



State Water Resources Control Board

To Interested Parties:

2013-2014 ANNUAL REPORT ANNUAL REPORT FOR STORM WATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITIES

Attached is the 2013-2014 annual report that must be mailed to your Regional Board office by July 1, 2014. Dischargers within the Los Angeles Regional Board are required to electronically submit their annual reports via the Storm Water Multi-Application Reporting and Tracking System (SMARTS), email with a PDF attachment(s) to losangeles@waterboards.ca.gov, or mail a disk. Although electronic submittals are not mandatory for dischargers in other regions, we encourage all dischargers to register and use SMARTS. We anticipate that a new Industrial General Permit (IGP) will be adopted sometime next year that will mandate electronic reporting for future reporting years.

To register to use SMARTS please fill out the LRP Registration Form and mail it back to: SMARTS Registration, P.O. Box 1977, Sacramento, CA 95812. Once a complete registration form is received, instructions and a Secret Code Number will be emailed. The Secret Code Number is used to link your SMARTS ID to the WDID Number.

For SMARTS registration questions or information please contact the SMARTS help center at 1-866-563-3107 or by email at stormwater@waterboards.ca.gov.

To receive email updates on Storm Water Industrial permitting issues including updates on the IGP reissuance process (hearings, workshops, schedules, etc.), please sign up at http://www.waterboards.ca.gov/resources/email_subscriptions/swrcb_subscribe.shtml. The Storm Water program currently maintains five email lists:

- Storm Water Database Issues
- Storm Water Construction Permitting Issues
- Storm Water Industrial Permitting Issues
- Storm Water Municipal Permitting Issues
- Sustainable Development

Sincerely,

Storm Water Section

Industrial General Permit Legally Responsible Person SMARTS Registration

The Storm Water Multi–Application & Report Tracking System (SMARTS) is now available for dischargers to create a user account online and submit Annual Report(s) electronically. These instructions are for **registration of SMARTS Legally Responsible Person**.

You must be the **Legally Responsible Person (LRP)** to submit and certify a SMARTS report on the behalf of a facility. In the simplest terms, the LRP is the individual that certifies the Notice of Intent (NOI) and is responsible for reviewing, validating and certifying the annual report for accuracy and correctness before it is submitted.

The LRP may assign rights to submit and certify the annual report to an **Approved Signatory**. An approved signatory maybe other employees designated authority to certify documents on behalf of the LRP. An Approved Signatory cannot be a contractor or consultant.

A **Data Entry Person** is any individual authorized by the LRP to enter data into SMARTS on behalf of the LRP. A data submitter may be other employees, contractors, labs, etc. A data submitter cannot certify the Annual Report.

To register as an LRP and identify Approved Signatory(ies) or Data Entry Person(s), you must have a user account. Upon receipt of this Authorization Form, Water Board staff will email instructions on how to register for SMARTS, a Secret Code Number (SCN), how to link WDID number(s), Approved Signatories or Data Submitters to your account.

One authorization form per WDID number is required. Mail the authorization form to:

**SMARTS Registration
P.O. Box 1977
Sacramento, CA 95812**

If you have any questions please contact us at 1-866-563-3107 or email stormwater@waterboards.ca.gov.

**SMARTS INDUSTRIAL GENERAL PERMIT
LRP AUTHORIZATION FORM**

Operator Information (please print clearly)

Name: _____

PREFIX, FIRST, MIDDLE, LAST,

Address: _____

City, State, Zip: _____

Phone Number: _____

FAX Number: _____

E-Mail Address: _____

The Water Board will use this email address to send registration information

Facility Information (please print clearly)

WDID: _____

Name: _____

Address: _____

City, State, Zip: _____

APPROVED SIGNATORY AND DATA SUBMITTER(S) IDENTIFICATION

Approved Signatory (please print clearly)

1. Approved Signatory

Person Name: _____

Email Address: _____

2. Approved Signatory

Person Name: _____

Email Address: _____

Data Entry Person Information (please print clearly)

1. Data Entry Person

Person Name: _____

Email Address: _____

2. Data Entry Person

Person Name: _____

Email Address: _____

3. Data Entry Person

Person Name: _____

Email Address: _____

- 4. Data Entry Person
Person Name: _____
Email Address: _____

- 5. Data Entry Person
Person Name: _____
Email Address: _____

- 6. Data Entry Person
Person Name: _____
Email Address: _____

Legally Responsible Person Signature:

I certify that I am the legally authorized representative for the facility listed below. My signature on this form also certifies that my SMARTS user ID and password constitute my electronic signature and any information I indicate I am electronically certifying contains my signature. I understand that I am legally bound, obligated, or responsible by use of my electronic signature as much as by a hand-written signature. I agree, on behalf of myself and the facility identified above to be bound by its terms.

I agree to protect my electronic signature from unauthorized use, and I will contact the Water Board, within 24-hours of discovery, if I suspect that my electronic signature has been lost, stolen, or otherwise compromised. I certify my electronic signature is for my own use, will keep it confidential, and will not delegate or share with any other person.

Printed Name: _____

Signed: _____ Date: _____

Mail completed form to:

**SMARTS Registration
P.O. Box 1977
Sacramento, CA 95812**

State of California
STATE WATER RESOURCES CONTROL BOARD

2013-2014
ANNUAL REPORT
FOR
STORM WATER DISCHARGES ASSOCIATED
WITH INDUSTRIAL ACTIVITIES

Reporting Period July 1, 2013 through June 30, 2014

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.swrcb.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 Business Name: _____
Physical Address: _____
City: _____
Standard Industrial Classification (SIC) Code(s): _____

Facility WDID No: _____

Contact Person: _____
e-mail: _____
CA Zip: _____ Phone: _____

B. Facility Operator Information:

Operator Name: _____
Mailing Address: _____
City: _____

Contact Person: _____
e-mail: _____
State: ____ Zip: _____ Phone: _____

C. Facility Billing Information:

Operator Name: _____
Mailing Address: _____
City: _____

Contact Person: _____
e-mail: _____
State: ____ Zip: _____ Phone: _____

2013-2014
ANNUAL REPORT

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? _____

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

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

YES

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

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

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 _____

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 stormwater that had been temporarily stored or contained? (such as from a pond) YES NO, go to Item E.10
9. Did you collect and analyze samples of temporarily stored or contained storm water discharges from two storm events? (or one storm event if you checked item D.2.i or iii. above) YES NO, **attach explanation**

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

- a. Does Table D contain any additional parameters related to your facility's SIC code(s)? YES NO, Go to Item E.11
- b. Did you analyze all storm water samples for the applicable parameters listed in Table D? YES NO
- c. If you did not analyze all storm water samples for the applicable Table D parameters, check one of the following reasons:

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

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

_____ Other. **Attach explanation**

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

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

F. QUARTERLY VISUAL OBSERVATIONS

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

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

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

YES **NO** Go to Item F.2

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

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

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

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

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

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

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

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

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

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

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

YES **NO** Go to item F.2.d

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

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

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

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

G. MONTHLY WET SEASON VISUAL OBSERVATIONS

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

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

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

2. Report monthly wet season visual observations using **Form 4** or provide the following information.
 - a. date, time, and location of observation
 - b. name and title of observer
 - c. characteristics of the discharge (i.e., odor, color, etc.) and source of any pollutants observed.
 - d. **any** new or revised BMPs necessary to reduce or prevent pollutants in storm water discharges. Provide new or revised BMP implementation date.

ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION (ACSCE)

H. ACSCE CHECKLIST

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

1. Have you inspected all potential pollutant sources and industrial activities areas? YES NO
The following areas should be inspected:
 - areas where spills and leaks have occurred during the last year.
 - outdoor wash and rinse areas.
 - process/manufacturing areas.
 - loading, unloading, and transfer areas.
 - waste storage/disposal areas.
 - dust/particulate generating areas.
 - erosion areas.
 - building repair, remodeling, and construction
 - material storage areas
 - vehicle/equipment storage areas
 - truck parking and access areas
 - rooftop equipment areas
 - vehicle fueling/maintenance areas
 - non-storm water discharge generating areas

2. Have you reviewed your SWPPP to assure that its BMPs address existing potential pollutant sources and industrial activities areas? YES NO

3. Have you inspected the entire facility to verify that the SWPPP's site map, is up-to-date? The following site map items should be verified: YES NO
 - facility boundaries
 - outline of all storm water drainage areas
 - areas impacted by run-on
 - storm water discharges locations
 - storm water collection and conveyance system
 - structural control measures such as catch basins, berms, containment areas, oil/water separators, etc.

4. Have you reviewed all General Permit compliance records generated since the last annual evaluation? YES NO

The following records should be reviewed:

- quarterly authorized non-storm water discharge visual observations
- monthly storm water discharge visual observation
- records of spills/leaks and associated clean-up/response activities
- quarterly unauthorized non-storm water discharge visual observations
- Sampling and Analysis records
- preventative maintenance inspection and maintenance records

5. Have you reviewed the major elements of the SWPPP to assure compliance with the General Permit? YES NO

The following SWPPP items should be reviewed:

- pollution prevention team
- list of significant materials
- description of potential pollutant sources
- assessment of potential pollutant sources
- identification and description of the BMPs to be implemented for each potential pollutant source

6. Have you reviewed your SWPPP to assure that a) the BMPs are adequate in reducing or preventing pollutants in storm water discharges and authorized non-storm water discharges, and b) the BMPs are being implemented? YES NO

The following BMP categories should be reviewed:

- good housekeeping practices
- spill response
- employee training
- erosion control
- quality assurance
- preventative maintenance
- material handling and storage practices
- waste handling/storage
- structural BMPs

7. Has all material handling equipment and equipment needed to implement the SWPPP been inspected? YES NO

I. ACSCE EVALUATION REPORT

The facility operator is required to provide an evaluation report that includes:

- identification of personnel performing the evaluation
- the date(s) of the evaluation
- necessary SWPPP revisions
- schedule for implementing SWPPP revisions
- any incidents of non-compliance and the corrective actions taken.

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

J. ACSCE CERTIFICATION

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

Based upon your ACSCE, do you certify compliance with the Industrial Activities Storm Water General Permit? YES NO

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

ATTACHMENT SUMMARY

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

- 1. Have you attached Forms 1,2,3,4, and 5 or their equivalent? YES (Mandatory)

- 2. If you conducted sampling and analysis, have you attached the laboratory analytical reports? YES NO NA

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

- 4. Have you attached an explanation for each "NO" answer in items E.1, E.2, E.5-E.7, E.9, E.10.c, F.1.b, F.2.a, F.2.c, G.1, H.1-H.7, or J? YES NO NA

ANNUAL REPORT CERTIFICATION

I am duly authorized to sign reports required by the INDUSTRIAL ACTIVITIES STORM WATER GENERAL PERMIT (see Standard Provision C.9) and I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those 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: _____

Signature: _____ Date: _____

Title: _____

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DESCRIPTION OF BASIC ANALYTICAL PARAMETERS

The Industrial Activities Storm Water General Permit (General Permit) requires you to analyze storm water samples for at least four parameters. These are pH, Total Suspended Solids (TSS), Specific Conductance (SC), and Total Organic Carbon (TOC). Oil and Grease (O&G) may be substituted for TOC. In addition, you must monitor for any other pollutants which you believe to be present in your storm water discharge as a result of industrial activity and analytical parameters listed in Table D of the General Permit. There are no numeric limitations for the parameters you test for.

The four parameters which the General Permit requires to be tested are considered *indicator* parameters. In other words, regardless of what type of facility you operate, these parameters are nonspecific and general enough to usually provide some indication whether pollutants are present in your storm water discharge. The following briefly explains what each of these parameters mean:

pH is a numeric measure of the hydrogen-ion concentration. The neutral, or acceptable, range is within 6.5 to 8.5. At values less than 6.5, the water is considered acidic; above 8.5 it is considered alkaline or basic. An example of an acidic substance is vinegar, and a alkaline or basic substance is liquid antacid. Pure rainfall tends to have a pH of a little less than 7. There may be sources of materials or industrial activities which could increase or decrease the pH of your storm water discharge. If the pH levels of your storm water discharge are high or low, you should conduct a thorough evaluation of all potential pollutant sources at your site.

Total Suspended Solids (TSS) is a measure of the undissolved solids that are present in your storm water discharge. Sources of TSS include sediment from erosion of exposed land, and dirt from impervious (i.e. paved) areas. Sediment by itself can be very toxic to aquatic life because it covers feeding and breeding grounds, and can smother organisms living on the bottom of a water body. Toxic chemicals and other pollutants also adhere to sediment particles. This provides a medium by which toxic or other pollutants end up in our water ways and ultimately in human and aquatic life. TSS levels vary in runoff from undisturbed land. It has been shown that TSS levels increase significantly due to land development.

Specific Conductance (SC) is a numerical expression of the ability of the water to carry an electric current. SC can be used to assess the degree of mineralization, salinity, or estimate the total dissolved solids concentration of a water sample. Because of air pollution, most rain water has a SC a little above zero. A high SC could affect the usability of waters for drinking, irrigation, and other commercial or industrial use.

Total Organic Carbon (TOC) is a measure of the total organic matter present in water. (All organic matter contains carbon) This test is sensitive and able to detect small concentrations of organic matter. Organic matter is naturally occurring in animals, plants, and man. Organic matter may also be man made (so called synthetic organics). Synthetic organics include pesticides, fuels, solvents, and paints. Natural organic matter utilizes the oxygen in a receiving water to biodegrade. Too much organic matter could place a significant oxygen demand on the water, and possibly impact its quality. Synthetic organics either do not biodegrade or biodegrade very slowly. Synthetic organics are a source of toxic chemicals that can have adverse affects at very low concentrations. Some of these chemicals bioaccumulate in aquatic life. If your levels of TOC are high, you should evaluate all sources of natural or synthetic organics you may use at your site.

Oil and Grease (O&G) is a measure of the amount of oil and grease present in your storm water discharge. At very low concentrations, O&G can cause a sheen (that floating "rainbow") on the surface of water (1 qt. of oil can pollute 250,000 gallons of water). O&G can adversely affect aquatic life and create unsightly floating material and film on water, thus making it undrinkable. Sources of O&G include maintenance shops, vehicles, machines and roadways.

If you have any questions regarding whether or not your constituent concentrations are too high, please contact your local Regional Board office. The United States Environmental Protection Agency (USEPA) has published stormwater discharge benchmarks for a number of parameters. These benchmarks may be helpful when evaluating whether additional BMPs are appropriate. These benchmarks can be accessed at our website at <http://www.swrcb.ca.gov>. It is contained in the Sampling and Analysis Reduction Certification.

See Storm Water Contacts at

http://www.waterboards.ca.gov/water_issues/programs/stormwater/contact.shtml

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SIDE A

FORM 1-SAMPLING & ANALYSIS RESULTS

FIRST STORM EVENT

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

NAME OF PERSON COLLECTING SAMPLE(S): _____ 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						
	_____ <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	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM											
	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____ <input type="checkbox"/> AM <input type="checkbox"/> 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

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SIDE B

FORM 1-SAMPLING & ANALYSIS RESULTS

SECOND STORM EVENT

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

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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.

QUARTER: JULY-SEPT. DATE: _____	Observers Name: _____ Title: _____ Signature: _____	WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, complete reverse side of this form.
QUARTER: OCT.-DEC. DATE: _____	Observers Name: _____ Title: _____ Signature: _____	WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, complete reverse side of this form.
QUARTER: JAN.-MARCH DATE: _____	Observers Name: _____ Title: _____ Signature: _____	WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, complete reverse side of this form.
QUARTER: APRIL-JUNE DATE: _____	Observers Name: _____ Title: _____ Signature: _____	WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, complete reverse side of this form.

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SIDE B

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

DATE /TIME OF OBSERVATION	SOURCE AND LOCATION OF AUTHORIZED NSWD EXAMPLE: Air conditioner Units on Building C	NAME OF AUTHORIZED NSWD EXAMPLE: Air conditioner condensate	DESCRIBE AUTHORIZED NSWD CHARACTERISTICS Indicate whether authorized NSWD is clear, cloudy, or discolored, causing staining, contains floating objects or an oil sheen, has odors, etc.		DESCRIBE ANY REVISED OR NEW BMPs AND PROVIDE THEIR IMPLEMENTATION DATE
			At the NSWD Source	At the NSWD Drainage 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					
_____ _____ <input type="checkbox"/> AM <input type="checkbox"/> PM					

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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.

<p>QUARTER: JULY-SEPT.</p> <p>DATE/TIME OF OBSERVATIONS</p> <p>_____ __ __ <input type="checkbox"/> AM _____ __ __ <input type="checkbox"/> PM</p>	<p>Observers Name: _____</p> <p>Title: _____</p> <p>Signature: _____</p>	<p>WERE UNAUTHORIZED NSWDs OBSERVED? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If YES to either question, complete reverse side.</p>
<p>QUARTER: OCT.-DEC.</p> <p>DATE/TIME OF OBSERVATIONS</p> <p>_____ __ __ <input type="checkbox"/> AM _____ __ __ <input type="checkbox"/> PM</p>	<p>Observers Name: _____</p> <p>Title: _____</p> <p>Signature: _____</p>	<p>WERE UNAUTHORIZED NSWDs OBSERVED? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If YES to either question, complete reverse side.</p>
<p>QUARTER: JAN.-MARCH</p> <p>DATE/TIME OF OBSERVATIONS</p> <p>_____ __ __ <input type="checkbox"/> AM _____ __ __ <input type="checkbox"/> PM</p>	<p>Observers Name: _____</p> <p>Title: _____</p> <p>Signature: _____</p>	<p>WERE UNAUTHORIZED NSWDs OBSERVED? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If YES to either question, complete reverse side.</p>
<p>QUARTER: APRIL-JUNE</p> <p>DATE/TIME OF OBSERVATIONS</p> <p>_____ __ __ <input type="checkbox"/> AM _____ __ __ <input type="checkbox"/> PM</p>	<p>Observers Name: _____</p> <p>Title: _____</p> <p>Signature: _____</p>	<p>WERE UNAUTHORIZED NSWDs OBSERVED? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If YES to either question, complete reverse side.</p>

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

OBSERVATION DATE (FROM REVERSE SIDE)	NAME OF UNAUTHORIZED NSWD <i>EXAMPLE:</i> Vehicle Wash Water	SOURCE AND LOCATION OF UNAUTHORIZED NSWD <i>EXAMPLE:</i> 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					

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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.
- 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 ____ 2013 Observers Name: _____ Title: _____ Signature: _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Time Discharge Began	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Observation Date: November ____ 2013 Observers Name: _____ Title: _____ Signature: _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Time Discharge Began	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Observation Date: December ____ 2013 Observers Name: _____ Title: _____ Signature: _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Time Discharge Began	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Observation Date: January ____ 2014 Observers Name: _____ Title: _____ Signature: _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Time Discharge Began	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

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**FORM 4-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
_____ _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	<u>EXAMPLE:</u> 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.	<u>EXAMPLE:</u> Oil sheen caused by oil dripped by trucks in vehicle maintenance area.	
_____ _____ <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				

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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.
- Make additional copies of this form as necessary.
- Until a monthly visual observation is made, record any eligible storm events that do not result in a storm water discharge and note the date, time, name, and title of who observed there was no storm water discharge.

Observation Date: February ____ 2014 Observers Name: _____ Title: _____ Signature: _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Time Discharge Began	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Observation Date: March ____ 2014 Observers Name: _____ Title: _____ Signature: _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Time Discharge Began	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Observation Date: April ____ 2014 Observers Name: _____ Title: _____ Signature: _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Time Discharge Began	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Observation Date: May ____ 2014 Observers Name: _____ Title: _____ Signature: _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Time Discharge Began	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

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

DATE/TIME OF OBSERVATION (From Reverse Side)	DRAINAGE AREA DESCRIPTION <u>EXAMPLE:</u> 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 <u>EXAMPLE:</u> 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				

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

EVALUATION DATE: _____ INSPECTOR NAME: _____ TITLE: _____ SIGNATURE: _____

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/revise 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/revise 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/revise 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/revise BMPs or corrective actions and their date(s) of implementation
	ARE ADDITIONAL/REVISED BMPs NECESSARY? <input type="checkbox"/> YES <input type="checkbox"/> NO			

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

EVALUATION DATE: _____ INSPECTOR NAME: _____ TITLE: _____ SIGNATURE: _____

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/revise 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/revise 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/revise 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/revise BMPs or corrective actions and their date(s) of implementation
	ARE ADDITIONAL/REVISED BMPs NECESSARY? <input type="checkbox"/> YES <input type="checkbox"/> NO			