

June 30, 2015

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: 2014 – 2015 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:

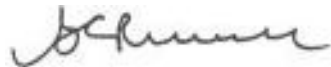
Enclosed is the 2014 – 2015 Storm Water Annual Report for the Pacific Gas and Electric Company (PG&E) Topock Interim Measure (IM) No. 3 Groundwater Treatment System, Facility WDID No. 7 36I 019443. This report is being submitted in compliance with the National Pollutant Discharge Elimination System (NPDES) 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.

Seven locations at the treatment facility site have been identified as potential storm water discharge locations in the SWPPP. However, there were no storm events that resulted in discharge of storm water from the site during the 2014 – 2015 California wet season. Therefore, no storm water samples were collected. In general, discharge of storm water from the facility 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 facility.

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, 2015

Page 2

- Annual Report Form including Certification
- 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 – 2014 – 2015 Wet Season Storm Event Records

cc: Jay Mirpour, Colorado River Basin Regional Water Quality Control Board
Jose Cortez, Colorado River Basin Regional Water Quality Control Board
Aaron Yue, California Department of Toxic Substances Control

State of California
STATE WATER RESOURCES CONTROL BOARD

2014 – 2015
ANNUAL REPORT
FOR
STORM WATER DISCHARGES ASSOCIATED
WITH INDUSTRIAL ACTIVITIES

Reporting Period July 1, 2014 through June 30, 2015

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
Email: r7_stormwater@waterboards.ca.gov

Contact: Jay Mirpour
Tel: (760) 776-8981
Email: jmirpour@waterboards.ca.gov

GENERAL INFORMATION:

A. Facility Information:

Facility WDID No: 7 361019443

Facility Business Name: PG&E Topock Interim Measure No 3

Contact Person: Curt Russell

Physical Address: I-40 & Park Moabi Rd

e-mail: GCR4@pge.com

City: Needles, CA

Zip: 92363 Phone: 760-326-5582

Standard Industrial Classification (SIC) Code(s): 4953, Hazardous Waste Treatment

B. Facility Operator Information:

Operator Name: Pacific Gas & Electric Co

Contact Person: Curt Russell

Mailing Address: PO BOX 337

e-mail: GCR4@pge.com

City: Needles

State: CA Zip: 92363 Phone: 760-326-5582

C. Facility Billing Information:

Operator Name: Pacific Gas & Electric Co.

Contact Person: Curt Russell

Mailing Address: PO BOX 337

e-mail: GCR4@pge.com

City: Needles

State: CA Zip: 92363 Phone: 760-326-5582

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? 7

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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 06/23/2015

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 | • Testing results |
| • Name and title of sampler | • Test methods used |
| • Parameters tested | • Test detection limits |
| • Name of analytical testing laboratory | • Date of testing |
| • Discharge location identification | • 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.

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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
--	--
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 person directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Printed Name: Curt Russell

Signature:  Date: June 30, 2015

Title: PG&E Topock Site Manager





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.

<p>QUARTER: JULY-SEPT. DATE: <u>8/1/14</u></p>	<p>Observers Name: <u>Ryan Phelps</u> Title: <u>Supervisor</u> Signature: </p>	<p>WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?</p> <p><input checked="" type="checkbox"/> YES If YES, complete reverse side of this form. <input type="checkbox"/> NO</p>
<p>QUARTER: OCT.-DEC. DATE: <u>10/31/14</u></p>	<p>Observers Name: <u>Ryan Phelps</u> Title: <u>Supervisor</u> Signature: </p>	<p>WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?</p> <p><input type="checkbox"/> YES If YES, complete reverse side of this form. <input checked="" type="checkbox"/> NO</p>
<p>QUARTER: JAN.-MARCH DATE: <u>1/13/15</u> <u>3-30-15 checked again. RRP</u></p>	<p>Observers Name: <u>Ryan Phelps</u> Title: <u>Supervisor</u> Signature: </p>	<p>WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?</p> <p><input type="checkbox"/> YES If YES, complete reverse side of this form. <input checked="" type="checkbox"/> NO</p> <p><u>No Authorized NSWDs on Second observation. RRP</u></p>
<p>QUARTER: APRIL-JUNE DATE: <u>5/29/15</u></p>	<p>Observers Name: <u>Ryan Phelps</u> Title: <u>Supervisor</u> Signature: </p>	<p>WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?</p> <p><input type="checkbox"/> YES If YES, complete reverse side of this form. <input checked="" type="checkbox"/> NO</p>

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

SIDE B


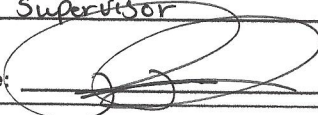


DATE /TIME OF OBSERVATION	SOURCE AND LOCATION OF AUTHORIZED NSWD <u>EXAMPLE:</u> Air conditioner Units on Building C	NAME OF AUTHORIZED NSWD <u>EXAMPLE:</u> Air conditioner condensate	DESCRIBE AUTHORIZED NSWD CHARACTERISTICS <small>Indicate whether authorized NSWD is clear, cloudy, or discolored, causing staining, contains floating objects or an oil sheen, has odors, etc.</small>		DESCRIBE ANY REVISED OR NEW BMPs AND PROVIDE THEIR IMPLEMENTATION DATE
			At the NSWD Source	At the NSWD Drainage Area and Discharge Location	
<u>7/30/14</u> <u>13:00</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	A/C unit on main office	A/C condensate (NO run off)	Clear	rocks, side of building (EAST side)	
<u> / / </u> <u> : </u> <input type="checkbox"/> AM <input type="checkbox"/> PM					
<u> / / </u> <u> : </u> <input type="checkbox"/> AM <input type="checkbox"/> PM					
<u> / / </u> <u> : </u> <input type="checkbox"/> AM <input type="checkbox"/> PM					
<u> / / </u> <u> : </u> <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 NSWDSs.
- Quarterly visual observations are required during dry weather and at all facility drainage areas.
- Each unauthorized NSWDS source, impacted drainage area, and discharge location must be identified and observed.
- Unauthorized NSWDSs 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 <u>8/1/14</u> <u>14:00</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Observers Name: <u>Ryan Phelps</u> Title: <u>Supervisor</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 <u>10/31/14</u> <u>8:00</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Observers Name: <u>Ryan Phelps</u> Title: <u>Supervisor</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 <u>1/3/15</u> <u>2:30</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM <u>3-30-15</u> <u>8:15am</u> <i>another observation done</i>	Observers Name: <u>Ryan Phelps</u> Title: <u>Supervisor</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 <i>No on second observation RWP</i> If YES to either question, complete reverse side.
QUARTER: APRIL-JUNE DATE/TIME OF OBSERVATIONS <u>5/29/15</u> <u>5:30</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Observers Name: <u>Ryan Phelps</u> Title: <u>Supervisor</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.

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SIDE B

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

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

SIDE A

- 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.

[illegible]

SIDE A

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

[illegible]

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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 <u>2015</u>	Drainage Location Description	SW-1	SW-2	SW-3	SW-4	SW-5	SW-6	SW-7
Observers Name: <u>Ryan Phelps</u>	Observation Time							
Title: <u>Supervisor</u>	Time Discharge Began	<u>No stormwater discharges in February 2015</u>						
Signature: 	Were Pollutants Observed (If yes, reverse side)	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
Observation Date: March <u>30, 2015</u>	Drainage Location Description	SW-1	SW-2	SW-3	SW-4	SW-5	SW-6	SW-7
Observers Name: <u>Ryan Phelps</u>	Observation Time							
Title: <u>Supervisor</u>	Time Discharge Began	<u>No stormwater discharges in March 2015</u>						
Signature: 	Were Pollutants Observed (If yes, reverse side)	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
Observation Date: April <u>30, 2015</u>	Drainage Location Description	SW-1	SW-2	SW-3	SW-4	SW-5	SW-6	SW-7
Observers Name: <u>Ryan Phelps</u>	Observation Time							
Title: <u>Supervisor</u>	Time Discharge Began	<u>No stormwater discharges in April 2015</u>						
Signature: 	Were Pollutants Observed (If yes, reverse side)	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
Observation Date: May <u>5-29-15</u>	Drainage Location Description	SW-1	SW-2	SW-3	SW-4	SW-5	SW-6	SW-7
Observers Name: <u>Ryan Phelps</u>	Observation Time							
Title: <u>Supervisor</u>	Time Discharge Began	<u>No stormwater discharges in May 2015</u>						
Signature: 	Were Pollutants Observed (If yes, reverse side)	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO

Observation Date: 6-24-15
 Observers Name: Scott O'Donnell
 Title: Project Manager


No stormwater discharges in June Thru date 6-24-15

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
<div style="text-align: center;">_ / _ / _</div> <div style="display: flex; justify-content: space-between;"> : <input type="checkbox"/> AM <input type="checkbox"/> PM </div>	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.	
<div style="text-align: center;">_ / _ / _</div> <div style="display: flex; justify-content: space-between;"> : <input type="checkbox"/> AM <input type="checkbox"/> PM </div>				
<div style="text-align: center;">_ / _ / _</div> <div style="display: flex; justify-content: space-between;"> : <input type="checkbox"/> AM <input type="checkbox"/> PM </div>				
<div style="text-align: center;">_ / _ / _</div> <div style="display: flex; justify-content: space-between;"> : <input type="checkbox"/> AM <input type="checkbox"/> PM </div>				
<div style="text-align: center;">_ / _ / _</div> <div style="display: flex; justify-content: space-between;"> : <input type="checkbox"/> AM <input type="checkbox"/> PM </div>				
<div style="text-align: center;">_ / _ / _</div> <div style="display: flex; justify-content: space-between;"> : <input type="checkbox"/> AM <input type="checkbox"/> PM </div>				

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

EVALUATION DATE: 6 / 23 / 15 INSPECTOR NAME: John Blasco TITLE: Sr. Technologist SIGNATURE: John Blasco

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP) Treatment Plant	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?	NO	If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP implementation Routine BMP maintenance needed as follows: 1. Groundwater sampling truck is positioned so that truck engine and engine on water tank trailer are not positioned over containment pads. Reposition so that truck engine and tank trailer engine are located over pads. 2. Blue 20 cubic yard bin containing solid waste including pallets, discarded containment pads, and a ladder lacks a cover. Provide a cover before the next forecasted rain event. 3. Brown residue was observed in the containment pad under the portable toilet. Remove material before the next forecasted rain event.	Describe additional/revise BMPs or corrective actions and their date(s) of implementation
	ARE ADDITIONAL/REVISED BMPs NECESSARY?	NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP) MW-20 Bench	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?	NO	If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP implementation None	Describe additional/revise BMPs or corrective actions and their date(s) of implementation
	ARE ADDITIONAL/REVISED BMPs NECESSARY?	NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP) Access Road Laydown Area	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?	NO	If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP implementation None	Describe additional/revise BMPs or corrective actions and their date(s) of implementation
	ARE ADDITIONAL/REVISED BMPs NECESSARY?	NO			

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

EVALUATION DATE: 6 / 23 / 15 INSPECTOR NAME: John Blasco TITLE: Sr. Technologist SIGNATURE: John Blasco

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP) East Mesa Injection Well Area	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?	NO	Describe deficiencies in BMPs or BMP implementation Routine BMP maintenance needed to repair two-one foot long sections of broken fiber roll east of the control panel and east of MW-1.	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	ARE ADDITIONAL/REVISED BMPs NECESSARY?	NO		

PG&E Topock IM-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, F.1.a, and G.1:

E.1 – No storm events occurred during the October 1, 2014 through May 31, 2015 wet season that resulted in discharge of storm water from the site; therefore, no sampling/ analysis occurred.

E.2 – No storm events occurred during the October 1, 2014 through May 31, 2015 wet season that resulted in discharge of storm water from the site; therefore, no sampling/ analysis occurred.

E.5 – No storm events occurred during the October 1, 2014 through May 31, 2015 wet season that resulted in discharge of storm water from the site; therefore, no sampling/ analysis occurred.

E.6 – No storm events occurred during the October 1, 2014 through May 31, 2015 wet season that resulted in discharge of storm water from the site; therefore, no sampling/ analysis occurred.

E.7 – No storm events occurred during the October 1, 2014 through May 31, 2015 wet season that resulted in discharge of storm water from the site; therefore, no sampling/ analysis occurred.

E.10.c – No storm events occurred during the October 1, 2014 through May 31, 2015 wet season that resulted in discharge of storm water from the site; therefore, no sampling/ analysis occurred.

F.1.a – IM-3 has periodic discharge of air conditioning condensate to the ground surface, but visual observations confirm that it did not result in a discharge from the site.

G.1 - Monthly visual observations occurred at all discharge locations each month during the wet season (see Form 4); however, No storm events occurred during the October 1, 2014 through May 31, 2015 wet season that resulted in discharge of storm water from the site.

For rainfall totals from 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, 2014 to May 31, 2015 California Wet Season

DATE	RAINFALL AMOUNT *(inches)	Visual Observations Conducted? (Yes/No)	Discharge Observed? (Yes/No)	NAME & TITLE
October 2014 did not have any eligible storm water events	--	Yes	No	Ryan Phelps - Lead Operator
November 2014 did not have any eligible storm water events	--	Yes	No	Ryan Phelps - Lead Operator
Dec. 3, 2014	2	Yes	No	Joe Aide - Operator
Dec. 4, 2014	1.5	Yes	No	Joe Aide - Operator
Jan. 1, 2015	0.3	Yes	No	Brian Terhune - Operator
Jan. 27, 2015	0.6	Yes	No	George Gloria - Operator
Jan. 28, 2015	0.5	Yes	No	Kyle Villamor - Operator
Jan. 30, 2015	0.25	Yes	No	George Gloria - Operator
February 2015 did not have any eligible storm water events	--	Yes	No	Ryan Phelps - Lead Operator
Mar. 2, 2015	0.6	Yes	No	Chris Lentz - Operator
April 2015 did not have any eligible storm water events	--	Yes	No	Ryan Phelps - Lead Operator
May 2015 did not have any eligible storm water events	--	Yes	No	Ryan Phelps - Lead Operator

* Rainfall Amount from IM-3 onsite rain gauge recorded each day by plant personnel on IM-3 Facility Process Monitoring Checklist