



**Pacific Gas and
Electric Company**

Curt Russell
Topock Site Manager
Chromium Remediation
Gas Transmission & Distribution

Topock Compressor Station
145453 National Trails Hwy
Needles, CA 92363

Mailing Address
P.O. Box 337
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June 30, 2009

Mr. Robert Perdue
Executive Officer
California Regional Water Quality Control Board
Colorado River Basin Region
73-720 Fred Waring Drive, Suite 100
Palm Desert, CA 92260

**Subject: 2008 – 2009 Storm Water Annual Report
PG&E Topock Interim Measure No. 3
I-40 & Park Moabi Road, Needles, California
WDID No. 7 36I 019443**

Dear Mr. Perdue:

Enclosed is the 2008 – 2009 Storm Water Annual Report for the Pacific Gas and Electric Company (PG&E) Topock Interim Measure (IM) No. 3 Groundwater Treatment System, Facility WDID No. 7 36I 019443. This report is being submitted in compliance with the National Pollutant Discharge Elimination System (NPDES) General Permit No. CAS000001 for Industrial Activities.

The IM No. 3 Notice of Intent (NOI) was submitted April 5, 2005. The Storm Water Pollution Prevention Plan (SWPPP) is available at the facility. All Best Management Practices (BMPs) have been fully implemented.

Three locations at the treatment plant site have been identified as possible storm water discharge locations. However, there were no storm events that resulted in discharge of storm water from the site during the 2008 – 2009 wet season. Therefore, no storm water samples were collected. Discharge of storm water from the plant site did not occur due to the arid climate during the wet season, drainage properties of soil at unpaved areas, and pumping of storm water collected on the concrete treatment pad into the treatment plant.

If you have any questions regarding this report, please call me at (760) 326-5582.

Sincerely,

Curt Russell
Topock Site Manager

Enclosures:

Mr. Robert Perdue
June 30, 2009
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Annual Report Form including Certification

Form 1 – Sampling and Analysis Results

Form 2 – Quarterly Visual Observations of Authorized Non-Storm Water Discharges

Form 3 – Quarterly Visual Observations of Unauthorized Non-Storm Water Discharges

Form 4 – Monthly Visual Observations of Storm Water Discharges

Form 5 – Annual Comprehensive Site Compliance Evaluation

Attachment A – Response Explanations to Annual Report Form

Attachment B – 2008-2009 Wet Season Storm Event Records

cc: Suhas Chakraborty, Colorado River Basin Regional Water Quality Control Board
Cliff Raley, Colorado River Basin Regional Water Quality Control Board
Tom Vandenberg, State Water Resources Control Board
Aaron Yue, California Department of Toxic Substances Control

State of California
STATE WATER RESOURCES CONTROL BOARD

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

Reporting Period July 1, 2008 through June 30, 2009

An annual report is required to be submitted to your local Regional Water Quality Control Board (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.waterboards.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.

REGIONAL BOARD INFORMATION:

Colorado River Basin Region
73-720 Fred Waring Dr., Ste 100
Palm Desert, CA 92260

Contact: Suhas Chakraborty
Tel: (760) 776-8961
Email: Schakraborty@waterboards.ca.gov

GENERAL INFORMATION:

A. Facility Information:

Facility Business Name: PG&E Topock Interim Measures No. 3
Physical Address: I-40 & Park Moabi Road
City: Needles
Standard Industrial Classification (SIC) Code(s): 4953

Facility WDID No: 7 36I 019443

Contact Person: Curt Russell
e-mail: _____
CA Zip: 92363 Phone: 760-326-5582

B. Facility Operator Information:

Operator Name: PG&E Topock Interim Measures No. 3
Mailing Address: I-40 & Park Moabi Road
City: Needles

Contact Person: Curt Russell
e-mail: _____
State: CA Zip: 92363 Phone: 760-326-5582

C. Facility Billing Information:

Operator Name: same as Facility Operator
Mailing Address: _____
City: _____

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

Additional Table D Parameters: Fe

(Hazardous Waste Facilities, see Table D, Sector K of the Permit for Additional Parameters)

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SPECIFIC INFORMATION

MONITORING AND REPORTING PROGRAM

D. SAMPLING AND ANALYSIS EXEMPTIONS AND REDUCTIONS

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

☐ **YES** Go to Item D.2 ☒ **NO** Go to Section E

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

i. ☐ Participating in an Approved Group Monitoring Plan **Group Name:** _____

ii. ☐ Submitted **No Exposure Certification (NEC)** Date Submitted: ____ / ____ / ____

Re-evaluation Date: ____ / ____ / ____

Does facility continue to satisfy NEC conditions? ☐ YES ☐ NO

iii. ☐ Submitted **Sampling Reduction Certification (SRC)** Date Submitted: ____ / ____ / ____

Re-evaluation Date: ____ / ____ / ____

Does facility continue to satisfy SRC conditions? ☐ YES ☐ NO

iv. ☐ Received Regional Board Certification Certification Date: ____ / ____ / ____

v. ☐ Received Local Agency Certification Certification Date: ____ / ____ / ____

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

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

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

E. SAMPLING AND ANALYSIS RESULTS

1. How many storm events did you sample? 0

If less than 2, **attach explanation** (if you checked item D.2.i or iii. above, only attach explanation if you answer "0").

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

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

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

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4. For each storm event sampled, did you collect and analyze a sample from each of the facility's' storm water discharge locations? ☐ YES, go to Item E.6 ☒ NO
5. Was sample collection or analysis reduced in accordance with Section B.7.d of the General Permit? ☐ YES ☒ NO, **attach explanation**
- If "YES", **attach documentation** supporting your determination that two or more drainage areas are substantially identical.
- Date facility's drainage areas were last evaluated ____ / ____ / ____
6. Were all samples collected during the first hour of discharge? ☐ YES ☒ NO, **attach explanation**
7. Was all storm water sampling preceded by three (3) working days without a storm water discharge? ☐ YES ☒ NO, **attach explanation**
8. Were there any discharges of storm water that had been temporarily stored or contained? (such as from a pond) ☐ YES ☒ NO, go to Item E.10
9. Did you collect and analyze samples of temporarily stored or contained storm water discharges from two storm events? (or one storm event if you checked item D.2.i or iii. above) ☐ YES ☒ NO, **attach explanation**
10. Section B.5. of the General Permit requires you to analyze storm water samples for pH, Total Suspended Solids (TSS), Specific Conductance (SC), Total Organic Carbon (TOC) or Oil and Grease (O&G), other pollutants likely to be present in storm water discharges in significant quantities, and analytical parameters listed in Table D of the General Permit.
- a. Does Table D contain any additional parameters related to your facility's SIC code(s)? ☒ YES ☐ NO, Go to Item E.11
- b. Did you analyze all storm water samples for the applicable parameters listed in Table D? ☐ YES ☒ NO
- c. If you did not analyze all storm water samples for the applicable Table D parameters, check one of the following reasons:
- _____ In prior sampling years, the parameter(s) have not been detected in significant quantities from two consecutive sampling events. **Attach explanation**
- _____ The parameter(s) is not likely to be present in storm water discharges and authorized non-storm water discharges in significant quantities based upon the facility operator's evaluation. **Attach explanation**
- X Other. **Attach explanation**
11. For each storm event sampled, attach a copy of the laboratory analytical reports and report the sampling and analysis results using **Form 1** or its equivalent. The following must be provided for each sample collected:
- Date and time of sample collection
 - Name and title of sampler
 - Parameters tested
 - Name of analytical testing laboratory
 - Discharge location identification
 - Testing results
 - Test methods used
 - Test detection limits
 - Date of testing
 - Copies of the laboratory analytical results

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F. QUARTERLY VISUAL OBSERVATIONS

1. Authorized Non-Storm Water Discharges

Section B.3.b of the General Permit requires quarterly visual observations of all authorized non-storm water discharges and their sources.

- a. Do authorized non-storm water discharges occur at your facility?

☐ **YES** ☒ **NO** Go to Item F.2

- b. Indicate whether you visually observed all authorized non-storm water discharges and their sources during the quarters when they were discharged. **Attach an explanation for any "NO" answers.** Indicate "N/A" for quarters without any authorized non-storm water discharges.

July-September ☐ **YES** ☐ **NO** ☒ **N/A** October-December ☐ **YES** ☐ **NO** ☒ **N/A**

January-March ☐ **YES** ☐ **NO** ☒ **N/A** April-June ☐ **YES** ☐ **NO** ☒ **N/A**

- c. Use **Form 2** to report quarterly visual observations of authorized non-storm water discharges or provide the following information:

- i. name of each authorized non-storm water discharge
- ii. date and time of observation
- iii. source and location of each authorized non-storm water discharge
- iv. characteristics of the discharge at its source and impacted drainage area/discharge location
- v. name, title, and signature of observer
- vi. **any** new or revised BMPs necessary to reduce or prevent pollutants in authorized non-storm water discharges. Provide new or revised BMP implementation date.

2. Unauthorized Non-Storm Water Discharges

Section B.3.a of the General Permit requires quarterly visual observations of all drainage areas to detect the presence of unauthorized non-storm water discharges and their sources.

- a. Indicate whether you visually observed all drainage areas to detect the presence of unauthorized non-storm water discharges and their sources. **Attach an explanation for any "NO" answers.**

July-September ☒ **YES** ☐ **NO** October-December ☒ **YES** ☐ **NO**

January-March ☒ **YES** ☐ **NO** April-June ☒ **YES** ☐ **NO**

- b. Based upon the quarterly visual observations, were any unauthorized non-storm water discharges detected?

☐ **YES** ☒ **NO** Go to Item F.2.d

- c. Have each of the unauthorized non-storm water discharges been eliminated or permitted?

☐ **YES** ☐ **NO** **Attach explanation**

- d. Use **Form 3** to report quarterly unauthorized non-storm water discharge visual observations or provide the following information:

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

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G. MONTHLY WET SEASON VISUAL OBSERVATIONS

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

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

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

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

- 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:

<ul style="list-style-type: none"> • areas where spills and leaks have occurred during the last year • outdoor wash and rinse areas • process/manufacturing areas • loading, unloading, and transfer areas • waste storage/disposal areas • dust/particulate generating areas • erosion areas 	<ul style="list-style-type: none"> • building repair, remodeling, and construction • material storage areas • vehicle/equipment storage areas • truck parking and access areas • rooftop equipment areas • vehicle fueling/maintenance areas • non-storm water discharge generating areas
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2. Have you reviewed your SWPPP to assure that its BMPs address existing potential pollutant sources and industrial activities areas? ☒ YES ☐ NO
3. Have you inspected the entire facility to verify that the SWPPP's site map is up-to-date? The following site map items should be verified: ☒ YES ☐ NO

<ul style="list-style-type: none"> • facility boundaries • outline of all storm water drainage areas • areas impacted by run-on • storm water discharges locations 	<ul style="list-style-type: none"> • storm water collection and conveyance system • structural control measures such as catch basins, berms, containment areas, oil/water separators, etc.
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4. Have you reviewed all General Permit compliance records generated since the last annual evaluation?

☒ YES

☐ NO

The following records should be reviewed:

- quarterly authorized non-storm water discharge visual observations
- monthly storm water discharge visual observation
- records of spills/leaks and associated clean-up/response activities
- quarterly unauthorized non-storm water discharge visual observations
- Sampling and Analysis records
- preventative maintenance inspection and maintenance records

5. Have you reviewed the major elements of the SWPPP to assure compliance with the General Permit?

☒ YES

☐ NO

The following SWPPP items should be reviewed:

- pollution prevention team
- list of significant materials
- description of potential pollutant sources
- assessment of potential pollutant sources
- identification and description of the BMPs to be implemented for each potential pollutant source

6. Have you reviewed your SWPPP to assure that a) the BMPs are adequate in reducing or preventing pollutants in storm water discharges and authorized non-storm water discharges, and b) the BMPs are being implemented?

☒ YES

☐ NO

The following BMP categories should be reviewed:

- good housekeeping practices
- spill response
- employee training
- erosion control
- quality assurance
- preventative maintenance
- material handling and storage practices
- waste handling/storage
- structural BMPs

7. Has all material handling equipment and equipment needed to implement the SWPPP been inspected?

☒ YES

☐ NO

I. ACSCE EVALUATION REPORT

The facility operator is required to provide an evaluation report that includes:

- identification of personnel performing the evaluation
- the date(s) of the evaluation
- necessary SWPPP revisions
- schedule for implementing SWPPP revisions
- any incidents of non-compliance and the corrective actions taken

Use **Form 5** to report the results of your evaluation or develop an equivalent form.

J. ACSCE CERTIFICATION

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

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

☒ YES

☐ NO

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

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ATTACHMENT SUMMARY

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

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

ANNUAL REPORT CERTIFICATION

I am duly authorized to sign reports required by the INDUSTRIAL ACTIVITIES STORM WATER GENERAL PERMIT (see Standard Provision C.9) and I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons 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: Curt Russell

Signature:  Date: 6-17-2009

Title: PG&E Topock Site Manager

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SIDE A

FORM 1-SAMPLING & ANALYSIS RESULTS

FIRST STORM EVENT

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

NAME OF PERSON COLLECTING SAMPLE(S): No discharge for 2008/2009

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			
October 1, 2008 through May 31, 2009 the site had no Stormwater discharge	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM									
6-12-09 Ken Vose Project Manager	<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	umholcm	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	

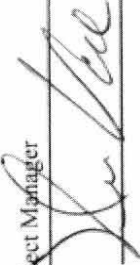
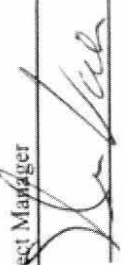
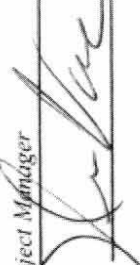
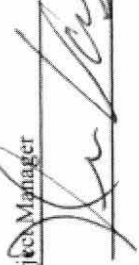
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SIDE A

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: JULY-SEPT. DATE: 9-30-08	Observers Name: <u>Ken Vose</u> Title: <u>Project Manager</u> Signature: <u></u>	WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <small>If YES, complete reverse side of this form.</small>
QUARTER: OCT.-DEC. DATE: 12-08-08	Observers Name: <u>Ken Vose</u> Title: <u>Project Manager</u> Signature: <u></u>	WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <small>If YES, complete reverse side of this form.</small>
QUARTER: JAN.-MARCH DATE: 3-31-09	Observers Name: <u>Ken Vose</u> Title: <u>Project Manager</u> Signature: <u></u>	WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <small>If YES, complete reverse side of this form.</small>
QUARTER: APRIL-JUNE DATE: 6-12-09	Observers Name: <u>Ken Vose</u> Title: <u>Project Manager</u> Signature: <u></u>	WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <small>If YES, complete reverse side of this form.</small>

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SIDE B

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

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

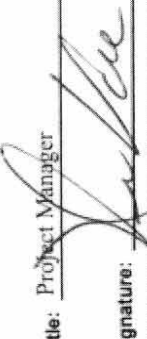

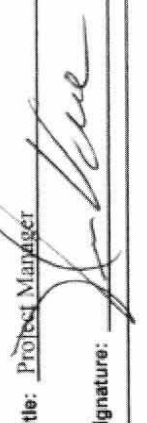
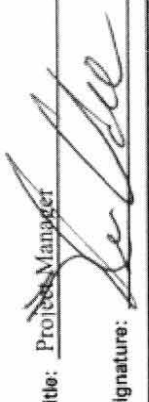
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SIDE A

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.

QUARTER: JULY-SEPT. DATE/TIME OF OBSERVATIONS 9-30-08 <input type="checkbox"/> AM <input type="checkbox"/> PM	Observers Name: <u>Ken Vose</u> Title: <u>Project Manager</u> Signature: 	WERE UNAUTHORIZED NSWDs OBSERVED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If YES to either question, complete reverse side.
QUARTER: OCT.-DEC. DATE/TIME OF OBSERVATIONS 12-08-08 <input type="checkbox"/> AM <input type="checkbox"/> PM	Observers Name: <u>Ken Vose</u> Title: <u>Project Manager</u> Signature: 	WERE UNAUTHORIZED NSWDs OBSERVED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If YES to either question, complete reverse side.
QUARTER: JAN.-MARCH DATE/TIME OF OBSERVATIONS 3-31-09 <input type="checkbox"/> AM <input type="checkbox"/> PM	Observers Name: <u>Ken Vose</u> Title: <u>Project Manager</u> Signature: 	WERE UNAUTHORIZED NSWDs OBSERVED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If YES to either question, complete reverse side.
QUARTER: APRIL-JUNE DATE/TIME OF OBSERVATIONS 6-12-09 <input type="checkbox"/> AM <input type="checkbox"/> PM	Observers Name: <u>Ken Vose</u> Title: <u>Project Manager</u> Signature: 	WERE UNAUTHORIZED NSWDs OBSERVED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If YES to either question, complete reverse side.

2008-2009

ANNUAL REPORT

SIDE B

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

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

2008-2009

ANNUAL REPORT FORM 4-MONTHLY VISUAL OBSERVATIONS OF

SIDE A

STORM WATER DISCHARGES

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

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


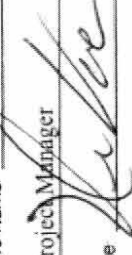
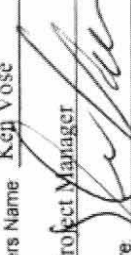
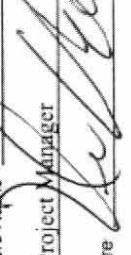
Observation Date: October <u>31</u> 2008 Observers Name <u>Ken Vose</u> Title <u>Project Manager</u> Signature <u>[Signature]</u>		#1 No storm water discharge <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	#2 No storm water discharge <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	#3 No storm water discharge <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	#4 <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
Drainage Location Description Observation Time Time Discharge Began Were Pollutants Observed (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"/>
Observation Date: November <u>20</u> 2008 Observers Name <u>Ken Vose</u> Title <u>Project Manager</u> Signature <u>[Signature]</u>		#1 No storm water discharge <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	#2 No storm water discharge <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	#3 No storm water discharge <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	#4 <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
Drainage Location Description Observation Time Time Discharge Began Were Pollutants Observed (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"/>
Observation Date: December <u>31</u> 2008 Observers Name <u>Ken Vose</u> Title <u>Project Manager</u> Signature <u>[Signature]</u>		#1 No storm water discharge <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	#2 No storm water discharge <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	#3 No storm water discharge <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	#4 <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
Drainage Location Description Observation Time Time Discharge Began Were Pollutants Observed (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"/>
Observation Date: January <u>30</u> 2009 Observers Name <u>Ken Vose</u> Title <u>Project Manager</u> Signature <u>[Signature]</u>		#1 No storm water discharge <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	#2 No storm water discharge <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	#3 No storm water discharge <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	#4 <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
Drainage Location Description Observation Time Time Discharge Began Were Pollutants Observed (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"/>

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

SIDE A

STORM WATER DISCHARGES

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

Observation Date: February 27 2009 Observers Name <u>Ken Vose</u> Title <u>Project Manager</u> Signature 		#1 No storm water discharge <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	#2 No storm water discharge <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	#3 No storm water discharge <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	#4 <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
Drainage Location Description Observation Time Time Discharge Began Were Pollutants Observed (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"/>
Observation Date: March 31 2009 Observers Name <u>Ken Vose</u> Title <u>Project Manager</u> Signature 		#1 No storm water discharge <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	#2 No storm water discharge <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	#3 No storm water discharge <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	#4 <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
Drainage Location Description Observation Time Time Discharge Began Were Pollutants Observed (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"/>
Observation Date: April 30 2009 Observers Name <u>Ken Vose</u> Title <u>Project Manager</u> Signature 		#1 No storm water discharge <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	#2 No storm water discharge <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	#3 No storm water discharge <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	#4 <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
Drainage Location Description Observation Time Time Discharge Began Were Pollutants Observed (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"/>
Observation Date: May 29 2009 Observers Name <u>Ken Vose</u> Title <u>Project Manager</u> Signature 		#1 No storm water discharge <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	#2 No storm water discharge <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	#3 No storm water discharge <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	#4 <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
Drainage Location Description Observation Time Time Discharge Began Were Pollutants Observed (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"/>

2008-2009
ANNUAL REPORT

SIDE B

FORM 4-MONTHLY VISUAL OBSERVATIONS OF
STORM WATER DISCHARGES

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

ANNUAL REPORT

SIDE B

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

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

2008-2009

ANNUAL REPORT

SIDE A

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

EVALUATION DATE: 6-12-09

INSPECTOR NAME: Ken Vose

TITLE: Project Manager

SIGNATURE: 

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP) 4.1 Groundwater extraction, conveyance and injection.	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ARE ADDITIONAL/REVISED BMPs NECESSARY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP Implementation	Describe additional/revise BMPs or corrective actions and their date(s) of implementation
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP) 4.2 Groundwater treatment.	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ARE ADDITIONAL/REVISED BMPs NECESSARY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP Implementation	Describe additional/revise BMPs or corrective actions and their date(s) of implementation
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP) 4.3 Loading and unloading activities.	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ARE ADDITIONAL/REVISED BMPs NECESSARY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP Implementation	Describe additional/revise BMPs or corrective actions and their date(s) of implementation
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP) 4.4 Vehicular movement and soil erosion.	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ARE ADDITIONAL/REVISED BMPs NECESSARY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP Implementation	Describe additional/revise BMPs or corrective actions and their date(s) of implementation

2008-2009

ANNUAL REPORT

SIDE B

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

EVALUATION DATE: 6-12-09

INSPECTOR NAME: Ken Vose

TITLE: Project Manager

SIGNATURE: 

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP) 4.5 Management of lab sink waste.	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ARE ADDITIONAL/REVISED BMPs NECESSARY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP) 4.6 Management of emergency generator.	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ARE ADDITIONAL/REVISED BMPs NECESSARY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP) 4.7 Incidental equipment maintenance.	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ARE ADDITIONAL/REVISED BMPs NECESSARY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP) 4.8 Management of septic tank waste.	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ARE ADDITIONAL/REVISED BMPs NECESSARY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation

2008-2009
ANNUAL REPORT

SIDE C

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

EVALUATION DATE: 6-12-09 INSPECTOR NAME: Ken Vose TITLE: Project Manager SIGNATURE: 

<p>POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP) 4.9 Non-storm water discharge</p>	<p>HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>ARE ADDITIONAL/REVISED BMPs NECESSARY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>	<p>If yes, to either question, complete the next two columns of this form</p>	<p>Describe deficiencies in BMPs or BMP Implementation</p>	<p>Describe additional/revise BMPs or corrective actions and their date(s) of implementation</p>
<p>POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)</p>	<p>HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>ARE ADDITIONAL/REVISED BMPs NECESSARY? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If yes, to either question, complete the next two columns of this form</p>	<p>Describe deficiencies in BMPs or BMP Implementation</p>	<p>Describe additional/revise BMPs or corrective actions and their date(s) of implementation</p>
<p>POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)</p>	<p>HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>ARE ADDITIONAL/REVISED BMPs NECESSARY? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If yes, to either question, complete the next two columns of this form</p>	<p>Describe deficiencies in BMPs or BMP Implementation</p>	<p>Describe additional/revise BMPs or corrective actions and their date(s) of implementation</p>
<p>POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)</p>	<p>HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>ARE ADDITIONAL/REVISED BMPs NECESSARY? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If yes, to either question, complete the next two columns of this form</p>	<p>Describe deficiencies in BMPs or BMP Implementation</p>	<p>Describe additional/revise BMPs or corrective actions and their date(s) of implementation</p>

PG&E Topock Interim Measures No. 3

Groundwater Treatment System, WDID No. 7 36I 019443

Attachment A

Response Explanations for “NO” Answers for Questions E.1, E.2, E.5-E.7, E.9, E.10.c, and G.1:

E.1 - No storm events occurred during the October 1, 2008 through May 31, 2009 wet season that caused discharge from the site, including no discharge from the storm water discharge locations identified in the SWPPP.

E.2 - No storm events occurred during the October 1, 2008 through May 31, 2009 wet season that caused discharge from the site, including no discharge from the storm water discharge locations identified in the SWPPP.

E.5 - No storm events occurred during the October 1, 2008 through May 31, 2009 wet season that caused discharge from the site, including no discharge from the storm water discharge locations identified in the SWPPP.

E.6 - No storm events occurred during the October 1, 2008 through May 31, 2009 wet season that caused discharge from the site, including no discharge from the storm water discharge locations identified in the SWPPP.

E.7 - No storm events occurred during the October 1, 2008 through May 31, 2009 wet season that caused discharge from the site, including no discharge from the storm water discharge locations identified in the SWPPP.

E.9 - **There were no storage of storm water discharges either temporary or contained.** No storm events occurred during the October 1, 2008 through May 31, 2009 wet season that caused discharge from the site including no discharge from the storm water discharge locations identified in the SWPPP.

E.10.c - No storm events occurred during the October 1, 2008 through May 31, 2009 wet season that caused discharge from the site, including no discharge from the storm water discharge locations identified in the SWPPP.

G.1 - No storm events occurred during the October 1, 2008 through May 31, 2009 wet season that caused discharge from the site, including no discharge from the storm water discharge locations identified in the SWPPP.

Eligible storm events that **did not** result in a storm water discharge see Attachment B.

PG&E Topock Interim Measures No. 3
Groundwater Treatment System, WDID No. 7 36I 019443

Attachment B

Storm Events, During October 1, 2008 to May 31, 2009 Wet Season

DATE	TIME	RAINFALL AMOUNT (inches)	Discharge Observed? (Yes/No)	NAME & TITLE
October 2008 did not have any eligible storm water events			No	Ken Vose, Plant Manager
Nov. 26, 2008	12:00 PM	0.10"	No	John Deetz, Industrial Technician
Dec. 8, 2008	2:00 AM	0.10"	No	James Quinn, Industrial Technician
Dec. 16, 2008	2:00 AM	0.25"	No	Eric Yocom, Industrial Technician
Dec. 18, 2008	2:00 AM	1.75"	No	Eric Yocom, Industrial Technician
Dec. 25, 2008	2:00 AM	0.125"	No	Eric Yocom, Industrial Technician
January 2009 did not have any eligible storm water events			No	Ken Vose, Plant Manager
Feb. 8 2009	10:00 AM	1.00"	No	Joe Aide, Industrial Technician
Feb. 9, 2009	2:00 AM	1.25"	No	Eric Yocom, Industrial Technician
Feb. 9, 2009	1:45 PM	0.25"	No	Chris Knight, Industrial Technician
Feb. 9, 2009	5:30 PM	0.25"	No	Ron Phelps, Industrial Technician
Feb. 9, 2009	11:45 PM	0.75"	No	Eric Yocom, Industrial Technician
March 2009 did not have any eligible storm water events			No	Ken Vose, Plant Manager
April 2009 did not have any eligible storm water events			No	Ken Vose, Plant Manager
May 2009 did not have any eligible storm water events			No	Ken Vose, Plant Manager