

1998

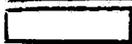
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1-2763-1

UTILITY TRAILER MFG. CO.

MAR 24 1998

State of California  
State Water Resources Control Board



ACTION

1997-1998

**ANNUAL REPORT**  
FOR  
STORM WATER DISCHARGES ASSOCIATED  
WITH INDUSTRIAL ACTIVITIES

Reporting Period July 1, 1997 through June 30, 1998

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.

If any information contained in Items A, B, and C below is incorrect, please cross out or highlight the incorrect information (do not white out or erase) and provide the correct information next to or above the incorrect information.

If you have any questions, please contact your Regional Board Storm Water Program Contact. The address of your Regional Board (where the Annual Report must be filed) along with the name and telephone number of the contact person is indicated below.

**REGIONAL BOARD INFORMATION:**

LOS ANGELES REGIONAL WATER BOARD  
101 CENTRE PLAZA DR.  
MONTEREY PARK, CA 91754-2156

DAN RADULESCU  
(213) 266-7630

**GENERAL INFORMATION**

A. Facility WDID NO: 4 19S009083

B. Facility Operator Information:

Contact Person: TONY ESNAULT  
Phone: ~~(818)~~ 965-1541  
(626)

UTILITY TRAILER MANUFACTURI  
P O BOX 1299  
CITY OF INDUSTRY, CA 91749

C. Facility Information:

UTILITY TRAILER MANUFACTURI Contact Person: TONY ESNAULT  
17300 CHESTNUT STREET SIC Code(s):  
CITY OF INDUSTRY, CA 91749 3715 Truck Trailers

(626)  
~~(818)~~ 965-1541

1997-98  
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

E. SAMPLING AND ANALYSIS RESULTS

1. How many storm events did you sample? 2

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

3. How many storm water discharge locations are at your facility? 2

- Assessment of the threat to storm water from potential pollutant sources
- Description of Best Management Practices (BMPs) being implemented for each potential pollutant
- Observation schedules and locations, sampling locations and analytical parameters
- Sampling locations and analytical parameters

**BEST MANAGEMENT PRACTICES (BMPs)**

Q: "Which specific BMPs should I consider?"  
 A: See pages 17-21 in your copy of the General Permit for information regarding structural and non-structural BMPs. To obtain an application to purchase copies of the BMP Handbook, please call (510) 287-5485.

Q: "What are the categories of BMPs?"  
 A: Broadly, they can be categorized as non-structural and structural BMPs.

- Categories of non-structural BMPs include:
- spill response procedures
  - loading or unloading procedures
  - material handling and storage procedures
  - training activities
  - housekeeping measures
  - waste handling or recycling procedures
  - record keeping and internal reporting procedures
  - erosion control measures
  - inspection procedures
  - quality assurance procedures

The majority of pollutant sources can be handled through relatively low-tech, low-cost non-structural BMPs.

- Categories of structural BMPs include:
- overhead coverage

- retention devices such as ponds, basins, bermed areas, etc.
- control devices such as berms or other channeling measures keeping storm water flow in certain areas
- secondary containment structures around storage tanks
- treatment devices such as filters, percolation areas, oil/water separators, vegetated swales, detention ponds, etc.

Make sure BMPs are all adequately maintained.

**SITE INSPECTIONS**

Q: "What should I know about inspections conducted by Regional Board staff?"  
 A: The following are some helpful tips (please refer to pages 46-47 of the General Permit):

- Regional Board staff are given authority under the General Permit to inspect your site and to have access to your storm water records related to the General Permit.
- You have the right to ask for credentials of the inspector such as a business card or state employee identification card.
- Typically, the Regional Board storm water inspector will look for storm water documents, including a SWPPP, and proper BMP implementation.

**DO**

**DO include your WDID number** (begins with 4\_19S...) on all correspondence you send to us.

**DO NOT**

**Please DO NOT** send any other correspondence with the AR (such as a Notice of Termination, No Exposure Certification, Sampling and Analysis Reduction, updated Notices of Intent, etc.) **Please send these documents SEPARATELY!!!**

**For Your Information...**

**1. CHANGEs to NOIs ...**

Q: "What do we need to do if we changed our business name (not the ownership or the operation) or expanded our operation into neighboring lot?"

A: Send a completed NOI (check "change of information" box) to:

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

Q: "What if my facility has closed or moved to a new location?"

A: Coverage under the General Permit must continue as long as materials associated with industrial activity remain onsite and are exposed to storm water. Once clean-up activity is completed and exposure of industrial activities and materials to storm water has been eliminated, file a Notice of Termination (NOT). Send the completed form to LA Regional Board (see our new address).

Q: "What should I do if my facility has been sold or transferred to a new owner?"

A: Submit a NOT to us – make sure you include the new owner or operator's name, phone number, and the new facility name. If the facility operations under the new owner requires coverage under the storm water permit, the new owner must submit a NOI form to the State Board.

**2. SIGNED CERTIFICATION**

All reports, certifications, or other information required by the General Permit or requested by this office must be signed by an authorized person (see General Permit Section C.9). This

includes (but is not limited to) NOIs, SWPPPs, Annual Reports, and NOTs.

Any person signing such documents thereby makes a certification under penalty of law (see General Permit Section C.10.).

**3. RECORD KEEPING**

You are required to retain all records of storm water monitoring information and copies of all reports for a period of at least five years from the date of the sample, measurement, observation, or report. All records are public documents and are to be provided to the Regional Board upon request.

Special Project Update



In July 1998, the Los Angeles Regional Water Quality Control Board (Regional Board) launched an industry-specific compliance assessment project looking at the auto dismantling industry. This compliance assessment is based on the following components:

- Regional Board staff review of facility's SWPPP and Monitoring Plan.
- Staff site inspection to verify implementation of appropriate Best Management Practices and for proper recordkeeping.
- Storm water sampling and analysis by Regional Board staff at randomly selected facilities.

Here is a summary of our *FINDINGS*:

- 25% of facility operators did not know what a SWPPP was.
- Most SWPPPs were not site-specific, often citing "ideal" BMPs that may or may not pertain to the facility.
- Many facilities did not fully implement the BMPs indicated in

**the SWPPP—THIS IS AN AUTOMATIC VIOLATION BECAUSE A SWPPP IS A SIGNED CONTRACT WITH THE STATE!!!**

- Many of the constituents, including Oil & Grease, Specific Conductance, Total Suspended Solids and metals (lead, zinc, copper, aluminum and iron) exceeded the USEPA benchmark values used as our guideline.

**Regional Board Enforcement Activities**

Enforcement serves as a tool to bring some recalcitrant permittees into compliance with the General Permit requirements. Since July 1998, the Regional Board issued:

- More than a dozen Administrative Civil Liabilities (financial penalties) for facilities that failed to submit their 97-98 Annual Report
- 20 Notices of Non-Compliance to facilities that failed to respond to our SWPPP request
- 8 Notices of Violation to facilities that failed to respond to our SWPPP request and Notices of Non-Compliance.

**NEED A FORM?**

1. You can download a blank Industrial Storm Water Annual Report, NOT, NOI or copy of the General Permit from <http://www.swrcb.ca.gov>
- or,
2. Fax us a written request to 213-576-6686, with the following message- "Attention- Industrial Storm Water Program- Please mail a blank (AR, NOT, or NOI, etc.) to (your name and mailing address)".



**Storm Water Contacts**

**To report spills or dumping in storm drains, call**

- 1-800-974-9794 (City of L.A.)
- 1-800-303-0003 (L.A. County-anywhere in the County)
- 1-213-576-6650 (LA Water Quality Control Regional Board)

**Questions about status of NOIs or NOTs, call 916-654-3765 (State Board)**

**To contact the Los Angeles Regional Board, Industrial Storm Water Program call (213) 576-6753.**



Anything that goes down the gutter enters our storm drains and does not get cleaned or treated in any way. What goes in is what comes out on our beaches.



# STORM REPORT 4

Regional Water Quality Control Board - Los Angeles

**WELCOME TO THE FOURTH EDITION OF OUR NEWSLETTER**

First of all, we wish to thank all the permittees who have been working hard to comply with General Permit requirements by submitting timely and complete reports and implementing Best Management Practices. We recognize this effort and appreciate your continued cooperation in helping to protect water quality in the Los Angeles/Ventura region.

Since the General Industrial Storm Water Permit was reissued in April 1997, we have received numerous requests for information and clarification regarding the Industrial Activities Storm Water General Permit (General Permit) requirements. Through this newsletter, we hope to answer several frequently asked questions and provide guidance on completing the 1998-99 Annual Reports.

**IN THIS ISSUE**

Update on AB 2019	1
Frequently Asked Questions	
Annual Reports	2
Storm Water Sampling	2
Storm Water Pollution Prevention Plans	2
Best Management Practices	3
Site Inspections	3
General Information	
Changes to NOIs	3
Notices of Termination (NOT)	3
Signed Certification	3
Record Keeping	4
Special Project Update	4
Regional Board Enforcement	4
Storm Water Contacts	4

**IMPORTANT UPDATE ON NEW STORM WATER BILL AB 2019**

AB 2019's primary objective is to enhance the Regional Board's enforcement efforts in the following areas:

**Non-filers.** By conducting site inspections, the Regional Board is working to "level the playing field" by identifying those who are required to be covered under the General Permit but have failed to file a NOI. Recalcitrant non-filers will be imposed financial penalty of no less than \$5,000 per year of noncompliance.

**Annual Reports.** Facilities failing to submit Annual Reports will be assessed a financial penalty of \$1,000 per delinquent Annual Report.

**WHAT MUST PERMITTEES (FACILITY OPERATORS) DO TO BE IN COMPLIANCE?**

- Develop site-specific SWPPPs
- Fully implement Best Management Practices
- Conduct storm water monitoring activities, including visual observations, a annual comprehensive site evaluation, storm water sampling and analysis to evaluate whether existing BMPs are adequately controlling pollutants or if additional BMPs are necessary
- Submit an Annual Report by July 1
- Maintain appropriate records for at least 5 years
- Pay Annual Fees on time

**Our agency has MOVED to...**

320 W. 4<sup>th</sup> St. Suite 200  
Los Angeles, CA 90013

Please submit all correspondence including your Annual Report to our new address. Thank you!



**ANNUAL REPORTS DUE JULY 1<sup>ST</sup>**

Storm Water Annual Reports for the 1998-99 reporting year are due on July 1, 1999. Annual Reports will be reviewed by staff and evaluated for compliance with General Permit monitoring requirements.

This year, the template for the Annual Report can be downloaded from the Internet at <http://www.swrcb.ca.gov> or by faxing a request for a blank AR to the Industrial Storm Water Program at (213) 576-6686. Your Annual Report basically serves the function of summarizing and documenting what you've done over the year to come into compliance with the General Permit requirements.

Specifically, the Annual Report must include the following elements (please refer to page 35 of your copy of the General Permit for detailed descriptions):

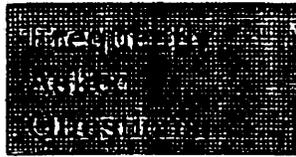
- A summary of visual observations and sampling results
- An evaluation of the visual observation and sampling & analysis results
- Laboratory reports and

**Regional Board Phone (213) 576-6600**

**Fax (213) 576-6686**

Please note: This newsletter is intended to provide helpful information but does not substitute for or fully describe the requirements of the General Permit. For complete information regarding permit requirements, please refer to your copy of the General Permit.

- Annual Comprehensive Site Compliance Evaluation Report.



**ANNUAL REPORTS (AR)/ SAMPLING**

Q: "Do I still need to file an AR even if I have filed a Notice of Termination during the 1998-99 permit year?"

A: Yes.

Q: "You suggested in the AR that I compare my sampling analysis results with existing benchmark values. Where can I find those values?"

A: For conventional pollutants, the benchmark values are shown in the following table.

**Benchmark Levels for Conventional Pollutants**

Analysis	Units	Acceptable Range	Need to Investigate
pH		6-9	<6 or >9
TSS	mg/l	<100	>100
SC	µmos/cm	<200	>200
TOC	mg/l	<110	>110
O&G	mg/l	<15	>15

For additional constituents, please fax your request to 213-576-6686, with the following message: "Attention: Industrial Storm Water Program. Please fax info on USEPA parameter bench- mark values to (your name and fax number)" or call 213-576-6754 and leave the above message on the voicemail.

Q: "What do I need to do if my storm water sample data exceed the USEPA benchmark values?"

A. Conduct a thorough site inspection of your facility to determine the sources of pollutants. Pay attention

to each activity and areas designated for these activities. Once you've identified the sources, come up with additional or alternative BMPs that would help reduce or eliminate pollutants in storm water in order to achieve the benchmark levels.

**STORM WATER SAMPLING**

Q: "Where can I get a list of California certified laboratories?"

A: Call (510) 540-2800 for a current list of certified laboratories in your area.

Q: "How do I collect a grab sample of my facility's storm water discharges?"

A: A grab sample can be collected either manually or with automated samplers. A manual grab sample is collected by using a container such as a clean pail, ladle, bailer, lab bottle, etc. to collect storm water at discharge point with the container opening facing upstream.

Q: "What if our facility only has shallow sheetflow which makes sampling difficult?"

A: To collect samples from sheetflow, try using a square or rectangular bottle or scooper (you may need to cut out narrow plastic bottle neck), or create an appropriate artificial barrier (consider using a clean waterproof folder--call your lab to make sure this would not interfere with sample analysis).

Q: "What do I need to analyze my storm water samples for?"

A: Each storm water sample must be analyzed for the following:

- pH
- Total Suspended Solids (TSS)
- Specific Conductance (SC)
- Total Organic Carbon (TOC)
- OR**
- Oil and Grease (O&G)
- Table D Constituents, if applicable (see pages 40-44 of the General Permit)

- Other pollutants likely to be present in your facility's storm water discharges.

Q: "What if it didn't rain during business operating hours?" or "What if it didn't rain at all?"

A: We keep a rain log and have access to rain gauge information for LA County. Don't use this as an excuse unless you have valid documentation.

**STORM WATER POLLUTION PREVENTION PLANS (SWPPPs)**

Q: "Do I need to submit the SWPPP to the Regional Board?"

A: No. Once you develop, sign and implement your facility's SWPPP, keep the SWPPP on-site. Regional Board staff will review your facility's SWPPP during their inspections. The Regional Board may also request that you send them a copy of your SWPPP within a specified time frame for their review. SWPPP and monitoring data are considered public documents.

Q: "What is a SWPPP?"

A: A SWPPP is basically a document that describes your operational activities, identifies potential pollutant sources, presents potential solutions for dealing with these pollutant sources, and describes in detail how your facility will come into compliance with the General Permit requirements. See pages 11-23 of the General Permit for further information. The main components of a SWPPP are:

- Site map
- Pollution prevention team
- List of significant materials handled on-site
- List of potential pollutants
- Description of potential pollutant sources

JUNE 1999

REMINDER: ANNUAL REPORTS DUE JULY 1ST



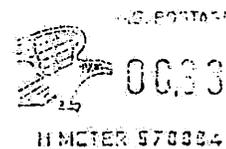
# STORM REPORT 4

Regional Water Quality Control Board - Los Angeles

**IMPORTANT STORM WATER UPDATES INSIDE  
DO NOT TOSS OUT!!!!**



LOS ANGELES REGIONAL WATER QUALITY CONTROL BOARD  
320 W. 4<sup>th</sup> Street, Suite 200  
Los Angeles, CA 90013  
Main Phone # (213) 576-6600  
Fax # (213)576-6686



**RECEIVED**

**JUN 07 1999**

**UTILITY TRAILER  
MFG. CO.**

TONY ESNAULT  
UTILITY TRAILER MANUFACTURING  
17300 CHESTNUT STREET  
CITY OF INDUSTRY, CA 91749



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Winston H. Hickox  
Secretary for  
Environmental  
Protection

# State Water Resources Control Board

## Division of Water Quality

901 P Street • Sacramento, California 95814 • (916) 657-0919  
Mailing Address: P.O. Box 1977 • Sacramento, California • 95812-1977  
FAX (916) 657-1011 • Internet Address: <http://www.swrcb.ca.gov>



Gray Davis  
Governor

RECEIVED

JUN 07 1999

UTILITY TRAILER  
MFG. CO.

REMINDER!!

**Your 1998-99 Storm Water Annual Report  
Must Be Submitted By  
July 1, 1999**

Dear Facility Operator,

As required by the Industrial Activities Storm Water General Permit, please complete and submit your 1998-99 Annual Report to the appropriate Regional Board office by July 1, 1999. The Regional Board office addresses are located on the reverse side of this letter. For those facility operators in the Los Angeles area, please note the **new Los Angeles Regional Board address and telephone number**. Annual report forms were sent last September to then existing facility operators. New facility operators received a copy with their Notice of Intent receipt letter. The annual report forms are available at the following internet address: <http://www.swrcb.ca.gov>.

You must report all required compliance activities for the period of July 1, 1998 to June 30, 1999 that your facility was permitted. If any required compliance activities were not completed, explain in the annual report why the activities were not completed and describe what measures will be taken to ensure these activities are completed in the future.

Please note that recent legislation requires the Regional Boards to identify and notify any facility operator who fails to submit an annual report, and to impose a minimum penalty of \$1,000 if an annual report is not submitted within 60 days of notification.

If you have any questions, please contact the appropriate Regional Board representative identified on the reverse side of this letter.

STORM WATER UNIT

**California Environmental Protection Agency**



## REGIONAL BOARD CONTACT LIST

### 1)NORTH COAST REGION

Lee A. Michlin, Executive Officer  
5550 Skylane Boulevard, Suite A  
Santa Rosa, CA 95403  
(707) 576-2220 FAX:(707) 523-0135  
*Contact: Nathan Quarles*  
*Email: quarn@rb1.swrcb.ca.gov*

### 2)SAN FRANCISCO BAY REGION

Loretta Kahn Barsamian, Executive Officer  
1515 Clay Street, Suite 1400  
Oakland, CA 94612  
(510) 622-2494 FAX:(510) 622-2460  
*Contact: Carmen Fewless*  
*Email: crf@rb2.swrcb.ca.gov*

### 3)CENTRAL COAST REGION

Roger W. Briggs, Executive Officer  
81 Higuera Street, Suite 200  
San Luis Obispo, CA 93401-5427  
(805) 549-3147 FAX:(805) 543-0397  
*Contact: Matt Fabry*  
*Email: mfabry@rb3.swrcb.ca.gov*

### 4)LOS ANGELES REGION

Dennis Dickerson, Executive Officer  
320 W. 4th Street, Suite 200  
Los Angeles, CA 90013  
*Contact: Cathy Chang (LA County)*  
(213) 576-6690 FAX:(213) 576-6686  
*Email: cchang@rb4.swrcb.ca.gov*  
*Contact: Mark Pumford (Ventura County)*  
(213) 576-6657 FAX:(213) 576-6686  
*Email: mpumford@rb4.swrcb.ca.gov*

### 5S)CENTRAL VALLEY REGION (Sacramento Office)

Gary M. Carlton, Executive Officer  
3443 Routier road, Suite A  
Sacramento, CA 95827-3098  
(916) 255-3072 FAX:(916) 255-3015  
*Contact: Kathryn Gaffney*  
*Email: gaffnek@rb5s.swrcb.ca.gov*

### 5R)CENTRAL VALLEY REGION (Redding Branch Office)

James C. Pedri, Supervising Engineer  
415 Knollcrest Drive  
Redding, CA 96002  
(530) 224-4849 FAX:(530) 224-4857  
*Contact: Carole Crowe*  
*Email: crowec@rb5r.swrcb.ca.gov*

### 5F)CENTRAL VALLEY REGION (Fresno Branch Office)

Loren J. Harlow, Assistant Executive Officer  
3614 East Ashlan Avenue  
Fresno, CA 93726  
*Contact: Jarma Bennett (Tulare & Kern Counties)*  
(559) 445-5919 FAX:(559) 445-5910  
*Email: bennettj@rb5f.swrcb.ca.gov*  
*Contact: Greg Kelly (Madera, Mariposa, Merced, Fresno, and Kings Counties)*  
(559) 445-5500 FAX:(559) 445-5910  
*Email: kellyg@rb5.swrcb.ca.gov*

### 6SLT) LAHONTAN REGION (South Lake Tahoe Office)

Harold J. Singer, Executive Officer  
2501 Lake Tahoe Boulevard  
South Lake Tahoe, CA 96150  
(530) 542-5433 FAX:(530) 544-2271  
*Contact: Chris Adair*  
*Email: adaic@rb6s.swrcb.ca.gov*

### 6V)LAHONTAN REGION (Victorville Office)

Hisam Baqai, Supervising Engineer  
15428 Civic Drive, Suite 100  
Victorville, CA 92392  
(760) 241-7377 FAX:(760) 241-7308  
*Contact: Jehiel Cass*  
*Email: jcass@rb6v.swrcb.ca.gov*

### 7)COLORADO RIVER BASIN REGION

Philip Gruenberg, Executive Officer  
73-720 Fred Waring Drive, Suite 100  
Palm Desert, CA 92260  
(760) 776-8935 FAX:(760) 341-6820  
*Contact: Ed Kashak*  
*Email: kashe@rb7.swrcb.ca.gov*

### 8)SANTA ANA REGION

Gerard J. Thibeault, Executive Officer  
3737 Main Street, Suite 500  
Riverside, CA 92501-3339  
(909) 782-4993 FAX:(909) 781-6288  
*Contact: Bob Whitaker*  
*Email: bwhitake@rb8.swrcb.ca.gov*

### 9)SAN DIEGO REGION

John H. Robertus, Executive Officer  
9771 Clairemont Mesa Boulevard, Suite A  
San Diego, CA 92124  
(619) 467-2952 FAX:(619) 571-6972  
*Contact: Gloria Fulton (Industrial Permit)*  
*Email: fultg@rb9.swrcb.ca.gov*

# CHEMICAL CONSULTANTS

CORPORATE OFFICE & LAB: 1135 Centre Drive Unit F Walnut, CA 91789  
 909/595-7473 • Fax: 909/595-7474  
 OHS Certification #1227

A REPORT PREPARED FOR:  
 UTILITY TRAILER  
 17300 E. Chesnut  
 City of Industry, CA 91748

REPORT

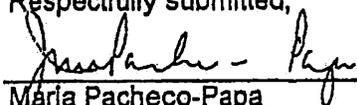
DATE: December 11, 1998  
 LOG NUMBER: IW-5425  
 SAMPLE RECEIVED: 12/1/98  
 CUSTOMER P.O. C59135

**SAMPLING DATA:**

SAMPLE TAKEN:..... 12/1/1998, SW#1 @ 3:15 pm, SW#2 @ 3:10 pm and SW#3 @ 3:00 pm  
 SAMPLING LOCATION(S)..... SW#1 Southside from Somitex, SW#2 North Side Pathway #1, SW#3 Northside (east) Pathway #4  
 TYPE OF SAMPLE..... Storm Water Samples

CONSTITUENTS	RESULTS	METHOD DETECTION LIMITS	TEST METHODS
pH #1	6.5	2 - 14 units	EPA 150.1
Suspended Solids #1	39	1 mg/l	EPA 160.2
Specific Conductance#1	120	10 umhos/cm	EPA 120.1
Oil & Grease #1	< 2.0	2 mg/l	EPA 413.1
pH #2	6.5	2 - 14 units	EPA 150.1
Suspended Solids #2	70	1 mg/l	EPA 160.2
Specific Conductance#2	160	10 umhos/cm	EPA 120.1
Oil & Grease #2	< 2.0	2 mg/l	EPA 413.1
pH #3	9.1	2 - 14 units	EPA 150.1
Suspended Solids #3	179	1 mg/l	EPA 160.2
Specific Conductance#3	200	10 umhos/cm	EPA 120.1
Oil & Grease #3	< 2.0	2 mg/l	EPA 413.1

- #1 - Sample SW#1 - Collected from Southside at Somitex on 12/1/98 at 3:15 PM
- #2 - Sample SW#2 - Collected from Northside at Pathway #1 on 12/1/98 at 3:10 PM
- #3 - Sample SW#3 - Collected from Northside(East) at Pathway #4 on 12/1/98 at 3:00 PM

Respectfully submitted,  
  
 Maria Pacheco-Papa  
 Lab Director  
 Enclosure: Chain of Custody

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# CHEMICAL CONSULTANTS

CORPORATE OFFICE & LAB: 1135 Centre Drive Unit F Walnut, CA 91789  
909/595-7473 • Fax: 909/595-7474  
DH5 Certification #1227

A REPORT PREPARED FOR:

UTILITY TRAILER  
17300 E. Chesnut  
City of Industry, CA 91748

DATE: December 11, 1998

LOG NUMBER: IW-5425  
SAMPLE RECEIVED: 12/1/98  
CUSTOMER P.O. C59135

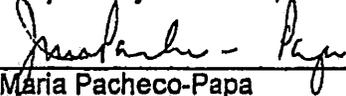
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CONSTITUENTS	RESULTS	METHOD DETECTION LIMITS	TEST METHODS
pH #1	6.5	2 - 14 units	EPA 150.1
Suspended Solids #1	39	1 mg/l	EPA 160.2
Specific Conductance#1	120	10 umhos/cm	EPA 120.1
Oil & Grease #1	< 2.0	2 mg/l	EPA 413.1
pH #2	6.5	2 - 14 units	EPA 150.1
Suspended Solids #2	70	1 mg/l	EPA 160.2
Specific Conductance#2	160	10 umhos/cm	EPA 120.1
Oil & Grease #2	< 2.0	2 mg/l	EPA 413.1
pH #3	9.1	2 - 14 units	EPA 150.1
Suspended Solids #3	179	1 mg/l	EPA 160.2
Specific Conductance#3	200	10 umhos/cm	EPA 120.1
Oil & Grease #3	< 2.0	2 mg/l	EPA 413.1

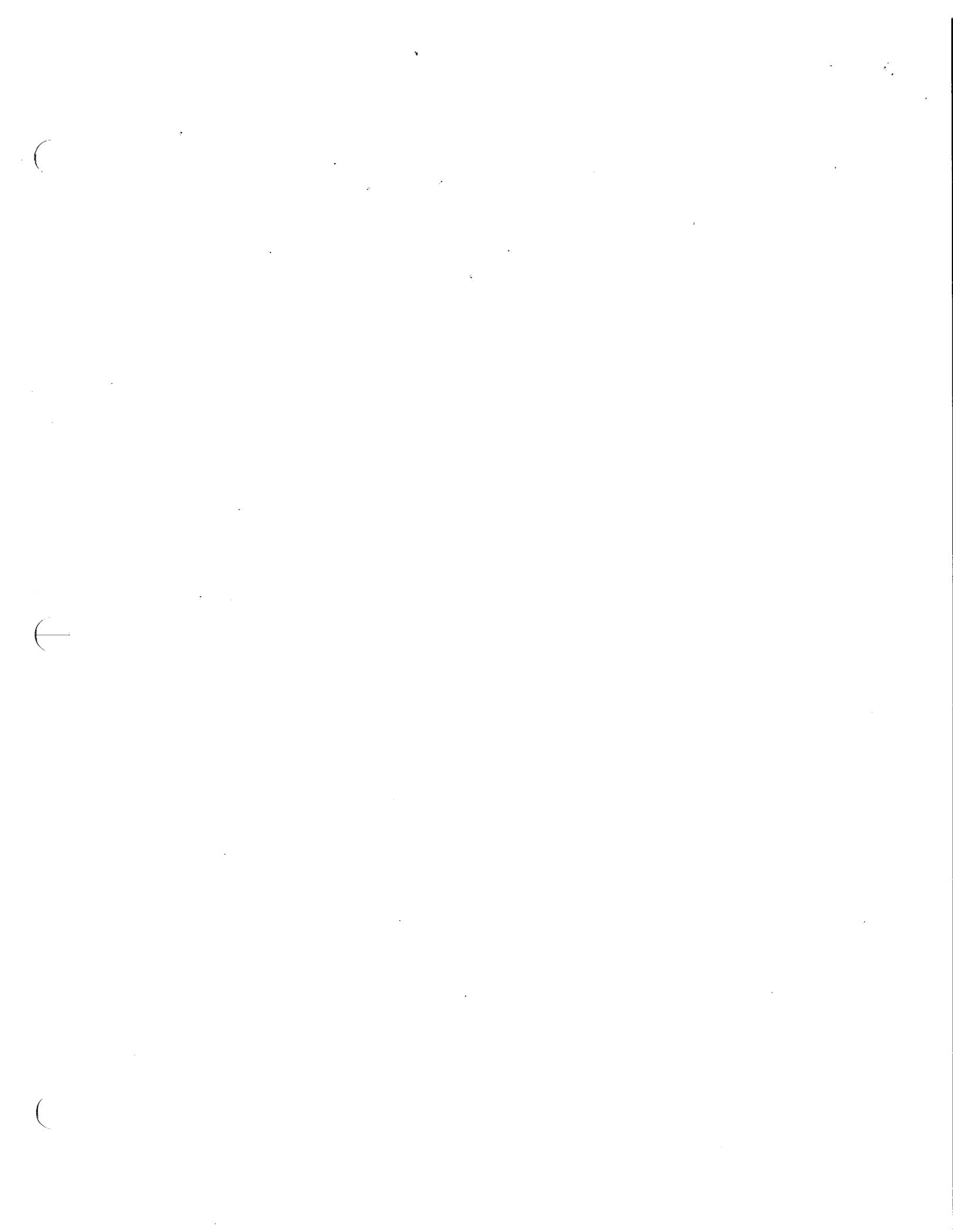
#1 - Sample SW#1 - Collected from Southside at Somitex on 12/1/98 at 3:15 PM  
#2 - Sample SW#2 - Collected from Northside at Pathway #1 on 12/1/98 at 3:10 PM  
#3 - Sample SW#3 - Collected from Northside(East) at Pathway #4 on 12/1/98 at 3:00 PM

Respectfully submitted,

  
Maria Pacheco-Papa

Lab Director

Enclosure: Chain of Custody



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.

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. Is your facility required to analyze additional parameters listed in Table D of the General Permit?  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:
- The parameter has not been detected in significant quantities from the last two consecutive sampling events. **Attach explanation**
- The parameter 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.

**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.

	YES	NO		YES	NO
October	<input type="checkbox"/>	<input checked="" type="checkbox"/> <i>No STORM WATER OCCURED</i>	February	<input checked="" type="checkbox"/>	<input type="checkbox"/>
November	<input checked="" type="checkbox"/>	<input type="checkbox"/>	March	<input checked="" type="checkbox"/>	<input type="checkbox"/>
December	<input checked="" type="checkbox"/>	<input type="checkbox"/>	April	<input type="checkbox"/>	<input checked="" type="checkbox"/> <i>No STORM WATER DURING OPERATING HOURS</i>
January	<input checked="" type="checkbox"/>	<input type="checkbox"/>	May	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

- date, time, and location of observation
- name and title of observer
- characteristics of the discharge (i.e., odor, color, etc.) and source of any pollutants observed.
- 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: TONY ESNAULT  
Signature: Tony Esnault Date: 6/29/98  
Title: I. R. MANAGER

## 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.



**JUNE 29, 1998**

**LA REGIONAL WATER QUALITY CONTROL BOARD  
Attn.: DAN RADULESCU  
101 CENTRE PLAZA DR.  
MONTEREY PARK, CA 91754-2156**

**UTILITY TRAILER MANUFACTURING CO.  
FROM: TONY ESNAULT  
17300 E. CHESTNUT STREET  
P.O. BOX 1299  
CITY OF INDUSTRY, CA 91749-1299**

**SUBJECT: STORM WATER ANNUAL REPORT  
EXPLANATIONS FOR "NO" ANSWERS**

**ITEM # G.1**

**IN OCTOBER 1997 THERE WAS NO STORM WATER  
OCCURRED DURING THE MONTH SO NO VISUAL  
OBSERVATION WERE MADE.**

**IN APRIL 1998 THERE WAS NO STORM WATER DURING  
OUR NORMAL OPERATING HOURS SO NO VISUAL  
OBSERVATION WERE MADE.**

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SEE ATTACHED REPORT

SIDE A

1997-98

ANNUAL REPORT  
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): Tony Esnault TITLE: I. R. Manager SIGNATURE: Tony Esnault

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		
SW #1	11/13/97 6:10 AM	5:25 AM	6.6	55	140	5.0				
SW #2	11/13/97 6:30 AM	5:15 AM	6.49	106	90	17.4				
SW #3	11/13/97 6:30 AM	5:25 AM	7.20	694	90	4.0				
	11/13/97 6:30 AM									
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

SEE ATTACHED REPORT

SIDE B

1997-98

ANNUAL REPORT

FORM 1-SAMPLING & ANALYSIS RESULTS

SECOND STORM EVENT

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

NAME OF PERSON COLLECTING SAMPLE(S): Tony Esnaunt

TITLE: I.R. MANAGER

SIGNATURE: Tony Esnaunt

DESCRIBE DISCHARGE LOCATION Example: NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	ANALYTICAL RESULTS For Second Storm Event							
			BASIC PARAMETERS			OTHER PARAMETERS				
			pH	TSS	SC		O&G	TOC		
SW #1	11/26/97 10:20 AM PM	9:25 AM PM	6.6	55	140	5.0				
SW #2	11/26/97 10:05 AM PM	9:25 AM PM	6.49	106	90	17.4				
SW #3	11/26/97 10:10 AM PM	9:25 AM PM	7.20	694	90	4.0				
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

# CHEMICAL CONSULTANTS

CORPORATE OFFICE & LAB: 1160 Centre Drive Unit F • Walnut, CA 91789  
 909/595-7473 • FAX 909/595-7474  
 DHS Certification #1227

A REPORT PREPARED FOR:  
 UTILITY TRAILER  
 P.O. Box 1299  
 Industry, CA 91749

RECEIVED  
 UTILITY TRAILER MFG. CO.

DEC 09 1997

DATE: December 2, 1997  
 LOG NUMBER: See Below  
 SAMPLES RECEIVED: 11/13/97  
 CUSTOMER P.O.: C51841

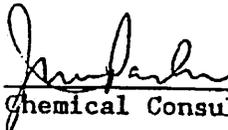
ACTION

TYPE OF MATERIAL TESTED: Three (3) Storm Water Samples Labeled  
 IW-4368-1 SW#1 South Side from Somitex taken at 06:10,  
 IW-4368-2 SW#2 North Side Pathway #1 taken at 06:20,  
 IW-4368-3 SW#3 North Side (East) Pathway #4 taken at 06:30  
 Samples by customer on taken on 11/13/97, at Utility Trailer,  
 located at 17300 E. Chestnut Street, City of Industry, CA 917

REASON FOR TEST: Determine concentration of constituents listed below  
 for customer's information.

<u>CONSTITUENTS</u>	<u>R E S U L T S</u>			<u>METHOD</u> <u>DETECTION LIMITS</u>	<u>TEST METHODS</u>
	<u>SW#1</u>	<u>SW#2</u>	<u>SW#3</u>		
pH	6.6	6.49	7.20	2-14 units	EPA 150.1
SUSPENDED SOLIDS	55	106	694	1 mg/l	EPA 160.2
SPECIFIC CONDUCTANCE	140	90	90	10 umhos/cm	EPA 120.1
OIL & GREASE (Total)	5.0	17.4	4.0	2.0 mg/l	EPA 1664

Respectfully Submitted,

  
 Chemical Consultants

Enclosure : Chain of Custody

# CHEMICAL CONSULTANTS

CORPORATE OFFICE & LAB: 1160 Centre Drive Unit F • Walnut, CA 91789  
 909/595-7473 • FAX 909/595-7474  
 DHS Certification #1227

RECEIVED  
 MILLER MFG. CO.

JEC 1 8 1997

A REPORT PREPARED FOR:  
 UTILITY TRAILER  
 P.O. Box 1299  
 Industry, CA 91749

DATE: December 12, 1997

**ACTION** LOG NUMBER: See Below

SAMPLES RECEIVED: 11/26/97

CUSTOMER P.O.: C51845

TYPE OF MATERIAL TESTED: Three (3) Storm Water Samples Labeled  
 IW-4403-1 SW#1 South Side from Somitex taken at 10:20,  
 IW-4368-2 SW#2 North Side Pathway #1 taken at 10:05,  
 IW-4368-3 SW#3 North Side (East) Pathway #4 taken at 10:10  
 Samples by customer on taken on 11/26/97, at Utility Trailer,  
 located at 17300 E. Chestnut Street, City of Industry, CA 91749

REASON FOR TEST: Determine concentration of constituents listed below  
 for customer's information.

CONSTITUENTS	R E S U L T S			METHOD		TEST METHODS
	SW#1	SW#2	SW#3	DETECTION LIMITS		
pH	6.6	6.42	7.04	2-14	units	EPA 150.1
SUSPENDED SOLIDS	30	124	258	1	mg/l	EPA 160.2
SPECIFIC CONDUCTANCE	54	50	72	10	umhos/cm	EPA 120.1
OIL & GREASE (Total)	< 2.0	< 2.0	6.2	2.0	mg/l	EPA 1664

Respectfully Submitted,

Chemical Consultants

Enclosure : Chain of Custody

1997-1998 ANNUAL REPORT

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.

N/A



SEE ATTACHED REPORTS

SIDE A

1997-1998

ANNUAL REPORT

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.

QUARTER: JULY-SEPT. DATE/TIME OF OBSERVATIONS 7/3/97 9:30 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	Observers Name: <u>Tony EsnaULT</u> Title: <u>I. R. MANAGER</u> Signature: <u>Tony EsnaULT</u>	WERE UNAUTHORIZED NSWDs OBSERVED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If YES to either question, complete reverse side.
QUARTER: OCT.-DEC. DATE/TIME OF OBSERVATIONS 10/10/97 10:00 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	Observers Name: <u>Tony EsnaULT</u> Title: <u>I. R. MANAGER</u> Signature: <u>Tony EsnaULT</u>	WERE UNAUTHORIZED NSWDs OBSERVED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If YES to either question, complete reverse side.
QUARTER: JAN.-MARCH DATE/TIME OF OBSERVATIONS 1/23/98 2:00 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	Observers Name: <u>Tony EsnaULT</u> Title: <u>I. R. MANAGER</u> Signature: <u>Tony EsnaULT</u>	WERE UNAUTHORIZED NSWDs OBSERVED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If YES to either question, complete reverse side.
QUARTER: APRIL-JUNE DATE/TIME OF OBSERVATIONS 4/15/98 1:00 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	Observers Name: <u>Tony EsnaULT</u> Title: <u>I. R. MANAGER</u> Signature: <u>Tony EsnaULT</u>	WERE UNAUTHORIZED NSWDs OBSERVED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If YES to either question, complete reverse side.

1997-1998

ANNUAL REPORT

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

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

# QUARTERLY VISUAL OBSERVATIONS

Harding Lawson Associates

## DRY SEASON INSPECTION REPORT (FORM 1)

Date: July 3, 1997

Inspection Conducted by: Tony Conroy

Time: 9:30 AM

Yes()	No	Remarks
✓	✓	
✓	✓	
✓	✓	
✓	✓	
✓	✓	<i>Employees are instructed</i>
✓	✓	
✓	✓	<i>Weekly</i>
✓	✓	
✓	✓	
✓	✓	
✓	✓	
✓	✓	

1. Is there any evidence that a non-storm water discharge has occurred?
2. Do outside storage tank(s) and associated piping show visible evidence of leaks? (Note any detected leaks in comment section)
3. Do outside secondary containment facilities show evidence of leaks. (Note any detected leaks in comment section)
4. Is the facility emergency spill kit readily accessible, adequately stocked and in good condition?
5. Are spill procedures posted in areas where spills are likely to occur?
6. Are associates properly trained in how to control and properly clean-up spill? Do they know where the emergency spill kit is located?
7. Are outside impervious surfaces swept regularly to prevent accumulation of significant materials?
8. Are dumpsters in good conditions without corrosion or leaky seams?
9. Are hazardous chemicals properly stored and labeled? Is adequate spill containment provided in case of leak or rupture of container?
10. Are facility yards maintained in an orderly fashion and with parts/equipment stored under cover where possible?
11. Are power equipment batteries stored and maintained inside the facility?
12. Is corrective action necessary?
13. Is a Corrective Action Request form attached?  
If yes, for what item numbers? \_\_\_\_\_

Facility Manager: \_\_\_\_\_ Date: \_\_\_\_\_





QUARTERLY VISUAL OBSERVATIONS

DRY SEASON INSPECTION REPORT (FORM 1)

Date: June 15, 1998

Inspection Conducted by: Tom Conant

Time: 1:00

Yos (f)	No	Remarks
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Employees are instructed</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Weekly</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

1. Is there any evidence that a non-storm water discharge has occurred?
2. Do outside storage tank(s) and associated piping show visible evidence of leaks? (Note any detected leaks in comment section)
3. Do outside secondary containment facilities show evidence of leaks. (Note any detected leaks in comment section)
4. Is the facility emergency spill kit readily accessible, adequately stocked and in good condition?
5. Are spill procedures posted in areas where spills are likely to occur?
6. Are associates properly trained in how to control and properly clean-up spill? Do they know where the emergency spill kit is located?
7. Are outside impervious surfaces swept regularly to prevent accumulation of significant materials?
8. Are dumpsters in good conditions without corrosion or leaky seams?
9. Are hazardous chemicals properly stored and labeled? Is adequate spill containment provided in case of leak or rupture of container?
10. Are facility yards maintained in an orderly fashion and with parts/equipment stored under cover where possible?
11. Are power, equipment batteries stored and maintained inside the facility?
12. Is corrective action necessary?
13. Is a Corrective Action Request form attached?  
If yes, for what item numbers? \_\_\_\_\_

Facility Manager: \_\_\_\_\_ Date: \_\_\_\_\_

SEE ATTACHED SHEETS

1997-1998  
ANNUAL REPORT  
FORM 4-MONTHLY VISUAL OBSERVATIONS OF  
STORM WATER DISCHARGES

EA

- Storm water discharge visual observations are required for at least one storm event per month between October 1 and May 31.
- 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.
- Visual observations must be conducted during the first hour of discharge at all discharge locations. Make additional copies of this form as necessary.

Observation Date: October 1997

Observers Name: \_\_\_\_\_

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

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

#1	#2	#3	#4
Drainage Location Description			
Observation Time	<input type="checkbox"/> P.M. : <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. : <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. : <input type="checkbox"/> A.M.
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.
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"/>

Observation Date: November 1997

Observers Name: \_\_\_\_\_

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

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

#1	#2	#3	#4
Drainage Location Description			
Observation Time	<input type="checkbox"/> P.M. : <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. : <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. : <input type="checkbox"/> A.M.
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.
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"/>

Observation Date: December 1997

Observers Name: \_\_\_\_\_

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

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

#1	#2	#3	#4
Drainage Location Description			
Observation Time	<input type="checkbox"/> P.M. : <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. : <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. : <input type="checkbox"/> A.M.
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.
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"/>

Observation Date: January 1998

Observers Name: \_\_\_\_\_

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

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

#1	#2	#3	#4
Drainage Location Description			
Observation Time	<input type="checkbox"/> P.M. : <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. : <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. : <input type="checkbox"/> A.M.
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.
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"/>

1997-11  
 ANNUAL REPORT  
 FORM 4-MONTHLY VISUAL OBSERVATIONS OF  
 STORM WATER DISCHARGES

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

1997-1998

**ANNUAL REPORT  
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.

Observation Date: February \_\_\_\_\_ 1998

Observers Name: \_\_\_\_\_

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

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

	#1	#2	#3	#4
Drainage Location Description				
Observation Time	: <input type="checkbox"/> P.M. : <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. : <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. : <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. : <input type="checkbox"/> A.M.
Time Discharge Began				
Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input type="checkbox"/>			

Observation Date: March \_\_\_\_\_ 1998

Observers Name: \_\_\_\_\_

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

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

	#1	#2	#3	#4
Drainage Location Description				
Observation Time	: <input type="checkbox"/> P.M. : <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. : <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. : <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. : <input type="checkbox"/> A.M.
Time Discharge Began				
Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input type="checkbox"/>			

Observation Date: April \_\_\_\_\_ 1998

Observers Name: \_\_\_\_\_

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

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

	#1	#2	#3	#4
Drainage Location Description				
Observation Time	: <input type="checkbox"/> P.M. : <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. : <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. : <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. : <input type="checkbox"/> A.M.
Time Discharge Began				
Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input type="checkbox"/>			

Observation Date: May \_\_\_\_\_ 1998

Observers Name: \_\_\_\_\_

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

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

	#1	#2	#3	#4
Drainage Location Description				
Observation Time	: <input type="checkbox"/> P.M. : <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. : <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. : <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. : <input type="checkbox"/> A.M.
Time Discharge Began				
Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input type="checkbox"/>			

1997-1998  
**ANNUAL REPORT**  
**FORM 4 (Continued)-MONTHLY VISUAL OBSERVATIONS OF**  
**STORM WATER DISCHARGES**

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

Storm Water Runoff Observations, Form 3  
UTM Storm Water Pollution Prevention Program

Date: 11/13/97

Time of Initial Runoff: 0525 am pm

Inspected by: Tony Conault

Total measurable rainfall: 0.7 inches

Corrective Action Required: X yes X no

	SW-1		SW-2		SW-3	
	Time: <u>06:10</u>		Time: <u>06:20</u>		Time: <u>06:30</u>	
	YES	NO	YES	NO	YES	NO
I. Note presence of following:						
Floating and suspended materials	X		X			
Oil and grease sheen	X			X		X
Discoloration	X <u>Light</u>		X <u>light</u>		X <u>Mud Color</u>	
High turbidity		X		X		
Odor		X		X		X
Residue		X		X		X
Other (describe below)		X		X		X

II. Comments (explain sampling or monitoring delays, if any or other relevant observations):

#1 Flow was slow but steady - some dirt & debris with light oil sheen.  
#2 Flow was steady - Light discoloration  
#3 Flow was slow but steady - Mud Color

III. Were storm water samples collected at the time of these observations? X yes     no  
(if yes, attach chain-of-custody record)

pH Values: SW-1 6.7  
SW-2 6.5  
SW-3 7.1

pH meter - model: \_\_\_\_\_ Time of measurement: 0600

Was there storm water runoff for at least one hour? X yes     no

Storm Water Runoff Observations, Form 3  
UTM Storm Water Pollution Prevention Program

Date: 11/26/97

Time of Initial Runoff: 9:25 am pm

Inspected by: Tom Conault

Total measurable rainfall: 0.9 inches

Corrective Action Required: no

yes  
 no

	SW-1		SW-2		SW-3	
	Time: <u>10:20</u>		Time: <u>10:25</u>		Time: <u>10:10</u>	
	YES	NO	YES	NO	YES	NO
I. Note presence of following:						
Floating and suspended materials	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Oil and grease sheen	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Discoloration		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (Mud Color)	<input checked="" type="checkbox"/>
High turbidity		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Odor		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Residue		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Other (describe below)						

II. Comments (explain sampling or monitoring delays, if any or other relevant observations):

- #1 Flow was steady - some oil sheen
- #2 Flow was rapid
- #3 Flow was slow but steady - Mud Color

III. Were storm water samples collected at the time of these observations?  yes  no  
(If yes, attach chain-of-custody record)

pH Value: SW-1 4.7  
SW-2 6.5  
SW-3 7.0

pH meter - model: \_\_\_\_\_ Time of measurement: \_\_\_\_\_

Was there storm water runoff for at least one hour?  yes  no

Storm Water Runoff Observations, Form 3  
 UTM Storm Water Pollution Prevention Program

Date: 12/5/97 thru 12/7/97 Time of Initial Runoff: 4:00 am  pm  
 Inspected by: Troy Conault Total measurable rainfall: 3.1 inches  
 Corrective Action Required:  yes  no

	SW-1		SW-2		SW-3	
	Time: <u>4:05</u>		Time: <u>4:06</u>		Time: <u>4:07</u>	
	YES	NO	YES	NO	YES	NO
I. Note presence of following:						
Floating and suspended materials		X		X		X
Oil and grease sheen		X		X		X
Discoloration		X		X		X
High turbidity	*		X		X	
Odor		X		X		X
Residue						
Other (describe below)						

II. Comments (explain sampling or monitoring delays, if any or other relevant observations):  
#1 Flow was steady -  
#2 Flow was Rapid -  
#3 Flow was Semi-Steady - Mud Color

III. Were storm water samples collected at the time of these observations?  yes  no  
 (if yes, attach chain-of-custody record)

pH Value: SW-1 \_\_\_\_\_  
 SW-2 \_\_\_\_\_  
 SW-3 \_\_\_\_\_  
 pH meter - model: \_\_\_\_\_ Time of measurement: \_\_\_\_\_  
 Was there storm water runoff for at least one hour?  yes  no

Storm Water Runoff Observations, Form 3  
UTM Storm Water Pollution Prevention Program

Date: 12/18/97

Time of Initial Runoff: 12:15 am  pm

Inspected by: Tom Conault

Total measurable rainfall: 1.1 inches

Corrective Action Required:  yes  no

	SW-1		SW-2		SW-3	
	Time: <u>1:30</u>		Time: <u>1:35</u>		Time: <u>1:40</u>	
	YES	NO	YES	NO	YES	NO
I. Note presence of following:						
Floating and suspended materials		X		X		X
Oil and grease sheen	X		X			X
Discoloration		X		X		X
High turbidity	X		X		X	
Odor		X	X	X		X
Residue		X		X		X
Other (describe below)						

II. Comments (explain sampling or monitoring delays, if any or other relevant observations):

#1 Steady flow  
#2 " "  
#3 " "

III. Were storm water samples collected at the time of these observations?  yes  no  
(if yes, attach chain-of-custody record)

pH Value: SW-1 \_\_\_\_\_  
SW-2 \_\_\_\_\_  
SW-3 \_\_\_\_\_

pH meter - model: \_\_\_\_\_ Time of measurement: \_\_\_\_\_

Was there storm water runoff for at least one hour?  yes  no

Storm Water Runoff Observations, Form 3  
UTM Storm Water Pollution Prevention Program

Date: 1/9/98 Time of Initial Runoff: 1:30 am  pm  
 Inspected by: Tom Conault Total measurable rainfall: 2.9 inches  
 Corrective Action Required:  yes  no

	SW-1		SW-2		SW-3	
	Time:		Time:		Time:	
	YES	NO	YES	NO	YES	NO
I. Note presence of following:						
Floating and suspended materials		X		X		X
Oil and grease sheen	X		X			X
Discoloration		X		X		X
High turbidity	X		X		X	
Odor		X		X		X
Residue		X		X		X
Other (describe below)				X		X

II. Comments (explain sampling or monitoring delays, if any or other relevant observations):  
 SW #1 - Flow was steady - light oil sheen  
 SW #2 - Flow was rapid - very little  
 SW #3 - Flow was steady

III. Were storm water samples collected at the time of these observations?  yes  no  
 (if yes, attach chain-of-custody record)

pH Value: SW-1 \_\_\_\_\_  
 SW-2 \_\_\_\_\_  
 SW-3 \_\_\_\_\_  
 pH meter - model: \_\_\_\_\_ Time of measurement: \_\_\_\_\_  
 Was there storm water runoff for at least one hour?  yes  no

Storm Water Runoff Observations, Form 3  
UTM Storm Water Pollution Prevention Program

Date: 2/3/98 Time of Initial Runoff: 6:30 am pm  
 Inspected by: Tony Conault Total measurable rainfall: 2.3 inches  
 Corrective Action Required: X yes X no

	SW-1		SW-2		SW-3	
	Time: <u>0650</u>		Time: <u>0650</u>		Time: <u>0655</u>	
	YES	NO	YES	NO	YES	NO
I. Note presence of following:						
Floating and suspended materials		X		X		X
Oil and grease sheen	X		X			X
Discoloration		X		X	X	
High turbidity	X		X			X
Odor		X		X		X
Residue		X		X		X
Other (describe below)						

II. Comments (explain sampling or monitoring delays, if any or other relevant observations):  
 SW #1 Flow was steady - light oil sheen  
 SW #2 " was rapid - lighter oil sheen  
 SW #3 Flow was steady - light muddy color

III. Were storm water samples collected at the time of these observations? X yes X no  
 (if yes, attach chain-of-custody record)

pH Value: SW-1 \_\_\_\_\_  
 SW-2 \_\_\_\_\_  
 SW-3 \_\_\_\_\_

pH meter - model: \_\_\_\_\_ Time of measurement: \_\_\_\_\_

Was there storm water runoff for at least one hour? \_\_\_\_\_ yes \_\_\_\_\_ no

Storm Water Runoff Observations, Form 3  
UTM Storm Water Pollution Prevention Program

Date: 3/25/98 Time of Initial Runoff: 6:15 am  pm  
 Inspected by: Tony Conault Total measurable rainfall: 2.3 inches  
 Corrective Action Required:  yes  no

	SW-1		SW-2		SW-3	
	Time: <u>6:55</u>		Time: <u>7:00</u>		Time: <u>7:05</u>	
	YES	NO	YES	NO	YES	NO
I. Note presence of following:						
Floating and suspended materials		X		X		X
Oil and grease sheen	X		X			X
Discoloration		X		X	X	
High turbidity	X		X			X
Odor		X		X		X
Residue		X		X		X
Other (describe below)						

II. Comments (explain sampling or monitoring delays, if any or other relevant observations):  
 SW-#1 Flow was steady - light Oil Sheen  
 SW-#2 Flow was FAST - lighter Oil Sheen  
 SW-#3 Flow was steady - Slight Muddy Color

III. Were storm water samples collected at the time of these observations?  yes  no  
 (If yes, attach chain-of-custody record)

pH Value: SW-1 \_\_\_\_\_  
 SW-2 \_\_\_\_\_  
 SW-3 \_\_\_\_\_

pH meter - model: \_\_\_\_\_ Time of measurement: \_\_\_\_\_

Was there storm water runoff for at least one hour?  yes  no

Storm Water Runoff Observations, Form 3  
UTM Storm Water Pollution Prevention Program

Date: 5/4/98

Time of Initial Runoff: 8:00 <sup>am</sup> pm

Inspected by: Tony Canault

Total measurable rainfall: 0.3 inches

Corrective Action Required: X yes no

	SW-1		SW-2		SW-3	
	Time: <u>0810</u>		Time: <u>0815</u>		Time: <u>0820</u>	
	YES	NO	YES	NO	YES	NO
I. Note presence of following:						
Floating and suspended materials		X		X		X
Oil and grease sheen	X		X			X
Discoloration		X		X	X	
High turbidity	X		X			X
Odor		X		X		X
Residue		X		X		X
Other (describe below)						X

II. Comments (explain sampling or monitoring delays, if any or other relevant observations):

SW #1 Flow was Steady - light Oil Sheen

SW #2 Flow was ~~fast~~ Rapid - Very light Oil Sheen

SW #3 Flow was Slightly Steady - Slight Brownish ~~to~~ Color

III. Were storm water samples collected at the time of these observations? no yes X no  
(if yes, attach chain-of-custody record)

pH Value: SW-1 \_\_\_\_\_  
SW-2 \_\_\_\_\_  
SW-3 \_\_\_\_\_

pH meter - model: \_\_\_\_\_ Time of measurement: \_\_\_\_\_

Was there storm water runoff for at least one hour? X yes \_\_\_\_\_ no