1998
to
1999

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- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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- Write *"Return Receipt Requested"* on the mailpiece below the article number.
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1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

SWRCB Accounting Office
ATTN: SW
P.O. Box 100
Sacramento, Ca 95812-0100

4a. Article Number

Z 237 773 629

4b. Service Type

☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: *(Print Name)*

8. Addressee's Address *(Only if requested and fee is paid)*

6. Signature: *(Addressee or Agent)*

X

PS Form 3811, December 1994

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USPS
Permit No. G-10

• Print your name, address, and ZIP Code here

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DEC 01 1999

UTILITY TRAILER MANUFACTURING CO.
17295 EAST RAILROAD STREET
CITY OF INDUSTRY, CA 91748

ATTN: TONY ESNAULT

03

Is your RETURN ADDRESS completed on the reverse side?

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- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

L.A. Regional Water Quality Control
101 CENTRE PLAZA DR.
MONTEREY PARK, CA
94754-2156

4a. Article Number

4b. Service Type

☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: *(Print Name)*

6. Signature: *(Addressee or Agent)*

X 7/6

8. Addressee's Address *(Only if requested and fee is paid)*

PS Form **3811**, December 1994

Domestic Return Receipt

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UNITED STATES POSTAL SERVICE

INDUSTRY CA 917
PM
1998

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USPS
Permit No. G-10

• Print your name, address, and ZIP Code in this box •

UTILITY TRAILER MANUFACTURING CO.
17295 EAST RAILROAD STREET
CITY OF INDUSTRY, CA 91748

RECEIVED
UTILITY TRAILER MFG. CO.
JUL 0 7 1998

TONY ESNAULT
Storm Water Report

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write *"Return Receipt Requested"* on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

State Water Resources Control Board
ATTN: Storm Water
P.O. Box 100
Sacramento, Ca 95812-0100

4a. Article Number

P 164 899 084

4b. Service Type

☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: *(Print Name)*

8. Addressee's Address *(Only if requested and fee is paid)*

6. Signature: *(Addressee or Agent)*

X G. Wiese

PS Form 3811, December 1994 G. Wiese

Domestic Return Receipt

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE

SACRAMENTO CA
PM
23 OCT 1998

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Print your name, address, and ZIP Code in this box •

UTILITY TRAILER MANUFACTURING CO.
17295 EAST RAILROAD STREET
CITY OF INDUSTRY, CA 91748

RECEIVED
UTILITY TRAILER MFG. CO
OCT 26 1998

ACTION

ATTN: Tony Canault
Ref: Storm Water
Invoice 986288

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write *"Return Receipt Requested"* on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
L.A. Regional Water Board
101 Centre Plaza Dr.
Monterey Park, Ca 91754-2156

4a. Article Number

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

RECEIVED JUL 02 1999

7. Date of Delivery

5. Received By: *(Print Name)*

8. Addressee's Address *(Only if requested and fee is paid)*

6. Signature: *(Addressee or Agent)*
X Cindy Elores

PS Form **3811**, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Print your name, address, and ZIP Code in this box •

UTILITY TRAILER MANUFACTURING CO.
17295 EAST RAILROAD STREET
CITY OF INDUSTRY, CA 91748

ATTN: TONY EGNAULT
Water board

03

State of California
STATE WATER RESOURCES CONTROL BOARD

1998-1999
ANNUAL REPORT
FOR
STORM WATER DISCHARGES ASSOCIATED
WITH INDUSTRIAL ACTIVITIES

Reporting Period July 1, 1998 through June 30, 1999

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 the Regional Board (where the Annual Report must be filed) along with the name and telephone number of the contact is indicated below.

REGIONAL BOARD INFORMATION:

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

DAN RADULESCU
(323) 266-7630

GENERAL INFORMATION

A. Facility WDID No:

4 19S009083

B. Facility Operator Information:

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

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

C. Facility Information:

Contact Person:
TONY ESNAULT
~~(818)~~ (626) 965-1541
SIC Code(s):
3715 Truck Trailers

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

1998-99

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 Cetification 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? 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

4. For each storm event sampled, did you collect and analyze a sample from each of the facilitys' 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.

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.**

	YES	NO			YES	NO
October	☐	☒	No STORM WATER OCCURED DURING WORK HOURS	February	☒	☐
November	☐	☒		March	☒	☐
December	☒	☐		April	☒	☐
January	☒	☐		May	☐	☒ No STORM WATER OCCURED

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 occured 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: 6/24/99

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.

SIDE A

1998-99

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	12/1/98 3:15 ☐AM ☒PM	2:10 ☐AM ☒PM	6.5	39	120	<2.0						
SW #2	12/1/98 3:10 ☐AM ☒PM	2:10 ☐AM ☒PM	6.5	70	160	<2.0						
SW #3	12/1/98 3:00 ☐AM ☒PM	2:10 ☐AM ☒PM	9.1	179	200	<2.0						
	/ / : ☐AM ☐PM	: ☐AM ☐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

SIDE B

1998-99

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 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 Second Storm Event									
			BASIC PARAMETERS					OTHER PARAMETERS				
			pH	TSS	SC	O&G	TOC					
SW #1	1/25/99 5:20 ☒ AM ☐ PM	4:30 ☒ AM ☐ PM	6.8	26	100	2.4						
SW #2	1/25/99 5:25 ☒ AM ☐ PM	4:30 ☒ AM ☐ PM	7.2	59	97	2.5						
SW #3	1/25/99 5:30 ☒ AM ☐ PM	4:30 ☒ AM ☐ PM	8	179	65	5.9						
	/ / : ☐ AM ☐ PM	: ☐ AM ☐ 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

CHEMICAL CONSULTANTS

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

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

DATE: January 28, 1999
LOG NUMBER: IW-5556
SAMPLE RECEIVED: 1/26/99
CUSTOMER P.O. C59150

SAMPLING DATA:

SAMPLE TAKEN:..... 1/25/99, SW#1 @ 5:20 am, SW#2 @ 5:25 am and SW#3 @ 5:30 am

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	6.8	2 - 14 units	EPA 150.1
Suspended Solids #1	26	1 mg/l	EPA 160.2
Specific Conductance#1	100	10 umhos/cm	EPA 120.1
Oil & Grease #1	2.4	2 mg/l	EPA 413.1
pH #2	7.2	2 - 14 units	EPA 150.1
Suspended Solids #2	59	1 mg/l	EPA 160.2
Specific Conductance#2	97	10 umhos/cm	EPA 120.1
Oil & Grease #2	2.5	2 mg/l	EPA 413.1
pH #3	8	2 - 14 units	EPA 150.1
Suspended Solids #3	179	1 mg/l	EPA 160.2
Specific Conductance#3	65	10 umhos/cm	EPA 120.1
Oil & Grease #3	5.9	2 mg/l	EPA 413.1

#1 - Sample SW#1 - Collected from Southside at Somitex on 1/25/99 at 5:20 AM
#2 - Sample SW#2 - Collected from Northside at Pathway #1 on 1/25/99 at 5:25 AM
#3 - Sample SW#3 - Collected from Northside(East) at Pathway #4 on 1/25/99 at 5:30 AM

Respectfully submitted,

Maria Pacheco-Papa
Lab Director
Enclosure: Chain of Custody

1998-1999
ANNUAL REPORT

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

LUATION DATE: 6 12/99 INSPECTOR NAME: TONY ESNAULT TITLE: I.R. MANAGER SIGNATURE: Tony Esnault

POTENTIAL POLLUTANT OURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
STEEL FAB'ED PARTS	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐ YES ☐ NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐ YES ☐ NO			
POTENTIAL POLLUTANT OURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐ YES ☐ NO	If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐ YES ☐ NO			
POTENTIAL POLLUTANT OURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐ YES ☐ NO	If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐ YES ☐ NO			
POTENTIAL POLLUTANT OURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐ YES ☐ NO	If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐ YES ☐ NO			

1998-1999
ANNUAL REPORT

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

ALUATION DATE: ___/___/___ INSPECTOR NAME: _____ TITLE: _____ SIGNATURE: _____

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

SEE ATTACHED REPORTS

SIDE A

1998-1999
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 9/18/98 1:30 ☐ AM ☒ PM	Observers Name: TONY ESNAULT Title: I.R. MANAGER Signature: Tony Esnault	WERE UNAUTHORIZED NSWDs OBSERVED? ☐ YES ☒ NO WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs? ☐ YES ☒ NO	If YES to either question, complete reverse side.
QUARTER: OCT.-DEC. DATE/TIME OF OBSERVATIONS 10/23/98 9:00 ☒ AM ☐ PM	Observers Name: TONY ESNAULT Title: I.R. MANAGER Signature: Tony Esnault	WERE UNAUTHORIZED NSWDs OBSERVED? ☐ YES ☒ NO WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs? ☐ YES ☒ NO	If YES to either question, complete reverse side.
QUARTER: JAN.-MARCH DATE/TIME OF OBSERVATIONS 1/4/99 10:00 ☒ AM ☐ PM	Observers Name: TONY ESNAULT Title: I.R. MANAGER Signature: Tony Esnault	WERE UNAUTHORIZED NSWDs OBSERVED? ☐ YES ☒ NO WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs? ☐ YES ☒ NO	If YES to either question, complete reverse side.
QUARTER: APRIL-JUNE DATE/TIME OF OBSERVATIONS 4/5/99 8:30 ☒ AM ☐ PM	Observers Name: TONY ESNAULT Title: I.R. MANAGER Signature: Tony Esnault	WERE UNAUTHORIZED NSWDs OBSERVED? ☐ YES ☒ NO WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs? ☐ YES ☒ NO	If YES to either question, complete reverse side.

SIDE B

1998-1999
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	
/ / : ☐AM ☐PM					
/ / : ☐AM ☐PM					
/ / : ☐AM ☐PM					
/ / : ☐AM ☐PM					

QUARTERY VISUAL OBSERVATIONS

Harding Lawson Associates

DRY SEASON INSPECTION REPORT (FORM 1)

Date: Sept. 18, 1998 Inspection Conducted by: Tony Canault Time: 1:30 Pm

		Yes[1]	No	Remarks
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?	✓		Employees are instructed
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?	✓		Weekly
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: _____

QUARTERY VISUAL OBSERVATIONS

Harding Lawson Associates

DRY SEASON INSPECTION REPORT (FORM 1)

Date: 10/23/98 Inspection Conducted by: Tony Cenault Time: 9:00 AM

		Yes[1]	No	Remarks
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?	✓		Employees are instructed
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?	✓		Weekly Service
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: _____

UTMC09.MRP
January 1, 1993

QUARTERY VISUAL OBSERVATIONS

Harding Lawson Associates

DRY SEASON INSPECTION REPORT (FORM 1)

Date: 1/4/99 Inspection Conducted by: Tony Cravault Time: 10:00 AM

		Yes[1]	No	Remarks
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?	✓		Employees are instructed
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?	✓		Weekly
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: _____

QUARTERY VISUAL OBSERVATIONS

Harding Lawson Associates

DRY SEASON INSPECTION REPORT (FORM 1)

Date: 4/5/99 Inspection Conducted by: Tony Cornault Time: 8:30 AM

		Yes[1]	No	Remarks
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?	✓		Employees instructed.
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?	✓		Weekly
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: _____

UTMC09.MRP
January 1, 1993

SEE ATTACHED SHEETS

SIDE A

1998-1999
ANNUAL REPORT
FORM 4-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: October ____ 1998		#1	#2	#3	#4
Observers Name: _____	Drainage Location Description				
Title: _____	Observation Time	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
Signature: _____	Time Discharge Began	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

Observation Date: November ____ 1998		#1	#2	#3	#4
Observers Name: _____	Drainage Location Description				
Title: _____	Observation Time	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
Signature: _____	Time Discharge Began	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

Observation Date: December ____ 1998		#1	#2	#3	#4
Observers Name: _____	Drainage Location Description				
Title: _____	Observation Time	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
Signature: _____	Time Discharge Began	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

Observation Date: January ____ 1999		#1	#2	#3	#4
Observers Name: _____	Drainage Location Description				
Title: _____	Observation Time	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
Signature: _____	Time Discharge Began	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

SIDE B

1998-1999
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
/ / : ☐ AM ☐ PM				
/ / : ☐ AM ☐ PM				
/ / : ☐ AM ☐ PM				
/ / : ☐ AM ☐ PM				
/ / : ☐ AM ☐ PM				

Harding Lawson Associates

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

Date: 12/1/98

Inspected by: Tony Canault

Time of Initial Runoff: 2:10 am (pm)

Total measurable rainfall: .3 inches

Corrective Action Required: ___ yes ___ no

	SW-1		SW-2		SW-3	
	Time: 3:15 PM		Time: 310 PM		Time: 3:00 PM	
I. Note presence of following:	YES	NO	YES	NO	YES	NO
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 Slow Flow

SW #2 Slow Flow

SW #3 Slow Flow — Some Discoloration (light Mud) New Drive way

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

pH Value: SW-1 6.7
SW-2 6.7
SW-3 6.6

pH meter - model: _____ Time of measurement: _____

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

UTMC09.MRP

Harding Lawson Associates

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

Date: 1/25/99

Time of Initial Runoff: 4:30 (am) pm

Inspected by: Tony Canault

Total measurable rainfall: 0.6 inches

Corrective Action Required: ___ yes X no

	SW-1		SW-2		SW-3	
	Time: 5:20		Time: 5:25		Time: 5:30	
I. Note presence of following:	YES	NO	YES	NO	YES	NO
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 – Slight (Very) Brownish Color
SW #2 – Flow was Steady – " " " "
SW #3 – Flow was Slow – Slight Brownish Color.

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

pH Value: SW-1 7.0
SW-2 7.1
SW-3 8.0

pH meter - model: _____ Time of measurement: _____

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

UTMC09.MRP

Harding Lawson Associates

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

Date: 8/4/99

Inspected by: Tony Cenault

Time of Initial Runoff: 525 (am) pm

Total measurable rainfall: 0.5 inches

Corrective Action Required: ___ yes X no

	SW-1		SW-2		SW-3	
	Time: 6:15		Time: 6:20		Time: 6:30	
I. Note presence of following:	YES	NO	YES	NO	YES	NO
Floating and suspended materials		X		X		X
Oil and grease sheen		X		X		X
Discoloration	X		X		X	
High turbidity		X	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):

SW #1 – Flow was steady – Very Slight brownish color
SW #2 – " " " – " " " "
SW #3 – " was slow – Slight brownish color.

III. Were storm water samples collected at the time of these observations? ___ 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

UTMC09.MRP

Harding Lawson Associates

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

Date: 3/15/99

Time of Initial Runoff: 7:00 am pm

Inspected by: Tony Cinault

Total measurable rainfall: 0.4 inches

Corrective Action Required: ___ yes X no

	SW-1		SW-2		SW-3	
	Time: 0740		Time: 0745		Time: 0750	
I. Note presence of following:	YES	NO	YES	NO	YES	NO
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 Good flow – No Discoloration/Odor

SW-2 Good flow – " "

SW-3 Slight/Steady flow – " "

III. Were storm water samples collected at the time of these observations? ___ 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

UTMC09.MRP

Harding Lawson Associates

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

Date: 4/6/99

Inspected by: Tony Esnault

Time of Initial Runoff: 0900 (am) pm

Total measurable rainfall: 1.2 inches

Corrective Action Required: ___ yes X no

	SW-1		SW-2		SW-3	
	Time: 9:55		Time: 9:58		Time: 10:20	
I. Note presence of following:	YES	NO	YES	NO	YES	NO
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 = No Odor/discoloration
SW #2 = Flow was steady (Rapid) = No Odor/discoloration
SW #3 = Flow was steady = No Odor/discoloration

III. Were storm water samples collected at the time of these observations? ___ 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

UTMC09.MRP

SIDE A

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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.

Observation Date: February ____ 1999	Drainage Location Description	#1	#2	#3	#4
Observers Name: _____	Observation Time	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
Title: _____	Time Discharge Began	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
Signature: _____	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

Observation Date: March ____ 1999	Drainage Location Description	#1	#2	#3	#4
Observers Name: _____	Observation Time	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
Title: _____	Time Discharge Began	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
Signature: _____	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

Observation Date: April ____ 1999	Drainage Location Description	#1	#2	#3	#4
Observers Name: _____	Observation Time	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
Title: _____	Time Discharge Began	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
Signature: _____	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

Observation Date: May ____ 1999	Drainage Location Description	#1	#2	#3	#4
Observers Name: _____	Observation Time	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
Title: _____	Time Discharge Began	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
Signature: _____	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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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				

E B

N/A

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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	
/ / : ☐AM ☐PM					
/ / : ☐AM ☐PM					
/ / : ☐AM ☐PM					
/ / : ☐AM ☐PM					
/ / : ☐AM ☐PM					