

## **Administrative Summary for Storm Water Pollution Prevention Program (SWPPP)**

The state of California has three types of storm water permits. They are municipal (MS4), construction, and industrial. MS4 is Municipal Separate Storm Sewer System includes storm water conveyance system which includes: roads, curbs, gutters, catch basins, channels, and storm drains. School districts fall under the category of small MS4's.

Storm runoff from school bus maintenance facilities has been identified as a major source of surface water pollution. These storm water runoffs can contain sediment, petroleum hydrocarbons, heavy metals such as copper, zinc, and other pollutants.

### ***How can your school district comply?***

1. Submit a "Notice of Intent" (NOI) electronically to the state informing them that you require a permit. To do so you can log on the EPA's online permit application system at [www.epa.gov/npdes/enoi](http://www.epa.gov/npdes/enoi)
2. Pay annual permit fees if applicable
3. Prepare and implement a site specific Storm Water Pollution Prevention Program (SWPPP)

### ***What is a Storm Water Pollution Prevention Program (SWPPP)?***

The purpose of an SWPPP is to minimize pollutants in the runoff of storm water. This is accomplished by implementing a variety of practices (Best Management Practices – BMP). The two classes of BMP's are structural (dikes, channels, covered storage, grading, etc...) and behavioral (housekeeping, spill response, material handling, etc...). The effectiveness of the BMP's are evaluated by sampling storm water runoff and by inspecting runoff for signs of pollution. Documentation of the inspections and sampling results are submitted in the annual report.

### ***Permit Requirements***

The requirements of the permit are:

1. Have a written plan
2. Have a site coordinator
3. Develop BMP's that minimize pollution
4. Train employees how to implement behavioral BMP's
5. Eliminate unauthorized discharges
6. Visually monitor runoff at defined periodic intervals

7. Sample 2 storm events per year
8. Evaluate the quality of your storm water results and modify the BMP's as needed.
9. File an annual report that documents all these activities.

## **District Responsibilities**

1. Identify person(s) to be trained as SWPPP Coordinator
2. Taking Storm Water samples
3. Conduct visual observations of non-storm water discharges
4. Conduct visual observations of storm water discharges

## M&O Summary for Storm Water Pollution Prevention Program (SWPPP)

The purpose of an SWPPP is to minimize pollutants in the runoff of storm water. This is accomplished by implementing a variety of practices (Best Management Practices – BMP). A BMP is the best way of treating or limiting pollutants in storm water runoff at your site. The two classes of BMP's are:

- Structural- which requires you to put something in place physically. Here are some examples:
  - Dikes –Usually built from a ridge of compacted soil, accompanied by a ditch or swale with a vegetated lining.
  - Grass Channels- Helps to slow the concentrated storm water runoff. These can include excavated depressions in the ground. Pollutants can be removed from storm water by filtration through vegetation.
  - Covered storage- providing an overhang or cover for chemicals and hazardous materials will help reduce contaminated storm water runoff.
  - Land Grading – this involves reshaping the ground surfacing to a certain grade or slope for storm water control.
  - For more examples please visit the EPA website at [http://www.epa.gov/oaintrnt/stormwater/best\\_practices.htm#best\\_practices](http://www.epa.gov/oaintrnt/stormwater/best_practices.htm#best_practices)
  
- Behavioral- enforcing guidance, procedures, and practices that minimizes contaminated storm water runoff. Here are some examples:
  - Good Housekeeping- Develop maintenance procedures and educate staff. For example, fueling bus fleets can generate spills and leaks that if washed into drains by storm water runoff can contaminate local water bodies. To avoid this implement spill control practices. Train employees on proper fueling procedures to minimize spills. Require employees to clean up and control spills immediately.
  - Spill response- Create a spill response plan and respond to spills immediately to prevent contaminated materials from going into storm drains. Have a proper spill kit on hand equipped with absorbent powder, berms, dikes, and socks to control spills.
  - Proper material handling- learn how to handle chemicals and hazardous materials properly to prevent an accidental release. Provide appropriate storage or secondary containment for hazardous materials which can protect and contain the chemicals properly.
  - For more examples please visit the EPA website at <http://water.epa.gov/polwaste/npdes/swbmp/Stormwater-Outreach-for-Commercial-Businesses.cfm>

The effectiveness of the BMP's are evaluated by sampling storm water runoff and by inspecting runoff for signs of pollution. Documentation of the inspections and sampling results are submitted in an annual report.

## Procedures

1. Evaluation
  - a. Review of NOI (Notice of Intent)
  - b. Develop Site Map
  - c. Material Inventory
  - d. Identify Past Spills
  - e. Identify Non-Storm water discharges
  - f. Identify Unauthorized discharges
  
2. Write SWPPP program
  - a. Identify suitable labs for analysis of storm water runoff sampling.
  - b. Develop Best Management Practices (BMP's)
  - c. Write a plan for each site – Plans are site specific
  
3. Implementation
  - a. Train site SWPPP coordinator
  - b. Train employees on BMP's
  
4. Support
  - a. Periodic on site review of documentation
  - b. BMP review on site
  - c. Assembly and submission of annual report

### ***Storm water sampling***

School districts are required to apply for a storm water permit. The permit requires at least two storm water samples per year. These storm water samples must:

1. Occur during school district work hours.
2. The sampling must be done within the first hour of rain which produces storm water discharge.
3. Sample the water at areas designated in your SWPPP.
4. Try to catch storm water with little to no debris.
5. Mail off the storm water sampling to an accredited lab for analysis using a chain of custody.
  - a. The lab conducting the analysis must participate in the EPA's Discharge Monitoring Report – Quality Assurance (DMRQA) Program.
  - b. If possible, choose lab that is also approved by the National Laboratory Accreditation Program (NELAP).
  - c. Many labs provide free sampling kits which include the sampling bottles, packing materials, bottle labels, coolers and chain-of-custody forms.

# SAMPLE STORM WATER FORMS

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## State Water Resources Control Board

To Interested Parties:

### **2013-2014 ANNUAL REPORT ANNUAL REPORT FOR STORM WATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITIES**

Attached is the 2013-2014 annual report that must be mailed to your Regional Board office by July 1, 2014. Dischargers within the Los Angeles Regional Board are required to electronically submit their annual reports via the Storm Water Multi-Application Reporting and Tracking System (SMARTS), email with a PDF attachment(s) to [losangeles@waterboards.ca.gov](mailto:losangeles@waterboards.ca.gov), or mail a disk. Although electronic submittals are not mandatory for dischargers in other regions, we encourage all dischargers to register and use SMARTS. We anticipate that a new Industrial General Permit (IGP) will be adopted sometime next year that will mandate electronic reporting for future reporting years.

To register to use SMARTS please fill out the LRP Registration Form and mail it back to: SMARTS Registration, P.O. Box 1977, Sacramento, CA 95812. Once a complete registration form is received, instructions and a Secret Code Number will be emailed. The Secret Code Number is used to link your SMARTS ID to the WDID Number.

For SMARTS registration questions or information please contact the SMARTS help center at 1-866-563-3107 or by email at [stormwater@waterboards.ca.gov](mailto:stormwater@waterboards.ca.gov).

To receive email updates on Storm Water Industrial permitting issues including updates on the IGP reissuance process (hearings, workshops, schedules, etc.), please sign up at [http://www.waterboards.ca.gov/resources/email\\_subscriptions/swrcb\\_subscribe.shtml](http://www.waterboards.ca.gov/resources/email_subscriptions/swrcb_subscribe.shtml)  
The Storm Water program currently maintains five email lists:

- Storm Water Database Issues
- Storm Water Construction Permitting Issues
- Storm Water Industrial Permitting Issues
- Storm Water Municipal Permitting Issues
- Sustainable Development

Sincerely,

Storm Water Section

## **Industrial General Permit Legally Responsible Person SMARTS Registration**

The Storm Water Multi–Application & Report Tracking System (SMARTS) is now available for dischargers to create a user account online and submit Annual Report(s) electronically. These instructions are for **registration of SMARTS Legally Responsible Person**.

You must be the **Legally Responsible Person (LRP)** to submit and certify a SMARTS report on the behalf of a facility. In the simplest terms, the LRP is the individual that certifies the Notice of Intent (NOI) and is responsible for reviewing, validating and certifying the annual report for accuracy and correctness before it is submitted.

The LRP may assign rights to submit and certify the annual report to an **Approved Signatory**. An approved signatory maybe other employees designated authority to certify documents on behalf of the LRP. An Approved Signatory cannot be a contractor or consultant.

A **Data Entry Person** is any individual authorized by the LRP to enter data into SMARTS on behalf of the LRP. A data submitter may be other employees, contractors, labs, etc. A data submitter cannot certify the Annual Report.

To register as an LRP and identify Approved Signatory(ies) or Data Entry Person(s), you must have a user account. Upon receipt of this Authorization Form, Water Board staff will email instructions on how to register for SMARTS, a Secret Code Number (SCN), how to link WDID number(s), Approved Signatories or Data Submitters to your account.

One authorization form per WDID number is required. Mail the authorization form to:

**SMARTS Registration  
P.O. Box 1977  
Sacramento, CA 95812**

If you have any questions please contact us at 1-866-563-3107 or email [stormwater@waterboards.ca.gov](mailto:stormwater@waterboards.ca.gov).

**SMARTS INDUSTRIAL GENERAL PERMIT  
LRP AUTHORIZATION FORM**

**Operator Information** (please print clearly)

Name: \_\_\_\_\_

PREFIX, FIRST, MIDDLE, LAST,

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

FAX Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

The Water Board will use this email address to send registration information

**Facility Information** (please print clearly)

WDID: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**APPROVED SIGNATORY AND DATA SUBMITTER(S) IDENTIFICATION**

**Approved Signatory** (please print clearly)

1. Approved Signatory

Person Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

2. Approved Signatory

Person Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Data Entry Person Information** (please print clearly)

1. Data Entry Person

Person Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

2. Data Entry Person

Person Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

3. Data Entry Person

Person Name: \_\_\_\_\_

Email Address: \_\_\_\_\_



- 4. Data Entry Person  
Person Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_
  
- 5. Data Entry Person  
Person Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_
  
- 6. Data Entry Person  
Person Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Legally Responsible Person Signature:**

I certify that I am the legally authorized representative for the facility listed below. My signature on this form also certifies that my SMARTS user ID and password constitute my electronic signature and any information I indicate I am electronically certifying contains my signature. I understand that I am legally bound, obligated, or responsible by use of my electronic signature as much as by a hand-written signature. I agree, on behalf of myself and the facility identified above to be bound by its terms.

I agree to protect my electronic signature from unauthorized use, and I will contact the Water Board, within 24-hours of discovery, if I suspect that my electronic signature has been lost, stolen, or otherwise compromised. I certify my electronic signature is for my own use, will keep it confidential, and will not delegate or share with any other person.

Printed Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Mail completed form to:

**SMARTS Registration  
P.O. Box 1977  
Sacramento, CA 95812**

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State of California  
STATE WATER RESOURCES CONTROL BOARD

2013-2014  
**ANNUAL REPORT**  
FOR  
STORM WATER DISCHARGES ASSOCIATED  
WITH INDUSTRIAL ACTIVITIES

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Reporting Period July 1, 2013 through June 30, 2014

**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 Business Name: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Standard Industrial Classification (SIC) Code(s): \_\_\_\_\_

**Facility WDID No:** \_\_\_\_\_

Contact Person: \_\_\_\_\_  
e-mail: \_\_\_\_\_  
**CA** Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**B. Facility Operator Information:**

Operator Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_

Contact Person: \_\_\_\_\_  
e-mail: \_\_\_\_\_  
State: \_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**C. Facility Billing Information:**

Operator Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_

Contact Person: \_\_\_\_\_  
e-mail: \_\_\_\_\_  
State: \_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

2013-2014  
**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:** \_\_\_\_\_  
\_\_\_\_\_

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.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  | <input type="checkbox"/> | <input type="checkbox"/> | February | <input type="checkbox"/> | <input type="checkbox"/> |
| November | <input type="checkbox"/> | <input type="checkbox"/> | March    | <input type="checkbox"/> | <input type="checkbox"/> |
| December | <input type="checkbox"/> | <input type="checkbox"/> | April    | <input type="checkbox"/> | <input type="checkbox"/> |
| January  | <input type="checkbox"/> | <input type="checkbox"/> | May      | <input type="checkbox"/> | <input type="checkbox"/> |

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 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.

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: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_



2013-2014  
**ANNUAL REPORT**

***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.

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**See Storm Water Contacts at**

**[http://www.waterboards.ca.gov/water\\_issues/programs/stormwater/contact.shtml](http://www.waterboards.ca.gov/water_issues/programs/stormwater/contact.shtml)**

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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): \_\_\_\_\_ TITLE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

| DESCRIBE DISCHARGE LOCATION<br>Example: NW Out Fall | DATE/TIME OF SAMPLE COLLECTION                                      | TIME DISCHARGE STARTED  | ANALYTICAL RESULTS<br>For First Storm Event |      |         |      |      |                  |  |  |  |  |  |
|---|---|---|---|------|---------|------|------|------------------|--|--|--|--|--|
|   |   |   | BASIC PARAMETERS                            |      |         |      |      | OTHER PARAMETERS |  |  |  |  |  |
|   |   |   | pH  | TSS  | SC      | O&G  | TOC  |                  |  |  |  |  |  |
|   | _____<br><input type="checkbox"/> AM<br><input type="checkbox"/> PM | _____<br><input type="checkbox"/> AM<br><input type="checkbox"/> PM |   |      |         |      |      |                  |  |  |  |  |  |
|   | _____<br><input type="checkbox"/> AM<br><input type="checkbox"/> PM | _____<br><input type="checkbox"/> AM<br><input type="checkbox"/> PM |   |      |         |      |      |                  |  |  |  |  |  |
|   | _____<br><input type="checkbox"/> AM<br><input type="checkbox"/> PM | _____<br><input type="checkbox"/> AM<br><input type="checkbox"/> PM |   |      |         |      |      |                  |  |  |  |  |  |
|   | _____<br><input type="checkbox"/> AM<br><input type="checkbox"/> PM | _____<br><input type="checkbox"/> AM<br><input type="checkbox"/> PM |   |      |         |      |      |                  |  |  |  |  |  |
| TEST REPORTING UNITS:                               |   |   | pH Units                                    | mg/l | umho/cm | mg/l | mg/l |                  |  |  |  |  |  |
| TEST METHOD DETECTION LIMIT:                        |   |   |   |      |         |      |      |                  |  |  |  |  |  |
| TEST METHOD USED:                                   |   |   |   |      |         |      |      |                  |  |  |  |  |  |
| ANALYZED BY (SELF/LAB):                             |   |   |   |      |         |      |      |                  |  |  |  |  |  |

TSS - Total Suspended Solids

SC - Specific Conductance

O&G - Oil & Grease

TOC - Total Organic Carbon

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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): \_\_\_\_\_ TITLE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

| DESCRIBE DISCHARGE LOCATION<br>Example: NW Out Fall | DATE/TIME OF SAMPLE COLLECTION                                      | TIME DISCHARGE STARTED  | ANALYTICAL RESULTS<br>For First Storm Event |      |         |      |      |                  |  |  |  |  |  |
|---|---|---|---|------|---------|------|------|------------------|--|--|--|--|--|
|   |   |   | BASIC PARAMETERS                            |      |         |      |      | OTHER PARAMETERS |  |  |  |  |  |
|   |   |   | pH  | TSS  | SC      | O&G  | TOC  |                  |  |  |  |  |  |
|   | _____<br><input type="checkbox"/> AM<br><input type="checkbox"/> PM | _____<br><input type="checkbox"/> AM<br><input type="checkbox"/> PM |   |      |         |      |      |                  |  |  |  |  |  |
|   | _____<br><input type="checkbox"/> AM<br><input type="checkbox"/> PM | _____<br><input type="checkbox"/> AM<br><input type="checkbox"/> PM |   |      |         |      |      |                  |  |  |  |  |  |
|   | _____<br><input type="checkbox"/> AM<br><input type="checkbox"/> PM | _____<br><input type="checkbox"/> AM<br><input type="checkbox"/> PM |   |      |         |      |      |                  |  |  |  |  |  |
|   | _____<br><input type="checkbox"/> AM<br><input type="checkbox"/> PM | _____<br><input type="checkbox"/> AM<br><input type="checkbox"/> PM |   |      |         |      |      |                  |  |  |  |  |  |
| TEST REPORTING UNITS:                               |   |   | pH Units                                    | mg/l | umho/cm | mg/l | mg/l |                  |  |  |  |  |  |
| TEST METHOD DETECTION LIMIT:                        |   |   |   |      |         |      |      |                  |  |  |  |  |  |
| TEST METHOD USED:                                   |   |   |   |      |         |      |      |                  |  |  |  |  |  |
| ANALYZED BY (SELF/LAB):                             |   |   |   |      |         |      |      |                  |  |  |  |  |  |

TSS - Total Suspended Solids

SC - Specific Conductance

O&G - Oil & Grease

TOC - Total Organic Carbon

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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:<br><b>JULY-SEPT.</b><br><br>DATE:<br>_____ | Observers Name: _____<br><br>Title: _____<br><br>Signature: _____ | WERE ANY AUTHORIZED NSWDs<br>DISCHARGED DURING THIS QUARTER? <input type="checkbox"/> YES<br><input type="checkbox"/> NO           If YES, complete reverse side of this form. |
| QUARTER:<br><b>OCT.-DEC.</b><br><br>DATE:<br>_____  | Observers Name: _____<br><br>Title: _____<br><br>Signature: _____ | WERE ANY AUTHORIZED NSWDs<br>DISCHARGED DURING THIS QUARTER? <input type="checkbox"/> YES<br><input type="checkbox"/> NO           If YES, complete reverse side of this form. |
| QUARTER:<br><b>JAN.-MARCH</b><br><br>DATE:<br>_____ | Observers Name: _____<br><br>Title: _____<br><br>Signature: _____ | WERE ANY AUTHORIZED NSWDs<br>DISCHARGED DURING THIS QUARTER? <input type="checkbox"/> YES<br><input type="checkbox"/> NO           If YES, complete reverse side of this form. |
| QUARTER:<br><b>APRIL-JUNE</b><br><br>DATE:<br>_____ | Observers Name: _____<br><br>Title: _____<br><br>Signature: _____ | WERE ANY AUTHORIZED NSWDs<br>DISCHARGED DURING THIS QUARTER? <input type="checkbox"/> YES<br><input type="checkbox"/> 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<br>OBSERVATION   | SOURCE AND<br>LOCATION OF<br>AUTHORIZED<br>NSWD<br><br>EXAMPLE:<br>Air conditioner Units<br>on Building C | NAME OF<br>AUTHORIZED<br>NSWD<br><br>EXAMPLE:<br>Air conditioner<br>condensate | DESCRIBE AUTHORIZED NSWD<br>CHARACTERISTICS<br>Indicate whether authorized NSWD is clear, cloudy, or<br>discolored, causing staining, contains floating objects<br>or an oil sheen, has odors, etc. |  | DESCRIBE ANY REVISED OR NEW<br>BMPs AND PROVIDE THEIR<br>IMPLEMENTATION DATE |
|--|---|--|---|--|--|
|  |   |  | At the NSWD<br>Source   | At the NSWD Drainage<br>Area and Discharge<br>Location |  |
| _____<br><br>_____<br><input type="checkbox"/> AM<br><input type="checkbox"/> PM |   |  |   |  |  |
| _____<br><br>_____<br><input type="checkbox"/> AM<br><input type="checkbox"/> PM |   |  |   |  |  |
| _____<br><br>_____<br><input type="checkbox"/> AM<br><input type="checkbox"/> PM |   |  |   |  |  |
| _____<br><br>_____<br><input type="checkbox"/> AM<br><input type="checkbox"/> PM |   |  |   |  |  |
| _____<br><br>_____<br><input type="checkbox"/> AM<br><input type="checkbox"/> 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.

|  |  |   |   |
|--|--|---|---|
| <p>QUARTER: <b>JULY-SEPT.</b></p> <p><b>DATE/TIME OF OBSERVATIONS</b></p> <p>_____ __ __ <input type="checkbox"/> AM<br/>_____ __ __ <input type="checkbox"/> PM</p> | <p>Observers Name: _____</p> <p>Title: _____</p> <p>Signature: _____</p> | <p><b>WERE UNAUTHORIZED NSWDs OBSERVED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><b>WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO</p> | <p>If <b>YES</b> to either question, complete reverse side.</p> |
| <p>QUARTER: <b>OCT.-DEC.</b></p> <p><b>DATE/TIME OF OBSERVATIONS</b></p> <p>_____ __ __ <input type="checkbox"/> AM<br/>_____ __ __ <input type="checkbox"/> PM</p>  | <p>Observers Name: _____</p> <p>Title: _____</p> <p>Signature: _____</p> | <p><b>WERE UNAUTHORIZED NSWDs OBSERVED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><b>WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO</p> | <p>If <b>YES</b> to either question, complete reverse side.</p> |
| <p>QUARTER: <b>JAN.-MARCH</b></p> <p><b>DATE/TIME OF OBSERVATIONS</b></p> <p>_____ __ __ <input type="checkbox"/> AM<br/>_____ __ __ <input type="checkbox"/> PM</p> | <p>Observers Name: _____</p> <p>Title: _____</p> <p>Signature: _____</p> | <p><b>WERE UNAUTHORIZED NSWDs OBSERVED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><b>WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO</p> | <p>If <b>YES</b> to either question, complete reverse side.</p> |
| <p>QUARTER: <b>APRIL-JUNE</b></p> <p><b>DATE/TIME OF OBSERVATIONS</b></p> <p>_____ __ __ <input type="checkbox"/> AM<br/>_____ __ __ <input type="checkbox"/> PM</p> | <p>Observers Name: _____</p> <p>Title: _____</p> <p>Signature: _____</p> | <p><b>WERE UNAUTHORIZED NSWDs OBSERVED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><b>WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO</p> | <p>If <b>YES</b> to either question, complete reverse side.</p> |

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SIDE B

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

| OBSERVATION DATE<br>(FROM REVERSE SIDE)  | NAME OF UNAUTHORIZED NSWD<br><br><i>EXAMPLE:</i><br>Vehicle Wash Water | SOURCE AND LOCATION OF UNAUTHORIZED NSWD<br><br><i>EXAMPLE:</i><br>NW Corner of Parking Lot | DESCRIBE UNAUTHORIZED NSWD CHARACTERISTICS<br>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 |  |
| _____<br><br>_____<br><input type="checkbox"/> AM<br><input type="checkbox"/> PM |  |   |   |  |  |
| _____<br><br>_____<br><input type="checkbox"/> AM<br><input type="checkbox"/> PM |  |   |   |  |  |
| _____<br><br>_____<br><input type="checkbox"/> AM<br><input type="checkbox"/> PM |  |   |   |  |  |
| _____<br><br>_____<br><input type="checkbox"/> AM<br><input type="checkbox"/> PM |  |   |   |  |  |

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FORM 4-MONTHLY VISUAL OBSERVATIONS OF**

**STORM WATER DISCHARGES**

- Storm water discharge visual observations are required for at least one storm event per month between October 1 and May 31.
- Visual observations must be conducted during the first hour of discharge at all discharge locations.
- Discharges of temporarily stored or contained storm water must be observed at the time of discharge.
- Indicate "None" in the first column of this form if you did not conduct a monthly visual observation.
- Make additional copies of this form as necessary.
- Until a monthly visual observation is made, record any eligible storm events that do not result in a storm water discharge and note the date, time, name, and title of who observed there was no storm water discharge.

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| <b>Observation Date: October ____ 2013</b><br><br>Observers Name: _____<br><br>Title: _____<br><br>Signature: _____  | Drainage Location Description  | #1   | #2   | #3   | #4   |
|  | Observation Time   | <input type="checkbox"/> P.M.<br><input type="checkbox"/> A.M. | <input type="checkbox"/> P.M.<br><input type="checkbox"/> A.M. | <input type="checkbox"/> P.M.<br><input type="checkbox"/> A.M. | <input type="checkbox"/> P.M.<br><input type="checkbox"/> A.M. |
|  | Time Discharge Began   | <input type="checkbox"/> P.M.<br><input type="checkbox"/> A.M. | <input type="checkbox"/> P.M.<br><input type="checkbox"/> A.M. | <input type="checkbox"/> P.M.<br><input type="checkbox"/> A.M. | <input type="checkbox"/> P.M.<br><input type="checkbox"/> A.M. |
|  | Were Pollutants Observed<br>(If yes, complete reverse side)  | YES <input type="checkbox"/> NO <input type="checkbox"/>       | YES <input type="checkbox"/> NO <input type="checkbox"/>       | YES <input type="checkbox"/> NO <input type="checkbox"/>       | YES <input type="checkbox"/> NO <input type="checkbox"/>       |
|  | <b>Observation Date: November ____ 2013</b><br><br>Observers Name: _____<br><br>Title: _____<br><br>Signature: _____ | Drainage Location Description                                  | #1   | #2   | #3   |
| Observation Time   |  | <input type="checkbox"/> P.M.<br><input type="checkbox"/> A.M. | <input type="checkbox"/> P.M.<br><input type="checkbox"/> A.M. | <input type="checkbox"/> P.M.<br><input type="checkbox"/> A.M. | <input type="checkbox"/> P.M.<br><input type="checkbox"/> A.M. |
| Time Discharge Began   |  | <input type="checkbox"/> P.M.<br><input type="checkbox"/> A.M. | <input type="checkbox"/> P.M.<br><input type="checkbox"/> A.M. | <input type="checkbox"/> P.M.<br><input type="checkbox"/> A.M. | <input type="checkbox"/> P.M.<br><input type="checkbox"/> A.M. |
| Were Pollutants Observed<br>(If yes, complete reverse side)  |  | YES <input type="checkbox"/> NO <input type="checkbox"/>       | YES <input type="checkbox"/> NO <input type="checkbox"/>       | YES <input type="checkbox"/> NO <input type="checkbox"/>       | YES <input type="checkbox"/> NO <input type="checkbox"/>       |
| <b>Observation Date: December ____ 2013</b><br><br>Observers Name: _____<br><br>Title: _____<br><br>Signature: _____ |  | Drainage Location Description                                  | #1   | #2   | #3   |
|  | Observation Time   | <input type="checkbox"/> P.M.<br><input type="checkbox"/> A.M. | <input type="checkbox"/> P.M.<br><input type="checkbox"/> A.M. | <input type="checkbox"/> P.M.<br><input type="checkbox"/> A.M. | <input type="checkbox"/> P.M.<br><input type="checkbox"/> A.M. |
|  | Time Discharge Began   | <input type="checkbox"/> P.M.<br><input type="checkbox"/> A.M. | <input type="checkbox"/> P.M.<br><input type="checkbox"/> A.M. | <input type="checkbox"/> P.M.<br><input type="checkbox"/> A.M. | <input type="checkbox"/> P.M.<br><input type="checkbox"/> A.M. |
|  | Were Pollutants Observed<br>(If yes, complete reverse side)  | YES <input type="checkbox"/> NO <input type="checkbox"/>       | YES <input type="checkbox"/> NO <input type="checkbox"/>       | YES <input type="checkbox"/> NO <input type="checkbox"/>       | YES <input type="checkbox"/> NO <input type="checkbox"/>       |
|  | <b>Observation Date: January ____ 2014</b><br><br>Observers Name: _____<br><br>Title: _____<br><br>Signature: _____  | Drainage Location Description                                  | #1   | #2   | #3   |
| Observation Time   |  | <input type="checkbox"/> P.M.<br><input type="checkbox"/> A.M. | <input type="checkbox"/> P.M.<br><input type="checkbox"/> A.M. | <input type="checkbox"/> P.M.<br><input type="checkbox"/> A.M. | <input type="checkbox"/> P.M.<br><input type="checkbox"/> A.M. |
| Time Discharge Began   |  | <input type="checkbox"/> P.M.<br><input type="checkbox"/> A.M. | <input type="checkbox"/> P.M.<br><input type="checkbox"/> A.M. | <input type="checkbox"/> P.M.<br><input type="checkbox"/> A.M. | <input type="checkbox"/> P.M.<br><input type="checkbox"/> A.M. |
| Were Pollutants Observed<br>(If yes, complete reverse side)  |  | YES <input type="checkbox"/> NO <input type="checkbox"/>       | YES <input type="checkbox"/> NO <input type="checkbox"/>       | YES <input type="checkbox"/> NO <input type="checkbox"/>       | YES <input type="checkbox"/> NO <input type="checkbox"/>       |



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**SIDE B**

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

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

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**FORM 4 (Continued)-MONTHLY VISUAL OBSERVATIONS OF**

**STORM WATER DISCHARGES**

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

- Indicate "None" in the first column of this form if you did not conduct a monthly visual observation.
- Make additional copies of this form as necessary.
- Until a monthly visual observation is made, record any eligible storm events that do not result in a storm water discharge and note the date, time, name, and title of who observed there was no storm water discharge.

|  |   |  |  |  |  |
|--|---|--|--|--|--|
| <b>Observation Date: February ____ 2014</b><br><br>Observers Name: _____<br><br>Title: _____<br><br>Signature: _____ | Drainage Location Description                               | #1   | #2   | #3   | #4   |
|  | Observation Time  | <input type="checkbox"/> P.M.<br><input type="checkbox"/> A.M. | <input type="checkbox"/> P.M.<br><input type="checkbox"/> A.M. | <input type="checkbox"/> P.M.<br><input type="checkbox"/> A.M. | <input type="checkbox"/> P.M.<br><input type="checkbox"/> A.M. |
|  | Time Discharge Began  | <input type="checkbox"/> P.M.<br><input type="checkbox"/> A.M. | <input type="checkbox"/> P.M.<br><input type="checkbox"/> A.M. | <input type="checkbox"/> P.M.<br><input type="checkbox"/> A.M. | <input type="checkbox"/> P.M.<br><input type="checkbox"/> A.M. |
|  | Were Pollutants Observed<br>(If yes, complete reverse side) | YES <input type="checkbox"/> NO <input type="checkbox"/>       | YES <input type="checkbox"/> NO <input type="checkbox"/>       | YES <input type="checkbox"/> NO <input type="checkbox"/>       | YES <input type="checkbox"/> NO <input type="checkbox"/>       |
|  |   |  |  |  |  |
| <b>Observation Date: March ____ 2014</b><br><br>Observers Name: _____<br><br>Title: _____<br><br>Signature: _____    | Drainage Location Description                               | #1   | #2   | #3   | #4   |
|  | Observation Time  | <input type="checkbox"/> P.M.<br><input type="checkbox"/> A.M. | <input type="checkbox"/> P.M.<br><input type="checkbox"/> A.M. | <input type="checkbox"/> P.M.<br><input type="checkbox"/> A.M. | <input type="checkbox"/> P.M.<br><input type="checkbox"/> A.M. |
|  | Time Discharge Began  | <input type="checkbox"/> P.M.<br><input type="checkbox"/> A.M. | <input type="checkbox"/> P.M.<br><input type="checkbox"/> A.M. | <input type="checkbox"/> P.M.<br><input type="checkbox"/> A.M. | <input type="checkbox"/> P.M.<br><input type="checkbox"/> A.M. |
|  | Were Pollutants Observed<br>(If yes, complete reverse side) | YES <input type="checkbox"/> NO <input type="checkbox"/>       | YES <input type="checkbox"/> NO <input type="checkbox"/>       | YES <input type="checkbox"/> NO <input type="checkbox"/>       | YES <input type="checkbox"/> NO <input type="checkbox"/>       |
|  |   |  |  |  |  |
| <b>Observation Date: April ____ 2014</b><br><br>Observers Name: _____<br><br>Title: _____<br><br>Signature: _____    | Drainage Location Description                               | #1   | #2   | #3   | #4   |
|  | Observation Time  | <input type="checkbox"/> P.M.<br><input type="checkbox"/> A.M. | <input type="checkbox"/> P.M.<br><input type="checkbox"/> A.M. | <input type="checkbox"/> P.M.<br><input type="checkbox"/> A.M. | <input type="checkbox"/> P.M.<br><input type="checkbox"/> A.M. |
|  | Time Discharge Began  | <input type="checkbox"/> P.M.<br><input type="checkbox"/> A.M. | <input type="checkbox"/> P.M.<br><input type="checkbox"/> A.M. | <input type="checkbox"/> P.M.<br><input type="checkbox"/> A.M. | <input type="checkbox"/> P.M.<br><input type="checkbox"/> A.M. |
|  | Were Pollutants Observed<br>(If yes, complete reverse side) | YES <input type="checkbox"/> NO <input type="checkbox"/>       | YES <input type="checkbox"/> NO <input type="checkbox"/>       | YES <input type="checkbox"/> NO <input type="checkbox"/>       | YES <input type="checkbox"/> NO <input type="checkbox"/>       |
|  |   |  |  |  |  |
| <b>Observation Date: May ____ 2014</b><br><br>Observers Name: _____<br><br>Title: _____<br><br>Signature: _____      | Drainage Location Description                               | #1   | #2   | #3   | #4   |
|  | Observation Time  | <input type="checkbox"/> P.M.<br><input type="checkbox"/> A.M. | <input type="checkbox"/> P.M.<br><input type="checkbox"/> A.M. | <input type="checkbox"/> P.M.<br><input type="checkbox"/> A.M. | <input type="checkbox"/> P.M.<br><input type="checkbox"/> A.M. |
|  | Time Discharge Began  | <input type="checkbox"/> P.M.<br><input type="checkbox"/> A.M. | <input type="checkbox"/> P.M.<br><input type="checkbox"/> A.M. | <input type="checkbox"/> P.M.<br><input type="checkbox"/> A.M. | <input type="checkbox"/> P.M.<br><input type="checkbox"/> A.M. |
|  | Were Pollutants Observed<br>(If yes, complete reverse side) | YES <input type="checkbox"/> NO <input type="checkbox"/>       | YES <input type="checkbox"/> NO <input type="checkbox"/>       | YES <input type="checkbox"/> NO <input type="checkbox"/>       | YES <input type="checkbox"/> NO <input type="checkbox"/>       |
|  |   |  |  |  |  |

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**SIDE B**

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

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

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SIDE A

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

EVALUATION DATE: \_\_\_\_\_ INSPECTOR NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

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

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SIDE B

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

EVALUATION DATE: \_\_\_\_\_ INSPECTOR NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

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

## **SAMPLING AND ANALYSIS REDUCTION CERTIFICATION**

Submission of this Sampling and Analysis Reduction Certification (SARC) constitutes notification that the operator of the facility identified on this form satisfies the sampling and analysis reduction requirements in Section B.12.b. of the Industrial Activities Storm Water General Permit (General Permit) No. 97-03-DWQ. This SARC and supporting documentation must be submitted to the appropriate Regional Water Board office (see Attachment 4) prior to the wet season (October 1). After submitting this SARC, the facility operator is required to collect and analyze samples from two additional storm events in accordance with the schedule provided in Table C (page 34) of the General Permit. If this SARC is denied by the Regional Water Board, the facility operator must collect and analyze samples from two storm events during each wet season. Please print or type when completing this form and attach any required documents.

**I. WDID NO.** \_\_\_\_\_

### **II. FACILITY OPERATOR INFORMATION**

Name \_\_\_\_\_ Contact Person \_\_\_\_\_

Mailing Address \_\_\_\_\_ Title \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

### **III. FACILITY SITE INFORMATION**

Facility Name \_\_\_\_\_ Contact Person \_\_\_\_\_

Location \_\_\_\_\_ Title \_\_\_\_\_

City \_\_\_\_\_ CA \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

SIC Code(s) 1. \_\_\_\_\_ 2. \_\_\_\_\_ Type of Business \_\_\_\_\_

### **IV. DOCUMENT CHECKLIST**

The following documents must be submitted with this form to be eligible for sampling and analysis reduction. Please check each item to verify that the documents are attached.

1. Sampling Event Reporting Form (see Attachment 1)

2. Copy of laboratory analytical results

- 3. Storm Water Pollution Prevention Plan and Monitoring Program Checklist (see Attachment 2) and written explanation for any questions answered "NO" or "N/A".
- 4. Copy of Facility's Storm Water Pollution Prevention Plan
- 5. Copy of Facility's Monitoring Program
- 6. Proof of group monitoring participation (only required if you are claiming group monitoring sampling credits)

**V. CERTIFICATION**

I certify that my facility qualifies for Sampling and Analysis Reduction in accordance with Section B.12.b. of the Industrial Activities Storm Water General Permit 97-03-DWQ. Additionally, I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

The SARC must be signed by, (a) For a Corporation: a responsible corporate officer (or authorized official), (b) For a Partnership or Sole Proprietorship: a general partner or proprietor, respectively, (c) For a Municipality, State, or other Non-Federal Public Agency: either a principal executive officer or ranking elected official, (d) For a Federal Agency: either the chief or senior executive officer of the agency.

**FOR REGIONAL WATER BOARD USE ONLY:**

DENIED

APPROVED

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

Retained at Regional Board Office

Returned to Applicant

# SAMPLING EVENT REPORTING FORM

Eligibility for sampling and analysis reduction requires that you report the analytical results from the last six (6) sampling events that samples were collected. Section A provides instructions and a recommended table to report these analytical results. If you participated in a group monitoring plan (GMP) and are substituting GMP credits for any of the sampling events, check this box  and complete Section C.

## A. Instructions to Report Sampling and Analysis Results

- 1) Use Table A or an equivalent table to provide your analytical results for each storm water discharge location where sampling was required. Make copies of Table A if your facility has multiple storm water discharge locations.
- 2) Fill out columns 1-6, including each sampling event date and the analytical results for each parameter. If you analyzed storm water samples for parameters other than those in the table, list each additional parameter, reporting units, and the analytical results. When a parameter is not detected, report as less than the detection limit.
- 3) Compute the average for each parameter and report the result in the “parameter average” column. The average is the sum of all values for a parameter, divided by the number of samples. If any of your results are reported as less than the detection limit, use one-half of the detection limit for your computation. (Example: If the laboratory reports oil and grease as <5 mg/l, use 2.5 mg/l in your computation of the average.)

TABLE A: SUMMARY OF ANALYTICAL RESULTS

| Discharge Location:            | Analytical Results |   |   |   |   |   | Parameter Average | Benchmark Value |
|--------------------------------|--------------------|---|---|---|---|---|-------------------|-----------------|
|                                | Sampling Event     | 1 | 2 | 3 | 4 | 5 |                   |                 |
| Analytical Parameters          | Date               |   |   |   |   |   |                   |                 |
| pH (pH units)                  |                    |   |   |   |   |   | 6.0-9.0           |                 |
| Total Suspended Solids (mg/l)  |                    |   |   |   |   |   | 100               |                 |
| Specific Conductance (umho/cm) |                    |   |   |   |   |   | 200               |                 |
| Oil & Grease (mg/l)            |                    |   |   |   |   |   | 15                |                 |
| Total Organic Carbon (mg/l)    |                    |   |   |   |   |   | 110               |                 |
| Other Parameters:              |                    |   |   |   |   |   |                   |                 |
|                                |                    |   |   |   |   |   |                   |                 |
|                                |                    |   |   |   |   |   |                   |                 |

## B. Instructions For Applying Benchmarks to Analytical Results

Parameter Benchmark Values (PBVs) are listed in Table A and Table B (see attachment 3). Analytical results above the PBVs may indicate that the facility’s SWPPP is not fully effective in reducing or preventing pollutants in storm water discharges. Your analytical results as well as all other information submitted with this SARC will be reviewed by the Regional Water Board when determining compliance with the SARC eligibility requirements.

PBVs are not numeric effluent limitations and do not supercede effluent limitations guidelines established in Federal Regulations (40 CFR Subchapter N) for storm water discharges from ten (10) categories of facilities listed on Attachment 1, item 1, of the General Permit. If your facility is in one



of these categories and any of the analytical results reported in Table A exceed the applicable numeric effluent limitations guidelines, contact your Regional Water Board for additional SARC eligibility guidance.

For each parameter average reported in Table A exceeding the corresponding PBV, attach an explanation that satisfies one of the following conditions:

1. There are no facility pollutant sources related to the parameter, or
2. BMPs that address the facility pollutant sources related to the parameter are being fully implemented and represent compliance with Best Available Technology Economically Achievable and Best Conventional Pollutant Technology requirements of the General Permit.

**C. Group Monitoring Plan (GMP) Sampling Credits Instructions**

(Complete if you are substituting one (1) or more sampling events with GMP credits)

Section B.15.k of the General Permit allows the substitution of up to four (4) of the six (6) required sampling events with credit earned through participation in approved GMPs. At a minimum you may substitute one (1) GMP credit for each year of GMP participation. You may substitute two (2) GMP credits for each year that the group collected more than 75% of the required samples. Proof of group participants and, if applicable, proof that the group collected more than 75% of the required samples must be attached. You do not earn GMP credits in years where you collected and analyzed samples (those results must be reported in Table A).

In the GMP Credit Worksheet below, indicate the number of GMP credits earned for each year of GMP participation, provide your total GMP credits, and calculate your total sampling event credits.

**GMP CREDIT WORKSHEET**

Group Monitoring Plan Name \_\_\_\_\_ Group Leader Name \_\_\_\_\_

| Year of GMP Participation | 1992-93  | 1993-94  | 1994-95  | 1995-96  | 1996-97  | Total GMP Credits |
|---------------------------|--|--|--|--|--|-------------------|
| GMP Credits               | <input type="checkbox"/> 1<br><input type="checkbox"/> 2 | <input type="checkbox"/> 1<br><input type="checkbox"/> 2 | <input type="checkbox"/> 1<br><input type="checkbox"/> 2 | <input type="checkbox"/> 1<br><input type="checkbox"/> 2 | <input type="checkbox"/> 1<br><input type="checkbox"/> 2 |                   |

# of sampling events reported in Table A (minimum of two (2) must be reported) +  Total GMP credits (from right hand column above)

=  **TOTAL SAMPLING EVENT CREDITS**  
(must add to six (6) or more to be eligible)

**STORM WATER POLLUTION PREVENTION PLAN (SWPPP) AND MONITORING PROGRAM (MP) CHECKLIST**

In order to evaluate your SARC request, the following items must be addressed. Include the page number of your SWPPP and MP where such information is located. If the SWPPP and/or MP is incomplete your SARC may not be approved. When an item is not applicable you can write "N/A" in the check box. For items answered "NO" or "N/A", attach an explanation.

**A. Storm Water Pollution Prevention Plan**

**The SWPPP contains:**

1.  A current identification of the pollution prevention team or individual(s) responsible for implementation of the SWPPP [See Section A.3.a of the General Permit.....Page(s)\_\_\_\_\_
2.  A current reference to existing elements of other applicable regulatory requirements [See Section A.3.b].....Page(s)\_\_\_\_\_
3.  A current site map that addresses all applicable items of Section A.4.....Page(s)\_\_\_\_\_
4.  A current list of significant materials [See Section A.5].....Page(s)\_\_\_\_\_
5.  A current description of potential pollutant sources [See Section A.6].....Page(s)\_\_\_\_\_
6.  A current description of spills and leaks in significant quantities since April 17, 1994 [See Section A.6.iv].....Page(s)\_\_\_\_\_
7.  A current description of all non-storm water discharges [See Section A.6.v.].....Page(s)\_\_\_\_\_
8.  A current assessment of potential pollutant sources [See Section A.7].....Page(s)\_\_\_\_\_
9.  A current narrative description of the storm water Best Management Practices (BMP) [See Section A.8.].....Page(s)\_\_\_\_\_
10.  A current table summarizing all potential pollutant sources and corresponding BMPs [See Section A.6.b].....Page(s)\_\_\_\_\_
11.  A current description of the employee training and a schedule for training sessions [See Section A.8.a.v].....Page(s)\_\_\_\_\_
12.  A current description of record keeping and internal reporting procedures [See Section A.8.a.vii.].....Page(s)\_\_\_\_\_
13.  A current schedule to periodically inspect all potential pollutant sources [See Section A.8.a.ix.].....Page(s)\_\_\_\_\_
14.  Current quality assurance procedures [See Section A.8.a.x].....Page(s)\_\_\_\_\_

**Can you certify that:**

- |  | <b>YES</b>               | <b>NO</b>                |
|--|--------------------------|--------------------------|
| 15. The SWPPP is specific to your facility?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. All non-storm water discharges are identified? [See Section A.6.v.]  | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. All unauthorized non-storm water discharges were eliminated prior to the last two reporting periods? [See Section A.6.v.]                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Complete Annual Reports were submitted to the Regional Water Quality Control Board for the last two reporting periods? [See Section B.14.]     | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. An Annual Site Inspection/Comprehensive Site Compliance Evaluation was performed for each of the last two reporting periods? [See Section A.9] | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. The facility was in compliance with the permit requirements for the last two reporting periods?  | <input type="checkbox"/> | <input type="checkbox"/> |

**B. Monitoring and Reporting Program (MP)**

**The MP contains:**

- 21 .  A current procedure to visually observe all non-storm water discharges [See Section B.3].....Page(s)\_\_\_\_\_
- 22 .  A current procedure to conduct quarterly visual observation for the presence of unauthorized non-storm water discharge [See Section B.3.a. and B.3.b.] .....Page(s)\_\_\_\_\_
- 23 .  A current procedure for conducting monthly visual observations of all storm water discharges [See Section B.4].....Page(s)\_\_\_\_\_
- 24 .  A current description of sampling and handling procedures [See Section B.10.].....Page(s)\_\_\_\_\_

**Can you certify that:**

- |  | <b>YES</b>               | <b>NO</b>                |
|--|--------------------------|--------------------------|
| 25. The MP is specific to your facility?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. You inspected the facility for non-storm water discharges in the last two reporting periods?                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Samples were collected from all storm water discharge locations required to be sampled for the last two reporting periods? | <input type="checkbox"/> | <input type="checkbox"/> |

**TABLE B**  
**U.S. EPA Multi-Sector Permit**  
Parameter Benchmark Values<sup>1,2</sup>

| Parameter Name                    | Benchmark Value |
|-----------------------------------|-----------------|
| Biochemical Oxygen Demand(5)..... | 30 mg/L         |
| Chemical Oxygen Demand.....       | 120 mg/L        |
| Total Suspended Solids.....       | 100 mg/L        |
| Oil and Grease.....               | 15 mg/L         |
| Nitrate + Nitrite Nitrogen.....   | 0.68 mg/L       |
| Total Phosphorus.....             | 2.0 mg/L        |
| pH.....                           | 6.0-9.0 s.u.    |
| Acrylonitrile (c).....            | 7.55 mg/L       |
| Aluminum, Total (pH 6.5-9).....   | 0.75 mg/L       |
| Ammonia.....                      | 19 mg/L         |
| Antimony, Total.....              | 0.636 mg/L      |
| Arsenic, Total (c).....           | 0.16854 mg/L    |
| Benzene.....                      | 0.01 mg/L       |
| Beryllium, Total (c).....         | 0.13 mg/L       |
| Butylbenzyl Phthalate.....        | 3 mg/L          |
| Cadium, Total (H).....            | 0.0159 mg/L     |
| Chloride.....                     | 860 mg/L        |
| Copper, Total (H).....            | 0.0636 mg/L     |
| Dimethyl Phthalate.....           | 1.0 mg/L        |
| Ethylbenzene.....                 | 3.1 mg/L        |
| Fluoranthene.....                 | 0.042 mg/L      |
| Fluoride.....                     | 1.8 mg/L        |
| Iron, Total.....                  | 1.0 mg/L        |
| Lead, Total (H).....              | 0.0816 mg/L     |
| Manganese.....                    | 1.0 mg/L        |
| Mercury, Total.....               | 0.0024 mg/L     |
| Nickel, Total (H).....            | 1.417 mg/L      |
| PCB-1016 (c).....                 | 0.000127 mg/L   |
| PCB-1221 (c).....                 | 0.10 mg/L       |
| PCB-1232 (c).....                 | 0.000318 mg/L   |
| PCB-1242 (c).....                 | 0.00020 mg/L    |
| PCB-1248 (c).....                 | 0.002544 mg/L   |
| PCB-1254 (c).....                 | 0.10 mg/L       |
| PCB-1260 (c).....                 | 0.000477 mg/L   |
| Phenols, Total.....               | 1.0 mg/L        |
| Pyrene (PAH,c).....               | 0.01 mg/L       |
| Selenium, Total (*).....          | 0.2385 mg/L     |
| Silver, Total (H).....            | 0.0318 mg/L     |
| Toluene.....                      | 10.0 mg/L       |
| Trichloroethylene (c).....        | 0.0027 mg/L     |
| Zinc, Total (H).....              | 0.117 mg/L      |

<sup>1</sup> If storm water samples have been analyzed for parameters without Parameter Benchmark Values, contact your Regional Water Board.

<sup>2</sup> Regional Water Boards may adopt Parameter Benchmark Values that are different than those listed in this Table.

**STATE AND REGIONAL BOARD  
CONTACT LIST**

**AVAILABLE AT:**

<http://www.swrcb.ca.gov/html/stormwtr.html>  
under Contacts.