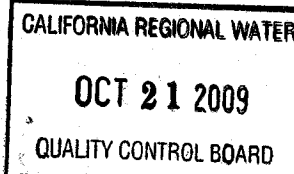


State of California
STATE WATER RESOURCES CONTROL BOARD2008-2009
ANNUAL REPORT
FOR
STORM WATER DISCHARGES ASSOCIATED
WITH INDUSTRIAL ACTIVITIES

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 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.swrcb.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: 2481003944

Facility Business Name: FAIRFAX AUTO TRUCK WORKS Contact Person: DANA BATES
Physical Address: 5016 Featbody Rd. e-mail: _____
City: FAIRFAX CA Zip: 94533 Phone: 707-437-5300
Standard Industrial Classification (SIC) Code(s): _____

B. Facility Operator Information:

Operator Name: DANA BATES Contact Person: DANA BATES
Mailing Address: 5016 Featbody Rd. e-mail: _____
City: FAIRFAX State: CA Zip: 94533 Phone: 707-437-5300

C. Facility Billing Information:

Operator Name: SAME Contact Person: _____
Mailing Address: _____ e-mail: _____
City: _____ State: _____ Zip: _____ Phone: _____

2008-2009
ANNUAL REPORT

SPECIFIC INFORMATION

MONITORING AND REPORTING PROGRAM

D. SAMPLING AND ANALYSIS EXEMPTIONS AND REDUCTIONS

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

☒ YES Go to Item D.2

☐ NO Go to Section E

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

- i. ☒ Participating in an Approved Group Monitoring Plan

Group Name: Nest GMP

- 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? _____

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? _____

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.8 ☐ NO

5. Was sample collection or analysis reduced in accordance with Section B.7.d of the General Permit? ☐ YES ☐ NO, attach explanation

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

Date facility's drainage areas were last evaluated _____

6. Were all samples collected during the first hour of discharge? ☐ YES ☐ NO, attach explanation

7. Was all storm water sampling preceded by three (3) working days without a storm water discharge? ☐ YES ☐ NO, attach explanation

8. Were there any discharges of stormwater that had been temporarily stored or contained? (such as from a pond) ☐ YES ☐ NO, go to Item E.10

9. Did you collect and analyze samples of temporarily stored or contained storm water discharges from two storm events? (or one storm event if you checked item D.2.i or iii. above) ☐ YES ☐ NO, attach explanation

10. Section B.5. of the General Permit requires you to analyze storm water samples for pH, Total Suspended Solids (TSS), Specific Conductance (SC), Total Organic Carbon (TOC) or Oil and Grease (O&G), other pollutants likely to be present in storm water discharges in significant quantities, and analytical parameters listed in Table D of the General Permit.

a. Does Table D contain any additional parameters related to your facility's SIC code(s)? ☐ YES ☐ NO, Go to Item E.11

b. Did you analyze all storm water samples for the applicable parameters listed in Table D? ☐ YES ☐ NO

c. If you did not analyze all storm water samples for the applicable Table D parameters, check one of the following reasons:

_____ In prior sampling years, the parameter(s) have not been detected in significant quantities from two consecutive sampling events. Attach explanation

_____ The parameter(s) is not likely to be present in storm water discharges and authorized non-storm water discharges in significant quantities based upon the facility operator's evaluation. Attach explanation

_____ Other. Attach explanation

11. For each storm event sampled, attach a copy of the laboratory analytical reports and report the sampling and analysis results using Form 1 or its equivalent. The following must be provided for each sample collected:

- Date and time of sample collection
- Name and title of sampler.
- Parameters tested.
- Name of analytical testing laboratory.
- Discharge location identification.
- Testing results.
- Test methods used.
- Test detection limits.
- Date of testing.
- Copies of the laboratory analytical results.

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.

- name of each authorized non-storm water discharge
- date and time of observation
- source and location of each authorized non-storm water discharge
- characteristics of the discharge at its source and impacted drainage area/discharge location
- name, title, and signature of observer
- 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.

- Best GMP Form 3 Attached*
- name of each unauthorized non-storm water discharge.
 - date and time of observation.
 - source and location of each unauthorized non-storm water discharge.
 - characteristics of the discharge at its source and impacted drainage area/discharge location.
 - name, title, and signature of observer.
 - any corrective actions necessary to eliminate the source of each unauthorized non-storm water discharge and to clean impacted drainage areas. Provide date unauthorized non-storm water discharge(s) was eliminated or scheduled to be eliminated.

G. MONTHLY WET SEASON VISUAL OBSERVATIONS

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

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

	YES	NO
October	<input type="checkbox"/>	<input checked="" type="checkbox"/>
November	<input type="checkbox"/>	<input checked="" type="checkbox"/>
December	<input type="checkbox"/>	<input checked="" type="checkbox"/>
January	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

- Use Form 4 Attached*
- 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 a ACSCE. Indicate whether you have performed each step below. **Attach an explanation for any "NO" answers.**

1. Have you inspected all potential pollutant sources and industrial activities areas? ☒ YES ☐ NO
The following areas should be inspected:

- areas where spills and leaks have occurred during the last year.
- outdoor wash and rinse areas.
- process/manufacturing areas.
- loading, unloading, and transfer areas.
- waste storage/disposal areas.
- dust/particulate generating areas.
- erosion areas.
- 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

- facility boundaries
- outline of all storm water drainage areas
- areas impacted by run-on
- storm water discharges locations
- storm water collection and conveyance system
- structural control measures such as catch basins, berms, containment areas, oil/water separators, etc.

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.

best forms 5 attached

J. ACSCE CERTIFICATION

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

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

☒ YES

☐ NO

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

ATTACHMENT SUMMARY

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

1. Have you attached Forms 1,2,3,4, and 5 or their equivalent?
2. If you conducted sampling and analysis, have you attached the laboratory analytical reports?
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?
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 (Mandatory)

☐ YES

☐ NO

☐ YES

☐ NO

☐ NA

☒ NA

☒ YES

☐ NO

☐ NA
ANNUAL REPORT CERTIFICATION

I am duly authorized to sign reports required by the INDUSTRIAL ACTIVITIES STORM WATER GENERAL PERMIT (see Standard Provision C.9) and I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those person directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Printed Name: DANA BATES

Signature: [Signature]

Date: 12 AUG 09

Title: MANAGER

FORM 3: Quarterly NON-STORM WATER DISCHARGE (Dry Weather)

Visual Observations

2008-2009

2nd Qtr: Oct-Dec, 2008

- **ONLY ON DRY DAYS!** Make your quarterly, visual observations for any non-storm water discharges.
- See list of **EXAMPLES** of NON-STORM WATER DISCHARGES inside front cover of SWPPP binder.
- Observe locations where storm water leaves your facility: see location(s) in left column below. Then circle **NO** if you do not see any Non-Storm Water Discharge, or **YES** if you do. If Yes, circle / describe its appearance, circle the source and then state your corrective action to eliminate the discharge and the elimination date - within 90 DAYS of reporting it.
- Unauthorized Non-Storm Water Discharges must be eliminated and reported in the Annual Report, Item F.2.

Name of Company: Fairvac Auto & Truck

WDID #: 2 48I003944

Inspector's Name: Dana Bates

Signature: [Signature]DRY DAY Date & Time of Observation: 9:00
12-3-08

Storm Water Discharge (runoff) Locations on Site Map	Do you see any water, other fluids or solids running off?	If <u>YES</u> , Describe / Circle all Appearances that Apply	If <u>YES</u> , Identify / Circle Source(s) (car, hand, pavement washing; fluid draining area)	If <u>YES</u> , then STATE Corrective Actions to Eliminate Discharge and Elimination Date
Front gate	YES or <u>NO</u>	Clear; Cloudy? Muddy or Murky? Oil or Grease sheen? Floating materials? Dry material?	Steam/Wash area Car/hand washing Washing Pavement HazWaste fluids Dumped waste	
West fence line	YES or <u>NO</u>	Clear; Cloudy? Muddy or Murky? Oil or Grease sheen? Floating materials? Dry material?	Steam/Wash area Car/hand washing Washing Pavement HazWaste fluids Dumped waste	
If Other Location(s), Describe:	YES or <u>NO</u>	Clear; Cloudy? Muddy or Murky? Oil or Grease sheen? Floating materials? Dry material?	Steam/Wash area Car/hand washing Washing Pavement HazWaste fluids Dumped waste	

Fill out both forms - Put one copy in your SWPPP Binder, Appendix D, and Return one copy to NEST Environmental Services.

FORM 3: Quarterly NON-STORM WATER DISCHARGE (Dry Weather) Visual Observations

2008-2009

3rd Qtr: Jan-Feb, 2009

- **ONLY ON DRY DAYS!** Make your quarterly, visual observations for any non-storm water discharges.
- See list of **EXAMPLES** of NON-STORM WATER DISCHARGES inside front cover of SWPPP binder.
- Observe locations where storm water leaves your facility: see location(s) in left column below. Then circle **NO** if you do not see any Non-Storm Water Discharge, or **YES** if you do. If **Yes**, circle / describe its appearance, circle the source and then state your corrective action to eliminate the discharge and the elimination date - within 90 DAYS of reporting it.
- Unauthorized Non-Storm Water Discharges must be eliminated and reported in the Annual Report, Item F.2.

Name of Company: Fairvac Auto & Truck

WDID #: 2 481003944

Inspector's Name: Dana Bates

9:00

Signature: [Signature]DRY DAY Date & Time of Observation: 2-26-09

Storm Water Discharge (runoff) Locations on Site Map	Do you see any water, other fluids or solids running off?	If <u>YES</u> , Describe / Circle all Appearances that Apply	If <u>YES</u> , Identify / Circle Source(s) (car, hand, pavement washing; fluid draining area	If <u>YES</u> , then STATE Corrective Actions to Eliminate Discharge and Elimination Date
Front gate	YES or <u>NO</u>	Clear; Cloudy? Muddy or Murky? Oil or Grease sheen? Floating materials? Dry material?	Steam/Wash area Car/hand washing Washing Pavement HazWaste fluids Dumped waste	
West fence line	YES or <u>NO</u>	Clear; Cloudy? Muddy or Murky? Oil or Grease sheen? Floating materials? Dry material?	Steam/Wash area Car/hand washing Washing Pavement HazWaste fluids Dumped waste	
If Other Location(s), Describe:	YES or <u>NO</u>	Clear; Cloudy? Muddy or Murky? Oil or Grease sheen? Floating materials? Dry material?	Steam/Wash area Car/hand washing Washing Pavement HazWaste fluids Dumped waste	

Fill out both forms - Put one copy in your SWPPP Binder, Appendix D, and Return one copy to NEST Environmental Services.

2008-2009

FORM 3: Quarterly NON-STORM WATER DISCHARGE (Dry Weather)

Visual Observations

4th Qtr: Apr-June, 2009

- **ONLY ON DRY DAYS!** Make your quarterly, visual observations for any non-storm water discharges.
- See list of **EXAMPLES** of NON-STORM WATER DISCHARGES inside front cover of SWPPP binder.
- Observe locations where storm water leaves your facility: see location(s) in left column below. Then circle **NO** if you do not see any Non-Storm Water Discharge, or **YES** if you do. If **Yes**, circle / describe its appearance, circle the source and then state your corrective action to eliminate the discharge and the elimination date - within 90 DAYS of reporting it.
- Unauthorized Non-Storm Water Discharges must be eliminated and reported in the Annual Report, Item F.2.

Name of Company: Fairvac Auto & Truck

WDID #: 2 48I003944

Inspector's Name: Dana Bates

Signature: [Signature]

DRY DAY Date & Time of Observation: 6-25-09

Storm Water Discharge (runoff) Locations on Site Map	Do you see any water, other fluids or solids running off?	If <u>YES</u> , Describe / Circle all Appearances that Apply	If <u>YES</u> , Identify / Circle Source(s) (car, hand, pavement washing; fluid draining area)	If <u>YES</u> , then STATE Corrective Actions to Eliminate Discharge and Elimination Date
Front gate	YES or <u>NO</u>	Clear; Cloudy? Muddy or Murky? Oil or Grease sheen? Floating materials? Dry material?	Steam/Wash area Car/hand washing Washing Pavement HazWaste fluids Dumped waste	
West fence line	YES or <u>NO</u>	Clear; Cloudy? Muddy or Murky? Oil or Grease sheen? Floating materials? Dry material?	Steam/Wash area Car/hand washing Washing Pavement HazWaste fluids Dumped waste	
If Other Location(s), Describe:	YES or <u>NO</u>	Clear; Cloudy? Muddy or Murky? Oil or Grease sheen? Floating materials? Dry material?	Steam/Wash area Car/hand washing Washing Pavement HazWaste fluids Dumped waste	

Fill out both forms - Put one copy in your SWPPP Binder, Appendix D, and Return one copy to NEST Environmental Services.

FORM 4: Monthly WET WEATHER Visual Observations 2008-2009**May, 2009**

- **What to do:** Record below date and time of your storm water discharge observation. Also record dates and times of observation of rain events with no discharges during business hours prior to your discharge observation. SIGN form.
- **Circle the location, condition and source:** Write down any comments, corrective action(s) and completion date(s).
- **When to do it:** During the **first hour** of the discharge or rain event, during **regular business hours** and for at least one storm in this month.

Name of Company: Fairvac Auto & TruckWDID #: 2 481003944Inspector's Name: Dana BatesSignature: [Signature]DATE of Storm Water Discharge observation _____ START TIME of storm: 10:00

DATES & TIMES of rain events with NO discharges during operating hours: enter below or use back side as needed. Return at end of month.

Check here _____ if NO RAIN this month; wait until END of month before checking this.

<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;">Circle</div>	<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;">Circle</div>	<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;">Circle</div>	E Write: Comments and Corrective Actions Taken to Reduce or Eliminate Pollution and Date to Complete (90 days max.)
Site Map locations of storm water discharge	All the conditions that describe the storm water discharges at that discharge location	Areas or Sources of the contamination (uncovered oily parts, drips, spills, etc.) and Pollutants: (oil, sludge, antifreeze, debris, dirt, etc.)	
Front gate	Clear? Oil or Grease Sheen Muddy or Murky? Other? Floating Materials?	Fluid Draining Dismantling area HazWaste storage Crusher area Engine / Transmissions storage Rear end storage Vehicles storage Debris, loose dirt, trash, leaves	
West fence line	Clear? Oil or Grease Sheen Muddy or Murky? Other? Floating Materials?	Fluid Draining Dismantling area HazWaste storage Crusher area Engine / Transmissions storage Rear end storage Vehicles storage Debris, loose dirt, trash, leaves	
If other: (describe)	Clear? Oil or Grease Sheen? Muddy or Murky? Other Floating Materials?	Fluid Draining Dismantling area HazWaste storage Crusher area Engine / Transmissions storage Rear end storage Vehicles storage Debris, loose dirt, trash, leaves	

**Complete both forms - Put one copy in your SWPPP Binder, Appendix D, and
Return one copy to NEST in the enclosed envelope.**

FORM 4: Monthly WET WEATHER Visual Observations 2008-2009

October, 2008

- **What to do:** Record below date and time of your storm water discharge observation. Also record dates and times of observation of rain events with no discharges during business hours prior to your discharge observation. SIGN form.
- **Circle the location, condition and source; Write down any comments, corrective action(s) and completion date(s).**
- **When to do it:** During the *first hour* of the discharge or rain event, during *regular business hours* and for at least one storm in this month.

Name of Company: Fairvac Auto & Truck

WDID #: 2 481003944

Inspector's Name: Dana Bates

Signature: [Signature]

DATE of Storm Water Discharge observation _____ START TIME of storm: 3:07 PM 10/15/08

DATES & TIMES of rain events with NO discharges during operating hours: use back side as needed:

Check here _____ if NO RAIN this month; wait until END of month before checking this.

<input checked="" type="radio"/> Circle	<input checked="" type="radio"/> Circle	<input checked="" type="radio"/> Circle	<input checked="" type="radio"/> Write: Comments and Corrective Actions Taken to Reduce or Eliminate Pollution and Date to Complete (90 days max.)
Site Map locations of storm water discharge	All the conditions that describe the storm water discharges at that discharge location	Areas or Sources of the contamination (uncovered oily parts, drips, spills, etc.) and Pollutants: (oil, sludge, antifreeze, debris, dirt, etc.)	
Front gate	Clear? Oil or Grease Sheen Muddy or Murky? Other? Floating Materials?	Fluid Draining Dismantling area HazWaste storage Crusher area Engine / Transmissions storage Rear end storage Vehicles storage Debris, loose dirt, trash, leaves	<u>NO DISCHARGE</u>
West fence line	Clear? Oil or Grease Sheen Muddy or Murky? Other? Floating Materials?	Fluid Draining Dismantling area HazWaste storage Crusher area Engine / Transmissions storage Rear end storage Vehicles storage Debris, loose dirt, trash, leaves	
If other: (describe)	Clear? Oil or Grease Sheen? Muddy or Murky? Other Floating Materials?	Fluid Draining Dismantling area HazWaste storage Crusher area Engine / Transmissions storage Rear end storage Vehicles storage Debris, loose dirt, trash, leaves	

Complete both forms - Put one copy in your SWPPP Binder, Appendix D, and Return one copy to NEST in the enclosed envelope.

FORM 4: Monthly WET WEATHER Visual Observations 2008-2009

November, 2008

- **What to do:** Record below date and time of your storm water discharge observation. Also record dates and times of observation of rain events with no discharges during business hours prior to your discharge observation. SIGN form.
- Circle the location, condition and source; Write down any comments, corrective action(s) and completion date(s).
- **When to do it:** During the **first hour** of the discharge or rain event, during **regular business hours** and for at least one storm in this month.

Name of Company: Fairvac Auto & Truck

WDID #: 2 481003944

Inspector's Name: Dana BatesSignature: [Signature]DATE of Storm Water Discharge observation _____ START TIME of storm: 5:30 PM 26TH

DATES & TIMES of rain events with NO discharges during operating hours: use back side as needed:

Check here _____ if NO RAIN this month; wait until END of month before checking this.

<div style="border: 1px solid black; border-radius: 50%; padding: 2px; display: inline-block;">Circle</div> Site Map locations of storm water discharge	<div style="border: 1px solid black; border-radius: 50%; padding: 2px; display: inline-block;">Circle</div> All the conditions that describe the storm water discharges at that discharge location	<div style="border: 1px solid black; border-radius: 50%; padding: 2px; display: inline-block;">Circle</div> Areas or Sources of the contamination (uncovered oily parts, drips, spills, etc.) and Pollutants: (oil, sludge, antifreeze, debris, dirt, etc.)	<div style="border: 1px solid black; border-radius: 50%; padding: 2px; display: inline-block;">E</div> Write: Comments and Corrective Actions Taken to Reduce or Eliminate Pollution and Date to Complete (90 days max.)
Front gate	Clear? Oil or Grease Sheen Muddy or Murky? Other? Floating Materials?	Fluid Draining Dismantling area HazWaste storage Crusher area Engine / Transmissions storage Rear end storage Vehicles storage Debris, loose dirt, trash, leaves	<u>NO DISCHARGE</u>
West fence line	Clear? Oil or Grease Sheen Muddy or Murky? Other? Floating Materials?	Fluid Draining Dismantling area HazWaste storage Crusher area Engine / Transmissions storage Rear end storage Vehicles storage Debris, loose dirt, trash, leaves	
If other: (describe)	Clear? Oil or Grease Sheen? Muddy or Murky? Other Floating Materials?	Fluid Draining Dismantling area HazWaste storage Crusher area Engine / Transmissions storage Rear end storage Vehicles storage Debris, loose dirt, trash, leaves	

Complete both forms - Put one copy in your SWPPP Binder, Appendix D, and
Return one copy to NEST in the enclosed envelope.

FORM 4: Monthly WET WEATHER Visual Observations 2008-2009**December, 2008**

- **What to do:** Record below date and time of your storm water discharge observation. Also record dates and times of observation of rain events with no discharges during business hours prior to your discharge observation. SIGN form.
- **Circle the location, condition and source; Write down any comments, corrective action(s) and completion date(s).**
- **When to do it:** During the **first hour** of the discharge or rain event, during **regular business hours** and for at least one storm in this month.

Name of Company: Fairvac Auto & Truck

WDID #: 2 481003944

Inspector's Name: Dana BatesSignature: [Signature]DATE of Storm Water Discharge observation _____ START TIME of storm: 14TH 15TH 16TH 21ST 23RD 24TH

DATES & TIMES of rain events with NO discharges during operating hours: use back side as needed:

Check here _____ if NO RAIN this month; wait until END of month before checking this.

<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;">Circle</div>	<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;">Circle</div>	<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;">Circle</div>	<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;">Pencil</div> Write: Comments and Corrective Actions Taken to Reduce or Eliminate Pollution and Date to Complete (90 days max.)
Site Map locations of storm water discharge	All the conditions that describe the storm water discharges at that discharge location	Areas or Sources of the contamination (uncovered oily parts, drips, spills, etc.) and Pollutants: (oil, sludge, antifreeze, debris, dirt, etc.)	
Front gate	Clear? Oil or Grease Sheen Muddy or Murky? Other? Floating Materials?	Fluid Draining Dismantling area HazWaste storage Crusher area Engine / Transmissions storage Rear end storage Vehicles storage Debris, loose dirt, trash, leaves	<u>NO</u> <u>DISCHARGE</u>
West fence line	Clear? Oil or Grease Sheen Muddy or Murky? Other? Floating Materials?	Fluid Draining Dismantling area HazWaste storage Crusher area Engine / Transmissions storage Rear end storage Vehicles storage Debris, loose dirt, trash, leaves	
If other: (describe)	Clear? Oil or Grease Sheen? Muddy or Murky? Other Floating Materials?	Fluid Draining Dismantling area HazWaste storage Crusher area Engine / Transmissions storage Rear end storage Vehicles storage Debris, loose dirt, trash, leaves	

Complete both forms - Put one copy in your SWPPP Binder, Appendix D, and
Return one copy to NEST in the enclosed envelope.

FORM 4: Monthly WET WEATHER Visual Observations 2008-2009**January, 2009**

- **What to do:** Record below date and time of your storm water discharge observation. Also record dates and times of observation of rain events with no discharges during business hours prior to your discharge observation. SIGN form.
- **Circle the location, condition and source;** Write down any comments, corrective action(s) and completion date(s).
- **When to do it:** During the **first hour** of the discharge or rain event, during **regular business hours** and for at least one storm in this month.

Name of Company: Fairvac Auto & Truck

WDID #: 2 481003944

Inspector's Name: Dana BatesSignature: [Signature]

DATE of Storm Water Discharge observation _____

START TIME of storm: 1ST 5TH 21ST 22ND 23RD

DATES & TIMES of rain events with NO discharges during operating hours: enter below or use back side as needed. Return at end of month.

Check here _____ if NO RAIN this month; wait until END of month before checking this.

<div style="border: 1px solid black; padding: 2px; text-align: center;">Circle</div> Site Map locations of storm water discharge	<div style="border: 1px solid black; padding: 2px; text-align: center;">Circle</div> All the conditions that describe the storm water discharges at that discharge location	<div style="border: 1px solid black; padding: 2px; text-align: center;">Circle</div> Areas or Sources of the contamination (uncovered oily parts, drips, spills, etc.) and Pollutants: (oil, sludge, antifreeze, debris, dirt, etc.)	<div style="border: 1px solid black; padding: 2px; text-align: center;">E</div> Write: Comments and Corrective Actions Taken to Reduce or Eliminate Pollution and Date to Complete (90 days max.)
Front gate	Clear? Oil or Grease Sheen Muddy or Murky? Other? Floating Materials?	Fluid Draining Dismantling area HazWaste storage Crusher area Engine / Transmissions storage Rear end storage Vehicles storage Debris, loose dirt, trash, leaves	<u>NO</u> <u>DISCHARGE</u>
West fence line	Clear? Oil or Grease Sheen Muddy or Murky? Other? Floating Materials?	Fluid Draining Dismantling area HazWaste storage Crusher area Engine / Transmissions storage Rear end storage Vehicles storage Debris, loose dirt, trash, leaves	
If other: (describe)	Clear? Oil or Grease Sheen? Muddy or Murky? Other Floating Materials?	Fluid Draining Dismantling area HazWaste storage Crusher area Engine / Transmissions storage Rear end storage Vehicles storage Debris, loose dirt, trash, leaves	

**Complete both forms - Put one copy in your SWPPP Binder, Appendix D,
and
Return one copy to NEST in the enclosed envelope.**

FORM 4: Monthly WET WEATHER Visual Observations 2008-2009

February, 2009

- What to do:** Record below date and time of your storm water discharge observation. Also record dates and times of observation of rain events with no discharges during business hours prior to your discharge observation. SIGN form.
- Circle the location, condition and source; Write down any comments, corrective action(s) and completion date(s).**
- When to do it:** During the **first hour** of the discharge or rain event, during **regular business hours** and for at least one storm in this month.

Name of Company: Fairvac Auto & Truck

WDID #: 2 481003944

Signature: [Signature]

Inspector's Name: Dana Bates

DATE of Storm Water Discharge observation: _____ START TIME of storm: 5TH 6TH 10TH 3TH 16TH 17TH 28TH

DATES & TIMES of rain events with NO discharges during operating hours: enter below or use back side as needed. Return at end of month.

Check here ☐ if NO RAIN this month: wait until END of month before checking this.

<input checked="" type="radio"/> Circle Site Map locations of storm water discharge	<input checked="" type="radio"/> Circle All the conditions that describe the storm water discharges at that discharge location	<input checked="" type="radio"/> Circle Areas or Sources of the contamination (uncovered oily parts, drips, spills, etc.) and Pollutants: (oil, sludge, antifreeze, debris, dirt, etc.)	<input checked="" type="radio"/> Write: Comments and Corrective Actions Taken to Reduce or Eliminate Pollution and Date to Complete (90 days max.)
Front gate	Clear? Oil or Grease Sheen Muddy or Murky? Other? Floating Materials?	Fluid Draining Dismantling area HazWaste storage Crusher area Engine / Transmissions storage Rear end storage Vehicles storage Debris, loose dirt, trash, leaves	<u>No</u> <u>DISCHARGE</u>
West fence line	Clear? Oil or Grease Sheen Muddy or Murky? Other? Floating Materials?	Fluid Draining Dismantling area HazWaste storage Crusher area Engine / Transmissions storage Rear end storage Vehicles storage Debris, loose dirt, trash, leaves	
If other: (describe)	Clear? Oil or Grease Sheen? Muddy or Murky? Other Floating Materials?	Fluid Draining Dismantling area HazWaste storage Crusher area Engine / Transmissions storage Rear end storage Vehicles storage Debris, loose dirt, trash, leaves	

Complete both forms - Put one copy in your SWPPP Binder, Appendix D,
and Return one copy to NEST in the enclosed envelope.

FORM 4: Monthly WET WEATHER Visual Observations 2008-2009**March, 2009**

- **What to do:** Record below date and time of your storm water discharge observation. Also record dates and times of observation of rain events with no discharges during business hours prior to your discharge observation. SIGN form.
- **Circle the location, condition and source; Write down any comments, corrective action(s) and completion date(s).**
- **When to do it:** During the **first hour** of the discharge or rain event, during **regular business hours** and for at least one storm in this month.

Name of Company: Fairvac Auto & TruckWDID #: 2 481003944Inspector's Name: Dana BatesSignature: [Signature]DATE of Storm Water Discharge observation _____ START TIME of storm: 2:20 PM

DATES & TIMES of rain events with NO discharges during operating hours: enter below or use back side as needed. Return at end of month.

Check here _____ if NO RAIN this month; wait until END of month before checking this.

<input checked="" type="radio"/> Circle Site Map locations of storm water discharge	<input checked="" type="radio"/> Circle All the conditions that describe the storm water discharges at that discharge location	<input checked="" type="radio"/> Circle Areas or Sources of the contamination (uncovered oily parts, drips, spills, etc.) and Pollutants: (oil, sludge, antifreeze, debris, dirt, etc.)	<input checked="" type="radio"/> Write: Comments and Corrective Actions Taken to Reduce or Eliminate Pollution and Date to Complete (90 days max.)
Front gate	Clear? Oil or Grease Sheen Muddy or Murky? Other? Floating Materials?	Fluid Draining Dismantling area HazWaste storage Crusher area Engine / Transmissions storage Rear end storage Vehicles storage Debris, loose dirt, trash, leaves	<u>no</u> <u>Discharge</u>
West fence line	Clear? Oil or Grease Sheen Muddy or Murky? Other? Floating Materials?	Fluid Draining Dismantling area HazWaste storage Crusher area Engine / Transmissions storage Rear end storage Vehicles storage Debris, loose dirt, trash, leaves	
If other: (describe)	Clear? Oil or Grease Sheen? Muddy or Murky? Other Floating Materials?	Fluid Draining Dismantling area HazWaste storage Crusher area Engine / Transmissions storage Rear end storage Vehicles storage Debris, loose dirt, trash, leaves	

**Complete both forms - Put one copy in your SWPPP Binder, Appendix D,
and
Return one copy to NEST in the enclosed envelope.**

FORM 4: Monthly WET WEATHER Visual Observations 2008-2009

April, 2009

- **What to do:** Record below date and time of your storm water discharge observation. Also record dates and times of observation of rain events with no discharges during business hours prior to your discharge observation. SIGN form.
- **Circle the location, condition and source:** Write down any comments, corrective action(s) and completion date(s).
- **When to do it:** During the **first hour** of the discharge or rain event, during **regular business hours** and for at least one storm in this month.

Name of Company: Fairvac Auto & Truck

WDID #: 2 481003944

Inspector's Name: Dana Bates

Signature: [Signature]

DATE of Storm Water Discharge observation 7th 8th

START TIME of storm: 7th 8th

DATES & TIMES of rain events with NO discharges during operating hours: enter below or use back side as needed. Return at end of month.

Check here if NO RAIN this month; wait until END of month before checking this.

<input checked="" type="radio"/> Circle	<input checked="" type="radio"/> Circle	<input checked="" type="radio"/> Circle	<input checked="" type="radio"/> Write: Comments and Corrective Actions Taken to Reduce or Eliminate Pollution and Date to Complete (90 days max.)
Site Map locations of storm water discharge	All the conditions that describe the storm water discharges at that discharge location	Areas or Sources of the contamination (uncovered oily parts, drips, spills, etc.) and Pollutants: (oil, sludge, antifreeze, debris, dirt, etc.)	
Front gate	Clear? Oil or Grease Sheen Muddy or Murky? Other? Floating Materials?	Fluid Draining Dismantling area HazWaste storage Crusher area Engine / Transmissions storage Rear end storage Vehicles storage Debris, loose dirt, trash, leaves	<u>NO DISCHARGE</u>
West fence line	Clear? Oil or Grease Sheen Muddy or Murky? Other? Floating Materials?	Fluid Draining Dismantling area HazWaste storage Crusher area Engine / Transmissions storage Rear end storage Vehicles storage Debris, loose dirt, trash, leaves	
If other: (describe)	Clear? Oil or Grease Sheen? Muddy or Murky? Other Floating Materials?	Fluid Draining Dismantling area HazWaste storage Crusher area Engine / Transmissions storage Rear end storage Vehicles storage Debris, loose dirt, trash, leaves	

Complete both forms - Put one copy in your SWPPP Binder, Appendix D, and Return one copy to NEST in the enclosed envelope.

2008-9
ANNUAL REPORT

SIDE A

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

Business Name: FAIR JACAT WILKINSON

WDID#: 2481003944

EVALUATION DATE: 7/25/07 INSPECTOR NAME: JANA BATES TITLE: MAJOR 657L SIGNATURE: [Signature]

CROSS OUT ANY ACTIVITIES BELOW NOT AT YOUR FACILITY.

POTENTIAL POLLUTANT SOURCE/ INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	ARE ANY BMPs IN THE SWPPP -see BMPs at Table 3 in SWPPP- NOT FULLY IMPLEMENTED? YES NO	ARE ADDITIONAL/REVISED BMPs NECESSARY? YES NO	If yes to either question, complete the next two columns of this form.	Describe deficiencies in BMPs or BMP Implementation	Describe additional/revise BMPs or corrective actions and their date(s) of Implementation
UNLOADING	YES NO	YES NO			
POTENTIAL POLLUTANT SOURCE/ INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP) FLUID DRAINING / DISMANTLING	YES NO	YES NO			
POTENTIAL POLLUTANT SOURCE/ INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP) HAZARDOUS MATERIAL STORAGE Oil, Antifreeze, Fuel, Oil Filters, Mercury Switches	YES NO	YES NO			
POTENTIAL POLLUTANT SOURCE/ INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP) REUSE STORAGE Engines, Transmissions, Rear Ends, Differentials Torque converters, misc. oil parts	YES NO	YES NO			

Turn page over and continue onto SIDE B

FORM 5 (Continued)-ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION

POTENTIAL POLLUTANT SOURCE / INDUSTRIAL ACTIVITY BMP STATUS

Business Name: FAIRVIEW IT WORKS WDID#: 2481003944

EVALUATION DATE: 7/28/09 INSPECTOR NAME: Dawn Bates TITLE: MANAGER


SIGNATURE: [Signature]

CROSS OUT ANY ACTIVITIES BELOW NOT AT YOUR FACILITY.

POTENTIAL POLLUTANT SOURCE / INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	ARE ANY BMPs IN THE SWPPP -see BMPs at Table 11 in SWPPP. NOT FULLY IMPLEMENTED?	YES NO	ARE ADDITIONAL/REVISED BMPs NECESSARY?	YES NO	If yes to either question, complete the next two columns of this form.	Describe deficiencies in BMPs or BMP Implementation	Describe additional/revise BMPs or corrective actions and their date(s) of implementation
PARTS CLEANING Water, Steam or Solvent	ARE ANY BMPs IN THE SWPPP -see BMPs at Table 11 in SWPPP. NOT FULLY IMPLEMENTED?	YES NO	ARE ADDITIONAL/REVISED BMPs NECESSARY?	YES NO			
POTENTIAL POLLUTANT SOURCE / INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	ARE ANY BMPs IN THE SWPPP -see BMPs at Table 10 in SWPPP. NOT FULLY IMPLEMENTED?	YES NO	ARE ADDITIONAL/REVISED BMPs NECESSARY?	YES NO			
MAINTENANCE SHOP (If separate from dismantling area)	ARE ANY BMPs IN THE SWPPP -see BMPs at Table 9 in SWPPP. NOT FULLY IMPLEMENTED?	YES NO	ARE ADDITIONAL/REVISED BMPs NECESSARY?	YES NO			
POTENTIAL POLLUTANT SOURCE / INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	ARE ANY BMPs IN THE SWPPP -see BMPs at Table 9 in SWPPP. NOT FULLY IMPLEMENTED?	YES NO	ARE ADDITIONAL/REVISED BMPs NECESSARY?	YES NO			
CRUSHING Owner or Contractor (Mercury switches removed before?)	ARE ANY BMPs IN THE SWPPP -see BMPs at Table 9 in SWPPP. NOT FULLY IMPLEMENTED?	YES NO	ARE ADDITIONAL/REVISED BMPs NECESSARY?	YES NO			
POTENTIAL POLLUTANT SOURCE / INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	ARE ANY BMPs IN THE SWPPP -see BMPs at Table 9 in SWPPP. NOT FULLY IMPLEMENTED?	YES NO	ARE ADDITIONAL/REVISED BMPs NECESSARY?	YES NO			
OTHER (describe)	ARE ANY BMPs IN THE SWPPP -see BMPs at Table 9 in SWPPP. NOT FULLY IMPLEMENTED?	YES NO	ARE ADDITIONAL/REVISED BMPs NECESSARY?	YES NO			

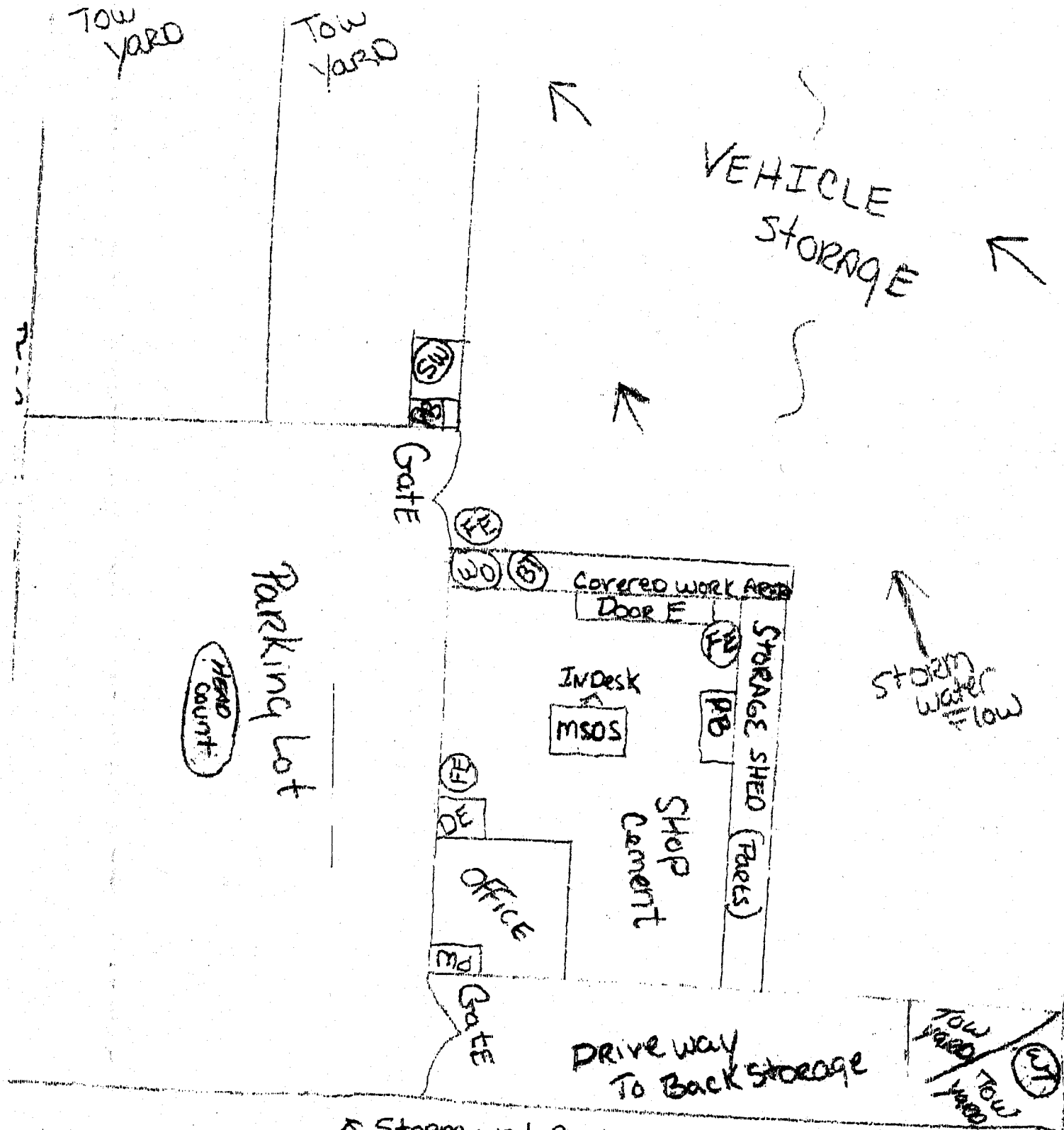
FORM 5 (Continued): ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION
POTENTIAL POLLUTANT SOURCE / INDUSTRIAL ACTIVITY BMP STATUS

SIDE B

EVALUATION DATE: 7/28/09 INSPECTOR NAME: DANA BATES TITLE: MANAGER SIGNATURE: 

POTENTIAL POLLUTANT SOURCE / INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	ARE ANY BMPs IN THE SWPPP -see BMPs at Table 6 in SWPPP- NOT FULLY IMPLEMENTED?	YES NO	ARE ADDITIONAL/REVISED BMPs NECESSARY?	YES NO	If yes to either question, complete the next two columns of this form.	Describe deficiencies in BMPs or BMP Implementation	Describe additional/revise BMPs or corrective actions and their date(s) of Implementation
CORE STORAGE Engines, Transmissions, Rear Ends, Differentials, Torque converters, misc. oily parts		YES NO		YES NO			
RADIATORS Cores and resale		YES NO		YES NO			
BATTERIES Cores and resale		YES NO		YES NO			
VEHICLE STORAGE		YES NO		YES NO			

See next page and continue on SIDE C



100 ft

R/VAC

UTO + Truck

- ↑ Storm water flow
- (WO) waste oil storage
- (BT) Battery storage
- (PB) Power Box
- (FE) Fire Extinguishers
- (SW) Sewer Access
- (Mitt) Water shut off
- [DE] Door Exit
- (Head Count) Head Count
- [MSDS] Material Safety Data sheets