

State of California

STATE WATER RESOURCES CONTROL BOARD

SAN DIEGO REGIONAL
WATER QUALITY
CONTROL BOARD

2008-2009

ANNUAL REPORT

2010 NOV 15 P 3: 50

FOR

STORM WATER DISCHARGES ASSOCIATED
WITH INDUSTRIAL ACTIVITIES

REPORTING PERIOD JULY 1, 2008 THROUGH JUNE 30, 2009

An annual report is required to be submitted to your local Regional Water Quality Control Board (Regional Board) by July 1 of each year. This document must be certified and signed, under penalty of perjury, by the appropriate official of your company. Many of the Annual Report questions require an explanation. Please provide explanations on a separate sheet as an attachment. **Retain a copy of the completed Annual Report for your records.**

Please circle or highlight any information contained in Items A, B, and C below that is new or revised so we can update our records. Please remember that a Notice of Termination and new Notice of Intent are required whenever a facility operation is relocated or changes ownership.

If you have any questions, please contact your Regional Board Industrial Storm Water Permit Contact. The names, telephone numbers and e-mail addresses of the Regional Board contacts, as well as the Regional Board office addresses can be found at <http://www.waterboards.ca.gov/stormwtr/contact.html>. To find your Regional Board information, match the first digit of your WDID number with the corresponding number that appears in parenthesis on the first line of each Regional Board office.

GENERAL INFORMATION:

A. Facility Information:

Facility WDID No: 9 371021782

Facility Name: Lite Stone Concrete

Contact Person: John B. Ward III

Physical Address: 1105 N Marshall Ave

e-mail: _____

City: El Cajon

CA Zip: 92020 Phone: 619-596-9151

Standard Industrial Classification (SIC) Code(s): 3272; _____;

B. Facility Operator Information:

Operator Name: Lite Stone Concrete

Contact Person: John B. Ward III

Mailing Address: 1105 N Marshall Ave

e-mail: _____

City: El Cajon

State: CA Zip: 92020 Phone: 619-596-9151

C. Facility Billing Information:

Operator Name: Lite Stone Concrete

Contact Person: John B. Ward III

Mailing Address: 1105 N Marshall Ave

e-mail: _____

City: El Cajon

State: CA Zip: 92020 Phone: 619-596-9151

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 did sample because the employee that was responsible for environmental compliance at our facility did not perform any sampling. It was our understanding that this employee was fulfilling all of the Permit requirements. It was not until we received a letter from the SWRCB stating we were not in compliance that we realized the employee was not performing his duties. As a result, he has been "let go," and we have hired storm water consultants to ensure we are in compliance moving forward.

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:

We did not perform any samples.

3. How many storm water discharge locations are at your facility? 4

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:

We did not perform any samples.

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

We did not perform any samples.

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:
We did not perform any samples.
7. Was all storm water sampling preceded by three (3) working days without a storm water discharge? YES NO, Explanation:
We did not perform any samples.
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:**

We did not perform any samples.

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

We do not have any documented Quarterly Non-Storm Water Discharge Observations because the employee that was responsible for environmental compliance at our facility did not perform them. It was our understanding that this employee was fulfilling all of the Permit requirements. It was not until we received a letter from the SWRCB stating we were not in compliance that we realized the employee was not performing his duties. As a result, he has been "let go." However, we do train our employees to visually observe the facility during the course of their activities to ensure there are no unauthorized non-storm water discharges. We have hired storm water consultants to ensure we are in compliance moving forward.

- 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

We do not have any Monthly Storm Water Observations because the employee that was responsible for environmental compliance at our facility did not perform them. It was our understanding that this employee was fulfilling all of the Permit requirements. It was not until we received a letter from the SWRCB stating we were not in compliance that we realized the employee was not performing his duties. As a result, he has been "let go," and we have hired storm water consultants to ensure we are in compliance moving forward.

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

We did not generate any records to review because the employee that was responsible for environmental compliance at our facility was inadequate. As a result, we have fired him and have hired storm water consultants to ensure compliance in the future.

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
- erosion control
- quality assurance
- preventive 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 & 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.

We cannot certify compliance at this time as we did not perform any sampling nor generate any records (observations). It was our understanding that the employee responsible for environmental compliance was fulfilling all of the Permit requirements. It was not until we received a letter from the SWRCB stating we were not in compliance that we realized the employee was not performing his duties. As a result, he has been "let go," and we have hired storm water consultants to ensure we are in compliance in the future.

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 b, c, d, or e 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 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: ~~John B. Ward III~~ Van Hunt

Signature: Van Hunt

Date: 11/15/10

Title: Owner

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 / / : : AM PM	TIME DISCHARGE STARTED : : AM PM	ANALYTICAL RESULTS For First Storm Event							
			BASIC PARAMETERS			OTHER PARAMETERS				
			PH	TSS	SC		O&G	TOC		
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

11/16/2010

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 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

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

DESCRIBE DISCHARGE LOCATION Example: NW Out Fall	DATE/TIME OF SAMPLE COLLECTION / / : : AM PM	TIME DISCHARGE STARTED : : AM PM	ANALYTICAL RESULTS For Second Storm Event							
			BASIC PARAMETERS			OTHER PARAMETERS				
			PH	TSS	SC		O&G	TOC		
TEST REPORTING UNITS:										
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										

11/16/2010

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

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

Quarter: JULY-SEPT. Date:	Observer's Name: Title: Signature:	WERE ANY AUTHORIZED NSWDS DISCHARGED DURING THIS QUARTER?	<input type="checkbox"/> YES See Form 2 Side B <input type="checkbox"/> NO
Quarter: OCT. DEC. Date:	Observer's Name: Title: Signature:	WERE ANY AUTHORIZED NSWDS DISCHARGED DURING THIS QUARTER?	<input type="checkbox"/> YES See Form 2 Side B <input type="checkbox"/> NO
Quarter: JAN.-MARCH Date:	Observer's Name: Title: Signature:	WERE ANY AUTHORIZED NSWDS DISCHARGED DURING THIS QUARTER?	<input type="checkbox"/> YES See Form 2 Side B <input type="checkbox"/> NO
Quarter: APRIL-JUNE Date:	Observer's Name: Title: Signature:	WERE ANY AUTHORIZED NSWDS DISCHARGED DURING THIS QUARTER?	<input type="checkbox"/> YES See Form 2 Side B <input type="checkbox"/> NO

Not Applicable – Please See Explanation at Section F.1.

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

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

QUARTER: JULY-SEPT. OBSERVATION- DATE: TIME:	Observer's Name: Title: Signature:	WERE UNAUTHORIZED NSWDs OBSERVED? WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES to either question, complete Side B.
QUARTER: OCT.-DEC. OBSERVATION- DATE: TIME:	Observer's Name: Title: Signature:	WERE UNAUTHORIZED NSWDs OBSERVED? WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES to either question, complete Side B.
QUARTER: JAN.-MARCH OBSERVATION- DATE: TIME:	Observer's Name: Title: Signature:	WERE UNAUTHORIZED NSWDs OBSERVED? WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES to either question, complete Side B.
QUARTER: APRIL-JUNE OBSERVATION- DATE: TIME:	Observer's Name: Title: Signature:	WERE UNAUTHORIZED NSWDs OBSERVED? WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES to either question, complete Side B.

Not Applicable – Please See Explanation at Section F.2.

**FORM 4- VISUAL OBSERVATIONS FOR THE MONTH OF
STORM WATER DISCHARGES**

OBSERVATION DATE: 200		#1	#2	#3	#4
Drainage Location Description					
Observers Name:		Time:	Time:	Time:	Time:
Title:		Time:	Time:	Time:	Time:
Signature:		Were Pollutants Observed? (If YES, complete table below)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

DATE/TIME OF OBSERVATION (From Part 2)	DRAINAGE AREA DESCRIPTION EXAMPLE: Discharge from material storage area #2	DESCRIBE STORM WATER DISCHARGE CHARACTERISTICS Indicate whether authorized NSWD is clear, cloudy, or discolored, caused staining, contains floating objects or an oil sheen, has odor, etc.	IDENTIFY AND DESCRIBE SOURCE(S) OF POLLUTANTS EXAMPLE: Oil sheen caused by oil dripped by trucks in vehicle maintenance	DESCRIBE ANY REVISED OR NEW BMPs AND THEIR DATE OF IMPLEMENTATION
Date: #1				
Time: #1				
Date: #2				
Time: #2				
Date: #3				
Time: #3				
Date: #4				
Time: #4				

Not Applicable – Please See Explanation at Section G.1.

11/16/2010

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

FACILITY CONTACT ~~JOHN B. WARD III~~ Van Hunt DATE 11/15/10

SIGNATURE Van Hunt

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP) Indoor / Covered Work Areas	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Describe deficiencies in BMPs	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) Indoor Storage	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Describe deficiencies in BMPs	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) Outdoor Storage	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Describe deficiencies in BMPs	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) Waste Area	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Describe deficiencies in BMPs	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) Loading / Unloading	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.	Describe deficiencies in BMPs	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) Compressors	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.	Describe deficiencies in BMPs	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) Operational Equipment	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.	Describe deficiencies in BMPs	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 type="checkbox"/> 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
	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.	Describe deficiencies in BMPs	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.	Describe deficiencies in BMPs	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				