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State of California
STATE WATER RESOURCES CONTROL BOARD

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

2008 – 2009 Annual Report Review

SWARM Database
Report Received
Date Entered: 9/29/09 Initials: AB

WDID: 2 43I003012

Confirmation No: _____

Data Entered
Date Entered: / /09 Initials: _____

Comments: _____

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 Business Name: WEST VALLEY CHARTER
Physical Address: 240 CRISTICH LN.
City: CAMPBELL, CA 95008
Standard Industrial Classification (SIC) Code(s): 4142

Facility WDID No: 2 435003012
Contact Person: STAN HABR
e-mail: STAN@WESTVALLEYCHARTER.COM
CA Zip: 95008 Phone: (408) 371-1230

B. Facility Operator Information:

Operator Name: S/A
Mailing Address: _____
City: _____

Contact Person: _____
e-mail: _____
State: ___ Zip: _____ Phone: _____

C. Facility Billing Information:

Operator Name: S/A
Mailing Address: _____
City: _____

Contact Person: _____
e-mail: _____
State: ___ Zip: _____ Phone: _____

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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 Cetification Date: _____

3. If you checked boxes i or iii above, were you scheduled to sample **one** storm event during the reporting year?

   ☐ **YES** Go to Section E ☐ **NO** Go to Section F

4. If you checked boxes ii, iv, or v, go to Section F.

E. SAMPLING AND ANALYSIS RESULTS

1. How many storm events did you sample? 2 If less than 2, **attach explanation** (if you checked item D.2.i or iii. above, only attach explanation if you answer "0").

2. Did you collect storm water samples from the first storm of the wet season that produced a discharge during scheduled facility operating hours? (Section B.5 of the General Permit)

   ☒ **YES** ☐ **NO, attach explanation** **(Please note that if you do not sample the first storm event, you are still required to sample 2 storm events)**

3. How many storm water discharge locations are at your facility? 1

4. For each storm event sampled, did you collect and analyze a sample from each of the facilitys' 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 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.

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.

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	☐	☒	February	☒	☐
November	☒	☐	March	☒	☐
December	☒	☐	April	☒	☐
January	☒	☐	May	☐	☒

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

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

ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION (ACSCE)

H. ACSCE CHECKLIST

Section A.9 of the General Permit requires the facility operator to conduct one ACSCE in each reporting period (July 1-June 30). Evaluations must be conducted within 8-16 months of each other. The SWPPP and monitoring program shall be revised and implemented, as necessary, within 90 days of the evaluation. The checklist below includes the minimum steps necessary to complete 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 occured 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.

J. ACSCE CERTIFICATION

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

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

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

ATTACHMENT SUMMARY

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

1. Have you attached Forms 1,2,3,4, and 5 or their equivalent?	☒ YES (Mandatory)		
2. If you conducted sampling and analysis, have you attached the laboratory analytical reports?	☒ YES	☐ NO	☐ NA
3. If you checked box II, III, IV, or V in item D.2 of this Annual Report, have you attached the first page of the appropriate certifications?	☐ YES	☐ NO	☒ NA
4. Have you attached an explanation for each "NO" answer in items E.1, E.2, E.5-E.7, E.9, E.10.c, F.1.b, F.2.a, F.2.c, G.1, H.1-H.7, or J?	☐ YES	☐ NO	☒ NA

ANNUAL REPORT CERTIFICATION

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

Printed Name: STAN HABR

Signature: _____ Date: 9-23-09

Title: GEN MGR

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.swrcb.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

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SIDE A

FORM 1-SAMPLING & ANALYSIS RESULTS

FIRST STORM EVENT

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

NAME OF PERSON COLLECTING SAMPLE(S): STAN HABR TITLE: GEN MGR SIGNATURE: _____

DESCRIBE DISCHARGE LOCATION Example: NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	ANALYTICAL RESULTS For First Storm Event									
			BASIC PARAMETERS					OTHER PARAMETERS				
			pH	TSS	SC	O&G	TOC					
FRONT	10-30-08 0600 ☒ AM ☐ PM	0530 ☒ AM ☐ PM	6.62	9.0	123	< 5	16.2					
	_____ ☐ 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:			—	5.0	1.0	5.0	1.0					
TEST METHOD USED:			4500H+B	2540D	2510B 120.1	1664A	5310C					
ANALYZED BY (SELF/LAB):			LAB	LAB	LAB	LAB	LAB					

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

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SIDE B

FORM 1-SAMPLING & ANALYSIS RESULTS

SECOND STORM EVENT

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

NAME OF PERSON COLLECTING SAMPLE(S): STAN HABER **TITLE:** GEN MGR **SIGNATURE:** _____

DESCRIBE DISCHARGE LOCATION Example: NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	ANALYTICAL RESULTS For First Storm Event									
			BASIC PARAMETERS					OTHER PARAMETERS				
			pH	TSS	SC	O&G	TOC					
FRONT	4-7-2009 11:00 ☒ AM ☐ PM	10:30 ☒ AM ☐ PM	6.4	28	151	<5	40.3					
	_____ ☐ 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:			1.0	5.0	1.0	5.0	1.0					
TEST METHOD USED:			4500H+B	2540D	2510B 120.1	1664A	5310C					
ANALYZED BY (SELF/LAB):			LAB	LAB	LAB	LAB	LAB					

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

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SIDE A

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

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

QUARTER: **JULY-SEPT.** DATE: 9-16-2008	**Observers Name:** STAN HABR **Title:** GEN MGR **Signature:**	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ **YES** ☒ **NO** If **YES**, complete reverse side of this form.
QUARTER: **OCT.-DEC.** DATE: 11-19-2008	**Observers Name:** STAN HABR **Title:** GEN MGR **Signature:**	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ **YES** ☒ **NO** If **YES**, complete reverse side of this form.
QUARTER: **JAN.-MARCH** DATE: 3-17-2009	**Observers Name:** STAN HABR **Title:** GEN MGR **Signature:**	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ **YES** ☒ **NO** If **YES**, complete reverse side of this form.
QUARTER: **APRIL-JUNE** DATE: 5-14-2009	**Observers Name:** STAN HABR **Title:** GEN MGR **Signature:**	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ **YES** ☒ **NO** If **YES**, complete reverse side of this form.

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SIDE B

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

DATE /TIME OF OBSERVATION	SOURCE AND LOCATION OF AUTHORIZED NSWD EXAMPLE: Air conditioner Units on Building C	NAME OF AUTHORIZED NSWD EXAMPLE: Air conditioner condensate	DESCRIBE AUTHORIZED NSWD CHARACTERISTICS Indicate whether authorized NSWD is clear, cloudy, or discolored, causing staining, contains floating objects or an oil sheen, has odors, etc.		DESCRIBE ANY REVISED OR NEW BMPs AND PROVIDE THEIR IMPLEMENTATION DATE
			At the NSWD Source	At the NSWD Drainage Area and Discharge Location	
_____ ____ ☐ AM ☐ PM					
_____ ____ ☐ AM ☐ PM					
_____ ____ ☐ AM ☐ PM					
_____ ____ ☐ AM ☐ PM					
_____ ____ ☐ AM ☐ PM					

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SIDE A

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.

QUARTER: **JULY-SEPT.** **DATE/TIME OF OBSERVATIONS** 9/16/08 730 ☒ AM ☐ PM	**Observers Name:** STAN HABR **Title:** GEN MGR **Signature:**	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☒ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☒ NO	If **YES** to either question, complete reverse side.
QUARTER: **OCT.-DEC.** **DATE/TIME OF OBSERVATIONS** 11/14/08 800 ☒ AM ☐ PM	**Observers Name:** STAN HABR **Title:** GEN MGR **Signature:**	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☒ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☒ NO	If **YES** to either question, complete reverse side.
QUARTER: **JAN.-MARCH** **DATE/TIME OF OBSERVATIONS** 3/17/09 730 ☒ AM ☐ PM	**Observers Name:** STAN HABR **Title:** GEN MGR **Signature:**	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☒ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☒ NO	If **YES** to either question, complete reverse side.
QUARTER: **APRIL-JUNE** **DATE/TIME OF OBSERVATIONS** 5/14/09 730 ☒ AM ☐ PM	**Observers Name:** STAN HABR **Title:** GEN MGR **Signature:**	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☒ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☒ NO	If **YES** to either question, complete reverse side.

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SIDE B

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	
_____ ____ ☐ AM ☐ PM					
_____ ____ ☐ AM ☐ PM					
_____ ____ ☐ AM ☐ PM					
_____ ____ ☐ AM ☐ PM					

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FORM 4-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

SIDE A

- 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.

		#1	#2	#3	#4
Observation Date: October 30 2008 Observers Name: STAN HABR Title: GEN MGR Signature:	Drainage Location Description	FRONT			
	Observation Time	0600 ☐P.M. ☒A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.
	Time Discharge Began	0530 ☐P.M. ☐A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☒	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: November 3 2008 Observers Name: STAN HABR Title: GEN MGR Signature:	Drainage Location Description	FRONT			
	Observation Time	0900 ☐P.M. ☒A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.
	Time Discharge Began	0845 ☐P.M. ☒A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☒	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: December 19 2008 Observers Name: STAN HABR Title: GEN MGR Signature:	Drainage Location Description	FRONT			
	Observation Time	1100 ☐P.M. ☒A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.
	Time Discharge Began	1030 ☐P.M. ☒A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☒	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: January 23 2009 Observers Name: STAN HABR Title: GEN MGR Signature:	Drainage Location Description	FRONT			
	Observation Time	215 ☒P.M. ☐A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.
	Time Discharge Began	200 ☒P.M. ☐A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☒	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

2008-2009

ANNUAL REPORT

SIDE B

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				
_____ ____ ☐ AM ☐ PM				
_____ ____ ☐ AM ☐ PM				
_____ ____ ☐ AM ☐ PM				
_____ ____ ☐ AM ☐ PM				

2008-2009

ANNUAL REPORT

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

SIDE A

- 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.

		#1	#2	#3	#4
Observation Date: February 5 2009 Observers Name: STAN HABR Title: GEN MGR Signature:	Drainage Location Description	FRONT			
	Observation Time	400 ☒ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Time Discharge Began	330 ☒ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☒	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: March 2 2009 Observers Name: STAN HABR Title: GEN MGR Signature:	Drainage Location Description	#1 FRONT	#2	#3	#4
	Observation Time	1030 ☐ P.M. ☒ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Time Discharge Began	1015 ☐ P.M. ☒ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☒	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: April 7 2009 Observers Name: STAN HABR Title: GEN MGR Signature:	Drainage Location Description	#1 FRONT	#2	#3	#4
	Observation Time	1100 ☒ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Time Discharge Began	1045 ☒ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☒	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: May ____ 2009 Observers Name: NONE Title: ____ Signature:	Drainage Location Description	#1	#2	#3	#4
	Observation Time	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Time Discharge Began	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

2008-2009

ANNUAL REPORT

SIDE B

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
_____ _____ ☐ AM ☐ PM				
_____ _____ ☐ AM ☐ PM				
_____ _____ ☐ AM ☐ PM				
_____ _____ ☐ AM ☐ PM				
_____ _____ ☐ AM ☐ PM				

2008-2009
ANNUAL REPORT

SIDE A

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

EVALUATION DATE: 10/30/2008 INSPECTOR NAME: Stan Habr TITLE: Gen Mgr SIGNATURE: [signature]

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			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
None	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?	☐ YES ☒ NO			
	ARE ADDITIONAL/REVISED BMPs NECESSARY?	☐ YES ☒ NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?	☐ YES ☐ NO	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
	ARE ADDITIONAL/REVISED BMPs NECESSARY?	☐ YES ☐ NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?	☐ YES ☐ NO	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
	ARE ADDITIONAL/REVISED BMPs NECESSARY?	☐ YES ☐ NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?	☐ YES ☐ NO	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
	ARE ADDITIONAL/REVISED BMPs NECESSARY?	☐ YES ☐ NO			

2008-2009

ANNUAL REPORT

SIDE B

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

EVALUATION DATE: ______ INSPECTOR NAME: ______ TITLE: ______ SIGNATURE: ______

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	**HAVE ANY BMPs NOT BEEN 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/revised BMPs or corrective actions and their date(s) of implementation**
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	**HAVE ANY BMPs NOT BEEN 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/revised BMPs or corrective actions and their date(s) of implementation**
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	**HAVE ANY BMPs NOT BEEN 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/revised BMPs or corrective actions and their date(s) of implementation**
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	**HAVE ANY BMPs NOT BEEN 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/revised BMPs or corrective actions and their date(s) of implementation**

Northern California ACCUTEST Laboratories

IT'S ALL IN THE CHEMISTRY

11/12/08

Technical Report for

West Valley Charter

Stormwater - 240 Cristich Lane,Campbell,CA

Accutest Job Number: C2892

Sampling Date: 10/30/08

Report to:

West Valley Charter
240 Cristich Lane
Campbell, CA 95008
stan@westvalleycharter.com

ATTN: Stan Habr

Total number of pages in report: 8

ACCUTEST LABORATORIES 50 YEARS 1956-2006

ACCREDITED IN ACCORDANCE WITH nelac

Test results contained within this data package meet the requirements of the National Environmental Laboratory Accreditation Conference and/or state specific certification programs as applicable.

Laurie Glantz-Murphy
Laboratory Director

Client Service contact: Diane Theesen 408-588-0200

Certifications: CA (08258CA)

Test results relate only to samples analyzed.

Sections: 1 2 3

Table of Contents

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Sample Summary

West Valley Charter

Job No: C2892

Stormwater - 240 Cristich Lane,Campbell,CA

Sample Number	Collected Date	Time	By	Received	Matrix Code	Matrix Type	Client Sample ID
C2892-1	10/30/08	06:00	STAN	10/31/08	AQ	Water	STORM

Sample Results

Report of Analysis

Accutest Laboratories

Report of Analysis

Client Sample ID:	STORM		
Lab Sample ID:	C2892-1	**Date Sampled:**	10/30/08
Matrix:	AQ - Water	**Date Received:**	10/31/08
		Percent Solids:	n/a
Project:	Stormwater - 240 Cristich Lane,Campbell,CA		

General Chemistry

Analyte	Result	RL	Units	DF	Analyzed	By	Method
HEM Oil and Grease	< 5.0	5.0	mg/l	1	11/11/08	RL	EPA 1664A
Solids, Total Suspended	9.0	5.0	mg/l	1	11/04/08	EB	SM18 2540D
Specific Conductivity	123	1.0	umhos/cm	1	10/31/08	RL	SM18 2510B/EPA 120.1
Total Organic Carbon	16.2	1.0	mg/l	1	11/07/08	HD	SM18 5310C
pH	6.62		su	1	10/31/08 15:59	RL	SM18 4500H+B

RL = Reporting Limit

Misc. Forms

Custody Documents and Other Forms

Includes the following where applicable:

- Chain of Custody

Entech Analytical Labs, Inc.
3334 Victor Court
Santa Clara, CA 95054
(408) 588-0200
(408) 588-0201 - Fax

Chain of Custody / Analysis Request
(Storm Water Sampling)

Attention to:	STAN HABR
Phone No.:	408 371-1230
Company Name:	WEST VALLEY CHAR
Fax No.:	408 371-2716
Mailing Address:	240 CRISTICH LN
City:	CAMPBELL
Sampler:	Stan
Date:	
Order ID:	C2892
Purchase Order No.:	
Project Number:	
Project Name:	
Project Location:	
Send Invoice to (If Different)	
Phone	
Company	
Billing Address (If Different)	
City:	
State	
Zip	

Turn Around Time: Same Day ☐ 24 Hour ☐ 48 Hour ☐ 72 Hour ☐ Standard ☒

Client ID	Laboratory No.	Date	Time	Matrix	Composite	Grab	Containers	Preservative	pH	Specific Conductance	Total Suspended Solids (TSS)	Total Organic Carbon (TOC)	Oil & Grease by 1664	Metals - circle below Total ☐ Dissolved ☐	Remarks
STORM	001	10/30 2008	0600						✓	✓	✓	✓	✓		

Rec'd 3 VOA's H_2SO_4
1 lt Amber H_2SO_4
250 ml Poly N/P
W 19.8° Temp
NO ICE

Storm Water

Relinquished by:	Received by:	Date:	Time:
Jan Peña	[signature]	11/3/08	1545

Special Instructions or Comments ☐ NPDES Detection Limits

Email: Stan@westvalleycharter.com.

Metals: Al, As, Sb, Ba, Be, B, Cd, Ca, Cr, Co, Cu, Fe, Pb, Mg, Mn, Hg, Mo, Ni, K, Si, Ag, Na, Se, Sr, Tl, Sn, Ti, V, Zn, W ; CAM-17 ☐ Plating ☐ PPM-13 ☐ LUFT-5 ☐

C2892: Chain of Custody
Page 1 of 2

Northern California ACCUTEST Laboratories

Sample Receiving Checklist

Job # C2892

Review Chain of Custody: The Chain of Custody is to be completely and legibly filed out by Client.

- ☑ Are these regulatory (NPDES) samples? Yes / (No) circle one ☐ Is pH requested? Yes / No circle one
- ☐ Was Client informed that the hold time is 15mins Yes / No circle one If yes, did they consent to continue? _____
- ☐ Are sample within one-half hold-time? Yes / No circle one If no, was the lab informed? _____
- ☑ Report to Info is complete and legible, including:
  - ☐ Type of Deliverable needed ☑ name ☐ address ☐ phone ☑ email
- ☑ Bill to Info is complete and legible, including: ☐ PO# ☐ Credit card ☑ contact ☑ address ☑ phone ☑ email
- ☐ Contact and/or Project Mgr identified, including: ☐ phone ☐ email
- ☐ Project name / number ☐ Special requirements? Yes / No circle one
- ☑ Sample IDs / date & time of collection provided? (Yes) / No circle one
- ☑ Matrix listed and correct? (Yes) / No circle one
- ☑ Analyses listed are those we do ~~or client has authorized a subcontract~~? (Yes) / No circle one JH
- ☑ Chain is signed / dated by both client and sample custodian? (Yes) No circle one
- ☐ TAT requested available? Approved by _____

Review Coolers:

- ☐ Samples / Coolers are at 0-6°C? If sampled within 4hrs, then "on ice" is acceptable.

If a cooler is outside the 0-6°C range; note below the bottles in that cooler below.
Note that ANC does NOT accept evidentiary samples. (We do not lock refrigerators)

Shipment Method: _____

Custody Seals Present: Yes / No circle one Un-broken: Yes / No circle one

Review of Sample Bottles: If you answer no, explain below

- ☑ IDs / bottle number / Date / Time of bottle labels match CoC?
- ☐ Sample bottle intact? Yes / No circle one
- ☑ Proper containers and volumes? (Yes) / No circle one
- ☐ Proper preservatives? Check pH on preserved samples except 1664, 625, 8270, and VOAs and list below.
- ☐ VOAs received without headspace? Yes / No circle one

Lab #	Client Sample ID	pH Check:	Other Comments / Issues

☐ Client informed of irregularities at receiving ☐ Project Mgr needs to contact Client for issues

Comments:

C2892: Chain of Custody
Page 2 of 2

Northern California ACCUTEST Laboratories

IT'S ALL IN THE CHEMISTRY

04/22/09

Technical Report for

West Valley Charter

Stormwater - 240 Cristich Lane,Campbell,CA

Accutest Job Number: C5184

Sampling Date: 04/07/09

Report to:

West Valley Charter
240 Cristich Lane
Campbell, CA 95008
stan@westvalleycharter.com

ATTN: Stan Habr

Total number of pages in report: 8

ACCUTEST LABORATORIES 50 YEARS 1956-2006

ACCREDITED IN ACCORDANCE WITH nelac

Test results contained within this data package meet the requirements of the National Environmental Laboratory Accreditation Conference and/or state specific certification programs as applicable.

Laurie Glantz-Murphy
Laboratory Director

Client Service contact: Diane Theesen 408-588-0200

Certifications: CA (08258CA)

Test results relate only to samples analyzed.

Sections: 1 2 3

Table of Contents

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Sample Summary

West Valley Charter

Job No: C5184

Stormwater - 240 Cristich Lane,Campbell,CA

Sample Number	Collected Date	Time	By	Received	Matrix Code	Matrix Type	Client Sample ID
C5184-1	04/07/09	11:00	SH	04/08/09	AQ	Surface Water	STORMWATER

Sample Results

Report of Analysis

Accutest Laboratories

Report of Analysis

Client Sample ID:	STORMWATER		
Lab Sample ID:	C5184-1	**Date Sampled:**	04/07/09
Matrix:	AQ - Surface Water	**Date Received:**	04/08/09
		Percent Solids:	n/a
Project:	Stormwater - 240 Cristich Lane,Campbell,CA		

General Chemistry

Analyte	Result	RL	Units	DF	Analyzed	By	Method
HEM Oil and Grease	< 5.0	5.0	mg/l	1	04/21/09	NB	EPA 1664A
Solids, Total Suspended	28.0	5.0	mg/l	1	04/14/09	EB	SM18 2540D
Specific Conductivity	151	1.0	umhos/cm	1	04/08/09	EB	SM18 2510B/EPA 120.1
Total Organic Carbon	40.3	1.0	mg/l	1	04/13/09	RL	SM18 5310C
pH	6.42		su	1	04/08/09 16:05	EB	SM18 4500H+B

RL = Reporting Limit

Misc. Forms

Custody Documents and Other Forms

Includes the following where applicable:

- Chain of Custody

Northern California ACCUTEST Laboratories

CHAIN OF CUSTODY

3334 Victor Court, Santa Clara, CA 95054
(408) 588-0200 FAX: (408) 588-0201

Accutest NC Job #: C5184

3.1

3

Client / Reporting Information		Project Information	
Company Name	WEST VALLEY CHARTER	Project Name:	
Address	240 CRISTICH LN	Street	
City / State / Zip	CAMPBELL CA 95008	City / State	
Project Contact:	STAN HABR	Location	
Phone #	408-371-1230	EMAIL:	
Samplers's Name	STAN HABR	Client Purchase Order #	

Requested Analysis: PH; Specific Conductance; TSS - Total Suspended Solids; Metals - Cu Pb Zn; Oil & Grease 1664A; TOTAL ORGANIC CARBON; Other Analysis Please be specific

Accutest Sample ID	Sample ID	Date	Time	Sampled by	Matrix	# of bottles	HCl	NaOH	HNO3	H2SO4	NONE	NaHSO4	MeOH	ENCORE	PH	Specific Conductance	TSS	Metals - Cu Pb Zn	Oil & Grease 1664A	TOTAL ORGANIC CARBON	Other				Grab or Composite
		4/7 2009	11:00	SH	H_2O	5	4				1				✓	✓	✓		✓	✓			(1)		

Turnaround Time (Business days)

- [X] Std. 15 Business Days
- [X] Commercial "A"

STORMWATER

Comments / Remarks:
Rec'd 1Lit Amber H_2SO_4
250ml Poly UIP
3 VOA's H_2SO_4
W/15.1° Temp

Sample Custody must be documented below each time samples change possession, including courier delivery.

Relinquished by Sampler:	Date Time:	Received By:	Relinquished By:	Date Time:	Received By:
1 [signature]	4/8 1020	1 [signature]	2		2
Relinquished by: 3	Date Time:	Received By: 3	Relinquished By: 4	Date Time:	Received By: 4
Relinquished by: 5	Date Time:	Received By: 5	Custody Seal #	Appropriate Bottle / Pres. Y/N; Labels match Coc? Y / N; Headspace Y/N; Separate Receipt Log Y/N; On Ice Y/N	Cooler Temp. ____°C

C5184: Chain of Custody
Page 1 of 2

Accutest Laboratories Northern California
STANDARD OPERATING PROCEDURE

Sample Receiving Checklist

Job # C5184
Sample Control Initial SM

Review Chain of Custody The Chain of Custody is to be completely and legibly filled out by Client.

- Are these regulatory (NPDES) samples? Yes / No circle one
- Is pH requested? Yes / No circle one Was Client informed that hold time is 15 min? Yes / No circle one
  If yes, did Client consent to continue? PH DAILY
- Are sample within hold time? Yes / No circle one Are sample in danger of exceeding its hold-time within 6-48 hours?
- Report to info is complete and legible, including:
  - Type of deliverable needed - Name - Address - phone - e-mail
- Bill to info is complete and legible, including: - PO# - Credit card - Contact - address - phone - e-mail
- Contact and/or Project Manager identified, including: - phone - e-mail
- Project name / number - Special requirements? Yes / No circle one
- Sample IDs / date & time of collection provided? Yes / No circle one
- Is Matrix listed and correct? Yes / No circle one SM
- Analyses listed are those we do or client has authorized a subcontract? Yes / No circle one
- Chain is signed and dated by both client and sample custodian? Yes / No circle one
- TAT requested available? Approved by N/A

Review Coolers:

- Were Coolers temperatures measured at ≤6°C? Cooler # ___ Temp 15.1°C
  - If cooler is outside the ≤6°C; note down below the affected bottles in that cooler
  - Note that ANC does NOT accept evidentiary samples. (We do not lock refrigerators)
- Shipment Method Walk In
- Custody Seals: Present : Yes / No circle one Unbroken: Yes / No circle one

Review of Sample Bottles: If you answer no, explain below

- Sample ID / bottle number / Date / Time of bottle labels match the COC? Yes / No circle one
- Sample bottle intact? Yes / No circle one
- Is there enough samples for requested analyses? If so, were samples placed in proper containers? Yes / No circle one
- Proper Preservatives? Check pH on preserved samples except 1664, 625, 8270 and VOAs and list below
- Are VOAs received without headspace? Size of bubble **(not greater than 6mm in diameter)** Yes / No circle one
  List sample ID and affected container N/A

Lab #	Client Sample ID	pH Check	Other Comments/Issues

Non-Compliance issues and discrepancies on the COC are forwarded to Project Management

\\Anc-srv-file1\Entech-Data\Laboratory\Sample_Control\Form_Sample Receipt Checklist_Rev0.doc

C5184: Chain of Custody
Page 2 of 2