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.

GENERAL INFORMATION:

A. Facility Information:

Facility WDID No: 9 371019728

Facility Name: South Bay Boiler Repair Inc
Physical Address: 1224 Roosevelt Ave
City: National City
Standard Industrial Classification (SIC) Code(s): 3498

Contact Person: James L Wilkerson
e-mail:
State: CA Zip: 91950 Phone: 619-474-8563

B. Facility Operator Information:

Operator Name: South Bay Boiler Repair Inc
Mailing Address: 1224 Roosevelt Ave
City: National City

Contact Person: James L Wilkerson
e-mail:
State: CA Zip: 91950 Phone: 619-474-8563

C. Facility Billing Information:

Operator Name: South Bay Boiler Repair Inc
Mailing Address: 1224 Roosevelt Ave
City: National City

Contact Person: James L Wilkerson
e-mail:
State: CA Zip: 91950 Phone: 619-474-8563

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 two storm water samples 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 two storm water samples. Attach a copy of the first page of the appropriate certification if you check boxes ii, 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, **explain** (if you checked item D.2.i or iii. above, only. Attach explanation if you answer "0")

   We were unable to collect any samples because the first hour of discharge occurred during non-business hours, there was insufficient discharge to perform sampling, there were not three dry working days between rain events, there was no qualifying rain event for the month, or no rain event took place for the month. Please refer to our attached Storm Water Observation Forms.

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, Explanation:**

   No samples were collected.

3. How many storm water discharge locations are at your facility? 2

4. For each storm event sampled, did you collect and analyze a sample from each of the facilities' storm water discharge locations? ☐ **YES, go to Item E6** ☒ **NO, Explanation:**

   No samples were collected.

5. Was sample collection or analysis reduced in accordance with Section B.7.d of the General Permit? ☐ **YES** ☒ **NO, Explanation:**

   No samples were collected.

If "YES", **attach documentation** supporting your determination that two or more drainage areas are substantially identical.

Date facility's drainage areas were last evaluated:

6. Were all samples collected during the first hour of discharge? ☐ YES ☒ NO, Explanation:

No samples were collected.

7. Was all storm water sampling preceded by three (3) working days without a storm water discharge? ☐ YES ☒ NO, Explanation:

No samples were collected.

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, 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 of the General Permit 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 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:**

No samples were collected.

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	☐ N/A	October – December	☒ YES	☐ NO	☐ N/A
January - March	☒ YES	☐ NO	☐ N/A	April - June	☒ YES	☐ NO	☐ N/A

b. Based upon the quarterly visual observations, were any unauthorized non-storms 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, Explanation:

d. Use **Form 3** to report quarterly visual observations of unauthorized non-storm water discharges 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.**

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

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 an ACSCE. Indicate whether you have performed each step below. **Explain 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 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? ☒ YES ☐ NO

The following site map items should be verified:

- facility boundaries
- outline of all storm water drainage areas
- areas impacted by run-on
- Storm water discharge locations
- Storm water collection & 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
- preventive 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 & 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
- preventive maintenance
- material handling and storage practices
- waste handling/storage

- erosion control
- quality assurance
- 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 & 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 equivalents?	☒ YES (Mandatory)		
2.	If you conducted sampling and analysis, have you attached the laboratory analytical reports?	☐ YES	☐ NO	☒ N/A
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	☒ N/A
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	☐ N/A

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: Dave DeMott

Signature: Dave DeMott Date: 6/29/15

Title: Contracts

Form 1 2014-2015 SIDE A

FORM 1-SAMPLING & ANALYSIS RESULTS

FIRST STORM EVENT

Not Applicable. Please See Explanation at Section E.1.

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

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

DESCRIBE DISCHARGE LOCATION Example: NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	ANALYTICAL RESULTS For First Storm Event													
			BASIC PARAMETERS					OTHER PARAMETERS								
			pH	TSS	SC	O&G	TOC	Zn	Fe	Al	Cu	Pb	COD	N+N		
	Date:	Date:														
	Date:	Date:														
	Date:	Date:														
	Date:	Date:														
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

Not Applicable. Please See Explanation at Section E.1.

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

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

DESCRIBE DISCHARGE LOCATION Example: NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	ANALYTICAL RESULTS For Second Storm Event													
			BASIC PARAMETERS					OTHER PARAMETERS								
			pH	TSS	SC	O&G	TOC	Zn	Fe	Al	Cu	Pb	COD	N+N		
	Date:	Date:														
	Date:	Date:														
	Date:	Date:														
	Date:	Date:														
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 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: **JUL. – SEP.** DATE: 8 / 7 / 2014	Observer's Name: **Erik Liebrecht** Title: **Consultant, Frog Env** Signature: Erik Liebrecht	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?**	☐ YES ☒ NO	If **YES**, complete reverse side of this form.
QUARTER: **OCT. – DEC.** DATE: 11 / 12 / 2014	Observer's Name: **Adam Steedle** Title: **Consultant, Frog Env** Signature:	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?**	☐ YES ☒ NO	If **YES**, complete reverse side of this form.
QUARTER: **JAN. – MAR.** DATE: 3 / 18 / 2015	Observer's Name: **Jose Maldonado** Title: **Consultant, Frog Env** Signature: Jose Maldonado	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?**	☐ YES ☒ NO	If **YES**, complete reverse side of this form.
QUARTER: **APR. – JUN.** DATE: 5 / 21 / 2015	Observer's Name: **Rahul Dasgupta** Title: **Consultant, Frog Env** Signature: Rahul Dasgupta	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?**	☐ YES ☒ NO	If **YES**, complete reverse side of this form.

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: **JUL. – SEP.** **DATE/TIME OF OBSERVATIONS:** 8/7/2014 12:00 ☐ AM ☒ PM	Observer's Name: **Erik Liebrecht** Title: **Consultant, Frog Env** Signature: Erik Liebrecht	**WERE UNAUTHORIZED NSWDs OBSERVED?** **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?**	☐ YES ☒ NO ☐ YES ☒ NO	If **YES**, to either question, complete reverse side.
QUARTER: **OCT. – DEC.** **DATE/TIME OF OBSERVATIONS:** 11/12/2014 10:30 ☒ AM ☐ PM	Observer's Name: **Adam Steedle** Title: **Consultant, Frog Env** Signature:	**WERE UNAUTHORIZED NSWDs OBSERVED?** **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?**	☐ YES ☒ NO ☐ YES ☒ NO	If **YES**, to either question, complete reverse side.
QUARTER: **JAN. – MAR.** **DATE/TIME OF OBSERVATIONS:** 3/18/2015 12:30 ☐ AM ☒ PM	Observer's Name: **Jose Maldonado** Title: **Consultant, Frog Env** Signature: Jose Maldonado	**WERE UNAUTHORIZED NSWDs OBSERVED?** **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?**	☐ YES ☒ NO ☐ YES ☒ NO	If **YES**, to either question, complete reverse side.
QUARTER: **APR. – JUN.** **DATE/TIME OF OBSERVATIONS:** 5/21/2015 12:10 ☐ AM ☒ PM	Observer's Name: **Rahul Dasgupta** Title: **Consultant, Frog Env** Signature: Rahul Dasgupta	**WERE UNAUTHORIZED NSWDs OBSERVED?** **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?**	☐ YES ☒ NO ☐ YES ☒ NO	If **YES**, to either question, complete reverse side.

FORM 4 – MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

- Storm water discharge visual observations are required for at least one storm event per month between October 1 and May 31.
- Visual observations must be conducted during the first hour of discharge at all discharge locations.
- Discharges of temporarily stored or contained storm water must be observed at the time of discharge.
- Indicate "None" in the first column of this form if you did not conduct a monthly visual observation and explain why on the reverse side (Side B).
- 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 the person who observed there was no storm water discharge.

Observation Date: October 31, 2014	Drainage Location Description	#1 – BACKYARD	#2 – FRONT	#3 –	#4 –
Observer's Name: JIM WILKERSON	Observation Time	3:00 ☐ AM ☒ PM	3:00 ☐ AM ☒ PM	:— ☐ AM ☐ PM	:— ☐ AM ☐ PM
Title: GEN. MGR	Time Discharge Began (If no sample, complete reverse side)	N.A ☐ AM ☐ PM	N.A ☐ AM ☐ PM	:— ☐ AM ☐ PM	:— ☐ AM ☐ PM
Signature: Jim Wilkerson	Were pollutants observed? (If YES, complete reverse side)	☐ YES ☒ NO	☐ YES ☒ NO	☐ YES ☐ NO	☐ YES ☐ NO
Observation Date: November 26, 2014	Drainage Location Description	#1 – BACKYARD	#2 – FRONT	#3 –	#4 –
Observer's Name: JIM WILKERSON	Observation Time	2:30 ☐ AM ☒ PM	2:30 ☐ AM ☒ PM	:— ☐ AM ☐ PM	:— ☐ AM ☐ PM
Title: GEN. MGR.	Time Discharge Began (If no sample, complete reverse side)	NA ☐ AM ☐ PM	NA ☐ AM ☐ PM	:— ☐ AM ☐ PM	:— ☐ AM ☐ PM
Signature: Jim Wilkerson	Were pollutants observed? (If YES, complete reverse side)	☐ YES ☒ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
Observation Date: December 23, 2014	Drainage Location Description	#1 – BACKYARD	#2 – FRONT.	#3 –	#4 –
Observer's Name: JIM WILKERSON	Observation Time	9:10 ☒ AM ☐ PM	9:10 ☒ AM ☐ PM	:— ☐ AM ☐ PM	:— ☐ AM ☐ PM
Title: GEN. MGR	Time Discharge Began (If no sample, complete reverse side)	N.A. ☐ AM ☐ PM	N.A. ☐ AM ☐ PM	:— ☐ AM ☐ PM	:— ☐ AM ☐ PM
Signature: Jim Wilkerson	Were pollutants observed? (If YES, complete reverse side)	☐ YES ☒ NO	☐ YES ☒ NO	☐ YES ☐ NO	☐ YES ☐ NO
Observation Date: January 30, 2015	Drainage Location Description	#1 – BACKYARD	#2 – FRONT	#3 –	#4 –
Observer's Name: JIM WILKERSON	Observation Time	11:00 ☒ AM ☐ PM	11:00 ☒ AM ☐ PM	:— ☐ AM ☐ PM	:— ☐ AM ☐ PM
Title: GEN. MGR	Time Discharge Began (If no sample, complete reverse side)	N.A ☐ AM ☐ PM	N.A ☐ AM ☐ PM	:— ☐ AM ☐ PM	:— ☐ AM ☐ PM
Signature: Jim Wilkerson	Were pollutants observed? (If YES, complete reverse side)	☐ YES ☒ NO	☐ YES ☒ NO	☐ YES ☐ NO	☐ YES ☐ NO

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	DESCRIBE STORM WATER DISCHARGE CHARACTERISTICS Indicate whether storm water discharge is clear, cloudy, discolored, causes staining, contains floating objects or an oily sheen, has odors, etc.	IDENTIFY AND DESCRIBE SOURCE(S) OF POLLUTANTS EXAMPLE: Oil sheen caused by leaking oil from truck in Maintenance Shop	DESCRIBE ANY REVISED OR NEW BMPS AND PROVIDE THEIR IMPLEMENTATION DATE
10/31/14 3:00 ☐ AM ☒ PM		N.A.	N.A.	NO RAIN OCCURRED DURING OPERATING HOURS.
11/26/14 2:30 ☐ AM ☒ PM		N.A	N.A	NO RAIN OCCURRED DURING OPERATING HOURS.
12/23/14 9:10 ☒ AM ☐ PM	BACK YARD FRONT DRIVE.	RAIN WATER WAS CLEAR	N.A.	NO QUALIFYING RAIN EVENTS RAIN STARTED EARLY MORNING.
1/30/15 11:00 ☒ AM ☐ PM	BACK YARD FRONT DRIVE.	RAIN WATER WAS CLEAR	N.A.	NO QUALIFYING RAIN EVENTS. RAIN STARTED DURING WEEKEND.

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

- Storm water discharge visual observations are required for at least one storm event per month between October 1 and May 31.
- Visual observations must be conducted during the first hour of discharge at all discharge locations.
- Discharges of temporarily stored or contained storm water must be observed at the time of discharge.
- Indicate "None" in the first column of this form if you did not conduct a monthly visual observation and explain why on the reverse side (Side B).
- 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 the person who observed there was no storm water discharge.

Observation Date: February 27, 2015	Drainage Location Description	#1 – BACKYARD	#2 – FRONT	#3 –	#4 –
Observer's Name: JIM WILKERSON	Observation Time	9:00 ☒ AM ☐ PM	9:00 ☒ AM ☐ PM	:— ☐ AM ☐ PM	:— ☐ AM ☐ PM
Title: GEN. MGR	Time Discharge Began (If no sample, complete reverse side)	N:A ☐ AM ☐ PM	N:A ☐ AM ☐ PM	:— ☐ AM ☐ PM	:— ☐ AM ☐ PM
Signature: Jim Wilkerson	Were pollutants observed? (If YES, complete reverse side)	☐ YES ☒ NO	☐ YES ☒ NO	☐ YES ☐ NO	☐ YES ☐ NO
Observation Date: March 31, 2015	Drainage Location Description	#1 – BACKYARD	#2 – FRONT	#3 –	#4 –
Observer's Name: JIM WILKERSON	Observation Time	2:30 ☐ AM ☒ PM	2:30 ☐ AM ☒ PM	:— ☐ AM ☐ PM	:— ☐ AM ☐ PM
Title: GEN. MGR.	Time Discharge Began (If no sample, complete reverse side)	N:A ☐ AM ☐ PM	N:A ☐ AM ☐ PM	:— ☐ AM ☐ PM	:— ☐ AM ☐ PM
Signature: Jim Wilkerson	Were pollutants observed? (If YES, complete reverse side)	☐ YES ☒ NO	☐ YES ☒ NO	☐ YES ☐ NO	☐ YES ☐ NO
Observation Date: April 29, 2015	Drainage Location Description	#1 – BACKYARD	#2 – FRONT.	#3 –	#4 –
Observer's Name: JIM WILKERSON	Observation Time	1:00 ☐ AM ☒ PM	1:00 ☐ AM ☒ PM	:— ☐ AM ☐ PM	:— ☐ AM ☐ PM
Title: GEN. MGR	Time Discharge Began (If no sample, complete reverse side)	N:A ☐ AM ☐ PM	N:A ☐ AM ☐ PM	:— ☐ AM ☐ PM	:— ☐ AM ☐ PM
Signature: Jim Wilkerson	Were pollutants observed? (If YES, complete reverse side)	☐ YES ☒ NO	☐ YES ☒ NO	☐ YES ☐ NO	☐ YES ☐ NO
Observation Date: May 15, 2015	Drainage Location Description	#1 – BACKYARD	#2 – FRONT	#3 –	#4 –
Observer's Name: JIM WILKERSON	Observation Time	9:00 ☒ AM ☐ PM	9:00 ☒ AM ☐ PM	:— ☐ AM ☐ PM	:— ☐ AM ☐ PM
Title: GEN MGR	Time Discharge Began (If no sample, complete reverse side)	N:A ☐ AM ☐ PM	N:A ☐ AM ☐ PM	:— ☐ AM ☐ PM	:— ☐ AM ☐ PM
Signature: Jim Wilkerson	Were pollutants observed? (If YES, complete reverse side)	☐ YES ☒ NO	☐ YES ☒ NO	☐ YES ☐ NO	☐ YES ☐ NO

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

DATE/TIME OF OBSERVATION (From Reverse Side)	DRAINAGE AREA DESCRIPTION EXAMPLE: Discharge from Material Storage Area	DESCRIBE STORM WATER DISCHARGE CHARACTERISTICS Indicate whether storm water discharge is clear, cloudy, discolored, causes staining, contains floating objects or an oily sheen, has odors, etc.	IDENTIFY AND DESCRIBE SOURCE(S) OF POLLUTANTS EXAMPLE: Oil sheen caused by leaking oil from truck in Maintenance Shop	DESCRIBE ANY REVISED OR NEW BMPS AND PROVIDE THEIR IMPLEMENTATION DATE
2/27/15 9:00 ☑ AM ☐ PM	BACK YARD. FRONT DRIVE	RAIN WATER WAS CLEAR		NO QUALIFYING RAIN EVENTS
3/3/15 2:30 ☐ AM ☒ PM	BACK YARD. FRONT DRIVE			NO QUALIFYING RAIN EVENTS
4/29/15 1:06 ☐ AM ☒ PM	BACK YARD. FRONT DRIVE			NO QUALIFYING RAIN EVENTS
5/5/15 9:60 ☒ AM ☐ PM	BACKYARD FRONT DRIVE	RAIN WATER WAS CLEAR		RAIN EVENT DID NOT QUALIFY WE TESTED ANYWAY TO SEE IF BMP'S ARE WORKING

FORM 5 – ANNUAL COMPRHENSIVE SITE COMPLIANCE EVALUATION
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVIVITY BMP STATUS

EVALUATION DATE: 5/21/15 NAME: Dave DeMott TITLE: Contracts SIGNATURE: Dave D. Matt

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

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?	If yes, to either question, complete the next two columns.	Describe deficiencies in BMPs	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
Main Work Area	☒ YES ☐ NO ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐ YES ☒ NO		Metal and debris observed in area	Increase housekeeping activities (e.g., 2/15

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

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

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP) Loading/Unloading	**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.	**Describe deficiencies in BMPs**	**Describe additional/revised BMPs or corrective actions and their date(s) of implementation**

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	**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.	**Describe deficiencies in BMPs**	**Describe additional/revised BMPs or corrective actions and their date(s) of implementation**

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	**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.	**Describe deficiencies in BMPs**	**Describe additional/revised BMPs or corrective actions and their date(s) of implementation**

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	**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.	**Describe deficiencies in BMPs**	**Describe additional/revised BMPs or corrective actions and their date(s) of implementation**

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	**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.	**Describe deficiencies in BMPs**	**Describe additional/revised BMPs or corrective actions and their date(s) of implementation**

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	**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.	**Describe deficiencies in BMPs**	**Describe additional/revised BMPs or corrective actions and their date(s) of implementation**