

CALIFORNIA REGIONAL WATER
SEP 08 2009
QUALITY CONTROL BOARD

State of California
STATE WATER RESOURCES CONTROL BOARD

COI

2008-2009
ANNUAL REPORT
FOR
STORM WATER DISCHARGES ASSOCIATED
WITH INDUSTRIAL ACTIVITIES

Reporting Period July 1, 2008 through June 30, 2009

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 responsible official.

2008 - 2009 Annual Report Review

SWARM Database

Report Received
Date Entered: 9/10/09 Initials: AB

Data Entered
Date Entered: / /09 Initials: _____

WDID: 201S016732

Confirmation No: _____

Comments: _____

GENERAL INFORMATION:

A. Facility Information:

Facility Business Name: Durham School Services, Inc.
Physical Address: 850 92ND Street
City: Oakland
Standard Industrial Classification (SIC) Code(s): 4151

Facility WDID No: 201S016732

Contact Person: Len Peterson
e-mail: _____
CA Zip: 94603 Phone: 510-562-0208

B. Facility Operator Information:

Operator Name: Durham School Services, Inc.
Mailing Address: 1431 Opus Place, Suite 200
City: Downer Grove

Contact Person: Mike Nolte
e-mail: _____
State: IL Zip: 60515 Phone: 630-435-8000

C. Facility Billing Information:

Operator Name: Durham School Services, Inc.
Mailing Address: 1431 Opus Place, Suite 200
City: Downer Grove

Contact Person: Mike Nolte
e-mail: _____
State: IL Zip: 60515 Phone: 630-435-8000

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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? 0

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? 1

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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.

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

2. Report monthly wet season visual observations using **Form 4** or provide the following information:

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

ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION (ACSCE)

H. ACSCE CHECKLIST

Section A.9 of the General Permit requires the facility operator to conduct one ACSCE in each reporting period (July 1-June 30). Evaluations must be conducted within 8-16 months of each other. The SWPPP and monitoring program shall be revised and implemented, as necessary, within 90 days of the evaluation. The checklist below includes the minimum steps necessary to complete a ACSCE. Indicate whether you have performed each step below. **Attach an explanation for any "NO" answers.**

1. Have you inspected all potential pollutant sources and industrial activities areas? YES NO
The following areas should be inspected:
- | | |
|--|--|
| <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 discharges 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? | <input checked="" type="checkbox"/> YES (Mandatory) | | |
| 2. If you conducted sampling and analysis, have you attached the laboratory analytical reports? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input checked="" type="checkbox"/> 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? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input checked="" type="checkbox"/> 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? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> 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: Mr. Mike Nolte

Signature: Michael Nolte Date: 8-28-09

Title: Vice President US Fleet Operations

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

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

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

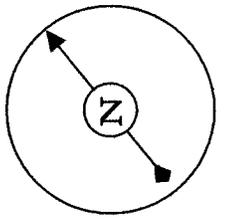
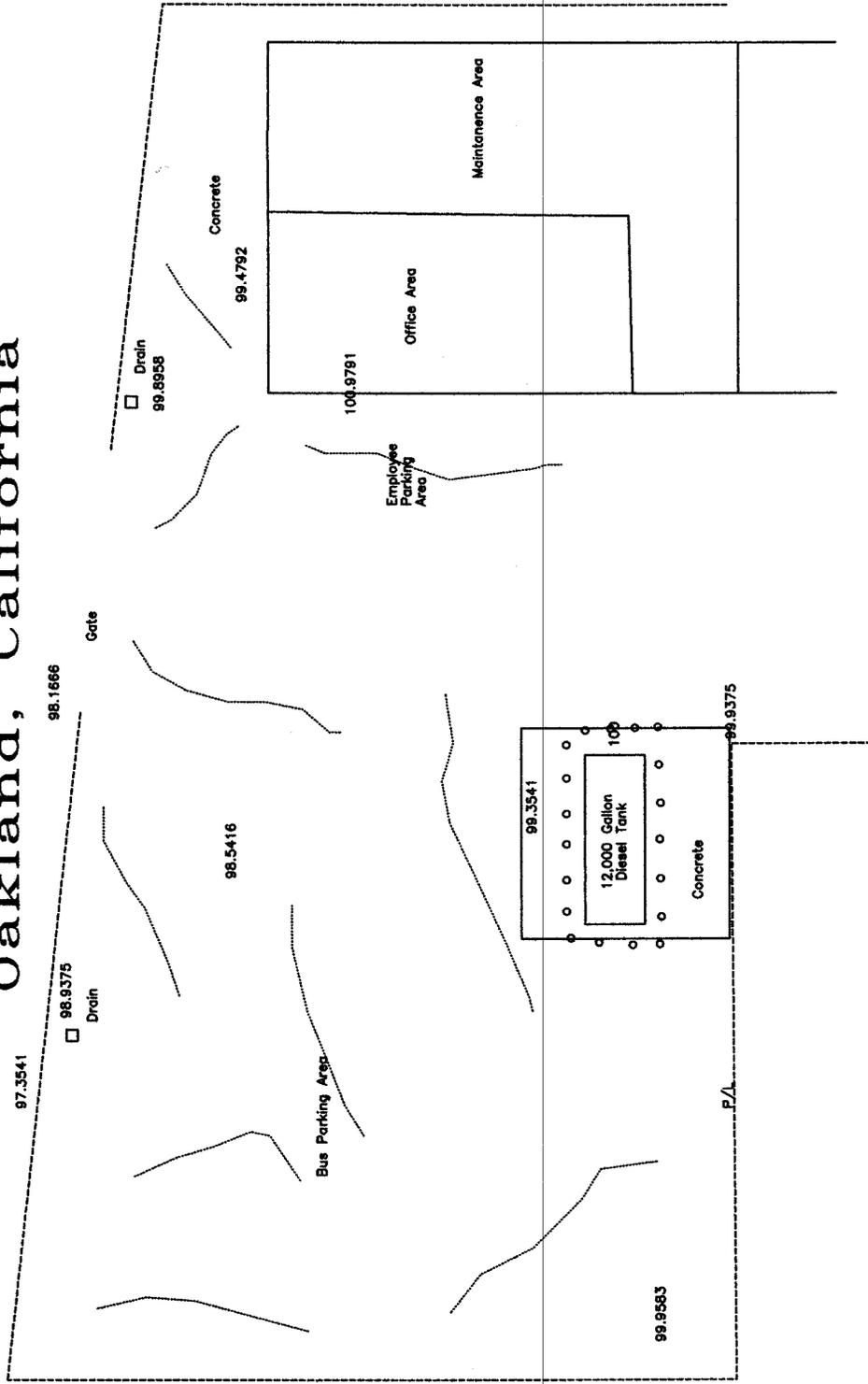
Oil and Grease (O&G) is a measure of the amount of oil and grease present in your storm water discharge. At very low concentrations, O&G can cause a sheen (that floating "rainbow") on the surface of water (1 qt. of oil can pollute 250,000 gallons of water). O&G can adversely affect aquatic life and create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

If you have any questions regarding whether or not your constituent concentrations are too high, please contact your local Regional Board office. 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.waterboards.ca.gov>. It is contained in the Sampling and Analysis Reduction Certification.

See Storm Water Contacts at

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

DURHAM SCHOOL SERVICES
850 92ND Avenue
Oakland, California



Field Engineer: W. Wojak
 Drawn By: K. Wojak
 Approved By: E. Ancheta



**ENVIRONMENTAL
 AND
 GENERAL ENGINEERING**

ATTACHMENT SHEET

**DURHAM SCHOOL SERVICES
850 92ND STREET
OAKLAND, CALIFORNIA 94603**

<u>ITEM NUMBER</u>	<u>DISCUSSION</u>
E.1	Rain occurred during non-operating hours or not at all.
E.5	No samples were collected due lack of rain during operating hours.
E.6	No samples were collected due lack of rain during operating hours.
E.7	No samples were collected due lack of rain during operating hours.
G.1	No observations were made due lack of rain during operating hours.



State Water Resources Control Board



Linda S. Adams
*Secretary for
Environmental Protection*

Division of Water Quality
1001 I Street • Sacramento, California 95814 • (916) 341-5538
Mailing Address: P.O. Box 1977 • Sacramento, California • 95812-1977
FAX (916) 341-5543 • Internet Address: <http://www.waterboards.ca.gov/stormwtr/index.html>

Arnold Schwarzenegger
Governor

To: Storm Water Permit Holder

RE: NOTICE OF TERMINATION OF COVERAGE UNDER THE GENERAL
INDUSTRIAL STORM WATER PERMIT (GENERAL PERMIT)

To terminate your coverage under the General Permit, please complete and submit the attached Notice of Termination (NOT) to your local Regional Water Quality Control Board (RWQCB). The addresses of each RWQCB, as well as staff contacts can be located on page 9 of the attached Annual Report.

You are still responsible for completing an Annual Report for the period after July 1 that your facility was required to be permitted. The completed Annual Report should be submitted along with your NOT.

Submittal of a NOT does not guarantee termination and outstanding invoices will remain payable. If your NOT is denied, you will be required to continue monitoring and reporting activities required by the General Permit and all outstanding invoice(s) are due. You will be notified of your NOT status by the RWQCB or State Water Resources Control Board. Approval of your Notice of Termination does not relieve you from paying any applicable outstanding invoices.

Should you have any questions regarding this matter, please contact your local RWQCB or the Storm Water Unit at (916) 341-5538.

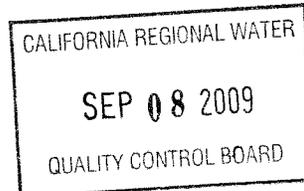
Sincerely,

Storm Water Section
Division of Water Quality

Enclosure

SEND TO YOUR LOCAL RWQCB FOR APPROVAL

State of California
State Water Resources Control Board



NOTICE OF TERMINATION

Submission of this Notice of Termination constitutes notification that the facility operator identified below is no longer required to comply with the **Industrial Activities Storm Water General Permit No. 97-03-DWQ**.

I. WDID NO. 201S016732

II. FACILITY OPERATOR

NAME : Durham School Services, Inc. CONTACT PERSON: Mike Nolte
ADDRESS: 1431 Opus Place, Suite 200 TITLE: Vice President
CITY: Downer Grove STATE : IL ZIP 60515 PHONE: 630-435-8000

III. FACILITY SITE INFORMATION

FACILITY NAME : Durham School Services, Inc. CONTACT PERSON: Mike Nolte
LOCATION: 850 92ND Street TITLE: Vice President
CITY: Oakland STATE CA ZIP 94603 PHONE: 510-562-0208
SIC CODE(S) 4 / 1 / 5 / 1 / / / TYPE OF BUSINESS

IV. BASIS OF TERMINATION

X 1. **Closed Facility.** The facility is closed and all closure, moving, and clean-up activities are complete.
Date of closure 7 / 31 / 09 Are you moving to a new location in CA? Yes X No
If Yes, start date at new location? / / Will you file new NOI? Yes No

NEW FACILITY INFORMATION

NAME _____ CONTACT PERSON _____
MAILING ADDRESS _____ TITLE _____
CITY _____ STATE _____ ZIP _____ PHONE _____

 2. **Light Industry Exemption.** Exposure of industrial activities, materials, and equipment to storm water has been eliminated (Applies only to certain facilities - see instructions). Complete and submit Attachment A.
Date of evaluation: / / Date exposure eliminated (if applicable): / /
Planned date of next evaluation: / /

 3. **No Storm Water Discharge.** Storm water associated with industrial activity does not discharge to waters of the United States because:
 a. the storm water is retained on site (such as in evaporation or percolation ponds).
 b. the storm water is discharged to a municipal sanitary sewer systems or municipal combined sewer system.
 c. the storm water is retained offsite (such as in evaporation or percolation ponds).

 4. **Not Required to be Permitted.** The facility is not required by federal regulations to be regulated by an industrial activities storm water NPDES permit.

SEND TO YOUR LOCAL RWQCB FOR APPROVAL

5. **Regulated by Another Permit.** Discharge of storm water associated with industrial activity is specifically regulated by another general or individual NPDES permit.

NPDES Permit No. _____ Date coverage began ____/____/____

6. **New Facility Operator.** There is a new facility operator of the identified facility.

Date facility was transferred to new facility operator ____/____/____.

Have you notified the new facility operator of the storm water NPDES Permit requirements? Yes ___ No

NEW FACILITY OPERATOR INFORMATION

NAME _____ CONTACT PERSON _____
MAILING ADDRESS _____ TITLE _____
CITY _____ STATE _____ ZIP _____ PHONE _____

V. ADDITIONAL TERMINATION INFORMATION

Are you attaching any additional termination information? Yes X No

VI. FACILITY PHOTOGRAPHS

Have you attached facility photographs? Yes ___ No X (See Instructions)

VII. ANNUAL REPORT

Have you attached an Annual Report? Yes X No ___ (See Instructions)

VIII. CERTIFICATION

I certify under penalty of law that 1) I am not required to be permitted under the Industrial Activities Storm Water General Permit No. 97-03-DWQ, and 2) this document and all attachments were prepared under my direction and supervisions in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. I am aware that it is unlawful under the Clean Water Act to discharge storm water associated with industrial activity to waters of the United States if the discharge is not authorized by a NPDES permit, and there are significant penalties for submitting false information. I understand that the facility operator is still required to submit an annual report to the Regional Water Board by July 1. I also understand that the submittal of this Notice of Termination does not release a facility operator from liability for any violations of the General Permit or the Clean Water Act.

PRINTED NAME Mr. Mike Nolte TITLE Vice President *US Fleet Operations*

SIGNATURE *Michael Nolte* DATE *8/28/09*

REGIONAL WATER BOARD USE ONLY

<input type="checkbox"/> Approved and sent to State Board for termination	<input type="checkbox"/> Denied and returned to applicant
Printed Name _____	Signature _____ Date ____/____/____

NOT Effective Date:
____/____/____

State of California
State Water Resources Control Board

**INSTRUCTIONS FOR COMPLETING
NOTICE OF TERMINATION OF COVERAGE UNDER
INDUSTRIAL ACTIVITIES STORM WATER GENERAL PERMIT NO. 97-03-DWQ**

SECTION 1 -- WDID NO.

The WDID NO. is a number assigned to each facility after the Notice of Intent is filed. The WDID number can be found on the annual invoice where it is referenced as the "Facility I.D. Number." If you do not know your facility's WDID No., please call the State Water Board or Regional Water Board (page 9 of the attached Annual Report) and request it prior to submitting the Notice of Termination.

SECTION II -- FACILITY OPERATOR

Enter the name, provided on the Notice of Intent, of the person, company, firm, public organization, or any other entity which owns the business or operations at the facility. The facility operator information may or may not be the same as the facility information requested in Section III.

SECTION III -- FACILITY SITE INFORMATION

Enter the facility's official or legal name, provided on the Notice of Intent, and provide the address, county, and contact person information for the facility. Where the location of the facility is different than the mailing address, a narrative description of the facility location must be provided. The contact person should be the plant or site manager who is completely familiar with the facility and responsible for General Permit compliance. Provide the Standard Industrial Classification (SIC) code(s) that are applicable to the facility and describe the type of business that is conducted at the facility. For closed facilities, however, provide the SIC code(s) and describe the type of business that had been conducted at the facility.

SECTION IV -- BASIS OF TERMINATION

Check the category which best defines the basis of your termination request. Provide dates and other information requested. If the categories provided do not fully or accurately identify the basis of your termination, attach an additional explanation and check the "Yes" box in Section V.

1. Closed Facility. This category applies when the facility is closed and all closure, moving, and clean-up activities are complete. This means that all industrial activities that are subject to federal storm water regulations have been discontinued and that the exposure of industrial equipment, materials, and waste to storm water has been eliminated. The facility operator should refer to the definition of "storm water associated with industrial activity" in Attachment 4 of the General Permit. Facilities that discontinue operations shall not be considered for termination if industrial equipment, materials, or waste remain exposed to storm water. The date when closure is complete shall be provided. If you are moving to a new facility requiring General Permit coverage, provide the name, address, and contact of the new facility.
2. Light Industry Exemption. This category applies only to certain facilities identified as category 10 on Attachment 1 of the General Permit (commonly referred to as "light industries") where exposure of industrial activities, materials, and equipment to storm water has been eliminated. Accidental spills, minor leaks, loss during loading and unloading, movement of unhooded equipment, emissions of dust or particles from stacks or air exhaust systems, and other type of intermittent sources should be considered when determining exposure. Complete and submit Attachment A entitled "Checklist to Evaluate Potential Storm Water Pollutant Sources". Provide the date the facility was evaluated and the date the next evaluation is planned. If you have taken steps to eliminate exposure of industrial activities, materials, and equipment to storm water, provide the date that exposure was eliminated.
3. No Storm Water Discharge. This category applies to facilities where storm water associated with industrial activity does not discharge to waters of the United States. These include facilities where all the storm water is retained on site, discharged to a municipal sanitary sewer system or municipal combined sewer system, or discharged to evaporation or percolation ponds offsite that do not discharge to waters of the United States.
4. Not Required to be Permitted. This category applies to facilities that are not required by federal regulations to be covered by a NPDES storm water permit. Attachment 1 of the General Permit identifies ten categories of industrial facilities required to obtain NPDES permits for discharge of storm water associated with industrial activity. A facility operator who has filed a Notice of Intent for coverage under the General Permit and later

determines that the facility is not included in the identified categories may request termination of coverage. Make sure that the SIC code(s) and type of business in Section III of the NOT form are accurate.

5. **Regulated by Another Permit.** This category applies to facilities where discharges of storm water associated with industrial activity are currently regulated under another general or individual NPDES permit. The general or individual NPDES permit number and date coverage began shall be provided.
6. **New Facility Operator.** This category applies when there is a new facility operator of the identified facility. The previous facility operator must submit a Notice of Termination and the new facility operator must submit a Notice of Intent and fee for coverage under the General Permit. Provide the date the new facility operator took responsibility for the facility and the new facility operator information. Note that the previous facility operator may be liable for discharges from the facility until the new facility operator files a Notice of Intent for coverage under the General Permit.

SECTION V -- ADDITIONAL BASIS OF TERMINATION INFORMATION

If none of the basis of termination in Section IV accurately reflect your basis for termination, answer "Yes" and attach a detailed explanation why you believe your facility is not required to be permitted.

SECTION VI -- FACILITY PHOTOGRAPHS

If category 1, 2, or 3 is checked in Section IV, attach photographs of all areas of the facility associated with industrial activity including any on-site or off-site storm water containment areas. If category 4, 5, or 6 is checked in Section IV, contact your Regional Water Board (page 9 of the attached Annual Report) to determine whether photographs must be submitted.

SECTION VII -- ANNUAL REPORT

You are responsible for submitting an Annual Report (Attachment B) for all compliance activities conducted between July 1 and the date the facility was no longer required to be permitted. In order to assist the Regional Board in processing your NOT, a completed Annual Report should be attached to your NOT. If you cannot submit an Annual Report, please contact your Regional Board office prior to submitting your NOT.

SECTION VIII -- CERTIFICATION

This section should be read by the facility operator. Please note that the facility operator is still required to prepare and submit a final annual report to the appropriate Regional Water Board office by July 1. The annual report must report all compliance activities that occurred during the current reporting period and prior to the date this Notice of Termination was submitted. The Notice of Termination must be signed by:

For a corporation: a responsible corporate officer. For a Partnership or Sole Proprietorship: a general partner or the proprietor, respectively. For a Municipality, State, or other Non-Federal Public Agency: either a principle executive officer or ranking elected official. For a Federal Agency: either the chief or senior executive officer of the agency.

Where To File

Submit the Notice of Termination to the Regional Water Board responsible for the area in which the facility is located. See attached State and Regional Boards Directory. If the Regional Water Board agrees with the basis of termination, the Notice of Termination will be transmitted to the State Water Board for processing. Approval of your Notice of Termination does not relieve you from paying any applicable outstanding invoices. If the Regional Water Board does not agree with the basis of termination, the Notice of Termination will be returned. The Regional Water Board may contact you or inspect your facility prior to (or following) approving this Notice of Termination.

**CHECKLIST TO EVALUATE POTENTIAL STORM WATER POLLUTANT SOURCES
(COMPLETE ONLY WHEN CHECKING ITEM IV.2 ON NOT FORM)**

The purpose of this checklist is to 1) help you determine whether the exposure of industrial activities, materials, and equipment to storm water has been eliminated, and 2) help Regional Water Board staff to evaluate the adequacy of your pollution control activities and Notice of Termination (NOT). Please answer all questions. Answering "YES" to a question does not negate your NOT. For each "yes" answer you must explain what you are doing to eliminate or prevent exposure from the potential pollutant source. For example, if there are liquid storage tanks outdoors behind secondary containment but the storm water is collected and discharged to the sanitary sewer, then the potential source for storm water exposure from the storage tanks may be satisfactorily eliminated. For the purpose of this questionnaire, "outdoors" are areas of the facility that are not beneath permanent roofed structures.

1. All prohibited non-storm water discharges have been eliminated or otherwise permitted.

- | | Yes | No |
|--|-------|-------|
| a. Are materials or equipment cleaned outdoors? | _____ | _____ |
| b. Are wash or rinse waters generated on-site? | _____ | _____ |
| c. Are there any discharges (other than storm water) entering the storm drain system? | _____ | _____ |
| d. Do any drains under roofed areas discharge to the storm drain system? | _____ | _____ |
| e. Have there been any accidental spills into the storm drain system in the last year? | _____ | _____ |
| f. Are any process waste waters disposed of outdoors? | _____ | _____ |

2. All significant materials related to industrial activity (including waste materials) are not exposed to storm water or authorized non-storm water discharges.

- | | Yes | No |
|--|-------|-------|
| a. Are there any materials stored outdoors? | _____ | _____ |
| b. Are there any materials handled outdoors? | _____ | _____ |
| c. Are there any outdoor loading docks? | _____ | _____ |
| d. Are there any above ground liquid or non-liquid storage tanks outdoors? | _____ | _____ |
| e. Are there any outdoor loading/unloading operations? | _____ | _____ |
| f. Are there any products or by-products manufactured or used outdoors? | _____ | _____ |
| g. Are there any waste products manufactured or used outdoors? | _____ | _____ |
| h. Are there any outdoor waste disposal areas? | _____ | _____ |
| i. Is any process wastewater disposed of outdoors? | _____ | _____ |
| j. Are there any drums, pallets, or containers outdoors? | _____ | _____ |

- | | | |
|--|-------|-------|
| k. Are materials handled/stored on immediate access roads/railways? | _____ | _____ |
| l. Are vehicles maintained or fueled outdoors? | _____ | _____ |
| m. Are any materials stored or disposed of in outdoor ponds or impoundments? | _____ | _____ |
| n. Are materials stored outdoors temporarily? | _____ | _____ |
| o. Does any manufacturing take place outdoors? | _____ | _____ |
| p. Have there been any spills or leaks outdoors in the last year? | _____ | _____ |
| q. Are there areas where materials remain exposed to storm water from past industrial activity? | _____ | _____ |
| 3. All industrial activities and industrial equipment are not exposed to storm water or authorized non-storm water discharges. | | |
| | Yes | No |
| a. Are any material handling vehicles (such as forklifts) parked outdoors? | _____ | _____ |
| b. Is permanent industrial equipment located outdoors? | _____ | _____ |
| c. Is portable industrial equipment used outdoors? | _____ | _____ |
| d. Do any material handling vehicles (such as forklifts and trucks) or outdoor industrial equipment come into contact with materials? | _____ | _____ |
| e. Is there any unhooded rooftop equipment (such as air conditioners, scrubbers, etc.)? | _____ | _____ |
| 4. There is no exposure of storm water to significant materials associated with industrial activities through direct or indirect pathways such as from industrial activities that generate dust and particulates. | | |
| | Yes | No |
| a. Are there any emissions of dust or particles from stacks or air exhaust systems? | _____ | _____ |
| b. Are there any emissions of dust or particles from other outlets such as windows, loading docks, etc.? | _____ | _____ |
| c. Have there been any spills or leaks associated with maintenance of stacks or air exhaust systems? | _____ | _____ |

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): Len Peterson TITLE: Shop Supervisor SIGNATURE: _____

DESCRIBE DISCHARGE LOCATION Example: NW Out Fall	DATE/TIME OF SAMPLE COLLECTION / / : : AM PM	TIME DISCHARGE STARTED : : AM PM	BASIC PARAMETERS				ANALYTICAL RESULTS For First Storm Event								
			PH	TSS	SC	O&G	TOC	OTHER PARAMETERS							
	/ / : : AM PM	: : AM PM	NO												
	/ / : : AM PM	: : AM PM													
	/ / : : AM PM	: : AM PM													
	/ / : : AM PM	: : AM PM													
TEST REPORTING UNITS:			pH Units	mg/l	umho/cm	mg/l	mg/l								
TEST METHOD DETECTION LIMIT:															
TEST METHOD USED:															
ANALYZED BY (SELF/LAB):															

TSS - Total Suspended Solids

SC - Specific Conductance

O&G - Oil & Grease

TOC - Total Organic Carbon

FORM 1-SAMPLING & ANALYSIS RESULTS

SECOND STORM EVENT

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

NAME OF PERSON COLLECTING SAMPLE(S): _____ TITLE: Shop Supervisor SIGNATURE: _____

DESCRIBE DISCHARGE LOCATION Example: NW Out Fall	DATE/TIME OF SAMPLE COLLECTION / / : : AM PM	TIME DISCHARGE STARTED : : AM PM	ANALYTICAL RESULTS For Second Storm Event								
			BASIC PARAMETERS			OTHER PARAMETERS					
			PH	TSS	SC	O&G	TOC				
	/ / : : AM PM	: : AM PM									
	/ / : : AM PM	: : AM PM									
	/ / : : AM PM	: : AM PM									
	/ / : : AM PM	: : AM PM									
TEST REPORTING UNITS:			pH Units	mg/l	umho/cm	mg/l	mg/l				
TEST METHOD DETECTION LIMIT:											
TEST METHOD USED:											
ANALYZED BY (SELF/LAB):											

TSS - Total Suspended Solids SC - Specific Conductance O&G - Oil & Grease TOC - Total Organic Carbon

ANNUAL REPORT

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

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

<p>QUARTER: JULY-SEPT.</p> <p>DATE: / / </p>	<p>Observers Name: _____</p> <p>Title: _____</p> <p>Signature: _____</p>	<p>WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, complete reverse side of this form.</p>
<p>QUARTER: OCT.-DEC.</p> <p>DATE: / / </p>	<p>Observers Name: _____</p> <p>Title: _____</p> <p>Signature: _____</p>	<p>WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, complete reverse side of this form.</p>
<p>QUARTER: JAN.-MARCH</p> <p>DATE: / / </p>	<p>Observers Name: _____</p> <p>Title: _____</p> <p>Signature: _____</p>	<p>WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, complete reverse side of this form.</p>
<p>QUARTER: APRIL-JUNE</p> <p>DATE: / / </p>	<p>Observers Name: _____</p> <p>Title: _____</p> <p>Signature: _____</p>	<p>WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, complete reverse side of this form.</p>

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

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

<p>QUARTER: JULY-SEPT. DATE/TIME OF OBSERVATIONS <u>8/16/08</u> <u>11:00</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM</p>	<p>Observers Name: <u>Len Peterson</u> Title: <u>Shop Supervisor</u> Signature: <u>Len Peterson</u></p>	<p>WERE UNAUTHORIZED NSWDs OBSERVED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>	<p>If YES to either question, complete reverse side.</p>
<p>QUARTER: OCT.-DEC. DATE/TIME OF OBSERVATIONS <u>12/16/08</u> <u>09:30</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM</p>	<p>Observers Name: <u>Len Peterson</u> Title: <u>Shop Supervisor</u> Signature: <u>Len Peterson</u></p>	<p>WERE UNAUTHORIZED NSWDs OBSERVED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>	<p>If YES to either question, complete reverse side.</p>
<p>QUARTER: JAN.-MARCH DATE/TIME OF OBSERVATIONS <u>2/12/09</u> <u>1:00</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM</p>	<p>Observers Name: <u>Len Peterson</u> Title: <u>Shop Supervisor</u> Signature: <u>Len Peterson</u></p>	<p>WERE UNAUTHORIZED NSWDs OBSERVED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>	<p>If YES to either question, complete reverse side.</p>
<p>QUARTER: APRIL-JUNE DATE/TIME OF OBSERVATIONS <u>6/17/08</u> <u>1:00</u> <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM</p>	<p>Observers Name: <u>Len Peterson</u> Title: <u>Shop Supervisor</u> Signature: <u>Len Peterson</u></p>	<p>WERE UNAUTHORIZED NSWDs OBSERVED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>	<p>If YES to either question, complete reverse side.</p>

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

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

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

- Storm water discharge visual observations are required for at least one storm event per month between October 1 and May 31.
- Visual observations must be conducted during the first hour of discharge at all discharge locations.
- Discharges of temporarily stored or contained storm water must be observed at the time of discharge.
- Indicate "None" in the first column of this form if you did not conduct a monthly visual observation.
- Make additional copies of this form as necessary.
- 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: <u>October 31</u> 2008 Observers Name: <u>Len Peterson</u> Title: <u>Shop Supervisor</u> Signature: <u>Len Peterson</u>		#1 none YES <input type="checkbox"/> NO <input type="checkbox"/>		#2 YES <input type="checkbox"/> NO <input type="checkbox"/>		#3 YES <input type="checkbox"/> NO <input type="checkbox"/>		#4 YES <input type="checkbox"/> NO <input type="checkbox"/>	
Drainage Location Description Observation Time Time Discharge Began Were Pollutants Observed (If yes, complete reverse side)		P.M. <input type="checkbox"/> A.M. <input type="checkbox"/>		P.M. <input type="checkbox"/> A.M. <input type="checkbox"/>		P.M. <input type="checkbox"/> A.M. <input type="checkbox"/>		P.M. <input type="checkbox"/> A.M. <input type="checkbox"/>	
Drainage Location Description Observation Time Time Discharge Began Were Pollutants Observed (If yes, complete reverse side)		P.M. <input type="checkbox"/> A.M. <input type="checkbox"/>		P.M. <input type="checkbox"/> A.M. <input type="checkbox"/>		P.M. <input type="checkbox"/> A.M. <input type="checkbox"/>		P.M. <input type="checkbox"/> A.M. <input type="checkbox"/>	
Drainage Location Description Observation Time Time Discharge Began Were Pollutants Observed (If yes, complete reverse side)		P.M. <input type="checkbox"/> A.M. <input type="checkbox"/>		P.M. <input type="checkbox"/> A.M. <input type="checkbox"/>		P.M. <input type="checkbox"/> A.M. <input type="checkbox"/>		P.M. <input type="checkbox"/> A.M. <input type="checkbox"/>	
Observation Date: <u>December 31</u> 2008 Observers Name: <u>Len Peterson</u> Title: <u>Shop Supervisor</u> Signature: <u>Len Peterson</u>		#1 none YES <input type="checkbox"/> NO <input type="checkbox"/>		#2 YES <input type="checkbox"/> NO <input type="checkbox"/>		#3 YES <input type="checkbox"/> NO <input type="checkbox"/>		#4 YES <input type="checkbox"/> NO <input type="checkbox"/>	
Drainage Location Description Observation Time Time Discharge Began Were Pollutants Observed (If yes, complete reverse side)		P.M. <input type="checkbox"/> A.M. <input type="checkbox"/>		P.M. <input type="checkbox"/> A.M. <input type="checkbox"/>		P.M. <input type="checkbox"/> A.M. <input type="checkbox"/>		P.M. <input type="checkbox"/> A.M. <input type="checkbox"/>	
Drainage Location Description Observation Time Time Discharge Began Were Pollutants Observed (If yes, complete reverse side)		P.M. <input type="checkbox"/> A.M. <input type="checkbox"/>		P.M. <input type="checkbox"/> A.M. <input type="checkbox"/>		P.M. <input type="checkbox"/> A.M. <input type="checkbox"/>		P.M. <input type="checkbox"/> A.M. <input type="checkbox"/>	
Drainage Location Description Observation Time Time Discharge Began Were Pollutants Observed (If yes, complete reverse side)		P.M. <input type="checkbox"/> A.M. <input type="checkbox"/>		P.M. <input type="checkbox"/> A.M. <input type="checkbox"/>		P.M. <input type="checkbox"/> A.M. <input type="checkbox"/>		P.M. <input type="checkbox"/> A.M. <input type="checkbox"/>	
Observation Date: <u>January 30</u> 2009 Observers Name: <u>Len Peterson</u> Title: <u>Shop Supervisor</u> Signature: <u>Len Peterson</u>		#1 none YES <input type="checkbox"/> NO <input type="checkbox"/>		#2 YES <input type="checkbox"/> NO <input type="checkbox"/>		#3 YES <input type="checkbox"/> NO <input type="checkbox"/>		#4 YES <input type="checkbox"/> NO <input type="checkbox"/>	
Drainage Location Description Observation Time Time Discharge Began Were Pollutants Observed (If yes, complete reverse side)		P.M. <input type="checkbox"/> A.M. <input type="checkbox"/>		P.M. <input type="checkbox"/> A.M. <input type="checkbox"/>		P.M. <input type="checkbox"/> A.M. <input type="checkbox"/>		P.M. <input type="checkbox"/> A.M. <input type="checkbox"/>	
Drainage Location Description Observation Time Time Discharge Began Were Pollutants Observed (If yes, complete reverse side)		P.M. <input type="checkbox"/> A.M. <input type="checkbox"/>		P.M. <input type="checkbox"/> A.M. <input type="checkbox"/>		P.M. <input type="checkbox"/> A.M. <input type="checkbox"/>		P.M. <input type="checkbox"/> A.M. <input type="checkbox"/>	
Drainage Location Description Observation Time Time Discharge Began Were Pollutants Observed (If yes, complete reverse side)		P.M. <input type="checkbox"/> A.M. <input type="checkbox"/>		P.M. <input type="checkbox"/> A.M. <input type="checkbox"/>		P.M. <input type="checkbox"/> A.M. <input type="checkbox"/>		P.M. <input type="checkbox"/> A.M. <input type="checkbox"/>	

ANNUAL REPORT

FORM 4-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

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

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

- Storm water discharge visual observations are required for at least one storm event per month between October 1 and May 31.
- Visual observations must be conducted during the first hour of discharge at all discharge locations.
- Discharges of temporarily stored or contained storm water must be observed at the time of discharge.

- Indicate "None" in the first column of this form if you did not conduct a monthly visual observation.
- Make additional copies of this form as necessary.
- 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 <u>27</u> 2009 Observers Name: <u>Len Peterson</u> Title: <u>Shop Supervisor</u> Signature: <u>Len Peterson</u>		#1 None YES <input type="checkbox"/> NO <input type="checkbox"/>	#2 : YES <input type="checkbox"/> NO <input type="checkbox"/>	#3 : YES <input type="checkbox"/> NO <input type="checkbox"/>	#4 : YES <input type="checkbox"/> NO <input type="checkbox"/>
Drainage Location Description Observation Time Time Discharge Began Were Pollutants Observed (if yes, complete reverse side)		P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
Observation Date: March <u>31</u> 2009 Observers Name: <u>Len Peterson</u> Title: <u>Shop Supervisor</u> Signature: <u>Len Peterson</u>		#1 None YES <input type="checkbox"/> NO <input type="checkbox"/>	#2 : YES <input type="checkbox"/> NO <input type="checkbox"/>	#3 : YES <input type="checkbox"/> NO <input type="checkbox"/>	#4 : YES <input type="checkbox"/> NO <input type="checkbox"/>
Drainage Location Description Observation Time Time Discharge Began Were Pollutants Observed (if yes, complete reverse side)		P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
Observation Date: April <u>30</u> 2009 Observers Name: <u>Len Peterson</u> Title: <u>Shop Supervisor</u> Signature: <u>Len Peterson</u>		#1 None YES <input type="checkbox"/> NO <input type="checkbox"/>	#2 : YES <input type="checkbox"/> NO <input type="checkbox"/>	#3 : YES <input type="checkbox"/> NO <input type="checkbox"/>	#4 : YES <input type="checkbox"/> NO <input type="checkbox"/>
Drainage Location Description Observation Time Time Discharge Began Were Pollutants Observed (if yes, complete reverse side)		P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
Observation Date: May <u>29</u> 2009 Observers Name: <u>Len Peterson</u> Title: <u>Shop Supervisor</u> Signature: <u>Len Peterson</u>		#1 None YES <input type="checkbox"/> NO <input type="checkbox"/>	#2 : YES <input type="checkbox"/> NO <input type="checkbox"/>	#3 : YES <input type="checkbox"/> NO <input type="checkbox"/>	#4 : YES <input type="checkbox"/> NO <input type="checkbox"/>
Drainage Location Description Observation Time Time Discharge Began Were Pollutants Observed (if yes, complete reverse side)		P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> A.M. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>

ANNUAL REPORT

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

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

ANNUAL REPORT

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

EVALUATION DATE: 6/17/09

INSPECTOR NAME: Len Peterson

TITLE: Shop Supervisor

SIGNATURE: [Signature]

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

ANNUAL REPORT

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

EVALUATION DATE: ___ / ___ / ___ INSPECTOR NAME: _____ TITLE: Shop Supervisor SIGNATURE: _____

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	ARE ADDITIONAL/REVISED BMPs NECESSARY? <input type="checkbox"/> YES <input type="checkbox"/> NO		
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	ARE ADDITIONAL/REVISED BMPs NECESSARY? <input type="checkbox"/> YES <input type="checkbox"/> NO		

If yes, to either question, complete the next two columns of this form

If yes, to either question, complete the next two columns of this form