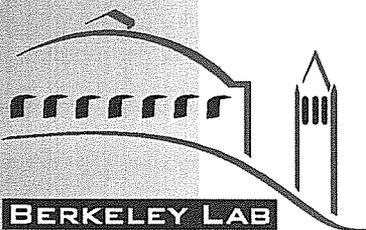


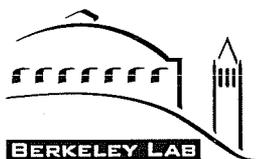
# Stormwater Discharges Associated with Industrial Activity

prepared for the **State of California**  
**State Water Resources Control Board**



ERNEST ORLANDO LAWRENCE  
BERKELEY NATIONAL LABORATORY

July 1, 2001



Environment, Health & Safety Division  
Environmental Services Group

Mr. Keith Lichten  
San Francisco Bay Regional Water Quality Control Board  
1515 Clay St., Suite 1400  
Oakland, CA 94612

June 27, 2001  
EP-01-039

HAND DELIVERED

Subject: Transmittal of Storm Water Annual Report  
General Permit No. 2 01S002421

Dear Mr. Lichten:

In accordance with the terms of the California general permit referenced above, enclosed you will find Berkeley Lab's 2000-2001 Annual Report for storm water discharges associated with industrial activities. We have used the forms provided by the State Water Resources Control Board on its website for this purpose, and have also included backup or summary information on our own forms or directly from our monitoring data base, plus the required analytical laboratory reports. If you have any further questions on the report, please call me at (510) 486-7413.

*"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 assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, this 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."*

Sincerely,

Regina Lackner  
Environmental Specialist

REL

cc: wo/attachment  
S. Benson  
J. Jelinski  
D. McGraw  
R. Pauer  
N. Shepard  
G. Zeman  
H. Carwell DOE/BSO

w/partial attachment  
S. Black DOE/OAK  
C. Schwab DOE/BSO

w/attachment  
N. Al-Hadithy, COB

State of California  
STATE WATER RESOURCES CONTROL BOARD

2000-2001  
**ANNUAL REPORT**  
FOR  
STORM WATER DISCHARGES ASSOCIATED  
WITH INDUSTRIAL ACTIVITIES

Reporting Period July 1, 2000 through June 30, 2001

**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, C, and D below differs from the information provided in your Notice of Intent (NOI), circle or highlight the information that differs from your NOI so we can update our records. Please remember that a Notice of Termination and new Notice of Intent are required whenever a 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 filed) along with the name, telephone number and e-mail address of the contact is indicated on page 9 of this Annual Report. To find your Regional Board information, match the first digit of your WDID number with the corresponding number that appears in parenthesis on the first line of each Regional Board office.

**GENERAL INFORMATION:**

**A. Facility WDID No:** 2 01S002421

**B. Facility Operator:**

Name: Lawrence Berkeley National Laboratory Contact Person: Regina Lackner  
Mailing Address: 1 Cyclotron Road, 75B-101 Title: Environmental Specialist  
City: Berkeley State: CA Zip: 94720 Phone: (510) 486-7413

**C. Facility Information:**

Name: Lawrence Berkeley National Laboratory Contact Person: Regina Lackner  
Mailing Address: 1 Cyclotron Road, 75B-101 Title: Environmental Specialist  
City: Berkeley State: CA Zip: 94720 Phone: (510) 486-7413  
Standard Industrial Classification (SIC) Code(s): 8733, 3499, 4214

**D. Facility Location:** (Complete if different from facility mailing address in Item C above)

Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2000-2001  
**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:** \_\_\_\_\_

- iv.  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?

3 Discharge, 2 Influent



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.2D

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

YES  NO **Attach explanation**

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

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

G. MONTHLY WET SEASON VISUAL OBSERVATIONS

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

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

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

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? The following areas should be inspected:  YES  NO
- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• areas where spills and leaks have occurred during the last year.</li> <li>• outdoor wash and rinse areas.</li> <li>• process/manufacturing areas.</li> <li>• loading, unloading, and transfer areas.</li> <li>• waste storage/disposal areas.</li> <li>• dust/particulate generating areas.</li> <li>• erosion areas.</li> </ul> | <ul style="list-style-type: none"> <li>• building repair, remodeling, and construction</li> <li>• material storage areas</li> <li>• vehicle/equipment storage areas</li> <li>• truck parking and access areas</li> <li>• rooftop equipment areas</li> <li>• vehicle fueling/maintenance areas</li> <li>• non-storm water discharge generating areas</li> </ul> |
|---|--|
2. Have you reviewed your SWPPP to assure that its BMPs address existing potential pollutant sources and industrial activities areas?  YES  NO
3. Have you inspected the entire facility to verify that the SWPPP's site map is up-to-date? The following site map items should be verified:  YES  NO
- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• facility boundaries</li> <li>• outline of all storm water drainage areas</li> <li>• areas impacted by run-on</li> </ul> | <ul style="list-style-type: none"> <li>• storm water discharges locations</li> <li>• storm water collection and conveyance system</li> <li>• structural control measures such as catch basins, berms, containment areas, oil/water separators, etc.</li> </ul> |
|--|--|

4. Have you reviewed all General Permit compliance records generated since the last  YES  NO annual evaluation?

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  YES  NO General Permit?

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.d, F.1.b, F.2.a, F.2.c, G.1, H.1-H.7, or J?  YES  NO  NA  
*see next page*

**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: Regina Lackner

Signature:

*Regina Lackner*

Date: June 27, 2001

Title:

**Environmental Specialist**

ATTACHMENTS/EXPLANATIONS

E.5

This storm water year a sample was not taken from our sampling location StW01, at building 71. Please note that this is in any case an influent rather than a discharge location. Almost since this sampling location was installed, it has been problematic to get samples from it. It is at the bottom of a manhole which is about 40 feet deep, and accesses the flow from two large (36 and 48-inch pipes, respectively) storm sewer pipes which drain the residential/university areas on the hill above us. Sampling had been performed by means of a portable pump and a long line which conveyed it through a pipe down to a shallow sump in the bottom of the manhole. However, the sump was constantly clogged with dirt, debris, and rocks, and made sampling with the pump impossible. Since this is a confined space and requires the descent of two separate ladders in a wet, slippery environment to gain access, it became a safety issue to send maintenance people down into it to clean out the sump. After review of the options, we have decided to discontinue use of this manhole as a monitoring location, and by the beginning of the next stormwater season plan to have other equipment in place to monitor the flow of stormwater in this area onto our facility.

E.10.c

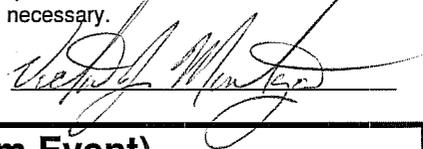
This question pertains to analysis of all storm water samples for applicable Table D parameters. We monitor for all applicable parameters (NH<sub>3</sub>, Mg, COD, As, Cd, Pb, Hg, Se, Ag, TSS, Fe, Al, Zn, N+N) except cyanide. Cyanide is no longer in general use on this site. The only outfall where cyanide monitoring would be required by the permit would be the outfall that drains the area where the Hazardous Waste Handling Facility (HWHF) is located. As stated in our storm water monitoring program, cyanide will not be monitored for at StW05 (East Canyon, the outfall that drains the area of the HWHF). Berkeley Lab had previously monitored the entire site for cyanide from 1992 through 1995 (3 storm water years, 6 samplings). The lack of any significant results justifies no further monitoring for this parameter in accordance with Section B, 4.c.iii of the General Permit, and was first noted in our 1994/95 Annual Report. Additionally, baseline monitoring before the facility was built and placed in operation in 1997 showed no cyanide in runoff.



**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): Victor Montoya TITLE: Quality Coordinator SIGNATURE: 

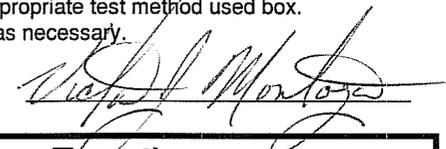
DESCRIBE DISCHARGE LOCATION	DATE / TIME OF SAMPLE LOCATION	TIME DISCHARGE STARTED	ANALYTICAL RESULTS (For First Storm Event)													
			BASIC PARAMETERS					OTHER PARAMETERS								
			pH	TSS	SC	O & G	TPH Diesel	Total Metals	Dissolved Metals	Ammonia as N	Nitrate + Nitrite	COD	Gross Alpha	Gross Beta	Tritium	
<b>STW 1</b> B71 Manhole Influent	NA <input type="checkbox"/> AM <input type="checkbox"/> PM	NA <input type="checkbox"/> AM <input type="checkbox"/> PM	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
<b>STW 2</b> N. Fork Straw Crk. Effluent	11/13/00 1448 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Field Analysis 7.75	18	Field Analysis 180	ND	360	Al=0.8 Fe=1.1 Others: ND	ND	0.21	0.85	59	ND	ND	ND	ND
<b>STW 3</b> B69 Manhole Influent	11/13/00 1448 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Field Analysis 7.81	11	Field Analysis 125	ND	270	Al=0.3 Fe=0.53 Others: ND	ND	0.1	0.85	34	ND	3.3	214	
<b>STW 4</b> Chicken Crk. Effluent	11/13/00 1442 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Field Analysis 7.95	9.2	Field Analysis 232	10	290	Al=0.5 Fe=0.61 Others: ND	ND	0.1	0.71	38	ND	3.2	267	
<b>STW 5</b> East Canyon Effluent	12/13/00 1503 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Field Analysis 7.62	3.5	Field Analysis 51	ND	810	Al=0.1 Others: ND	ND	0.28	Nitrate Only: 0.27	30	ND	ND	ND	
TEST REPORTING UNITS:			pH Units	mg/L	umho/cm	mg/L	µg/L	mg/L	mg/L	mg/L	mg/L	mg/L	pCi/L	pCi/L	pCi/L	
TEST METHOD DETECTION LIMIT:			0.01	1 - 2	1.0	5.0	50 - 200	0.005 - 0.5	0.005 - 0.5	0.02	0.1	20-25	2	3	200	
TEST METHOD USED:			EPA 150.1	EPA 160.2	EPA 120.1	EPA 413.1	EPA 8015M	EPA 6010	VARIOUS	EPA 350.2	EPA 300.0	EPA 410.4	E 900	E 900	E 906EP	
ANALYZED BY (SELF/LAB):			SELF / LAB	LAB	LAB	LAB	LAB	LAB	LAB	LAB	LAB	LAB	LAB	LAB	LAB	

TSS - Total Suspended Solids      SC - Specific Conductance      O&G - Oil & Grease      TOC - Total Organic Carbon      ND = Non Detected      NA = Not Sampled

**FORM 1-SAMPLING & ANALYSIS RESULTS**

**SECOND STORM EVENT**

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

NAME OF PERSON COLLECTING SAMPLE(S): Victor Montoya TITLE: Quality Coordinator SIGNATURE: 

DESCRIBE DISCHARGE LOCATION	DATE / TIME OF SAMPLE LOCATION	TIME DISCHARGE STARTED	ANALYTICAL RESULTS (For <del>First</del> Storm Event) <i>Second</i>													
			BASIC PARAMETERS					OTHER PARAMETERS								
			pH	TSS	SC	O & G	TPH Diesel	Total Metals	Dissolved Metals	Ammonia as N	Nitrate + Nitrite	COD	Gross Alpha	Gross Beta	Tritium	
<b>STW 1</b> B71 Manhole Influent	NA <input type="checkbox"/> AM <input type="checkbox"/> PM	NA <input type="checkbox"/> AM <input type="checkbox"/> PM	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
<b>STW 2</b> N. Fork Straw Crk. Effluent	01/23/01 1337 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Field Analysis 7.17	42	Field Analysis 70	ND	400	Al=1.0 Fe=1.5 Others: ND	Al=0.05 Others: ND	0.25	0.32 0.029 Total: 0.349	40	ND	ND	ND	
<b>STW 3</b> B69 Manhole Influent	01/23/01 1341 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Field Analysis 7.54	4.7	Field Analysis 59	ND	190	Al=0.2 Others: ND	ND	0.1	0.15 0.029 Total: 0.179	ND	ND	ND	1540	
<b>STW 4</b> Chicken Crk. Effluent	01/23/01 1339 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Field Analysis 7.27	180	Field Analysis 78	5.4	570	Al=5 Fe=5.8 Others: ND	Al=0.1 Others: ND	0.33	0.5 0.029 Total: 0.529	86	ND	4	441	
<b>STW 5</b> East Canyon Effluent	01/23/01 1447 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Field Analysis 7.21	24	Field Analysis 54	ND	250	Al=0.4 Fe=0.5 Others: ND	ND	0.3	0.28 0.036 Total: 0.316	ND	ND	ND	ND	
TEST REPORTING UNITS:			pH Units	mg/L	umho/cm	mg/L	µg/L	mg/L	mg/L	mg/L	mg/L	mg/L	pCi/L	pCi/L	pCi/L	
TEST METHOD DETECTION LIMIT:			0.01	2 - 5	1.0	5.0	50 - 300	0.005 - 0.5	0.005 -0.5	0.02	0.1 ate 0.02 ite	20	2	3	200	
TEST METHOD USED:			EPA 150.1	EPA 160.2	EPA 120.1	EPA 413.1	EPA 8015M	EPA 6010	VARIOUS	EPA 753.1	EPA 353.2	EPA 410.4	E 900	E 900	E 906	
ANALYZED BY (SELF/LAB):			SELF / LAB	LAB	LAB	LAB	LAB	LAB	LAB	LAB	LAB	LAB	LAB	LAB	LAB	

TSS - Total Suspended Solids

SC - Specific Conductance

O&G - Oil & Grease

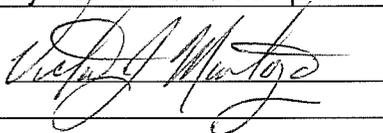
TOC - Total Organic Carbon

ND = Non Detected

NA = Not Sampled

**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: <b>JULY - SEPTEMBER</b></p> <p>DATE: 08/10/00</p>	<p>Observers Name: <u>Victor Montoya</u></p> <p>Title: <u>Quality Coordinator / Sampler</u></p> <p>Signature: </p>	<p><b>WERE ANY AUTHORIZED NSWD'S DISCHARGED DURING THIS QUARTER?</b></p> <p align="center">(none Observed)</p> <p><input type="checkbox"/> YES    If <b>YES</b>, Complete the reverse side of this form</p> <p><input checked="" type="checkbox"/> NO</p>
<p>QUARTER: <b>OCTOBER - DECEMBER</b></p> <p>DATE: 10/17/00</p>	<p>Observers Name: <u>Victor Montoya</u></p> <p>Title: <u>Quality Coordinator / Sampler</u></p> <p>Signature: </p>	<p><b>WERE ANY AUTHORIZED NSWD'S DISCHARGED DURING THIS QUARTER?</b></p> <p align="center">(none Observed)</p> <p><input type="checkbox"/> YES    If <b>YES</b>, Complete the reverse side of this form</p> <p><input checked="" type="checkbox"/> NO</p>
<p>QUARTER: <b>JANUARY - MARCH</b></p> <p>DATE: 01/29/01</p>	<p>Observers Name: <u>Victor Montoya</u></p> <p>Title: <u>Quality Coordinator / Sampler</u></p> <p>Signature: </p>	<p><b>WERE ANY AUTHORIZED NSWD'S DISCHARGED DURING THIS QUARTER?</b></p> <p align="center">(none Observed)</p> <p><input type="checkbox"/> YES    If <b>YES</b>, Complete the reverse side of this form</p> <p><input checked="" type="checkbox"/> NO</p>
<p>QUARTER: <b>APRIL - JUNE</b></p> <p>DATE: 4/23/01</p>	<p>Observers Name: <u>John Jelinski</u></p> <p>Title: <u>Quality Coordinator / Sampler</u></p> <p>Signature: </p>	<p><b>WERE ANY AUTHORIZED NSWD'S DISCHARGED DURING THIS QUARTER?</b></p> <p align="center">(none Observed)</p> <p><input type="checkbox"/> YES    If <b>YES</b>, Complete the reverse side of this form</p> <p><input checked="" type="checkbox"/> NO</p>

Lawrence Berkeley Laboratory  
Environmental Protection  
Storm Water Monitoring Program

*July OBSERVATION*

Testing for Non-Storm Water Discharge

*AUTHORIZED DISCHARGE*

Station number: <i>STW 1, 2, 3, 4, 5 &amp; SITEWIDE STORMWATER DRAINS</i>	
Location: <i>SITEWIDE</i>	
Date: <i>July ~ Sept. 2000 8/10/00</i>	Time: <i>1325 ~ 1545</i>
Name of tester(s): <i>VIC MONTOYA</i>	
Method(s) used: <i>VISUAL OBSERVATION LOOKING FOR RUNOFF (RUNNING WATER); SHEEN ON TOP OF RUNNING WATER; AND DISCOLORED STAINS</i>	
Test results:  <input checked="" type="checkbox"/> No non-storm water discharge found.  <input type="checkbox"/> Non-storm water discharge found.  <input type="checkbox"/> Corrective action taken.	
Description of non-storm water discharge and any corrective action taken:	

Lawrence Berkeley Laboratory  
Environmental Protection  
Storm Water Monitoring Program

*Visual Observation*

Testing for Non-Storm Water Discharge

*Authorized Discharge*

Station number: <i>STW 1, 2, 3, 4, 5 @ LBNL SITEWIDE STORMWATER DRAINS</i>	
Location: <i>LBNL SITEWIDE</i>	
Date: <i>Oct. ~ Dec. 2000</i> <i>10/17/00</i>	Time: <i>0915 ~ 1145</i>
Name of tester(s): <i>Vic Montoya</i>	
Method(s) used: <i>VISUAL OBSERVATION: LOOKING FOR RUNOFF (RUNNING WATER); WATER SHOEN; AND DISCOLORED STAINS</i>	
Test results:  <input checked="" type="checkbox"/> No non-storm water discharge found.  <input type="checkbox"/> Non-storm water discharge found.  <input type="checkbox"/> Corrective action taken.	
Description of non-storm water discharge and any corrective action taken:	

Lawrence Berkeley Laboratory  
Environmental Protection  
Storm Water Monitoring Program  
Testing for Non-Storm Water Discharge

*1/4 OBSERVATION*

*AUTHORIZED DISCHARGE*

Station number: <i>STW 1, 2, 3, 4, 5 &amp; SITEWIDE STORMWATER DRAINS</i>	
Location: <i>LBNL SITEWIDE</i>	
Date: <i>JAN ~ MARCH 2001</i> <i>1/29/01</i>	Time: <i>1015 ~ 1210</i>
Name of tester(s): <i>YIC MONTOYA</i>	
Method(s) used: <i>VISUAL OBSERVATION</i> <i>LOOKING FOR RUNOFF (RUNNING WATER), WATER SHOEN, AND</i> <i>DISCOLORED WATER STAINS</i>	
Test results:  <input checked="" type="checkbox"/> No non-storm water discharge found.  <input type="checkbox"/> Non-storm water discharge found.  <input type="checkbox"/> Corrective action taken.	
Description of non-storm water discharge and any corrective action taken:	

Lawrence Berkeley Laboratory  
Environmental Protection  
Storm Water Monitoring Program

*Visual Observation*

Testing for Non-Storm Water Discharge

*Authorized Discharge*

Station number: STW 1,2,3,4,5 & Sitewide Stormwater Drains	
Location: Sitewide (LBNL)	
Date: April - June 2001 4/23/01	Time: 1300
Name of tester(s): JOHN JEUNSKI	
Method(s) used: Visual Observations: Looking for runoff, sheen on top of water & discolored stains	
Test results: <input checked="" type="checkbox"/> No non-storm water discharge found.  <input type="checkbox"/> Non-storm water discharge found.  <input type="checkbox"/> Corrective action taken.	
Description of non-storm water discharge and any corrective action taken:	



Lawrence Berkeley Laboratory  
Environmental Protection  
Storm Water Monitoring Program

Testing for Non-Storm Water Discharge *UNAUTHORIZED DISCHARGE*

*Visual OBSERVATION*

Station number: <i>STW 1, 2, 3, 4, 5 &amp; SITEWIDE STORMWATER DRAINS</i>	
Location: <i>LBNL SITEWIDE</i>	
Date: <i>July ~ Sept. 2000 9/14/00</i>	Time: <i>1315 ~ 1510</i>
Name of tester(s): <i>Vic Montoya</i>	
Method(s) used: <i>VISUAL OBSERVATION: LOOKING FOR RUNOFF (RUNNING WATER); WATER SHOEN; AND DISCOLORED WATER STAINS</i>	
Test results:  <input checked="" type="checkbox"/> No non-storm water discharge found.  <input type="checkbox"/> Non-storm water discharge found.  <input type="checkbox"/> Corrective action taken.	
Description of non-storm water discharge and any corrective action taken:	

Lawrence Berkeley Laboratory  
Environmental Protection  
Storm Water Monitoring Program

*Visual Observation*

Testing for Non-Storm Water Discharge *UNAUTHORIZED DISCHARGE*

Station number:  
*STW 1, 2, 3, 4, 5, & SITEWIDE STORMWATER DRAINS*

Location:  
*SITWIDE*

Date: *Oct. ~ Dec. 2000*  
*11/15/00*

Time:  
*1250 ~ 1445*

Name of tester(s):  
*Vic Montoya*

Method(s) used:  
*VISUAL OBSERVATION*  
*LOOKING FOR NON-POINT RUNNING WATER; WATER SEEP; &*  
*DISCOLORED WATER STAINS*

Test results:

No non-storm water discharge found.

Non-storm water discharge found.

Corrective action taken.

Description of non-storm water discharge and any corrective action taken:

Lawrence Berkeley Laboratory  
Environmental Protection  
Storm Water Monitoring Program

*Visual Observation*      Testing for Non-Storm Water Discharge      *Unauthorized Discharge*

Station number: <i>STW 1, 2, 3, 4, 5 &amp; SITEWIDE STORMWATER DRAINS</i>	
Location: <i>LBNL SITEWIDE</i>	
Date: <i>JAN. ~ MARCH 2001</i> <i>1/5/01</i>	Time: <i>0845 ~ 1050</i>
Name of tester(s): <i>Vic Montoya</i>	
Method(s) used: <i>VISUAL OBSERVATION</i> <i>LOOKING FOR RUNOFF (RUNNING WATER); WATER SHOEN; &amp;</i> <i>DISCOLORED WATER STAINS</i>	
Test results:  <input checked="" type="checkbox"/> No non-storm water discharge found.  <input type="checkbox"/> Non-storm water discharge found.  <input type="checkbox"/> Corrective action taken.	
Description of non-storm water discharge and any corrective action taken:	

Lawrence Berkeley Laboratory  
Environmental Protection  
Storm Water Monitoring Program

*Velly OBSERVATION*

Testing for Non-Storm Water Discharge *UNAUTHORIZED DISCHARGE*

Station number: STW 1,2,3,4,5 ? Sitewide Stormwater Drains	
Location: LBNL Sitewide	
Date: April - June 2001 4/23/01	Time: 1400 - 1445
Name of tester(s): JOHN JELINSKI	
Method(s) used: Visual Observations Looking for Run-off (i.e. running water), watersheen, and discolored water stains	
Test results: <input checked="" type="checkbox"/> No non-storm water discharge found. <input type="checkbox"/> Non-storm water discharge found. <input type="checkbox"/> Corrective action taken.	
Description of non-storm water discharge and any corrective action taken:	

## 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.
- 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.

Observation Date: <b>October 26 2000</b> Observers Name: <u>Victor Montoya</u> Title: <u>Quality Coordinator</u> Signature:	Drainage Location Description <b>STW 1</b> <b>B71 Manhole</b>	Observation Time 10/26/00 1325	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<b>STW 2</b> <b>N. Fork Strawberry</b>	Observation Time 10/26/00 1335	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<b>STW 3</b> <b>B69 Manhole</b>	Observation Time 10/26/00 1315	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<b>STW 4</b> <b>Chicken Creek</b>	Observation Time 10/26/00 1355	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<b>STW 5</b> <b>East Canyon</b>	Observation Time 10/26/00 1415	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
	Time Discharge Began	10/26/00 0100	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	10/26/00 0100	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	10/26/00 0100	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	10/26/00 0100	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	10/26/00 0100	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	10/26/00 0100	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	10/26/00 0100	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
	Were Pollutants observed (if YES, complete reverse side)	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
Observation Date: <b>November 13 2000</b> Observers Name: <u>Victor Montoya</u> Title: <u>Quality Coordinator</u> Signature:	Drainage Location Description <b>STW 1</b> <b>B71 Manhole</b>	Observation Time 11/13/00 1440	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<b>STW 2</b> <b>N. Fork Strawberry</b>	Observation Time 11/13/00 1445	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<b>STW 3</b> <b>B69 Manhole</b>	Observation Time 11/13/00 1430	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<b>STW 4</b> <b>Chicken Creek</b>	Observation Time 11/13/00 1515	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<b>STW 5</b> <b>East Canyon</b>	Observation Time 11/13/00 1530	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
	Time Discharge Began	11/13/00 1400	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	11/13/00 1400	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	11/13/00 1400	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	11/13/00 1400	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	11/13/00 1400	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	11/13/00 1400	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	11/13/00 1400	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
	Were Pollutants observed (if YES, complete reverse side)	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
Observation Date: <b>December 13 2000</b> Observers Name: <u>Victor Montoya</u> Title: <u>Quality Coordinator</u> Signature:	Drainage Location Description <b>STW 1</b> <b>B71 Manhole</b>	Observation Time 12/13/00 1500	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<b>STW 2</b> <b>N. Fork Strawberry</b>	Observation Time 12/13/00 1530	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<b>STW 3</b> <b>B69 Manhole</b>	Observation Time 12/13/00 1445	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<b>STW 4</b> <b>Chicken Creek</b>	Observation Time 12/13/00 1540	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<b>STW 5</b> <b>East Canyon</b>	Observation Time 12/13/00 1515	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
	Time Discharge Began	12/13/00 1400	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	12/13/00 1400	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	12/13/00 1400	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	12/13/00 1400	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	12/13/00 1400	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	12/13/00 1400	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	12/13/00 1400	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
	Were Pollutants observed (if YES, complete reverse side)	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
Observation Date: <b>January 23 2001</b> Observers Name: <u>Victor Montoya</u> Title: <u>Quality Coordinator</u> Signature:	Drainage Location Description <b>STW 1</b> <b>B71 Manhole</b>	Observation Time 01/23/01 1340	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<b>STW 2</b> <b>N. Fork Strawberry</b>	Observation Time 01/23/01 1355	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<b>STW 3</b> <b>B69 Manhole</b>	Observation Time 01/23/01 1330	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<b>STW 4</b> <b>Chicken Creek</b>	Observation Time 1/23/01 1410	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<b>STW 5</b> <b>East Canyon</b>	Observation Time 01/23/01 1425	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
	Time Discharge Began	01/22/01 2300	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	01/22/01 2300	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	01/22/01 2300	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	01/22/01 2300	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	01/22/01 2300	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	01/22/01 2300	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	01/22/01 2300	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
	Were Pollutants observed (if YES, complete reverse side)	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			

## 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.
- Until a monthly visual observation is made, record any eligible storm events that do not result in a storm water discharge and note the date, time, name, and title of who observed there was no storm water discharge.

<b>Observation Date:</b> February 20 2001 <b>Observers Name:</b> Victor Montoya <b>Title:</b> Quality Coordinator <b>Signature:</b>	<b>Drainage Location Description</b>	<b>STW 1</b> B71 Manhole	<b>STW 2</b> N. Fork Strawberry	<b>STW 3</b> B69 Manhole	<b>STW 4</b> Chicken Creek	<b>STW 5</b> East Canyon
	<b>Observation Time</b>	02/20/01 X AM 0835 PM	02/20/01 X AM 0850 PM	02/20/01 X AM 0820 PM	02/20/01 X AM 0915 PM	02/20/01 X AM 0930 PM
	<b>Time Discharge Began</b>	02/20/01 X AM 0100 PM				
	<b>Were Pollutants observed (if YES, complete reverse side)</b>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
<b>Observation Date:</b> March 01 2001 <b>Observers Name:</b> John Jelinski <b>Title:</b> Quality Coordinator <b>Signature:</b>	<b>Drainage Location Description</b>	<b>STW 1</b> B71 Manhole	<b>STW 2</b> N. Fork Strawberry	<b>STW 3</b> B69 Manhole	<b>STW 4</b> Chicken Creek	<b>STW 5</b> East Canyon
	<b>Observation Time</b>	03/01/01 X AM 0900 PM	03/01/01 X AM 0910 PM	03/01/01 X AM 0925 PM	03/01/01 X AM 1000 PM	03/01/01 X AM 1015 PM
	<b>Time Discharge Began</b>	02/29/01 X AM 2200 PM				
	<b>Were Pollutants observed (if YES, complete reverse side)</b>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
<b>Observation Date:</b> April 19 2001 <b>Observers Name:</b> John Jelinski <b>Title:</b> Quality Coordinator <b>Signature:</b>	<b>Drainage Location Description</b>	<b>STW 1</b> B71 Manhole	<b>STW 2</b> N. Fork Strawberry	<b>STW 3</b> B69 Manhole	<b>STW 4</b> Chicken Creek	<b>STW 5</b> East Canyon
	<b>Observation Time</b>	04/19/01 X AM 1000 PM	04/19/01 X AM 1020 PM	04/19/01 X AM 0930 PM	04/19/01 X AM 1100 PM	04/19/01 X AM 1120 PM
	<b>Time Discharge Began</b>	04/19/01 X AM 0700 PM				
	<b>Were Pollutants observed (if YES, complete reverse side)</b>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
<b>Observation Date:</b> May 31 2001 <b>Observers Name:</b> John Jelinski <b>Title:</b> Quality Coordinator <b>Signature:</b>	<b>Drainage Location Description</b>	<b>STW 1</b> B71 Manhole	<b>STW 2</b> N. Fork Strawberry	<b>STW 3</b> B69 Manhole	<b>STW 4</b> Chicken Creek	<b>STW 5</b> East Canyon
	<b>Observation Time</b>	ND AM PM				
	<b>Time Discharge Began</b>	ND AM PM				
	<b>Were Pollutants observed (if YES, complete reverse side)</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>				

ND = No significant storm events occurred for that month

Lawrence Berkeley Laboratory  
 Environmental Protection  
 Storm Water Monitoring Program  
 Record of Observation

Station number: <i>STW1</i>	Location: <i>B71 Stormwater Manhole (Inflow)</i>
Date: <i>10/26/00</i>	Time: <i>1325</i>
Name of observer: <i>Vic Montoya</i>	
Weather observations: <i>RAINY; low clouds; WINDY;</i>	
Flow: <i>CANNOT DETERMINE</i>	<input type="checkbox"/> Measurement <input type="checkbox"/> Estimate
Total storm water discharge: _____	<input type="checkbox"/> Measurement <input type="checkbox"/> Estimate
Floating or suspended materials: Present? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Kind of material: <i>CANNOT DETERMINE</i>	
Amounts:	
Oil and grease: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Discolorations: <input type="checkbox"/> Yes <input type="checkbox"/> No	Description:
Turbidity:	
Odor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description:
Measurements: <i>NOT TAKEN!!</i> Temperature: Air: _____ pH: _____ Water: _____ Conductivity _____	
Other Comments: <i>CANNOT OBSERVE flow @ BASE of MANHOLE - CAN HEAR FLOWING WATER</i>	

Lawrence Berkeley Laboratory  
 Environmental Protection  
 Storm Water Monitoring Program  
 Record of Observation

Station number: <i>STW 2</i>		Location: <i>North Fork Strawberry Creek Crestmont</i>	
Date: <i>10/26/2000</i>		Time: <i>1335</i>	
Name of observer: <i>Vic Montoya</i>			
Weather observations: <i>RAINY; low clouds; WINDY</i>			
Flow: <i>40 ~ 45 GPM</i>		<input type="checkbox"/> Measurement <input checked="" type="checkbox"/> Estimate	
Total storm water discharge: _____		<input type="checkbox"/> Measurement <input type="checkbox"/> Estimate	
Floating or suspended materials: Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Kind of material: <i>ORGANIC DEBRIS - LEAVES &amp; SMALL TWIGS; SOME SILT</i>			
Amounts: <i>VERY LITTLE</i>			
Oil and grease: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Comments: <i>NO SHOWN</i>	
Discolorations: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Description: <i>VERY LIGHT BROWN FROM SILT / SEDIMENT</i>	
Turbidity:			
Odor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description:	
Measurements: Temperature: Air: _____ pH: _____ Water: _____ Conductivity _____			
Other Comments:			

Lawrence Berkeley Laboratory  
 Environmental Protection  
 Storm Water Monitoring Program  
 Record of Observation

Station number: <i>STW 3</i>	Location: <i>B69 stormwater Manhole (W/100)</i>
Date: <i>10/26/00</i>	Time: <i>1315</i>
Name of observer: <i>Vic Montoya</i>	
Weather observations: <i>RAINY; low clouds; WINDY</i>	
Flow:  <i>10 ~ 15 GPM</i>	<input type="checkbox"/> Measurement <input checked="" type="checkbox"/> Estimate
Total storm water discharge:  _____	<input type="checkbox"/> Measurement <input type="checkbox"/> Estimate
Floating or suspended materials: Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Kind of material:  	
Amounts:  	
Oil and grease: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Comments: <i>NO SHOWN</i>
Discolorations: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Description: <i>slightly blue</i>
Turbidity:  	
Odor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description:  
Measurements: Temperature: Air: _____ pH: _____ Water: _____ Conductivity: _____	
Other Comments:  	

Lawrence Berkeley Laboratory  
 Environmental Protection  
 Storm Water Monitoring Program  
 Record of Observation

Station number: <i>STW 4</i>	Location: <i>Chicken Creek (effluent)</i>
Date: <i>10/26/00</i>	Time: <i>1355</i>
Name of observer: <i>Vic Montoya</i>	
Weather observations: <i>RAINY; low clouds; WINDY</i>	
Flow:  <i>35 ~ 40 GPM</i>	<input type="checkbox"/> Measurement <input checked="" type="checkbox"/> Estimate
Total storm water discharge:  _____	<input type="checkbox"/> Measurement <input type="checkbox"/> Estimate
Floating or suspended materials: Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Kind of material: <i>twigs &amp; leaves; silt/sediment</i>	
Amounts:  	
Oil and grease: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Comments: <i>NO SHOWN</i>
Discolorations: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Description: <i>BROWNISH</i>
Turbidity:  	
Odor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description:  
Measurements:  Temperature: Air: _____ pH: _____ Water: _____ Conductivity _____	
Other Comments:  	

Lawrence Berkeley Laboratory  
 Environmental Protection  
 Storm Water Monitoring Program  
 Record of Observation

Station number: <i>STW 5</i>	Location: <i>EAST CANYON (EFFluent)</i>
Date: <i>10/26/00</i>	Time: <i>1415</i>
Name of observer: <i>Vic Montoya</i>	
Weather observations: <i>RAINY; low clouds; WINDY</i>	
Flow:  <i>45 GPM</i>	<input type="checkbox"/> Measurement <input checked="" type="checkbox"/> Estimate
Total storm water discharge:  _____	<input type="checkbox"/> Measurement <input type="checkbox"/> Estimate
Floating or suspended materials: Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>flow clear</i>	
Kind of material:  _____	
Amounts:  _____	
Oil and grease: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Comments: <i>NO SHEEN</i>
Discolorations: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description:  _____
Turbidity:  _____	
Odor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description:  _____
Measurements:  Temperature: Air: _____  pH: _____ Water: _____ Conductivity _____	
Other Comments:  _____	

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 Record of Observation

Station number: <i>STW 1</i>	Location: <i>B71 Stormwater Manhole (at vent)</i>
Date: <i>11/13/00</i>	Time: <i>1440</i>
Name of observer: <i>Vic Montoya</i>	
Weather observations: <i>RAINY; WINDY; cool; low clouds</i>	
Flow: <i>CANNOT DETERMINE</i>	<input type="checkbox"/> Measurement <input type="checkbox"/> Estimate
Total storm water discharge: _____	<input type="checkbox"/> Measurement <input type="checkbox"/> Estimate
Floating or suspended materials: Present? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Kind of material: <i>CANNOT DETERMINE</i>	
Amounts:	
Oil and grease: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Discolorations: <input type="checkbox"/> Yes <input type="checkbox"/> No	Description:
Turbidity:	
Odor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description:
Measurements: <i>NOT TAKEN !!</i> Temperature: Air: _____ pH: _____ Water: _____ Conductivity _____	
Other Comments: <i>CANNOT SEE FLOW @ BASE OF MANHOLE - CAN HEAR FLOWING WATER</i>	



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 Record of Observation

Station number: <i>STW 3</i>	Location: <i>B69 stormwater Manhole / Culvert</i>
Date: <i>11/13/00</i>	Time: <i>1430</i>
Name of observer: <i>Vic Montoya</i>	
Weather observations: <i>RAINY; WINDY; COOL; LOW CLOUDS</i>	
Flow: <i>1520 GPM</i>	<input type="checkbox"/> Measurement <input checked="" type="checkbox"/> Estimate
Total storm water discharge: _____	<input type="checkbox"/> Measurement <input type="checkbox"/> Estimate
Floating or suspended materials: Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Kind of material: <i>EVIDENCE OF DEBRIS - PLASTIC BAG &amp; CANDY WRAPPER</i>	
Amounts: _____	
Oil and grease: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Comments: <i>NO SHEEN</i>
Discolorations: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description: <i>Flow clear</i>
Turbidity: _____	
Odor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description: _____
Measurements: Temperature: Air: <i>51°</i> pH: <i>7.76</i> Water: <i>47°</i> Conductivity <i>141</i>	
Other Comments: _____	

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 Storm Water Monitoring Program  
 Record of Observation

Station number: <i>STW 4</i>	Location: <i>Chicken Creek (effluent)</i>
Date: <i>11/13/00</i>	Time: <i>1515</i>
Name of observer: <i>Vic Montoya</i>	
Weather observations:  <i>RAINY; WINDY; COOL; low clouds</i>	
Flow:  <i>40 to 45 GPM</i>	<input type="checkbox"/> Measurement <input checked="" type="checkbox"/> Estimate
Total storm water discharge:  _____	<input type="checkbox"/> Measurement <input type="checkbox"/> Estimate
Floating or suspended materials: Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Kind of material:  <i>small twigs &amp; broken leaves; silt/sediment</i>	
Amounts:  _____	
Oil and grease: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Comments:  <i>NO SHEEN</i>
Discolorations: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Description:  <i>light brown</i>
Turbidity:  _____	
Odor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description:  _____
Measurements:  Temperature: Air: <i>51°</i> pH: <i>8.06</i> Water: <i>48°</i> Conductivity: <i>211</i>	
Other Comments:  _____	

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 Record of Observation

Station number: <i>STW 5</i>	Location: <i>EAST CANYON (EFFLUENT)</i>
Date: <i>11/13/00</i>	Time: <i>1530</i>
Name of observer: <i>Vic Montoya</i>	
Weather observations: <i>RAINY; WINDY; COOL; LOW CLOUDS</i>	
Flow:  <i>5 ~ 10 GPM</i>	<input type="checkbox"/> Measurement <input checked="" type="checkbox"/> Estimate
Total storm water discharge:  _____	<input type="checkbox"/> Measurement <input type="checkbox"/> Estimate
Floating or suspended materials: Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>flow clear</i>	
Kind of material:  	
Amounts:  	
Oil and grease: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Comments: <i>NO SOAP</i>
Discolorations: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description:  
Turbidity:  	
Odor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description:  
Measurements: Temperature: Air: <i>51°</i> pH: <i>7.84</i> Water: <i>47°</i> Conductivity: <i>197</i>	
Other Comments:  	

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 Record of Observation

Station number: <i>STW1</i>	Location: <i>B71 stormwater Manhole (inflow)</i>
Date: <i>12/13/00</i>	Time: <i>1500</i>
Name of observer: <i>Vic Montoya</i>	
Weather observations: <i>cool; RAINY; low clouds; BREEZY</i>	
Flow: <i>CANNOT DETERMINE</i>	<input type="checkbox"/> Measurement <input type="checkbox"/> Estimate
Total storm water discharge: _____	<input type="checkbox"/> Measurement <input type="checkbox"/> Estimate
Floating or suspended materials:      Present? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Kind of material: <i>CANNOT DETERMINE</i>	
Amounts:	
Oil and grease: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Discolorations: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description:
Turbidity:	
Odor: <input type="checkbox"/> Yes <input type="checkbox"/> No	Description:
Measurements: <i>NOT TAKEN!!</i> Temperature:   Air:   _____ pH:   _____      Water:   _____      Conductivity   _____	
Other Comments: <i>CANNOT VIEW FLOW @ BASE OF MANHOLE - CAN HEAR FLOWING WATER</i>	

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 Record of Observation

Station number: <i>STW 2</i>	Location: <i>NORTH FORK STRAWBERRY CREEK CATHLAMET</i>
Date: <i>12/13/00</i>	Time: <i>1530</i>
Name of observer: <i>Vic Montoya</i>	
Weather observations: <i>COOL; RAINY; LAST MOVING CLOUDS; WINDY</i>	
Flow: <i>40 ~ 50 GPM</i>	<input type="checkbox"/> Measurement <input checked="" type="checkbox"/> Estimate
Total storm water discharge: _____	<input type="checkbox"/> Measurement <input type="checkbox"/> Estimate
Floating or suspended materials: Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Kind of material: <i>TWIGS &amp; LEAVES; SILT/SODIUM</i>	
Amounts: <i>MODERATE</i>	
Oil and grease: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Comments: <i>NO SHOW</i>
Discolorations: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Description: <i>BROWNISH - SILT/SODIUM</i>
Turbidity:	
Odor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description:
Measurements: Temperature: Air: _____ pH: _____ Water: _____ Conductivity _____	
Other Comments:	

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 Record of Observation

Station number: <i>STW 3</i>	Location: <i>B69 Stormwater Manhole (W/West)</i>
Date: <i>12/13/00</i>	Time: <i>1445</i>
Name of observer: <i>Vic Montoya</i>	
Weather observations: <i>cool; RAINY; clouds; breezy</i>	
Flow:  <i>10-15 GPM</i>	<input type="checkbox"/> Measurement <input checked="" type="checkbox"/> Estimate
Total storm water discharge:  _____	<input type="checkbox"/> Measurement <input type="checkbox"/> Estimate
Floating or suspended materials: Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>flow clear</i>	
Kind of material:  	
Amounts:  	
Oil and grease: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Comments: <i>NO SHOW</i>
Discolorations: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description:  
Turbidity:  	
Odor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description:  
Measurements: Temperature: Air: _____ pH: _____ Water: _____ Conductivity _____	
Other Comments:  	

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 Storm Water Monitoring Program  
 Record of Observation

Station number: <i>STW 4</i>	Location: <i>Chickon Creek effluents</i>
Date: <i>12/13/00</i>	Time: <i>1540</i>
Name of observer: <i>Vic Montoya</i>	
Weather observations: <i>cool; RAINY; clouds; BLOBBY</i>	
Flow:  <i>40 ~ 45 GPM</i>	<input type="checkbox"/> Measurement <input checked="" type="checkbox"/> Estimate
Total storm water discharge:  _____	<input type="checkbox"/> Measurement <input type="checkbox"/> Estimate
Floating or suspended materials: Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Kind of material: <i>LEAVES &amp; TWIGS; SILT/SODIUM</i>	
Amounts:  	
Oil and grease: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Comments: <i>NO SHEEN</i>
Discolorations: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Description: <i>VERY LIGHT BROWNISH</i>
Turbidity:  	
Odor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description:  
Measurements: Temperature: Air: _____ pH: _____ Water: _____ Conductivity _____	
Other Comments:  	



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 Record of Observation

Station number: <i>STW 1</i>	Location: <i>B71 Stormwater Manhole (Influent)</i>
Date: <i>1/23/01</i>	Time: <i>1340</i>
Name of observer: <i>Vic Montoya</i>	
Weather observations: <i>WINDY; low clouds; RAINY; cool</i>	
Flow: <i>CANNOT DETERMINE</i>	<input type="checkbox"/> Measurement <input type="checkbox"/> Estimate
Total storm water discharge: _____	<input type="checkbox"/> Measurement <input type="checkbox"/> Estimate
Floating or suspended materials: Present? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Kind of material: <i>CANNOT DETERMINE</i>	
Amounts:	
Oil and grease: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Discolorations: <input type="checkbox"/> Yes <input type="checkbox"/> No	Description:
Turbidity:	
Odor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description:
Measurements: <i>NOT TAKEN!!</i> Temperature: Air: _____ pH: _____ Water: _____ Conductivity _____	
Other Comments: <i>CANNOT SEE flow @ BASE of MANHOLE - CAN HEAR flowing water</i>	



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 Record of Observation

Station number: <i>STW3</i>	Location: <i>B69 Stormwater Manhole (Inflow)</i>
Date: <i>1/23/01</i>	Time: <i>1330</i>
Name of observer: <i>Vic Montoya</i>	
Weather observations: <i>WINDY; low clouds; RAINY; cool</i>	
Flow:  <i>20-30 GPM</i>	<input type="checkbox"/> Measurement <input checked="" type="checkbox"/> Estimate
Total storm water discharge:  _____	<input type="checkbox"/> Measurement <input type="checkbox"/> Estimate
Floating or suspended materials: Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>flow clear</i>	
Kind of material:  	
Amounts:  	
Oil and grease: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Comments: <i>NO shown</i>
Discolorations: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description: <i>bluish</i>
Turbidity:  	
Odor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description:  
Measurements: <p style="text-align: center;">Temperature: Air: <i>51°</i></p> <p>pH: <i>7.60</i>      Water: <i>50°</i>      Conductivity <i>54</i></p>	
Other Comments:  	



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 Record of Observation

Station number: <i>STW 5</i>	Location: <i>EAST CANYON (EFFluent)</i>
Date: <i>1/23/01</i>	Time: <i>1425</i>
Name of observer: <i>Vic Montoya</i>	
Weather observations: <i>WINDY; low clouds; RAINY; cool</i>	
Flow:  <i>15 to 20 GPM</i>	<input type="checkbox"/> Measurement <input checked="" type="checkbox"/> Estimate
Total storm water discharge:  _____	<input type="checkbox"/> Measurement <input type="checkbox"/> Estimate
Floating or suspended materials: Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>flow clear</i>	
Kind of material:	
Amounts:	
Oil and grease: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Comments: <i>NO SLAG</i>
Discolorations: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description:
Turbidity:	
Odor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description:
Measurements: Temperature: Air: <i>49°</i> pH: <i>7.24</i> Water: <i>49°</i> Conductivity: <i>50</i>	
Other Comments:	

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 Record of Observation

Station number: <i>STW1</i>	Location: <i>B71 Stormwater Manhole (Influent)</i>
Date: <i>2/20/01</i>	Time: <i>0835</i>
Name of observer: <i>Vic Montoya</i>	
Weather observations: <i>BREEZY; COOL; DRIZZLE; LOW FAST MOVING CLOUDS</i>	
Flow: <i>CANNOT DETERMINE</i>	<input type="checkbox"/> Measurement <input type="checkbox"/> Estimate
Total storm water discharge: _____	<input type="checkbox"/> Measurement <input type="checkbox"/> Estimate
Floating or suspended materials: Present? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Kind of material: <i>CANNOT DETERMINE</i>	
Amounts:	
Oil and grease: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Discolorations: <input type="checkbox"/> Yes <input type="checkbox"/> No	Description:
Turbidity:	
Odor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description:
Measurements: <i>NOT TAKEN!!</i> Temperature: Air: _____ pH: _____ Water: _____ Conductivity _____	
Other Comments: <i>CANNOT OBSERVE FLOW @ BASE OF MANHOLE - CAN HEAR FLOWING WATER</i>	



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 Record of Observation

Station number: <i>STW3</i>	Location: <i>B69 stormwater Manhole (Influent)</i>
Date: <i>2/20/01</i>	Time: <i>0820</i>
Name of observer: <i>Vic Montoya</i>	
Weather observations: <i>Breezy; cool; drizzle; low fast moving clouds</i>	
Flow:  <i>15 to 20 GPM</i>	<input type="checkbox"/> Measurement <input checked="" type="checkbox"/> Estimate
Total storm water discharge:  _____	<input type="checkbox"/> Measurement <input type="checkbox"/> Estimate
Floating or suspended materials: Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>flow clear</i>	
Kind of material:  	
Amounts:  	
Oil and grease: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Comments: <i>NO SHEEN</i>
Discolorations: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description:  
Turbidity:  	
Odor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description:  
Measurements: Temperature: Air: _____ pH: _____ Water: _____ Conductivity _____	
Other Comments:  	



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 Record of Observation

Station number: <i>STW 5</i>	Location: <i>EAST CANYON (EFFluent)</i>
Date: <i>2/20/01</i>	Time: <i>0930</i>
Name of observer: <i>Vic Montoya</i>	
Weather observations: <i>BREEZY; COOL; DRIZZLING; LOW FAST MOVING CLOUDS</i>	
Flow:  <i>5210 GPM</i>	<input type="checkbox"/> Measurement <input checked="" type="checkbox"/> Estimate
Total storm water discharge:  _____	<input type="checkbox"/> Measurement <input type="checkbox"/> Estimate
Floating or suspended materials: Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>flow clear</i>	
Kind of material:	
Amounts:	
Oil and grease: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Comments: <i>NO SHOWN</i>
Discolorations: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description:
Turbidity:	
Odor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description:
Measurements: Temperature: Air: _____ pH: _____ Water: _____ Conductivity _____	
Other Comments:	

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 Record of Observation

Station number: <i>STW1</i>		Location: <i>B71 STORMWATER Manhole (INFLUENT)</i>	
Date: <i>3/1/01</i>		Time: <i>0900</i>	
Name of observer: <i>JOHN JELINSKI</i>			
Weather observations: <i>Rainy, cloudy</i>			
Flow: <i>CANNOT DETERMINE</i>		<input type="checkbox"/> Measurement <input type="checkbox"/> Estimate	
Total storm water discharge: <i>CANNOT DETERMINE</i>		<input type="checkbox"/> Measurement <input type="checkbox"/> Estimate	
Floating or suspended materials: Present? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Kind of material:			
Amounts:			
Oil and grease: <input type="checkbox"/> Yes <input type="checkbox"/> No		Comments: <i>N</i>	
Discolorations: <input type="checkbox"/> Yes <input type="checkbox"/> No		Description:	
Turbidity:			
Odor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description:	
Measurements: <i>NOT TAKEN</i> Temperature: Air: _____ pH: _____      Water: _____      Conductivity _____			
Other Comments: <i>CANNOT observe flow, water at base of Manhole.</i>			

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Station number: <i>STW 2</i>	Location: <i>North Fork Strawberry Creek CA 94504</i>
Date: <i>3/1/01</i>	Time: <i>0910</i>
Name of observer: <i>John Jelinski</i>	
Weather observations: <i>cloudy, Rainy</i>	
Flow:  <i>30-40 GPM</i>	<input type="checkbox"/> Measurement <input checked="" type="checkbox"/> Estimate
Total storm water discharge:  _____	<input type="checkbox"/> Measurement <input type="checkbox"/> Estimate
Floating or suspended materials: Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Kind of material: <i>organic debris - leaves etc..... little siltation</i>	
Amounts:  	
Oil and grease: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Comments:
Discolorations: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description:
Turbidity: <i>Slight Turbidity</i>	
Odor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description:
Measurements: <i>NOT TAKEN</i> Temperature: Air: _____ pH: _____      Water: _____      Conductivity _____	
Other Comments:  _____	

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Station number: <i>STW3</i>	Location: <i>B69 stormwater Manhole (inflow)</i>
Date: <i>3/1/01</i>	Time: <i>0925</i>
Name of observer: <i>JOHN JELINSKI</i>	
Weather observations: <i>Rainy Cloudy</i>	
Flow: <i>5-10 GPM</i>	<input type="checkbox"/> Measurement <input checked="" type="checkbox"/> Estimate
Total storm water discharge: _____	<input type="checkbox"/> Measurement <input type="checkbox"/> Estimate
Floating or suspended materials: Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Kind of material: _____	
Amounts: _____	
Oil and grease: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Comments: _____
Discolorations: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description: _____
Turbidity: <i>Slight Turbidity</i>	
Odor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description: _____
Measurements: <i>NOT TAKEN</i> Temperature: Air: _____ pH: _____      Water: _____      Conductivity _____	
Other Comments: _____	

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 Record of Observation

Station number: <i>STW 4</i>	Location: <i>Chicken Creek effluents</i>
Date: <i>3/1/01</i>	Time: <i>1000</i>
Name of observer: <i>JOHN JELINSKI</i>	
Weather observations:  <i>Rainy cloudy</i>	
Flow:  <i>30-40 GPM</i>	<input type="checkbox"/> Measurement <input checked="" type="checkbox"/> Estimate
Total storm water discharge:  _____	<input type="checkbox"/> Measurement <input type="checkbox"/> Estimate
Floating or suspended materials: Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Kind of material:  <i>organic debris - leaves, silt etc...</i>	
Amounts:  <i>slight</i>	
Oil and grease: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Comments:
Discolorations: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description:
Turbidity: <i>slight</i>	
Odor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description:
Measurements:  <i>NOT TAKEN</i> Temperature: Air: _____ pH: _____      Water: _____      Conductivity _____	
Other Comments:	

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 Record of Observation

Station number: <u>STW 5</u>	Location: <u>EAST CANYON (EFFluent)</u>
Date: <u>3/1/01</u>	Time: <u>1015</u>
Name of observer: <u>JOHN JELINSKI</u>	
Weather observations: <u>Cloudy, Rainy</u>	
Flow: <u>&lt; 5 GPM</u>	<input type="checkbox"/> Measurement <input checked="" type="checkbox"/> Estimate
Total storm water discharge: _____	<input type="checkbox"/> Measurement <input type="checkbox"/> Estimate
Floating or suspended materials: Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Kind of material:	
Amounts:	
Oil and grease: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Comments:
Discolorations: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description:
Turbidity: <u>NONE</u>	
Odor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description:
Measurements: <u>NOT TAKEN</u> Temperature: Air: _____ pH: _____      Water: _____      Conductivity: _____	
Other Comments:	



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Station number: <i>STW 2</i>	Location: <i>North Fork Strawberry Creek, CA 94702</i>
Date: <i>04/19/01</i>	Time: <i>1020</i> storm began ground 0700
Name of observer: <i>John Jelinski</i>	
Weather observations:  <i>Rainy, Cloudy</i>	
Flow:  <i>10-20 GPM</i>	<input type="checkbox"/> Measurement <input checked="" type="checkbox"/> Estimate
Total storm water discharge:  _____	<input type="checkbox"/> Measurement <input type="checkbox"/> Estimate
Floating or suspended materials:      Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Kind of material:  <i>ORGANIC DEBRIS - Leaves etc...</i>	
Amounts:  <i>Little</i>	
Oil and grease: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Comments:
Discolorations: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description:
Turbidity:	
Odor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description:
Measurements:  Temperature:    Air: _____  pH: _____      Water: _____      Conductivity _____	
Other Comments:	







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 Record of Observation

Station number: <p style="text-align: center; font-size: 1.2em;">STW 1</p>	Location:
Date: <p style="text-align: center; font-size: 1.2em;">5/31/01</p>	Time:
Name of observer: <p style="text-align: center; font-size: 1.2em;">John Jelinski</p>	
Weather observations: <p style="text-align: center; font-size: 1.2em;">No sig-fiy storms for the Month of May.</p>	
Flow: <hr style="width: 50%; margin: 0 auto;"/>	<input type="checkbox"/> Measurement <input type="checkbox"/> Estimate
Total storm water discharge: <hr style="width: 50%; margin: 0 auto;"/>	<input type="checkbox"/> Measurement <input type="checkbox"/> Estimate
Floating or suspended materials:    Present? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Kind of material:	
Amounts:	
Oil and grease: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Discolorations: <input type="checkbox"/> Yes <input type="checkbox"/> No	Description:
Turbidity:	
Odor: <input type="checkbox"/> Yes <input type="checkbox"/> No	Description:
Measurements: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>Temperature: Air: _____</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>pH: _____</span> <span>Water: _____</span> <span>Conductivity _____</span> </div>	
Other Comments:	

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Station number: <p style="text-align: center; font-size: 1.2em;">STW 2</p>	Location: <p style="text-align: center; font-size: 1.2em;">Effluent N. fork Strawberry Creek</p>
Date: <p style="text-align: center; font-size: 1.2em;">5/31/01</p>	Time: <p style="text-align: center; font-size: 1.2em;">11:00</p>
Name of observer: <p style="text-align: center; font-size: 1.2em;">J. JELINSKI</p>	
Weather observations: <p style="text-align: center; font-size: 1.2em;">No Storms for the Month of May</p>	
Flow: <hr style="width: 50%; margin: 0 auto;"/>	<input type="checkbox"/> Measurement <input type="checkbox"/> Estimate
Total storm water discharge: <hr style="width: 50%; margin: 0 auto;"/>	<input type="checkbox"/> Measurement <input type="checkbox"/> Estimate
Floating or suspended materials:    Present? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Kind of material:	
Amounts:	
Oil and grease: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Discolorations: <input type="checkbox"/> Yes <input type="checkbox"/> No	Description:
Turbidity:	
Odor: <input type="checkbox"/> Yes <input type="checkbox"/> No	Description:
Measurements: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>Temperature: Air: _____</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>pH: _____</span> <span>Water: _____</span> <span>Conductivity _____</span> </div>	
Other Comments:	

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Station number: <p style="text-align: center; font-size: 1.2em;">STW 3</p>	Location: <p style="text-align: center; font-size: 1.2em;">B69 STM Manhole Influent</p>
Date: <p style="text-align: center; font-size: 1.2em;">5/31/01</p>	Time: <p style="text-align: center; font-size: 1.2em;">1120</p>
Name of observer: <p style="text-align: center; font-size: 1.2em;">John JELINSKI</p>	
Weather observations: <p style="text-align: center; font-size: 1.2em;">No storms for Month of May</p>	
Flow:  _____	<input type="checkbox"/> Measurement <input type="checkbox"/> Estimate
Total storm water discharge:  _____	<input type="checkbox"/> Measurement <input type="checkbox"/> Estimate
Floating or suspended materials:    Present? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Kind of material:	
Amounts:	
Oil and grease: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Discolorations: <input type="checkbox"/> Yes <input type="checkbox"/> No	Description:
Turbidity:	
Odor: <input type="checkbox"/> Yes <input type="checkbox"/> No	Description:
Measurements: <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 45%;">pH: _____</div> <div style="width: 45%;">Temperature: Air: _____</div> </div> <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 5px;"> <div style="width: 45%;">Water: _____</div> <div style="width: 45%;">Conductivity _____</div> </div>	
Other Comments:	

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 Environmental Protection  
 Storm Water Monitoring Program  
 Record of Observation

Station number: <p style="text-align: center; font-size: 1.2em;">STW 4</p>	Location: <p style="text-align: center; font-size: 1.2em;">Chicken Creek Effluent</p>
Date: <p style="text-align: center; font-size: 1.2em;">5/31/01</p>	Time: <p style="text-align: center; font-size: 1.2em;">1200</p>
Name of observer: <p style="text-align: center; font-size: 1.2em;">John JELINSKI</p>	
Weather observations: <p style="text-align: center; font-size: 1.2em;">No sig-fiy storms for Month of May</p>	
Flow: <hr style="width: 80%; margin: 0 auto;"/>	<input type="checkbox"/> Measurement <input type="checkbox"/> Estimate
Total storm water discharge: <hr style="width: 80%; margin: 0 auto;"/>	<input type="checkbox"/> Measurement <input type="checkbox"/> Estimate
Floating or suspended materials:    Present? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Kind of material:	
Amounts:	
Oil and grease: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Discolorations: <input type="checkbox"/> Yes <input type="checkbox"/> No	Description:
Turbidity:	
Odor: <input type="checkbox"/> Yes <input type="checkbox"/> No	Description:
Measurements: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>Temperature: Air: _____</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>pH: _____</span> <span>Water: _____</span> <span>Conductivity _____</span> </div>	
Other Comments:	

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 Storm Water Monitoring Program  
 Record of Observation

Station number: <p style="text-align: center; font-size: 1.2em;">STWS</p>	Location: <p style="text-align: center; font-size: 1.2em;">East Canyon Effluent</p>
Date: <p style="text-align: center; font-size: 1.2em;">05/31/01</p>	Time: <p style="text-align: center; font-size: 1.2em;">1210</p>
Name of observer: <p style="text-align: center; font-size: 1.2em;">John Jelinski</p>	
Weather observations: <p style="text-align: center; font-size: 1.2em;">No sig-fly storms for Month of May!</p>	
Flow: <hr style="width: 80%; margin: 0 auto;"/>	<input type="checkbox"/> Measurement <input type="checkbox"/> Estimate
Total storm water discharge: <hr style="width: 80%; margin: 0 auto;"/>	<input type="checkbox"/> Measurement <input type="checkbox"/> Estimate
Floating or suspended materials:    Present? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Kind of material:	
Amounts:	
Oil and grease: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Discolorations: <input type="checkbox"/> Yes <input type="checkbox"/> No	Description:
Turbidity:	
Odor: <input type="checkbox"/> Yes <input type="checkbox"/> No	Description:
Measurements: <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 45%;">pH: _____</div> <div style="width: 45%;">Temperature: Air: _____</div> </div> <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 5px;"> <div style="width: 45%;">Water: _____</div> <div style="width: 45%;">Conductivity _____</div> </div>	
Other Comments:	

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

EVALUATION DATE: 5/17-25/01 INSPECTOR NAME: Regina Lackner TITLE: Environmental Specialist SIGNATURE: Regina Lackner

<p>POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP) Loading and Unloading 69 77D WAAs Various 85 (HWHF) FTU's</p>	<p>Have Any BMP's not been Fully Implemented? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>Are Additional/revised BMP's Necessary? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>	<p>If YES to either question, complete the next two columns of this form.</p>	<p>Describe deficiencies in BMPs or BMP implementation</p>	<p>Describe additional/revised BMPs or corrective actions and their date(s) of implementation</p>
<p>POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP) Materials Storage and Use WAAs, DSAs, HWHF USTs ASTs Outdoor Equipment</p>	<p>Have Any BMP's not been Fully Implemented? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>Are Additional/revised BMP's Necessary? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>	<p>If YES to either question, complete the next two columns of this form.</p>	<p>Describe deficiencies in BMPs or BMP implementation</p>	<p>Describe additional/revised BMPs or corrective actions and their date(s) of implementation</p>
<p>POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP) Vehicle Washing (Fueling) and Maintenance 76 48</p>	<p>Have Any BMP's not been Fully Implemented? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Are Additional/revised BMP's Necessary? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If YES to either question, complete the next two columns of this form.</p>	<p>Describe deficiencies in BMPs or BMP implementation</p> <p>There is no roof over the fueling station at 76. Large vehicles cannot fit in the present wash bay.</p>	<p>Describe additional/revised BMPs or corrective actions and their date(s) of implementation</p> <p>No funding for such capital projects exists at this time. No implementation date can be given.</p>
<p>POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP) Vehicle Parking / Driving Parking Lots</p>	<p>Have Any BMP's not been Fully Implemented? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>Are Additional/revised BMP's Necessary? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>	<p>If YES to either question, complete the next two columns of this form.</p>	<p>Describe deficiencies in BMPs or BMP implementation</p>	<p>Describe additional/revised BMPs or corrective actions and their date(s) of implementation</p>

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

EVALUATION DATE: May 17 2001 INSPECTOR NAME: Regina Lackner TITLE: Environmental Specialist SIGNATURE: Regina Lackner

<p>POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP) Construction / Maintenance</p>	<p>Have Any BMP's not been Fully Implemented? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Are Additional/revised BMP's Necessary? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If YES to either question, complete the next two columns of this form.</p>	<p>Describe deficiencies in BMPs or BMP implementation</p> <p>No covered storage is available for heavy equipment, materials, and machinery.</p>	<p>Describe additional/revised BMPs or corrective actions and their date(s) of implementation</p> <p>Space and funds have been requested. Planning Department cannot provide an implementation date.</p>
<p>POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP) Spills / Releases</p>	<p>Have Any BMP's not been Fully Implemented? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>Are Additional/revised BMP's Necessary? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>	<p>If YES to either question, complete the next two columns of this form.</p>	<p>Describe deficiencies in BMPs or BMP implementation</p>	<p>Describe additional/revised BMPs or corrective actions and their date(s) of implementation</p>
<p>POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)</p>	<p>Have Any BMP's not been Fully Implemented? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Are Additional/revised BMP's Necessary? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If YES to either question, complete the next two columns of this form.</p>	<p>Describe deficiencies in BMPs or BMP implementation</p>	<p>Describe additional/revised BMPs or corrective actions and their date(s) of implementation</p>
<p>POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)</p>	<p>Have Any BMP's not been Fully Implemented? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Are Additional/revised BMP's Necessary? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If YES to either question, complete the next two columns of this form.</p>	<p>Describe deficiencies in BMPs or BMP implementation</p>	<p>Describe additional/revised BMPs or corrective actions and their date(s) of implementation</p>