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
Needles, CA 92363

760.326.5582
Fax: 760.326.5542
Email: gcr4@pge.com

June 25, 2010

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: 2009 – 2010 Storm Water Annual Report
PG&E Topock Interim Measure No. 3
I-40 & Park Moabi Road, Needles, California
WDID No. 7 36I 019443
Report Number: PGE20100630A

Dear Mr. Perdue:

Enclosed is the 2009 – 2010 Storm Water Annual Report for the Pacific Gas and Electric Company (PG&E) Topock Interim Measure No. 3 (IM3) 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 IM3 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. There was one storm event that resulted in discharge of storm water from the site during the 2009 – 2010 wet season. During this storm, discharge was observed at only one of the three designated storm water discharge locations. Therefore, storm water samples were collected from only one location during the 2009 – 2010 wet season. Discharge of additional storm water from the site did not occur due to the arid climate during the wet season, the drainage properties of soil in unpaved areas, and all storm water that collected in the concrete containment structure was pumped 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:

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 – Rainfall Measurements during 2009-2010 Wet Season
Attachment C – Analytical Results from Storm Water Sample, January 21, 2010

cc: Suhas Chakraborty, Colorado River Basin Regional Water Quality Control Board
Jose Cortez, 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

2009-2010

ANNUAL REPORT

FOR
STORM WATER DISCHARGES ASSOCIATED
WITH INDUSTRIAL ACTIVITIES

Reporting Period July 1, 2009 through June 30, 2010

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 WDID No: *7 36I 019443*

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

Contact Person: Curt Russell
e-mail: gcr4@pge.com
CA Zip: 92363 Phone: 760-326-5582

B. Facility Operator Information:

Operator Name: PG&E Topock Interim Measures No. 3
Mailing Address: PO Box 337
City: Needles

Contact Person: Curt Russell
e-mail: gcr4@pge.com
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)

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? __1__

   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__

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 06/15/10

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** ☒ **N/A**

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

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

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

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

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

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

    _____ Other. **Attach explanation**

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

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

F. QUARTERLY VISUAL OBSERVATIONS

1. **Authorized Non-Storm Water Discharges**

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

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

☐ **YES** ☒ **NO** Go to Item F.2

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

July-September	☐ **YES**	☐ **NO**	☒ **N/A**	October-December	☐ **YES**	☐ **NO**	☒ **N/A**
January-March	☐ **YES**	☐ **NO**	☒ **N/A**	April-June	☐ **YES**	☐ **NO**	☒ **N/A**

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

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

2. **Unauthorized Non-Storm Water Discharges**

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

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

July-September	☒ **YES**	☐ **NO**	October-December	☒ **YES**	☐ **NO**
January-March	☒ **YES**	☐ **NO**	April-June	☒ **YES**	☐ **NO**

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

☐ **YES** ☒ **NO** Go to Item F.2.d

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

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

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

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

G. MONTHLY WET SEASON VISUAL OBSERVATIONS

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

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

	YES	NO		YES	NO
October	☐	☒	February	☐	☒
November	☐	☒	March	☐	☒
December	☐	☒	April	☐	☒
January	☒	☐	May	☐	☒

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

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

ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION (ACSCE)

H. ACSCE CHECKLIST

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

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

   - areas where spills and leaks have 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

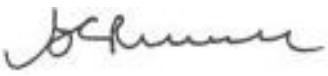
3. If you checked box II, III, IV, or V in item D.2 of this Annual Report, have you attached the first page of the appropriate certifications? ☐ YES ☐ NO ☒ NA

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 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: 6/25/2010

Title: PG&E Topock Site Manager

2009- 2010

ANNUAL REPORT

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): Chris Knight **TITLE:** Lead Operator **SIGNATURE:** Chris Knight

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	Hexavalent Chromium	Total Chromium	Ammonia as N	Diesel	COD
IM3-SW-002 NE outfall near IM3 plant entry gate	01/21/10 03:10 PM	01/21/10 03:10 PM	8.25 J	157	117	General Permit allows TOC for O&G	1.20	ND	12.9	ND	ND	75.1
TEST REPORTING UNITS:			pH Units	mg/L	umho/cm	mg/L	mg/L	ug/L	ug/L	mg/L	ug/L	mg/L
TEST REPORTING LIMIT:			2.0	5.00	2.00		0.300	0.20	1.11	0.500	500	20.0
TEST METHOD USED:			SM 4500-HB	SM 2540D	EPA 120.1		SM 5310C	EPA 218.6	EPA 200.8	SM 4500-NH3 D	EPA 8015 (modified)	EPA 410.4
ANALYZED BY (SELF/LAB):			LAB	LAB	LAB	LAB	LAB	LAB	LAB	LAB	LAB	LAB

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

2009- 2010

ANNUAL REPORT

SIDE A - Continued

FORM 1-SAMPLING & ANALYSIS RESULTS

FIRST STORM EVENT - Continued

- 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): Chris Knight **TITLE:** Lead Operator **SIGNATURE:** Knight

DESCRIBE DISCHARGE LOCATION Example: NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	ANALYTICAL RESULTS For First Storm Event									
			OTHER PARAMETERS					OTHER PARAMETERS				
			Arsenic	Cadmium	Lead	Magnesium	Mercury	Selenium	Silver	Iron	Cyanide	
IM3-SW-002 NE outfall near IM3 plant entry gate	01/21/10 03:10 PM	01/21/10 03:10 PM	6.09	3.35	10.1	5530	ND	ND	ND	9420	ND	
TEST REPORTING UNITS:			ug/L	ug/L	ug/L	ug/L	ug/L	ug/L	ug/L	ug/L	mg/L	
TEST REPORTING LIMIT:			1.11	3.00	10.0	555	1.11	10.0	5.0	111	0.0100	
TEST METHOD USED:			EPA 200.8	EPA 200.8	EPA 200.8	EPA 200.7	EPA 200.8	EPA 200.8	EPA 200.8	EPA 200.7	SM 4500CN	
ANALYZED BY (SELF/LAB):			LAB	LAB	LAB	LAB	LAB	LAB	LAB	LAB	LAB	LAB

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

2009- 2010

ANNUAL REPORT

SIDE B

FORM 1-SAMPLING & ANALYSIS RESULTS
SECOND STORM EVENT

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

NAME OF PERSON COLLECTING SAMPLE(S): _____ **TITLE:** Chris Knight Lead Operator **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					
No second storm event during 2009-2010 wet season created runoff	__/__/__ ☐AM __:__ ☐PM	☐AM __:__ ☐PM										
	__/__/__ ☐AM __:__ ☐PM	☐AM __:__ ☐PM										
	__/__/__ ☐AM __:__ ☐PM	☐AM __:__ ☐PM										
	__/__/__ ☐AM __:__ ☐PM	☐AM __:__ ☐PM										
TEST REPORTING UNITS:			pH Units	mg/l	umho/cm	mg/l	mg/l					
TEST METHOD DETECTION LIMIT:												
TEST METHOD USED:												
ANALYZED BY (SELF/LAB):												

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

2009- 2010

ANNUAL REPORT

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: 09/30/09	**Observers Name:** Clough **Title:** Lead operator **Signature:** Clough	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?**	☐ **YES** ☒ **NO**	If **YES**, complete reverse side of this form.
QUARTER: **OCT.-DEC.** DATE: 12/31/09	**Observers Name:** CHRIS KNIGHT **Title:** Lead operator **Signature:** Clough	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?**	☐ **YES** ☒ **NO**	If **YES**, complete reverse side of this form.
QUARTER: **JAN.-MARCH** DATE: 03/31/10	**Observers Name:** CHRIS KNIGHT **Title:** LEAD OPERATOR **Signature:** Clough	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?**	☐ **YES** ☒ **NO**	If **YES**, complete reverse side of this form.
QUARTER: **APRIL-JUNE** DATE: ~~06/30/10~~ 06/15/10	**Observers Name:** CHRIS KNIGHT **Title:** LEAD OPERATOR **Signature:** Clough	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?**	☐ **YES** ☒ **NO**	If **YES**, complete reverse side of this form.

2009- 2010

SIDE A

ANNUAL REPORT
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** ☐ AM ☒ PM 9/30/09 14:00	**Observers Name:** Chris Knight **Title:** Lead Operator **Signature:**	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☒ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☒ NO	If **YES** to either question, complete reverse side.
QUARTER: **OCT.-DEC.** **DATE/TIME OF OBSERVATIONS** ☒ AM ☐ PM 12/31/10 10:00	**Observers Name:** Chris Knight **Title:** Lead Operator **Signature:**	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☒ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☒ NO	If **YES** to either question, complete reverse side.
QUARTER: **JAN.-MARCH** **DATE/TIME OF OBSERVATIONS** ☒ AM ☐ PM 03/31/10 10:00	**Observers Name:** Chris Knight **Title:** Lead Operator **Signature:**	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☒ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☒ NO	If **YES** to either question, complete reverse side.
QUARTER: **APRIL-JUNE** **DATE/TIME OF OBSERVATIONS** ☒ AM ☐ PM<br~~06/30/10~~ 11:30 06/15/10	**Observers Name:** Chris Knight **Title:** Lead Operator **Signature:**	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☒ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☒ NO	If **YES** to either question, complete reverse side.

-2010

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 31 2009 Observers Name: O. KNIGHT Title: NONE Signature: C Knight	NO RAIN Drainage Location Description	#1 NONE	#2 NONE	#3 NONE	#4 NONE
	Observation Time	☐P.M. ☐A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.
	Time Discharge Began	☐P.M. ☐A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: November 30 2009 Observers Name: CHRIS KNIGHT Title: LEAD OPERATOR Signature: C Knight	NO RAIN EVENTS Drainage Location Description	#1 NONE	#2 NONE	#3 NONE	#4
	Observation Time	☐P.M. ☐A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.
	Time Discharge Began	☐P.M. ☐A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: December 27 2009 Observers Name: C. Knight Title: LEAD OPERATOR Signature: C Knight	NO RAIN 3/4" Drainage Location Description	#1 NONE	#2 NONE	#3 NONE	#4
	Observation Time	☐P.M. ☐A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.
	Time Discharge Began	☐P.M. ☐A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: January 21 2010 Observers Name: C. Knight Title: LEAD OPERATOR Signature: C Knight	RAIN 5" in 30 hours Drainage Location Description	#1 NO DISCHARGE	#2 Yes.	#3 NONE	#4
	Observation Time	15:00 ☒P.M. ☐A.M.	15:00 ☒P.M. ☐A.M.	15:00 ☒P.M. ☐A.M.	☐P.M. ☐A.M.
	Time Discharge Began	☐P.M. ☐A.M.	15:10 ☐P.M. ☐A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☒	YES ☐ NO ☐	YES ☐ NO ☐

)-2010

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
12-21-10 (AS) 15:10 ☐ AM ☒ PM	SWPP #2	MUDDY WATER SAMPLED WATER FOR ANALYSIS	NO POLLUTANTS	NONE
_____ ____ ☐ AM ☐ PM				
_____ ____ ☐ AM ☐ PM				
_____ ____ ☐ AM ☐ PM				
_____ ____ ☐ AM ☐ PM				

-2010

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.

		#1	#2	#3	#4
Observation Date: February 28 2010 Observers Name: C.KNIGHT Title: LEAD OPERATOR Signature: CKnight	Drainage Location Description	NONE 1" rainfall			
	Observation Time	10:54 ☐ P.M. ☒ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Time Discharge Began	NO DISCHARGE ☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☒	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: March 31 2010 Observers Name: CKnight Title: LEAD OPERATOR Signature: CKnight	Drainage Location Description	#1 NO ELIGIBLE RAINFALL	#2	#3	#4
	Observation Time	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Time Discharge Began	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: April 30 2010 Observers Name: C.KNIGHT Title: LEAD OPERATOR Signature: CKnight	Drainage Location Description	#1 No RAINFALL EVENTS	#2	#3	#4
	Observation Time	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Time Discharge Began	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: May 30 2010 Observers Name: CHRIS KNIGHT Title: LEAD OPERATOR Signature: CKnight	Drainage Location Description	#1 No RAINFALL EVENTS	#2	#3	#4
	Observation Time	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Time Discharge Began	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

EVALUATION DATE: 06/14/10 INSPECTOR NAME: Andrew Redmond TITLE: Project Scientist SIGNATURE: Andrew Redmond 6/15/10

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
4.1 Groundwater extraction, conveyance and injection.	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐ YES ☒ NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐ YES ☒ NO			
4.2 Groundwater Treatment	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐ YES ☒ NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐ YES ☒ NO			
4.3 Loading and Unloading Activities	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐ YES ☒ NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐ YES ☒ NO			
4.4 Vehicular Movement and Soil Erosion	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐ YES ☒ NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐ YES ☒ NO			

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

EVALUATION DATE: 06/14/10 INSPECTOR NAME: Andrew Redmond TITLE: Project Scientist SIGNATURE: Andrew Redmond 6/15/10

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
4.5 Management of Lab Sink Waste	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐ YES ☒ NO ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐ YES ☒ NO	If yes, to either question, complete the next two columns of this form		
4.6 Management of Emergency Generator	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐ YES ☒ NO ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐ YES ☒ NO	If yes, to either question, complete the next two columns of this form		
4.7 Incidental Equipment Maintenance	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐ YES ☒ NO ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐ YES ☒ NO	If yes, to either question, complete the next two columns of this form		
4.8 Management of Septic Holding Tank Waste	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐ YES ☒ NO ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐ YES ☒ NO	If yes, to either question, complete the next two columns of this form		

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

EVALUATION DATE: 06/14/10 INSPECTOR NAME: Andrew Redmond TITLE: Project Scientist SIGNATURE: Andrew Redmond 6/15/10

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)				Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
4.9 Non-Storm Water Discharge	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?	☐ YES ☒ NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY?	☐ YES ☒ NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP) Ø	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?	☐ YES ☐ NO	If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	ARE ADDITIONAL/REVISED BMPs NECESSARY?	☐ YES ☐ NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP) Ø	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?	☐ YES ☐ NO	If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	ARE ADDITIONAL/REVISED BMPs NECESSARY?	☐ YES ☐ NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP) Ø	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?	☐ YES ☐ NO	If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	ARE ADDITIONAL/REVISED BMPs NECESSARY?	☐ YES ☐ NO			

Attachment A

PG&E Topock IM3
Groundwater Treatment System, WDID No. 7 36I 019443

Response Explanations for each "NO" Answers 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:

E.1 "How many storm events did you sample?" – Answer 1. Only one storm event occurred during the October 1, 2009 through May 31, 2010 wet season that caused discharge from the site. This storm event occurred January 21, 2010 and discharge was observed from only one (SW-02) of the three (SW-1, SW-2 and SW-3) storm water discharge locations identified in the SWPPP.

E.2 – Answer Yes

E.5 – IM3 storm water sample collection was not reduced in accordance with Section B.7.d of the General Permit.

E.6 – Answer Yes
E.7 – Answer Yes
E.9 – Answer not applicable (N/A)

E.10.c - IM3 did analyze all storm water samples for the applicable parameters in Table D of the General Permit.

F.1.b – Answer Yes
F.2.a – Answer Yes
F.2.c – Answer Yes

G.1 – Only one storm event occurred during the October 1, 2009 through May 31, 2010 wet season that caused discharge from the site. For storm events that ***did not*** result in a storm water discharge see Attachment B.

H.1 – Answer Yes
H.2 – Answer Yes
H.3 – Answer Yes
H.4 – Answer Yes
H.5 – Answer Yes
H.6 – Answer Yes
H.7 – Answer Yes
J – Answer Yes

Attachment B

PG&E Topock IM3
Groundwater Treatment System, WDID No. 7 36I 019443

Rainfall Measurements
During 2009-2010 Wet Season (October 1, 2009 – May 31, 2010)

Date	Time	Measured Rainfall Amount* (inches)	Discharge Observed? (Yes/No)	Observer Name and Title
October 2009 had no measurable rainfall			No	Chris Knight, Lead Operator
November 2009 had no measurable rainfall			No	Chris Knight, Lead Operator
December 2009 had no measurable rainfall			No	Chris Knight, Lead Operator
January 19, 2010	1:40 am	0.2	No	Chris Lentz, Industrial Technician
January 20, 2010	3:20 am	1.4	No	Chris Lentz, Industrial Technician
January 21, 2010	1:30 am	0.4	No	Chris Lentz, Industrial Technician
January 22, 2010	2:40 am	3.5	Yes, Observed 1/21/10 at 3:10 pm at location SW-2	Chris Knight, Lead Operator
February 28, 2010	10:54 am	1.0	No	Chris Knight, Lead Operator
March 2010 had no measurable rainfall			No	Chris Knight, Lead Operator
April 2010 had no measurable rainfall			No	Chris Knight, Lead Operator
May 2010 had no measurable rainfall			No	Chris Knight, Lead Operator

*** IM3 onsite rain-gauge**

Attachment C

PG&E Topock IM3
Groundwater Treatment System, WDID No. 7 36I 019443

Analytical Results from Storm Water Sample, January 21, 2010

Table of Contents
TLI Laboratory Data Package
For Laboratory Number: 987414

Section 1.0

Case Narrative

TRUESDAIL LABORATORIES, INC.
EXCELLENCE IN INDEPENDENT TESTING

Established 1931

14201 FRANKLIN AVENUE
TUSTIN, CALIFORNIA 92780-7008
(714) 730-6239 · FAX (714) 730-6462
www.truesdail.com

February 1, 2010

E2 Consulting Engineers, Inc.
Mr. Shawn Duffy
155 Grand Ave., Suite 1000
Oakland, California 94612

Dear Mr. Duffy:

SUBJECT: CASE NARRATIVE PG&E TOPOCK IM3PLANT-SW-002 PROJECT, STORMWATER MONITORING,

TLI NO.: 987414

Truesdail Laboratories, Inc. is pleased to submit this report summarizing the Topock IM3Plant-SW-002 project stormwater monitoring. A summary table for this sample delivery group is included in Section 2. Complete laboratory reports, quality control data and chain of custody forms for sampling period are included in Sections 3 and 4. Analytical raw data have been included under Section 5.

The samples were received and delivered with the chain of custody on January 22, 2010, intact and in chilled condition. The samples will be kept in a locked refrigerator for 30 days; thereafter it will be kept in warm storage for an additional 2 months before disposal.

Mr. Shawn Duffy of CH2MHill noted that this sample is from Location 2 of the stormwater monitoring project

The sample for pH analysis by SM 4500-H B was past the holding time upon arrival. Mr. Shawn Duffy was informed and approved the analysis.

No other violations or nonconformance actions occurred for this data package.

If you have any questions or require additional information, please contact me at (714) 730-6239 ext. 200.

Respectfully Submitted,
TRUESDAIL LABORATORIES, INC.

for Mona Nassimi
Manager, Analytical Services

K. R. P. Iyer

K.R.P. Iyer
Quality Assurance/Quality Control Officer

Section 2.0

Summary Table of Final Results

TRUESDAIL LABORATORIES, INC.
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Client: E2 Consulting Engineers, Inc.
155 Grand Ave. Suite 1000
Oakland, CA 94612

Attention: Shawn Duffy

Project Name: PG&E Topock Project
Project No.: 379209.01.02
P.O. No.: 379209.01.02

Laboratory No.: 987414
Date Received: January 22, 2010

Analytical Results Summary

Lab I.D.	Sample I.D.	Sample Time	EPA 218.6 *Hexavalent Chromium* µg/L	SM 4500-H B *pH* pH	SM 2540 D *TSS* mg/L	SM 5310 C *TOC* mg/L	SM 4500-NH3 D *Ammonia as N* mg/L	EPA 410.4 *COD* mg/L
987414	SC-IM3-SW-002	15:10	ND	ND	157	1.20	ND	75.1

Lab I.D.	Sample I.D.	Sample Time	EPA 120.1 *EC* µmhos/cm	SM 4500CN *Cyanide* mg/L	EPA 8015M *Diesel* µg/L
987414	SC-IM3-SW-002	15:10	117	ND	ND

ND: Non Detected (below reporting limit)
mg/L: Milligrams per liter.

Note: The following "Significant Figures" rule has been applied to all results:
Results below 0.001ppm will have two (2) significant figures.
Result above or equal to 0.001ppm will have three (3) significant figures.
Quality Control data will always have three (3) significant figures.

004

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Client: E2 Consulting Engineers, Inc.
155 Grand Ave. Suite 1000
Oakland, CA 94612
Attention: Shawn Duffy
Project Name: PG&E Topock Project
Project No.: 379209.01.02
P.O. No.: 379209.01.02

Laboratory No.: 987414
Date Received: January 22, 2010

Analytical Results Summary

METALS ANALYSIS: **Total Metal Analyses as Requested**

Lab I.D.	Sample ID	Date of Analysis: / Time Coll.	Arsenic EPA 200.8 01/31/10 µg/L	Cadmium EPA 200.8 01/31/10 µg/L	Chromium EPA 200.8 01/31/10 µg/L	Lead EPA 200.8 01/31/10 µg/L	Magnesium EPA 200.7 01/29/10 µg/L	Mercury EPA 200.8 01/29/10 µg/L	Selenium EPA 200.8 01/31/10 µg/L	Silver EPA 200.8 01/31/10 µg/L	Iron EPA 200.7 01/29/10 µg/L
987414	SC-IM3-SW-002	15:10	6.09	3.35	12.9	10.1	5530	ND	ND	ND	9420

NOTES:
ND: Not detected, or below limit of detection

005

Section 3.0

Final Reports

TRUESDAIL LABORATORIES, INC.

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REPORT

Client: E2 Consulting Engineers, Inc.
155 Grand Ave. Suite 1000
Oakland, CA 94612
Attention: Shawn Duffy
Sample: One (1) Stormwater Sample
Project Name: PG&E Topock Project
Project No.: 379209.01.02
P.O. No.: 379209.01.02
Prep. Batch: 01CrH10G

Laboratory No.: 987414
Date: February 1, 2010
Collected: January 21, 2010
Received: January 22, 2010
Prep/ Analyzed: January 25, 2010
Analytical Batch: 01CrH10G

Investigation: Hexavalent Chromium by IC Using Method EPA 218.6

Analytical Results Hexavalent Chromium

TLI I.D.	Field I.D.	Sample Time	Run Time	Units	DF	RL	Results
987414	SC-IM3-SW-002	15:10	15:50	µg/L	1.05	0.200	ND

QA/QC Summary

QC STD I.D.	Laboratory Number	Sample Concentration	Duplicate Concentration	Relative Percent Difference	Acceptance limits	QC Within Control
Duplicate	987389-19	ND	ND	0.00%	< 20%	Yes

QC Std I.D.	Lab Number	Conc.of unspiked sample	Dilution Factor	Added Spike Conc.	MS Amount	Measured Conc. of spiked sample	Theoretical Conc. of spiked sample	MS% Recovery	Acceptance limits	QC Within Control
MS	987414	0.095	1.06	1.00	1.06	1.21	1.16	105%	90-110%	Yes

QC Std I.D.	Measured Concentration	Theoretical Concentration	Percent Recovery	Acceptance Limits	QC Within Control
Blank	ND	<0.200	---	<0.200	Yes
MRCCS	5.21	5.00	104%	90% - 110%	Yes
MRCVS#1	10.3	10.0	103%	95% - 105%	Yes
MRCVS#2	10.2	10.0	102%	95% - 105%	Yes
MRCVS#3	10.1	10.0	101%	95% - 105%	Yes
LCS	5.36	5.00	107%	90% - 110%	Yes

ND: Below the reporting limit (Not Detected).

DF: Dilution Factor.

Respectfully submitted,
TRUESDAIL LABORATORIES, INC.

for Mona Nassimi, Manager
Analytical Services

TRUESDAIL LABORATORIES, INC.

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REPORT

Client: E2 Consulting Engineers, Inc.
155 Grand Ave. Suite 1000
Oakland, CA 94612
Attention: Shawn Duffy
Sample: One (1) Stormwater Sample
Project Name: PG&E Topock Project
Project No.: 379209.01.02
P.O. No.: 379209.01.02

Laboratory No.: 987414
Date: February 1, 2010
Collected: January 21, 2010
Received: January 22, 2010
Prep/ Analyzed: January 23, 2010
Analytical Batch: 01PH10Y

Investigation: **pH by SM 4500-H B**

Analytical Results pH

TLI I.D.	Field I.D.	Sample Time	Run Time	Units	RL	Results
987414	SC-IM3-SW-002	15:10	10:00	pH	2.00	8.25 J

QA/QC Summary

QC STD I.D.	Laboratory Number	Concentration	Duplicate Concentration	Difference (Units)	Acceptance limits	QC Within Control
Duplicate	987414	8.25	8.25	0.00	± 0.100 Units	Yes

QC Std I.D.	Measured Concentration	Theoretical Concentration	Difference (Units)	Acceptance Limits	QC Within Control
MRCVS	7.02	7.00	0.02	± 0.100 Units	Yes
LCS	7.03	7.00	0.03	± 0.100 Units	Yes

ND: Below the reporting limit (Not Detected).
RL: Reporting Limit.

Respectfully submitted,
TRUESDAIL LABORATORIES, INC.

for Mona Nassimi, Manager
Analytical Services

TRUESDAIL LABORATORIES, INC.

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REPORT

Client: E2 Consulting Engineers, Inc.
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Attention: Shawn Duffy
Sample: One (1) Stormwater Sample
Project Name: PG&E Topock Project
Project No.: 379209.01.02
P.O. No.: 379209.01.02

Laboratory No.: 987414
Date: February 1, 2010
Collected: January 21, 2010
Received: January 22, 2010
Prep/ Analyzed: January 25, 2010
Analytical Batch: 01TSS10K

Investigation: Total Suspended Solids by SM 2540 D

Analytical Results Total Suspended Solids

TLI I.D.	Field I.D.	Units	Method	RL	Results
987414	SC-IM3-SW-002	mg/L	SM 2540 D	5.00	157

QA/QC Summary

QC STD I.D.	Laboratory Number	Concentration	Duplicate Concentration	Percent Difference	Acceptance limits	QC Within Control
Duplicate	987329-3	43.2	43.4	0.23%	≤ 5%	Yes

QC Std I.D.	Measured Concentration	Theoretical Concentration	Percent Recovery	Acceptance Limits	QC Within Control
Blank	ND	<10.0	---	<10.0	Yes
LCS	99.0	100	99.0%	90% - 110%	Yes
LCSD	98.0	100	98.0%	90% - 110%	Yes

ND: Below the reporting limit (Not Detected).
RL: Reporting Limit.

Respectfully submitted,
TRUESDAIL LABORATORIES, INC.

for Mona Nassimi, Manager
Analytical Services

TRUESDAIL LABORATORIES, INC.

EXCELLENCE IN INDEPENDENT TESTING

Established 1931

14201 FRANKLIN AVENUE
TUSTIN, CALIFORNIA 92780-7008
(714) 730-6239 · FAX (714) 730-6462
www.truesdail.com

REPORT

Client: E2 Consulting Engineers, Inc.
155 Grand Ave. Suite 1000
Oakland, CA 94612
Attention: Shawn Duffy
Sample: One (1) Stormwater Sample
Project Name: PG&E Topock Project
Project No.: 379209.01.02
P.O. No.: 379209.01.02

Laboratory No.: 987414
Date: February 1, 2010
Collected: January 21, 2010
Received: January 22, 2010
Prep/ Analyzed: January 28, 2010
Analytical Batch: 01TOC10P

Investigation: Total Organic Carbon by SM 5310 C

Analytical Results for Total Organic Carbon

TLI I.D.	Field I.D.	Sample Time	Units	DF	RL	Results
987414	SC-IM3-SW-002	15:10	mg/L	1.00	0.300	1.20

QA/QC Summary

QC STD I.D.	Laboratory Number	Concentration	Duplicate Concentration	Relative Percent Difference	Acceptance limits	QC Within Control
Duplicate	987414	1.20	1.29	7.23%	≤ 20%	Yes

QC Std I.D.	Measured Concentration	Theoretical Concentration	Percent Recovery	Acceptance Limits	QC Within Control
Blank	ND	<0.300	---	<0.300	Yes
MRCCS	9.98	10.0	99.8%	90% - 110%	Yes
MRCVS#1	9.58	10.0	95.8%	90% - 110%	Yes
LCS	18.8	20.0	94.0%	90% - 110%	Yes

ND: Below the reporting limit (Not Detected).
DF: Dilution Factor

Respectfully submitted,
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Analytical Services

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www.truesdail.com

REPORT

Client: E2 Consulting Engineers, Inc.
155 Grand Ave. Suite 1000
Oakland, CA 94612
Attention: Shawn Duffy
Sample: One (1) Stormwater Sample
Project Name: PG&E Topock Project
Project No.: 379209.01.02
P.O. No.: 379209.01.02

Laboratory No.: 987414
Date: February 1, 2010
Collected: January 21, 2010
Received: January 22, 2010
Prep/ Analyzed: January 26, 2010
Analytical Batch: 01NH3-E10C

Investigation: **Ammonia as N by Method SM 4500-NH3 D**

Analytical Results Ammonia as N

TLI I.D.	Field I.D.	Sample Time	Method	Units	DF	RL	Results
987414	SC-IM3-SW-002	15:10	SM 4500-NH3 D	mg/L	1.00	0.500	ND

QA/QC Summary

QC STD I.D.	Laboratory Number	Concentration	Duplicate Concentration	Relative Percent Difference	Acceptance limits	QC Within Control
Duplicate	987414	ND	ND	0.00%	≤ 20%	Yes

QC Std I.D.	Lab Number	Conc.of unspiked sample	Dilution Factor	Added Spike Conc.	MS Amount	Measured Conc. of spiked sample	Theoretical Conc. of spiked sample	MS% Recovery	Acceptance limits	QC Within Control
MS	987414	0.00	1.00	6.00	6.00	6.10	6.00	102%	75-125%	Yes

QC Std I.D.	Measured Concentration	Theoretical Concentration	Percent Recovery	Acceptance Limits	QC Within Control
Blank	ND	<0.500	---	<0.500	Yes
MRCCS	6.12	6.00	102%	90% - 110%	Yes
MRCVS#1	5.95	6.00	99.2%	90% - 110%	Yes
LCS	10.3	10.0	103%	90% - 110%	Yes

ND: Below the reporting limit (Not Detected).
DF: Dilution Factor.

Respectfully submitted,
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Analytical Services

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REPORT

Client: E2 Consulting Engineers, Inc.
155 Grand Ave. Suite 1000
Oakland, CA 94612
Attention: Shawn Duffy
Sample: One (1) Stormwater Sample
Project Name: PG&E Topock Project
Project No.: 379209.01.02
P.O. No.: 379209.01.02

Laboratory No.: 987414
Date: February 1, 2010
Collected: January 21, 2010
Received: January 22, 2010
Prep/ Analyzed: February 1, 2010
Analytical Batch: 02COD10A

Investigation: **Chemical Oxygen Demand by EPA 410.4**

Analytical Results for Chemical Oxygen Demand

TLI I.D.	Field I.D.	Sample Time	Units	DF	RL	Results
987414	SC-IM3-SW-002	15:10	mg/L	2.00	20.0	75.1

QA/QC Summary

QC STD I.D.	Laboratory Number	Concentration	Duplicate Concentration	Relative Percent Difference	Acceptance limits	QC Within Control
Duplicate	987414	75.1	83.9	11.1%	≤ 20%	Yes

QC Std I.D.	Lab Number	Conc.of unspiked sample	Dilution Factor	Added Spike Conc.	MS Amount	Measured Conc. of spiked sample	Theoretical Conc. of spiked sample	MS% Recovery	Acceptance limits	QC Within Control
MS	987414	75.1	2.00	34.3	68.6	141	144	96.1%	75-125%	Yes

QC Std I.D.	Measured Concentration	Theoretical Concentration	Percent Recovery	Acceptance Limits	QC Within Control
Blank	ND	<10.0	---	<10.0	Yes
MRCCS	180	172	105%	90% - 110%	Yes
MRCVS#1	108	100	108%	90% - 110%	Yes
LCS	374	343	109%	90% - 110%	Yes

ND: Below the reporting limit (Not Detected).
DF: Dilution Factor

Respectfully submitted,
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REPORT

Client: E2 Consulting Engineers, Inc.
155 Grand Ave. Suite 1000
Oakland, CA 94612
Attention: Shawn Duffy
Sample: One (1) Stormwater Sample
Project Name: PG&E Topock Project
Project No.: 379209.01.02
P.O. No.: 379209.01.02

Laboratory No.: 987414
Date: February 1, 2010
Collected: January 21, 2010
Received: January 22, 2010
Prep/ Analyzed: January 25, 2010
Analytical Batch: 01CN10G

Investigation: Cyanide by Method SM 4500CN

Analytical Results Cyanide

TLI I.D.	Field I.D.	Sample Time	Method	Units	DF	RL	Results
987414	SC-IM3-SW-002	15:10	SM 4500CN	mg/L	1.00	0.0100	ND

QA/QC Summary

QC STD I.D.	Laboratory Number	Concentration	Duplicate Concentration	Relative Percent Difference	Acceptance limits	QC Within Control
Duplicate	987414	ND	ND	0.00%	≤ 20%	Yes

QC Std I.D.	Measured Concentration	Theoretical Concentration	Percent Recovery	Acceptance Limits	QC Within Control
Blank	ND	<0.01	---	<0.01	Yes
MRCCS	0.0800	0.0800	100%	90% - 110%	Yes
MRCVS#1	0.0807	0.0800	101%	90% - 110%	Yes
LCS	0.0827	0.0800	103%	90% - 110%	Yes
LCSD	0.0832	0.0800	104%	90% - 110%	Yes

ND: Below the reporting limit (Not Detected).
DF: Dilution Factor.

Respectfully submitted,
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Analytical Services

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REPORT

Client: E2 Consulting Engineers, Inc.
155 Grand Ave. Suite 1000
Oakland, CA 94612
Attention: Shawn Duffy

Sample: One (1) Stormwater Sample
Project Name: PG&E Topock Project
Project No.: 379209.01.02
P.O. No.: 379209.01.02

Laboratory No.: 987414
Date: February 1, 2010
Collected: January 21, 2010
Received: January 22, 2010
Prep/ Analyzed: January 25, 2010
Analytical Batch: 01EC10H

Investigation:

Specific Conductivity by EPA 120.1

Analytical Results Specific Conductivity

TLI I.D.	Field I.D.	Units	Method	DF	RL	Results
987414	SC-IM3-SW-002	µmhos/cm	EPA 120.1	1.00	2.00	117

QA/QC Summary

QC STD I.D.	Laboratory Number	Concentration	Duplicate Concentration	Relative Percent Difference	Acceptance limits	QC Within Control
Duplicate	987414	117	119	1.69%	≤ 10%	Yes

QC Std I.D.	Measured Concentration	Theoretical Concentration	Percent Recovery	Acceptance Limits	QC Within Control
Blank	ND	<2.00	---	<2.00	Yes
CCS	704	706	99.7%	90% - 110%	Yes
CVS#1	996	998	99.8%	90% - 110%	Yes
LCS	706	706	100%	90% - 110%	Yes
LCSD	706	706	100%	90% - 110%	Yes

Respectfully submitted,
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Analytical Services

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REPORT

Client: E2 Consulting Engineers, Inc.
155 Grand Ave. Suite 1000
Oakland, CA 94612
Attention: Shawn Duffy
Sample: One (1) Stormwater Sample
Project Name: PG&E Topock Project
Project No.: 379209.01.02
P.O. No.: 379209.01.02
Prep. Batch: 012810

Laboratory No.: 987414
Date: February 1, 2010
Collected: January 21, 2010
Received: January 22, 2010
Prep/ Analyzed: January 28, 2010
Analytical Batch: 012810

Investigation:

Diesel by EPA 8015 (Modified)

Analytical Results Diesel

TLI I.D.	Field I.D.	Sample Time	Run Time	Units	DF	RL	Results
987414	SC-IM3-SW-002	15:10	11:56	µg/L	5.00	500	ND

QA/QC Summary

QC STD I.D.	Laboratory Number	Sample Concentration	Duplicate Concentration	Relative Percent Difference	Acceptance limits	QC Within Control
Duplicate	987414	ND	ND	0.0%	≤ 20%	Yes

QC Std I.D.	Lab Number	Conc.of unspiked sample	Dilution Factor	Added Spike Conc.	MS Amount	Measured Conc. of spiked sample	Theoretical Conc. of spiked sample	MS% Recovery	Acceptance limits	QC Within Control
MS	987414	0.00	5.00	2000	10000	9750	10000	97.5%	70-130%	Yes

QC Std I.D.	Measured Concentration	Theoretical Concentration	Percent Recovery	Acceptance Limits	QC Within Control
Blank	ND	<100	---	<100	Yes
MRCCS	885	1000	88.5%	85% - 115%	Yes
MRCVS#1	1030	1000	103%	85% - 115%	Yes
(S) MB	89.6	100	89.6%	70% - 130%	Yes
(S) LCS	106	100	106%	70% - 130%	Yes
(S) LCSD	119	100	119%	70% - 130%	Yes
(S) 987414	98	100	98.4%	70% - 130%	Yes
(S) MS	104	100	104%	70% - 130%	Yes
LCS	1880	2000	94.0%	70% - 130%	Yes
LCSD	2180	2000	109%	70% - 130%	Yes

(S): Surrogate o-Terphenyl
ND: Below the reporting limit (Not Detected).
DF: Dilution Factor.

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REPORT

Client: E2 Consulting Engineers, Inc.
155 Grand Ave. Suite 1000
Oakland, CA 94612

Attention: Shawn Duffy

Samples: Two (2) Groundwaters
Project Name: PG&E Topock Project
Project No.: 379209.01.02
P.O. No.: 379209.01.02
Investigation: Total Metal Analyses as Requested

Laboratory No.: 987414
Reported: February 1, 2010
Collected: January 22, 2010
Received: January 22, 2010
Analyzed: See Below

Analytical Results

SAMPLE ID: SC-IM3-SW-002 **Time Collected:** 15:10 **LAB ID:** 987414

Parameter	Method	Reported Value	DF	Units	RL	Batch	Date Analyzed	Time Analyzed
Arsenic	EPA 200.8	6.09	5.56	µg/L	1.11	013110A	01/31/10	21:05
Cadmium	EPA 200.8	3.35	5.56	µg/L	3.00	013110A	01/31/10	21:05
Chromium	EPA 200.8	12.9	5.56	µg/L	1.11	013110A	01/31/10	21:05
Lead	EPA 200.8	10.1	5.56	µg/L	10.0	013110A	01/31/10	21:05
Magnesium	EPA 200.7	5530	1.11	µg/L	555	012910A-Th	01/29/10	13:11
Mercury	EPA 200.8	ND	5.55	µg/L	1.11	012910-Hg	01/29/10	14:06
Selenium	EPA 200.8	ND	5.56	µg/L	10.0	013110A	01/31/10	21:05
Silver	EPA 200.8	ND	5.56	µg/L	5.00	013110A	01/31/10	21:05
Iron	EPA 200.7	9420	11.1	µg/L	111	012910A-Th	01/29/10	13:35

ND: Not detected,or below limit of detection.
DF: Dilution factor.

Respectfully submitted,
TRUESDAIL LABORATORIES, INC.

for Mona Nassimi, Manager
Analytical Services

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Client: E2 Consulting Engineers, Inc.
155 Grand Ave. Suite 1000
Oakland, CA 94612
Attention: Shawn Duffy
Samples: Two (2) Groundwaters
Project Name: PG&E Topock Project
Project No.: 379209.01.02
P.O. No.: 379209.01.02

Laboratory No.: 987414
Reported: February 1, 2010
Collected: January 22, 2010
Received: January 22, 2010

Quality Control/Quality Assurance Report

				BLANK		MRCCS				MRCVS			
Parameter	Method	Batch	Units	Blank	RL	Observed Value	TRUE Value	% Rec	Control Limits	Observed Value	TRUE Value	% Rec	Control Limits %
Arsenic	EPA 200.8	013110A	µg/L	ND	0.200	49.4	50.0	98.8%	90-110%	48.5	50.0	97.0%	90-110%
Cadmium	EPA 200.8	013110A	µg/L	ND	3.00	47.9	50.0	95.8%	90-110%	47.0	50.0	94.0%	90-110%
Chromium	EPA 200.8	013110A	µg/L	ND	1.00	48.4	50.0	96.8%	90-110%	47.2	50.0	94.4%	90-110%
Lead	EPA 200.8	013110A	µg/L	ND	10.0	50.9	50.0	102%	90-110%	51.7	50.0	103%	90-110%
Magnesium	EPA 200.7	012910A-Th	µg/L	ND	100	5030	5000	101%	95-105%	5160	5000	103%	90-110%
Mercury	EPA 200.8	012910-Hg	µg/L	ND	0.200	1.99	2.00	99.5%	90-110%	2.01	2.00	101%	90-110%
Selenium	EPA 200.8	013110A	µg/L	ND	10.0	47.5	50.0	95.0%	90-110%	46.5	50.0	93.0%	90-110%
Silver	EPA 200.8	013110A	µg/L	ND	5.00	51.6	50.0	103%	90-110%	50.6	50.0	101%	90-110%
Iron	EPA 200.7	012910A-Th	µg/L	ND	20.0	4800	5000	96.0%	95-105%	5330	5000	107%	90-110%

INTERFERENCE CHECK STANDARD

Parameter	Method	Units	ICS Obs.	ICS Theo.	% Rec.	Control Limits
Arsenic	EPA 200.8	µg/L	49.2	50.0	98.4%	80-120%
Cadmium	EPA 200.8	µg/L	48.4	50.0	96.8%	80-120%
Chromium	EPA 200.8	µg/L	47.5	50.0	95.0%	80-120%
Magnesium	EPA 200.7	µg/L	2050	2000	103%	80-120%
Mercury	EPA 200.8	µg/L	1.94	2.00	97.0%	80-120%
Silver	EPA 200.8	µg/L	50.9	50.0	102%	80-120%
Iron	EPA 200.7	µg/L	1950	2000	97.5%	80-120%

LABORATORY CONTROL SAMPLES / SAMPLE DUPLICATES

Parameter	Method	Units	LCS Obs.	LCS Theo.	% Rec.	Control Limits	SAMPLE ID	SAMPLE RESULT	DUP RESULT	% RPD	Precision Control Limits %
Arsenic	EPA 200.8	µg/L	1950	2000	97.5%	90-110%	987414	6.09	6.26	2.75%	≤20
Cadmium	EPA 200.8	µg/L	1930	2000	96.5%	90-110%	987414	3.35	3.49	4.09%	≤20
Chromium	EPA 200.8	µg/L	2050	2000	103%	90-110%	987414	12.9	13.0	0.77%	≤20
Lead	EPA 200.8	µg/L	2100	2000	105%	90-110%	987414	10.1	10.4	2.93%	≤20
Magnesium	EPA 200.7	µg/L	4930	5000	98.6%	90-110%	987414	5530	5770	4.25%	≤20
Mercury	EPA 200.8	µg/L	1.83	2.00	91.5%	90-110%	987414	ND	ND	0.00%	≤20
Selenium	EPA 200.8	µg/L	1920	2000	96.0%	90-110%	987414	ND	ND	0.00%	≤20
Silver	EPA 200.8	µg/L	2040	2000	102%	90-110%	987414	ND	ND	0.00%	≤20
Iron	EPA 200.7	µg/L	4860	5000	97.2%	90-110%	987414	9420	9520	1.06%	≤20

MATRIX SPIKE

Sample ID	Parameter	Method	Units	Sample Result	DF	Spike Level	Total Amt. of Spike	Theo. Value	MS Obs.	% Rec.	Accuracy Control Limits %
987414	Arsenic	EPA 200.8	µg/L	6.09	11.1	200	2220	2226	2180	97.9%	75-125%
987414	Cadmium	EPA 200.8	µg/L	3.35	11.1	200	2220	2223	2170	97.6%	75-125%
987414	Chromium	EPA 200.8	µg/L	12.9	11.1	200	2220	2233	2330	104%	75-125%
987414	Lead	EPA 200.8	µg/L	10.1	11.1	200	2220	2230	2340	105%	75-125%
987414	Magnesium	EPA 200.7	µg/L	5530	1.11	2000	2220	7750	8040	113%	75-125%
987414	Mercury	EPA 200.8	µg/L	0.00	5.55	2.00	11.1	11.1	10.9	98.2%	75-125%
987414	Selenium	EPA 200.8	µg/L	0.00	11.1	200	2220	2220	2160	97.3%	75-125%
987414	Silver	EPA 200.8	µg/L	0.00	11.1	200	2220	2220	2280	103%	75-125%
987414	Iron	EPA 200.7	µg/L	9420	11.1	2000	22200	31620	31700	100%	75-125%

ND: Not detected, or below limit of detection.

DF: Dilution Factor

Respectfully submitted,
TRUESDAIL LABORATORIES, INC.

Mona Nassimi, Manager
Analytical Services

Rec'd 01/22/10 987414 **RUSH**

TRUESDAIL LABORATORIES, INC.
14201 Franklin Avenue, Tustin, CA 92780-7008
(714)730-6239 FAX: (714) 730-6462
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CHAIN OF CUSTODY RECORD

987414

[IM3Plant-SW-002]

COC Number

TURNAROUND TIME 5 Days

DATE 1-22-10 PAGE 1 OF 1

COMPANY	E2 / CH2M HILL
PROJECT NAME	PG&E Topock IM3
PHONE	(530) 229-3303 FAX (530) 339-3303
ADDRESS	155 Grand Ave Ste 1000 Oakland, CA 94612
P.O. NUMBER	379209.01.02
SAMPLERS (SIGNATURE	C. Knight

SAMPLE I.D.	DATE	TIME	DESCRIPTION	TSS (SM2540), pH (SM4500HB)	TOC (SM5310)	NH3 (SM4500-NH3), COD (410.4)	Total Metals (200.7, 245.1) See list below	Cr(VI) (EPA 218.6)	CN (335.2)	Cond (120.1)	Oil & Grease	NUMBER OF CONTAINERS	COMMENTS
SC-IM3-SW-002	1-21-10	15:10	Storm water	X	X	X	X	X	X	X	X	9	PH-2
												9	TOTAL NUMBER OF CONTAINERS

RUSH

ALERT !!
Level III QC

For Sample Conditions
See Form Attached

CHAIN OF CUSTODY SIGNATURE RECORD

	Signature	Printed Name	Company/ Agency	Date/ Time
Relinquished	C. Knight	C. Knight	OMI / CH2M	1-22-10 2:23
Received	Rafael Davila	Rafael	T.L.I	1-22-10 15:00
Relinquished	Rafael Davila	Rafael	T.L.I	1-22-10 21:00
Received	Rafael Davila	Rafael	T.L.I	1-22-10 21:00
Relinquished		Printed Name	Company/ Agency	Date/ Time
Received		Printed Name	Company/ Agency	Date/ Time

SAMPLE CONDITIONS

RECEIVED COOL ☐ WARM ☐ °F

CUSTODY SEALED YES ☐ NO ☐

SPECIAL REQUIREMENTS:

Metals list: Mg, As, Cd, Pb, Hg, Se, Ag, Cr, and Fe

074

TRUESDAIL LABORATORIES, INC.

Sample Integrity & Analysis Discrepancy Form

Client: E2 **Lab #** 987414

Date Delivered: 01/22/10 **Time:** 21:00 **By:** ☐Mail ☒Field Service ☐Client

1.	Was a Chain of Custody received and signed?	☒Yes	☐No	☐N/A
2.	Does Customer require an acknowledgement of the COC?	☐Yes	☐No	☒N/A
3.	Are there any special requirements or notes on the COC?	☐Yes	☐No	☒N/A
4.	If a letter was sent with the COC, does it match the COC?	☐Yes	☐No	☒N/A
5.	Were all requested analyses understood and acceptable?	☒Yes	☐No	☐N/A
6.	Were samples received in a chilled condition? Temperature (if yes)? 4.2° C	☒Yes	☐No	☐N/A
7.	Were samples received intact (i.e. broken bottles, leaks, air bubbles, etc..)?	☒Yes	☐No	☐N/A
8.	Were sample custody seals intact?	☐Yes	☐No	☒N/A
9.	Does the number of samples received agree with COC?	☒Yes	☐No	☐N/A
10.	Did sample labels correspond with the client ID's?	☒Yes	☐No	☐N/A
11.	Did sample labels indicate proper preservation? Preserved (if yes) by: ☒Truesdail ☐Client	☒Yes	☐No	☐N/A
12.	Were samples pH checked? pH = See C.O.C.	☒Yes	☐No	☐N/A
13.	Were all analyses within holding time at time of receipt? If not, notify Project Manager.	☒Yes	☐No	☐N/A
14.	Have Project due dates been checked and accepted? Turn Around Time (TAT): ☒RUSH ☐ Std	☒Yes	☐No	☐N/A

ALERT !! Level III QC

RUSH

15. **Sample Matrix:** ☐Liquid ☐Drinking Water ☐Ground Water ☐Waste Water ☐Sludge ☐Soil ☐Wipe ☐Paint ☐Solid ☒Other Storm Water

16. Comments: _____

17. Sample Check-In completed by **Truesdail** Log-In/Receiving: L. Shcherbina