



**Pacific Gas and  
Electric Company**

**Curt Russell**  
Topock Onsite Project Manager  
Environmental Affairs

Topock Compressor Station  
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June 29, 2006

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: 2005 - 2006 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 2005 - 2006 Storm Water Annual Report for the Pacific Gas and Electric Company (PG&E) Topock Interim Measure (IM) No. 3 Groundwater Treatment System, Facility WDID No. 7 36I 019443. This report is being submitted in compliance with the National Pollutant Discharge Elimination System (NPDES) General Permit No. CAS000001 for Industrial Activities.

The IM No. 3 Notice of Intent (NOI) was submitted April 5, 2005. The Storm Water Pollution Prevention Plan (SWPPP) is available at the facility. All Best Management Practices (BMPs) have been fully implemented. Three locations at the treatment plant site have been identified as possible storm water discharge locations. However, there were no storm water events, which resulted in discharge of storm water during the 2005 - 2006 wet season. Therefore, no storm water samples were collected. Discharge of storm water from the plant site did not occur because of the arid climate during the wet season, drainage properties of soil at unpaved areas, and pumping of storm water collected on the concrete treatment pad into the treatment plant.

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

Sincerely,

Curt Russell  
Topock Onsite Project Manager

Mr. Robert Perdue  
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Enclosures:

SWRCB Annual Report Form including Certification  
SWRCB Annual Report Form Attachment A - Response Explanations  
SWRCB Form 1 - Sampling and Analysis Results  
SWRCB Form 2 - Quarterly Visual Observations of Authorized Non-Storm Water Discharges  
SWRCB Form 3 - Quarterly Visual Observations of Unauthorized Non-Storm Water Discharges  
SWRCB Form 4 - Monthly Visual Observations of Storm Water Discharges  
SWRCB Form 5 - Annual Comprehensive Site Compliance Evaluation

cc: José Cortez, Water Board  
Liann Chavez, Water Board  
Tom Vandenberg, Water Board  
Chris Guerre, DTSC

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State of California  
STATE WATER RESOURCES CONTROL BOARD

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FOR  
STORM WATER DISCHARGES ASSOCIATED  
WITH INDUSTRIAL ACTIVITIES

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Reporting Period July 1, 2005 through June 30, 2006

**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.

**GENERAL INFORMATION:**

**A. Facility Information:**

**Facility WDID No:** 7 36I 019443

Facility Business Name: PG&E Topock Interim Measures No. 3

Contact Person: Curt Russell

Physical Address: I-40 & Park Moabi Road

e-mail: \_\_\_\_\_

City: Needles

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

Standard Industrial Classification (SIC) Code(s): 4953

**B. Facility Operator Information:**

Operator Name: PG&E Topock Interim Measures No. 3

Contact Person: Curt Russell

Mailing Address: I-40 & Park Moabi Road

e-mail: \_\_\_\_\_

City: Needles

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

**C. Facility Billing Information:**

Operator Name: same as Facility Operator

Contact Person: \_\_\_\_\_

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

e-mail: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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**SPECIFIC INFORMATION**

**MONITORING AND REPORTING PROGRAM**

**D. SAMPLING AND ANALYSIS EXEMPTIONS AND REDUCTIONS**

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

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

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

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

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

Re-evaluation Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

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

Re-evaluation Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

iv. ☐ Received Regional Board Certification Certification Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

v. ☐ Received Local Agency Certification Certification Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

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

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

**E. SAMPLING AND ANALYSIS RESULTS**

1. How many storm events did you sample? 0

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

Explanation E.1: There were no storm events during the October 1, 2005 through May 31, 2006 wet season that caused discharge from the site (or even measurable precipitation).

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

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

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

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4. For each storm event sampled, did you collect and analyze a sample from each of the facility's' storm water discharge locations? ☐ YES, go to Item E.6 ☒ NO
5. Was sample collection or analysis reduced in accordance with Section B.7.d of the General Permit? ☐ YES ☒ NO, **attach explanation**
- If "YES", **attach documentation** supporting your determination that two or more drainage areas are substantially identical.
- Date facility's drainage areas were last evaluated 05/30/2006
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
- SIC 4953 – Sector K, Hazardous Waste Treatment
- 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 |

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**F. QUARTERLY VISUAL OBSERVATIONS**

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

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

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

☐ **YES** ☒ **NO** Go to Item F.2

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

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

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

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

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

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

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

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

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

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

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

☐ **YES** ☒ **NO** Go to Item F.2.d

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

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

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

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

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## G. MONTHLY WET SEASON VISUAL OBSERVATIONS

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

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

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

The on-site Project Manager, Kevin Mullin, observed that there was no storm water discharge or measurable precipitation during the October 1, 2005 through May 31, 2006 wet season.

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"> <li>• areas where spills and leaks have occurred during the last year</li> <li>• outdoor wash and rinse areas</li> <li>• process/manufacturing areas</li> <li>• loading, unloading, and transfer areas</li> <li>• waste storage/disposal areas</li> <li>• dust/particulate generating areas</li> <li>• erosion areas</li> </ul>	<ul style="list-style-type: none"> <li>• building repair, remodeling, and construction</li> <li>• material storage areas</li> <li>• vehicle/equipment storage areas</li> <li>• truck parking and access areas</li> <li>• rooftop equipment areas</li> <li>• vehicle fueling/maintenance areas</li> <li>• non-storm water discharge generating areas</li> </ul>
--	--
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"> <li>• facility boundaries</li> <li>• outline of all storm water drainage areas</li> <li>• areas impacted by run-on</li> <li>• storm water discharge locations</li> </ul>	<ul style="list-style-type: none"> <li>• storm water collection and conveyance system</li> <li>• structural control measures such as catch basins, berms, containment areas, oil/water separators, etc.</li> </ul>
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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  | • quarterly unauthorized non-storm water discharge visual observations |
| • monthly storm water discharge visual observation                    | • Sampling and Analysis records  |
| • records of spills/leaks and associated clean-up/response activities | • 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                  | • assessment of potential pollutant sources  |
| • list of significant materials              | • identification and description of the BMPs to be implemented for each potential pollutant source |
| • description of potential pollutant sources |  |

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 | • preventative maintenance                |
| • spill response              | • material handling and storage practices |
| • employee training           | • waste handling/storage                  |
| • erosion control             | • structural BMPs                         |
| • quality assurance           |   |

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

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

**J. ACSCE CERTIFICATION**

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

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

☒ YES

☐ NO

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



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**ATTACHMENT SUMMARY**

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

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

**ANNUAL REPORT CERTIFICATION**

I am duly authorized to sign reports required by the INDUSTRIAL ACTIVITIES STORM WATER GENERAL PERMIT (see Standard Provision C.9) and I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Printed Name: Curt Russell

Signature:  Date: June 29, 2006

Title: PG&E Topock Onsite Project Manager

# Attachment A

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## PG&E Topock Interim Measure No. 3, 2005 – 2006 Storm Water Annual Report, Annual Report Form Response Explanations

- E.1** How many storm events did you sample? None - There were no storm events during the October 1, 2005 through May 31, 2006 wet season that caused discharge or measurable precipitation. This was observed and recorded by the on-site Project Manager, Kevin Mullin (see Form 1). Discharge of storm water from the plant site did not occur because of the arid climate during the wet season, drainage properties of soil at unpaved areas, and pumping of storm water collected on the concrete treatment pad into the treatment plant.
- E.2** See response to E.1.
- E.4** See response to E.1.
- E.5** See response to E.1.
- E.6** See response to E.1.
- E.7** See response to E.1.
- E.10.C** See response to E.1.
- G.1** See response to E.1.

## 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)
- 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.
- If you did not analyze for a required parameter, do not report "0". Instead, leave the appropriate box blank

NAME OF PERSON COLLECTING SAMPLE(S): Kevin Mullin  
TITLE: Project Manager  
SIGNATURE: [Signature]

ANALYTICAL RESULTS For First Storm Event									
DESCRIBE DISCHARGE LOCATION  Example: NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	BASIC PARAMETERS				OTHER PARAMETERS		
			PH	TSS	SC	O&G	TOC		
Oct. 1, 2005 through May 31, 2006 the Site had	1 / 1 : : AM PM	: : AM PM							
No measurable precipitation	1 / 1 : : AM PM	: : AM PM							
And nothing to sample.	1 / 1 : : AM PM	: : AM PM							
6-4-2006	1 / 1 : : 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		

## FORM 1-SAMPLING & ANALYSIS RESULTS

## **SECOND STORM EVENT**

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

NAME OF PERSON COLLECTING SAMPLE(S):

**TITLE:**

**SIGNATURE:**

ANALYTICAL RESULTS For Second Storm Event										
DESCRIBE DISCHARGE LOCATION Example: NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	BASIC PARAMETERS					OTHER PARAMETERS		
			PH	TSS	SC	O&G	TOC			
	/ / : : 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			O&G - Oil & Grease			TOC - Total Organic Carbon				



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SIDE A

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

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

<b>QUARTER:</b> <b>JULY-SEPT.</b> <b>DATE:</b> <u>10/10/05</u>	<b>Observers Name:</b> <u>Kevin Mullin</u> <b>Title:</b> <u>Project Manager</u> <b>Signature:</b> <u>[Signature]</u>	<b>WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, complete reverse side of this form.
<b>QUARTER:</b> <b>OCT.-DEC.</b> <b>DATE:</b> <u>01/10/106</u>	<b>Observers Name:</b> <u>Kevin Mullin</u> <b>Title:</b> <u>Project Manager</u> <b>Signature:</b> <u>[Signature]</u>	<b>WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, complete reverse side of this form.
<b>QUARTER:</b> <b>JAN.-MARCH</b> <b>DATE:</b> <u>04/10/106</u>	<b>Observers Name:</b> <u>Kevin Mullin</u> <b>Title:</b> <u>Project Manager</u> <b>Signature:</b> <u>[Signature]</u>	<b>WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, complete reverse side of this form.
<b>QUARTER:</b> <b>APRIL-JUNE</b> <b>DATE:</b> <u>06/10/106</u>	<b>Observers Name:</b> <u>Kevin Mullin</u> <b>Title:</b> <u>Project Manager</u> <b>Signature:</b> <u>[Signature]</u>	<b>WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, complete reverse side of this form.

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

[illegible]



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

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

<b>QUARTER: JULY-SEPT.</b> <b>DATE/TIME OF OBSERVATIONS</b> <u>10/16/05</u> <u>  </u> : <u>  </u> <input type="checkbox"/> AM <input type="checkbox"/> PM	<b>Observers Name:</b> <u>Kevin Mullin</u> <b>Title:</b> <u>Project Manager</u> <b>Signature:</b> <u>[Signature]</u>	<b>WERE UNAUTHORIZED NSWDs OBSERVED?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <b>WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If YES to either question, complete reverse side.
<b>QUARTER: OCT.-DEC.</b> <b>DATE/TIME OF OBSERVATIONS</b> <u>01/10/06</u> <u>  </u> : <u>  </u> <input type="checkbox"/> AM <input type="checkbox"/> PM	<b>Observers Name:</b> <u>Kevin Mullin</u> <b>Title:</b> <u>Project Manager</u> <b>Signature:</b> <u>[Signature]</u>	<b>WERE UNAUTHORIZED NSWDs OBSERVED?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <b>WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If YES to either question, complete reverse side.
<b>QUARTER: JAN.-MARCH</b> <b>DATE/TIME OF OBSERVATIONS</b> <u>01/10/06</u> <u>  </u> : <u>  </u> <input type="checkbox"/> AM <input type="checkbox"/> PM	<b>Observers Name:</b> <u>Kevin Mullin</u> <b>Title:</b> <u>Project Manager</u> <b>Signature:</b> <u>[Signature]</u>	<b>WERE UNAUTHORIZED NSWDs OBSERVED?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <b>WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If YES to either question, complete reverse side.
<b>QUARTER: APRIL-JUNE</b> <b>DATE/TIME OF OBSERVATIONS</b> <u>06/10/06</u> <u>  </u> : <u>  </u> <input type="checkbox"/> AM <input type="checkbox"/> PM	<b>Observers Name:</b> <u>Kevin Mullin</u> <b>Title:</b> <u>Project Manager</u> <b>Signature:</b> <u>[Signature]</u>	<b>WERE UNAUTHORIZED NSWDs OBSERVED?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <b>WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If YES to either question, complete reverse side.

## ANNUAL REPORT

SIDE B

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

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



# ANNUAL REPORT

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

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.

Observation Date: October 17, 2005 Observers Name: Kevin Mullin Title: Project Manager Signature: [Signature]	Drainage Location Description Observation Time Time Discharge Began Were Pollutants Observed (If yes, complete reverse side)	#1 East side of IM-3 09:00 : 09:15 None : YES <input type="checkbox"/> NO <input type="checkbox"/>	#2 N.E. corner of IM-3 entrance gate. 09:15 : 10:00 None : YES <input type="checkbox"/> NO <input type="checkbox"/>	#3 N.E. corner of IM2 : None : YES <input type="checkbox"/> NO <input type="checkbox"/>	#4 YES <input type="checkbox"/> NO <input type="checkbox"/>
Observation Date: November 2005 Observers Name: Title: Signature:	Drainage Location Description Observation Time Time Discharge Began Were Pollutants Observed (If yes, complete reverse side)	#1 : : YES <input type="checkbox"/> NO <input type="checkbox"/>	#2 : : YES <input type="checkbox"/> NO <input type="checkbox"/>	#3 : : YES <input type="checkbox"/> NO <input type="checkbox"/>	#4 YES <input type="checkbox"/> NO <input type="checkbox"/>
Observation Date: December 2005 Observers Name: Title: Signature:	Drainage Location Description Observation Time Time Discharge Began Were Pollutants Observed (If yes, complete reverse side)	#1 : : YES <input type="checkbox"/> NO <input type="checkbox"/>	#2 : : YES <input type="checkbox"/> NO <input type="checkbox"/>	#3 : : YES <input type="checkbox"/> NO <input type="checkbox"/>	#4 YES <input type="checkbox"/> NO <input type="checkbox"/>
Observation Date: January 2006 Observers Name: Title: Signature:	Drainage Location Description Observation Time Time Discharge Began Were Pollutants Observed (If yes, complete reverse side)	#1 : : YES <input type="checkbox"/> NO <input type="checkbox"/>	#2 : : YES <input type="checkbox"/> NO <input type="checkbox"/>	#3 : : YES <input type="checkbox"/> NO <input type="checkbox"/>	#4 YES <input type="checkbox"/> NO <input type="checkbox"/>

## 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
/ / : — <input type="checkbox"/> AM <input type="checkbox"/> PM				
/ / : — <input type="checkbox"/> AM <input type="checkbox"/> PM				
/ / : — <input type="checkbox"/> AM <input type="checkbox"/> PM				
/ / : — <input type="checkbox"/> AM <input type="checkbox"/> PM				
/ / : — <input type="checkbox"/> AM <input type="checkbox"/> PM				



# ANNUAL REPORT

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

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.

<b>Observation Date: February 2006</b> Observers Name: _____ Title: _____ Signature: _____		<b>#1</b> Drainage Location Description Observation Time Time Discharge Began Were Pollutants Observed (if yes, complete reverse side)	<b>#2</b> : : YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>#3</b> : : YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>#4</b> : : YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Observation Date: March 2006</b> Observers Name: _____ Title: _____ Signature: _____		<b>#1</b> Drainage Location Description Observation Time Time Discharge Began Were Pollutants Observed (if yes, complete reverse side)	<b>#2</b> : : YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>#3</b> : : YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>#4</b> : : YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Observation Date: April 2006</b> Observers Name: _____ Title: _____ Signature: _____		<b>#1</b> Drainage Location Description Observation Time Time Discharge Began Were Pollutants Observed (if yes, complete reverse side)	<b>#2</b> : : YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>#3</b> : : YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>#4</b> : : YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Observation Date: May 2006</b> Observers Name: _____ Title: _____ Signature: _____		<b>#1</b> Drainage Location Description Observation Time Time Discharge Began Were Pollutants Observed (if yes, complete reverse side)	<b>#2</b> : : YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>#3</b> : : YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>#4</b> : : YES <input type="checkbox"/> NO <input type="checkbox"/>

## 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> <div>/ /</div> <div>: <input type="checkbox"/> <input type="checkbox"/> AM PM</div> </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> <div>/ /</div> <div>: <input type="checkbox"/> <input type="checkbox"/> AM PM</div> </div>				
<div> <div>/ /</div> <div>: <input type="checkbox"/> <input type="checkbox"/> AM PM</div> </div>				
<div> <div>/ /</div> <div>: <input type="checkbox"/> <input type="checkbox"/> AM PM</div> </div>				
<div> <div>/ /</div> <div>: <input type="checkbox"/> <input type="checkbox"/> AM PM</div> </div>				
<div> <div>/ /</div> <div>: <input type="checkbox"/> <input type="checkbox"/> AM PM</div> </div>				



2005 - 2006

## ANNUAL REPORT

SIDE A

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

EVALUATION DATE: 5/30/2006 INSPECTOR NAME: Kevin Mullin TITLE: Project Manager SIGNATURE: [Signature]

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?	ARE ADDITIONAL/REVISED BMPs NECESSARY?	If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP implementation	Describe additional/revise BMPs or corrective actions and their date(s) of implementation
4.1 Groundwater Extraction, Conveyance, and Injection	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?	ARE ADDITIONAL/REVISED BMPs NECESSARY?	If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP implementation	Describe additional/revise BMPs or corrective actions and their date(s) of implementation
4.2 Groundwater Treatment	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?	ARE ADDITIONAL/REVISED BMPs NECESSARY?	If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP implementation	Describe additional/revise BMPs or corrective actions and their date(s) of implementation
4.3 Loading and Unloading Activities	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?	ARE ADDITIONAL/REVISED BMPs NECESSARY?	If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP implementation	Describe additional/revise BMPs or corrective actions and their date(s) of implementation
4.4 Vehicular Movement and Soil Erosion	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

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## ANNUAL REPORT

SIDE B

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

 EVALUATION DATE: 5/30/2006 INSPECTOR NAME: Kevin Mullin TITLE: Project Manager SIGNATURE: [Signature]

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



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## ANNUAL REPORT

SIDE B/C

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

 EVALUATION DATE: 5/30/2006 INSPECTOR NAME: Kevin M. Miller TITLE: Project Manager SIGNATURE: [Signature]

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