # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Other Contact Info: \_\_\_\_\_

### Facility/Operation/Site Information

Principal activity: \_\_\_\_\_

Category: ☐ High Commercial

☐ High Industrial

☐ High Municipal

☐ Med Commercial

☐ Med Industrial

☐ Med Municipal

☐ Low Commercial

☐ Low Industrial

☐ Low Municipal

Is the facility/operation subject to CA Statewide General Industrial Permit?

If yes, has facility/operation filed a Notice of Intent (NOI) to comply?

WDID # \_\_\_\_\_

Does the facility/operation qualify for a "No Exposure Certification"?

Does facility/operation have an Individual NPDES Permit?

Permit # \_\_\_\_\_

Does facility/operation maintain SWPPP, BMP Plan or Hazmat Business Plan (or any others)?

Has facility/operation conducted previous storm water monitoring programs?

Property Owner / Management Group / Primary Tenant: \_\_\_\_\_

### Initial Observations

Nearest MS4 conveyance inlet:

Approximate distance to MS4:

☐ < 200 ft.

☐ 200 – 1000 ft.

☐ > 1000 ft.

Discharge observed?

If yes, describe:

Additional comments:

Print Name of Facility/Operation Representative: \_\_\_\_\_

Inspector's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BMPs	N/A	Yes	Partial	No	Comments
<b>Storm Water Discharges</b>					
Does storm water from this facility/operation enter the MS4?					
Does the storm water run-off from this facility/operation discharge into a wastewater treatment process or sanitary sewer or dead-end sump area with pump?					
BMPs	N/A	Yes	Partial	No	Comments

**SC01 - Non-Storm Water Management**
☐ Not Applicable at this Facility/Operation

Identify significant materials which could have the potential to discharge to storm drains.	<input type="checkbox"/> Oil and Grease <input type="checkbox"/> Solvents <input type="checkbox"/> Paint <input type="checkbox"/> Deicing/Anti-Icing Fluids <input type="checkbox"/> Cleaning Solutions <input type="checkbox"/> Lubricants <input type="checkbox"/> Anti freeze <input type="checkbox"/> Battery Acid <input type="checkbox"/> Fuel <input type="checkbox"/> Pesticides/Herbicides/Fertilizers <input type="checkbox"/> Metals <input type="checkbox"/> Deicing/Anti-Icing Fluids <input type="checkbox"/> Sediment <input type="checkbox"/> Fire Fighting Foam <input type="checkbox"/> Dumpster Wastes <input type="checkbox"/> Landscape Wastes <input type="checkbox"/> Floatables <input type="checkbox"/> Lavatory Chemical Wastes <input type="checkbox"/> Potable Water System Chemicals <input type="checkbox"/> Rubber Particulates <input type="checkbox"/> Other:				
SC01-02. Is the site free of evidence of illicit connections and illegal discharges?					
SC01-03. Are observed non-storm water discharges routinely reported?					
SC01-04. Have employees, tenants and the public been educated about avoiding non-storm water discharges?					
SC01-05. Are outdoor water supplies (hose bibs) limited and posted with appropriate use signs to discourage uses that may pollute the storm drain system/receiving waters?					

**Additional Comments:**

BMPs	N/A	Yes	Partial	No	Comments
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**SC02A - Outdoor Equipment Ops and Maintenance Areas**
☐ Not Applicable at this Facility/Operation

Identify significant materials used at the facility/operation, associated with equipment operations and maintenance.	<input type="checkbox"/> Oil and Grease <input type="checkbox"/> Fuel <input type="checkbox"/> Solvents <input type="checkbox"/> Paint <input type="checkbox"/> Cleaning Solutions <input type="checkbox"/> Lubricants <input type="checkbox"/> Anti freeze <input type="checkbox"/> Battery Acid <input type="checkbox"/> Other:				
SC02A-02. Are storm drains located directly within equipment operations and maintenance areas?					
SC02A-03. Is there a designated equipment ops and maintenance area with overhead cover for pollutant sources and/or activity areas?					

**Additional Comments:**

BMPs	N/A	Yes	Partial	No	Comments
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**SC02B - Aircraft, Grnd Vehicle & Eqpmnt Maintenance** ☐ Not Applicable at this Facility/Operation

Identify significant materials used at the facility/operation, associated with maintenance/repair.	<input type="checkbox"/> Oil and Grease <input type="checkbox"/> Fuel <input type="checkbox"/> Solvents <input type="checkbox"/> Paint <input type="checkbox"/> Cleaning Solutions <input type="checkbox"/> Lubricants <input type="checkbox"/> Anti freeze <input type="checkbox"/> Battery Acid <input type="checkbox"/> Other:				
SC02B-02. Is there a designated vehicle and equipment maintenance area that is covered, bermed, enclosed, or sloped away from the MS4?					
SC02B-03. Are storm drains located directly within the vehicle and equipment maintenance area?					
SC02B-04. Is equipment regularly inspected and tested?					
SC02B-05. Are vehicles and equipment maintained in good condition to prevent or correct any leakage of oil or other fluids?					
SC02B-06. Are maintenance vehicles furnished with spill response materials?					
SC02B-07. Are employees trained in safe vehicle and equipment operations?					
SC02B-08. Are visual observations performed to detect leaking fluids from any vehicles or equipment?					
SC02B-09. Are drip pans used?					
SC02B-10. Are mechanical parts and equipment stored under cover and away from					
SC02B-11. Are obsolete or inoperable vehicles or equipment disposed of?					
SC02B-12. Are fluids and batteries removed from salvage vehicles and equipment and properly disposed of?					

**Additional Comments:**

BMPs	N/A	Yes	Partial	No	Comments
<b>SC03 - Aircraft, Ground Vehicle and Equipment Fueling</b> <input type="checkbox"/> Not Applicable at this Facility/Operation					
Identify significant materials used at the facility/operation, associated with vehicle and equipment fueling.	<input type="checkbox"/> Fuel <input type="checkbox"/> Other				
SC03-02. Is there a designated fueling area that is covered, bermed, enclosed or sloped away from the MS4?					
SC03-03. Are storm drains located directly within fueling areas?					
SC03-04. Are major fueling operations monitored?					
SC03-05. Are fueling areas regularly inspected?					
SC03-06. Is secondary containment or cover used when transferring fuel from a tank truck to a fuel tank?					
SC03-07. Are absorbent booms, spill kits or vacuum equipment present in fueling areas or on fueling vehicles?					
SC03-08. Are leak, overfill protection and spill prevention devices used for tanks and piping?					
SC03-09. Are automatic shut-off mechanisms used for fuel tankers and hose connections?					
SC03-10. Are fuel tanks topped off?					
SC03-11. Is access to tanks restricted?					
SC03-12. Are tanks, piping and valves labeled, regularly inspected and kept in good condition?					

**Additional Comments:**

BMPs	N/A	Yes	Partial	No	Comments
<b>SC04 - Aircraft, Grnd Vehicle and Equipment Cleaning</b> <input type="checkbox"/> Not Applicable at this Facility/Operation					
Identify significant materials at the facility/operation associated with vehicle and equipment cleaning.	<input type="checkbox"/> Oil and Grease <input type="checkbox"/> Solvents <input type="checkbox"/> Cleaning Solutions <input type="checkbox"/> Lubricants <input type="checkbox"/> Anti freeze <input type="checkbox"/> Other:				
SC04-02. Are vehicles, equipment and washing areas kept clean?					
SC04-03. Is there a designated wash area that captures or diverts all wash water to treatment plant or sanitary sewer or dead end sump with pump?					

SC04-04. Is wash water filtered and recycled where practical?					
SC04-05. Are dry washing and surface preparation techniques used where feasible?					
SC04-06. Are drippings, residue etc removed using vacuum methods?					
SC04-07. Are visual observations performed to detect discharges from cleaning activities?					
SC04-08. Are storm drains located within the wash area?					

**Additional Comments:**

BMPs	N/A	Yes	Parital	No	Comments
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**SC05 - Aircraft Deicing/Anti-Icing**

☐ Not Applicable at this Facility/Operation

Identify significant materials used at the facility/operation, associated with aircraft deicing/anti-icing.	<input type="checkbox"/> Ethylene Glycol <input type="checkbox"/> Propylene glycol <input type="checkbox"/> Other:				
SC05-02. Is there a designated deicing/anti-icing area that is covered, bermed, enclosed or sloped away from the MS4?					
SC05-03. Are all fluids captured or diverted to a treatment plant, recycling system, sanitary sewer or dead end sump with pump?					
SC05-04. Are deicing/anti-icing areas cleaned with wet-type sweepers and the fluids appropriately recycled or disposed of?					

**Additional Comments:**



SC07-03. Does the facility/operation have a County hazardous materials permit for hazardous materials storage, and is it on display?					
SC07-04. Are storm drains located directly within outdoor material storage areas?					
SC07-05. Do outdoor material storage areas have areas with overhead cover and secondary containment?					
SC07-06. Are outdoor material storage areas prevented from contacting stormwater run-on and run-off (e.g. by the use of berms)?					
SC07-07. Are regular inspections performed on tanks or containers to check for corrosion, structural failure, loose fittings, poor welds, leaks etc?					

**Additional Comments:**

BMPs	N/A	Yes	Partial	No	Comments
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**SC08 - Waste Handling and Disposal**

☐ Not Applicable at this Facility/Operation

Identify wastes stored, handled, disposed of or recycled at the facility/operation.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Oil and Grease <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Lubricants <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Anti freeze <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Solvents <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cleaning Solutions <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Trash <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other: (I=indoors; O=outdoors)				
SC08-02. Is there a designated waste/recycling area with restricted access?					
SC08-03. Are storm drains located directly in waste/recycling areas?					
SC08-04. Does the facility/operation recycle?					
SC08-05. Is timely service and removal provided to prevent waste containers and sanitary facilities from overflowing?					
SC08-06. Are wastes and recycling materials appropriately stored in containers, segregated and labeled?					
SC08-07. If wastes are not contained, are they covered and prevented from contacting stormwater run-on and run-off (e.g. by the use of berms)?					
SC08-08. Are waste containers inspected frequently for leaks, structural integrity and proper closure seal?					
SC08-09. Is secondary containment provided?					

SC08-10. Are wastes characterized, where appropriate, and properly disposed of?					
SC08-11. Are employees trained to properly handle and dispose of wastes?					
SC08-12. Does facility/operation make efforts to reduce waste (use only amount needed, use solvents more than once, practice good inventory control, do not overbuy, purchase long-lasting products etc)?					

**Additional Comments:**

BMPs	N/A	Yes	Partial	No	Comments
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#### SC09 - Building and Grounds Maintenance

☐ Not Applicable at this Facility/Operation

Identify significant materials used in/produced by building and grounds maintenance.

☐ Oil and Grease   ☐ Pesticides/Herbicides/Fertilizers   ☐ Sediment  
☐ Landscape Wastes   ☐ Other:

SC09-02. Have all areas of exposed soil been revegetated, landscaped or otherwise contain erosion or sediment controls?

SC09-03. Are landscaped areas irrigated?

SC09-04. Are integrated pest management methods used?

**Additional Comments:**

BMPs	N/A	Yes	Partial	No	Comments
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#### SC10 - Employee Training

☐ Not Applicable at this Facility/Operation

SC10-01. Is facility/operation SWPPP up to date, including completion of amendments

SC10-02. Have employees been trained on storm water issues, spill cleanup, hazardous materials management, right to know awareness and SWPPP implementation?

SC10-03. Are any other training programs in place?

SC10-04. Does facility/operation have current employee training records?



**Additional Comments:**

BMPs	N/A	Yes	Partial	No	Comments
<b>SC11 - Lavatory Service Operation</b> <input type="checkbox"/> Not Applicable at this Facility/Operation					
Identify significant materials at the facility/operation associated with lavatory service operations.	<input type="checkbox"/> Lavatory Chemicals <input type="checkbox"/> Lavatory Waste <input type="checkbox"/> Lavatory Truck Wash Water <input type="checkbox"/> Other:				
SC11-02. Are triturator facilities covered, and have low roll-over type berming?					
SC11-03. Are storm drains located near the triturator facility/operation?					
SC11-04. Are lavatory truck cleanouts/backflushing, and lavatory waste discharging to sanitary sewer connections performed ONLY at triturator facilities?					
SC11-05. Are drip pans used when draining the aircraft and drippage dumped into the bulk storage tank of the lavatory service equipment?					
SC11-06. Are hoses completely drained?					
SC11-07. Are all hoses, valves and equipment properly secured when transporting lavatory waste?					
SC11-08. Are hoses and fittings used for transferring lavatory waste regularly inspected and kept in good condition?					
SC11-09. Are absorbent booms, spill kits or other containment equipment present on lavatory service equipment and in the triturator facility/operation?					
SC11-10. Are surfactant/disinfectant mixing and transfers performed in the triturator area or under cover?					

**Additional Comments:**

BMPs	N/A	Yes	Partial	No	Comments
<b>SC12 - Outdoor Washdown/Sweeping,</b> <input type="checkbox"/> Not Applicable at this Facility/Operation					
SC12-01. Is wash water collected and discharged to the sanitary sewer system through a permitted connection?					
SC12-04. Are designated and approved discharge facilities used to dispose of apron/ramp cleaning waste?					
SC12-05. Are outdoor washdown areas bermed to minimize run-on to other areas?					
SC12-06. Are "dry" sweeping techniques used where feasible?					
SC12-07. Are sweepings disposed of in an appropriate manner?					
SC12-08. Are the roads swept on a regular basis?					
<b>Additional Comments:</b>      					
BMPs	N/A	Yes	Partial	No	Comments
<b>SC13 - Fire Fighting Foam Discharge</b> <input type="checkbox"/> Not Applicable at this Facility/Operation					
Identify significant materials at the facility/operation associated with testing fire fighting equipment.	<input type="checkbox"/> Aircraft Fire Fighting Foam <input type="checkbox"/> Other:				
SC13-02. Are storm drains located near the fire fighting foam discharge/testing area?					
SC13-03 Is fire fighting equipment regularly tested?					

SC13-04. Is there a designated fire fighting foam testing area that captures or diverts all foam waste to treatment/recycling plant or sanitary sewer or dead end sump with pump or oil water seperator?					
SC13-05 If sump or oil water seperator is present, is it serviced regularly?					
SC13-06. Are fire fighting foam testing areas prevented from contacting stormwater run-on and run-off (e.g. by the use of berms)?					

**Additional Comments:**

BMPs	N/A	Yes	Parial	No	Comments
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#### SC14 - Potable Water System Flushing

☐ Not Applicable at this Facility/Operation

Identify significant materials used at the facility/operation, associated with aircraft potable water system flushing and water truck cleaning/flushing.	<input type="checkbox"/> Purine <input type="checkbox"/> Chlorine Bleach <input type="checkbox"/> Other:				
SC14-02. Are storm drains located near the aircraft potable water system or water truck cleaning/flushing areas?					
SC14-03. Is there a designated cleaning/flushing area that captures or diverts all wastewater to treatment/recycling plant or sanitary sewer or dead end sump with pump?					
SC14-05. Are cleaning/flushing areas prevented from contacting stormwater run-on and run-off (e.g. by the use of berms)?					

**Additional Comments:**

BMPs	N/A	Yes	Partial	No	Comments
<b>SC15 - Runway Rubber Removal</b> <input type="checkbox"/> Not Applicable at this Facility/Operation					
Identify significant materials generated by runway rubber removal activities.	<input type="checkbox"/> Rubber Particles <input type="checkbox"/> Dirt Particles <input type="checkbox"/> Other:				
SC15-02. Is the waste water produced from runway rubber removal activities prevented from entering the storm drainage system by immediately collecting and properly disposing of it?					
SC15-03. Are runways and adjacent paved areas swept, either manually or using mechanical sweepers, following runway rubber removal activities?					
SC15-04. Are storm drain culverts or runway drainage areas inspected following runway rubber removal activities?					
<b>Additional Comments:</b>     					
BMPs	N/A	Yes	Partial	No	Comments
<b>SC16 - Parking Lots</b> <input type="checkbox"/> Not Applicable at this Facility/Operation					
SC16-01A. Are parking lots regularly swept using "dry" sweeping methods?					
SC16-01B. Are parking lots posted with "No Littering" signs and have regularly emptied trash receptacles??					
SC16-02. Are oily spots cleaned with absorbent materials?					
SC16-04. Are repairs performed during dry weather?					
SC16-05. Are hot bituminous materials preheated, transferred or loaded away from storm drain inlets?					
SC16-07. Are drip pans used under paving equipment?					
SC16-08. Are absorbent materials, debris, and drips properly disposed of?					

SC16-09. Do rooftops drain onto paved surfaces?					
<b>Additional Comments:</b>					
<b>BMPs</b>	<b>N/A</b>	<b>Yes</b>	<b>Partial</b>	<b>No</b>	<b>Comments</b>
<b>SC17 - Drainage System Maintenance</b> <input type="checkbox"/> Not Applicable at this Facility/Operation					
SC17-01 Are storm drains stenciled with "No Dumping" messages?					
SC17-02. Does facility/operation conduct routine self-inspection of the storm water conveyance system?					
SC17-03. Are storm drains, inlets and catch basins routinely inspected, cleaned and maintained?					
SC17-04. Is debris from cleaning activities disposed of properly?					
SC17-05. Are records kept for all inspections, cleaning and maintenance?					
<b>BMPs</b>	<b>N/A</b>	<b>Yes</b>	<b>Partial</b>	<b>No</b>	<b>Comments</b>
<b>SC18 - Housekeeping</b> <input type="checkbox"/> Not Applicable at this Facility/Operation					
SC18-01. Does facility/operation conduct routine self-inspection of BMPs?					
SC18-04. Is facility/operation clean and orderly?					
SC18-05. Are trash receptacles placed in appropriate locations?					
SC18-06. Is facility/operation swept at least once per week?					
SC18-07. Are sweepings and sediment disposed of properly?					
SC18-09. Are potentially significant materials stored in appropriate containers, properly sealed and labeled?					
SC18-10. Is secondary containment provided for significant materials?					
SC18-12. Are significant materials stored in a restricted access area?					

SC18-14. Are Material Safety Data Sheets (MSDSs) readily available for all significant materials?

**Additional Comments:**

BMPs	N/A	Yes	Partial	No	Comments
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**SC19 - Safer/Alternative Products** ☐ Not Applicable at this Facility/Operation

SC19-01. Does this facility/operation use "Regionally Accepted" products identified as non-toxic, less toxic or biodegradable?

BMPs	N/A	Yes	Partial	No	Comments
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**SR01 - Spill Prevention, Control and Clean up** ☐ Not Applicable at this Facility/Operation

SR01-01. Does facility/operation have current Spill Prevention, Control, and Countermeasure (SPCC) Plan?

SR01-02. Does facility/operation have adequate spill kits in appropriate locations?

SR01-03. What types of materials are used for spill control/clean up?

SR01-04. Are these used materials properly disposed of?

SR01-05. Are leak and spill prevention devices used?

SR01-06. Does facility/operation use only dry cleaning methods?

SR01-07. If wet-washing techniques are used, is wash water captured by vacuum, and properly disposed of, or diverted to treatment plant or sewer system or dead end sump with pump?

**Additional Comments:**

BMPs	N/A	Yes	Partial	No	Comments
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**TC 01 - Structural Treatment Control BMPs** ☐ Not Applicable at this Facility/Operation

Identify each structural treatment control BMP currently implemented at this facility/operation.

Detention Basin TC-22		Vegetated Buffer Strip TC-31		Infiltration Trench TC-10	
Wet Pond TC-20		Retention / Irrigation TC-12		Infiltration Basin TC-11	
Constructed Wetland TC-21		Bioretention TC-32		Water Quality Inlet TC-50	
Vegetated Swale TC-30		Media Filter TC-40		Multiple Systems TC-60	

Other

TC01-01. If used, are structural / treatment control BMPs regularly inspected, cleaned and maintained?					
TC01-02. Are records kept for all inspections and maintenance of structural / treatment control BMPs?					
TC01-03. Is an annual inventory of all treatment control BMPs conducted?					

**Additional Comments:**

## Appendix G – Miscellaneous Support Materials

