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Regional Water Boards may approve proposals to substitute watershed monitoring for some or all of the requirements of this Section if the Regional Water Board finds that the watershed monitoring will provide substantially similar monitoring information in evaluating facility operator compliance with the requirements of this General Permit.

**TABLE D  
ADDITIONAL ANALYTICAL PARAMETERS**

<u>Subsector</u>	<u>SIC</u>	<u>Activity Represented</u>	<u>Parameters</u>
<b>SECTOR A. TIMBER PRODUCTS</b>			
A1	2421	General Sawmills and Planing Mills .....	COD;TSS;Zn
A2	2491	Wood Preserving .....	As;Cu
A3	2411	Log Storage and Handling.....	TSS
A4	2426	Hardwood Dimension and Flooring Mills.....	COD;TSS
A4	2429	Special Product Sawmills, Not Elsewhere Classified.....	COD;TSS
A4	243X	Millwork, Veneer, Plywood, and Structural Wood .....	COD;TSS
A4	(except 2434--	Wood Kitchen Cabinet Manufacturers)	
A4	244X	Wood Containers .....	COD;TSS
A4	245X	Wood Buildings and Mobile Homes .....	COD;TSS
A4	2493	Reconstituted Wood Products .....	COD;TSS
A4	2499	Wood Products, Not Elsewhere Classified	
<b>SECTOR B. PAPER AND ALLIED PRODUCTS MANUFACTURING</b>			
B1	261X	Pulp Mills .....	
B2	262X	Paper Mills .....	
B3	263X	Paperboard Mills .....	COD
B4	265X	Paperboard Containers and Boxes.....	
B5	267X	Converted Paper and Paperboard Products, Except Containers and Boxes .....	
<b>SECTOR C. CHEMICAL AND ALLIED PRODUCTS MANUFACTURING</b>			
C1	281X	Industrial Inorganic Chemicals.....	Al;Fe;N+N
C2	282X	Plastics Materials and Synthetic Resins, Synthetic Rubber, Cellulosic, and Other Manmade Fibers Except Glass .....	Zn
C3	283X	Drugs .....	
C4	284X	Soaps, Detergents, and Cleaning Preparations; Perfumes, Cosmetics, and Other Toilet Preparations .....	N+N;Zn
C5	285X	Paints, Varnishes, Lacquers, Enamels, and Allied Products	
C6	286X	Industrial Organic Chemicals .....	
C7	287X	Nitrogenous and Phosphatic Basic Fertilizers, Mixed Fertilizer, Pesticides, and Other Agricultural Chemicals .....	Fe;N+N;Pb;Zn;P
C8	289X	Miscellaneous Chemical Products.....	
	3952	Inks and Paints, Including China Painting Enamels, India Ink, (limited to list) Drawing Ink, Platinum Paints for Burnt Wood or Leather Work, Paints for China Painting, Artist's Paints, and Artist's Watercolors .....	
<b>SECTOR D. ASPHALT PAVING/ROOFING MATERIALS MANUFACTURERS AND LUBRICANT MANUFACTURERS</b>			
D1	295X	Asphalt Paving and Roofing Materials .....	TSS
D2	2992	Lubricating Oils and Greases.....	

Parameter Names

Al - Aluminum	Cd - Cadmium	Cu - Copper	Mg - Magnesium	BOD - Biochemical Oxygen Demand
As - Arsenic	CN - Cyanide	Fe - Iron	Ag - Silver	N + N - Nitrate & Nitrite Nitrogen
NH <sub>3</sub> - Ammonia	Hg - Mercury	P - Phosphorus	Se - Selenium	Pb - Lead
Zn - Zinc	TSS -Total Suspended Solids	COD - Chemical Oxygen Demand		

<u>Subsector</u>	<u>SIC</u>	<u>Activity Represented</u>	<u>Parameters</u>
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**SECTOR E. GLASS, CLAY, CEMENT, CONCRETE, AND GYPSUM PRODUCT MANUFACTURING**

E1	3211	Flat Glass .....	
E1	322X	Glass and Glassware, Pressed or Blown .....	
E1	323X	Glass Products Made of Purchased Glass .....	
E2	3241	Hydraulic Cement .....	
E3	325X	Structural Clay Products .....	Al
E3	326X	Pottery and Related Products .....	Al
E3	3297	Non-Clay Refractories .....	Al
E4	327X	Concrete, Gypsum, and Plaster Products (Except Lime)..... (except 3274).	TSS;Fe
E4	3295	Minerals and Earths, Ground, or Otherwise Treated.....	TSS;Fe

**SECTOR F. PRIMARY METALS**

F1	331X	Steel Works, Blast Furnaces, Rolling & Finishing Mill.....	Al;Zn
F2	332X	Iron and Steel Foundries.....	Al;TSS;Cu;Fe;Zn
F3	333X	Primary Smelting and Refining of Nonferrous Metals .....	
F4	334X	Secondary Smelting and Refining of Nonferrous Metals .....	
F5	335X	Rolling, Drawing, and Extruding of Nonferrous Metals .....	Cu;Zn
F6	336X	Nonferrous Foundries (Castings).....	Cu;Zn
F7	339X	Miscellaneous Primary Metal Products	

**SECTOR G. METAL MINING (ORE MINING AND DRESSING) EXCEPT INACTIVE METAL MINING ACTIVITIES ON FEDERAL LANDS WHERE AN OPERATOR CANNOT BE IDENTIFIED**

G1	101X	Iron Ores .....	
G2	102X	Copper Ores.....	TSS;COD;N+N
G3	103X	Lead and Zinc Ores.....	
G4	104X	Gold and Silver Ores .....	
G5	106X	Ferroalloy Ores, Except Vanadium .....	
G6	108X	Metal Mining Services.....	
G7	109X	Miscellaneous Metal Ores .....	

**SECTOR H. COAL MINES AND COAL MINING-RELATED FACILITIES**

NA	12XX	Coal Mines and Coal Mining-Related Facilities.....	TSS;Al;Fe
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**SECTOR I. COAL MINES AND COAL MINING-RELATED FACILITIES**

I1	131X	Crude Petroleum and Natural Gas .....	
I2	132X	Natural Gas Liquids.....	
I3	138X	Oil and Gas Field Services .....	

**SECTOR J. MINERAL MINING AND DRESSING EXCEPT INACTIVE MINERAL MINING ACTIVITIES OCCURRING ON FEDERAL LANDS WHERE AN OPERATOR CANNOT BE IDENTIFIED**

J1	141X	Dimension Stone .....	TSS
J1	142X	Crushed and Broken Stone, Including Rip Rap.....	TSS
J1	148X	Nonmetallic Minerals, Except Fuels.....	TSS
J2	144X	Sand and Gravel .....	TSS;N+N
J3	145X	Clay, Ceramic, and Refractory Materials .....	
J4	147X	Chemical and Fertilizer Mineral Mining .....	
J4	149X	Miscellaneous Nonmetallic Minerals, Except Fuels.....	

<u>Subsector</u>	<u>SIC</u>	<u>Activity Represented</u>	<u>Parameters</u>
<b>SECTOR K. HAZARDOUS WASTE TREATMENT STORAGE OR DISPOSAL FACILITIES</b>			
NA	4953	Hazardous Waste Treatment Storage or Disposal .....	NH <sub>3</sub> ;Mg;COD;As Cd;CN;Pb Hg;Se;Ag
<b>SECTOR L. LANDFILLS AND LAND APPLICATION SITES</b>			
NA	4953	Landfills and Land Application Sites That Receive or..... Have Received Industrial Wastes, Except Inactive Landfills or Land Applications Sites Occurring on Federal Lands Where an Operator Cannot be Identified	TSS;Fe
<b>SECTOR M. AUTOMOBILE SALVAGE YARDS</b>			
NA	5015	Facilities Engaged in Dismantling or Wrecking Used Motor ..... Vehicles for Parts Recycling or Resale and for Scrap	TSS;Fe;Pb;Al
<b>SECTOR N. SCRAP RECYCLING FACILITIES</b>			
NA	5093	Processing, Reclaiming, and Wholesale Distribution of Scrap ..... and Waste Materials.....	TSS;Fe;Pb Al;Cu;Zn;COD
<b>SECTOR O. STEAM ELECTRIC GENERATING FACILITIES</b>			
NA	4911	Steam Electric Power Generating Facilities .....	Fe
<b>SECTOR P. LAND TRANSPORTATION FACILITIES THAT HAVE VEHICLE AND EQUIPMENT MAINTENANCE SHOPS AND/OR EQUIPMENT CLEANING OPERATIONS</b>			
P1	40XX	Railroad Transportation.....	
P2	41XX	Local and Highway Passenger Transportation .....	
P3	42XX	Motor Freight Transportation and Warehousing .....	
P4	43XX	United States Postal Service .....	
P5	5171	Petroleum Bulk Stations and Terminals.....	
<b>SECTOR Q. WATER TRANSPORTATION FACILITIES THAT HAVE VEHICLE (VESSEL) &amp; EQUIPMENT MAINTENANCE SHOPS AND/OR EQUIPMENT CLEANING OPERATIONS</b>			
NA	44XX	Water Transportation.....	Al;Fe;Pb;Zn
<b>SECTOR R. SHIP AND BOAT BUILDING OR REPAIRING YARDS</b>			
NA	373X	Ship and Boat Building or Repairing Yards.....	
<b>SECTOR S. AIR TRANSPORTATION FACILITIES</b>			
NA	45XX	Air Transportation Facilities That Have Vehicle..... Maintenance Ships, Material Handling Facilities, Equipment Cleaning Operations, or Airport and/or Aircraft Deicing/Anti-icing Operations	BOD;COD;NH <sub>3</sub> ;pH

<u>Subsector</u>	<u>SIC</u>	<u>Activity Represented</u>	<u>Parameters</u>
<b>SECTOR T. TREATMENT WORKS</b>			
NA	4952	Treatment Works Treating Domestic Sewage or Any Other Sewage Sludge or Wastewater Treatment Device or System Used in the Storage, treatment, recycling, or Reclamation of Municipal or Domestic Sewage with a Design Flow of 1.0 MGD or More or Required to Have an Approved Pretreatment Program.....	
<b>SECTOR U. FOOD AND KINDRED PRODUCTS</b>			
U1	201X	Meat Products .....	
U2	202X	Dairy Products.....	
U3	203X	Canned, Frozen and Preserved Fruits, Vegetables and Food Specialties .....	
U4	204X	Grain Mill Products.....	TSS
U5	205X	Bakery Products .....	
U6	206X	Sugar and Confectionery Products .....	
U7	207X	Fats and Oils.....	BOD;COD;TSS;N+N
U8	208X	Beverages .....	
U9	209X	Miscellaneous Food Preparations and Kindred Products.....	
NA	21XX	Tobacco Products .....	
<b>SECTOR V. TEXTILE MILLS, APPAREL, AND OTHER FABRIC PRODUCT MANUFACTURING</b>			
V1	22XX	Textile Mill Products.....	
V2	23XX	Apparel and Other Finished Products Made From Fabrics and Similar Materials.....	
<b>SECTOR W. FURNITURE AND FIXTURES</b>			
NA	25XX	Furniture and Fixtures .....	
NA	2434	Wood Kitchen Cabinets .....	
<b>SECTOR X. PRINTING AND PUBLISHING</b>			
NA	2732	Book Printing .....	
NA	2752	Commercial Printing, Lithographic .....	
NA	2754	Commercial Printing, Gravure .....	
NA	2759	Commercial Printing, Nor Elsewhere Classified .....	
NA	2796	Platemaking and Related Services .....	
<b>SECTOR Y. RUBBER, MISCELLANEOUS PLASTIC PRODUCTS, AND MISC. MANUFACTURING INDUSTRIES</b>			
Y1	301X	Tires and Inner Tubes .....	Zn
Y1	302X	Rubber and Plastics Footwear.....	Zn
Y1	305X	Gaskets, Packing, and Sealing Devices and Rubber and Plastics Hose and Belting .....	Zn
Y1	306X	Fabricated Rubber Products, Not Elsewhere Classified.....	Zn
Y2	308X	Miscellaneous Plastics Products .....	

<u>Subsector</u>	<u>SIC</u>	<u>Activity Represented</u>	<u>Parameters</u>
Y2	393X	Musical Instruments .....	
Y2	394X	Dolls, Toys, Games, and Sporting and Athletic Goods .....	
Y2	395X	Pens, Pencils, and Other Artists' Materials .....	
Y2	396X	Costume Jewelry, Costume Novelties, Buttons, and Miscellaneous Notions, Except Precious Metal.....	
Y2	399X	Miscellaneous Manufacturing Industries .....	

**SECTOR Z. LEATHER TANNING AND FINISHING**

NA	311X	Leather Tanning and Finishing .....	
NA	NA	Facilities that Make Fertilizer Solely From Leather Scraps and Leather Dust.....	

**SECTOR AA. FABRICATED METAL PRODUCTS**

AA1	3429	Hardware, Not Elsewhere Classified .....	Zn;N+N;Fe;Al
AA1	3441	Fabricated Structural Metal.....	Zn;N+N;Fe;Al
AA1	3442	Metal Doors, Sash, Frames, Molding, and Trim.....	Zn;N+N;Fe;Al
AA1	3443	Fabricated Plate Work (Boiler Shops) .....	Zn;N+N;Fe;Al
AA1	3444	Sheet Metal Work .....	Zn;N+N;Fe;Al
AA1	3451	Screw Machine Products.....	Zn;N+N;Fe;Al
AA1	3452	Bolts, Nuts, Screws, Rivets, and Washers .....	Zn;N+N;Fe;Al
AA1	3462	Iron and Steel Forgings.....	Zn;N+N;Fe;Al
AA1	3471	Electroplating, Plating, Polishing, Anodizing, and Coloring.....	Zn;N+N;Fe;Al
AA1	3494	Valves and Pipe Fittings, Not Elsewhere Classified.....	Zn;N+N;Fe;Al
AA1	3496	Miscellaneous Fabricated Wire Products .....	Zn;N+N;Fe;Al
AA1	3499	Fabricated Metal Products, Not Elsewhere Classified.....	Zn;N+N;Fe;Al
AA1	391X	Jewelry, Silverware, and Plated Ware.....	Zn;N+N;Fe;Al
AA2	3479	Coating, Engraving, and Allied Services .....	Zn;N+N

**SECTOR AB. TRANSPORTATION EQUIPMENT, INDUSTRIAL OR COMMERCIAL MACHINERY**

NA	35XX	Industrial and Commercial Machinery (except 357X Computer and Office Equipment) .....	
NA	37XX	Transportation Equipment (except 373X Ship and Boat Building and Repairing.....	

**SECTOR AC. ELECTRONIC, ELECTRICAL, PHOTOGRAPHIC, AND OPTICAL GOODS**

NA	36XX	Electronic and Other Electrical Equipment and Components, Except Computer Equipment .....	
NA	38XX	Measuring, Analyzing, and Controlling Instruments; Photographic, Medical, and Optical Goods; Watches and Clocks.....	
NA	357X	Computer and Office Equipment.....	

Section C: STANDARD PROVISIONS

1. Duty to Comply

The facility operator must comply with all of the conditions of this General Permit. Any General Permit noncompliance constitutes a violation of the Clean Water Act (CWA) and the Porter-Cologne Water Quality Control Act and is grounds for (a) enforcement action for (b) General Permit termination, revocation and reissuance, or modification or (c) denial of a General Permit renewal application.

The facility operator shall comply with effluent standards or prohibitions established under Section 307(a) of the CWA for toxic pollutants within the time provided in the regulations that establish these standards or prohibitions, even if this General Permit has not yet been modified to incorporate the requirement.

2. General Permit Actions

This General Permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the facility operator for a General Permit modification, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any General Permit condition.

If any toxic effluent standard or prohibition (including any schedule of compliance specified in such effluent standard or prohibition) is promulgated under Section 307(a) of the CWA for a toxic pollutant which is present in the discharge and that standard or prohibition is more stringent than any limitation on the pollutant in this General Permit, this General Permit shall be modified or revoked and reissued to conform to the toxic effluent standard or prohibition, and the facility operator so notified.

3. Need to Halt or Reduce Activity not a Defense

It shall not be a defense for a facility operator in an enforcement action that it would have been necessary to halt or reduce the general permitted activity in order to maintain compliance with the conditions of this General Permit.

4. Duty to Mitigate

The facility operator shall take all responsible steps to minimize or prevent any discharge in violation of this General Permit which has a reasonable likelihood of adversely affecting human health or the environment.

5. Proper Operation and Maintenance

The facility operator at all times shall properly operate and maintain any facilities and systems of treatment and control (and related appurtenances) which are installed or used by the facility operator to achieve compliance with the conditions of this General Permit and with the requirements of storm water pollution prevention plans (SWPPPs). Proper operation and maintenance also include adequate laboratory controls and appropriate quality assurance procedures. Proper operation and maintenance may require the operation of backup or auxiliary facilities or similar systems installed by a facility operator when necessary to achieve compliance with the conditions of this General Permit.

6. Property Rights

This General Permit does not convey any property rights of any sort, or any exclusive privileges, nor does it authorize any injury to private property or any invasion of personal rights, nor any infringement of Federal, State, or local laws or regulations.

7. Duty to Provide Information

The facility operator shall furnish the Regional Water Quality Control Board (Regional Water Board), State Water Resources Control Board (State Water Board), U.S. Environmental Protection Agency (U.S. EPA), or local storm water management agency, within a reasonable time specified by the agencies, any requested information to determine compliance with this General Permit. The facility operator shall also furnish, upon request, copies of records required to be kept by this General Permit.

8. Inspection and Entry

The facility operator shall allow the Regional Water Board, State Water Board, U.S. EPA, and local storm water management agency, upon the presentation of credentials and other documents as may be required by law, to:

- a. Enter upon the facility operator's premises where a regulated facility or activity is located or conducted or where records must be kept under the conditions of this General Permit;
- b. Have access to and copy at reasonable times any records that must be kept under the conditions of this General Permit;



- c. Inspect at reasonable times any facilities or equipment (including monitoring and control equipment) that are related to or may impact storm water discharge or authorized non-storm water discharge; and
- d. Conduct monitoring activities at reasonable times for the purpose of ensuring General Permit compliance.

9. Signatory Requirements

- a. All Notices of Intent (NOIs) submitted to the State Water Board shall be signed as follows:
  - (1) For a corporation: by a responsible corporate officer. For the purpose of this section, a responsible corporate officer means: (a) a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation; or (b) the manager of the facility if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures;
  - (2) For a partnership or sole proprietorship: by a general partner or the proprietor, respectively; or
  - (3) For a municipality, State, Federal, or other public agency: by either a principal executive officer or ranking elected official. The principal executive officer of a Federal agency includes the chief executive officer of the agency or the senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrators of U.S. EPA).
- b. All reports, certifications, or other information required by the General Permit or requested by the Regional Water Board, State Water Board, U.S. EPA, or local storm water management agency shall be signed by a person described above or by a duly authorized representative. A person is a duly authorized representative only if:
  - (1) The authorization is made in writing by a person described above and retained as part of the SWPPP.

- (2) The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity, such as the position of manager, operator, superintendent, or position of equivalent responsibility or an individual or position having overall responsibility for named position.)
- (3) If an authorization is no longer accurate because a different individual or position has responsibility for the overall operation of the facility, a new authorization must be attached to the SWPPP prior to submittal of any reports, certifications, or information signed by the authorized representative.

#### 10. Certification

Any person signing documents under Provision 9. above shall make the following certification:

"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 persons 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."

#### 11. Reporting Requirements

- a. **Planned changes:** The facility operator shall give advance notice to the Regional Water Board and local storm water management agency of any planned physical alteration or additions to the general permitted facility. Notice is required under this provision only when the alteration or addition could significantly change the nature or increase the quantity of pollutants discharged.
- b. **Anticipated noncompliance:** The facility operator will give advance notice to the Regional Water Board and local storm water management agency of any planned changes at the permitted facility which may result in noncompliance with General Permit requirements.

- c. Compliance schedules: Reports of compliance or noncompliance with or any progress reports on interim and final requirements contained in any compliance schedule of this General Permit shall be submitted no later than 14 days following each scheduled date.
- d. Noncompliance reporting: The facility operator shall report any noncompliance at the time monitoring reports are submitted. The written submission shall contain (1) a description of the noncompliance and its cause; (2) the period of noncompliance, including exact dates and times, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and (3) steps taken or planned to reduce and prevent recurrence of the noncompliance.

12. Oil and Hazardous Substance Liability

Nothing in this General Permit shall be construed to preclude the institution of any legal action or relieve the facility operator from any responsibilities, liabilities, or penalties to which the facility operator is or may be subject under Section 311 of the CWA.

13. Severability

The provisions of this General Permit are severable; and if any provision of this General Permit or the application of any provision of this General Permit to any circumstance is held invalid, the application of such provision to other circumstances and the remainder of this General Permit shall not be affected thereby.

14. Reopener Clause

This General Permit may be modified, revoked, and reissued, or terminated for cause due to promulgation of amended regulations, receipt of U.S. EPA guidance concerning regulated activities, judicial decision, or in accordance with 40 CFR 122.62, 122.63, 122.64, and 124.5. This General Permit may be reopened to modify the provisions regarding authorized non-storm water discharges specified in Section D. Special Conditions.

15. Penalties for Violations of General Permit Conditions.

- a. Section 309 of the CWA provides significant penalties for any person who violates a General Permit condition

implementing Sections 301, 302, 306, 307 308, 318, or 405 of the CWA, or any General Permit condition or limitation implementing any such section in a General Permit issued under Section 402. Any person who violates any General Permit condition of this General Permit is subject to a civil penalty not to exceed \$25,000 per day of such violation, as well as any other appropriate sanction provided by Section 309 of the CWA.

- b. The Porter-Cologne Water Quality Control Act also provides for civil and criminal penalties in some cases greater than those under the CWA.

16. Availability

A copy of this General Permit shall be maintained at the facility and be available at all times to the appropriate facility personnel and to Regional Water Board and local agency inspectors.

17. Transfers

This General Permit is not transferable from one facility operator to another facility operator nor may it be transferred from one location to another location. A new facility operator of an existing facility must submit an NOI in accordance with the requirements of this General Permit to be authorized to discharge under this General Permit.

18. Continuation of Expired General Permit

This General Permit continues in force and effect until a new general permit is issued or the State Water Board rescinds the General Permit. Facility operators authorized to discharge under the expiring general permit are required to file an NOI to be covered by the reissued General Permit.

19. Penalties for Falsification of Reports

Section 309(c)(4) of the CWA provides that any person who knowingly makes any false material statement, representation, or certification in any record or other document submitted or required to be maintained under this General Permit, including reports of compliance or noncompliance shall, upon conviction, be punished by a fine of not more than \$10,000 or by imprisonment for not more than two years, or by both.

FACILITIES COVERED BY THIS GENERAL PERMIT

Industrial facilities include Federal, State, municipally owned, and private facilities from the following categories:

1. FACILITIES SUBJECT TO STORM WATER EFFLUENT LIMITATIONS GUIDELINES, NEW SOURCE PERFORMANCE STANDARDS, OR TOXIC POLLUTANT EFFLUENT STANDARDS (40 Code of Federal Regulations (CFR) SUBCHAPTER N). Currently, categories of facilities subject to storm water effluent limitations guidelines are Cement Manufacturing (40 CFR Part 411), Feedlots (40 CFR Part 412), Fertilizer Manufacturing (40 CFR Part 418), Petroleum Refining (40 CFR Part 419), Phosphate Manufacturing (40 CFR Part 422), Steam Electric (40 CFR Part 423), Coal Mining (40 CFR Part 434), Mineral Mining and Processing (40 CFR Part 436), Ore Mining and Dressing (40 CFR Part 440), and Asphalt Emulsion (40 CFR Part 443).
2. MANUFACTURING FACILITIES: Standard Industrial Classifications (SICs) 24 (except 2434), 26 (except 265 and 267), 28 (except 283 and 285) 29, 311, 32 (except 323), 33, 3441, and 373.
3. OIL AND GAS/MINING FACILITIES: SICs 10 through 14 including active or inactive mining operations (except for areas of coal mining operations meeting the definition of a reclamation area under 40 CFR 434.11(1) because of performance bond issued to the facility by the appropriate Surface Mining Control and Reclamation Act (SMCRA) authority has been released, or except for area of non-coal mining operations which have been released from applicable State or Federal reclamation requirements after December 17, 1990); oil and gas exploration, production, processing, or treatment operations; or transmission facilities that discharge storm water contaminated by contact with or that has come into contact with any overburden, raw material, intermediate products, finished products, by-products, or waste products located on the site of such operations. Inactive mining operations are mined sites that are not being actively mined but which have an identifiable facility operator. Inactive mining sites do not include sites where mining claims are being maintained prior to disturbances associated with the extraction, beneficiation, or processing of mined material; or sites where minimal activities are undertaken for the sole purpose of maintaining a mining claim.
4. HAZARDOUS WASTE TREATMENT, STORAGE, OR DISPOSAL FACILITIES: Includes those operating under interim status or a general permit under Subtitle C of the Federal Resource, Conservation, and Recovery Act (RCRA).
5. LANDFILLS, LAND APPLICATION SITES, AND OPEN DUMPS: Sites that receive or have received industrial waste from any of

the facilities covered by this General Permit, sites subject to regulation under Subtitle D of RCRA, and sites that have accepted wastes from construction activities (construction activities include any clearing, grading, or excavation that results in disturbance of five acres or more).

6. RECYCLING FACILITIES: SICs 5015 and 5093. These codes include metal scrapyards, battery reclaimers, salvage yards, motor vehicle dismantlers and wreckers, and recycling facilities that are engaged in assembling, breaking up, sorting, and wholesale distribution of scrap and waste material such as bottles, wastepaper, textile wastes, oil waste, etc.
7. STEAM ELECTRIC POWER GENERATING FACILITIES: Includes any facility that generates steam for electric power through the combustion of coal, oil, wood, etc.
8. TRANSPORTATION FACILITIES: SICs 40, 41, 42 (except 4221-25), 43, 44, 45, and 5171 which have vehicle maintenance shops, equipment cleaning operations, or airport deicing operations. Only those portions of the facility involved in vehicle maintenance (including vehicle rehabilitation, mechanical repairs, painting, fueling, and lubrication) or other operations identified herein that are associated with industrial activity.
9. SEWAGE OR WASTEWATER TREATMENT WORKS: Facilities used in the storage, treatment, recycling, and reclamation of municipal or domestic sewage, including land dedicated to the disposal of sewage sludge that are located within the confines of the facility with a design flow of one million gallons per day or more or required to have an approved pretreatment program under 40 CFR Part 403. Not included are farm lands, domestic gardens, or lands used for sludge management where sludge is beneficially reused and which are not physically located in the confines of the facility, or areas that are in compliance with Section 405 of the Clean Water Act.
10. MANUFACTURING FACILITIES WHERE INDUSTRIAL MATERIALS, EQUIPMENT, OR ACTIVITIES ARE EXPOSED TO STORM WATER: SICs 20, 21, 22, 23, 2434, 25, 265, 267, 27, 283, 285, 30, 31 (except 311), 323, 34 (except 3441), 35, 36, 37 (except 373), 38, 39, and 4221-4225.

**STORM WATER CONTACTS FOR**  
**THE STATE AND REGIONAL WATER BOARDS**

See Storm Water Contacts at:

[http://www.waterboards.ca.gov/water\\_issues/programs/stormwater/contact.shtml](http://www.waterboards.ca.gov/water_issues/programs/stormwater/contact.shtml)

## NOTICE OF INTENT (NOI) INSTRUCTIONS

TO COMPLY WITH STATE WATER RESOURCES CONTROL BOARD  
WATER QUALITY ORDER NO. 97-03-DWQ  
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
GENERAL PERMIT NO. CAS000001

### Who Must Submit

The facility operator must submit an NOI for each industrial facility that is required by U.S. Environmental Protection Agency (U.S.EPA) regulations to obtain a storm water permit. The required industrial facilities are listed in Attachment 1 of the General Permit and are also listed in 40 Code of Federal Regulations Section 122.26(b)(14).

The facility operator is typically the owner of the business or operation where the industrial activities requiring a storm water permit occur. The facility operator is responsible for all permit related activities at the facility.

Where operations have discontinued and significant materials remain on site (such as at closed landfills), the landowner may be responsible for filing an NOI and complying with this General Permit. Landowners may also file an NOI for a facility if the landowner, rather than the facility operator, is responsible for compliance with this General Permit.

### How and Where to Apply

The completed NOI form, a site map, and appropriate fee must be mailed to the State Water Resources Control Board (State Water Board) at the following address:

State Water Resources Control Board  
Division of Water Quality  
P.O. Box 1977  
Sacramento, CA 95812-1977  
Attn: Storm Water Permitting Unit

**Please Note: Do not send the original or copies of the NOI submittal to the Regional Water Quality Control Board (Regional Water Board).** The original NOI will be forwarded to the Regional Water Board after processing.

**Do not send a copy of your Storm Water Pollution Prevention Plan (SWPPP) with your NOI submittal.** Your SWPPP is to be kept on site and made available for review upon request.



### **When to Apply**

Facility operators of existing facilities must file an NOI in accordance with these instructions by March 30, 1992. Facility

operators of new facilities (those beginning operations after March 30, 1992) must file an NOI in accordance with these instructions at least 14 days prior to the beginning of operations.

Once the completed NOI, site map, and appropriate fee have been submitted to the State Water Board, your NOI will be processed and you will be issued a receipt letter with a Waste Discharge Identification (WDID) Number. Please refer to this number when you contact either the State or Regional Water Boards.

### **Fees**

The total annual fee is \$1359.00. Checks should be made payable to: SWRCB

### **Change of Information**

If the information provided on the NOI or site map changes, you should report the changes to the State Water Board using an NOI form. Section I of the line-by-line instructions includes information regarding changes to the NOI.

### **Questions**

If you have any questions completing the NOI, please call the appropriate Regional Water Board (Attachment 2) or the State Water Board at (916) 341-5538.

## **NOI LINE-BY-LINE INSTRUCTIONS**

Please type or print your responses on the NOI. Please complete the NOI form in its entirety and sign the certification.

### **Section I--NOI STATUS**

Check box "A" if this is a new NOI registration.

Check box "B" if you are reporting changes to the NOI (e.g., new contact person, phone number, mailing address). Include the facility WDID #. Highlight all the information that has been changed.

Please note that a change of information **does not** apply to a change of facility operator or a change in the location of the facility. These changes require a Notice of Termination (NOT) and submittal of a new NOI and annual fee. Contact the State Water Board or Regional Water Boards for more information on the NOT Form and instructions.

Regardless of whether you are submitting a new or revised NOI, you must complete the NOI in its entirety and the NOI must be signed.

## Section II--Facility Operator Information

- Part A: The facility operator is the legal entity that is responsible for all permit related compliance activities at the facility. In most cases, the facility operator is the owner of the business or operation where the industrial activity occurs. Give the legal name and the address of the person, firm, public organization, or any other entity that is responsible for complying with the General Permit.
- Part B: Check the box that indicates the type of operation.

## Section III--Facility Site Information

- Part A: Enter the facility's official or legal name and provide the address. Facilities that do not have a street address must provide cross-streets or parcel numbers. Do not include a P.O. Box address in Part A.
- Part B: Enter the mailing address of the facility if different than Part A. This address may be a P.O. Box.
- The contact person should be the plant or site manager who is familiar with the facility and responsible for overseeing compliance of the General Permit requirements.
- Part C: Enter the total size of the facility in either acres or square feet. Also include the percentage of the site that is impervious (areas that water cannot soak into the ground, such as concrete, asphalt, and rooftops).
- Part D: Determine the Standard Industrial Classification (SIC) code which best identifies the industrial activity that is taking place at the facility. This information can be obtained by referring to the Standard Industrial Classification Manual prepared by the Federal Office of Management and Budget which is available at public libraries. The code you determine should identify the industrial activity that requires you to submit the NOI. (For example, if the business is high school education and the activity is school bus maintenance, the code you choose would be bus maintenance, not education.) Most facilities have only one code; however, additional spaces are provided for those facilities that have more than one activity.
- Part E: Identify the title of the industrial activity that requires you to submit the NOI (e.g., the title of SIC Code 2421 is Sawmills and Planing Mills, General). If you cannot identify the title, provide a description of the regulated activity(s).

#### **Section IV--Address for Correspondence**

Correspondence relative to the permit will be mailed occasionally. Check the box which indicates where you would like such correspondence delivered. If you want correspondence sent to another contact person or address different than indicated in Section II or Section III then include the information on an extra sheet of paper.

#### **Section V--Billing Address Information**

To continue coverage under the General Permit, the annual fee must be paid. Use this section to indicate where the annual fee invoices should be mailed. Enter the billing address if different than the address given in Sections II or III.

#### **Section VI--Receiving Water Information**

Provide the name of the receiving water where storm water discharge flows from your facility. A description of each option is included below.

1. Directly to waters of the United States: Storm water discharges directly from the facility to a river, creek, lake, ocean, etc. Enter the name of the receiving water (e.g., Boulder Creek).
2. Indirectly to waters of the United States: Storm water discharges over adjacent properties or right-of-ways prior to discharging to waters of the United States. Enter the name of the closest receiving water (e.g., Clear Creek).

#### **Section VII--Implementation of Permit Requirements**

Parts A and B: Check the boxes that best describe the status of the Storm Water Pollution Prevention Plan (SWPPP) and the Monitoring Program.

Part C: Check yes or no to questions 1 through 4. If you answer no to any question, you need to assign a person to these tasks immediately.

As a permit holder you are required to have an SWPPP and Monitoring Program in place prior to the beginning of facility operations. Failure to do so is in direct violation of the General Permit. Do not send a copy of your SWPPP with your NOI submittal.

Please refer to Sections A and B of the General Permit for additional information regarding the SWPPP and Monitoring Program.

#### **Section VIII--Site Map**

Provide a "to scale" drawing of the facility and its immediate surroundings. Include as much detail about the site as possible. At a minimum, indicate buildings, material handling and storage areas, roads, names of adjacent streets, storm water discharge points, sample collection points, and a north arrow. Whenever

possible limit the map to a standard size sheet of paper (8.5" x 11" or 11" x 17"). **Do not send blueprints** unless you are sending one page and it meets the size limits as defined above.

A location map may also be included, especially in cases where the facility is difficult to find, but are not to be submitted as a substitute for the site map. The location map can be created from local street maps and U.S. Geological Survey (USGS) quadrangle maps, etc.

A revised site map must be submitted whenever there is a significant change in the facility layout (e.g., new building, change in storage locations, boundary change, etc.).

### **Section IX--Certification**

This section should be read by the facility operator. The certification provides assurances that the NOI and site map were completed by the facility operator in an accurate and complete fashion and with the knowledge that penalties exist for providing false information. It also requires the Responsible Party to certify that the provisions in the General Permit will be complied with.

The NOI must be signed by:

**For a Corporation:** a responsible corporate officer (or authorized individual).

**For a Partnership or Sole Proprietorship:** a general partner or the proprietor, respectively.

**For a Municipality, State, or other non-Federal Public Agency:** either a principal executive officer or ranking elected official.

**For a Federal Agency:** either the chief or senior executive officer of the agency.



**SECTION IV. ADDRESS FOR CORRESPONDENCE**

Facility Operator Mailing Address (Section II)       Facility Mailing Address (Section III, B.)       Both

**SECTION V. BILLING ADDRESS INFORMATION**

SEND BILL TO:     Facility Operator Mailing Address (Section II)     Facility Mailing Address (Section III, B.)     Other (*enter information below*)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

**SECTION VI. RECEIVING WATER INFORMATION**

Your facility's storm water discharges flow: (*check one*)     Directly    OR     Indirectly to waters of the United States.

Name of receiving water: \_\_\_\_\_  
(river, lake, stream, ocean, etc.)

**SECTION VII. IMPLEMENTATION OF PERMIT REQUIREMENTS**

A. STORM WATER POLLUTION PREVENTION PLAN (SWPPP) (*check one*)  
 A SWPPP has been prepared for this facility and is available for review.  
 A SWPPP will be prepared and ready for review by (enter date): \_\_\_\_/\_\_\_\_/\_\_\_\_.

B. MONITORING PROGRAM (*check one*)  
 A Monitoring Program has been prepared for this facility and is available for review.  
 A Monitoring Program will be prepared and ready for review by (enter date): \_\_\_\_/\_\_\_\_/\_\_\_\_.

C. PERMIT COMPLIANCE RESPONSIBILITY  
Has a person been assigned responsibility for:

1. Inspecting the facility throughout the year to identify any potential pollution problems? ..... YES \_\_\_ NO \_\_\_
2. Collecting storm water samples and having them analyzed?..... YES \_\_\_ NO \_\_\_
3. Preparing and submitting an annual report by July 1 of each year? ..... YES \_\_\_ NO \_\_\_
4. Eliminating discharges other than storm water (*such as equipment or vehicle wash-water*) into the storm drain?..... YES \_\_\_ NO \_\_\_

**SECTION VIII. SITE MAP**

I HAVE ENCLOSED A SITE MAP    YES[  ]    A new NOI submitted without a site map will be rejected.

**SECTION IX. CERTIFICATION**

"I certify under penalty of law that this document and all attachments were prepared under my direction and supervision in accordance with a system designed to assure 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 persons 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. In addition, I certify that I have read the entire General Permit, including all attachments, and agree to comply with and be bound by all of the provisions, requirements, and prohibitions of the permit, including the development and implementation of a Storm Water Pollution Prevention Plan and a Monitoring Program Plan will be complied with."

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

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

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

**DEFINITIONS**

1. "Best Management Practices" ("BMPs") means schedules of activities, prohibitions of practices, maintenance procedures, and other management practices to prevent or reduce the pollution of waters of the United States. BMPs also include treatment measures, operating procedures, and practices to control facility site runoff, spillage or leaks, sludge or waste disposal, or drainage from raw material storage. BMPs may include any type of pollution prevention and pollution control measure necessary to achieve compliance with this General Permit.
2. Clean Water Act (CWA) means the Federal Water Pollution Control Act enacted by Public Law 92-500 as amended by Public Laws 95-217, 95-576, 96-483, and 97-117; 33 USC. 1251 et seq.
3. "Facility" is a collection of industrial processes discharging storm water associated with industrial activity within the property boundary or operational unit.
4. "Non-Storm Water Discharge" means any discharge to storm sewer systems that is not composed entirely of storm water.
5. "Significant Materials" includes, but is not limited to: raw materials; fuels; materials such as solvents, detergents, and plastic pellets; finished materials such as metallic products; raw materials used in food processing or production; hazardous substances designated under Section 101(14) of Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA); any chemical the facility is required to report pursuant to Section 313 of Title III of Superfund Amendments and Reauthorization Act (SARA); fertilizers; pesticides; and waste products such as ashes, slag, and sludge that have the potential to be released with storm water discharges.
6. "Significant Quantities" is the volume, concentrations, or mass of a pollutant that can cause or threaten to cause pollution, contamination, or nuisance; adversely impact human health or the environment; and/or cause or contribute to a violation of any applicable water quality standards for the receiving water.
7. "Significant Spills" includes, but is not limited to: releases of oil or hazardous substances in excess of reportable quantities under Section 311 of the CWA (see 40 CFR 110.10 and 117.21) or Section 102 of CERCLA (see 40 CFR 302.4).
8. "Storm water" means storm water runoff, snow melt runoff, and storm water surface runoff and drainage. It excludes infiltration and runoff from agricultural land.

9. "Storm Water Associated with Industrial Activity" means the discharge from any conveyance which is used for collecting and conveying storm water and which is directly related to manufacturing, processing, or raw materials storage areas at an industrial plant. The term does not include discharges from facilities or activities excluded from the NPDES program. For the facilities identified in Categories 1 through 9 of Attachment 1 of this General Permit, the term includes, but is not limited to, storm water discharges from industrial plant yards; immediate access roads and rail lines used or traveled by carriers of raw materials; manufactured products, waste material, or by-products used or created by the facility; material handling sites; refuse sites; sites used for the application or disposal of process wastewaters (as defined at 40 CFR Part 401); sites used for the storage and maintenance of material handling equipment; sites used for residual treatment, storage, or disposal; shipping and receiving areas; manufacturing buildings; storage areas (including tank farms) for raw materials, and intermediate and finished products; and areas where industrial activity has taken place in the past and significant materials remain and are exposed to storm water.

For the facilities identified in Category 10 of Attachment 1 of this General Permit, the term only includes storm water discharges from all areas listed in the previous sentence where material handling equipment or activities, raw materials, intermediate products, final products, waste materials, by-products, or industrial machinery are exposed to storm water.

Material handling activities include the: storage, loading and unloading, transportation, or conveyance of any raw material, intermediate product, finished product, by-product, or waste product. The term excludes areas located on plant lands separate from the plant's industrial activities, such as office buildings and accompanying parking lots as long as the drainage from the excluded areas is not mixed with storm water drained from the above described areas. Industrial facilities (including industrial facilities that are federally, State, or municipally owned or operated that meet the description of the facilities listed in this paragraph) include those facilities designated under 40 CFR 122.26(a)(1)(v).



## ACRONYM LIST

BAT	Best Available Technology Economically Achievable
BCT	Best Conventional Pollutant Control Technology
BMPs	Best Management Practices
CERCLA	Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (Federal Superfund)
CFR	Code of Federal Regulations
CWA	Clean Water Act
General Permit	General Industrial Activities Storm Water Permit
GMP	Group Monitoring Plan
NEC	No Exposure Certification
NOI	Notice of Intent
NOT	Notice of Termination
NPDES	National Pollutant Discharge Elimination System
O&G	Oil and Grease
RCRA	Resource, Conservation, and Recovery Act
Regional Water Board	Regional Water Quality Control Board
RQ	Reportable Quantity
SARA	Superfund Amendments and Reauthorization Act of 1986
SIC	Standard Industrial Classification
SMCRA	Surface Mining Control and Reclamation Act
SPCC	Spill Prevention Control and Countermeasures
State Water Board	State Water Resources Control Board
SWPPP	Storm Water Pollution Prevention Plan
TOC	Total Organic Carbon
TSS	Total Suspended Solids
U.S. EPA	U.S. Environmental Protection Agency
WDID	Waste Discharger Identification
WDRs	Waste Discharge Requirements

**Appendix B**  
**Receipt of Notice of Intent**



**State Water Resources Control Board**

**Approved Date:** January 14, 2002

Andre Griggs  
Taormina Industries Inc  
PO Box 309  
Anaheim CA 92815

**RECEIPT OF YOUR NOTICE OF INTENT (NOI)**

The State Water Resources Control Board (State Water Board) has received and processed your NOI to comply with the terms of the General Permit to Discharger Storm Water Associated with Industrial Activity. Accordingly, you are required to comply with the permit requirements.

The Waste Discharger Identification (WDID) number is: **8 36I017024** . Please use this number in any future communication regarding this permit.

	<b>FACILITY DESCRIPTION</b>
<b>OPERATOR:</b>	Taormina Industries Inc
<b>FACILITY INFORMATION:</b>	Inland Regional Material Recovery Facility and Transfer Sta 2059 N Steel Rd Colton
<b>COUNTY:</b>	San Bernardino
<b>SIC/NAIC CODES:</b>	4953

**When the operator changes (i.e. the business was bought or transferred), a new NOI, site map, and fee must be submitted by the new operator.** As the previous operator, you are required to submit a Notice of Termination (NOT) to the local Regional Water Board stating you no longer own or operate the facility and coverage under the General Permit is not required. Unless notified, you will continue and are responsible to pay the annual fee invoiced each January.

If you have any questions regarding permit requirements, please contact your Regional Water Board at 951-782-4130 . Please visit the storm water web site at [http://www.waterboards.ca.gov/water\\_issues/programs/stormwater/](http://www.waterboards.ca.gov/water_issues/programs/stormwater/) to obtain an NOT and other storm water related information and forms.

Sincerely,

Storm Water Section  
Division of Water Quality

FELICIA MARCUS, CHAIR | THOMAS HOWARD, EXECUTIVE OFFICER

**Appendix C**  
**Example of Annual Report Forms**

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State of California  
STATE WATER RESOURCES CONTROL BOARD

2012-2013  
**ANNUAL REPORT**  
FOR  
STORM WATER DISCHARGES ASSOCIATED  
WITH INDUSTRIAL ACTIVITIES

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Reporting Period July 1, 2012 through June 30, 2013

**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.swrcb.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: \_\_\_\_\_

2012-2013  
**ANNUAL REPORT**

**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? \_\_\_\_\_

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 stormwater 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
- Name and title of sampler.
- Parameters tested.
- Name of analytical testing laboratory.
- Discharge location identification.
- Testing results.
- Test methods used.
- Test detection limits.
- Date of testing.
- Copies of the laboratory analytical results.

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.



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.

	<b>YES</b>	<b>NO</b>		<b>YES</b>	<b>NO</b>
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:
  - areas where spills and leaks have occurred during the last year.
  - outdoor wash and rinse areas.
  - process/manufacturing areas.
  - loading, unloading, and transfer areas.
  - waste storage/disposal areas.
  - dust/particulate generating areas.
  - erosion areas.
  - building repair, remodeling, and construction
  - material storage areas
  - vehicle/equipment storage areas
  - truck parking and access areas
  - rooftop equipment areas
  - vehicle fueling/maintenance areas
  - non-storm water discharge generating areas
  
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
  - facility boundaries
  - outline of all storm water drainage areas
  - areas impacted by run-on
  - storm water discharges locations
  - storm water collection and conveyance system
  - structural control measures such as catch basins, berms, containment areas, oil/water separators, etc.

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
- monthly storm water discharge visual observation
- records of spills/leaks and associated clean-up/response activities
- quarterly unauthorized non-storm water discharge visual observations
- Sampling and Analysis records
- 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
- list of significant materials
- description of potential pollutant sources
- assessment of potential pollutant sources
- identification and description of the BMPs to be implemented for each potential pollutant source

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

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
- the date(s) of the evaluation
- necessary SWPPP revisions
- schedule for implementing SWPPP revisions
- any incidents of non-compliance and the corrective actions taken.

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.

**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?  YES (Mandatory)
  
- 2. If you conducted sampling and analysis, have you attached the laboratory analytical reports?  YES  NO  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?  YES  NO  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?  YES  NO  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.swrcb.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/water\\_issues/programs/stormwater/contact.shtml](http://www.waterboards.ca.gov/water_issues/programs/stormwater/contact.shtml)

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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.
- 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 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.

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

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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  EXAMPLE: Air conditioner Units on Building C	NAME OF AUTHORIZED NSWD  EXAMPLE: 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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SIDE A

**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 NSWD 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.

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

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SIDE B

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

OBSERVATION DATE (FROM REVERSE SIDE)	NAME OF UNAUTHORIZED NSWD  <u>EXAMPLE:</u> Vehicle Wash Water	SOURCE AND LOCATION OF UNAUTHORIZED NSWD  <u>EXAMPLE:</u> 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 ____ 2012</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 ____ 2012</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 ____ 2012</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 ____ 2013</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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**SIDE B**

**FORM 4-MONTHLY VISUAL OBSERVATIONS OF  
 STORM WATER DISCHARGES**

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

- 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 ____ 2013</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: March ____ 2013</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: April ____ 2013</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: May ____ 2013</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"/>

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**ANNUAL REPORT**

**SIDE B**

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

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

**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/revise 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/revise 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/revise 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/revise 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			

2012-2013  
ANNUAL REPORT

SIDE B

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> <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			



**Appendix D**  
**Example of Visual Observation Forms**



## QUARTERLY DRY (NON-STORMWATER) VISUAL OBSERVATION FORM

**Facility Address:** Inland Regional Material Recovery Facility & Transfer Station  
2059 East Steel Road  
Colton, CA 92324

**Observer Name(s):** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Time:** \_\_\_\_\_AM/PM  
*Complete by Sep. 30<sup>th</sup>, Dec. 31<sup>st</sup>, Mar. 31<sup>st</sup>, and Jun. 30<sup>th</sup>*

**Monitoring Locations:** MP-1 (West end of site under sidewalk culvert)  
MP-2 (Under sidewalk drain near office trailer onto Steel Road)

- 1. Is there non-storm water discharge at MP-1 YES / NO (circle one) at MP-2 YES / NO (circle one)**
- 2. If “yes”, describe the location(s), the source of the discharge, and if it is authorized.**

\_\_\_\_\_

*Authorized non-stormwater discharges include fire hydrant flushing, potable water discharge from the operation, maintenance or testing of potable water sources, drinking fountains, irrigation drainage, landscape watering, and atmospheric condensates from refrigeration, air conditioning, and compressors.*

- 3. If there is discharge, please describe it using the following characteristics:**

**Any turbidity (clear, cloudy, or murky)?** \_\_\_\_\_

**Any unusual color or oily sheen?** \_\_\_\_\_

**Any unpleasant odor?** \_\_\_\_\_

**Any floating debris (grass, trash, oil, etc.)?** \_\_\_\_\_

**Identify & describe the source(s) of pollutants:** \_\_\_\_\_

- 4. Describe any abnormal conditions at the discharge point such as stains, residue, oil, silt, sludge, or dead/dying vegetation:**

\_\_\_\_\_

- 5. Describe any corrective measures that are to be taken as a result of these observations:**

\_\_\_\_\_

- 6. Are new or revised Best Management Practices (BMPs) required (include date of implementation)?** \_\_\_\_\_



# MONTHLY WET SEASON VISUAL OBSERVATION FORM

**Facility Address:** Inland Regional Material Recovery Facility & Transfer Station  
2059 East Steel Road, Colton, CA 92324

**Observer Name(s):** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Rain Amount** (in 0.01 inches): \_\_\_\_\_ from onsite rain gauge  
*This form must be completed by the end of Oct, Nov, Dec, Jan, Feb, Mar, Apr, & May*

**1. Was there storm water discharge during regular facility operating hours this month? Yes / No**  
*If there was no storm water discharge during business hours this month, then you are done with this form.*

**2. Monitoring Location MP-1** (West end of site under sidewalk culvert)

**Observation Time:** \_\_\_\_\_ AM/PM **Est. Time Storm Water Discharge Began:** \_\_\_\_\_ AM/PM

**If there is storm water discharge at MP-1, please describe it:**

**Any turbidity (clear, cloudy, or murky)?** \_\_\_\_\_

**Any unusual color or oily sheen?** \_\_\_\_\_

**Any unpleasant odor?** \_\_\_\_\_

**Any floating debris (grass, trash, oil, etc.)?** \_\_\_\_\_

**Identify & describe the source(s) of pollutants:** \_\_\_\_\_

**3. Monitoring Location MP-2** (Under sidewalk drain near office trailer onto Steel Road)

**Observation Time:** \_\_\_\_\_ AM/PM **Est. Time Storm Water Discharge Began:** \_\_\_\_\_ AM/PM

**If there was storm water discharge at MP-2, please describe it:**

**Any turbidity (clear, cloudy, or murky)?** \_\_\_\_\_

**Any unusual color or oily sheen?** \_\_\_\_\_

**Any unpleasant odor?** \_\_\_\_\_

**Any floating debris (grass, trash, oil, etc.)?** \_\_\_\_\_

**Identify & describe the source(s) of pollutants:** \_\_\_\_\_

**4. Describe any corrective measures that are to be taken as a result of these observations:**

\_\_\_\_\_

**5. Are new or revised Best Management Practices (BMPs) required? Yes / No If yes, describe:**

\_\_\_\_\_ **Date of Implementation:** \_\_\_\_\_

**6. Were storm water samples collected and submitted to a laboratory for analysis? Yes / No**

**7. Field measured pH (if applicable):** \_\_\_\_\_ (use a meter calibrated for pH 4, 7, & 10)

*Storm water observations should be done in daylight during scheduled facility operating hours, within the first hour of discharge, on a day preceded by at least 3 "working" days without stormwater discharge, whenever possible*



## BIORETENTION AREA & STORM CHAMBER VISUAL OBSERVATION FORM

**Facility Address:** Inland Regional Material Recovery Facility & Transfer Station  
2059 East Steel Road, Colton, CA 92324

**Observer Name(s):** \_\_\_\_\_ **Title:** \_\_\_\_\_

**1. Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ *This form must be completed during every rain event that produces greater than 0.10 inch of rain and occurs during scheduled facility operating hours Monday through Friday.*

**2. Rainfall Amount:** \_\_\_\_\_ **inches** (in 0.01 inch from the onsite continuous recording rain gauge)

**3. Bioretention Area or StormChamber® overflow is expected? Yes / No** (circle one)

**4. Bioretention Area and overflow monitoring location MP-1** (West end of site)

**Observation Time:** \_\_\_\_\_ AM/PM **Is storm water discharge observed: Yes / No** (circle one)

**Estimated Time Storm Water Discharge/Overflow Began:** \_\_\_\_\_ AM/PM

**Are pre-filter BMPs (fiber rolls, rock basket, & chevrons) in good condition? Yes / No** (circle one)

**When were BMPs last cleaned and/or replaced?** \_\_\_\_\_

**When was the rock basket last cleaned out?** \_\_\_\_\_

**Does the Bioretention Area appear to be in good condition? Yes / No** (circle one)

**Do the plants appear healthy?** \_\_\_\_\_

**Is there adequate ground cover?** \_\_\_\_\_

**Is there any discoloration?** \_\_\_\_\_

**If there is storm water discharge/overflow at MP-1/Area 1, please describe it:**

**Any turbidity (clear, cloudy, or murky)?** \_\_\_\_\_

**Any unusual color or oily sheen?** \_\_\_\_\_

**Any unpleasant odor?** \_\_\_\_\_

**Any floating debris (grass, trash, oil, etc.)?** \_\_\_\_\_

**Identify & describe the source(s) of pollutants:** \_\_\_\_\_

**Describe any corrective measures that are to be taken as a result of these observations:**

\_\_\_\_\_



## BIORETENTION AREA & STORM CHAMBER VISUAL OBSERVATION FORM (Page 2)

5. StormChamber® and overflow monitoring location MP-2 (Under sidewalk drain onto Steel Road)

Observation Time: \_\_\_\_\_AM/PM Is storm water discharge observed: Yes / No (circle one)

Estimated Time Storm Water Discharge/Overflow Began: \_\_\_\_\_AM/PM

Are pre-filter BMPs (fiber rolls, rock basket, & chevrons) in good condition? Yes / No (circle one)

When were BMPs last cleaned and/or replaced? \_\_\_\_\_

When was the SedimenTrap™ last cleaned out? \_\_\_\_\_

Does the StormChamber® appear to be functioning correctly? Yes / No (circle one)

If there was storm water discharge/overflow at MP-2/Area 2, please describe it:

Any turbidity (clear, cloudy, or murky)? \_\_\_\_\_

Any unusual color or oily sheen? \_\_\_\_\_

Any unpleasant odor? \_\_\_\_\_

Any floating debris (grass, trash, oil, etc.)? \_\_\_\_\_

Identify & describe the source(s) of pollutants: \_\_\_\_\_

Describe any corrective measures that are to be taken as a result of these observations:

\_\_\_\_\_

6. Are new or revised Best Management Practices (BMPs) required? Yes / No If yes, describe:

\_\_\_\_\_

\_\_\_\_\_

7. Date of Implementation of new BMPs: \_\_\_\_\_

8. Were storm water samples collected and submitted to a laboratory for analysis? Yes / No

9. Were photographs taken? Yes / No

## LITTER CONTROL LOG

Daily record keeping of housekeeping activities at the IRMRF

Focus on litter and paper debris along site perimeter at Steel Road and CalTrans boundary

Requirements: PPE (Boots, Safety Vest lvl 3, Safety Glasses, Gloves) worn at all times.

<i>Date:</i>							
	Mon	Tues	Wed	Thurs	Fri	Comments	
<b>1 - Front Along Steel Road</b>							
Clean Curbside along Steel Road							
Pick up litter from grass/shrubs							
Sweep Steel Road near site							
<b>2 - North side along Cal Trans perimeter</b>							
Clean along wall/chain link fence							
Pick up litter from grass/shrubs							
Pick up debris in Paved Storage Areas							
<b>3 - Unpaved East Lot</b>							
Pick up litter from lot & perimeter							
Pick up litter from grass/shrubs							
<b>4 - Bioretention Area</b>							
Pick up litter from grass							
Clean debris from pre-filter areas							
<b>5 - Parking Lots and site interior</b>							
Pick up litter							
Clean under scales/trailers							

## TARP APPLICATION & INSPECTION LOG

Tarps/sheeting must be firmly held in place with sandbags/weights or tarp hold-down systems. If applicable, seams should be taped or weighted down their entire length, with a 12 to 24 inch overlap to prevent gaps. Tarps may be joined using Grip Clips or other fastening devices. All sheeting must be inspected periodically after installation and after heavy storms or wind. Any failures must be corrected immediately and torn tarps replaced. The failures and corrections such as re-securing tarps or tarp replacements, should be described.

**Inspectors Name(s):** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Rain Start Date:** \_\_\_\_\_ **Approximate Rain Start Time:** \_\_\_\_\_

**Storm End Date:** \_\_\_\_\_ **Date Tarps were removed:** \_\_\_\_\_

**TARP INSPECTION LOG – (The first line is for the initial tarp application, put subsequent inspections on the following lines)**

DATE	TIME	Material(s) Covered	Tarp Securing Method	Describe any failures and corrections

**Additional Comments:**

**Appendix E**  
**Example of Chain of Custody Form**



LABORATORY CLIENT: <b>Inland Regional Material Recovery Facility (IRMRF)</b>				CLIENT PROJECT NAME / NUMBER: <b>Storm Water Sampling</b>										P.O. NO.:																																																																																																																																																																																																																																																																																																																																																																																																																																								
ADDRESS: <b>2059 E Steel Road</b>				PROJECT CONTACT: <b>Andre Griggs</b>							LAB CONTACT OR QUOTE NO.:																																																																																																																																																																																																																																																																																																																																																																																																																																											
CITY: <b>Colton</b>		STATE: <b>CA</b>		ZIP: <b>92324</b>		SAMPLER(S): (SIGNATURE)										LAB USE ONLY <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																																																						
TEL: <b>(909) 370-3377</b>		FAX: <b>(909) 370-3285</b>		E-MAIL: <b>agriggs@republicservices.com</b>		<b>REQUESTED ANALYSIS</b>																																																																																																																																																																																																																																																																																																																																																																																																																																																
TURNAROUND TIME: <input type="checkbox"/> SAME DAY <input type="checkbox"/> 24 HR <input type="checkbox"/> 48 HR <input type="checkbox"/> 72 HR <input type="checkbox"/> 5 DAYS <input checked="" type="checkbox"/> 10 DAYS						<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="writing-mode: vertical-rl; transform: rotate(180deg);">Please list tests required</th> <th>TSS</th> <th>Oil &amp; Grease</th> <th>Metals (Al, As, Cd, Cu, Fe, Pb, Mg, Hg, Se, Ag, Zn)</th> <th>pH, EC</th> <th>Cyanide, Total</th> <th>COD</th> <th>Ammonia (as N)</th> <th>Enterococci</th> <th>Fecal Coliform</th> <th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th> </tr> <tr> <th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th> </tr> </thead> <tbody> <tr> 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