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STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
2001-2002 ANNUAL REPORT
FOR STORM WATER DISCHARGES ASSOCIATED
WITH INDUSTRIAL ACTIVITIES

Reporting Period July 1, 2001 through June 30, 2002

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 so that we can update our records. Please remember that a Notice of Termination and new Notice of Intent is required whenever your facility is relocated or changes ownership.

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 submitted) along with the name, telephone number, and e-mail address of the contact is indicated below. Additional copies of the Annual Report may be obtained from our web site at www.swrcb.ca.gov/stormwtr/industrial.html

REGIONAL BOARD INFORMATION:

LOS ANGELES REGIONAL WATER BOARD
320 W. 4TH STREET, STE 200
LOS ANGELES, CA 90013

SUMAIRA NOREEN
Tel: (213) 576-1369
E-mail: snoreen@rb4.swrcb.ca.gov

GENERAL INFORMATION

A. Facility Location:

UTILITY TRAILER MANUFACTURING
17300 Chestnut St
CITY OF INDUSTRY, CA 91749

Facility WDID No:

4 19S009083

B. Facility Operator Information:

Contact Person:

~~TONY ESNAULT~~ **ROBERT GRIFFIS**
Tel: (626) 965-1541

UTILITY TRAILER MANUFACTURING
PO Box 1299
La Puente, CA 91749-1299

C. Facility Information:

Contact Person:

~~TONY ESNAULT~~ **ROBERT GRIFFIS**
Tel: (626) 965-1541

Mailing Address:

UTILITY TRAILER MANUFACTURING
17300 E Chestnut St
CITY OF INDUSTRY, CA 91749

SIC Code(s):

3715 Truck Trailers

2001-2002
ANNUAL REPORT

SPECIFIC INFORMATION

MONITORING AND REPORTING PROGRAM

D. SAMPLING AND ANALYSIS EXEMPTIONS AND REDUCTIONS

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

YES Go to Item D.2

NO Go to Section E

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

i. Participating in an Approved Group Monitoring Plan Group Name: _____

ii. Submitted No Exposure Certification (NEC) Date Submitted: ____/____/____

Re-evaluation Date: ____/____/____

Does facility continue to satisfy NEC conditions? YES NO

iii. Submitted Sampling Reduction Certification (SRC) Date Submitted: ____/____/____

Re-evaluation Date: ____/____/____

Does facility continue to satisfy SRC conditions? YES NO

iv. Received Regional Board Certification Certification Date: ____/____/____

v. Received Local Agency Certification Certification Date: ____/____/____

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

YES Go to Section E

NO Go to Section F

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

E. SAMPLING AND ANALYSIS RESULTS

1. How many storm events did you sample? 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 (Please note that if you do not sample the first storm event, you are still required to sample 2 storm events)

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

2001-2002
ANNUAL REPORT

4. For each storm event sampled, did you collect and analyze a sample from each of the facility's storm water discharge locations? YES, go to Item E.6 NO
5. Was sample collection or analysis reduced in accordance with Section B.7.d of the General Permit? YES NO, attach explanation
- If "YES", attach documentation supporting your determination that two or more drainage areas are substantially identical.
- Date facility's drainage areas were last evaluated / /
6. Were all samples collected during the first hour of discharge? YES NO, attach explanation
7. Was all storm water sampling preceded by three (3) working days without a storm water discharge? YES NO, attach explanation
8. Were there any discharges of stormwater that had been temporarily stored or contained? (such as from a pond) YES NO, go to Item E.10
9. Did you collect and analyze samples of temporarily stored or contained storm water discharges from two storm events? (or one storm event if you checked item D.2.i or iii. above) YES NO, attach explanation
10. Section B.5. of the General Permit requires you to analyze storm water samples for pH, Total Suspended Solids (TSS), Specific Conductance (SC), Total Organic Carbon (TOC) or Oil and Grease (O&G), other pollutants likely to be present in storm water discharges in significant quantities, and analytical parameters listed in Table D of the General Permit.
- a. Does Table D contain any additional parameters related to your facility's SIC code(s)? YES NO, Go to Item E.11
- b. Did you analyze all storm water samples for the applicable parameters listed in Table D? YES NO
- c. If you did not analyze all storm water samples for the applicable Table D parameters, check one of the following reasons:
- In prior sampling years, the parameter(s) have not been detected in significant quantities from two consecutive sampling events. **Attach explanation**
- The parameter(s) is not likely to be present in storm water discharges and authorized non-storm water discharges in significant quantities based upon the facility operator's evaluation. **Attach explanation**
- Other. **Attach explanation**
11. For each storm event sampled, attach a copy of the laboratory analytical reports and report the sampling and analysis results using **Form 1** or its equivalent. The following must be provided for each sample collected:
- Date and time of sample collection
 - Name and title of sampler.
 - Parameters tested.
 - Name of analytical testing laboratory.
 - Discharge location identification.
 - Testing results.
 - Test methods used.
 - Test detection limits.
 - Date of testing.
 - Copies of the laboratory analytical results.

2001-2002
ANNUAL REPORT

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 ²⁰⁰¹-September YES NO October-December ²⁰⁰¹ YES NO
 January-March ²⁰⁰² YES NO April-June ²⁰⁰² 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.

2001-2002
ANNUAL REPORT

G. MONTHLY WET SEASON VISUAL OBSERVATIONS

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

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

October	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/> <i>No STORM EVENT</i>	February	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/> <i>No STORM EVENT</i>
November	<input checked="" type="checkbox"/>	<input type="checkbox"/>	March	<input type="checkbox"/>	<input checked="" type="checkbox"/> <i>No STORM EVENT</i>
December	<input checked="" type="checkbox"/>	<input type="checkbox"/>	April	<input type="checkbox"/>	<input checked="" type="checkbox"/> <i>No storm events during working hours</i>
January	<input type="checkbox"/>	<input checked="" type="checkbox"/> <i>No STORM EVENT</i>	May	<input type="checkbox"/>	<input checked="" type="checkbox"/> <i>No storm events during working hours</i>

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. | • building repair, remodeling, and construction |
| • outdoor wash and rinse areas. | • material storage areas |
| • process/manufacturing areas. | • vehicle/equipment storage areas |
| • loading, unloading, and transfer areas. | • truck parking and access areas |
| • waste storage/disposal areas. | • rooftop equipment areas |
| • dust/particulate generating areas. | • vehicle fueling/maintenance areas |
| • erosion 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 | • storm water discharge locations |
| • outline of all storm water drainage areas | • storm water collection and conveyance system |
| • areas impacted by run-on | • structural control measures such as catch basins, berms, containment areas, oil/water separators, etc. |

2001-2002
ANNUAL REPORT

4. Have you reviewed all General Permit compliance records generated since the last annual evaluation?

YES

NO

The following records should be reviewed:

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

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

YES

NO

The following SWPPP items should be reviewed:

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

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

YES

NO

The following BMP categories should be reviewed:

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

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

YES

NO

I. ACSCE EVALUATION REPORT

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

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

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

J. ACSCE CERTIFICATION

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

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

YES

NO

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

2001-2002
ANNUAL REPORT

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: Robert Griffin

Signature: *Robert Griffin*

Date: 6/10/02

Title: Corporate Environmental Mgr.

2001-2002
ANNUAL REPORT

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 an 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 effects at very low concentrations. Some of these chemicals bioaccumulate in aquatic life. If your levels of TOC are high, you should evaluate all sources of natural or synthetic organics you may use at your site.

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

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

REGIONAL BOARD CONTACT LIST

See Storm Water Contacts at

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

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2001-2002
ANNUAL REPORT

SIDE A

FORM 1-SAMPLING & ANALYSIS RESULTS

FIRST STORM EVENT

SEE ATTACHED
REPORT

- 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 Esnaflit TITLE: F.R. Manager SIGNATURE: Tony Esnaflit

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
SW1-R		11/27/01 9:30 AM PM	8:30 AM PM	6	42	58.1	2.8	
SW2-R		11/27/01 9:45 AM PM	8:30 AM PM	6.1	37	49.1	<2	
		11 AM PM	AM PM					
		11 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

2001-2002

ANNUAL REPORT

SIDE B

FORM 1-SAMPLING & ANALYSIS RESULTS

SECOND STORM EVENT

SEE ATTACHED REPORT

- 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: [Signature]

DESCRIBE DISCHARGE LOCATION Example: NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	BASIC PARAMETERS				OTHER PARAMETERS							
			pH	TSS	SC	O&G	TOC	OTHER PARAMETERS						
SW1-R	12/14/01 9:32 AM	8:30 AM	4.7	87	87	1 < 2.0								
SW2-R	12/14/01 9:40 AM	8:35 AM	5.8	13.8	50.7	< 2								
	1/1													
	1/1													
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

1135 CENTRE DR, UNIT F WALNUT CA 91789
 909-595-7473 FAX 909-595-7474
 DHS Certification: #1227
 LACSD Certification: 10111

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

DATE: December 28, 2001
 LOG NUMBER: IW-8728
 SAMPLE RECEIVED: 11/30/01
 CUSTOMER P.O. C81888

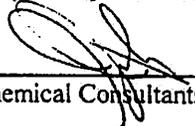
Type of Material Tested: Storm water taken from North side of employee parking lot on 11-29-01 @ 0930am, sample SW-1R
 Storm water taken from the Southside of the test track on 11-29-01 @ 0945am, sample SW-2R

Reason for Test: Determine content of constituents listed below for customer's information.

SW-1R	RESULTS	METHOD DETECTION LIMITS	TEST METHODS
pH	6	2 - 14 units	EPA 150.1
Suspended Solids	42	1 mg/l	EPA 160.2
Specific Conductance	58.1	10 umhos/cm	EPA 120.1
Oil & Grease	2.8	2 mg/l	EPA 413.1

SW-2R	RESULTS	METHOD DETECTION LIMITS	TEST METHODS
pH	6.1	2 - 14 units	EPA 150.1
Suspended Solids	37	1 mg/l	EPA 160.2
Specific Conductance	49.1	10 umhos/cm	EPA 120.1
Oil & Grease	<2	2 mg/l	EPA 413.1

Respectfully submitted,



 Chemical Consultants

Enclosure: Chain of Custody

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CHEMICAL CONSULTANTS

A REPORT PREPARED FOR:

UTILITY TRAILER

17300 E. Chesnut

City of Industry, LA 91748

1135 CENTRE DR, UNIT F WALNUT CA 91789

909-595-7473 FAX 909-595-7474

DHS Certification: #1227

LACSD Certification: 10111

DATE: December 26, 2001

LOG NUMBER: IW-8782

SAMPLE RECEIVED: 12/17/01

CUSTOMER P.O. C81890

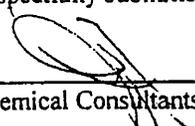
Type of Material Tested: Storm water taken from the north side of employee parking lot on 12-14-01
0930am, sample SW-1R
Storm water taken from the south side of the test track on 12-14-01 @
0940am, sample SW-2R

Reason for Test: Determine content of constituents listed below for customer's information.

SW-1R	RESULTS	METHOD DETECTION LIMITS	TEST METHODS
pH	4.7	2 - 14 units	EPA 150.1
Suspended Solids	11	1 mg/l	EPA 160.2
Specific Conductance	87	10 umhos/cm	EPA 120.1
Oil & Grease	1<2.0	2 mg/l	EPA 413.1

SW-2R	RESULTS	METHOD DETECTION LIMITS	TEST METHODS
pH	5.8	2 - 14 units	EPA 150.1
Suspended Solids	13.8	1 mg/l	EPA 160.2
Specific Conductance	50.7	10 umhos/cm	EPA 120.1
Oil & Grease	<2	2 mg/l	EPA 413.1

Respectfully submitted,



Chemical Consultants

Enclosure: Chain of Custody

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2001-2002
ANNUAL REPORT

SIDE A

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

- Quarterly dry weather visual observations are required of each authorized NSWD.
- Observe each authorized NSWD source, impacted drainage area, and discharge location.
- Authorized NSWDs must meet the conditions provided in Section D (pages 5-6) of the General Permit.
- Make additional copies of this form as necessary.

<p>QUARTER: JULY-SEPT. DATE: <u>7/13/01</u></p>	<p>Observers Name: <u>Tony Esnauli</u> Title: <u>I.R. MANAGER</u> Signature: <u>Tony Esnauli</u></p>	<p>WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, complete reverse side of this form.</p>
<p>QUARTER: OCT.-DEC. DATE: <u>10/11/01</u></p>	<p>Observers Name: <u>Tony Esnauli</u> Title: <u>I.R. MANAGER</u> Signature: <u>Tony Esnauli</u></p>	<p>WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, complete reverse side of this form.</p>
<p>QUARTER: JAN.-MARCH DATE: <u>1/25/02</u></p>	<p>Observers Name: <u>Tony Esnauli</u> Title: <u>I.R. MANAGER</u> Signature: <u>Tony Esnauli</u></p>	<p>WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, complete reverse side of this form.</p>
<p>QUARTER: APRIL-JUNE DATE: <u>4/1/02</u></p>	<p>Observers Name: <u>Tony Esnauli</u> Title: <u>I.R. MANAGER</u> Signature: <u>Tony Esnauli</u></p>	<p>WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, complete reverse side of this form.</p>

2001-2002

ANNUAL REPORT

SIDE B

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

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

SEE ATTACHED
REPORTS

2001-2002

ANNUAL REPORT

SIDE A

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

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

QUARTER: JULY-SEPT. DATE/TIME OF OBSERVATIONS 7/13/01 10:45 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	Observers Name: Tony Esnaull Title: I.R. MANAGER Signature: Tony Esnaull	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 10/11/01 1:30 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	Observers Name: Tony Esnaull Title: I.R. MANAGER Signature: Tony Esnaull	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 1/25/02 3:00 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	Observers Name: Tony Esnaull Title: I.R. MANAGER Signature: Tony Esnaull	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 4/11/02 9:30 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	Observers Name: Tony Esnaull Title: I.R. MANAGER Signature: Tony Esnaull	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.

2001-2002
ANNUAL REPORT

SIDE B

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 NON-STORM INSPECTION RECORD
 Utility Trailer Manufacturing Company
 City of Industry, California

Date: 4/1/02 Time: 9:30 AM

Name of Inspector: Tom Senault

Potential Pollutant Source / Location to be Inspected	Any spills, leaks, stains, or sheens?	Additional Observations	Description of Corrective Actions
Above ground storage tanks (ASTs)	None		
Drum rack			
Wastewater treatment chemicals			
Loading dock			
Torque testing			
Vehicles			
Material storage areas			
Drainage swales			
Spill response carts			
Other			

*No chemicals in plant of
 plant. Emptying the lining -
 all materials + tooling.*

Previous month's inspection report issues have been addressed?

Yes No N/A
 If yes, explain: N/A

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QUARTERLY NON-STORM INSPECTION RECORD
 Utility Trailer Manufacturing Company
 City of Industry, California

Date: 1/25/02 Time: 3:00
 Name of Inspector: [Signature]

Potential Pollutant Source / Location to be Inspected	Any spills, leaks, stains, or sheens?	Additional Observations	Description of Corrective Actions
Above ground storage tanks (ASTs)	None		
Drum rack	None		
Wastewater treatment chemicals	None		
Loading dock	None		
Torque testing	None		
Vehicles	None		
Material storage areas	None		
Drainage swales	None		
Spill response carts	None		
Other			

Previous month's inspection report issues have been addressed?

Yes No
 If yes, explain: N/A

Plant completely Shut Down
No Production since 12/21/01

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QUARTERLY NON-STORM INSPECTION RECORD
Utility Trailer Manufacturing Company
City of Industry, California

Date: 10/11/01 Time: 1:30 PM
 Name of Inspector: Tommy Casault

Potential Pollutant Source / Location to be Inspected	Any spills, leaks, stains, or sheens?	Additional Observations	Description of Corrective Actions
Above ground storage tanks (ASTs)	None		
Drum rack	None		
Wastewater treatment chemicals	None		
Loading dock	None		
Torque testing	None		
Vehicles	None		
Material storage areas	None		
Drainage swales	None		
Spill response carts	None		
Other			

Previous month's inspection report issues have been addressed?

Yes _____ No Y

If yes, explain: N/A

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QUARTERLY NON-STORM INSPECTION RECORD
 Utility Trailer Manufacturing Company
 City of Industry, California

Date: 7/13/01 Time: 10:45 AM

Name of Inspector: Tony Gonzalez

Potential Pollutant Source / Location to be Inspected	Any spills, leaks, stains, or sheens?	Additional Observations	Description of Corrective Actions
Above ground storage tanks (ASTs)	No		
Drum rack	No		
Wastewater treatment chemicals	No		
Loading dock	No		
Torque testing	No		
Vehicles	No		
Material storage areas	No		
Drainage swales	No		
Spill response carts	No		
Other	-		

Previous month's inspection report issues have been addressed?

Yes No

If yes, explain: N/A

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2001-2002
ANNUAL REPORT
FORM 4-MONTHLY VISUAL OBSERVATIONS OF
STORM WATER DISCHARGES

SIDE A

SEE ATTACHED
REREPTS

- Storm water discharge visual observations are required for at least one storm event per month between October 1 and May 31.
- Visual observations must be conducted during the first hour of discharge at all discharge locations.
- Discharges of temporarily stored or contained storm water must be observed at the time of discharge.
- Indicate "None" in the first column of this form if you did not conduct a monthly visual observation.
- Make additional copies of this form as necessary.
- Until a monthly visual observation is made, record any eligible storm events that do not result in a storm water discharge and note the date, time, name, and title of who observed there was no storm water discharge.

#1		#2		#3		#4	
Drainage Location Description	Observation Time	Drainage Location Description	Observation Time	Drainage Location Description	Observation Time	Drainage Location Description	Observation Time
Observation Date: October 2001 Observers Name: <u>NO STORM EVENT</u> Title: _____ Signature: _____	YES <input type="checkbox"/> NO <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
Observation Date: November 29, 2001 Observers Name: <u>TONY ESNAULT</u> Title: <u>F.R. MANAGER</u> Signature: <u>Tony Esnault</u>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Observation Date: December 14, 2001 Observers Name: <u>TONY ESNAULT</u> Title: <u>F.R. MANAGER</u> Signature: <u>Tony Esnault</u>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Observation Date: January 2002 Observers Name: <u>NO STORM EVENT</u> Title: _____ Signature: _____	YES <input type="checkbox"/> NO <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>

2001-2002
ANNUAL REPORT

SIDE B

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				
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2001-2002

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

SIDE A

- Storm water discharge visual observations are required for at least one storm event per month between October 1 and May 31.
- Visual observations must be conducted during the first hour of discharge at all discharge locations.
- Discharges of temporarily stored or contained storm water must be observed at the time of discharge.
- Indicate "None" in the first column of this form if you did not conduct a monthly visual observation.
- Make additional copies of this form as necessary.
- Until a monthly visual observation is made, record any eligible storm events that do not result in a storm water discharge and note the date, time, name, and title of who observed there was no storm water discharge.

		#1	#2	#3	#4
Observation Date: February 2002 <i>No Storm Event</i>		Drainage Location Description			
Observers Name:		<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.			
Title:		:	:	:	:
Signature:		<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.			
Observation Date: March 2002 <i>No Storm Event</i>		Drainage Location Description			
Observers Name:		<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.			
Title:		:	:	:	:
Signature:		<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.			
Observation Date: April 2002		Drainage Location Description			
Observers Name:		<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.			
Title:		:	:	:	:
Signature:		<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.			
Observation Date: May 2002		Drainage Location Description			
Observers Name:		<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.			
Title:		:	:	:	:
Signature:		<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.			

2001-2002
ANNUAL REPORT

SIDE B

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: 11/29/01 Time of Initial Runoff: 0830 am pm
 Inspected by: Tony Conault Total measurable rainfall: .4 inches
 Corrective Action Required: yes no

	SW-1-R		SW-2-R	
	Time: <u>0930</u>		Time: <u>0945</u>	
	YES	NO	YES	NO
i. Note presence of following:				
Floating and suspended materials		✓		✓
Oil and grease sheen	✓			✓
Discoloration	✓		✓	
High turbidity		✓		✓
Odor		✓		✓
Residue		✓		✓
Other (describe below)				

ii. Comments (explain sampling or monitoring delays, if any or other relevant observations):
 SW1-R = Flow was slow but steady - Dark mud color, No odor
 Very light oil sheen.
 SW2-R = Flow was slow but steady - Light mud color, No odor
 No oil sheen.

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-R: 6.2
 SW-2-R: 6.1

pH meter - model: _____ Time of measurement: _____

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

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

Date: 12/14/01 Time of Initial Runoff: 0835 (am) pm
 Inspected by: Tony Conault Total measurable rainfall: 0.5 inches
 Corrective Action Required: yes no

	SW-1 - R		SW-2 - R	
	Time: <u>0930</u>		Time: <u>0940</u>	
	YES	NO	YES	NO
I. Note presence of following:				
Floating and suspended materials		X		X
Oil and grease sheen		X		X
Discoloration		X		X
High turbidity	X		X	
Odor		X		X
Residue		X		X
Other (describe below)				

II. Comments (explain sampling or monitoring delays, if any or other relevant observations):
 # SW1R Very Slight Discoloration - Steady Flow
 # SW2R " " " " " "

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 - 5
 SW-2 - 6

pH meter - model: _____ Time of measurement: _____

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

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2001-2002

ANNUAL REPORT

SIDE A

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

EVALUATION DATE: 4/1/02 INSPECTOR NAME: Tony Esnault TITLE: IR Manager SIGNATURE: [Signature]

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?	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
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ARE ADDITIONAL/REVISED BMPs NECESSARY?			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ARE ADDITIONAL/REVISED BMPs NECESSARY?		NONE	NONE
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	<input type="checkbox"/> YES <input type="checkbox"/> NO ARE ADDITIONAL/REVISED BMPs NECESSARY?		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)	<input type="checkbox"/> YES <input type="checkbox"/> NO ARE ADDITIONAL/REVISED BMPs NECESSARY?		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)	<input type="checkbox"/> YES <input type="checkbox"/> NO ARE ADDITIONAL/REVISED BMPs NECESSARY?		Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation

2001-2002
ANNUAL REPORT

SIDE B

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

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

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO			