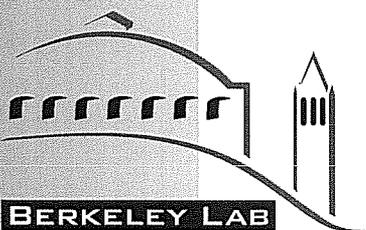


# Stormwater Discharges Associated with Industrial Activity

prepared for the State of California  
State Water Resources Control Board

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ERNEST ORLANDO LAWRENCE  
BERKELEY NATIONAL LABORATORY

July 1, 2006



Environment, Health & Safety Division  
Environmental Services Group

June 30, 2006  
ES-06-023

**San Francisco Bay Regional Water Quality Control Board**  
**1515 Clay Street, Suite 1400**  
**Oakland, CA 94612**

**ATTN:** Mr. Rico Duazo

**SUBJECT:** FY2005-06 Storm Water Annual Report for Facility WDID #2 011002421

In accordance with the terms of the California General Industrial Permit, Berkeley Lab has enclosed its FY2005-06 Annual Report for stormwater discharges associated with industrial activities using the forms made available on the Water Board's website. Supporting documentation in the form of analytical laboratory reports is also included. If you have any questions on the report, please call Patrick Thorson at 510-486-5852.

*"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,

Ron Pauer  
Group Leader  
Environmental Services Group

ROP:pt

Enclosures

cc: (w/enclosures)

N. Al-Hadithy, COB  
B. Berninzoni  
S. Black  
H. Hatayama

C. Ingram, DOE/BSO  
J. Jelinski  
E. Lau  
D. McGraw

R. Pauer  
G. Reyes  
C. Schwab, DOE/BSO  
N. Ware

State of California  
STATE WATER RESOURCES CONTROL BOARD

2005-2006  
**ANNUAL REPORT**  
FOR  
STORM WATER DISCHARGES ASSOCIATED  
WITH INDUSTRIAL ACTIVITIES

Reporting Period July 1, 2005 through June 30, 2006

**An annual report is required to be submitted to your local Regional Water Quality Control Board (Regional Board) by July 1 of each year.** This document must be certified and signed, under penalty of perjury, by the appropriate official of your company. Many of the Annual Report questions require an explanation. Please provide explanations on a separate sheet as an attachment. **Retain a copy of the completed Annual Report for your records.**

Please circle or highlight any information contained in Items A, B, and C below that is new or revised so we can update our records. Please remember that a Notice of Termination and new Notice of Intent are required whenever a facility operation is relocated or changes ownership.

If you have any questions, please contact your Regional Board Industrial Storm Water Permit Contact. The names, telephone numbers and e-mail addresses of the Regional Board contacts, as well as the Regional Board office addresses can be found at <http://www.waterboards.ca.gov/stormwtr/contact.html>. To find your Regional Board information, match the first digit of your WDID number with the corresponding number that appears in parenthesis on the first line of each Regional Board office.

**GENERAL INFORMATION:**

**Facility WDID No:** 2 01I002421

**A. Facility Information:**

Facility Business Name: Lawrence Berkeley National Laboratory Contact Person: Patrick Thorson

Physical Address: 1 Cyclotron Road e-mail: pathorson@lbl.gov

City: Berkeley CA Zip: 94720 Phone: (510) 486-5852

Standard Industrial Classification (SIC) Code(s): 8733, 3499, 4214

**B. Facility Operator Information:**

Operator Name: Lawrence Berkeley National Laboratory Contact Person: Patrick Thorson

Mailing Address: 1 Cyclotron Road, MS85B0198 e-mail: pathorson@lbl.gov

City: Berkeley CA Zip: 94720 Phone: (510) 486-5852

**C. Facility Billing Information:**

Operator Name: Lawrence Berkeley National Laboratory Contact Person: Patrick Thorson

Mailing Address: 1 Cyclotron Road, MS85B01898 e-mail: pathorson@lbl.gov

City: Berkeley CA Zip: 94720 Phone: (510) 486-5852

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**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?

  3 Discharge, 1 Influent

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4. For each storm event sampled, did you collect and analyze a sample from each of the facilities storm water discharge locations?  YES  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.

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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.

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**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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO	April <input type="checkbox"/> YES <input checked="" 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.

- a. date, time, and location of observation
- b. name and title of observer
- c. characteristics of the discharge (i.e., odor, color, etc.) and source of any pollutants observed.
- d. **any** new or revised BMPs necessary to reduce or prevent pollutants in storm water discharges. Provide new or revised BMP implementation date.

**ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION (ACSCE)**

**H. ACSCE CHECKLIST**

Section A.9 of the General Permit requires the facility operator to conduct one ACSCE in each reporting period (July 1-June 30). Evaluations must be conducted within 8-16 months of each other. The SWPPP and monitoring program shall be revised and implemented, as necessary, within 90 days of the evaluation. The checklist below includes the minimum steps necessary to complete an 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  YES  NO following areas should be inspected:

- |   |  |
|---|--|
| <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> |
|--|--|

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

The following records should be reviewed:

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

5. Have you reviewed the major elements of the SWPPP to assure compliance with the General Permit?  YES  NO

The following SWPPP items should be reviewed:

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

6. Have you reviewed your SWPPP to assure that a) the BMPs are adequate in reducing or preventing pollutants in storm water discharges and authorized non-storm water discharges, and b) the BMPs are being implemented?  YES  NO

The following BMP categories should be reviewed:

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

7. Has all material handling equipment and equipment needed to implement the SWPPP been inspected?  YES  NO

I. ACSCE EVALUATION REPORT

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

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

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

J. ACSCE CERTIFICATION

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

Based upon your ACSCE, do you certify compliance with the Industrial Activities Storm Water General Permit?  YES  NO

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

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**ATTACHMENT SUMMARY**

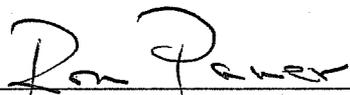
Answer the questions below to help you determine what should be attached to this annual report. Answer NA (Not Applicable) to questions 2-4 if you are not required to provide those attachments.

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: Ron Pauer

Signature:  Date: 6/30/06

Title: Environmental Group Leader

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**DESCRIPTION OF BASIC ANALYTICAL PARAMETERS**

The Industrial Activities Storm Water General Permit (General Permit) requires you to analyze storm water samples for at least four parameters. These are pH, Total Suspended Solids (TSS), Specific Conductance (SC), and Total Organic Carbon (TOC). Oil and Grease (O&G) may be substituted for TOC. In addition, you must monitor for any other pollutants which you believe to be present in your storm water discharge as a result of industrial activity and analytical parameters listed in Table D of the General Permit. There are no numeric limitations for the parameters you test for.

The four parameters which the General Permit requires to be tested are considered *indicator* parameters. In other words, regardless of what type of facility you operate, these parameters are nonspecific and general enough to usually provide some indication whether pollutants are present in your storm water discharge. The following briefly explains what each of these parameters mean:

**pH** is a numeric measure of the hydrogen-ion concentration. The neutral, or acceptable, range is within 6.5 to 8.5. At values less than 6.5, the water is considered acidic; above 8.5 it is considered alkaline or basic. An example of an acidic substance is vinegar, and a alkaline or basic substance is liquid antacid. Pure rainfall tends to have a pH of a little less than 7. There may be sources of materials or industrial activities which could increase or decrease the pH of your storm water discharge. If the pH levels of your storm water discharge are high or low, you should conduct a thorough evaluation of all potential pollutant sources at your site.

**Total Suspended Solids (TSS)** is a measure of the un-dissolved solids that are present in your storm water discharge. Sources of TSS include sediment from erosion of exposed land, and dirt from impervious (i.e. paved) areas. Sediment by itself can be very toxic to aquatic life because it covers feeding and breeding grounds, and can smother organisms living on the bottom of a water body. Toxic chemicals and other pollutants also adhere to sediment particles. This provides a medium by which toxic or other pollutants end up in our water ways and ultimately in human and aquatic life. TSS levels vary in runoff from undisturbed land. It has been shown that TSS levels increase significantly due to land development.

**Specific Conductance (SC)** is a numerical expression of the ability of the water to carry an electric current. SC can be used to assess the degree of mineralization, salinity, or estimate the total dissolved solids concentration of a water sample. Because of air pollution, most rain water has a SC a little above zero. A high SC could affect the usability of waters for drinking, irrigation, and other commercial or industrial use.

**Total Organic Carbon (TOC)** is a measure of the total organic matter present in water. (All organic matter contains carbon) This test is sensitive and able to detect small concentrations of organic matter. Organic matter is naturally occurring in animals, plants, and man. Organic matter may also be man made (so called synthetic organics). Synthetic organics include pesticides, fuels, solvents, and paints. Natural organic matter utilizes the oxygen in a receiving water to biodegrade. Too much organic matter could place a significant oxygen demand on the water, and possibly impact its quality. Synthetic organics either do not biodegrade or biodegrade very slowly. Synthetic organics are a source of toxic chemicals that can have adverse affects at very low concentrations. Some of these chemicals bioaccumulate in aquatic life. If your levels of TOC are high, you should evaluate all sources of natural or synthetic organics you may use at your site.

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

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

**See Storm Water Contacts at**

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

## ATTACHMENTS/EXPLANATIONS

### E.5

Sample collection or analysis has not been reduced on the grounds that two or more drainage areas are substantially identical. Almost all stormwater on this site is routed through the storm drainage system to the two main outfalls, both of which are sampled.

### E.10.c

We monitor for all applicable parameters in Table D (NH<sub>3</sub>, Mg, COD, TSS, Fe, Al, Zn, and N+N), except cyanide and the metals As, Cd, Pb, Se, and Ag. As explained in previous years, cyanide is no longer monitored because 1) it is not in general use on this site, 2) previous site wide stormwater sampling between 1992 and 1995 showed no significant results, and 3) baseline monitoring at the Hazardous Waste Handling Facility in 1997, which is the only potential outfall where cyanide monitoring would be required by the permit, showed no cyanide in runoff.

Similarly, as discussed in previous years, the above listed metals are not monitored because 1) these metals had not been detected in the past several years of site wide storm water sampling, 2) additional analysis of both total and dissolved metals under an agreement with the City of Berkeley had shown no detectable levels of these metals for at least two years, and 3) starting with the 2001/2002 storm water season, and in accordance with B.5.c.iii of the General Permit, metals analyses had been reduced to four metals (Mg, Al, Fe, and Zn). Beginning with the 2004-2005 reporting year, we re-instituted analysis for mercury in an effort to be consistent with other site wide sampling programs. PCB analysis is not required under Table D, however, LBNL included PCB analysis in the 2004-2005 sampling year. PCBs were not detected at any of the storm water sampling locations; therefore, this analysis was discontinued for this year.

### E.11

In the "Data Summary" tab of the eSWARM, a number of parameters contained either an analytical code not found in eSWARM or no analytical code at all. Our State Department of Health Services-certified analytical laboratories use reference EPA test methods specified in 40 CFR Part 136, which is a requirement of the General Industrial Permit (Section B, subsection 10(b)). The following is a list of the analytical codes used for each parameter, along with the name of the analytical laboratory that performed the test:

- 1) pH conducted "in house" by LBNL staff
- 2) Total metals (Al, Fe, Mg, & Zn) done by E200.7 by BC Laboratories (not E200.8)
- 3) Mercury done by E245.1 by BC Laboratories (not E231.2)
- 4) Ammonia as NH<sub>3</sub> done by E350.1 by BC Laboratories (not A4500NH)
- 5) Nitrite plus nitrate done by E353.2 by BC Laboratories (not A4500NA)
- 6) Chemical Oxygen Demand (COD) done by E410.4 by BC Laboratories (not A5220D)
- 7) Diesel Range Organics C12-C24 reported as hydrocarbons, petroleum in SWARM because there was no parameter code. Done by E8015 by BC Laboratories (no analytical method listed in SWARM)
- 8) Tritium done by E906EP by Eberline Services (no analytical method listed in SWARM)
- 9) Gross alpha done by E900 by General Engineering Laboratories (no analytical method listed in SWARM)
- 10) Gross beta done by E900 by General Engineering Laboratories (no analytical method listed in SWARM)

2005-2006 Annual Report  
Storm Water Discharges Associated With Industrial Activities  
Lawrence Berkeley National Laboratory  
Facility WDID No. 2 01I002421

The analytical methods for conductivity, total suspended solids and oil and grease were reported correctly in the SWARM. The attached analytical reports include results from Paragon Analytics and Sequoia Analytical which were used for QAQC purposes and not reported in SWARM.

F.1.b

Only the authorized discharges that were occurring during the quarterly observation period were inspected. It is possible that authorized non-storm water discharges may occur at other times when no quarterly observations are taking place.

G.1

As stated in the current State Water Resources Control Board industrial permit in Section B.4.b, visual observations are only required of storm water discharges that occur during daylight hours that are preceded by at least 3 working days without storm water discharge and that occur during scheduled facility operating hours. For the months of December, 2005 and April, 2006, these criteria were not met; therefore, visual observations for these months could not be conducted. For the May 19<sup>th</sup>, 2006, storm water event, observations at the North Fork of Strawberry Creek could not be done due to repair work from several large trees felled by storms earlier in the year that blocked and damaged the walkway leading down to the sampling site.

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): John Jelinski TITLE: Quality Coordinator SIGNATURE: 

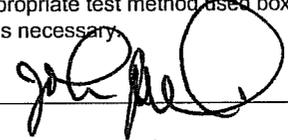
DESCRIBE DISCHARGE LOCATION	DATE / TIME OF SAMPLE LOCATION	TIME DISCHARGE STARTED	pH	Total Metals		Ammonia as NH3	Nitrate Nitrite	COD	SC	TSS	Oil & Grease	TPH Diesel	Tritium	Gross Alpha	Gross Beta
				al	fe mg zn *hg										
<b>STW 2</b> N. Fork Straw Crk. Effluent	10/26/205 07:20 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	10/26/2005 7 to 8 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	8.45	ND 0.06 29 ND	ND	ND	2	27	590	3.4	ND	ND	ND	ND	ND
<b>STW 3</b> B69 Manhole Influent	10/26/205 07:55 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	10/26/2005 7 to 8 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	8.55	1.5 1.9 2.6 0.15	ND	0.14	5.9	25	150	140	ND	ND	ND	ND	4.22
<b>STW 4</b> Chicken Crk. Effluent	10/26/205 08:05 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	10/26/2005 7 to 8 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	7.80	0.8 1.3 5.4 0.27	ND	0.44	3.7	93	150	25	ND	390	ND	ND	5.04
<b>STW 5</b> East Canyon Effluent	10/26/205 08:20 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	10/26/2005 7 to 8 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	7.90	1.4 2.2 3.3 0.083	ND	0.4	3.2	120	120	64	ND	400	ND	ND	6.38
TEST REPORTING UNITS:			pH Units	mg/L	µg/L	mg/L	mg/L	mg/L	umho/c	mg/L	mg/L	µg/L	pCi/L	pCi/L	pCi/L
TEST METHOD DETECTION LIMIT:			0.01	0.05	0.2	0.02	0.44	25	1.0	1-5	5.0	200	200	2	3
TEST METHOD USED:			PA	EPA 200.7	EPA 245.1	EPA 350.1	EPA 353.2	EPA 410.4	EPA 120.1	EPA 160.2	EPA 1664	EPA 8015M	E 906EP	E 900	E 900
ANALYZED BY (SELF/LAB):			SELF	LAB	LAB	LAB	LAB	LAB	LAB	LAB	LAB	LAB	LAB	LAB	LAB

COD = Chemical Oxygen Demand      TSS - Total Suspended Solids      SC - Specific Conductance      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): John Jelinski TITLE: Quality Coordinator SIGNATURE: 

DESCRIBE DISCHARGE LOCATION	DATE / TIME OF SAMPLE LOCATION	TIME DISCHARGE STARTED	pH	Total Metals		Ammonia as NH3	Nitrate Nitrite	COD	SC	TSS	Oil & Grease	TPH Diesel	Tritium	Gross Alpha	Gross Beta
				al	fe mg zn										
<b>STW 2</b> N. Fork Straw Crk. Effluent	11/04/2005 03:25 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	11/04/2005 3 to 6 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	8.36	0.45 0.73 19 0.1	ND	0.35	3.1	78	480	19	ND	270	ND	3.37	3.96
<b>STW 3</b> B69 Manhole Influent	11/04/2005 03:18 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	11/04/2005 3 to 6 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	8.90	2 2.2 2.3 0.14	ND	0.13	3.5	59	160	70	ND	240	ND	ND	3.96
<b>STW 4</b> Chicken Crk. Effluent	11/04/2005 06:28 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	11/04/2005 3 to 6 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	7.94	2.1 2.7 5 0.2	ND	0.35	3.6	110	150	170	ND	310	ND	3.46	7.69
<b>STW 5</b> East Canyon Effluent	11/04/2005 06:28 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	11/04/2005 3 to 6 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	7.80	8.3 12 6.3 0.15	ND	0.5	4.2	250	120	290	ND	340	ND	5.55	12.2
TEST REPORTING UNITS:			pH Units	mg/L	µg/L	mg/L	mg/L	mg/L	umho/c	mg/L	mg/L	µg/L	pCi/L	pCi/L	pCi/L
TEST METHOD DETECTION LIMIT:			0.01	0.05	0.2	0.02	0.44-0.88	25	1.0	1-5	5.0	200	200	2	3
TEST METHOD USED:			PA	EPA 200.7	EPA 245.1	EPA 350.1	EPA 353.2	EPA 410.4	EPA 120.1	EPA 160.2	EPA 1664	EPA 8015M	E 906EP	E 900	E 900
ANALYZED BY (SELF/LAB):			SELF	LAB	LAB	LAB	LAB	LAB	LAB	LAB	LAB	LAB	LAB	LAB	LAB

COD = Chemical Oxygen Demand      TSS - Total Suspended Solids      SC - Specific Conductance      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: August 10<sup>th</sup> &amp; 11<sup>th</sup>, 2005</p>	<p>Observers Name: <u>Thomas Donovan</u></p> <p>Title: <u>Sample Collector</u></p> <p>Signature: <u><i>Thomas Donovan</i></u></p>	<p><input checked="" type="checkbox"/> YES    If <b>YES</b>, Complete the reverse side of this form</p> <p><input type="checkbox"/> NO</p> <p><b>WERE ANY AUTHORIZED NSWD'S DISCHARGED DURING THIS QUARTER?</b></p> <p>The SWPP includes a number of possible authorized NSWDs. Several were observed at this time</p>
<p>QUARTER: <b>OCTOBER - DECEMBER</b></p> <p>DATE: November 15<sup>th</sup> &amp; 16<sup>th</sup>, 2005</p>	<p>Observers Name: <u>Thomas Donovan</u></p> <p>Title: <u>Sample Collector</u></p> <p>Signature: <u><i>Thomas Donovan</i></u></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><b>WERE ANY AUTHORIZED NSWD'S DISCHARGED DURING THIS QUARTER?</b></p> <p>The SWPP includes a number of possible authorized NSWDs, however, none were observed at this time</p>
<p>QUARTER: <b>JANUARY - MARCH</b></p> <p>DATE: February 15<sup>th</sup> &amp; 16<sup>th</sup>, 2006</p>	<p>Observers Name: <u>Thomas Donovan</u></p> <p>Title: <u>Sample Collector</u></p> <p>Signature: <u><i>Thomas Donovan</i></u></p>	<p><input checked="" type="checkbox"/> YES    If <b>YES</b>, Complete the reverse side of this form</p> <p><input type="checkbox"/> NO</p> <p><b>WERE ANY AUTHORIZED NSWD'S DISCHARGED DURING THIS QUARTER?</b></p> <p>The SWPP includes a number of possible authorized NSWDs. Several were observed at this time</p>
<p>QUARTER: <b>APRIL - JUNE</b></p> <p>DATE: May 31<sup>st</sup> and June 1<sup>st</sup>, 2006</p>	<p>Observers Name: <u>Thomas Donovan</u></p> <p>Title: <u>Sample Collector</u></p> <p>Signature: <u><i>Thomas Donovan</i></u></p>	<p><input checked="" type="checkbox"/> YES    If <b>YES</b>, Complete the reverse side of this form</p> <p><input type="checkbox"/> NO</p> <p><b>WERE ANY AUTHORIZED NSWD'S DISCHARGED DURING THIS QUARTER?</b></p> <p>The SWPP includes a number of possible authorized NSWDs, Several were observed at this time</p>

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

DATE /TIME OF OBSERVATION	SOURCE AND LOCATION OF AUTHORIZED NSWD  <u>EXAMPLE:</u> Air conditioner Units on Building C	NAME OF AUTHORIZED NSWD  <u>EXAMPLE:</u> Air conditioner condensate	DESCRIBE AUTHORIZED NSWD CHARACTERISTICS Indicate whether authorized NSWD is clear, cloudy, or discolored, causing staining, contains floating objects or 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	
8/10/2005 <input type="checkbox"/> AM <input type="checkbox"/> PM	Hydraugers discharge Hillside seepage AC condensate Tank condensate	Groundwater Groundwater Atmospheric condensate Cooling water systems	Clear, no staining, no floating objects, no oil sheen, no odor	Clear, no staining, no floating objects, no oil sheen, no odor	None Needed *
2/15/2006 <input type="checkbox"/> AM <input type="checkbox"/> PM	Hydraugers discharge Slope run-off	Groundwater Groundwater	Clear, no staining, no floating objects, no oil sheen, no odor	Clear, no staining, no floating objects, no oil sheen, no odor	None Needed
5/31/2006 <input type="checkbox"/> AM <input type="checkbox"/> PM	Hydraugers discharge Slope run-off	Groundwater Groundwater	orange mineral deposits, orange staining, no floating objects, no oil sheen, no odor	orange mineral deposits, orange staining, no floating objects, no oil sheen, no odor	None Needed
6/1/2006 <input type="checkbox"/> AM <input type="checkbox"/> PM	Tank condensate	Atmospheric condensate	Clear, no staining, no floating objects, no oil sheen, no odor	Clear, no staining, no floating objects, no oil sheen, no odor	None Needed
<input type="checkbox"/> AM <input type="checkbox"/> PM					

## 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.

<b>QUARTER:</b>  <b>JULY - SEPTEMBER</b>  Date/Time of Observations 8/10/05 <input type="checkbox"/> AM 8/11/05 <input type="checkbox"/> PM	Observers Name: <u>Thomas Donovan</u>  Title: <u>Sample Collector</u>  Signature: <u><i>Thomas Donovan</i></u>	<b>WERE UNAUTHORIZED NSWD'S OBSERVED?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWD'S? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  If <b>YES</b> to either question, complete the reverse side of this form
<b>QUARTER:</b>  <b>OCTOBER - DECEMBER</b>  Date/Time of Observations 11/10/05 <input type="checkbox"/> AM 11/15/05 <input type="checkbox"/> PM	Observers Name: <u>Thomas Donovan</u>  Title: <u>Sample Collector</u>  Signature: <u><i>Thomas Donovan</i></u>	<b>WERE UNAUTHORIZED NSWD'S OBSERVED?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWD'S? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  If <b>YES</b> to either question, complete the reverse side of this form
<b>QUARTER:</b>  <b>JANUARY - MARCH</b>  Date/Time of Observations 2/15/05 <input type="checkbox"/> AM 2/16/05 <input type="checkbox"/> PM	Observers Name: <u>Thomas Donovan</u>  Title: <u>Sample Collector</u>  Signature: <u><i>Thomas Donovan</i></u>	<b>WERE UNAUTHORIZED NSWD'S OBSERVED?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWD'S? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  If <b>YES</b> to either question, complete the reverse side of this form
<b>QUARTER:</b>  <b>APRIL - JUNE</b>  Date/Time of Observations 5/31/06 <input type="checkbox"/> AM 6/1/06 <input type="checkbox"/> PM	Observers Name: <u>Thomas Donovan</u>  Title: <u>Sample Collector</u>  Signature: <u><i>Thomas Donovan</i></u>	<b>WERE UNAUTHORIZED NSWD'S OBSERVED?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWD'S? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  If <b>YES</b> to either question, complete the reverse side of this form

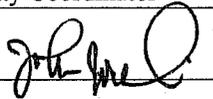
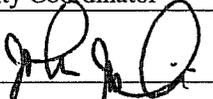
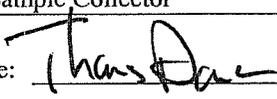
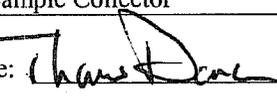
**FORM 3 QUARTERLY VISUAL OBSERVATIONS OF UNAUTHORIZED  
NON-STORM WATER DISCHARGES (NSWDs)**

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

## 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 2005</b>	Drainage Location Description	<b>STW 2</b>	<b>STW 3</b>	<b>STW 4</b>	<b>STW 5</b>
Observers Name: <u>John Jelinski</u>		<b>N. Fork Strawberry</b>	<b>B69 Manhole</b>	<b>Chicken Creek</b>	<b>East Canyon</b>
Title: <u>Quality Coordinator</u>	Observation Time	10/26/05 <input checked="" type="checkbox"/> AM 9:30 to 11:30 <input type="checkbox"/> PM	10/26/05 <input checked="" type="checkbox"/> AM 9:30 to 11:30 <input type="checkbox"/> PM	10/26/05 <input checked="" type="checkbox"/> AM 9:30 to 11:30 <input type="checkbox"/> PM	10/26/05 <input checked="" type="checkbox"/> AM 9:30 to 11:30 <input type="checkbox"/> PM
Signature: 	Time Discharge Began	10/26/05 <input checked="" type="checkbox"/> AM 7:00 to 8:00 <input type="checkbox"/> PM	10/26/05 <input checked="" type="checkbox"/> AM 7:00 to 8:00 <input type="checkbox"/> PM	10/26/05 <input checked="" type="checkbox"/> AM 7:00 to 8:00 <input type="checkbox"/> PM	10/26/05 <input checked="" type="checkbox"/> AM 7:00 to 8:00 <input type="checkbox"/> PM
	Were Pollutants observed (if YES, complete reverse side)	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
Observation Date: <b>November 4 2005</b>	Drainage Location Description	<b>STW 2</b>	<b>STW 3</b>	<b>STW 4</b>	<b>STW 5</b>
Observers Name: <u>John Jelinski</u>		<b>N. Fork Strawberry</b>	<b>B69 Manhole</b>	<b>Chicken Creek</b>	<b>East Canyon</b>
Title: <u>Quality Coordinator</u>	Observation Time	11/4/05 <input checked="" type="checkbox"/> AM 10 to 11:30 <input type="checkbox"/> PM	11/4/05 <input checked="" type="checkbox"/> AM 10 to 11:30 <input type="checkbox"/> PM	11/4/05 <input checked="" type="checkbox"/> AM 10 to 11:30 <input type="checkbox"/> PM	11/4/05 <input checked="" type="checkbox"/> AM 10 to 11:30 <input type="checkbox"/> PM
Signature: 	Time Discharge Began	11/4/05 <input checked="" type="checkbox"/> AM 2:00 to 6:00 <input type="checkbox"/> PM	11/4/05 <input checked="" type="checkbox"/> AM 2:00 to 6:00 <input type="checkbox"/> PM	11/4/05 <input checked="" type="checkbox"/> AM 2:00 to 6:00 <input type="checkbox"/> PM	11/4/05 <input checked="" type="checkbox"/> AM 2:00 to 6:00 <input type="checkbox"/> PM
	Were Pollutants observed (if YES, complete reverse side)	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
Observation Date: <b>December 2005</b>	Drainage Location Description	<b>STW 2</b>	<b>STW 3</b>	<b>STW 4</b>	<b>STW 5</b>
Observers Name: <u>Thomas Donovan</u>		<b>N. Fork Strawberry</b>	<b>B69 Manhole</b>	<b>Chicken Creek</b>	<b>East Canyon</b>
Title: <u>Sample Collector</u>	Observation Time	NR <input type="checkbox"/> AM <input type="checkbox"/> PM			
Signature: 	Time Discharge Began	NR <input type="checkbox"/> AM <input type="checkbox"/> PM			
	Were Pollutants observed (if YES, complete reverse side)	YES <input type="checkbox"/> NO <input type="checkbox"/>			
Observation Date: <b>January 11 2006</b>	Drainage Location Description	<b>STW 2</b>	<b>STW 3</b>	<b>STW 4</b>	<b>STW 5</b>
Observers Name: <u>Thomas Donovan</u>		<b>N. Fork Strawberry</b>	<b>B69 Manhole</b>	<b>Chicken Creek</b>	<b>East Canyon</b>
Title: <u>Sample Collector</u>	Observation Time	1/11/06 <input checked="" type="checkbox"/> AM 10:15 <input type="checkbox"/> PM	1/11/06 <input checked="" type="checkbox"/> AM 10:15 <input type="checkbox"/> PM	1/11/06 <input checked="" type="checkbox"/> AM 10:15 <input type="checkbox"/> PM	1/11/06 <input checked="" type="checkbox"/> AM 10:15 <input type="checkbox"/> PM
Signature: 	Time Discharge Began	1/11/06 <input checked="" type="checkbox"/> AM 07:00 <input type="checkbox"/> PM	1/11/06 <input checked="" type="checkbox"/> AM 07:00 <input type="checkbox"/> PM	1/11/06 <input checked="" type="checkbox"/> AM 07:00 <input type="checkbox"/> PM	1/11/06 <input checked="" type="checkbox"/> AM 07:00 <input type="checkbox"/> PM
	Were Pollutants observed (if YES, complete reverse side)	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			

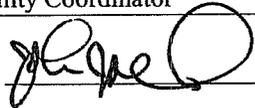
ND = No significant storm events occurred for that month

NR = Not Required as per SWRCP NPDES General Permit, Section B.4.b

## 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>February 27 2006</b>	Drainage Location Description	<b>STW 2</b>	<b>STW 3</b>	<b>STW 4</b>	<b>STW 5</b>
Observers Name: <u>Thomas Donovan</u>		<b>N. Fork Strawberry</b>	<b>B69 Manhole</b>	<b>Chicken Creek</b>	<b>East Canyon</b>
Title: <u>Sample Collector</u>	Observation Time	2/27/06 15:00	2/27/06 15:00	2/27/06 15:00	2/27/06 15:00
Signature: _____	Time Discharge Began	2/26/06 13:00	2/26/06 13:00	2/26/06 13:00	2/26/06 13:00
Were Pollutants observed (if YES, complete reverse side)		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
Observation Date: <b>March 20 2006</b>	Drainage Location Description	<b>STW 2</b>	<b>STW 3</b>	<b>STW 4</b>	<b>STW 5</b>
Observers Name: <u>Thomas Donovan</u>		<b>N. Fork Strawberry</b>	<b>B69 Manhole</b>	<b>Chicken Creek</b>	<b>East Canyon</b>
Title: <u>Sample Collector</u>	Observation Time	3/20/06 11:45 12:30	3/20/06 11:45 12:30	3/20/06 11:45 12:30	3/20/06 11:45 12:30
Signature: _____	Time Discharge Began	3/20/06 09:00	3/20/06 09:00	3/20/06 09:00	3/20/06 09:00
Were Pollutants observed (if YES, complete reverse side)		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
Observation Date: <b>April 2006</b>	Drainage Location Description	<b>STW 2</b>	<b>STW 3</b>	<b>STW 4</b>	<b>STW 5</b>
Observers Name: <u>Thomas Donovan</u>		<b>N. Fork Strawberry</b>	<b>B69 Manhole</b>	<b>Chicken Creek</b>	<b>East Canyon</b>
Title: <u>Sample Collector</u>	Observation Time	NR	NR	NR	NR
Signature: _____	Time Discharge Began	NR	NR	NR	NR
Were Pollutants observed (if YES, complete reverse side)		YES <input type="checkbox"/> NO <input type="checkbox"/>			
Observation Date: <b>May 2006</b>	Drainage Location Description	<b>STW 2</b>	<b>STW 3</b>	<b>STW 4</b>	<b>STW 5</b>
Observers Name: <u>John Jelinski</u>		<b>N. Fork Strawberry</b>	<b>B69 Manhole</b>	<b>Chicken Creek</b>	<b>East Canyon</b>
Title: <u>Quality Coordinator</u>	Observation Time	5/19/06 **	5/19/06 15:20	5/19/06 14:55	5/19/06 14:45
Signature: 	Time Discharge Began	5/19/06 14:20	5/19/06 14:20	5/19/06 14:20	5/19/06 14:20
Were Pollutants observed (if YES, complete reverse side)		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			

\*\* = Observations could not be made due to repair work.

NR = Not Required as per SWRCP NPDES General Permit, Section B.4.b

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

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

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

EVALUATION DATE: 05/02/2006 INSPECTOR NAME: John Jelinski TITLE: Quality Coordinator SIGNATURE: 

<p>POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP) <u>Loading and Unloading</u> Site Wide 69 77D WAA's 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 align="center">No deficiencies found</p>	<p>Describe additional/revised BMPs or corrective actions and their date(s) of implementation</p> <p align="center">Not Applicable</p>
<p>POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP) <u>Materials Storage and Use</u> Site Wide WAA's, DSA's, HWHF UST's AST's Outdoor Equipment Metals Bins</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>Many of the metals bins which are used to store scrap metals are not in covered areas and/or do not contain lids. In addition, there were several dumpsters found with their lids open.</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, however, ESG personnel is working with Facilities and the Building Managers to address this issue.</p>
<p>POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP) <u>Vehicle Washing (Fueling) and Maintenance</u> 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 align="center">There is no roof over the fueling station at Building 76.</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, however, vehicle washing was moved into a covered bay as of 9/2005.</p>
<p>POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP) <u>Vehicle Parking / Driving</u> Site Wide Parking Lots Parking Lot Z</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 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>A pile of wood chips was left uncovered in parking lot Z and residue from the chips (due to the rain) appears to have entered the storm drain</p>	<p>Describe additional/revised BMPs or corrective actions and their date(s) of implementation</p> <p>The wood chip pile was re-located away from the parking lot area by 5/12/2006.</p>

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

EVALUATION DATE: 5/2/2006 INSPECTOR NAME: John Jelinski TITLE: Quality Coordinator SIGNATURE: 

<p><b>POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA</b> (as identified in your SWPPP) <u>Construction / Maintenance</u> Building 31 area Building 51 area</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><b>Describe deficiencies in BMPs or BMP implementation</b></p> <p>There is no covered storage available for heavy equipment at Building 31. In addition some materials are not in covered in B31 and B51.</p>	<p><b>Describe additional/revised BMPs or corrective actions and their date(s) of implementation</b></p> <p>Space and funds have been requested. Planning department cannot provide an implementation date.</p>
<p><b>POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA</b> (as identified in your SWPPP) <u>Spills / Releases</u></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><b>Describe deficiencies in BMPs or BMP implementation</b></p> <p>No deficiencies found</p>	<p><b>Describe additional/revised BMPs or corrective actions and their date(s) of implementation</b></p> <p>Not Applicable</p>