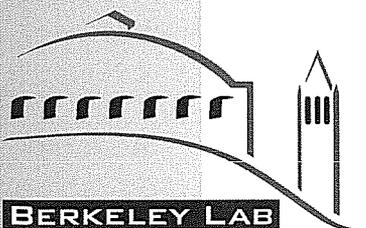


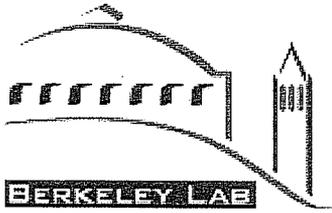
Stormwater Discharges Associated with Industrial Activity

prepared for the State of California
State Water Resources Control Board



ERNEST ORLANDO LAWRENCE
BERKELEY NATIONAL LABORATORY

June 25, 2007



Environment, Health & Safety Division
Environmental Services Group

June 25, 2007
ES-07-024

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

ATTENTION: Mr. Vic Pal

SUBJECT: 2006/2007 Stormwater Annual Report for Facility WDID #2 011002421

In accordance with the terms of the California *Industrial Storm Water General Permit*, Berkeley Lab submits its 2006/2007 Annual Report for discharges of stormwater associated with industrial activities. Included in this submission are all forms and supporting documentation required for the report. If you have any questions on the report, please contact 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)

K. Abbott, DOE/BSO
N. Al-Hadithy, COB
B. Berninzoni
S. Black
M. Dong

M. Gross, DOE/BSO
H. Hatayama
J. Jelinski
D. Lucas
D. McGraw

S. Merola
J. Ohearn
P. Thorson
N. Ware

State of California
STATE WATER RESOURCES CONTROL BOARD

2006-2007
ANNUAL REPORT
FOR
STORM WATER DISCHARGES ASSOCIATED
WITH INDUSTRIAL ACTIVITIES

Reporting Period July 1, 2006 through June 30, 2007

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:

A. Facility Information:

Facility WDID No: 2 011002421

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 (effluent points), plus 1 Influent

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4. For each storm event sampled, did you collect and analyze a sample from each of the facility's storm water discharge locations? YES, go to Item E.6 NO
5. Was sample collection or analysis reduced in accordance with Section B.7.d of the General Permit? YES NO, **attach explanation**

If "YES", **attach documentation** supporting your determination that two or more drainage areas are substantially identical.

Date facility's drainage areas were last evaluated _____

6. Were all samples collected during the first hour of discharge? YES NO, **attach explanation**
7. Was all storm water sampling preceded by three (3) working days without a storm water discharge? YES NO, **attach explanation**
8. Were there any discharges of storm water 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.2.d

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

YES NO **Attach explanation**

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

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

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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 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.

- 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? YES NO
The following areas should be inspected:

- | | |
|---|--|
| <ul style="list-style-type: none"> • areas where spills and leaks have occurred during the last year. • outdoor wash and rinse areas. • process/manufacturing areas. • loading, unloading, and transfer areas. • waste storage/disposal areas. • dust/particulate generating areas. • erosion areas. | <ul style="list-style-type: none"> • building repair, remodeling, and construction • material storage areas • vehicle/equipment storage areas • truck parking and access areas • rooftop equipment areas • vehicle fueling/maintenance areas • non-storm water discharge generating areas |
|---|--|

2. Have you reviewed your SWPPP to assure that its BMPs address existing potential pollutant sources and industrial activities areas? YES NO

3. Have you inspected the entire facility to verify that the SWPPP's site map is up-to-date? The following site map items should be verified: YES NO

- | | |
|---|--|
| <ul style="list-style-type: none"> • facility boundaries • outline of all storm water drainage areas • areas impacted by run-on • storm water discharge locations | <ul style="list-style-type: none"> • storm water collection and conveyance system • structural control measures such as catch basins, berms, containment areas, oil/water separators, etc. |
|---|--|

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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 persons 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: Ron Pauer

Date: 6/22/07

Title: Environmental Services 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.10.c.

We monitor for all applicable parameters in Table D (NH₃, 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 noted 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 stormwater 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 stormwater 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 stormwater sampling locations; therefore, this analysis was discontinued.

F.1.b.

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

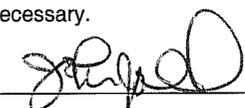
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SIDE A

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:  6/22/07

DESCRIBE DISCHARGE LOCATION	DATE/TIME OF SAMPLE COLLECTION	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										
STW 2 N.F. Strawberry Crk. Effluent	10/04/2006 16:30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	10/04/2006 15:30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	8.36	0.22 0.28 26 ND	ND	ND	4	25	610	52	ND	ND	ND	ND	ND
STW 3 B69 Manhole Influent	10/05/2006 05:30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	10/04/2006 15:30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	8.00	0.25 0.38 1.5 0.1	ND	0.53	6.6	31	160	3.6	ND	150	ND	ND	ND
STW 4 Chicken Crk. Effluent	10/04/2006 17:20 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	10/04/2006 15:30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	7.88	3.2 4.1 40 .087	ND	0.88	17	500	850	55	ND	1300	ND	2.38	3.01
STW 5 East Canyon Effluent	10/05/2006 05:08 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	10/04/2006 15:30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	7.97	1.7 2.3 3.6 0.18	ND	0.48	5.7	76	120	280	ND	240	ND	ND	ND
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	2-5	5.0	50-100	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
N.F. = North Fork

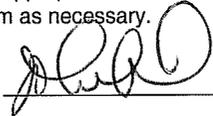
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SIDE B

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:  6/22/07

DESCRIBE DISCHARGE LOCATION	DATE/TIME OF SAMPLE COLLECTION	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										
STW 2 N.F. Strawberry Crk. Effluent	02/07/2007 17:30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	02/07/2007 16:45 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	8.65	0.11 0.23 29 ND	ND	ND	3.7	ND	560	7.5	ND	86	ND	ND	ND
STW 3 B69 Manhole Influent	02/07/2007 16:45 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	02/07/2007 16:45 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	8.28	0.74 1.1 0.83 0.085	ND	0.34	2.8	56	60	4	ND	300	ND	ND	3.03
STW 4 Chicken Crk. Effluent	02/07/2007 18:05 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	02/07/2007 16:45 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	8.36	0.22 0.31 33 ND	ND	ND	0.77	ND	600	7.5	ND	58	ND	ND	ND
STW 5 East Canyon Effluent	02/07/2007 17:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	02/07/2007 16:45 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	8.15	0.52 0.81 1.7 0.13	ND	0.46	5	39	71	20	ND	110	ND	ND	5.12
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	50	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
N.F. = North Fork

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SIDE A

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

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

<p>QUARTER: JULY - SEPTEMBER</p> <p>DATE: August 30th & 31th, 2006</p>	<p>Observers Name: <u>Thomas Donovan</u></p> <p>Title: <u>Sample Collector</u></p> <p>Signature: <u>Thomas Donovan</u></p>	<p><input checked="" type="checkbox"/> YES If YES, Complete the reverse side of this form</p> <p><input type="checkbox"/> NO</p> <p>WERE ANY AUTHORIZED NSWD'S DISCHARGED DURING THIS QUARTER?</p> <p>The SWPP includes a number of possible authorized NSWDs. Several were observed at this time</p>
<p>QUARTER: OCTOBER - DECEMBER</p> <p>DATE: October 26th, 2006</p>	<p>Observers Name: <u>Thomas Donovan</u></p> <p>Title: <u>Sample Collector</u></p> <p>Signature: <u>Thomas Donovan</u></p>	<p><input checked="" type="checkbox"/> YES If YES, Complete the reverse side of this form</p> <p><input type="checkbox"/> NO</p> <p>WERE ANY AUTHORIZED NSWD'S DISCHARGED DURING THIS QUARTER?</p> <p>The SWPP includes a number of possible authorized NSWDs. Several were observed at this time</p>
<p>QUARTER: JANUARY - MARCH</p> <p>DATE: January 23rd, 2007</p>	<p>Observers Name: <u>Thomas Donovan</u></p> <p>Title: <u>Sample Collector</u></p> <p>Signature: <u>Thomas Donovan</u></p>	<p><input checked="" type="checkbox"/> YES If YES, Complete the reverse side of this form</p> <p><input type="checkbox"/> NO</p> <p>WERE ANY AUTHORIZED NSWD'S DISCHARGED DURING THIS QUARTER?</p> <p>The SWPP includes a number of possible authorized NSWDs. Several were observed at this time</p>
<p>QUARTER: APRIL - JUNE</p> <p>DATE: April 30th, 2007</p>	<p>Observers Name: <u>Thomas Donovan</u></p> <p>Title: <u>Sample Collector</u></p> <p>Signature: <u>Thomas Donovan</u></p>	<p><input checked="" type="checkbox"/> YES If YES, Complete the reverse side of this form</p> <p><input type="checkbox"/> NO</p> <p>WERE ANY AUTHORIZED NSWD'S DISCHARGED DURING THIS QUARTER?</p> <p>The SWPP includes a number of possible authorized NSWDs, Several were observed at this time</p>

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

DATE /TIME OF OBSERVATION	SOURCE AND LOCATION OF AUTHORIZED NSWD <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	
8/31/2006 08:31 - <input checked="" type="checkbox"/> AM 14:00 <input checked="" type="checkbox"/> PM	Hydraugers discharge All-Year creeks Hillside seepage AC condensate	Groundwater Groundwater Groundwater 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
10/26/2006 10:00- <input checked="" type="checkbox"/> AM 14:15 <input checked="" type="checkbox"/> PM	Hydraugers discharge All-year Creeks	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
1/23/2007 10:00- <input checked="" type="checkbox"/> AM 13:00 <input checked="" type="checkbox"/> PM	Hydraugers discharge All-year Creeks	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
4/30/2007 10:30- <input checked="" type="checkbox"/> AM 13:50 <input checked="" type="checkbox"/> PM	Hydraugers discharge All-year Creeks	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
<input type="checkbox"/> AM <input type="checkbox"/> PM					

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**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.

<p>QUARTER: JULY - SEPTEMBER</p> <p>Date/Time of Observations 8/30/2006 10-2 <input checked="" type="checkbox"/> AM 8/31/2006 <input checked="" type="checkbox"/> PM</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>WERE UNAUTHORIZED NSWD'S OBSERVED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES to either question, complete the reverse side of this form</p> <p>WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWD'S? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>
<p>QUARTER: OCTOBER - DECEMBER</p> <p>Date/Time of Observations 10/26/2006 10-2 <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM</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>WERE UNAUTHORIZED NSWD'S OBSERVED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES to either question, complete the reverse side of this form</p> <p>WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWD'S? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>
<p>QUARTER: JANUARY - MARCH</p> <p>Date/Time of Observations 1/23/2007 10-1 <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM</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>WERE UNAUTHORIZED NSWD'S OBSERVED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES to either question, complete the reverse side of this form</p> <p>WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWD'S? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>
<p>QUARTER: APRIL - JUNE</p> <p>Date/Time of Observations 4/30/2007 10-4 <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM</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>WERE UNAUTHORIZED NSWD'S OBSERVED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES to either question, complete the reverse side of this form</p> <p>WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWD'S? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>

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

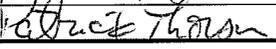
OBSERVATION DATE (FROM REVERSE SIDE)	NAME OF UNAUTHORIZED NSWD <u>EXAMPLE:</u> Vehicle Wash Water	SOURCE AND LOCATION OF UNAUTHORIZED NSWD <u>EXAMPLE:</u> NW Corner of Parking Lot	DESCRIBE UNAUTHORIZED NSWD CHARACTERISTICS Indicate whether unauthorized NSWD is clear, cloudy, discolored, causing stains; 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					

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**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.

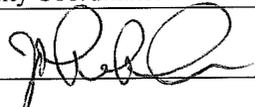
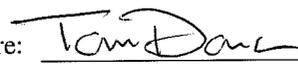
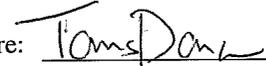
Observation Date: October 4 2006	Drainage Location Description	STW 2			STW 3			STW 4			STW 5		
Observers John Jelinski		N. Fork Strawberry			B69 Manhole			Chicken Creek			East Canyon		
Title: Quality Coordinator	Observation Time	10/4/2006		AM	10/4/2006		AM	10/4/2006		AM	10/4/2006		AM
		17:30 to	X	PM	17:30 to	X	PM	17:30 to	X	PM	17:30 to	X	PM
Signature: 	Time Discharge Began	10/4/2006		AM	10/4/2006		AM	10/4/2006		AM	10/4/2006		AM
		15:30	X	PM	15:30	X	PM	15:30	X	PM	15:30	X	PM
	Were Pollutants observed (if YES, complete reverse side)	YES		NO	X	YES		NO	X	YES		NO	X
Observation Date: November 27 2006	Drainage Location Description	STW 2			STW 3			STW 4			STW 5		
Observers Tom Donovan		N. Fork Strawberry			B69 Manhole			Chicken Creek			East Canyon		
Title: Sample Collector	Observation Time	11/27/2006		AM	11/27/2006		AM	11/27/2006		AM	11/27/2006		AM
		12:25	X	PM	13:20	X	PM	12:24	X	PM	12:10	X	PM
Signature: 	Time Discharge Began	11/26/2006		AM	11/26/2006		AM	11/26/2006		AM	11/26/2006		AM
		12:00	X	PM	12:00	X	PM	12:00	X	PM	12:00	X	PM
	Were Pollutants observed (if YES, complete reverse side)	YES		NO	X	YES		NO	X	YES		NO	X
Observation Date: December 12 2006	Drainage Location Description	STW 2			STW 3			STW 4			STW 5		
Observers Tom Donovan/ Patrick Thorson		N. Fork Strawberry			B69 Manhole			Chicken Creek			East Canyon		
Title: Sample Collector/Program Manager	Observation Time	12/12/2006	X	AM	12/12/2006	X	AM	12/12/2006	X	AM	12/12/2006	X	AM
		09:20		PM	11:10		PM	10:30		PM	08:05		PM
Signature:  	Time Discharge Began	12/11/2006		AM	12/11/2006		AM	12/11/2006		AM	12/11/2006		AM
		09:30	X	PM	09:30	X	PM	09:30	X	PM	09:30	X	PM
	Were Pollutants observed (if YES, complete reverse side)	YES		NO	X	YES		NO	X	YES		NO	X
Observation Date: January 26 2007	Drainage Location Description	STW 2			STW 3			STW 4			STW 5		
Observers John Jelinski		N. Fork Strawberry			B69 Manhole			Chicken Creek			East Canyon		
Title: Quality Coordinator	Observation Time	1/26/2007		AM	1/26/2007		AM	1/26/2007		AM	1/26/2007		AM
		16:40	X	PM	16:10	X	PM	16:20	X	PM	16:30	X	PM
Signature: 	Time Discharge Began	1/26/2007		AM	1/26/2007		AM	1/26/2007		AM	1/26/2007		AM
		16:40	X	PM	16:40	X	PM	16:40	X	PM	16:40	X	PM
	Were Pollutants observed (if YES, complete reverse side)	YES		NO	X	YES		NO	X	YES		NO	X

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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: February 7 2007	Drainage Location Description	STW 2 N. Fork Strawberry			STW 3 B69 Manhole			STW 4 Chicken Creek			STW 5 East Canyon		
Observers Name: John Jelinski	Observation Time	2/7/2007 17:25	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		2/7/2007 16:45	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		2/7/2007 17:00	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		2/7/2007 17:10	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	
Title: Quality Coordinator	Time Discharge Began	2/7/2007 16:45	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		2/7/2007 16:45	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		2/7/2007 16:45	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		2/7/2007 16:45	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	
Signature: 	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"/>		
Observation Date: March 20 2007	Drainage Location Description	STW 2 N. Fork Strawberry			STW 3 B69 Manhole			STW 4 Chicken Creek			STW 5 East Canyon		
Observers Name: Tom Donovan	Observation Time	3/20/2007 10:10	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		3/20/2007 09:45	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		3/20/2007 10:30	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		3/20/2007 10:50	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
Title: Sample Collector	Time Discharge Began	3/20/2007 09:30	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		3/20/2007 09:30	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		3/20/2007 09:30	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		3/20/2007 09:30	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
Signature: 	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"/>		
Observation Date: April 11 2007	Drainage Location Description	STW 2 N. Fork Strawberry			STW 3 B69 Manhole			STW 4 Chicken Creek			STW 5 East Canyon		
Observers Name: Tom Donovan	Observation Time	4/11/2007 09:25	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		4/11/2007 09:40	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		4/11/2007 09:50	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		4/11/2007 10:00	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
Title: Sample Collector	Time Discharge Began	4/11/2007 08:30	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		4/11/2007 08:30	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		4/11/2007 08:30	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		4/11/2007 08:30	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
Signature: 	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"/>		
Observation Date: May 2 2007	Drainage Location Description	STW 2 N. Fork Strawberry			STW 3 B69 Manhole			STW 4 Chicken Creek			STW 5 East Canyon		
Observers Name: Tom Donovan	Observation Time	5/2/2007 10:00	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		5/2/2007 10:30	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		5/2/2007 10:45	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		5/2/2007 11:15	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
Title: Sample Collector	Time Discharge Began	5/2/2007 05:30	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		5/2/2007 05:30	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		5/2/2007 05:30	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		5/2/2007 05:30	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
Signature: 	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"/>		

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

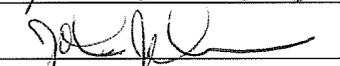
DATE/TIME OF OBSERVATION (From Reverse Side)	DRAINAGE AREA DESCRIPTION <u>EXAMPLE:</u> Discharge from material storage Area #2	DESCRIBE STORM WATER DISCHARGE CHARACTERISTICS Indicate whether storm water discharge is clear, cloudy, or discolored; causing staining; containing floating objects or an oil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

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

EVALUATION DATE: 5/24/2007 INSPECTOR NAME: Patrick Thorson TITLE: Program Manager SIGNATURE: 

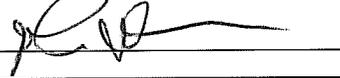
EVALUATION DATE: 5/24/2007 INSPECTOR NAME: John Jelinski TITLE: Quality Coordinator SIGNATURE: 

<p>POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP) <u>Loading and Unloading</u> Site Wide Building 69 Building 77D WAA's Various Building 85 (HWHF) FTU's</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>Some trash bins were found with their lids open</p>	<p>Describe additional/revised BMPs or corrective actions and their date(s) of implementation</p> <p>ESG is working with the head of custodians to address this issue</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 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 are 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> Building 76 Building 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 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</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>There is some minor housekeeping issues which need to be addressed such as sweeping debris from storm drains.</p>	<p>Describe additional/revised BMPs or corrective actions and their date(s) of implementation</p> <p>ESG personnel are working with Facilities and the Building Managers to address this issue.</p>

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ANNUAL REPORT

SIDE B

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

EVALUATION DATE: 5/24/2007 INSPECTOR NAME: Patrick Thorson TITLE: Program Manager SIGNATURE: 
 EVALUATION DATE: 5/24/2007 INSPECTOR NAME: John Jelinski TITLE: Quality Coordinator SIGNATURE: 

<p>POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP) <u>Construction / Maintenance</u> Building 31 area Building 85 area Building 10 demolition 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>Describe deficiencies in BMPs or BMP implementation</p> <p>There is no covered storage available for heavy equipment at Building 31. In addition some materials are not in covered in Building 31.</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) <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>Describe deficiencies in BMPs or BMP implementation</p> <p>No deficiencies found</p>	<p>Describe additional/revised BMPs or corrective actions and their date(s) of implementation</p> <p>Not applicable</p>