



N60258.001074
NSY LONG BEACH
SSIC #5090.3

DEPARTMENT OF THE NAVY
SOUTHWEST DIVISION
NAVAL FACILITIES ENGINEERING COMMAND
1220 PACIFIC HIGHWAY
SAN DIEGO, CA 92132-5190

5090.4
Ser 05BL.DR/0212
June 23, 1999

Ms. Cathy Chang
California Regional Water Quality Control Board
Los Angeles Region
320 West 4th Street, Suite 200
Los Angeles, CA 90013

Dear Ms. Chang:

Enclosure (1) and (2) is the 1998-1999 Annual Storm Report for the General Storm Water Permit at the former Long Beach Naval Complex (LBNC). The existing permit covered the storm water activities for both the Naval Station Long Beach and Long Beach Naval Shipyard. These naval activities were closed September 30, 1994 and September 30, 1997, respectively. All industrial operations ceased at the LBNC prior to April 30, 1997. During the Notice of Termination application for WDID number 4B19S012836, you discovered a duplication of WDID numbers for LBNC. The duplicate WDID number was 4B19S005526.

The LBNC property is currently leased to the City of Long Beach effective August 11, 1998. Since that time, the City and Port of Long Beach (POLB) have had direct control of the activities at the former LBNC. The POLB submitted for a construction permit in August 1998 that covers the storm water activities at the former LBNC. Because of the POLB construction permit, a Notice of Termination (NOT) was submitted for WDID number 4B19S012836 by the Navy on February 3, 1999 and approved by the Regional Water Quality Control Board (RWQCB) on March 19, 1999. After your discovery of the second WDID number, another NOT was submitted by the Navy on April 27, 1999 for WDID number 4B19S005526 and was subsequently approved by the RWQCB on May 17, 1999.

The following comments are provided as explanations for enclosure (1) and (2). Because of the closure of the LBNC and the construction permit for the POLB, the Navy did not perform wet or dry sampling events during the 1998-1999 reporting frequency. These following comments pertain to both WDID numbers 4B19S012836 and 4B19S005526. The specific comments provided are as follows:

- a) Item E.1- As per the general comment in the above paragraph, the Navy did not perform any storm sampling events because of the closure of the LBNC and new construction permit for POLB in August 1998.
- b) Item E.2- Same comment as bullet a) above.
- c) Item E.5- Same comment as bullet a) above.
- d) Item E.6- Same comment as bullet a) above.
- e) Item E.7- Same comment as bullet a) above.

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- f) Item F.2.a- Under the requirements of lease between the City of Long Beach and the Navy effective August 11, 1998, the POLB was required to obtain and perform all operational and environmental permits for the former LBNC. As such, the Navy ceased visual observations relating to storm water activities and those responsibilities were passed on to the POLB in accordance with any new permit requirements of the RWQCB.
- g) Item G.1- Same comment as bullet a) and d) above.
- h) Item H.1- As stated in paragraph one of this letter, all industrial activities ceased at the former LBNC April 30, 1997. So there were no industrial activities at LBNC during the 1998-1999 reporting period. Comment from bullet d) above would also pertain to this item.
- i) Item H.2- See comments for bullet d) and f) above.
- j) Item H.3- See comments for bullet d) and f) above.
- k) Item H.4- See comments for bullet d) and f) above.
- l) Item H.5- See comments for bullet d) and f) above.
- m) Item H.6- See comments for bullet d) and f) above.
- n) Item H.7- See comments for bullet d) and f) above.
- o) Item I.1- An Evaluation Report is not provided as per comment in bullet d) above.
- p) Item J.1- See comment for bullet d) above.

If there are any questions regarding the above information or the 1998-1999 Annual Storm Water Reports, please contact Mr. Duane Rollefson at (619) 532-4712 or Mr. Greg Sheffer at (619) 532-4715.

Sincerely,



FAIQ ALJABI
Environmental Engineer
By direction of the Commander

Encl: (1) 1998-1999 Annual Storm Water Report for WDID Number 4B19S012836 of
June 23, 1999
(2) 1998-1999 Annual Storm Water Report for WDID Number 4B19S005526 of
June 23, 1999

ENCCS 1

State of California
STATE WATER RESOURCES CONTROL BOARD

1998-1999
ANNUAL REPORT
FOR
STORM WATER DISCHARGES ASSOCIATED
WITH INDUSTRIAL ACTIVITIES

Reporting Period July 1, 1998 through June 30, 1999

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.

If any information contained in Items A, B, and C below differs from the information provided in your Notice of Intent (NOI), circle or highlight the information that differs from your NOI.

If you have any questions, please contact your Regional Board Storm Water Program Contact. The address of the Regional Board (where the Annual Report must be filed) along with the name and telephone number of the contact is indicated on page 9 of this Annual Report. 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 WDID No: 4B19S012836

B. Facility Operator:

Name: Southwest Division, Naval Facilities Engineering Command Contact Person: Duane Rollefson
Mailing Address: 1220 Pacific Highway Title: Remedial Project Manager
City: San Diego State: CA Zip: 92132 Phone: (619) 532-4712

C. Facility Information:

Facility Name: (Former) Long Beach Naval Shipyard Mailing Address: (Former) 300 Skipjack Rd. (Current- see above)
City: Long Beach State: CA Zip: 90822-5090 Phone: (562) 547-7868
Contact Person: (Former) LOU SMITH (Current- see above)
Standard Industrial Classification (SIC) Code(s): 3731 (Former) Ship Alterations/Repair

1998-99
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

E. SAMPLING AND ANALYSIS RESULTS

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

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

YES NO **Attach explanation**

3. How many storm water discharge locations are at your facility? 7

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. Is your facility required to analyze additional parameters listed in Table D of the General Permit? 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:
- The parameter has not been detected in significant quantities from the last two consecutive sampling events. **Attach explanation**
- The parameter 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.**

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

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

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

ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION (ACSCE)

H. ACSCE CHECKLIST

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

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

Signature:  Date: June 23, 1999

Title: ENVIRONMENTAL ENGINEER

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.

**STATE AND REGIONAL BOARD
CONTACT LIST**

Contact List is located at
www.swrcb.ca.gov/html/stormwtr.html
under *Contacts*

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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 <small>Example: NW Out Fall</small>	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	ANALYTICAL RESULTS For First Storm Event																	
			BASIC PARAMETERS					OTHER PARAMETERS												
			pH	TSS	SC	O&G	TOC													
	_ / _ / _ <input type="checkbox"/> AM _: _ <input type="checkbox"/> PM	_: _ <input type="checkbox"/> AM <input type="checkbox"/> PM																		
	- / / <input type="checkbox"/> AM _: _ <input type="checkbox"/> PM	_: _ <input type="checkbox"/> AM <input type="checkbox"/> PM																		
	- / / <input type="checkbox"/> AM _: _ <input type="checkbox"/> PM	_: _ <input type="checkbox"/> AM <input type="checkbox"/> PM																		
	- / / <input type="checkbox"/> AM _: _ <input type="checkbox"/> PM	_: _ <input type="checkbox"/> AM <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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FORM 1-SAMPLING & ANALYSIS RESULTS

SECOND STORM EVENT

- If analytical results are less than the detection limit (or non detectable), show the value as less than the numerical value of the detection limit (example: <.05)
- If you did not analyze for a required parameter, do not report "0". Instead, leave the appropriate box blank

- When analysis is done using portable analysis (such as portable pH meters, SC meters, etc.), indicate "PA" in the appropriate test method used box.

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

DESCRIBE DISCHARGE LOCATION Example: NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	ANALYTICAL RESULTS For Second Storm Event																	
			BASIC PARAMETERS					OTHER PARAMETERS												
			pH	TSS	SC	O&G	TOC													
	____/____/____ <input type="checkbox"/> AM ____:____ <input type="checkbox"/> PM	<input type="checkbox"/> AM ____:____ <input type="checkbox"/> PM																		
	- ____/____/____ <input type="checkbox"/> AM ____:____ <input type="checkbox"/> PM	<input type="checkbox"/> AM ____:____ <input type="checkbox"/> PM																		
	- ____/____/____ <input type="checkbox"/> AM ____:____ <input type="checkbox"/> PM	<input type="checkbox"/> AM ____:____ <input type="checkbox"/> PM																		
	- ____/____/____ <input type="checkbox"/> AM ____:____ <input type="checkbox"/> PM	<input type="checkbox"/> AM ____:____ <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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**FORM 2-QUARTERLY VISUAL OBSERVATIONS OF AUTHORIZED
NON-STORM WATER DISCHARGES (NSWDs)**

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

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

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

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

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

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

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

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

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

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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.

Observation Date: October ____ 1998		#1	#2	#3	#4
Observers Name: _____	Drainage Location Description				
Title: _____	Observation Time	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.			
Signature: _____	Time Discharge Began	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.			
	Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input type="checkbox"/>			

Observation Date: November ____ 1998		#1	#2	#3	#4
Observers Name: _____	Drainage Location Description				
Title: _____	Observation Time	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.			
Signature: _____	Time Discharge Began	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.			
	Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input type="checkbox"/>			

Observation Date: December ____ 1998		#1	#2	#3	#4
Observers Name: _____	Drainage Location Description				
Title: _____	Observation Time	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.			
Signature: _____	Time Discharge Began	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.			
	Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input type="checkbox"/>			

Observation Date: January ____ 1999		#1	#2	#3	#4
Observers Name: _____	Drainage Location Description				
Title: _____	Observation Time	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.			
Signature: _____	Time Discharge Began	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.			
	Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input type="checkbox"/>			

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

DATE/TIME OF OBSERVATION (From Reverse Side)	DRAINAGE AREA DESCRIPTION <i>EXAMPLE:</i> 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 <i>EXAMPLE:</i> Oil sheen caused by oil dripped by trucks in vehicle maintenance area.	DESCRIBE ANY REVISED OR NEW BMPs AND THEIR DATE OF IMPLEMENTATION
<p align="center">_ / _ / _</p> <p>_ : <input type="checkbox"/> AM <input type="checkbox"/> PM</p>				
<p align="center">_ / _ / _</p> <p>_ : <input type="checkbox"/> AM <input type="checkbox"/> PM</p>				
<p align="center">_ / _ / _</p> <p>_ : <input type="checkbox"/> AM <input type="checkbox"/> PM</p>				
<p align="center">_ / _ / _</p> <p>_ : <input type="checkbox"/> AM <input type="checkbox"/> PM</p>				
<p align="center">_ / _ / _</p> <p>_ : <input type="checkbox"/> AM <input type="checkbox"/> PM</p>				

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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.

Observation Date: February ____ 1999 Observers Name: _____ Title: _____ Signature: _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.			
	Time Discharge Began	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.			
	Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input type="checkbox"/>			

Observation Date: March ____ 1999 Observers Name: _____ Title: _____ Signature: _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.			
	Time Discharge Began	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.			
	Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input type="checkbox"/>			

Observation Date: April ____ 1999 Observers Name: _____ Title: _____ Signature: _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.			
	Time Discharge Began	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.			
	Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input type="checkbox"/>			

Observation Date: May ____ 1999 Observers Name: _____ Title: _____ Signature: _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.			
	Time Discharge Began	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.			
	Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input type="checkbox"/>			

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

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

CNCLS 2

State of California
STATE WATER RESOURCES CONTROL BOARD

1998-1999
ANNUAL REPORT
FOR
STORM WATER DISCHARGES ASSOCIATED
WITH INDUSTRIAL ACTIVITIES

Reporting Period July 1, 1998 through June 30, 1999

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.

If any information contained in Items A, B, and C below differs from the information provided in your Notice of Intent (NOI), circle or highlight the information that differs from your NOI.

If you have any questions, please contact your Regional Board Storm Water Program Contact. The address of the Regional Board (where the Annual Report must be filed) along with the name and telephone number of the contact is indicated on page 9 of this Annual Report. 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 WDID No: 4B19S005526

B. Facility Operator:

Name: Southwest Division, Naval Facilities Engineering Command Contact Person: Greg Sheffer
Mailing Address: 1220 Pacific Highway Title: Remedial Project Manager
City: San Diego State: CA Zip: 92132 Phone: (619) 532-4715

C. Facility Information:

Facility Name: (Former) Long Beach Naval Shipyard Mailing Address: (Former) 300 Skipjack Rd. (Current- see above)
City: Long Beach State: CA Zip: 90822-5090 Phone: (562) 547-7868
Contact Person: (Former) LOU SMITH (Current- see above)
Standard Industrial Classification (SIC) Code(s): 3731 (Former) Ship Alterations/Repair

1998-99
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

E. SAMPLING AND ANALYSIS RESULTS

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

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

YES NO **Attach explanation**

3. How many storm water discharge locations are at your facility? 7

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. Is your facility required to analyze additional parameters listed in Table D of the General Permit? 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:

- The parameter has not been detected in significant quantities from the last two consecutive sampling events. **Attach explanation**
- The parameter 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.**

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

2. Report monthly wet season visual observations using **Form 4** or provide the following information.
- date, time, and location of observation
 - name and title of observer
 - characteristics of the discharge (i.e., odor, color, etc.) and source of any pollutants observed.
 - any** new or revised BMPs necessary to reduce or prevent pollutants in storm water discharges. Provide new or revised BMP implementation date.

ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION (ACSCE)

H. ACSCE CHECKLIST

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

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

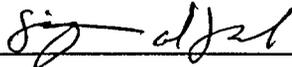
Answer the questions below to help you determine what should be attached to this annual report. Answer NA (Not Applicable) to questions 2-4 if you are not required to provide those attachments.

- 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: FAIQ ALJABI

Signature:  Date: June 23, 1999

Title: ENVIRONMENTAL ENGINEER

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.

**STATE AND REGIONAL BOARD
CONTACT LIST**

Contact List is located at
www.swrcb.ca.gov/html/stormwtr.html
under *Contacts*

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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 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													
	_ / _ / _ <input type="checkbox"/> AM _: _ <input type="checkbox"/> PM	_: _ <input type="checkbox"/> AM <input type="checkbox"/> PM																		
	- / _ / _ <input type="checkbox"/> AM _: _ <input type="checkbox"/> PM	_: _ <input type="checkbox"/> AM <input type="checkbox"/> PM																		
	- / _ / _ <input type="checkbox"/> AM _: _ <input type="checkbox"/> PM	_: _ <input type="checkbox"/> AM <input type="checkbox"/> PM																		
	- / _ / _ <input type="checkbox"/> AM _: _ <input type="checkbox"/> PM	_: _ <input type="checkbox"/> AM <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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FORM 1-SAMPLING & ANALYSIS RESULTS

SECOND STORM EVENT

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

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

DESCRIBE DISCHARGE LOCATION Example: NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	ANALYTICAL RESULTS For Second Storm Event												
			BASIC PARAMETERS					OTHER PARAMETERS							
			pH	TSS	SC	O&G	TOC								
	/ / <input type="checkbox"/> AM : <input type="checkbox"/> PM	: <input type="checkbox"/> AM <input type="checkbox"/> PM													
	/ / <input type="checkbox"/> AM : <input type="checkbox"/> PM	: <input type="checkbox"/> AM <input type="checkbox"/> PM													
	/ / <input type="checkbox"/> AM : <input type="checkbox"/> PM	: <input type="checkbox"/> AM <input type="checkbox"/> PM													
	/ / <input type="checkbox"/> AM : <input type="checkbox"/> PM	: <input type="checkbox"/> AM <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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**FORM 2-QUARTERLY VISUAL OBSERVATIONS OF AUTHORIZED
NON-STORM WATER DISCHARGES (NSWDs)**

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

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

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

DATE /TIME OF OBSERVATION	SOURCE AND LOCATION OF AUTHORIZED NSWD <u>EXAMPLE:</u> Air conditioner Units on Building C	NAME OF AUTHORIZED NSWD <u>EXAMPLE:</u> Air conditioner condensate	DESCRIBE AUTHORIZED NSWD CHARACTERISTICS Indicate whether authorized NSWD is clear, cloudy, or discolored, causing staining, contains floating objects or 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	
____ / ____ / ____ ____ : ____ <input type="checkbox"/> AM <input type="checkbox"/> PM					
____ / ____ / ____ ____ : ____ <input type="checkbox"/> AM <input type="checkbox"/> PM					
____ / ____ / ____ ____ : ____ <input type="checkbox"/> AM <input type="checkbox"/> PM					
____ / ____ / ____ ____ : ____ <input type="checkbox"/> AM <input type="checkbox"/> PM					
____ / ____ / ____ ____ : ____ <input type="checkbox"/> AM <input type="checkbox"/> PM					

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

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

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

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

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

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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.

Observation Date: October ____ 1998		#1	#2	#3	#4
Observers Name: _____	Drainage Location Description				
Title: _____	Observation Time	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.			
Signature: _____	Time Discharge Began	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.			
	Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input type="checkbox"/>			

Observation Date: November ____ 1998		#1	#2	#3	#4
Observers Name: _____	Drainage Location Description				
Title: _____	Observation Time	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.			
Signature: _____	Time Discharge Began	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.			
	Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input type="checkbox"/>			

Observation Date: December ____ 1998		#1	#2	#3	#4
Observers Name: _____	Drainage Location Description				
Title: _____	Observation Time	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.			
Signature: _____	Time Discharge Began	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.			
	Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input type="checkbox"/>			

Observation Date: January ____ 1999		#1	#2	#3	#4
Observers Name: _____	Drainage Location Description				
Title: _____	Observation Time	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.			
Signature: _____	Time Discharge Began	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.			
	Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input type="checkbox"/>			

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FORM 4-MONTHLY VISUAL OBSERVATIONS OF
STORM WATER DISCHARGES

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

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

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

- Discharges of temporarily stored or contained storm water must be observed at the time of discharge.
- Indicate "None" in the first column of this form if you did not conduct a monthly visual observation.
- Make additional copies of this form as necessary.

Observation Date: February ____ 1999 Observers Name: _____ Title: _____ Signature: _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.			
	Time Discharge Began	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.			
	Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input type="checkbox"/>			

Observation Date: March ____ 1999 Observers Name: _____ Title: _____ Signature: _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.			
	Time Discharge Began	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.			
	Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input type="checkbox"/>			

Observation Date: April ____ 1999 Observers Name: _____ Title: _____ Signature: _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.			
	Time Discharge Began	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.			
	Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input type="checkbox"/>			

Observation Date: May ____ 1999 Observers Name: _____ Title: _____ Signature: _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.			
	Time Discharge Began	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.			
	Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input type="checkbox"/>			

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

DATE/TIME OF OBSERVATION (From Reverse Side)	DRAINAGE AREA DESCRIPTION <i>EXAMPLE:</i> 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 <i>EXAMPLE:</i> 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				

