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# **STORMWATER POLLUTION PREVENTION PLAN**

## **TA-03-22 Power and Steam Plant**

Los Alamos National Laboratory

A requirement of the  
NPDES MULTI-SECTOR GENERAL PERMIT  
#NMR053915 (LANS)  
for Storm Water Discharges Associated with Industrial Activities

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Revision 4: LANS Archived 2019

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**PREFACE**

This Storm Water Pollution Prevention Plan (SWPPP) was developed in accordance with the provisions of the Clean Water Act (33 U.S.C. §§1251 et seq., as amended), and the Multi-Sector General Permit for Storm Water Discharges Associated with Industrial Activity (U.S. EPA, June 2015) issued by the U.S. Environmental Protection Agency (EPA) for the National Pollutant Discharge Elimination System (NPDES) and using the industry specific permit requirements for *Sector O-Steam Electric Generating Facilities* as a guide. The applicable stormwater discharge permit is EPA General Permit Registration Number NMR053915 (Los Alamos National Security (LANS) (U.S. EPA, June 2015). Contents of the June 4, 2015 Multi-sector General Permit can be viewed at: [https://www.epa.gov/sites/production/files/2015-10/documents/msgp2015\\_finalpermit.pdf](https://www.epa.gov/sites/production/files/2015-10/documents/msgp2015_finalpermit.pdf)

This SWPPP applies to discharges of stormwater from the operational areas of the TA-03-22 Power and Steam Plant at Los Alamos National Laboratory. Los Alamos National Laboratory (also referred to as LANL or the “Laboratory”) is owned by the Department of Energy (DOE), and is operated by Los Alamos National Security, LLC (LANS). Throughout this document, the term “facility” refers to the TA-03-22 Power and Steam Plant and associated areas. The current permit expires at midnight on June 4, 2020.

A

copy of the

Appendix C of this SWPPP.

## SECTION 1: FACILITY DESCRIPTION AND CONTACT INFORMATION

### 1.1 Facility Description and Contact Information

The Power and Steam Plant is located in Technical Area 03, Building 0022 (TA-03-22) on the east side of Diamond Drive approximately one quarter mile from the intersection of Diamond Dr. and West Jemez Rd., within Los Alamos National Laboratory, in Los Alamos County, New Mexico.

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Deployed Environmental Professional (DEP), CISEC  
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Other applicable facility data and contact information is provided in the facility NOI, which is located in Appendix C of this SWPPP. The NOI provides the coordinates of the facility and also a link to the online location of where this SWPPP can be viewed.

### 1.2 Stormwater Pollution Prevention Teams

The TA-03-22 Power and Steam Plant (PSP) is part of LANL's Utilities and Institutional (UI) Facilities Operations Directorate (FOD) with day-to-day management provided by UI facility and operations personnel; which has established a Stormwater Pollution Prevention Team (PPT) whose members are responsible for assisting the facility manager in developing and revising the facility's SWPPP as well as maintaining control measures and taking corrective actions when required. All PPT members will have access to either a hard copy or an electronic version of this SWPPP. A list of PPT members along with duties and contact information is provided in Appendix A of this SWPPP.

#### Designation of Pollution Prevention Teams

The Stormwater PPT for the TA-03-22 PSP consists of operations and management personnel from the UI FOD and the facility, a representative from EPC-CP, and a DEP. The EPC-CP representative is responsible for subject matter expertise to ensure Laboratory compliance under the National Pollutant Discharge Elimination System (NPDES) permit regulations. The team members are selected on the basis of their familiarity with the activities at the facility and the potential impacts of those activities on stormwater runoff.

The specific duties of individual team members of the PPT are listed below and in Appendix A

- **Pollution Prevention Team Leader:** The PPT Leader is identified in Appendix A of this SWPPP. The Team Leader or designated representative will assist EPC-CP and/or the DEP in performing routine inspections as described in Section 5.2 of this SWPPP. The Team Leader or designated representative will also ensure that the appropriate facility and other LANS personnel receive the training as specified in Section 3.8 of this SWPPP.

- Team Members: Other members of the team are responsible for the implementation of this SWPPP and the required periodic inspections, as described in Section 5 of this SWPPP. In the event of a spill or release, a team member will ensure that prompt cleanup occurs and will incorporate documentation of the spill and cleanup process into the Spill Tracking Table located in Appendix G of this SWPPP. Team members will also be selected to assist/represent the Team Leader in performing routine, annual and visual site inspections.
- EPC-CP Project Lead: Supports the facility and provides guidance associated with implementation of the compliance requirements identified in the 2015 MSGP. The EPC-CP Project Leader also acts as the institutional point of contact for all interactions with the regulatory authority (EPA) and supervises personnel that implement monitoring requirements for the facility.
- DEP: Responsible for SWPPP updates and conducting routine facility inspections and entering corrective actions into the Corrective Action Report (CARs) Database. The DEP is also responsible for tracking and updating the status of corrective actions that cannot be implemented immediately.
- All Members: All PPT members are responsible for being familiar with and implementing this SWPPP and for compliance with the 2015 MSGP.

### 1.3 Site Description/Industrial Activities

The industrial activities at this site are classified under **Sector O-Steam Electric Generating Facilities**.

The primary operation of the TA-03-22 PSP is to provide electrical power and steam to the entire Laboratory. Natural gas is the main fuel supply for the PSP. However, #2 diesel fuel oil is occasionally used to run boilers for back-up power and emergency supplies to LANL as well as the Southwestern power grid. A 1.25 MW emergency diesel generator is also used for temporary back-up. The boundary of the facility covers an estimated 7.5 acres, of which, 95% consists of impervious surfaces. The site is bordered directly to the east by Sandia Canyon, which also serves as the area watershed. Due to the quantity of oil storage on site (>1,320 gallons), the facility is also regulated under a Spill Prevention Control & Countermeasure (SPCC) Plan.

The main structures at the facility consist of: the power and steam plant building (03-22), UI support offices (03-1437/1682, 1651/1790), three cooling towers (03-58, 285, & 592), the cooling tower water chemical treatment building (03-24), the main gas house (03-55), the switch gear building (03-1682), the fuel transfer pump house (03-57) and adjacent fueling area, the Rolls Royce CGTG-combustion gas turbine generator (03-2373-air compressor, 03-2422-generator enclosure/attached sumps & 03-2424-control room), the 1.25 MW emergency standby generator (03-1404), and a water reuse tank (03-336).

There is one above ground storage tank (AST) for diesel fuel (03-2382) located on the northeast section of the facility. There were previously two ASTs, however 03-26 was demolished and removed in April of 2017. A transformer substation (03-233) is located on the north side of the facility; and an old transformer substation (03-1188) is located to the east of building 1790. There are several transformers (various structure numbers) located throughout the facility. A new/used oil drum bulk storage area is located on the southwest portion of the building in a covered secondary containment area. Adjacent to the bulk storage area is a sulfuric acid tank in secondary containment. There are also two empty tanks in secondary containment units in the southeastern section of site, which previously held water treatment chemicals for the cooling towers.

A welding area is located on the southeastern side of the facility and is occasionally used by UI pipefitters to weld various piping for utility work and repairs. The area is covered with a metal carport. There is additional metal and piping storage in the area. Most piping is stored above ground on racks or pallets and kept covered with heavy duty tarps. A covered metal scrap roll-off bin for recycle is located on the NE side of 03-22.

Loading docks are on the south and north side of the main power plant building (03-22). Parking lots are located outside the fenced area to the west (for general parking) and government parking is allowed within the fenced facility, primarily on the west side and adjacent to all main buildings.

Industrial activities and major structures at the facility are shown on the Site Map in Appendix B, Figure B-3. Detailed descriptions of the facility areas and industrial activities are provided in Section 2.0.

## 1.4 General Location Map

The general location map for the facility can be found as Figure B-1 in Appendix B. Figure B-2 provides locations of all receiving waters associated with stormwater discharges from the facility. 100% of the site flows to Sandia Canyon. The canyon at this location is a perennial stream and eventually flows into the Rio Grande approximately 10 miles southeast of the site.

## 1.5 Site Map

A site map provided in Figure B-3 illustrates the facility's activities: including property boundaries, structures, impervious surfaces, operational areas as well as information on drainage patterns, stormwater and erosion control structures, potential pollutant sources, and nearby receiving streams.

As required by the 2015 MSGP, the following information specific to the facility is shown either on the site map or with additional information provided in this SWPPP.

- **Site Boundaries and Acreage.** The site covers approximately 7.5 acres
- **Significant Structures and Impervious Surfaces.** The site is 95% impervious, primarily structures and paved lots.
- **Direction of Stormwater Flow and Site Drainage.** Direction of flow is indicated with arrows.
- **Locations of Structural Stormwater Control Measures.**
- **Locations of all Receiving Waters.** In the immediate vicinity of the facility, indicating if any of the waters are Impaired and, if so, whether the waters have TMDLs established for them (see paragraph below this list). A map of nearby receiving waters is provided in Appendix B-2.
- **Locations of all Stormwater Conveyances.** This includes all ditches, pipes, and swales.
- **Locations of Potential Pollutant Sources.**
- **Locations of Significant Spills or Leaks.**
- **Locations of all Stormwater Monitoring Points.**
- **Locations of Stormwater Inlets and Outfalls.** Of which each will require a unique identification code for each outfall (e.g., Outfall 005, etc), indicating if you are treating one or more outfalls as "substantially identical" and an approximate outline of the areas draining to each outfall.
- This facility is not associated with a municipal separate storm sewer system (MS4)
- **Areas of designated critical habitat for endangered or threatened species.** There are none in the direct vicinity of the facility. However, a map for threatened and endangered species within LANL property is included in Appendix B-4.
- There are no non-stormwater discharges at the facility (see certification in Appendix D)
- Locations of the following activities where such activities are exposed to precipitation:
  - fueling stations;
  - vehicle and equipment maintenance and/or cleaning areas;
  - loading/unloading areas;
  - locations used for the treatment, storage, or disposal of wastes;
  - liquid storage tanks;
  - processing and storage areas;
  - immediate access roads and rail lines used or traveled by carriers of raw materials, manufactured products, waste material, or by-products used or created by the facility;
  - transfer areas for substances in bulk;
  - machinery; and
  - locations and sources of run-on to the site.

## 1.6 Outfalls

There are eight stormwater outfalls associated with this facility: Outfalls: 005, 006, 007, 008, 009, 010, 011 and 012. All outfalls discharge to Upper Sandia Canyon or directly to Sandia Canyon.

**Outfall 005:** is located on the southwest side of 03-22 and receives drainage associated with the outdoor metal storage area, the bulk drum storage area and sulfuric acid storage tank (within secondary containments). Drainage from the southwest parking lot and loading docks is also captured at this outfall. The outfall consists of a stabilized asphalt swale that contains gravel bags and Metallox wattles for flow dissipation and sediment/metals reduction. Automated monitoring station **MSGP00501** is at Outfall 005.

**Outfall 006:** is located on the southeast side of 03-22 and receives drainage associated with loading and unloading operations in the area and transformers on the southeast side of the building. An asphalt berm and swale direct stormwater discharge to the outfall.

**Outfall 007:** is located on the southern section of the site, east of Outfall 006. This outfall receives drainage associated with the metal welding area, outdoor metal storage, 03-24, loading and unloading operations, and transformers on the southeast section of the facility. The outfall also receives excess stormwater drainage when the sump enclosure for the CGTG oil tank needs to be pumped. The outfall consists of a corrugated metal culvert protected with gravel bags for flow dissipation/sediment reduction.

**Outfall 008:** is located on the far southeast section of the site. This outfall receives drainage associated with the CGTG structures (03-2422 & 2424). The outfall consists of a stabilized rip rap channel which is located at the outlet of a rock-lined infiltration basin.

**Outfall 009:** is located east of the fenced boundary of the site. This outfall receives a large portion of drainage from the upper lots at the facility; including loading docks, the diesel fuel loading area, the CGTG air compressor sump (03-2373), parked vehicles, and the metal recycle bin. The outfall consists of a corrugated metal culvert that discharges to a stabilized rip rap channel. Automated monitoring station **MSGP00901** is at Outfall 009.

**Outfall 010:** is located at the northeastern section of the facility and received drainage from the parking area and slopes around 03-1790. The outfall consists of a stabilized rip rap channel/swale.

**Outfall 011:** is located on the north side of the facility and directly north of the switch yard/transformer substation (03-233). The outfall receives drainage from the switch yard, which includes electrical transformers and oil bearing equipment located north of the switch yard access building (03-232). The outfall consists of a stabilized vegetative area that drains off the north slope of the site.

**Outfall 012:** is located on the northwest side of the switch yard/transformer substation (03-233). The outfall receives drainage from the switch yard, which includes electrical transformers and oil bearing equipment located north of 03-232, drainage from the northwest parking lot and small buildings adjacent to 03-232. The outfall consists of a corrugated metal culvert that discharges north of the fenced boundary to a rock lined infiltration basin and rip rap channel. Automated monitoring station **MSGP01201** is located at Outfall 012.

### **Substantially Identical Outfalls:**

Outfalls 005 and 006 are substantially identical in the types of potential pollutant sources, drainage areas and site topography. Monitoring is performed at Outfall 005 and is considered representative of both outfalls.

Outfalls 007, 008, 009, and 010 are substantially identical in the types of potential pollutant sources, drainage areas and site topography. Monitoring is performed at Outfall 009 and is considered representative of the other outfalls.

Outfalls 011 and 012 are substantially identical in the types of potential pollutant sources, drainage areas and site topography. Monitoring is performed at Outfall 012 and is considered representative of both outfalls.



## SECTION 2: POTENTIAL POLLUTANT SOURCES

### 2.1 Potential Pollutants Associated with Industrial Activity

Most industrial activities at the PSP occur indoors and are not exposed to stormwater. In general, materials stored in outside locations at the TA-03-22 PSP have secondary containment units, are stored in enclosed sheds or structures, or covered with heavy duty tarps. Spill kits and oil absorbent materials are kept on hand to clean up spills immediately should they occur. The primary industrial activities that could be exposed to stormwater (and associated pollutants) are summarized below and in the site map listed in Appendix B (B-2):

#### ***South Side of 03-22:***

- **Oil drum storage area:** is used to store 55-gallon drums of turbine oil, transformer oil and hydraulic fluid for the steam plant turbines, transformers and equipment. The storage area is covered with an awning and is situated within a concrete secondary containment unit. A waste oil storage area is located in the east section of the area. Leaks from this area are unlikely although possible during transport of drums. *Potential pollutants include: lubricants, oils, hydraulic fluid.*
- **Loading Docks:** used to transport materials (i.e. oils and chemical drums) into the power plant building. *Potential pollutants include: sodium hydroxide, lubricants, oils, hydraulic fluid.*
- **Sulfuric Acid Tank:** is a 4,350 gallon (gross) tank used to transfer sulfuric acid to equipment within the power plant. The tank is located within a secondary containment unit so releases would be unlikely. *Potential pollutants include: sulfuric acid.*
- **Metal Pipe Storage Cage:** used to store various metal and plastic piping for utility work. *Potential pollutants include: residual metals, rust.*
- **Dumpsters:** used for trash disposal and recycle cardboard. *Potential pollutants include: floatables; trash, debris, food and office waste.*

#### ***East Side of 03-22***

- **03-1404 1.25 MW Standby Generator:** the standby generator contains a 1,408 (gross volume) gallon diesel fuel tank. The generator is completely enclosed and sits on a concrete pad. Releases from the generator are unlikely due to the fact that the generator is enclosed and within secondary containment. Fueling operations take place on the east side of the generator where a potential spill could occur. However, there is a 90% fill alarm to prevent overfilling of the tank. *Potential pollutants include: #2 diesel fuel oil.*
- **Transformer Banks (03-2107, 2108, 2109):** the three transformers are located on a concrete pad with a surrounding secondary containment sump. *Potential pollutants include: transformer mineral oils.*

#### ***East Side of 03-24***

- **Loading area:** 03-24 is used for storage and dispersing of chemicals associated with the water reuse tank (03-336) and the secondary environmental tank (03-784). There is no chemical mixing or pouring performed inside or outside of the structure. However, 55 gallon drums of chemicals are transported via the loading area. Chemicals are dispersed through tubing (attached to drums) which connect to underground injection points. *Potential pollutants include: sodium bisulfate and phosphate.*
- **Outdoor Welding Operations:** is performed occasionally in this area by UI pipefitter's. The welding area benches are covered with a metal carport. Additional metal storage is adjacent to the welding area and

pipe racks are located to the north of the site. *Potential pollutants include: metal shavings, residuals, rust, flux, and machine oil residuals.*

#### **East Side of 03-592**

- **Cooling Tower Blowdown & Water Reuse:** cooling tower operations are located on the eastern side of the facility. *Potential pollutants include: metals (see Solid Waste Management Units).*

#### **North/South of 03-2422**

- **CGTG Oil Storage:** the CGTG has four oil-filled operational equipment containers (sumps) which support the function of the turbine. The oil storage containers have capacities of 240, 1862, 50 and 37 gallons. One container is located inside 03-2373 and one inside 03-2422. The 1862 and 37 gallon containers are located outside of 03-2422. Stormwater that collects in the outdoor CGTG sump drains west through underground piping to an oily water collection tank. *Potential pollutants include: turbine/mineral oil, oily water.*

#### **North of 03-22**

- **Loading Docks:** the north side loading docks are occasionally used for the transfer of materials and oil drums into the power plant building. *Potential pollutants include: hydraulic/lubricant/mineral oils.*
- **Metal Recycling Roll-Off Bin:** used to store scrap metal and metal shavings from pipefitters. The bin is kept covered while at the facility and is taken periodically to the Material Recycling Facility (MRF) where it is emptied. *Potential pollutants include: metal pieces, shavings, residuals, rust, flux, and machine oil residuals.*

#### **03-2373 CGTG Air Compressor**

- **Oil Containment Unit:** the air compressor unit is structure 03-2373 and is located northwest of the main CGTG structures. The unit is enclosed but open at the top and exposed to stormwater. The unit is contained within an oil catchment/sump. Release from the sump is unlikely as any accumulated stormwater typically evaporates. *Potential pollutants include: turbine/mineral oil, oily water.*

#### **03-2382 Fuel Tank Area**

- **2382 Fuel Tank:** is an aboveground storage tank (AST) with a gross storage volume of 230,000 gallons. The AST is used to store #2 diesel fuel oil which is supplied to burners within the power plant building. However, fuel from the tank is infrequently used as fuel oil burning is a backup supply to the normal natural gas supply to the power plant. The tank is contained in an earthen secondary containment berm. The area surrounding the tank was devegetated in 2017 and has been stabilized with compacted millings. *Potential pollutants include: #2 diesel fuel oil.*
- **Diesel Fuel Loading Area & Pump House (03-57):** the diesel fuel loading area and pump house are located south and west of the 2382 AST. Diesel fueling begins in the loading area where fuel is transferred to the pump house fueling ports which connect via piping to the AST. The pump house contains a fuel level alarm and automatic shut-off valve in order to reduce the risk of overflowing the tank and for emergency notification in case of a leak. *Potential pollutants include: #2 diesel fuel oil.*

#### **Switch-Yard Substation**

- **Switch Yard Electrical Transformers and Oil-Bearing Equipment:** located on the north side of the facility. *Potential pollutants include: non-PCB transformer/mineral oil.*

## **Solid Waste Management Units (SWMUs) and Areas of Concern (AOC)**

The eastern area of the facility contains a designated Solid Waste Management Unit (SWMU) according to the LANL (operable Unit 1148), Resource Conservation and Recovery Act (RCRA) Facility Investigation (RFI) Work Plan for Environmental Restoration (May 1992).

Consolidated SWMU 03-12(b)-100 consists of a re-use holding tank, SWMU 03-014(q) and NPDES Permitted Outfall 001 associated with SWMUs 03-012(b) and 03-045(b), which are the discharge point for the outfall. The permitted outfall currently receives treated effluent from the re-use holding tank and from cooling tower 03-592. The potential pollutant of concern for the cooling tower is metals. The outfall is monitored weekly for pH and chlorine as required by the NPDES Outfall Permit for LANL (NM0028355). Cooling towers 03-58 and 03-285 are inactive and no longer contribute to the effluent discharge. There is no surface water discharge of pollutants of concern from the cooling tower or the re-use holding tank.

## **2.2 Spills and Leaks**

### **Past Spills and Leaks**

Spills and leaks for the past 3 years (2015-2017) are summarized below. Completed spill reports can be found in Appendix G of the SWPPP. Spills and leaks that occurred prior to 2015 will be documented in previous SWPPP revisions.

<b>Date</b>	<b>Description</b>	<b>Outfall(s) Affected</b>
December 2017	Approximately 1 gallon of antifreeze was released from the 03-1404 Standby Generator enclosure unit when a hose burst inside the generator. Approximately 30 gallons were contained inside the enclosure. The leaked antifreeze was pumped into a 55-gallon drum. The outdoor leak was contained immediately with absorbent pads and kitty litter. The area was also treated with MicroBlaze. The leak did not reach a storm drain or watercourse and was contained on the east side of the concrete generator pad.	None
April 2017	During switching operations to re-energize a 115kV power line, the hydraulics on a Motor Operated Disconnect (MOD) switch failed, releasing approx. two quarts of oil onto HV equipment and onto the ground. Electrical equipment was isolated and a Priority One was released to assess equipment failure and clean up spilled oil. Water quality and EOC were notified. The oil sprayed an approximated 12x12 area and spilled primarily onto the gravel yard and was cleaned up using MicroBlaze. The oil that landed on the HV equipment/insulator was cleaned up with rags. The spill did not impact a storm drain or watercourse.	None
October 2016	Approximately 2-3 gallons of sodium bisulfite spilled during transport when a forklift punctured one of the drums. EO and Hazmat responded and applied absorbent to the impacted area. The release did not reach a watercourse.	None
June 2016	Approximately 100 gallons of potable water leaked from a water line feeding a cooling tower. Use of upper level pump/line was discontinued. The discharge did not cause erosion or impact a watercourse.	None
March 2016	A spill of hydraulic fluid occurred from a ruptured hydraulic line on a backhoe. The fluid spilled onto the surrounding soil and asphalt. The impacted soil was removed and MicroBlaze was applied to remediate the area.	None

January 2016	A steam condensate leak was isolated on 3/22/16. It is estimated that the system leaked 30 gallons per day prior to being isolated. Corrective actions were completed on 6/7/16. Repairs included replacing approximately 452 feet of 6inch line. The discharge did not cause erosion or impact a watercourse.	None
May 2015	Approximately 1 gallon of antifreeze leaked from a hose clamp on the backup generator at the power plant. Absorbents were applied to the impacted area to remediate the site.	None

### Potential Spills and Leaks

**Table 1: Areas of Site Where Potential Spills/Leaks Could Occur:**

LOCATION	OUTFALLS (see site map)
<b><i>South Side of 03-22</i></b>	
Oil drum storage area	005
Sulfuric acid tank	005, 007
Roof drainage	005, 006, 007, 009
Loading docks	005
Metal pipe storage cage	005
Dumpsters	005
<b><i>East Side of 03-22</i></b>	
Standby generator diesel tank & fueling area	009
Transformer banks	006, 007
<b><i>East Side of 03-24</i></b>	
Loading area	007, 009
Outdoor welding operations	007, 009
<b><i>East Side 03-592</i></b>	
Cooling tower blowdown & water reuse	008
<b><i>North &amp; South of 03-2422</i></b>	
CGTG oil storage	008
<b><i>North Side 03-22</i></b>	
Loading docks	009
Parked vehicles (leaks)	009
Metal recycling roll-off bin	009
<b><i>East Side 03-2373</i></b>	
CGTG air compressor (oil containment unit)	009
<b><i>East Side 03-1404</i></b>	

Diesel fuel loading area	009
<b>South Side 03-1790</b>	
Parked vehicles (leaks)	009, 010
<b>North Side 03-232</b>	
Switch yard electrical transformers	011, 012
Switch yard oil-bearing equipment	011, 012
Parked vehicles (leaks)	011, 012

In the event of any future spill or leak at any of the facility areas, a spill report, documenting the occurrence and the nature of the spill or leak, will be completed. The spill report will be filed promptly (in Appendix G) upon completion and documentation of the spill clean-up.

The probability of spills or releases at the facility is minimized by the application of good housekeeping procedures and appropriate operational methods. As this facility has a large volume of oil-filled equipment, there is spill protection clean-up materials readily available on site. Appropriate response measures for a spill or release of hazardous materials are applied when addressing spills. The specific spill response and cleanup procedures will depend on the nature of the spilled material. Specific spill response and reporting procedures for LANL are listed in Section 3.4 of this SWPPP.

## 2.3 Non-Stormwater Discharges Documentation

There are no NPDES permitted non-stormwater discharges or unpermitted outfalls associated with the facility. Potential sources of non-stormwater discharges at the facility include the testing of fire hydrants in the area. All wastewater drainage within the building discharges to the SWWS.

The “Non-Stormwater Discharge Assessment and Certification” is located in Appendix D. This form certifies that all stormwater outfalls have been evaluated for the presence of non-stormwater discharges. The form will be updated whenever a change in possible non-stormwater discharge is determined.

## 2.4 Salt Storage

No salt storage or piles containing salt are present at the facility. There is no salt storage anticipated for this facility as part of an industrial activity.

## 2.5 Sampling Data Summary

Sampling of stormwater runoff from the facility is currently performed by the EPC-CP, Water Quality and Stormwater Group. As documented in Section 1.6, samples are collected at automated monitoring stations: MSGP00501, MSGP00901 and MSGP01201 (at corresponding outfalls). All monitoring requirements for the facility are listed in Section 4.6.3 of the SWPPP.

Results from sampling data for the current permit term (MSGP 2015) will be kept on file in Appendix H of this SWPPP. Sampling data from the previous permit term (MSGP 2008) are provided in Appendix H1.

A sampling data summary for the current permit term is also provided below:

### 2017

#### **Benchmark Monitoring:**

Outfalls 005 and 009 had an average of four quarterly monitoring values that exceeded the benchmark for Iron. Outfall 012 had average concentrations that were mathematically certain to exceed the benchmark for Iron.

**Impaired Waters Monitoring:**

Outfall 005: On 4/04/17 the sample exceeded the NM water quality standard for Copper, Total Recoverable Aluminum and Adjusted Gross Alpha.

Outfall 009: On 4/04/17 the sample exceeded the NM water quality standard for Copper and Total Recoverable Aluminum.

Outfall 012: On 7/26/17 the sample exceeded the NM water quality standard for Total Recoverable Aluminum and Adjusted Gross Alpha.

**Discontinued Monitoring:**

Impaired waters monitoring was discontinued for Thallium at Outfall 009.

**2016**

**Benchmark Monitoring:**

Outfalls 005, 009 and 012 had average concentrations that were mathematically certain to exceed the benchmark for Iron.

**Impaired Waters Monitoring:**

Outfall 005: On 4/29/16 the sample exceeded the NM water quality standard for Copper. On 7/01/16 the sample exceeded the NM water quality standard for Adjusted Gross Alpha and Total Recoverable Aluminum.

Outfall 009: On 4/19/16 the sample exceeded the NM water quality standard for Copper and Thallium. On 5/19/2016 the sample exceeded the NM water quality standard for Total Recoverable Aluminum.

Outfall 012: On 8/04/16 the sample exceeded the NM water quality standard for Total Recoverable Aluminum.

**Discontinued Monitoring:**

Impaired waters monitoring was discontinued for Total Aroclors (PCBs) at Outfall 005, 009 and 012 and for Thallium at Outfalls 005 & 012.

## SECTION 3: STORMWATER CONTROL MEASURES

### 3.1 Minimize Exposure

Control measures at the facility are designed to minimize the potential for spills, releases, exposure of materials, or any other events that could adversely affect the quality of water and sediment that may be transported out of the area by stormwater runoff.

Proper material management and storage minimize the potential for exposure of precipitation and runoff to potentially hazardous materials. Containers that could be susceptible to spillage or leakage will be plainly labeled (e.g., "Used Oil," "Spent Solvents," etc.). Most operations are performed indoors, and materials are stored indoors or outdoors in enclosed structures. The potential for exposure of industrial materials to stormwater is limited primarily to loading/unloading operations at outdoor dock areas, leaks that may occur from substation transformers or vehicle parking in the west lots. Adequate secondary containment is provided for outdoor storage units and oil containing equipment.

#### Specific Structural Controls Description:

- **Covered and Enclosed Structures:** Industrial materials are kept inside the PSP or in enclosed structures when at all possible.
- **Spill Control:** Industrial areas are frequently inspected for leaks and checked during monthly inspections. Oil absorbent and MicroBlaze is available for immediate containment and clean-up if needed.
- **Secondary Containment Units:** Used oil storage areas and bulk oil and products are kept in secondary containment units to minimize releases should a spill or leak occur.
- **Metal Storage Racks:** metal piping and materials are kept on metal storage racks off the ground. Metal materials that are subject to rust are kept covered with heavy duty tarps. Welding operations are performed under a metal carport area.
- **Metal for Recycle Covered Roll-Off Bin:** metal scraps are kept in a covered roll-off bin which is emptied as needed by the Material Recycling Facility (MRF).
- **Covers for Trash Dumpsters:** Trash dumpsters at the facility are normally kept closed or covered when not in use and are emptied on a regular basis. Dumpsters will be kept in good condition and will be repaired or replaced if needed by Roads & Grounds.

### 3.2 Good Housekeeping

Good housekeeping practices specifically applicable to the prevention of stormwater contamination include the following measures:

All site areas exposed to precipitation are walked down during daily operations and monthly routine inspections to ensure that the grounds are kept in an orderly condition. The outdoor metal storage areas are inspected to ensure all piping and rustable metal is off the ground on storage racks. Secondary containment areas and oil-filled equipment are inspected for leaks or spills. The entire site, including bay areas and outfalls, are inspected for floatable debris, garbage, waste and all other potential pollutants. Dumpsters and roll-off recycle bins will be emptied on a weekly or as-needed basis by Roads & Grounds or the MRF. Spill clean-up procedures will be followed as listed in Section 3.4 of this SWPPP.

### 3.3 Maintenance

Control measures at the facility will be kept in effective operating condition by the implementation of scheduled preventive maintenance, standard operating procedures (SOPs), engineering guidance, and manufacturer's specifications as applicable. If control measures need to be replaced or repaired to maintain compliance with the 2015 MSGP, necessary modifications will be made according to the timelines specified in the Corrective Action requirements of Section 5.4 of this SWPPP.

Deficient items identified during monthly or other routine facility inspections will be documented on inspection forms and entered into the Corrective Action Reports (CARs) database. The CAR will remain open until proper maintenance or corrective action has been completed. CAR information along with documentation of maintenance/repair of control measures will be kept on file in Appendix J of the SWPPP.

### 3.4 Spill Prevention and Response

Spills, leaks, or releases will be prevented and minimized by the application of good housekeeping procedures, best management practices (BMPs), and engineering/administrative controls. Containers that could be susceptible to spillage or leakage will be plainly labeled (e.g., "Used Oil," "Spent Solvents," etc.) to encourage proper handling and facilitate rapid response if spills or leaks from these containers should occur. Spill cleanup materials are located inside the main PSP building and outside near the CGTG and are readily accessible to facility personnel in the event of a spill or leak. MicroBlaze is kept on site in the DEP office in building 1437.

In general, the approach to spill cleanup is to secure the spill area and contact the Operations and Maintenance Coordinator (OMC) and/or the Security and Emergency Operations (SEO) Emergency Management & Response (EM&R) Team (if necessary). For incidental releases, MicroBlaze or dry absorbents can be used and the contaminated absorbents disposed of properly.

The SEO or Facility Duty Officer shall report all spills or releases. All uncontrollable spills or releases must be reported to the SEO/EM&R Office or Facility Duty Officer by calling 667-6211 or, after hours, at 667-7080. If fire or explosion is present, or if the potential for such exists, the situation must be reported by dialing 911 from a non-cellular phone or by activating a fire pull box. In the event of a spill, the SEO/EM&R Office will determine appropriate cleanup procedures and will notify the individuals or organizations responsible for completing spill reports or fulfilling regulatory reporting requirements.

Spills are reported to EPC-CP for documentation and reporting purposes. The completion of a spill report (Appendix G) is required in the event of a spill. The spill report will be submitted to EPC-CP personnel and handled according to internal spill record keeping procedures. Spills may be "reportable" (requiring external agency notification) depending on the nature of the spilled material and the location of the release. External agency notification may consist of verbal or written notification to the National Response Center, Environmental Protection Agency Region VI, or the New Mexico Environment Department (NMED). The determination for the type of reporting will be made by the SEO/EM&R Office, FOD and EPC-CP in accordance with Laboratory and DOE policies and federal and state regulatory reporting requirements. Copies of internal spill reports are maintained by the responsible organization.

Additional EPC-CP procedures (documents provided in Appendix L) for spill reporting and response include:

- ENV-CP-QP-007, Spill Investigations:  
<http://int.lanl.gov/training/v-courses/41819/41819.pdf>; and
- ENV-DO-QP-101.3, Environmental Reporting Requirements for Releases or Events:  
<http://int.lanl.gov/training/adesh/42415/42415.pdf>



### 3.5 Erosion and Sediment Controls

95% of the outside surface region associated with the facility, contains structures or is paved with asphalt or concrete; therefore, erosion and sediment transport from the site itself is unlikely. BMPs are installed at outfalls to function as flow dissipation devices, which minimize the potential for erosion at facility discharge points.

- **Stabilized Drainage Channels at Outfalls:** all outfalls at the facility are stabilized. See section 1.6 for specific description of control measures and stabilization at outfalls.
- **Gravel Bags/Ecobloks:** are used at outfall inlets and other areas to minimize sedimentation to outfalls and direct stormwater for appropriate drainage. Gravel bags and ecobloks are also used on slope areas for berming and erosion control.
- **Vegetation:** the areas east of the facility that are not paved, contain vegetation, which prevents erosion of the east slopes.

### 3.6 Management of Runoff

The majority of stormwater runoff from outdoor industrial areas at the facility is captured by one of the 8 outfalls and associated drainage areas. The outfalls typically consist of stabilized drainage channels or grated storm drains that discharge to culverts (see Section 3.5). Other specific run off controls are listed below:

- **Metalloxx Wattles:** These wattles are used to filter out metal residuals in stormwater runoff. There are currently wattles located before discharge points at Outfalls 005 & 009.
- **Gravel Bags & Eco-Bloks:** Function as flow dissipation devices for Outfalls 005 & 009. They also minimize sediment transport in runoff and direct runoff to stabilized channels.
- **Asphalt curbing and berming:** is utilized to direct runoff to designated drainages and outfalls.
- **Secondary Containment Units:** Used oil storage areas and bulk oil and products for vehicle maintenance (i.e. antifreeze, diesel exhaust fluid, window washing fluid) are kept in secondary containment units to minimize releases should a spill or leak occur.
- **Sediment Retention Basin:** is located at the eastern edge of the facility, directly west of Outfall 008. The basin is constructed of rip-rap and is used to allow sediments to settle out of stormwater before discharge to the outfall.

See site map in Figure B-3, Appendix B or Outfall information provided in Sections 1.5 and 4.2 of this SWPPP for more detailed information on drainage patterns and control measures associated with this facility.

### 3.7 Salt Storage Piles or Piles Containing Salt

See Section 2.4.

### 3.8 Dust Generation and Vehicle Tracking of Industrial Materials

95% of the surface region associated with the facility (except for vegetated areas adjacent to the facility boundary) either contains structures or is paved with asphalt or concrete. Therefore, dust generation at the facility is minimal and dust suppression is not typically required. Items that are frequently removed from the

facility primarily include heavy equipment and government vehicles, which are kept on paved parking areas or roadways; and Materials of Trade transported by craft workers to and from jobsites. Raw industrial materials are not transported to/from the site.

### 3.9 MSGP Sector-Specific Non-Numeric Effluent Limits

Part 8 of the 2015 MSGP identifies sector-specific requirements for **Sector O – Steam Electric Generating Facilities** in addition to the numeric limits outlined in this Section. The facility must comply with requirements associated with the primary industrial activities described in Section 1.3 of this SWPPP and any co-located industrial activities as defined in Appendix A of the 2015 MSGP. The sector specific requirements only apply to those areas of the facility where the sector-specific activities occur.

The following Sector-Specific Non-Numeric Effluent Limits (per section 8.O.4 of the 2015 MSGP) are addressed at this facility:

- **Fugitive Dust Emissions:** There are no coal handling operations or fugitive dust emissions associated with the facility.
- **Delivery Vehicles:** See sections 3.1 - 3.8 for specific controls in these areas.
- **Fuel Oil Unloading Areas:** See sections 3.1 - 3.8 for specific controls in these areas. In addition, the facility has a SPCC plan that addresses fuel unloading.
- **Chemical/Miscellaneous Loading/Unloading:** See sections 3.1 - 3.8 for specific controls in these areas.
- **Liquid/Large Bulk Fuel Storage Tanks:** See sections 3.1 - 3.8 for specific controls in these areas. In addition, the facility has a SPCC plan that addresses oil storage tanks.
- **Spill Reduction Measures:** See sections 3.1 - 3.8. Spill prevention and response is specifically addressed in section 3.4.
- **Oil Bearing Equipment in Switchyards:** See sections 3.1 - 3.8 for specific controls in these areas.
- **Residue Hauling Vehicles:** these are limited to removal of trash dumpsters and metal roll-off recycle bins.
- **Ash Loading Areas:** there are none associated with the facility.
- **Areas Adjacent to Disposal Ponds or Landfills:** there are none associated with the facility.
- **Landfills, Scrap Yards, Surface Impoundments, Open Dumps, General Refuse Sites:** there are none associated with the facility.

### 3.10 Numeric Effluent Limitations Based on Effluent Limitations Guidelines

The TA-03-22 Power and Steam Plant Shop is classified under **Sector O – Steam Electric Generating Facilities** and does not meet the industrial category requirements for effluent monitoring as listed in Part 2.1.3 (*Table 2-1 Applicable Effluent Limitations Guidelines*) of the 2015 MSGP. Benchmark monitoring for Sector O is required at the facility and parameters are listed in Section 4.6.3, Table 3.

### 3.11 Water Quality Based Effluent Limitations and Water Quality Standards

#### Impaired Receiving Waters/TMDLs

Impaired waters monitoring is performed annually at the facility as listed in Section 4.6.3 of this SWPPP. The pollutants sampled can change yearly based on the requirements of the MSGP. The table in Section 4.6.3 lists the current year's (2017) sampling requirements and parameters.

Stormwater from the TA-03-22 PSP discharges to Sandia Canyon. Certain stream reaches within Sandia Canyon have been identified as impaired waters by the NMED Surface Water Quality Bureau (SWQB). According to the 2014-2016 State of NM Clean Water Act 303b/305b Integrated Report and Final List of Assessed Surface Waters, pollutants causing the impairment are listed as: *Gross Alpha, Aluminum, PCB (Aroclors), Copper, and Thallium*. Primary potential pollutant sources have been identified as post development erosion/sedimentation and urban runoff (NMED 2014). EPA has not yet approved or established TMDLs for Sandia Canyon.

## **SECTION 4: Schedules and Procedures**

### **4.1 Good Housekeeping**

See Section 3.2 of this SWPPP.

### **4.2 Maintenance**

See Section 3.3 of this SWPPP. Specific maintenance documentation (i.e. PM's/SOPs/Maintenance Logs, etc.) if applicable, will be provided in Appendix J or L of this SWPPP.

### **4.3 Spill Prevention and Response Procedures**

See Section 3.4 of this SWPPP. All referenced procedures will be provided in Appendix L of this SWPPP.

### **4.4 Erosion and Sediment Control**

See Section 3.5 of this SWPPP.

### **4.5 Employee Training**

Employee training is essential to effective implementation of the SWPPP. The goals for the training program are to ensure that employees are more capable of preventing spills, responding safely and effectively to an accident when one occurs, and recognizing situations that could lead to stormwater contamination.

Per section 2.1.2.8 of the 2015 MSGP, training relevant to the SWPPP is required for all operational workers at the facility who work in areas where industrial materials or activities are exposed to stormwater (MSGP sites); managers and supervisors who are responsible for implementing activities necessary to meet the conditions of this permit (e.g., inspectors, maintenance personnel); and all members of the PPT. Training provided and assigned to these personnel cover both the specific control measures used at the facility; along with monitoring, inspection, planning, reporting, and documentation requirements described in this SWPPP. Training is conducted at least annually.

Training activities are documented in accordance with LANL's Training Standards. In cases where training is formalized enough to require specific curricula and reoccurrence, the training activity will be recorded in LANL's official U-TRAIN database. Informal briefings, such as those included in group safety meetings are not typically recorded in U-TRAIN. Sign-in sheets are used to document attendance and will be kept on file in Appendix I of this SWPPP.

The topics in this SWPPP that are covered in the latest version of LANL's training (ENV-CP-QAPP-MSGP, Stormwater Multi-Sector General Permit for Industrial Activities Program) include the following:

- Overview and goals of the SWPPP;
- Spill response and cleanup procedures, good housekeeping, maintenance requirements, and material management practices to prevent stormwater pollution;
- The location of all controls on the site required by this permit and how they are to be maintained;
- The proper procedures to follow with respect to the permit's pollution prevention requirements; and
- When and how to conduct inspections, record applicable findings, and take corrective actions.

## 4.6 Stormwater Monitoring

Analytical monitoring comprised of quarterly Benchmark and annual Impaired Waters monitoring will be performed on stormwater discharges from the site. Monitoring events will be from storm events that result in an actual discharge from the site and that follow the preceding measurable storm event by at least 72 hours (3 days). For runoff from snowmelt, the monitoring will be performed at a time when a measurable discharge from the site occurs.

Monitoring will be conducted according to test procedures approved under 40 CFR Part 136. Runoff samples will be collected by taking a minimum of one grab sample from a discharge, collected within the first 30 minutes of a measurable storm event. If it is not possible to collect the sample within the first 30 minutes of a measurable storm event, the sample will be collected as soon as practicable after the first 30 minutes and documentation will be kept with the SWPPP explaining why it was not possible to take samples within the first 30 minutes.

### 4.6.1 Monitoring Schedule

Benchmark monitoring will be performed quarterly in the period between April 1 and November 30. Impaired Waters monitoring will be performed on an annual basis with a sample collected during the same time period. Quarterly visual inspection/monitoring procedures are described in Section 5.2.

LANL is located in a high elevation, semi-arid climate where the majority of rainfall occurs during a period between July and September. Freezing conditions that would prevent runoff from occurring for extended periods may also occur during the winter months. If adverse weather conditions prevent the collection of samples according to the relevant monitoring schedule, a substitute sample will be collected during the next qualifying storm event or as soon as practical.

Monitoring occurs at automated sampling stations: **MSGP00501** (Outfall 005), **MSGP00901** (Outfall 009), and **MSGP01201** (Outfall 012) as described in Section 1.6. Discharge from the facility is east to Sandia Canyon (impaired waters), which is a tributary of the Rio Grande located approximately 10 miles east of the facility.

### 4.6.2 Substantially Identical Outfalls

Monitoring occurs at automated sampling stations: **MSGP00501** (Outfall 005), **MSGP00901** (Outfall 009), and **MSGP01201** (Outfall 012) as described in Section 1.6. Discharge from the facility is east to Sandia Canyon (impaired waters), which is a tributary of the Rio Grande located approximately 10 miles east of the facility. Outfalls 006, 007, 008, 010, and 011 are “substantially identical” to monitored outfalls (see Section 1.6) based on common potential pollutant sources, drainage areas, activities within the drainage areas and general site topography and characteristics. Outfall locations are shown on the site map provided in Appendix B (Figure B-3).

### 4.6.3 Monitoring Requirements and Procedures

Quarterly Benchmark and annual Impaired Waters monitoring is required for the TA-03-22 PSP. The 2015 MSGP Sampling and Analysis Plan proposes that Outfall 005, 009, and 012 be sampled for benchmark pollutants: total iron; and impaired water pollutants: aluminum, gross alpha, copper, thallium, and PCBs (Aroclors). The impaired water pollutants to be sampled can change yearly based on the requirements of the MSGP. The Sampling and Analysis plan will be updated each year.

Table 3 lists the current Summary of Monitoring Requirements and LANL’s applicable stormwater monitoring procedures (which also includes procedures for gathering storm event data). The monitoring values have been modified to reflect New Mexico facility water quality standards and are based on the lowest water

quality standards from the *Standards for Interstate and Intrastate Surface Waters* (as approved on June 5, 2013), 20.6.4.900 NMAC; and as set forth in section 9.6.2.1 of the 2015 MSGP.

**Table 3: Summary of Monitoring Requirements**

Monitoring Type	Location	Parameters / Monitoring Concentration		Schedule
Benchmark Subsector O1. Steam Electric Generating Facilities	MSGP00501 Outfall 005	Total Iron	1.0 mg/L	Quarterly
	MSGP00901 Outfall 009			
	MSGP01201 Outfall 012			
Impaired Waters	MSGP00501 Outfall 005	Aluminum	681 ug/L	Annual
		Gross Alpha, adjusted	15 pCi/L	
	MSGP00901 Outfall 009	Copper	*6 ug/L	
		Thallium, dissolved	0.47 ug/L	
	MSGP01201 Outfall 012	Total Aroclor (PCB in Water Column)	0.2 ug/L	
		Sandia Canyon		

\*Copper parameter based on hardness value of 57 mg/L.

Monitoring Procedures (see Appendix L for documents):

- ENV-CP-QP-045, *Installing, Setting up, and Operating ISCO Samplers for the MSGP*:  
<http://int.lanl.gov/training/env-courses/55962/env-cp-qp-045.pdf>
- EPC-CP-QP-048, *Processing MSGP Stormwater Samples*:  
<http://int.lanl.gov/training/adesh/56595/56595.pdf>
- EPC-CP-QP-047, *Inspecting Stormwater Runoff Samplers and Retrieving Samples for the MSGP*:  
<http://int.lanl.gov/training/adesh/56594/56594.pdf>
- ENV-CP-QAPP-MSGP, *Quality Assurance Project Plan for the Stormwater MSGP*:  
<http://int.lanl.gov/training/env-courses/43337/env-cp-qapp-msgp.pdf>

#### 4.6.4 Monitoring Results

Monitoring will continue quarterly for benchmark parameters and annually for constituents associated with impaired waters until that constituent is no longer detected in stormwater samples.

If the average of four monitoring values for any parameter does not exceed the benchmark, you have fulfilled your monitoring requirements for that parameter for the permit term.

If the average of the four monitoring values for any parameter exceeds the benchmark (or if prior to completion of 4 quarterly samples, an exceedance of the 4 quarter average is mathematically certain); or if the impaired water constituent exceeds the New Mexico Water Quality criterion, the Pollution Prevention Team and EPC-CP personnel will:

- Review the selection, design, installation, and implementation of control measures to determine if modifications are necessary to meet the effluent limits,
- Implement the necessary modifications within the timeframe specified for corrective action, and
- Continue benchmark or annual monitoring of the constituent (as required by Section 6.2 of the 2015 MSGP).

#### **4.6.5 Recordkeeping**

For each monitoring event, except snowmelt monitoring, the following information will be recorded and maintained through field data sheets, LANL database systems, and Discharge Monitoring Records:

- The date, exact place, and time of sampling or measurements;
- The date and duration (in hours) of the rainfall event
- Rainfall total (in inches) for that rainfall event
- Time (in days) since the previous measurable storm event
- The individual(s) who performed the sampling or measurements;
- The date(s) analyses were performed
- The individual(s) who performed the analyses;
- The analytical techniques or methods used; and
- The results of such analyses.

For snowmelt monitoring, all information except rainfall event durations, totals, and time since previous event will be included. Additionally, all records of monitoring information, including all calibration and maintenance records will be maintained for a minimum period of at least three years from the date the permit expires.

## SECTION 5: INSPECTIONS AND CORRECTIVE ACTIONS

### 5.1 Routine Facility Inspection Procedures

Routine inspections at this facility will be conducted and documented monthly and per ENV-RCRA-QP-022, MSGP Stormwater Corrective Actions: <http://int.lanl.gov/training/env-courses/54892/env-rcra-qp-022.pdf> (document provided in Appendix L).

At least once each calendar year, the routine inspection will be conducted during a period when a stormwater discharge is occurring. The inspection will be performed by a qualified member of the Stormwater PPT (typically the DEP or EPC-CP Technical Lead). The 2015 MSGP consolidates the different and separate documentation requirements in the Comprehensive Site Inspection Procedures and Routine Facility Inspection Procedures from the 2008 MSGP. EPC-CP will perform at least one routine inspection per year in order to evaluate corrective action status for the Annual Report requirements.

Routine inspections will evaluate the following areas, at a minimum:

- Areas where industrial materials or activities are exposed to stormwater;
- Areas identified in the SWPPP and those that are potential pollutant sources;
- Areas where spills and leaks have occurred in the last three years;
- Discharge points(outfalls/SIOs); and
- Control measures used to comply with the effluent limits contained in this permit.
- Specific areas of the facility to be inspected are described in Section 2.1.

During routine inspections the following must be examined and looked out for:

- Industrial materials, residue or trash that may have or could come into contact with stormwater;
- Leaks or spills from industrial equipment, drums, tanks and other containers;
- Offsite tracking of industrial waste or materials, or sediment where vehicles enter or exit the site;
- Tracking or blowing of raw, final or waste materials from areas of no exposure to exposed areas; and
- Control measures needing maintenance, repairs or replacement.

The Stormwater PPT member performing the inspection will document the inspection and will note potential storm water pollution problems that were encountered on the routine facility inspection form. Any required corrective actions identified during the inspection will be addressed in accordance with Section 5.4

*Corrective Actions Process* of this plan. Facility personnel or the DEP may also perform daily, weekly, or other periodic facility surveys in between monthly routine inspections to further ensure compliance with the SWPPP. The routine inspection form can be found in Appendix F of this SWPPP and meets the requirements listed in the 2015 MSGP (Section 3.1.2.).

### 5.2 Quarterly Visual Inspection Procedures

Visual inspections are conducted in accordance with EPC-CP-QP-064, MSGP Stormwater Visual Assessments: <http://int.lanl.gov/training/adesh/56595/56595.pdf> (document provided in Appendix L).

Once each quarter (April 1-May 31, June 1-July 31, August 1-September 30, October 1-November 30) a sample and visual assessment must be collected and performed at each outfall. The visual assessment will be conducted by a qualified member of the Stormwater PPT (DEP or EPC-CP Technical Lead). The visual assessment must be:

- Of a sample in a clean, clear colorless glass or plastic container and examined in a well-lit area;



- On samples collected within the first 30 minutes of an actual discharge from a storm event or as soon as practical thereafter. Or document why it was not possible to collect the sample within the first 30 minutes (i.e. adverse conditions, not enough flow, etc.)
- Conducted at least 72 hours since the last storm event; or document that the 72-hour period is representative of your local storm events during the sampling period.

The visual assessment will inspect for the following water quality characteristics: color, odor, clarity, floating solids, settled solids, suspended solids foam, oil sheen, and other obvious indicators of stormwater pollution.

Exceptions to visual assessments:

- Document rationale if a visual assessment is unable to be collected in a quarter (no precipitation event or adverse conditions, etc.);
- Perform an additional assessment during the next qualifying storm event if unable to perform in a particular quarter; and
- Perform one quarterly assessment during snow melt discharge (taken during a measurable discharge from the site).

For facilities with significantly identical outfalls, quarterly visual assessments may be performed at only one of the outfalls; provided that you perform visual inspections on a rotating basis at each outfall.

The Stormwater PPT member performing the visual assessment will document potential stormwater pollution problems that were observed during the assessment on the Quarterly Visual Assessment form (Appendix F). Any required corrective actions identified during the assessment will be addressed in accordance with Section 5.4 *Corrective Actions Process* of this plan.

### 5.3 Corrective Actions Process

When any of the following conditions occur or are detected during an inspection, monitoring or any other means, this SWPPP (e.g., sources of pollution; spill and leak procedures; non-stormwater discharges; the selection, design, installation and implementation of control measures) will be reviewed and revised (as appropriate) so that the effluent limits of the 2015 MSGP permit are met and pollutant discharges are minimized:

- An unauthorized release or discharge (e.g., spill, leak, or discharge of non-storm water not authorized by this or another NPDES permit to a water of the U.S.) occurs at the facility;
- A discharge violates a numeric effluent limit;
- Control measures are not stringent enough for the discharge to meet applicable water quality standards or non-numeric effluent limits;
- An inspection identifies that a required control measure was never installed, was installed incorrectly or is not being properly operated or maintained; and
- Whenever a visual assessment shows evidence of stormwater pollution.

If the event triggering corrective action is associated with an outfall that is identified as an SIO, the review of the need for action must encompass all related SIOs.

**Immediate Actions:** If a corrective action is required, immediate steps must be reasonably taken to minimize or prevent discharges from occurring (i.e. spill clean-up, scheduling repairs) until a permanent solution (if needed) can be implemented. Immediate action means all reasonable steps must be taken the same work day or no later than the following work day (when it is too late in the day to take corrective action).

**Subsequent Actions:** If further corrective actions are required (e.g. installing or making operational a new or modified control, completing repairs, ordering BMPs) they must be completed by the next storm event, if possible or within 14 calendar days (from initial discovery). If it is infeasible to complete corrective actions

within 14 days, documentation of why it is infeasible must be provided in the SWPPP. This documentation must also include a timeframe and schedule for completion of the work, which must be completed no later than 45 days (from initial discovery). If time needed to make corrective actions will exceed 45 days, EPA must be notified and provided a justification of why actions will exceed the timeframe; and a minimal amount of additional time to complete the work may be approved.

Upon discovery, required corrective actions will be documented by the DEP (or EPC-CP) and entered into the Corrective Action Database (CAR). The action will be kept open in the database until the issue has been resolved. Documentation of Maintenance and Repairs of Control Measures (BMPs) will be kept in Appendix J1 of this SWPPP. Where corrective actions result in changes to procedures or controls documented in this SWPPP, modifications to the SWPPP will be made accordingly within 14 days of completing the corrective action(s).

## **5.4 Conditions Requiring Review to Determine if Modifications Are Necessary**

If any of the following conditions occur, a review of the selection, design, installation, and implementation of control measures will be performed to determine if modifications are necessary to meet the effluent limits in this permit:

- Construction or a change in design, operation, or maintenance at the facility significantly changes the nature of pollutants discharged in stormwater from the facility, or significantly increases the quantity of pollutants discharged; or
- The average of 4 quarterly sampling results exceeds an applicable benchmark. If less than 4 benchmark samples have been taken, but the results are such that an exceedance of the 4 quarter average is mathematically certain (i.e., if the sum of quarterly sample results to date is more than 4 times the benchmark level) this is considered a benchmark exceedance, triggering this review (see Section 4.6.3); or
- If an impaired water constituent exceeds the NM Water Quality criterion (see Section 4.6.3).

If a review identifies any necessary modifications, they will be performed following the corrective action process identified in Section 5.4 above.

## **SECTION 6: DOCUMENTATION TO SUPPORT ELIGIBILITY CONSIDERATIONS UNDER OTHER FEDERAL LAWS**

### **6.1 Documentation Regarding Endangered Species**

The Los Alamos National Laboratory (LANL) Threatened and Endangered Species Habitat Management Plan (HMP) was prepared to provide for the protection of federally listed threatened and endangered species and their habitats at LANL. The HMP was designed to be a comprehensive landscape-scale management plan that balances the current operations and future development needs of LANL with the habitat requirements of threatened and endangered species. It also facilitates DOE compliance with the Endangered Species Act and related federal regulations. The HMP received concurrence from the U.S. Fish and Wildlife Service (USFWS) and was first implemented in 1999. All changes to the HMP, such as adding new species or changing requirements, are assessed in a new consultation with the USFWS before being implemented. The HMP provides guidance by species for different types of activities allowed without further review by the USFWS.

Currently, the only federally-listed species that have habitat or occur at LANL are the Southwestern Willow Flycatcher (*Empidonax trailii extimus*), Jemez Mountains Salamander (*Plethodon neomexicanus*), and Mexican Spotted Owl (*Strix occidentalis lucida*). Suitable habitats for these species, along with a protective buffer area surrounding the habitats, have been designated as Areas of Environmental Interests (AEIs). An AEI consists of a core area that contains important breeding or wintering habitat for a specific species and a buffer area around the core area. The buffer protects the core area from disturbances that would degrade the value of the core area to the species.

The HMP includes eco-risk analyses which account for any industrial facility's stormwater discharges, allowable non-stormwater discharges, and stormwater discharge-related activities. In addition, the Site-wide Environmental Impact Statement (SWEIS) biological assessment (BA) covered the continuation of Laboratory operations and included outfalls.

As determined by earlier evaluations, stormwater discharges, allowable non-stormwater discharges, and stormwater discharge-related activities from LANL MSGP locations are not likely to adversely affect any species that is federally-listed as endangered or threatened under Criterion D Section iii, the ESA, and will not result in the adverse modification or destruction of habitat that is federally-designated as "critical habitat" under the ESA. New activities are evaluated to determine if they will have an impact to any species. If an activity can be completed within the guidelines of the HMP it can go forward as scheduled; however, if the activity can not comply with the guidelines, the HMP requires that a project-specific BA be prepared for the action and go through the consultation process with the USFWS.

The LANL HMP and other applicable critical habitat documentation can be found in Appendix K of this SWPPP.

### **6.2 Documentation Regarding Historic Properties**

In August, 2015 and December 2008, the Cultural Resources Team (using GPS spatial data as well as conducting visual inspections), reviewed the Laboratory industrial sites (see list below) and their associated outfalls and monitoring stations subject to the 2015 Multi-Sector General Permit (Permit #NMR050000) for effects on historic properties. All of these sites were found to be undertakings of no effect and in compliance with Section 106 of the National Historic Preservation Act (i.e., Criterion B).

- TA-3-22 Power and Steam Plant
- TA-3-38 Metals Fabrication Shop
- TA-3-38 Wood Shop
- TA-3-39 and 102 Metal Shop
- TA-3-66 Sigma Complex

- TA-60 Asphalt Batch Plant
- TA-60-1 Heavy Equipment Yard
- TA-60 Material Recycle Facility
- TA-60 Roads and Grounds
- TA-60-2 Warehouse
- TA-54 Area L
- TA-54 Area G
- TA-54 Maintenance Facility West
- TA-54 RANT

### **6.3 Documentation Regarding NEPA Review**

The Final Site-Wide Environmental Impact Statement for the Operation of Los Alamos National Laboratory (DOE/EIS-0380) was issued in May 2008, and a Record of Decision in September 2008. Stormwater issues and associated pollution prevention requirements and activities at LANL are analyzed in Chapters 4 and 5 of the 2008 Site-Wide EIS. These activities are integrated into environmental reviews on a project-specific level through LANL's Integrated Review Tool (IRT), which incorporates both the Excavation Permit (EX-ID) and Permit Requirements Identification (PR-ID) process. Stormwater issues are identified and pollution prevention activities are implemented during the design and construction phases of all LANL projects, and as part of facility operations, including routine maintenance. LANL staff monitors stormwater pollution prevention compliance at the MSGP sites in accordance with Section 4.6 *Stormwater Monitoring* of this plan. Corrective actions are taken as necessary as described in Section 5.3 *Corrective Actions Process* of this plan.

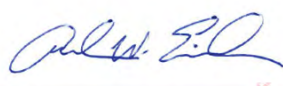
## SECTION 7: SWPPP CERTIFICATION

### STORMWATER POLLUTION PREVENTION PLAN TA-03-22 Power and Steam Plant Los Alamos National Laboratory

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated 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."

Signature: \_\_\_\_\_



Digitally signed by Andrew W Erickson  
DN: c=US, o=U.S. Government, ou=Department of  
Energy, ou=Los Alamos National Laboratory, ou=People,  
serialNumber=141880, cn=Andrew W Erickson  
Date: 2018.01.26 16:14:06 -07'00'

Date: 1/26/2018

**Andrew W. Erickson**

Facility Operations Director

Utilities and Institutional Facilities

## **SECTION 8: SWPPP MODIFICATIONS**

The SWPPP will be modified by the PPT and reviewed by the EPC-CP Technical Advisor(s) whenever necessary to address any of the triggering conditions for corrective actions listed in Section 5.4 of this SWPPP to ensure that they do not reoccur; or to reflect changes implemented when a review following the triggering conditions listed in Section 5.4 of this SWPPP indicates that changes to control measures are necessary to meet the effluent limits described in this SWPPP. Changes to this SWPPP document must be made in accordance with the corrective action deadlines defined in Section 5.4 and must be signed and dated in accordance with the signatory requirements listed in Appendix B Subsection 11 (Signatory Requirements) of the 2015 MSGP. A record of amendments to the SWPPP will be tracked in the amendment log located in Appendix E of this SWPPP.

## **APPENDIX A**

### **Stormwater Pollution Prevention Team Members**

## Stormwater Pollution Prevention Team Members

Staff Names	Individual Responsibilities
<b>Team/Group Leader:</b> Russell Stone, ESH Manager, Utilities and Institutional Facilities (DESHS-UIS)	Responsible for the management of all environmental, safety, health, and quality programs for the buildings and facilities listed within this Plan. This includes performing oversight and periodic walk downs to ensure implementation of the requirements of the MSGP and this SWPPP including overseeing the assigned duties of other PPT members. The Group Leader is responsible for ensuring that problems noted in inspections are corrected. The Group Leader must also ensure funding is established to cover compliance requirements of the MSGP and this SWPPP.
<b>DEPs:</b> Jillian Burgin (primary), Leonard Sandoval (backup), Utilities and Institutional Facilities (DESHS-UIS)	Responsible for the management of all environmental programs and issues for the buildings and facilities listed within this Plan. The DEP is responsible for training, recordkeeping, and SWPPP revision. The DEP will ensure that all PPT, operations site workers (as appropriate), and applicable supervisors receive annual MSGP and SWPPP training. The DEP will ensure that inspection documents and other required MSGP records relative to the SWPPP are managed in accordance with the permit and established document control procedures and that the SWPPP is kept current. The DEP provides technical and regulatory support to facility personnel regarding implementation of the MSGP and this SWPPP. Lastly, the DEP conducts routine inspections and visual assessments as required by the MSGP. Identified corrective actions from routine inspection are entered into the EPC-CP Corrective Action Report (CAR) database. The DEP is responsible for tracking and updating the status of corrective actions that cannot be implemented immediately.
<b>FOD Manager:</b> Lawrence Chavez, Operations Manager Utilities and Institutional Facilities (UI-DO)	Responsible for managing the operation and maintenance of all aspects of the buildings and facilities listed within this Plan. The Operations Manager shall provide review and ensure coordination with core personnel and the PPT, as appropriate, when tenants within the UI FOD propose a new process or a new site or operation that may be subject to the MSGP.
<b>ENV Core:</b> Holly Wheeler, MSGP Environmental Compliance Programs (EPC-CP)	The MSGP Project Lead is responsible for managing and administering the Multi-Sector General Permit Storm Water Program for all industrial facilities within Los Alamos National Laboratory. The MSGP Project Lead advises and provides guidance to facility personnel on NPDES MSGP regulations/requirements. The MSGP Project Lead also acts as the institutional point of contact for all interactions with the regulatory authority (EPA) and supervises personnel implementing storm water monitoring requirements for the facility.
<b>Facility Staff:</b> Pablo C De Vaca, Power Plant Operations Manager Utilities and Institutional Facilities (UI-DO)	Responsible for day-to-day operations at the facility. Assisting DEPs and EPC with inspections; and implementing, installing and maintaining BMPs at the facility for MSGP compliance. Spill reporting; providing documentation as requested by other team members. Coordinating SWPPP training and briefings as requested by DEP/EPC.



## **APPENDIX A1**

### **SWPPT Meeting Notes and Other Documentation Relative to the SWPPP**

Kept in LANL Hard Copy  
TA-3, Building 1437, RM 105AG

## **APPENDIX B**

### **Site Maps**

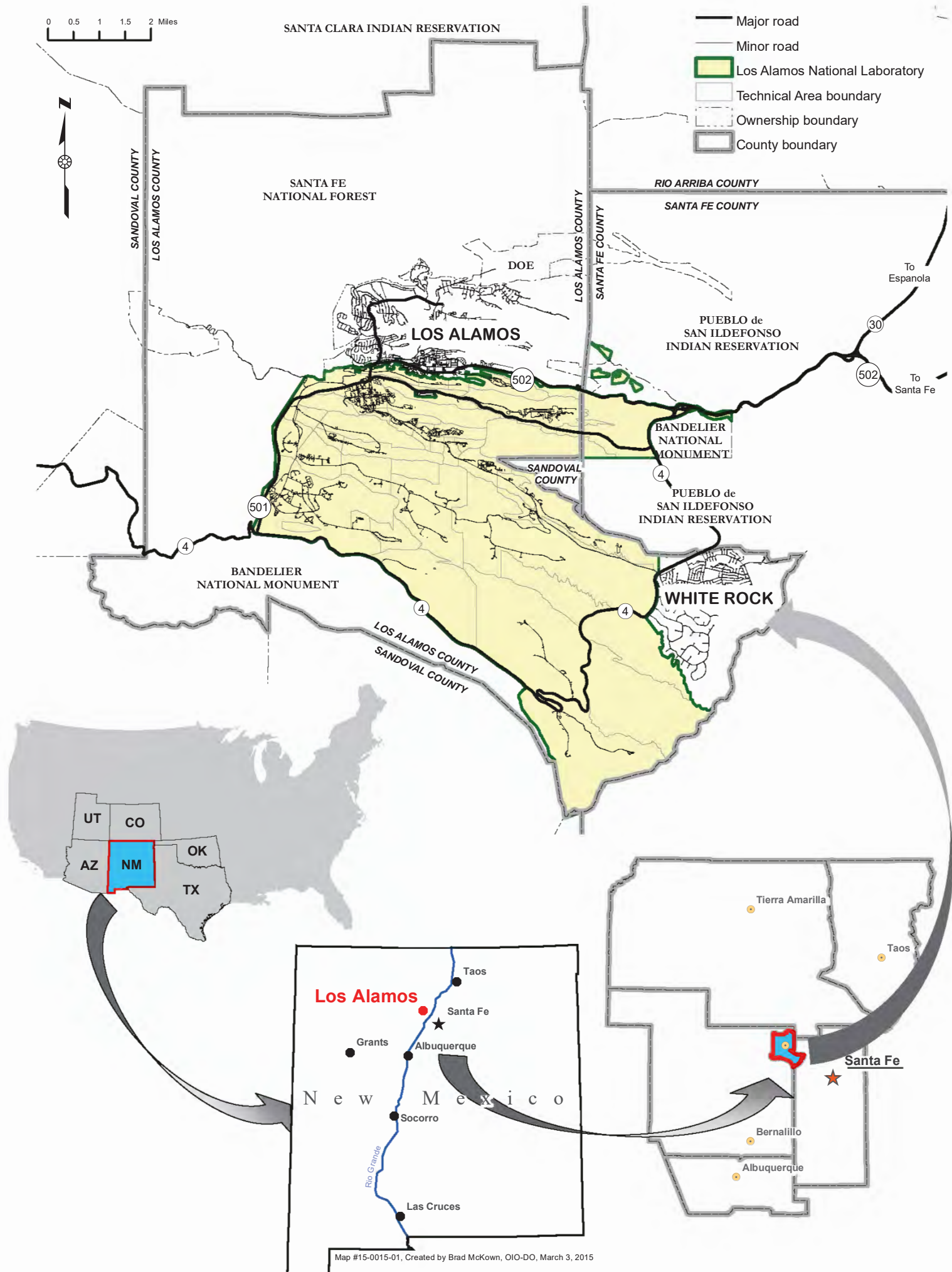
Figure B-1, Regional Location Map

Figure B-2, General Location Map (Includes nearby surface waters and receiving waters)

Figure B-3, Facility Site Map

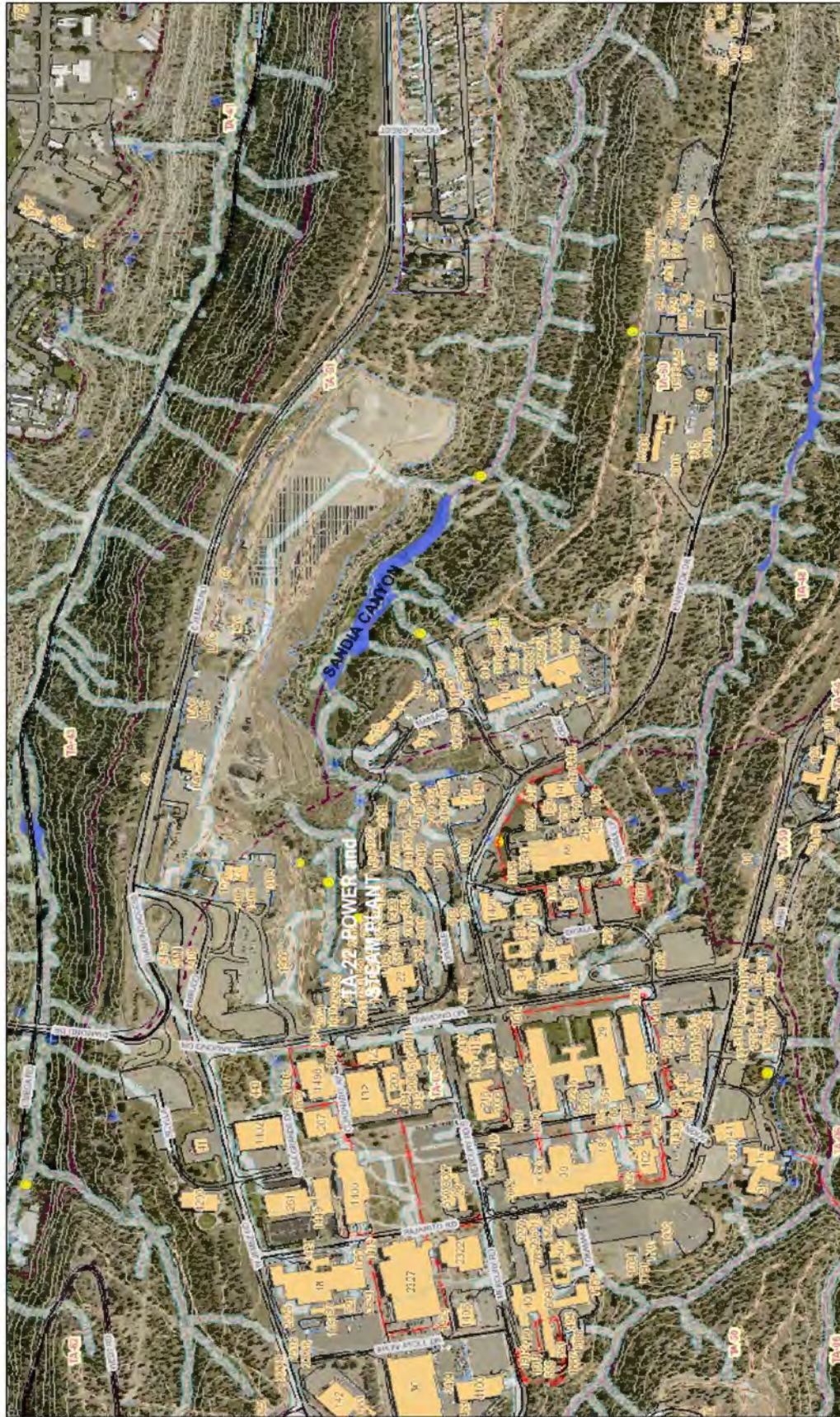
Figure B-4, Endangered Species Habitat Within LANL

**Figure B-1, Regional Location Map**



**Figure B-2, General Location Map**  
**Location of Nearby Surface Waters and Receiving Waters**

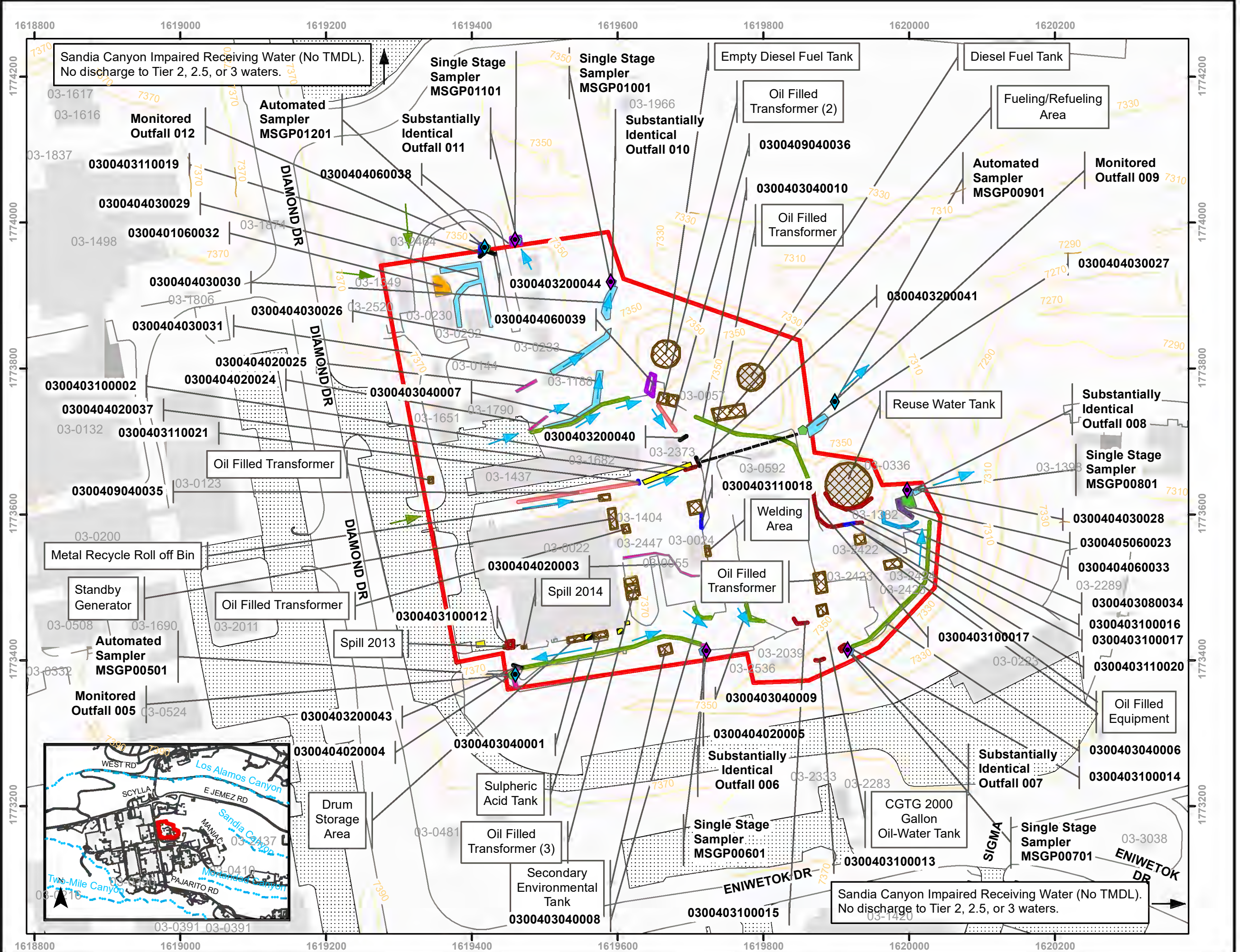




**Figure B-3, Facility Site Map**



TA-3-22 POWER & STEAM PLANT  
FIGURE B3 SITE MAP



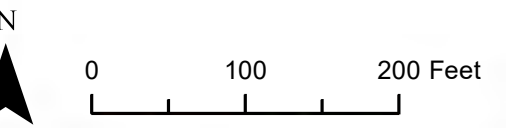
- Automated Sampler
- Single Stage Samplers
- Monitored Outfall
- Substantially Identical Outfall
- Asphalt Berm
- Eco-Blok
- EnviroSoxx w/ MetalLoxx
- Gravel Bags
- Retaining Wall
- Rip Rap
- Trench Drain
- Drainage
- Paved Roads
- 10 ft Contour
- Boundary of Industrial Activity
- Asphalt Swale
- Concrete/Asphalt Channel/Swale
- Erosion Control Blanket
- Infiltration Basin
- Rip Rap
- Rock Channel/Swale
- Industrial Activity Areas
- Loading/Unloading Areas
- Dumpster
- LANL Structures
- Paved Parking
- Flow Direction
- Runon
- Connection Pipe

8.6 Acres, 95% Impervious Surface.  
Note - No Critical Habitat Areas.

Map number: 16-0015-TA-3-22 Power & Steam Plant  
Map created by: Ben Sutter, OI-FD  
Date: September 11, 2018  
Version 4

New Mexico State Plane Coordinate System Central Zone (3002)  
North American Datum, 1983 (NAD 83)  
US Survey Ft

**DISCLAIMER:** This map was created for work processes associated with the Multi-Sector General Permit. All other uses for this map should be confirmed with LANL EPC-CP staff.





**Figure B-4, Endangered Species Habitat Within LANL**

# Endangered Species Habitat Within Los Alamos National Laboratory



Disclaimer: This map was created as an illustrative map of endangered species habitat at LANL. All other uses for the map should be confirmed with the Environmental Stewardship Division.

Map Produced by: 015-025-025 Team  
Date: February 17, 2014  
Map Document Reference: 015-025-025-01-000000-000000-000000

## **APPENDIX C**

### **NOI and LANS Delegation of Authority Letter**



***Environment Safety & Health***

PO Box 1663, MS K491

Los Alamos, New Mexico 87545

(505) 667-4218/Fax (505) 665-3811

**Date:** MAR 22 2016

**Symbol:** ADESH-16-045

**LA-UR:** 16-21721

**Locates Action No.:** N/A

Stormwater Notice Processing Center  
Mail Code 4203M, ATTN: 2015 MSGP Reports  
U.S. EPA  
1200 Pennsylvania Avenue, NW  
Washington, DC 20460

To Whom It May Concern:

**Subject: Transmittal of the National Pollutant Discharge Elimination System (NPDES) Notice of Intent (NOI) For Stormwater Discharges Associated with Industrial Activity under the Multi-Sector General Permit (MSGP) Tracking No. NMR053195**

The purpose of this letter is to transmit a complete/correct NOI for stormwater discharges associated with industrial activity under the MSGP for Los Alamos National Laboratory (LANL) (Enclosure 1) on behalf of Los Alamos National Security LLC. LANS operates LANL for the Department of Energy. Per Section G of the attached NOI, three concurrence letters from the United States Department of Interior, Fish and Wildlife Service are provided in Enclosure 2. While submitting a NOI for coverage under the new 2015 MSGP, LANS experienced significant problems with EPA's Net NPDES eReporting tool, which resulted in the initial submission of a NOI with incomplete outfall attribute data and incorrect information. The details of these issues were provided in a letter sent to Mr. Bret Larsen of EPA Region 6 on October 29, 2015 (ENV-DO-15-0309) (Enclosure 3).

The initial NOI was submitted in the Net eReporting tool on 9/02/2015, which resulted in a follow-up e-mail on 9/03/2015 from [NeT@epa.gov](mailto:NeT@epa.gov) stating the NOI requesting coverage for Los Alamos National Laboratory under EPA's 2015 MSGP had been certified and submitted to EPA for review, and assigned NPDES ID NMR053195. Please note, this tracking number has been inserted in Section B of Enclosure 1 to prevent confusion or assignment of an additional tracking number. Authorization to discharge under the 2015 MSGP was sent to LANS on 10/03/2015.

Repeated attempts to update the NOI via the "Change NOI" form have resulted in the same system problems without successful submittal of all required information via NeT. As such, an e-mail request for waiver pursuant to Part 7.1 of the 2015 MSGP was sent to Ms. Nasim Jahan on 2/05/2016. On 2/09/2016 Ms. Jahan responded by indicating "LANL can submit their paper copy."

LANL has 14 industrial sites covering eight (8) sectors, with 74 outfalls (26 monitored outfalls and 48 associated substantially identical outfalls) discharging to five (5) assessment units on the Clean Water Act 303(d) list (impaired waters without an EPA-approved or established TMDL pursuant to Part 6.2.4.1 of the 2015 MSGP). In addition, due to extended frozen conditions in the winter and the semi-arid climate, LANS implements an alternate monitoring period of four (4) two-month monitoring quarters for benchmark values as identified below, in accordance with Part 6.1.6 of the 2015 MSGP. This does not coincide with the four (4) three month monitoring quarters for benchmark values currently in the NetDMR.

April 1 through May 31

June 1 through July 31

August 1 through September 30

October 1 through November 30

To facilitate complete and accurate information in the NeT reporting system, LANS has provided an additional table (Enclosure 4) containing sector-specific information per MSGP site within the 36 square mile facility and listed each site's associated outfalls. The premise for providing this information is to determine whether the NeT tool can prepopulate the electronic Discharge Monitoring Report (DMR) form based on this information without causing inaccuracies or rejected data (non-fillable forms due to unresolvable hard errors). In addition, LANS is concerned that incomplete or incorrect NOI information will perpetuate a recurring prohibitive "domino effect" on subsequent electronic DMR filing and "Change NOI" forms.

LANS respectfully requests consideration of waivers for electronic submittal of MSGP DMRs using the NetDMR system until it is determined whether the attached NOI can be submitted by EPA's Subcontractor into the NeT tool. Once this occurs, LANS can determine how information is populating the NetDMR system and whether it will accept applicable data without causing prohibitive hard errors.

Any additional direction or guidance you may have would be appreciated. Please contact Terrill Lemke of Environmental Protection and Compliance, Compliance Programs (EPC-CP) at (505) 665-2397 if you have any questions regarding this NOI.

Sincerely,



Michael T. Brandt, DrPH, CIH  
Associate Director  
Environment, Safety & Health  
Los Alamos National Security, LLC  
Los Alamos National Laboratory

MTB:TWL:HLW/lm

- Enclosure: 1. Notice of Intent (NOI) For Stormwater Discharges Associated With Industrial Activity Under the NPDES Multi-Sector General Permit  
2. Concurrence letters from United States Department of Interior, Fish and Wildlife Service



3. Multi-Sector General Permit (MSGP) Notice of Intent (NOI) Reporting Pursuant to Part B.12.H
4. Industrial Sites and Outfalls by Sector

Cy: Nasim Jahan, USEPA/Region 6, Dallas, TX, (E-File)  
Bruce Yurdin, NMED/SWQB, Santa Fe, NM, (E-File)  
Jordan Arnsward, NA-LA, (E-File)  
Craig S. Leasure, PADOPS, (E-File)  
William Mairson, PADOPS, (E-File)  
Michael T. Brandt, ADESH, (E-File)  
Raeanna Sharp-Geiger, ADESH, (E-File)  
John P. McCann, EPC-DO, (E-File)  
Terrill W. Lemke, EPC-CP, (E-File)  
Holly L. Wheeler, EPC-CP, (E-File)  
Timothy A. Dolan, LC-ESH, (E-File)  
[lasomailbox@nnsa.doe.gov](mailto:lasomailbox@nnsa.doe.gov), (E-File)  
[locateteam@lanl.gov](mailto:locateteam@lanl.gov), (E-File)  
[epc-correspondence@lanl.gov](mailto:epc-correspondence@lanl.gov)

# **ENCLOSURE 1**

**Notice of Intent (NOI) For Stormwater Discharges  
Associated With Industrial Activity Under the NPDES  
Multi-Sector General Permit**

**ADESH-16-045**

**LA-UR-16-21721**

**Date:** **MAR 22 2016**



Submission of this Notice of Intent (NOI) constitutes notice that the operator identified in Section C of this form requests authorization to discharge pursuant to the NPDES Stormwater Multi-Sector General Permit (MSGP) permit number identified in Section B of this form. Submission of this NOI also constitutes notice that the operator identified in Section C of this form meets the eligibility conditions of Part 1.1 of the MSGP for the facility identified in Section D of this form. To obtain authorization, you must submit a complete and accurate NOI form. Discharges are not authorized if your NOI is incomplete or inaccurate or if you were never eligible for permit coverage. Refer to the instructions at the end of this form to complete your NOI.

**A. Approval to Use Paper NOI Form**

1. Have you been granted a waiver from electronic reporting from the EPA Regional Office? ☒ YES ☐ NO

If yes, check which waiver you have been granted, the name of the EPA Regional Office staff person who granted the waiver, and the date of approval:

- Waiver granted: ☐ The owner/operator's headquarters is physically located in a geographic area (i.e., ZIP code or census tract) that is identified as under-served for broadband Internet access in the most recent report from the Federal Communications Commission.
- ☒ The owner/operator has issues regarding available computer access or computer capability.

Name of EPA staff person that granted the waiver:

N a s i m J a h a n

Date approval obtained:

0 2 / 0 9 / 2 0 1 6

\* Note: You are required to obtain approval from the applicable EPA Regional Office prior to using this paper NOI form. If you have not obtained a waiver, you must file this form electronically using the NPDES eReporting Tool (Net) at <http://water.epa.gov/pollution/npdes/stormwater/Stormwater-eNOI-System-for-EPA-MultiSector-General-Permit.cfm>

**B. Permit Information**

NPDES ID (EPA Use Only):

N M R 0 5 3 1 9 5

1. Master Permit Number: N M R 0 5 0 0 0 0

(see Appendix C of the MSGP for the list of eligible master permit numbers)

2. Are you a new discharger or a new source as defined in Appendix A? ☐ YES ☒ NO (If yes, skip to Part C of this form).

3. If you are not a new discharger or a new source, have stormwater discharges from your facility been covered previously under an NPDES permit?

☒ YES ☐ NO

If yes, provide the NPDES ID if you had coverage under EPA's 2008 MSGP or the NPDES ID if you had coverage under an EPA individual permit:

N M R 0 5 G B 2 1

**C. Facility Operator Information**

1. Operator Information:

Operator Name: L o s A l a m o s N a t i o n a l S e c u r i t y L L C

Mailing Address:

Street: P O B o x 1 8 8 3

City:

L o s A l a m o s

State: N M

ZIP Code: 8 7 5 4 5

County or Similar Government Subdivision:

L o s A l a m o s

Phone:

5 0 5 - 6 8 5 - 2 3 9 7 Ext.

E-mail:

t l e m k e @ l a n l . g o v

2. Operator Point of Contact Information:

First Name, Middle Initial, Last Name: T e r r i l i W L e m k e

Title:

E n v i r o n m e n t a l M a n a g e r

3. NOI Preparer Information (Complete if NOI was prepared by someone other than the certifier):

First Name, Middle Initial, Last Name: H o l l y

L W h e e l e r

Organization:

L o s A l a m o s N a t i o n a l S e c u r i t y L L C

Phone:

5 0 5 - 6 8 7 - 1 3 1 2 Ext.

E-mail:

h b e n s o n @ l a n l . g o v



**D. Facility Information**

1. Facility Name: L o s A l a m o s N a t i o n a l L a b o r a t o r y

2. Facility Address:

Street/Location: P O B o x 1 6 8 3

City: L o s A l a m o s State: N M ZIP Code: 8 7 5 4 6 -

County or Similar Government Subdivision: L o s A l a m o s

3. Latitude/Longitude for the facility:

Latitude: 3 5 8 7 2 7 7° N (decimal degrees) Longitude: 1 0 6 3 2 1 2 7° W (decimal degrees)

Latitude/Longitude Data Source: ☐ Map ☐ GPS ☒ Other

If you used a USGS topographic map, what was the scale? \_\_\_\_\_

Horizontal Reference Datum: ☐ NAD 27 ☐ NAD 83 ☒ WGS 84

4. Is your facility located on Indian Country lands? ☐ YES ☒ NO

If yes, provide the name of the Indian tribe associated with the area of Indian country (including name of Indian reservation, if applicable): \_\_\_\_\_

5. Are you requesting coverage under this NOI as a "federal operator" as defined in Appendix A? ☒ YES ☐ NO

6. What is the ownership type of the facility?

☒ Federal Facility (U.S. Government) ☐ Privately Owned Facility ☐ Municipality ☐ County Government

☐ Corporation ☐ State Government ☐ Tribal Government ☐ School District

☐ District ☐ Mixed Ownership (e.g. Public/Private) ☐ Municipal or Water District

7. Estimated area of industrial activity at your facility exposed to stormwater: 131.36 (to the nearest quarter acre)

**8. Sector-Specific Information**

Identify the 4-digit Standard Industrial Classification (SIC) code or 2-letter Activity Code that best represents the products produced or services rendered for which your facility is primarily engaged, as defined in the MSGP, and the applicable sector and subsector of your primary industrial activity (See Appendix D):

Primary SIC Code: 3 4 4 9 OR Primary Activity Code:

Sector: A A Subsector: A A 1

Identify the applicable sector(s) and subsector(s) of any co-located industrial activity for which you are requesting permit coverage:

Sector: P Subsector: P 1 Sector: K Subsector: K 1 Sector: A Subsector: A 4 Sector: D Subsector: D 1

Sector: D Subsector: D 1 Sector: F Subsector: F 4 Sector: N Subsector: N 2 Sector:  Subsector:

If you are a Sector S (Air Transportation) facility, do you anticipate using more than 100,000 gallons of pure glycol in glycol-based deicing fluids and/or 100 tons or more of urea on an average annual basis? ☐ YES ☐ NO

If you are a Sector G (Metal Mining) facility, do you have discharges from waste rock and overburden piles? ☐ YES ☐ NO

Check the type of ore you mine at your facility: ☐ Tungsten Ore ☐ Nickel Ore ☐ Aluminum Ore

☐ Mercury Ore ☐ Iron Ore ☐ Platinum Ore ☐ Titanium Ore ☐ Vanadium Ore ☐ Molybdenum ☐ Uranium, Radium, and/or Vanadium Ore

9. Is your facility presently inactive and unstaffed? ☐ YES ☒ NO

\* Note that if your facility becomes inactive and unstaffed during the permit term, you must submit an NOI modification to reflect the change.

**E. Discharge Information**

1. By indicating "Yes" below, I confirm that I understand that the MSGP only authorizes the allowable stormwater discharges in Part 1.1.2 and the allowable non-stormwater discharges listed in Part 1.1.3. Any discharges not expressly authorized in this permit cannot become authorized or shielded from liability under CWA section 402(k) by disclosure to EPA, state, or local authorities after issuance of this permit via any means, including the Notice of Intent (NOI) to be covered by the permit, the Stormwater Pollution Prevention Plan (SWPPP), during an inspection, etc. If any discharges requiring NPDES permit coverage other than the allowable stormwater and non-stormwater discharges listed in Parts 1.1.2 and 1.1.3 will be discharged, they must be covered under another NPDES permit. ☒ YES

**2. Federal Effluent Limitation Guidelines**

Are you requesting permit coverage for any stormwater discharges subject to effluent limitation guidelines? ☒ YES ☐ NO

If yes, which effluent limitation guidelines apply to your stormwater discharges?

40 CFR Part/Subpart	Eligible Discharges	Affected MSGP Sector	New Source Date	Check if Applicable
Part 411, Subpart C	Runoff from material storage piles at cement manufacturing facilities	E	2/20/1974	<input type="checkbox"/>
Part 418 Subpart A	Runoff from phosphate fertilizer manufacturing facilities that comes into contact with any raw materials, finished product, by-products or waste products (SIC 2874)	C	4/8/1974	<input type="checkbox"/>
Part 423	Coal pile runoff at steam electric generating facilities	O	11/19/1982 10/8/1974 <sup>1</sup>	<input type="checkbox"/>
Part 429, Subpart I	Discharges resulting from spray down or intentional wetting of logs at wet deck storage areas	A	1/26/1981	<input type="checkbox"/>
Part 436, Subpart B, C, or D	Mine dewatering discharges at crushed stone mines, construction sand and gravel mines, or industrial sand mines	J	N/A	<input type="checkbox"/>
Part 443, Subpart A	Runoff from asphalt emulsion facilities	D	7/28/1975	<input checked="" type="checkbox"/>
Part 445, Subparts A & B	Runoff from hazardous waste and non-hazardous waste landfills	K, L	2/2/2000	<input type="checkbox"/>
Part 449	Runoff containing urea from airfield pavement deicing at existing and new primary airports with 1,000 or more annual non-propeller aircraft departures	S	6/15/2012	<input type="checkbox"/>

<sup>1</sup>NSPS promulgated in 1974 were not removed via the 1982 regulation; therefore wastewaters generated by Part 423-applicable sources that were New Sources under the 1974 regulations are subject to the 1974 NSPS.

3. Receiving Waters information: (Attach a separate list if necessary)

List all of the stormwater outfalls from your facility. Each outfall must be identified by a unique 3-digit ID (e.g., 001, 002). Also provide the latitude and longitude in degrees decimal for each outfall.		For each outfall, provide the following receiving water information:		
		Provide the name of the first water of the U.S. that receives stormwater directly from the outfall and/or from the MS4 that the outfall discharges to:	If the receiving water is impaired (on the CWA 303(d) list), list the pollutants that are causing the impairment:	If a TMDL been completed for this receiving waterbody, providing the following information:
Outfall ID	002	Sandia Canyon (Sigma Canyon to NPDES outfall 001)	Aluminum, total Copper, dissolved Gross Alpha, adjusted Polychlorinated Biphenyls (PCBs) Thallium, dissolved	TMDL Name and ID: N/A  Pollutant(s) for which there is a TMDL: N/A
Latitude	35.875797			
Longitude	-106.327580			
Outfall ID	004	Two Mile Canyon (Pajarito to headwaters)	Aluminum, total Gross Alpha, adjusted PCBs	TMDL Name and ID: N/A  Pollutant(s) for which there is a TMDL: N/A
Latitude	35.871431			
Longitude	-106.323832			

If substantially identical to other outfall, list identical outfall ID: \_\_\_\_\_

Outfall ID	005	Sandia Canyon (Sigma Canyon to NPDES outfall 001)	Aluminum, total Copper, dissolved Gross Alpha, adjusted PCBs Thallium, dissolved	TMDL Name and ID: N/A
Latitude	35.873919			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.320746			

If substantially identical to other outfall, list identical outfall ID: \_\_\_\_\_

Outfall ID	006	Sandia Canyon (Sigma Canyon to NPDES outfall 001)	Aluminum, total Copper, dissolved Gross Alpha, adjusted PCBs Thallium, dissolved	TMDL Name and ID: N/A
Latitude	35.874011			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.319858			

If substantially identical to other outfall, list identical outfall ID: 005

Outfall ID	009	Sandia Canyon (Sigma Canyon to NPDES outfall 001)	Aluminum, total Copper, dissolved Gross Alpha, adjusted PCBs Thallium, dissolved	TMDL Name and ID: N/A
Latitude	35.874843			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.319412			

If substantially identical to other outfall, list identical outfall ID: \_\_\_\_\_

Outfall ID	007	Sandia Canyon (Sigma Canyon to NPDES outfall 001)	Aluminum, total Copper, dissolved Gross Alpha, adjusted PCBs Thallium, dissolved	TMDL Name and ID: N/A
Latitude	35.874014			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.319203			

If substantially identical to other outfall, list identical outfall ID: 009

Outfall ID	008	Sandia Canyon (Sigma Canyon to NPDES outfall 001)	Aluminum, total Copper, dissolved Gross Alpha, adjusted PCBs Thallium, dissolved	TMDL Name and ID: N/A
Latitude	35.874617			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.318925			

If substantially identical to other outfall, list identical outfall ID: 009

Outfall ID	010	Sandia Canyon (Sigma Canyon to NPDES outfall 001)	Aluminum, total Copper, dissolved Gross Alpha, adjusted PCBs Thallium, dissolved	TMDL Name and ID: N/A
Latitude	35.875402			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.320301			

If substantially identical to other outfall, list identical outfall ID: 009

Outfall ID	012	Sandia Canyon (Sigma Canyon to NPDES outfall 001)	Aluminum, total Copper, dissolved Gross Alpha, adjusted PCBs Thallium, dissolved	TMDL Name and ID: N/A
Latitude	35.875532			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.320884			

If substantially identical to other outfall, list identical outfall ID: \_\_\_\_\_

Outfall ID	011	Sandia Canyon (Sigma Canyon to NPDES outfall 001)	Aluminum, total Copper, dissolved Gross Alpha, adjusted PCBs Thallium, dissolved	TMDL Name and ID: N/A
Latitude	35.875563			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.320744			

If substantially identical to other outfall, list identical outfall ID: 012

Outfall ID	018	Sandia Canyon (Sigma Canyon to NPDES outfall 001)	Aluminum, total Copper, dissolved Gross Alpha, adjusted PCBs Thallium, dissolved	TMDL Name and ID: N/A
Latitude	35.872834			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.317653			

If substantially identical to other outfall, list identical outfall ID: \_\_\_\_\_

Outfall ID	013	Mortandad Canyon (Within LANL)	Aluminum, total Copper, dissolved Gross Alpha, adjusted PCBs	TMDL Name and ID: N/A
Latitude	35.870797			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.317867			

If substantially identical to other outfall, list identical outfall ID: 018

Outfall ID	014	Mortandad Canyon (Within LANL)	Aluminum, total Copper, dissolved Gross Alpha, adjusted PCBs	TMDL Name and ID: N/A
Latitude	35.870890			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.317393			

If substantially identical to other outfall, list identical outfall ID: 018

Outfall ID	015	Mortandad Canyon (Within LANL)	Aluminum, total Copper, dissolved Gross Alpha, adjusted PCBs	TMDL Name and ID: N/A
Latitude	35.871389			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.316397			

If substantially identical to other outfall, list identical outfall ID: 018

Outfall ID	016	Sandia Canyon (Sigma Canyon to NPDES outfall 001)	Aluminum, total Copper, dissolved Gross Alpha, adjusted PCBs Thallium, dissolved	TMDL Name and ID: N/A
Latitude	35.872447			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.316721			
If substantially identical to other outfall, list identical outfall ID: 018				
Outfall ID	017	Sandia Canyon (Sigma Canyon to NPDES outfall 001)	Aluminum, total Copper, dissolved Gross Alpha, adjusted PCBs Thallium, dissolved	TMDL Name and ID: N/A
Latitude	35.872599			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.317066			
If substantially identical to other outfall, list identical outfall ID: 018				
Outfall ID	019	Sandia Canyon (Sigma Canyon to NPDES outfall 001)	Aluminum, total Copper, dissolved Gross Alpha, adjusted PCBs Thallium, dissolved	TMDL Name and ID: N/A
Latitude	35.872682			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.318467			
If substantially identical to other outfall, list identical outfall ID: 018				
Outfall ID	020	Sandia Canyon (Sigma Canyon to NPDES outfall 001)	Aluminum, total Copper, dissolved Gross Alpha, adjusted PCBs Thallium, dissolved	TMDL Name and ID: N/A
Latitude	35.872240			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.316340			
If substantially identical to other outfall, list identical outfall ID: _____				

Outfall ID	022	Sandia Canyon (Sigma Canyon to NPDES outfall 001)	Aluminum, total Copper, dissolved Gross Alpha, adjusted PCBs Thallium, dissolved	TMDL Name and ID: N/A
Latitude	35.872661			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.313691			

If substantially identical to other outfall, list identical outfall ID: \_\_\_\_\_

Outfall ID	021	Sandia Canyon (Sigma Canyon to NPDES outfall 001)	Aluminum, total Copper, dissolved Gross Alpha, adjusted PCBs Thallium, dissolved	TMDL Name and ID: N/A
Latitude	35.872514			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.313562			

If substantially identical to other outfall, list identical outfall ID: 022

Outfall ID	023	Sandia Canyon (Sigma Canyon to NPDES outfall 001)	Aluminum, total Copper, dissolved Gross Alpha, adjusted PCBs Thallium, dissolved	TMDL Name and ID: N/A
Latitude	35.873193			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.313116			

If substantially identical to other outfall, list identical outfall ID: 022

Outfall ID	024	Sandia Canyon (Sigma Canyon to NPDES outfall 001)	Aluminum, total Copper, dissolved Gross Alpha, adjusted PCBs Thallium, dissolved	TMDL Name and ID: N/A
Latitude	35.873046			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.315069			

If substantially identical to other outfall, list identical outfall ID: 022

Outfall ID	025	Sandia Canyon (Sigma Canyon to NPDES outfall 001)	Aluminum, total Copper, dissolved Gross Alpha, adjusted PCBs Thallium, dissolved	TMDL Name and ID: N/A
Latitude	35.872928			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.315400			
If substantially identical to other outfall, list identical outfall ID: 022				
Outfall ID	026	Sandia Canyon (Sigma Canyon to NPDES outfall 001)	Aluminum, total Copper, dissolved Gross Alpha, adjusted PCBs Thallium, dissolved	TMDL Name and ID: N/A
Latitude	35.872114			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.313105			
If substantially identical to other outfall, list identical outfall ID: _____				
Outfall ID	027	Sandia Canyon (Sigma Canyon to NPDES outfall 001)	Aluminum, total Copper, dissolved Gross Alpha, adjusted PCBs Thallium, dissolved	TMDL Name and ID: N/A
Latitude	35.872401			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.313391			
If substantially identical to other outfall, list identical outfall ID: 026				
Outfall ID	028	Sandia Canyon (Sigma Canyon to NPDES outfall 001)	Aluminum, total Copper, dissolved Gross Alpha, adjusted PCBs Thallium, dissolved	TMDL Name and ID: N/A
Latitude	35.872505			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.313542			
If substantially identical to other outfall, list identical outfall ID: 026				



Outfall ID	029	Sandia Canyon (Sigma Canyon to NPDES outfall 001)	Aluminum, total Copper, dissolved Gross Alpha, adjusted PCBs Thallium, dissolved	TMDL Name and ID: N/A
Latitude	35.873969			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.313281			

If substantially identical to other outfall, list identical outfall ID: \_\_\_\_\_

Outfall ID	031	Mortandad Canyon (within LANL)	Aluminum, total Copper, dissolved Gross Alpha, adjusted PCBs	TMDL Name and ID: N/A
Latitude	35.869227			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.305685			

If substantially identical to other outfall, list identical outfall ID: \_\_\_\_\_

Outfall ID	030	Mortandad Canyon (within LANL)	Aluminum, total Copper, dissolved Gross Alpha, adjusted PCBs	TMDL Name and ID: N/A
Latitude	35.869325			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.306926			

If substantially identical to other outfall, list identical outfall ID: 031

Outfall ID	032	Sandia Canyon (Sigma Canyon to NPDES outfall 001)	Aluminum, total Copper, dissolved Gross Alpha, adjusted PCBs Thallium, dissolved	TMDL Name and ID: N/A
Latitude	35.870741			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.306812			

If substantially identical to other outfall, list identical outfall ID: \_\_\_\_\_

Outfall ID	033	Sandia Canyon (Sigma Canyon to NPDES outfall 001)	Aluminum, total Copper, dissolved Gross Alpha, adjusted PCBs Thallium, dissolved	TMDL Name and ID: N/A
Latitude	35.870712			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.306443			
If substantially identical to other outfall, list identical outfall ID: 032				
Outfall ID	034	Sandia Canyon (Sigma Canyon to NPDES outfall 001)	Aluminum, total Copper, dissolved Gross Alpha, adjusted PCBs Thallium, dissolved	TMDL Name and ID: N/A
Latitude	35.870603			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.306055			
If substantially identical to other outfall, list identical outfall ID: 032				
Outfall ID	035	Sandia Canyon (Sigma Canyon to NPDES outfall 001)	Aluminum, total Copper, dissolved Gross Alpha, adjusted PCBs Thallium, dissolved	TMDL Name and ID: N/A
Latitude	35.870474			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.305432			
If substantially identical to other outfall, list identical outfall ID: 032				
Outfall ID	036	Sandia Canyon (Sigma Canyon to NPDES outfall 001)	Aluminum, total Copper, dissolved Gross Alpha, adjusted PCBs Thallium, dissolved	TMDL Name and ID: N/A
Latitude	35.867825			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.293388			
If substantially identical to other outfall, list identical outfall ID: _____				

Outfall ID	037	Sandia Canyon (Sigma Canyon to NPDES outfall 001)	Aluminum, total Copper, dissolved Gross Alpha, adjusted PCBs Thallium, dissolved	TMDL Name and ID: N/A
Latitude	35.867859			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.292992			
If substantially identical to other outfall, list identical outfall ID: 036				
Outfall ID	039	Sandia Canyon (Sigma Canyon to NPDES outfall 001)	Aluminum, total Copper, dissolved Gross Alpha, adjusted PCBs Thallium, dissolved	TMDL Name and ID: N/A
Latitude	35.867826			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.291726			
If substantially identical to other outfall, list identical outfall ID: _____				
Outfall ID	038	Sandia Canyon (Sigma Canyon to NPDES outfall 001)	Aluminum, total Copper, dissolved Gross Alpha, adjusted PCBs Thallium, dissolved	TMDL Name and ID: N/A
Latitude	35.867855			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.292211			
If substantially identical to other outfall, list identical outfall ID: 039				
Outfall ID	040	Sandia Canyon (Sigma Canyon to NPDES outfall 001)	Aluminum, total Copper, dissolved Gross Alpha, adjusted PCBs Thallium, dissolved	TMDL Name and ID: N/A
Latitude	35.867839			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.291955			
If substantially identical to other outfall, list identical outfall ID: 039				

Outfall ID	042	Sandia Canyon (Sigma Canyon to NPDES outfall 001)	Aluminum, total Copper, dissolved Gross Alpha, adjusted PCBs Thallium, dissolved	TMDL Name and ID: N/A
Latitude	35.867047			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.289163			
If substantially identical to other outfall, list identical outfall ID: _____				
Outfall ID	041	Mortandad Canyon (within LANL)	Aluminum, total Copper, dissolved Gross Alpha, adjusted PCBs	TMDL Name and ID: N/A
Latitude	35.866377			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.291397			
If substantially identical to other outfall, list identical outfall ID: 042				
Outfall ID	043	Mortandad Canyon (within LANL)	Aluminum, total Copper, dissolved Gross Alpha, adjusted PCBs	TMDL Name and ID: N/A
Latitude	35.866084			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.290165			
If substantially identical to other outfall, list identical outfall ID: _____				
Outfall ID	047	Canada del Buey (within LANL)	Aluminum, total Gross Alpha, adjusted PCBs	TMDL Name and ID: N/A
Latitude	35.844895			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.264513			
If substantially identical to other outfall, list identical outfall ID: _____				

Outfall ID	044	Canada del Buey (within LANL)	Aluminum, total Gross Alpha, adjusted PCBs	TMDL Name and ID: N/A
Latitude	35.845868			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.265279			

If substantially identical to other outfall, list identical outfall ID: 047

Outfall ID	045	Canada del Buey (within LANL)	Aluminum, total Gross Alpha, adjusted PCBs	TMDL Name and ID: N/A
Latitude	35.845586			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.265214			

If substantially identical to other outfall, list identical outfall ID: 047

Outfall ID	046	Canada del Buey (within LANL)	Aluminum, total Gross Alpha, adjusted PCBs	TMDL Name and ID: N/A
Latitude	35.845200			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.264844			

If substantially identical to other outfall, list identical outfall ID: 047

Outfall ID	048	Canada del Buey (within LANL)	Aluminum, total Gross Alpha, adjusted PCBs	TMDL Name and ID: N/A
Latitude	35.844590			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.265044			

If substantially identical to other outfall, list identical outfall ID: 047

Outfall ID	049	Pajarito Canyon (within LANL below Arroyo de la Delfe)	Aluminum, total PCBs	TMDL Name and ID: N/A
Latitude	35.837228			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.254840			
If substantially identical to other outfall, list identical outfall ID: _____				
Outfall ID	050	Canada del Buey (within LANL)	Aluminum, total Gross Alpha, adjusted PCBs	TMDL Name and ID: N/A
Latitude	35.835746			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.250832			
If substantially identical to other outfall, list identical outfall ID: _____				
Outfall ID	051	Pajarito Canyon (within LANL below Arroyo de la Delfe)	Aluminum, total PCBs	TMDL Name and ID: N/A
Latitude	35.830143			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.242662			
If substantially identical to other outfall, list identical outfall ID: _____				
Outfall ID	052	Pajarito Canyon (within LANL below Arroyo de la Delfe)	Aluminum, total PCBs	TMDL Name and ID: N/A
Latitude	35.831852			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.242928			
If substantially identical to other outfall, list identical outfall ID: 051				

Outfall ID	053	Pajarito Canyon (within LANL below Arroyo de la Delfe)	Aluminum, total PCBs	TMDL Name and ID: N/A
Latitude	35.829232			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.236793			

If substantially identical to other outfall, list identical outfall ID: \_\_\_\_\_

Outfall ID	065	Pajarito Canyon (within LANL below Arroyo de la Delfe)	Aluminum, total PCBs	TMDL Name and ID: N/A
Latitude	35.829028			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.236029			

If substantially identical to other outfall, list identical outfall ID: 053

Outfall ID	066	Pajarito Canyon (within LANL below Arroyo de la Delfe)	Aluminum, total PCBs	TMDL Name and ID: N/A
Latitude	35.830185			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.236107			

If substantially identical to other outfall, list identical outfall ID: 053

Outfall ID	069	Pajarito Canyon (within LANL below Arroyo de la Delfe)	Aluminum, total PCBs	TMDL Name and ID: N/A
Latitude	35.830285			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.234518			

If substantially identical to other outfall, list identical outfall ID: \_\_\_\_\_

Outfall ID	054	Pajarito Canyon (within LANL below Arroyo de la Delfe)	Aluminum, total PCBs	TMDL Name and ID: N/A
Latitude	35.829036			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.235125			
If substantially identical to other outfall, list identical outfall ID: 069				
Outfall ID	055	Pajarito Canyon (within LANL below Arroyo de la Delfe)	Aluminum, total PCBs	TMDL Name and ID: N/A
Latitude	35.829173			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.235121			
If substantially identical to other outfall, list identical outfall ID: 069				
Outfall ID	056	Pajarito Canyon (within LANL below Arroyo de la Delfe)	Aluminum, total PCBs	TMDL Name and ID: N/A
Latitude	35.829310			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.236107			
If substantially identical to other outfall, list identical outfall ID: 069				
Outfall ID	057	Pajarito Canyon (within LANL below Arroyo de la Delfe)	Aluminum, total PCBs	TMDL Name and ID: N/A
Latitude	35.829440			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.235117			
If substantially identical to other outfall, list identical outfall ID: 069				



Outfall ID	058	Pajarito Canyon (within LANL below Arroyo de la Delfe)	Aluminum, total PCBs	TMDL Name and ID: N/A
Latitude	35.829573			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.235112			

If substantially identical to other outfall, list identical outfall ID: 069

Outfall ID	059	Pajarito Canyon (within LANL below Arroyo de la Delfe)	Aluminum, total PCBs	TMDL Name and ID: N/A
Latitude	35.829711			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.235108			

If substantially identical to other outfall, list identical outfall ID: 069

Outfall ID	060	Pajarito Canyon (within LANL below Arroyo de la Delfe)	Aluminum, total PCBs	TMDL Name and ID: N/A
Latitude	35.830340			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.234802			

If substantially identical to other outfall, list identical outfall ID: 069

Outfall ID	061	Pajarito Canyon (within LANL below Arroyo de la Delfe)	Aluminum, total PCBs	TMDL Name and ID: N/A
Latitude	35.830343			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.234766			

If substantially identical to other outfall, list identical outfall ID: 069

Outfall ID	062	Pajarito Canyon (within LANL below Arroyo de la Delfe)	Aluminum, total PCBs	TMDL Name and ID: N/A
Latitude	35.830344			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.234725			
If substantially identical to other outfall, list identical outfall ID: 069				
Outfall ID	063	Pajarito Canyon (within LANL below Arroyo de la Delfe)	Aluminum, total PCBs	TMDL Name and ID: N/A
Latitude	35.830342			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.234692			
If substantially identical to other outfall, list identical outfall ID: 069				
Outfall ID	064	Pajarito Canyon (within LANL below Arroyo de la Delfe)	Aluminum, total PCBs	TMDL Name and ID: N/A
Latitude	35.830340			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.234656			
If substantially identical to other outfall, list identical outfall ID: 069				
Outfall ID	067	Pajarito Canyon (within LANL below Arroyo de la Delfe)	Aluminum, total PCBs	TMDL Name and ID: N/A
Latitude	35.829856			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.235110			
If substantially identical to other outfall, list identical outfall ID: 069				

Outfall ID	068	Pajarito Canyon (within LANL below Arroyo de la Delfe)	Aluminum, total PCBs	TMDL Name and ID: N/A
Latitude	35.830051			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.235103			

If substantially identical to other outfall, list identical outfall ID: 069

Outfall ID	072	Canada del Buey (within LANL)	Aluminum, total Gross Alpha, adjusted PCBs	TMDL Name and ID: N/A
Latitude	35.832885			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.239444			

If substantially identical to other outfall, list identical outfall ID: \_\_\_\_\_

Outfall ID	070	Canada del Buey (within LANL)	Aluminum, total Gross Alpha, adjusted PCBs	TMDL Name and ID: N/A
Latitude	35.832404			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.240510			

If substantially identical to other outfall, list identical outfall ID: 072

Outfall ID	071	Canada del Buey (within LANL)	Aluminum, total Gross Alpha, adjusted PCBs	TMDL Name and ID: N/A
Latitude	35.832701			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.240994			

If substantially identical to other outfall, list identical outfall ID: 072

Outfall ID	073	Sandia Canyon (Sigma Canyon to NPDES outfall 001)	Aluminum, total Copper, dissolved Gross Alpha, adjusted PCBs Thallium, dissolved	TMDL Name and ID: N/A
Latitude	35.874819			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.324283			
If substantially identical to other outfall, list identical outfall ID: _____				
Outfall ID	074	Sandia Canyon (Sigma Canyon to NPDES outfall 001)	Aluminum, total Copper, dissolved Gross Alpha, adjusted PCBs Thallium, dissolved	TMDL Name and ID: N/A
Latitude	35.875034			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.327328			
If substantially identical to other outfall, list identical outfall ID: <u>073</u>				
Outfall ID	075	Sandia Canyon (Sigma Canyon to NPDES outfall 001)	Aluminum, total Copper, dissolved Gross Alpha, adjusted PCBs Thallium, dissolved	TMDL Name and ID: N/A
Latitude	35.871154			Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.312940			
If substantially identical to other outfall, list identical outfall ID: _____				
Outfall ID				TMDL Name and ID:
Latitude				Pollutant(s) for which there is a TMDL:
Longitude				
If substantially identical to other outfall, list identical outfall ID: _____				

4. Provide the following information about your outfall latitude/longitude:

Latitude/Longitude Data Source: ☐ Map ☒ GPS ☐ Other

If you used a USGS topographic map, what was the scale? \_\_\_\_\_

Horizontal Reference Datum: ☐ NAD 27 ☒ NAD 83 ☐ WGS 84

5. Does your facility discharge into a Municipal Separate Storm Sewer System (MS4)? ☐ YES ☒ NO

If yes, provide the name of the MS4 operator: N/A

6. Check if you discharge to any of the waters of the U.S. that are designated by the state or tribal authority under its antidegradation policy as a Tier 2 (or Tier 2.5) water (water quality exceeds levels necessary to support propagation of fish, shellfish, and wildlife and recreation in and on the water) or as a Tier 3 water (Outstanding National Resource Water)? (See Appendix L).

☐ Tier 2/2.5. Provide the name(s) of receiving water(s): \_\_\_\_\_

☐ Tier 3 (Outstanding National Resource Waters)\*

\* Note: You are ineligible for coverage if you are a new discharger or new source to waters designated as Tier 3 (outstanding national resource waters) for antidegradation purposes under 40 CFR 131.13(a)(3).

7. If you are subject to benchmark monitoring requirements for a hardness-dependent metal, what is the hardness of your receiving water(s) (see Appendix J)? 57 (mg/L)

8. If you are subject to benchmark monitoring requirements for a hardness-dependent metal, does your facility discharge into any saltwater receiving waters? ☐ YES ☒ NO

9. Does your facility discharge to a federal CERCLA site listed in Appendix P? ☐ YES ☒ NO

If yes, did you notify the EPA Regional Office in advance of filing your NOI, and did the EPA Regional Office determine that you are eligible for permit coverage pursuant to Part 1.1.4.10? ☐ YES ☐ NO

\* Note: If you discharge to a federal CERCLA site listed in Appendix P, you are ineligible for coverage under this permit unless you notify the EPA Regional Office in advance and the EPA Regional Office determines you are eligible coverage under this permit. In determining your eligibility for coverage under this Part, the EPA Regional Office may evaluate whether you have included adequate controls and/or procedures to ensure that your discharges will not lead to recontamination of aquatic media at the CERCLA site such that it will cause or contribute to an exceedance of a water quality standard.

#### F. Stormwater Pollution Prevention Plan (SWPPP) Information

1. Has the SWPPP been prepared in advance of filing this NOI, as required? ☒ YES ☐ NO

2. SWPPP Contact Information:

First Name, Middle Initial, Last Name: H o l l i y L W h e e l e r

Professional Title: E n v i r o n m e n t a l P r o f e s s i o n a l

Phone: 5 0 5 - 8 6 7 - 1 3 1 2 Ext.

E-mail: h b e n s o n @ i a n i . g o v

3. SWPPP Availability:

Your current SWPPP or certain information from your SWPPP must be made available through one of the following two options. Select one of the options and provide the required information\*:

\* Note: You are not required to post any confidential business information (CBI) or restricted information (as defined in Appendix A) (such information may be redacted), but you must clearly identify those portions of the SWPPP that are being withheld from public access.

☒ Option 1: Maintain a current copy of your SWPPP on an Internet page (Universal Resource Locator or URL).

Provide the web address URL: epm.lanl.gov

☐ Option 2: Provide the following information from your SWPPP:

A. Describe your onsite industrial activities exposed to stormwater (e.g., material storage; equipment fueling, maintenance, and cleaning; cutting steel beams), and potential spill and leak areas:

B. List the pollutant(s) or pollutant constituent(s) associated with each industrial activity exposed to stormwater that could be discharged in stormwater and any authorized non-stormwater discharges listed in Part 1.1.3:

C. Describe the control measures you will employ to comply with the non-numeric technology-based effluent limits required in Part 2.1.2 and Part 8, and any other measures taken to comply with the requirements in Part 2.2 Water Quality-Based Effluent Limitations (see Part 5.2.4):

D. Provide a schedule for good housekeeping and maintenance (see Part 5.2.5.1) and a schedule for all inspections required in Part 4 (see Part 5.2.5.2):

#### G. Endangered Species Protection

1. Using the instructions in Appendix E of the MSGP, under which endangered species criterion listed in Part 1.1.4.5 are you eligible for coverage under this permit (only check 1 box)?\*

☐ A ☐ B ☐ C ☒ D ☐ E

\* **Note: After you submit your NOI and before your NOI is authorized, EPA may notify you if any additional controls are necessary to ensure your discharges have no likely adverse effects on listed species and critical habitat.**

2. Provide a brief summary of the basis for the criterion selected in Appendix E (e.g., communication with U.S. Fish and Wildlife Service or National Marine Fisheries Service to determine no species in action area; implementation of controls approved by EPA and the Services):  
Direct consultation with the U.S. Fish and Wildlife Service and corresponding development and implementation of a facility-specific Habitat Management Plan.

3. If you select criterion B, provide the NPDES ID from the other operator's NOI authorized under this permit:

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4. If you select criterion C, you must answer the following questions:

a. What federally-listed species or designated critical habitat are located in your "action area":

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b. Using the Appendix E worksheet, check which of the following is applicable to your facility and answer any corresponding questions:

☐ I submitted my completed *Criterion C Eligibility Form* to EPA at least 30 days prior to submitting this NOI and agree to implement any additional measures that were determined by EPA to be necessary to ensure that my discharges and/or discharge-related activities will not have likely adverse effects on listed species and critical habitat.

Date your *Criterion C Eligibility Form* was sent to EPA: 

--	--	--	--	--	--	--	--	--	--

Describe any EPA-approved measures you will implement to ensure no likely adverse effects on listed species and critical habitat:

---

☐ I submitted my completed *Criterion C Eligibility Form* to EPA at least 30 days prior to submitting this NOI and have not been notified of any additional measures necessary to ensure no likely adverse effects on listed species and critical habitat.

Date your *Criterion C Eligibility Form* was sent to EPA: 

--	--	--	--	--	--	--	--	--	--

5. If you select criterion D or E, you must attach copies of any letters or other communications with the U.S. Fish and Wildlife Service or National Marine Fisheries Service.

#### H. Historic Preservation

1. If your facility is not located on Indian country lands, is your facility located on a property of religious or cultural significance to an Indian tribe?

☒ YES ☐ NO

If yes, provide the name of the Indian tribe associated with the property: San Ildefonso Pueblo

2. Using the instructions in Appendix F of the MSGP, under which historic properties preservation criterion listed in Part 1.1.4.6 are you eligible for coverage under this permit (only check 1 box)?

☐ A ☒ B ☐ C ☐ D

#### I. Certification Information

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 assure that qualified personnel properly gathered and evaluated 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.

First Name, Middle Initial, Last Name: J o b n P M c C a n n

Title: D i v i s i o n L e a d e r

Signature:



Date: 03/22/2016

E-mail:

j m c c a n n @ i a n i . g o v



**Notice of Intent (NOI) for Stormwater Discharges  
Associated with Industrial Activity Under the NPDES Multi-Sector General Permit**

NPDES Form Date (06/15) This Form Replaces Form 3510-6 (09/08)

Form Approved OMB No. 2040-0004

**Who Must File an NOI Form**

Under section 402(p) of the Clean Water Act (CWA) and regulations at 40 CFR Part 122, stormwater discharges associated with industrial activity are prohibited to waters of the United States unless authorized under a National Pollutant Discharge Elimination System (NPDES) permit. You can obtain coverage under the MSGP by submitting a completed Notice of Intent (NOI) if you are an operator a facility:

- that is located in a jurisdiction where EPA is the permitting authority, listed in Appendix C of the MSGP,
- that discharges stormwater associated with industrial activities, identified in Appendix D of the MSGP,
- that meets the eligibility requirements in Part 1.1 of the permit,
- that has developed a stormwater pollution prevention plan (SWPPP) in accordance with Part 5 of the MSGP; and
- that installs and implements control measures in accordance with Part 2 and Part 8 to meet numeric and non-numeric effluent limits.

**Completing the Form**

Obtain and read a copy of the 2015 MSGP, viewable at <http://water.epa.gov/pollwaste/npdes/stormwater/EPA-Multi-Sector-General-Permit-MSGP.cfm>. To complete this form, type or print, using uppercase letters, in the appropriate areas only. Please place each character between the marks. Abbreviate if necessary to stay within the number of characters allowed for each item. Use only one space for breaks between words, but not for punctuation marks unless they are needed to clarify your response. **Please submit original document with signature in ink - do not send a photocopied signature.**

**Section A. Approval to Use Paper NOI Form**

You must indicate whether you have been granted a waiver from electronic reporting from the EPA Regional Office. Note that you are not authorized to use this paper NOI form unless the EPA Regional Office has approved its use. Where you have obtained approval to use this form, indicate the waiver that you have been granted, the name of the EPA staff person who granted the waiver, and the date that approval was provided.

See <http://water.epa.gov/pollwaste/npdes/stormwater/Stormwater-Contacts.cfm> for a list of EPA Regional Office contacts.

**Section B. Permit Information**

Provide the master permit number of the permit under which you are applying for coverage (see Appendix C of the general permit for the list of eligible master permit numbers).

You must indicate whether you are a new discharger or a new source (see Appendix A for the definitions). If you are not a new discharger or a new source, you must indicate whether stormwater discharges from your facility have been previously covered under another NPDES permit. If yes, you must provide the unique NPDES ID (i.e., permit tracking number) for the previous permit your facility was covered under.

**Section C. Facility Operator Information**

Provide the legal name of the person, firm, public organization, or any other entity that operates the facility described in this NOI. An operator of a facility is the legal entity that controls the operation of the facility. Refer to Appendix A of the permit for the definition of "operator". Provide the operator's mailing address, phone number,

and e-mail. Correspondence for the NOI will be sent to this address. Also provide the name and title for the operator point of contact (note that the point of contact name may be the same as the operator name).

If the NOI was prepared by someone other than the certifier (for example, if the NOI was prepared by the facility SWPPP contact or a consultant for the certifier's signature), include the full name, organization, phone number, and email address of the NOI preparer.

**Section D. Facility Information**

Enter the official or legal name and complete address, including city, state, ZIP code, and county or similar government subdivision of the facility. If the facility lacks a street address, indicate the general location of the facility (e.g., intersection of State Highways 61 and 34). Complete facility information must be provided for permit coverage to be granted.

Provide the latitude and longitude of your facility in decimal degrees format. The latitude and longitude of your facility can be determined in several different ways, including through the use of global positioning system (GPS) receivers, U.S. Geological Survey (U.S.G.S.) topographic or quadrangle maps. Refer to <http://transition.fcc.gov/mnt/audio/bickel/DDDMSS-decimal.html> for assistance in providing the proper latitude/longitude format. For consistency, EPA requests that measurements be taken from the approximate center of the facility. Specify which method you used to determine latitude and longitude. If a U.S.G.S. topographic map is used, specify the scale of the map used. Enter the horizontal reference datum for your latitude and longitude. The horizontal reference datum used on USGS topographic maps is shown on the bottom left corner of USGS topographic maps; it is also available for GPS receivers.

Indicate whether the facility is on Indian country lands, and if so, provide the name of the Indian tribe associated with the area of Indian country (including name of Indian reservation, if applicable).

Indicate whether you are seeking coverage under this permit as a "federal operator" as defined in Appendix A. Also check the ownership type for the facility (e.g., Federal Facility, Privately Owned Facility, Municipality, County Government, Corporation, State Government, Tribal Government, School District, District, Mixed Ownership [e.g., public/private], Municipal or Water District).

Enter the estimated area of industrial activity at your facility exposed to stormwater to the nearest quarter acre.

List the four-digit Standard Industrial Classification (SIC) code or two character activity code that best describes the primary industrial activities performed by your facility under which you are required to obtain permit coverage. Your primary industrial activity includes any activities performed on-site which are (1) identified by the facility's primary SIC code and included in the descriptions of 40 CFR 122.26(b)(14)(ii), (iii), (vi), or (vii); or (2) included in the narrative descriptions of 40 CFR 122.26(b)(14)(i), (iv), (v), (vii), or (ix). See Appendix D of the MSGP for a complete list of SIC codes and activities codes covered under the MSGP. Also provide the applicable sector and subsector associated with the SIC code or activity code for your primary industrial activities. For a complete list of sector and subsector codes, see Appendix D of the MSGP.

If your facility has co-located industrial activities that are not identified as your primary industrial activity, identify the sector and subsector codes that describe these other industrial activities.



Instructions for Completing EPA Form 3510-6

**Notice of Intent (NOI) for Stormwater Discharges  
Associated with Industrial Activity Under the NPDES Multi-Sector General Permit**

NPDES Form Date (06/15) This Form Replaces Form 3510-6 (09/08)

Form Approved OMB No. 2040-0004

For Sector S facilities (Air Transportation), indicate whether you anticipate that the entire airport facility will use more than 100,000 gallons of pure glycol in glycol-based deicing fluids and/or 100 tons or more of urea on an average annual basis. If so, additional effluent limits and monitoring conditions apply to your discharge (see Part 8.5 of the permit).

For Sector G facilities (Metal Mining), check the type of ore(s) mined at the facility.

Indicate whether your facility is currently inactive and unstaffed. Note that if your facility becomes inactive and unstaffed during the permit term, you must submit an NOI modification to reflect the change.

**Section E. Discharge Information**

You must confirm that you understand that the MSGP only authorizes the allowable stormwater discharges listed in Part 1.1.2 and the allowable non-stormwater discharges listed in Part 1.1.3. Any discharges not expressly authorized under the MSGP are not covered by the MSGP or the permit shield provision of the CWA Section 402(k) and they cannot become authorized or shielded by disclosure to EPA, state, or local authorities via the NOI to be covered by the permit or by any other means (e.g., in the SWPPP or during an inspection). If any discharges requiring NPDES permit coverage other than the allowable stormwater and non-stormwater discharges listed in Parts 1.1.2 and 1.1.3 will be discharged, they must either be eliminated or covered under another NPDES permit.

Depending on your industrial activities, your facility may be subject to federal effluent limitation guidelines which include additional effluent limits and monitoring requirements for your facility. Please review these requirements, described in Part 2.1.3 of the MSGP, and check any appropriate boxes on the NOI form.

You must identify all the outfalls from your facility that discharge stormwater. Each outfall must be assigned a unique 3-digit ID (e.g., 001, 002, 003). You must also provide the latitude and longitude for each outfall from your facility. Indicate whether any outfalls are substantially identical to an outfall already listed, and identify the outfall it is identical to. For each unique outfall you list, you must specify the name of the first water of the U.S. that receives stormwater directly from the outfall and/or from the MS4 that the outfall discharges to. You must specify whether any receiving waters that you discharge to are listed as "impaired" as defined in Appendix A, and the pollutants for which the water is impaired. You must also check identify any Total Maximum Daily Loads (TMDL) that have been completed for any of the waters of the U.S. that you discharge to. You must also provide information about the outfall latitude/longitude, including data source, the scale (if applicable), and the horizontal reference datum. See the instructions in Section D for more information about determining the latitude and longitude.

Identify whether your facility discharges into a Municipal Separate Storm Sewer System (MS4). If yes, provide the name of the MS4 operator. If you are uncertain of the MS4 operator, contact your local government for that information.

Indicate whether discharges from the facility will enter into a water of the U.S. that is designated as a Tier 2, Tier 2.5, or Tier 3 water. A list of Tier 2, 2.5, and 3 waters is provided as Appendix L. If the answer is "yes", name all waters designated as Tier 2, Tier 2.5, or Tier 3 to which the facility will discharge. Note that you are ineligible for coverage if you are a new discharger or a new source to waters designated as Tier 3 (outstanding national resource waters) for antidegradation purposes under 40 CFR 131.13(a)(3).

If you are subject to any benchmark monitoring requirements for metals (see the requirements applicable to your Sector(s) in Part 8 of the permit), indicate the hardness for your receiving water(s). See Appendix J of the permit for information about determining waterbody hardness.

If you are subject to benchmark monitoring requirements for hardness-dependent metals you must also answer whether your facility discharges into any saltwater receiving waters.

Indicate whether your facility will discharge to a federal CERCLA site listed in Appendix P. Note that if your facility will discharge into a federal CERCLA site listed in Appendix P, you are not eligible for coverage under this permit unless you notify the EPA Regional Office in advance and the EPA Regional Office authorizes coverage under this permit after you have included adequate controls and/or procedures designed to ensure that discharges will not lead to recontamination of aquatic media at the CERCLA site such that your discharge will cause or contribute to an exceedance of a water quality standard.

**Section F. Stormwater Pollution Prevention Plan (SWPPP) Information**

All facilities eligible for coverage under this permit are required to prepare a SWPPP in advance of filing the NOI, in accordance with Part 5. Indicate whether the SWPPP has been prepared in advance of filing the NOI.

Indicate the contact information (name, phone, and email) for the person who developed the SWPPP for this facility.

You identify how your SWPPP information will be made available consistent with Part 5.4 and 7.3 of the permit. If you are making your SWPPP publicly available on a web site, check Option 1 and provide the appropriate Internet URL address. If you are not providing a URL, check Option 2 and provide the selected SWPPP information on this NOI form. You may copy and paste this information directly from your SWPPP.

**Section G. Endangered Species Protection**

Using the instructions in Appendix E, indicate the Part 1.1.4.5 criterion (i.e., A, B, C, D, or E) you are eligible under with regard to the protection of federally listed endangered and threatened species and designated critical habitat. A description of the basis for the criterion selected must also be provided.

If criterion B is selected, provide the NPDES ID (i.e., permit tracking number) for the other operator who has certified their eligibility under this permit. The NPDES ID was assigned when the operator received coverage under this permit.

If criterion C is selected, you must specify the federally-listed species or designated critical habitat that are located in the "action area" of the facility. You must also indicate under which scenario you determined you were eligible to submit your NOI under criterion C using Appendix E, and answer any corresponding questions.

If criterion D or E is selected, attach copies of any communications between you and the U.S. Fish and Wildlife Service and National Marine Fisheries Service to this NOI.

**Section H. Historic Preservation**

If the project is not located in Indian country lands, indicate whether the project is located on a property of religious or cultural significance to an Indian tribe, and if so, provide the name of the Indian tribe associated with the property. Use the instructions in Appendix F to complete questions on the NOI form regarding historic preservation.

Instructions for Completing EPA Form 3510-6

**Notice of Intent (NOI) for Stormwater Discharges  
Associated with Industrial Activity Under the NPDES Multi-Sector General Permit**

NPDES Form Date (06/15) This Form Replaces Form 3510-6 (09/08)

Form Approved OMB No. 2040-0004

**Section I. Certification**

Certification statement and signature (see Section B.11 of Appendix B of the MSGP for more information). Enter certifier's printed name, title and email address. Sign and date the form. (CAUTION: An unsigned or undated NOI form will prevent the granting of permit coverage.) Federal statutes provide for severe penalties for submitting false information on this application form. Federal regulations require this application to be signed as follows:

*For a corporation:* by a responsible corporate officer, which means: (i) a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation, or (ii) the manager of one or more manufacturing, production, or operating facilities, provided, the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long-term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

*For a partnership or sole proprietorship:* By a general partner or the proprietor, respectively; or

*For a municipality, state, federal, or other public agency:* By either a principal executive officer or ranking elected official. For purposes of this Part, a principal executive officer of a federal agency includes (i) the chief executive officer of the agency, or (ii) a senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrator of EPA). Include the name and title of the person signing the form and the date of signing.

An unsigned or undated NOI form will not be considered eligible for permit coverage.

**Modifying Your NOI**

If you have been granted a waiver from your Regional Office from electronic reporting, and if after submitting your NOI you need to correct or update any fields on this NOI form, you may do so by indicating changes on this same form.

**Paperwork Reduction Act Notice**

Public reporting burden for this NOI is estimated to average 3.7 hours plus an additional 2 hours for certain respondents required to gather hardness data. This estimate includes time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding the burden estimate, any other aspect of the collection of information, or suggestions for improving this form, including any suggestions which may increase or reduce this burden to: Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number on any correspondence. Do not send the completed form to this address.

**Submitting Your Form**

If you have been granted a waiver from your Regional Office to submit a paper NOI form, you must send your NOI by mail to one of the following addresses:

**For Regular U.S. Mail Delivery:**

Stormwater Notice Processing Center  
Mail Code 4203M, ATTN: 2015 MSGP Reports  
U.S. EPA  
1200 Pennsylvania Avenue, NW  
Washington, DC 20460

**For Overnight/Express Mail Delivery:**

Stormwater Notice Processing Center  
William Jefferson Clinton East Building - Room 7420  
ATTN: 2015 MSGP Reports  
U.S. EPA  
1201 Constitution Avenue, NW  
Washington, DC 20004

Visit this website for instructions on how to submit electronically:

<http://water.epa.gov/polwaste/npdes/stormwater/Stormwater-eNOI-System-for-EPA-MultiSector-General-Permit.cfm>

## **ENCLOSURE 2**

**Concurrence Letters From the United States Department of  
Interior, Fish and Wildlife Service**

**ADESH-16-045**

**LA-UR-16-21721**

**Date:** MAR 22 2016



## United States Department of the Interior

### FISH AND WILDLIFE SERVICE

New Mexico Ecological Services Field Office  
2105 Osuna NE  
Albuquerque, New Mexico 87113  
Phone: (505) 346-2525 Fax: (505) 346-2542

February 12, 1999

Cons. #2-22-98-I-336  
Cons. #2-22-95-I-106

David A. Gurule, Acting Area Manager  
Department of Energy  
Albuquerque Operations Office  
Los Alamos Area Office  
Los Alamos, New Mexico 87545

Dear Mr. Gurule:

This responds to your letter dated August 6, 1998, requesting our review and concurrence with the Threatened and Endangered Species Habitat Management Plan (HMP) for Los Alamos National Laboratory (LANL). The HMP was prepared by the LANL Ecology Group for the Department of Energy (DOE) as part of the Dual-Axis Radiographic Hydrodynamics Test Facility (DAHRT) Mitigation Action Plan. The U.S. Fish and Wildlife Service (Service) has worked closely with LANL in the development of the HMP. As a result of discussions and meetings following the August 6, 1998, submittal, additional information/clarification was provided via letters, updated Biological Evaluations/HMPs, and e-mail messages, dated September 8, October 20, November 25, and December 9, 1998, and January 4, January 22, and January 29, 1999. The purpose of the HMP is to provide for the protection of threatened and endangered species and their habitats on LANL. The HMP consists of three components that must be used together to assure proper management of the threatened and endangered species: an Overview Document, Site Plans, and Monitoring Plans. It was determined that if all the restrictions and protective measures outlined in the HMP are strictly followed, the implementation of this HMP may affect, but is not likely to adversely affect the Mexican spotted owl (owl), peregrine falcon (falcon), bald eagle (eagle), and southwestern willow flycatcher (flycatcher). The Biological Evaluation (BE) also considered potential impacts on the black-footed ferret, arctic peregrine falcon, and whooping crane. It was determined that there would be no effect on these species because of a lack of habitat.

Property at LANL varies from remote isolation to heavily developed and/or industrialized. The Service agrees, as stated in the Overview document, that a number of activities at LANL have the potential to adversely impact threatened and endangered species. Many of the industrial processes used at LANL have involved hazardous and radioactive materials. These materials as well as remediation of potential release sites may disturb

or reduce population viability of threatened and endangered species. In addition, other potential sources of disturbance or habitat alterations are possible as a result of the residential and commercial development in the LANL area. While the HMP identifies potential sources of adverse effects, this consultation does not necessarily cover all of those impacts. The Service does not anticipate that DOE will be able to plan all of its operations at LANL in accordance with this plan. The direct effects of most actions can be minimized through implementation of the HMP; however, a more thorough assessment is necessary to adequately evaluate the indirect and cumulative impacts of all actions that are funded, authorized, and permitted by DOE, as well as potential impacts from interrelated and interdependent actions. It was agreed (by Service, DOE, and LANL personnel) that consultation concerning ongoing LANL operations would be handled separately from the HMP, under the consultation on the Site-Wide EIS.

The Site Plans identify the particular areas of LANL where operations might impact known occupied or potential habitat for the flycatcher, eagle, falcon, and owl. Suitable habitat for these species, along with protective buffer areas surrounding their habitat, have been designated as Areas of Environmental Interest (AEIs). For the flycatcher, one AEI was established based on an observation of a migrant male flycatcher in 1997. The AEI is located in the Pajarito wetland area and includes the best available riparian habitat. For eagles, one AEI has been identified for wintering habitat that exists along the Rio Grande on the eastern edge of LANL. It is based on the locations of known and potential roost sites. For the falcon, four AEIs have been identified. They consist of the habitat previously identified under the 1985 interagency agreement. These areas are centered on deep canyons on the eastern side of LANL or on adjacent lands. LANL has agreed to implement the recommended management guidelines, which utilize four management zones (A through D) to protect nesting peregrine falcons from disturbance. For the owl, six AEIs have been identified, but only one of these sites is known to be occupied. These AEIs are based on and located in canyons that have been defined as suitable nest/roost habitat.

The AEI management section of each Site Plan provides guidelines for LANL operations to reduce or eliminate threats to each species. The primary threats on LANL property are (1) impacts on habitat quality from LANL operations and (2) disturbance of nesting or roosting birds. The site plans provide information on their location and guidelines for their management. The AEI Site Plans consist of a species description, descriptions of the AEIs for the species, descriptions of current impacts in the AEIs, management plans that describe allowable activities within core and buffer areas under the guidelines of the sites plan and protective measures. Activities discussed in the site plans include day to day activities, such as access into an AEI, as well as long-term projects, such as levels of habitat alteration in the buffer area of an AEI. Restrictions will be implemented on activities that could cause disturbance (people, vehicles and machinery, aircraft, light production, and noise) within occupied AEIs. The location of a potential disturbance activity within the AEI, the occupancy status of the AEI, and the type of activity all affect whether or not an activity is allowable. Habitat alterations are always restricted in core areas, but a limited amount of future development is allowed in currently undeveloped DOE-controlled buffer areas under the guidelines of this site plan as long

as it does not alter habitat in the undeveloped AEI (including light and noise guidelines). The purpose of buffer areas is to protect core areas from undue disturbance or habitat alteration or habitat degradation. Each AEI is specific to the situation or circumstances of the site it covers. According to the HMP, development beyond the cap established for each AEI, or greater than 2 hectares in size, including the developed-area border, requires independent review for ESA compliance.

Varying amounts of development and/or ongoing activities exist in the cores and buffers of each AEI. These developments may include residential, commercial, and light industrial areas, as well as roads and utility corridors. Existing/ongoing activities may include periodic scientific surveys, power line maintenance, recreational use, residential development, ER Program activities, and possible use of a firing site. Potential disturbance may be associated with automobila and truck traffic, construction activities, a live-fire range, explosives testing, and aircraft traffic at the County airport. Ongoing activities in developed areas constitute a baseline condition for the AEIs and are not restricted. New activities including further development within already existing developed areas are not restricted unless they impact undeveloped portions of an AEI core. If a proposed action within a developed area does not meet site plan guidelines, it must be individually reviewed for ESA compliance.

Some activities such as utility corridor maintenance, fuels management, and a limited amount of development are allowed in each AEI (as described in the HMP). The potential impacts of these activities are considered to be insignificant or discountable because they will occur in habitat that has been previously disturbed or is of poor quality due to its size or proximity to already developed areas. It is our understanding (based on the January 22, 1999, e-mail response from Terry Foxx) that the fuels management activities within the owl AEIs will only consist of ongoing and proposed fire protection activities around existing facilities (e.g. thinning around buildings) or those activities that are already covered under the Dome Fire Emergency BA. The other fire management activities mentioned in the HMP will go through the ESH-ID process and further consultation with the Service when a fire management plan is completed in the future.

In general, activities that detrimentally alter habitat in an AEI or would cause unacceptable disturbance to the species inhabiting the AEI are not allowed under the guidelines of a Site Plan. The Site Plans are designed to minimize impacts to threatened and endangered species and their habitat. The protective measures and restrictions outlined in the Site Plans were developed using the best available data, in cooperation with Service biologists.

The U.S. Fish and Wildlife Service concurs with DOE's determination that implementation of LANL's HMP may affect, but is not likely to adversely affect the Mexican spotted owl, American peregrine falcon, bald eagle, and southwestern willow flycatcher based on the protective measures described in the BA and HMP. If all the restrictions and protective measures outlined in the HMP are strictly followed, potential impacts on owls, falcons, eagles, and flycatchers are expected to be insignificant or

David A. Gurule, Acting Area Manager

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discountable for the following reasons: 1) appropriate seasonal restrictions will be implemented to avoid disturbance to potentially breeding flycatchers, peregrines, and owls and wintering eagles; 2) no nest or roost habitat for any listed species will be altered; 3) the total amount of potential foraging habitat that could be impacted within each species home ranges is expected to be insignificant compared to the amount of available foraging habitat throughout the area; 4) monitoring plans have been developed as an integral part of the HMP; and 5) a mechanism for incorporating necessary technical and regulatory changes and updating the HMP has been included (page 32 of the Overview Document).

In future communications regarding this project, please refer to Consultation #2-22-98-1-336. If we can be of further assistance, please contact Carol Torrez of my staff at (505) 346-2525, ext. 115.

Sincerely,

A handwritten signature in black ink, appearing to read "Jennifer Fowler-Propst", written over a circular stamp or seal.

Jennifer Fowler-Propst  
Field Supervisor

cc:

→ Teralene Foxx, Project Manager, Ecology Group, Los Alamos National Laboratory,  
P.O. Box 1663, Mail Stop M887, Los Alamos, New Mexico 87545  
Elizabeth Withers, U.S. Department of Energy, Los Alamos Area Office, 35<sup>th</sup> Street, Los  
Alamos, New Mexico  
Field Supervisor, Ecological Services, U.S. Fish and Wildlife Service, Phoenix,  
Arizona



## United States Department of the Interior

FISH AND WILDLIFE SERVICE  
New Mexico Ecological Services Field Office  
2105 Osuna NE  
Albuquerque, New Mexico 87113  
Phone: (505) 346-2525 Fax: (505) 346-2542

December 9, 2013

Cons. #02ENNM00-2014-I-0014

Geoffrey L. Beausoleil, Acting Manager  
National Nuclear Security Administration, Los Alamos Field Office  
Department of Energy  
Los Alamos, New Mexico 87544

Dear Mr. Beausoleil:

Thank you for your biological assessment entitled, "Biological Assessment of the Effects of Implementing the Jemez Mountains Salamander Site Plan on Federally Listed Threatened and Endangered Species at Los Alamos National Laboratory" (BA); the request for informal consultation and conferencing received on July 25, 2013 and supplemental information supplied in the "Jemez Mountains Salamander (*Plethodon neomexicanus*) Los Alamos National Laboratory (LANL) Site Plan" (Site Plan); and emails dated November 19 and December 3, 2013. The Department of Energy (DOE) requested concurrence with the determination of effects for the endangered Jemez Mountains salamander (*Plethodon neomexicanus*) (salamander) pursuant to Section 7(a)(2) of the Endangered Species Act of 1973 (ESA), as amended (16 U.S.C. § 1531 *et seq.*). Your proposed action consists of implementing the Site Plan, and includes of the incorporation of this Site Plan into LANL's Habitat Management Plan (HMP). The HMP was consulted upon in 1999 (Consultation #2-22-981-336) as the primary mechanism to ensure compliance with the ESA at LANL. The actions described in the Site Plan and analyzed in the BA, and supplemental emails are hereby incorporated by reference. You determined that implementing the Site Plan "may affect, is not likely to adversely affect" the salamander, and includes placing restrictions on certain types of work in areas identified as core habitat for the salamander on LANL property with the purpose of ensuring that effects to the salamander from those actions identified in the Site Plan are insignificant and discountable.

The Site Plan does not include any areas within designated salamander critical habitat, indicating that no critical habitat will be affected. The Site Plan has modeled and field validated the model to identify the areas on LANL property with the highest potential to be occupied by salamanders based on habitat features for the salamander. Each area identified by the modeling is termed "Area of Environmental Interest" (AEI) and consists of a "core area" and a "buffer area". The core area habitat is defined as suitable habitat where the salamander occurs or may occur at LANL. The core area habitat consists of sections of north-facing slope that contain the required



micro-habitat to support salamanders. The buffer area is 328 feet (100 meters) wide extending outward from the edge of the core area. Only the Los Alamos Canyon AEI is known to be occupied based on surveys. Surveys for the salamander are known to have a very low detection rate for occupied areas and DOE has assumed that all AEIs at LANL are occupied at all times by the salamander.

Within the Site Plan, DOE has assessed activities that could cause habitat alteration and includes any action that alters the soil structure, vegetative components necessary to the species, water quality, or hydrology in undeveloped areas of an AEI. If an activity were to take place outside of the AEI the activity will be assessed if it will have effects inside the AEI core. Within the core areas, only activities specified within the Site Plan and those that have no effect in the core areas (e.g. no habitat alterations or effects within the core areas) will be conducted without further consultation with the Service. Habitat alterations also include soil pits for soil samples deeper than 6 inches (15.2 centimeters) using either hand or mechanized augers. Within the Site Plan, DOE is proposing fuels management practices to reduce wildfire risk and maintenance of utility corridors within the AEIs. The likelihood that salamanders may be affected by the actions in the Site Plan is very low. To ensure that effects to the salamander are insignificant and discountable, the Site Plan incorporates the following conservation measures as restrictions to the identified work:

#### **Fuels Management Practices to Reduce Wildfire Risk**

- a. Within undeveloped core areas, thinning trees to a level of 80% canopy cover or higher may occur; tree thinning below 80% canopy cover is not part of the action under this consultation.
- b. Large logs on the ground will be left in place and not chipped.
- c. Large trees that are felled will be left as large logs on the ground
- d. When appropriate, smaller trees and understory shrubs that may be thinned will be dispersed and left on-site to aid in soil moisture retention.
- e. In buffer areas, thinning of trees may occur to the current LANL-approved prescription level; clear-cutting will not occur.
- f. Thinning activities will not occur during the rainy season when salamanders are surface active, between July 1 – October 31. Thinning activities may occur earlier in October if freezing temperatures are present.
- g. In the unlikely event that a salamander is observed surface active during thinning activities, all activities shall cease, and the Service will be notified.

#### **Utility Corridors**

- a. Cutting trees that threaten power lines may occur within 26 feet (8 meters) of either side of an existing utility line at LANL
- b. New utility lines and utility lines requiring clearance of a right-of-way greater than 52 feet (16 meters) total in core habitat is not part of the action under this consultation.

Habitat alterations other than the fuels management practices and utility corridor maintenance described above will not occur in undeveloped core areas under the guidelines of the Site Plan or this consultation. The Service concurs with DOE's determination regarding the salamander for the following reasons:

Within the Site Plan, DOE has placed the above detailed restrictions to ensure that any effects to the salamander and its habitat remain insignificant and discountable. Canopy cover will remain at 80% or greater in undeveloped core areas and fire management actions will occur outside of the salamander surface activity period. Maintaining utility line corridors in areas with existing infrastructure (the utility lines) by removing individual hazard trees is not expected to have any measurable effect on salamanders or their potential habitat. Consequently, we concur that potential effects to the salamander from the proposed action will be insignificant and discountable.

This concludes section 7 consultation regarding the proposed action. If monitoring or other information results in modification or the inability to complete all aspects of the proposed action, consultation should be reinitiated. Please contact the Service if: 1) future surveys detect listed, proposed or candidate species in habitats where they have not been previously observed; 2) the proposed action changes or new information reveals effects of the proposal to listed species that have not been considered in this analysis; or 3) a new species is listed or critical habitat designated that may be affected by the action.

Thank you for your concern for endangered and threatened species and New Mexico's wildlife habitats. In future correspondence regarding this project, please refer to consultation #02ENNM00-2014-I-0014. If you have any questions, please contact Michelle Christman of my staff at (505) 761-4715.

Sincerely,

  
Wally Murphy  
Field Supervisor

cc:

Wildlife Biologist, Cuba Ranger District, Cuba, NM (Attn: Ramon Borrego)  
Director, New Mexico Department of Game and Fish, Santa Fe, New Mexico



# United States Department of the Interior



## FISH AND WILDLIFE SERVICE

New Mexico Ecological Services Field Office  
2105 Osuna Road NE  
Albuquerque, New Mexico 87113  
Telephone 505-346-2525 Fax 505-346-2542  
[www.fws.gov/southwest/es/newmexico/](http://www.fws.gov/southwest/es/newmexico/)

August 6, 2015

Cons. # 02ENNM00-2015-I-0538

Kimberly Davis Lebak, Manager  
Department of Energy  
National Nuclear Security Administration  
Los Alamos Field Office  
Los Alamos, New Mexico 87544

Dear Ms. Lebak:

This responds to your July 9, 2015, cover letter and biological assessment (BA) requesting informal consultation for the addition of the Western distinct population segment of the yellow-billed cuckoo (*Coccyzus americanus occidentalis*) (cuckoo) and the New Mexico meadow jumping mouse (*Zapus hudsonius luteus*) (jumping mouse) to the Los Alamos National Laboratory Habitat Management Plan, Los Alamos, New Mexico. As documented in your BA, which is hereby incorporated by reference, we find that your proposed action will have insignificant and discountable effects to the cuckoo and the jumping mouse. Therefore, the Service concurs with your determination of "may affect, is not likely to adversely affect" for the cuckoo and the jumping mouse.

This concludes section 7 consultation regarding the proposed action. If monitoring or other information results in modification or the inability to complete all aspects of the proposed action, consultation should be reinitiated. Please contact the Service if: 1) future surveys detect listed, proposed or candidate species in habitats where they have not been previously observed; 2) the proposed action changes or new information reveals effects of the proposal to listed species that have not been considered in this analysis; or 3) a new species is listed or critical habitat designated that may be affected by the action.

Kimberly Davis Lebak, Manager

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Thank you for your concern for endangered species and New Mexico's wildlife habitats. If you have any questions, please contact Eric Hein of my staff at the letterhead address or at (505) 761-4735.

Sincerely,

ERIC  
HEIN

Eric Hein is a member of the New Mexico Department of Game and Fish. He is not an attorney and is not authorized to represent the Department of Game and Fish in legal matters.

for Wally Murphy  
Field Supervisor

cc:

Director, New Mexico Department of Game and Fish, Santa Fe, New Mexico

## **ENCLOSURE 3**

**Multi-Sector General Permit (MSGP) Notice of Intent  
(NOI) Reporting Pursuant to Part B.12.H**

**ADESH-16-045**

**LA-UR-16-21721**

**Date: MAR 22 2016**

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***Environmental Protection Division  
Environmental Compliance Programs (ENV-CP)  
PO Box 1663, K490  
Los Alamos, New Mexico 87545  
(505) 667-0666***

***Date: OCT 29 2015  
Symbol: ENV-DO-15-0309  
LA-UR: 15-28383  
Locates Action No.: N/A***

**Mr. Brent Larsen  
Water Quality Protection Division (6WQ)  
U.S. Environmental Protection Agency, Region 6  
1445 Ross Avenue, Suite 1200  
Dallas, TX 75202-2733**

**Dear Mr. Larsen:**

**Subject: National Pollutant Discharge Elimination System (NPDES) Permit Tracking No. NMR053195, Multi-Sector General Permit (MSGP) Notice of Intent (NOI) Reporting Pursuant to Part B.12.H.**

In submitting a NOI for coverage under the new NPDES Multi-Sector General Permit, Los Alamos National Security (LANS) experienced significant problems with EPA's NeT NPDES eReporting Tool which resulted in certification of the NOI on September 3 and initial submission of a NOI with incomplete outfall attribute data and incorrect information. During this time LANS staff contacted EPA's NOI Processing Center for support and was given the recommendation to contact Region 6 personnel for further guidance. Per this direction, on September 1, 2015, Terrill Lemke left you a voicemail summarizing the issues and potential impacts of the difficulties experienced with the new electronic reporting system. For additional clarification, the following is a summary of the timeline of events associated with the NOI submission.

- Monday, August 31, 2015
  - Initiated NOI submission using the NeT NPDES eReporting Tool.

Mr. Brent Larsen  
ENV-DO-15-0309

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- As data was entered into each data field on the NOI form, the Tool was very slow in processing the data and allowing entry into the next field. This created a significant waiting time.
- Upon reaching the fields on the NOI form where outfall attribute data was entered the Tool began to randomly crash, repeatedly deleting all unsaved data.
- Tuesday, September 1, 2015
  - Tool continued to be very slow and randomly crash, repeatedly deleting all unsaved data.
  - For each outfall, when listing the constituents associated with impaired waters, the Tool's auto population feature initially displayed incorrect data which required additional editing and then eventually stopped functioning and caused the Tool to crash.
  - Much of the outfall attribute data had to be reentered multiple times before it was possible to successfully save it to the system.
  - After each save or Tool crash the eReporting Tool would close the NOI form. The time required for the Tool to repeatedly reopen the form made data entry very time consuming.
  - LANS staff contacted the EPA NOI Processing Center on the afternoon of Sept 1 for technical support:
    - NOI Processing Center staff stated that they had been "flooded" with calls over the past week on Tool problems.
    - LANS staff expressed their concern about the length of time being required to enter data and the potential inability to complete the NOI form by the Sept 2 deadline. No solution was available.
    - LANS staff explained the difficulty with entering outfall information for 73 outfalls and NOI Processing Center staff stated that they had received numerous calls on problems with entering outfall data and that some permittees couldn't even enter 20 outfalls.
    - NOI Processing Center staff recommended contacting Regional personnel to notify them of the situation and to seek additional guidance.
  - The eReporting Tool went down at approximately 3:30 pm MDT and remained down until after 9 pm MDT. This eliminated the opportunity to input data during normal business hours.
- Wednesday, September 2, 2015
  - Continued decrease in the performance of the eReporting Tool.
    - Increase in the time for the Tool to process information after entry of each item of data.
    - Increased frequency in the Tool crashing.
    - For each outfall, when listing the constituents associated with impaired waters, the form had to be saved after entry of each individual constituent. Entry of more than one constituent without saving would cause the Tool to crash.

Mr. Brent Larsen  
ENV-DO-15-0309

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- With the decreased performance of the eReporting Tool LANS staff contacted the EPA NOI Processing Center for direction and Processing Center staff stated the following:
  - They were aware of the problems with the Tool but could provide no solutions or technical direction.
  - They had been reporting daily to EPA on the problems and EPA was definitely aware of the issues.
  - When asked about taking the Tool down at 3:30 MDT on Sept. 1, staff stated that they thought the programmers may have taken the system down to assess the problems.
  - Stated again that they had received many calls about technical issues with the Tool.
  - The more data that was entered the slower the Tool would get.
  - When asked again about the possibility that LANS may not be able to get all information into the NOI, staff stated that LANS would be able to access the submitted NOI to modify/add data after the 30 day waiting period.
- eReporting Tool went down again at 3:30 pm MDT and did not come back up until after 10 pm MDT, again eliminating the opportunity to input data during normal business hours.
- The LANS NOI with all information except some remaining outfall attribute data was submitted by the Preparer at 10:50 pm MDT.
  - The LANS NOI certification signatory was prepared to certify the NOI at this time but didn't get notification that the NOI was ready for certification until 9:37 am MDT on Sept. 3, almost 11 hours later.
  - The NOI was certified on Sept 3, 2015.

Additionally, the NeT NPDES eReporting Tool did not provide dissolved Thallium as a constituent option, but only allowed the selection of total Thallium as an impaired water pollutant under a "Cause Group" when "Metals (other than Mercury)" was selected from the drop down menu. This resulted in LANS having to enter total Thallium as an impaired water pollutant in error for the following outfalls: 002, 005, 006, 007, 008, 009, 010, 011, 012, 016, 017, 018, 019, and 020. LANS appreciates any assistance you may have relative to the total Thallium vs. dissolved Thallium issue. During a subsequent quality assurance evaluation, LANS staff also determined that total Copper was erroneously entered as an impaired water pollutant for outfall 051 and needs to be deleted from the NOI.

LANS is committed to maintaining compliance with the MSGP requirements. Per Section B.12.H of the MSGP, the LANS NOI will be modified to include the remaining outfall attribute data that could not be included on the initial submission and to delete Copper as an impaired water pollutant for outfall 051. LANS coverage under the 2015 MSGP became effective on October 3, 2015, and with the NOI now accessible, actions to update the NOI have been initiated.



Mr. Brent Larsen  
ENV-DO-15-0309

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Any additional direction or guidance you may have would be appreciated. Please contact Terrill W. Lemke at (505) 665-2397 of the Environmental Compliance Programs (ENV-CP) if you have any questions.

Sincerely,



Anthony R. Grieggs  
Group Leader  
Environmental Compliance Programs (ENV-CP)  
Los Alamos National Security, LLC

ARG:MTS:TWL:HLW/lm

Cy: Nasim Jahan, USEPA/Region 6, Dallas, TX, (E-File)  
Bruce Yurdin, NMED/SWQB, Santa Fe, NM, (E-File)  
Gene E. Turner, LASO-NS-LP, (E-File)  
Jordan Arnsward, LASO-NS-PI, (E-File)  
Kirsten Laskey, EM-LA, (E-File)  
Craig Leasure, PADOPS, (E-File)  
Amy E. De Palma, PADOPS, (E-File)  
Michael T. Brandt, ADESH, (E-File)  
Raeanna Sharp-Geiger, ADESH, (E-File)  
Alison M. Dorries, ENV-DO, (E-File)  
Michael T. Saladen, ENV-CP, (E-File)  
Terrill W. Lemke, ENV-CP, (E-File)  
Holly L. Wheeler, ENV-CP, (E-File)  
Timothy A. Dolan, LC-ESH, (E-File)  
[lasomailbox@nnsa.doe.gov](mailto:lasomailbox@nnsa.doe.gov), (E-File)  
[locatesteam@lanl.gov](mailto:locatesteam@lanl.gov), (E-File)  
[env-correspondence@lanl.gov](mailto:env-correspondence@lanl.gov)

# **ENCLOSURE 4**

**Industrial Sites and Outfalls by Sector**

**ADESH-16-045**

**LA-UR-16-21721**

**Date:** MAR 22 2016

## Industrial Sites and Outfalls by Sector

Sector	Industrial Site	Monitored Outfalls	Substantially Identical Outfalls
A	TA-3-38 Carpenter Shop	073	074
AA	TA-3-38 Metals Fab Shop	002	N/A
AA	TA-3-39 & 102 Metal Shop	004	N/A
AA, F	TA-3-66 Sigma Complex	018	013 014 015 016 017 019
AA, F	TA-3-66 Sigma Complex	020	N/A
D	TA-60 Asphalt Batch Plant	043	N/A
K	TA-54 Area G	051	052
K	TA-54 Area G	072	070 071
K	TA-54 Area G	053	065 066
K	TA-54 Area G	069	059 058 057 056 055 054 067 068 060 061 062 063 064
K	TA-54 Area L	050	N/A
K	TA-54 RANT	047	048 046 045 044
N	TA-60 MRF	029	N/A

Sector	Industrial Site	Monitored Outfalls	Substantially Identical Outfalls
O	TA-3-22 Power & Steam Plant	005	006
O	TA-3-22 Power & Steam Plant	009	007 008 010
O	TA-3-22 Power & Steam Plant	012	011
P	TA-54 MFW	049	N/A
P	TA-60 Roads and Grounds	031	030
P	TA-60 Roads and Grounds	039	038 040
P	TA-60 Roads and Grounds	036	037
P	TA-60 Roads and Grounds	032	033 034 035
P	TA-60 Roads and Grounds	042	041
P	TA-60-1 Heavy Equipment Yard	022	021 023 024 025
P	TA-60-2 Warehouse	026	027 028
P	TA-60-2 Warehouse	075	N/A

N/A = Not Applicable



***Associate Director for ESH***

ADESH

P. O. Box 1663, MS K491

Los Alamos, New Mexico 87545

505-667-4218/Fax 505-665-3811

*Date:* **APR 25 2016**

*Symbol:* ADESH-16-053

*LAUR:* N/A

*Locates Action No.:* N/A

Mr. Ron Curry, Regional Administrator  
U.S. Environmental Protection Agency, Region 6  
1445 Ross Avenue, Suite 1200  
Mail Code: 6RA  
Dallas, TX 75202-2733

Dear Mr. Curry:

**SUBJECT: Notification of Los Alamos National Security, LLC Signatory Officials and Authorized Representatives for NPDES Permits**

The purpose of this letter is to provide an update to the U. S. Environmental Protection Agency (EPA) Region 6 on the Los Alamos National Security, LLC (LANS) delegation of authority for signature of documents associated with the various Los Alamos National Laboratory NPDES Permits, pursuant to 40 CFR 122.22(c). This letter supersedes and replaces the signatory authority letters dated July 17, 2013 (EP2013-0147) and August 14, 2013 (ADESH-13-041).

The positions of Associate Director and Deputy Associate Director of Environmental, Safety, and Health (ADESH) Directorate, and Division Leader of the Environmental Protection & Compliance Division (EPC-DO) are hereby identified as LANS's primary signatory officials under 40 CFR 122.22(a) for certifying and signing permit applications (including Notice of Intent (NOIs)) required under the LANL Industrial Point Source Outfall Permit (NPDES Permit No. NM0028355), the NPDES Storm Water Individual Permit (NPDES Permit No. NM0030759), the NPDES Storm Water Construction General Permit, the NPDES Multi-Sector General Permit (ID No. NMR053195), and the NPDES Pesticide General Permit (No. NMG87A041).

The following positions are hereby designated as authorized representatives under 40 CFR 122.22(b) to sign reports, Storm Water Pollution Prevention Plans, Discharge Monitoring Reports, Pesticide Discharge Management Plans, and any other compliance documentation required by the permits:

**NPDES Industrial Point Source Outfall Permit (No. NM0028355)**

- Positions listed as primary signatory officials above.
- Group Leader of the Environmental Compliance Programs Group.
- Responsible Facility Operations Director (FOD).

**NPDES Storm Water Individual Permit (No. NM0030759):**

- Positions listed as primary signatory officials above.
- Group Leader of the Environmental Compliance Programs Group.
- The Environmental Remediation Division Leader, Program Director, or Surface Water Program Manager.

**NPDES Construction General Permit:**

- Positions listed as primary signatory officials above.
- Group Leader of the Environmental Compliance Programs Group.
- Cognizant Project Manager, Construction Manager, or Subcontractor Technical Representative for the regulated construction activity.
- Responsible FOD; Deputy FOD; Operations Manager; or Deployed Environment, Safety, & Health Group Leader responsible for the overall operation of the regulated facility or construction activity.

**NPDES Multi-Sector General Permit (ID No. NMR053195)**

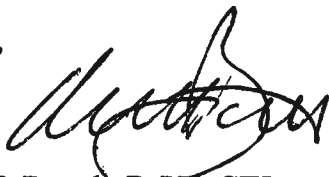
- Positions listed as primary signatory officials above.
- Group Leader of the Environmental Compliance Programs Group.
- Division Leader, Deputy Division Leader, or Group Leader of the LANL division responsible for the overall operation of the regulated facility or activity.
- Responsible FOD, Deputy FOD, Operations Manager, or Deployed Environment, Safety, & Health Manager responsible for the overall operation of the regulated facility or activity.

**NPDES Pesticide General Permit (No. NM687A041)**

- Positions listed as primary signatory officials above.
- Group Leader of the Environmental Compliance Programs Group.

Please contact John McCann, Acting Division Leader for the Environmental & Compliance Protection Division, at (505) 667-2211, if you have questions.

Sincerely,



Michael T. Brandt, DrPH, CIH  
Associate Director  
Environment, Safety & Health

MTB:TWL:MTS/lm

CY: Everett Spencer, USEPA, Region 6, Dallas, TX, (E-File)  
Brent E. Larsen, USEPA, Region 6, Dallas, TX, (E-File)

Cy (continued):

Gladys Gooden-Jackson, USEPA, Region 6, Dallas, TX, (E-File)

Bruce Yurdin, NMED/SWQB, Santa Fe, NM, (E-File)

Jody M. Pugh, NA-LA, (E-File)

Jordan Arnsward, NA-LA, (E-File)

Kirsten Laskey, EM-LA, (E-File)

David Rhodes, EM-SG, (E-File)

Craig S. Leisure, PADOPS, (E-File)

William R. Mairson, PADOPS, (E-File)

Raeanna Sharp-Geiger, ADESH (E-File)

John McCann, EPC-DO, (E-File)

Anthony R. Grieggs, EPC-CP, (E-File)

Michael T. Saladen, EPC-CP, (E-File)

Terrill W. Lemke, EPC-CP, (E-File)

Jacob W. Meadows, EPC-CP, (E-File)

Marc A. Bailey, EPC-CP, (E-File)

Deborah K. Woitte, LC-ESH, (E-File)

Tim Dolan, LC-ESH, (E-File)

Steve Veenis, ADEM-PO, (E-File)

[LASOmailbox@nnsa.doe.gov](mailto:LASOmailbox@nnsa.doe.gov), (E-File)

[Emla.docs@em.doe.gov](mailto:Emla.docs@em.doe.gov), (E-File)

[locatesteam@lanl.gov](mailto:locatesteam@lanl.gov), (E-File)

ADESH Correspondence File, (E-File)

[Epc-Correspondence@lanl.gov](mailto:Epc-Correspondence@lanl.gov), (E-File)

U1601141

**From:** [Medina, Louella B](#)  
**To:** [Spencer.everett@Epa.gov](#); [larsen.brent@epa.gov](#); [Gooden-Jackson.gladys@epa.gov](#); [Bruce.Yurdin@state.nm.us](#); [Pugh, Jody M](#); [Arnsward, Jordan](#); [Laskey, Kirsten McKean](#); [Rhodes, David](#); [Leasure, Craig Scott](#); [Mairson, William Raymond](#); [Sharp-Geiger, Raeanna Racine](#); [McCann, John Phillips](#); [Grieggs, Tony](#); [Saladen, Michael Thomas](#); [Lemke, Terrill W](#); [Meadows, Jacob William](#); [Bailey, Marc A](#); [Woitte, Deborah Kay](#); [Dolan, Timothy Aloysius](#); [Veenis, Steve](#); [lasomailbox@nnsa.doe.gov](#); [emla.docs@em.doe.gov](#); [locatesteam](#); [adesh-records@lanl.gov](#); [epc-correspondence@lanl.gov](#); [Martinez, Sandra](#); [Brandt, Michael Thomas](#)  
**Subject:** ADESH-16-053, Notification of Los Alamos National Security, LLC Signatory Officials and Authorized Representatives for NPDES Permits  
**Date:** Monday, April 25, 2016 8:23:08 AM  
**Attachments:** [ADESH-16-053-R Curry, Notification of Los Alamos National Security, LLC Signatory Officials and Authorized Representatives for NPDES Permits.pdf](#)

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Attached is the final distribution of ADESH-16-053, Notification of Los Alamos National Security, LLC Signatory Officials and Authorized Representatives for NPDES Permits.

USPS Tracking ID: ED442507151US

U1601141



## **APPENDIX D**

### **Non-Stormwater Discharge Certification**

NON-STORM WATER DISCHARGE TA-03-0022 Power Plant

Completed

by: Cliff Haintsche

ASSESSMENT AND CERTIFICATION

Title: DEPDate: 8/25/15

Date of Evaluation	Outfall Directly Observed During the Test (Location)	Identify Potential Significant Sources of Non-Storm Water	Method Used to Test or Evaluate Discharge	Is Non-Storm Water Present?	How Often?	Describe Results from Test for the Presence of Non-Storm Water Discharge
8/25/15	005	None	Visual	No	N/A	Negative
8/25/15	009	None	Visual	No	N/A	Negative
8/25/15	012	None	Visual	No	N/A	Negative

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 assure 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 completed. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name &amp;

Official

Title: Russell Stone Est. Manager (UI FOI)Signature: Russell StoneDate Signed: 8/25/2015

## **APPENDIX E**

### **SWPPP Amendment Log**

## SWPPP AMENDMENT TRACKING LOG

[illegible]

## **APPENDIX F**

### **Facility Inspections:**

Inspection Forms and Completed Reports for:  
Monthly Routine Inspections  
Quarterly Visual Assessments  
Annual Reports

Name of Facility: TA-3-22 Power Plant		Responsible FOD (Name & Organization): Utilities & Institutional Facilities, Andy Erickson	
Qualified Inspector(s): Cliff Haintschel CISEC Others Present: Paul A. Montoya		Inspection type: <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other monthly	Date of Inspection (MM/DD/YYYY): October 19, 2015 Time of Inspection: 2:00 PM

Weather: ☒ Clear ☐ Cloudy ☐ Rain ☐ Sleet ☐ Fog ☐ Snow ☐ High Winds ☐ Other:  
Temperature: 80 F Is Inspection Being Conducted During a Storm Water Discharge? ☐ Yes ☒ No

#	Structural Control Measures (BMP)s	Location	Operating Effectively (Yes or No)?	If No, Need to Maintain (M), Repair (R) or Replace (RP)?	Corrective Action Needed and Notes (Identify needed maintenance and repairs, or any failed control measures that need replacement)
1.	Gravel Bags	Drop Inlet SW corner 3-22	Y		6. Replaced gravel bag 8. Repositioned existing tarp and ordered new tarp 10. Removed sediment from Eco Blocks
2.	Gravel Bags & Eco Blocks @ Culvert Inlet at Road	East Side	Y		
3.	Oil Pad at Generator Vent	East Side of 3-22	Y		
4.	Rock Run Down	East of 336	Y		
5.	Gravel Bags & Eco Blocks	Around 336	Y		
6.	Gravel Bags at Asphalt Berm	S of 3-22	Y		
7.	Straw Waddles & Gravel Bags	S of Turbine	Y		
8.	Tarps on Metals	E of 3-22	Y		
9.	Gravel Bags	S of 336	Y		
10.	Eco Blocks	N of 3-22	Y		
11.					
12.					

Were additional BMPs or Control Measures implemented? ☐ Yes ☒ No Describe: NA

Were previously identified conditions corrected before the next anticipated storm event? ☒ Yes ☐ No If No, describe reason:

Area/Activity (Areas of Industrial Materials or Activities Exposed to Storm Water)	Inspected?	Controls Adequate?	Corrective Action Needed and Notes (List area letter with comments below)
A. Material loading/unloading & storage areas	Y	Y	E. Obtained covered metal dumpster
B. Equipment operations & maintenance areas	Y	Y	
C. Fueling Areas	Y	Y	
D. Outfalls	Y	Y	
E. Waste Handling & disposal areas	Y	Y	
F. Erodible areas / construction	Y	Y	
G.			

Are the SWPP Plan maintenance, schedules and procedures being implemented at the facility? ☒ Yes ☐ No

Were any Corrective Actions initiated or completed? ☒ Yes ☐ No CAR 689 completed.

Are there any conditions requiring Corrective Action? ☒ Yes ☐ No If Yes, List Number of Corrective Actions Required:

**Non-Compliance**

Describe any incidents of non-compliance and/or need for corrective action observed and not described above: None

**Additional Control Measures**

Describe any additional control measures needed to comply with the permit requirements: None

**Notes**

Use this space for any additional notes or observations from the inspection:

Inspector's Signature and date:

Cliff Kuntz

10/26/15

**CERTIFICATION STATEMENT**

"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 assure that qualified personnel properly gathered and evaluated 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."

Print name and title: Philbert R. Romero U&I FOD/ADMIS Group Leader

Signature: Russell Stone

Digitally signed by Russell Stone  
DN: cn=Russell Stone, o=DSESH-UI, ou=ADESH,  
email=rdstone@lanl.gov, c=US  
Date: 2015.10.27 15:35:50 -06'00'

Date: \_\_\_\_\_

Name of Facility: TA-3-22 Power Plant		Responsible FOD (Name & Organization): Utilities & Institutional Facilities, Andy Erickson	
Qualified Inspector(s): Cliff Heintschel CISEC Others Present: Paul A. Montoya		Inspection type: <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other monthly	Date of inspection (MM/DD/YYYY): November 19, 2015 Time of inspection: 2:00 PM

Weather: ☒ Clear ☐ Cloudy ☐ Rain ☐ Sleet ☐ Fog ☐ Snow ☐ High Winds ☐ Other:  
Temperature: 50 F Is inspection Being Conducted During a Storm Water Discharge? ☐ Yes ☒ No

#	Structural Control Measures (BMP)s	Location	Operating Effectively (Yes or No)?	If No, Need to Maintain (M), Repair (R) or Replace (RP)?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
1.	Gravel Bags	Drop Inlet SW corner 3-22	Y		8. Installed new tarp
2.	Gravel Bags & Eco Blocks @ Culvert Inlet at Road	East Side	Y		
3.	Oil Pad at Generator Vent	East Side of 3-22	Y		
4.	Rock Run Down	East of 336	Y		
5.	Gravel Bags & Eco Blocks	Around 336	Y		
6.	Gravel Bags at Asphalt Berm	S of 3-22	Y		
7.	Straw Waddles & Gravel Bags	S of Turbine	Y		
8.	Tarps on Metals	E of 3-22	Y		
9.	Gravel Bags	S of 336	Y		
10.	Eco Blocks	N of 3-22	Y		
11.					
12.					

Were additional BMPs or Control Measures implemented? ☐ Yes ☒ No Describe: NA

Were previously identified conditions corrected before the next anticipated storm event? ☒ Yes ☐ No If No, describe reason:

Area/Activity (Areas of Industrial Materials or Activities Exposed to Storm Water)	Inspected?	Controls Adequate?	Corrective Action Needed and Notes (List area letter with comments below)
A. Material loading/unloading & storage areas	Y	Y	ALL OK
B. Equipment operations & maintenance areas	Y	Y	
C. Fueling Areas	Y	Y	
D. Outfalls	Y	Y	
E. Waste Handling & disposal areas	Y	Y	
F. Erodible areas / construction	Y	Y	
G.			

Are the SWPP Plan maintenance, schedules and procedures being implemented at the facility? ☒ Yes ☐ No

Were any Corrective Actions Initiated or completed? ☐ Yes ☒ No

Are there any conditions requiring Corrective Action? ☐ Yes ☒ No If Yes, List Number of Corrective Actions Required:



**Non-Compliance**

Describe any incidents of non-compliance and/or need for corrective action observed and not described above: NONE

**Additional Control Measures**

Describe any additional control measures needed to comply with the permit requirements: NONE

**Notes**

Use this space for any additional notes or observations from the inspection: NONE

Inspector's Signature and date:

*Cliff Hentrich*

11/20/15

**CERTIFICATION STATEMENT**

"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 assure that qualified personnel properly gathered and evaluated 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."

Print name and title: Russell Stone DSESH-UI Group Leader

Signature:

*Russell Stone*

Date:

11/20/2015

<b>Name of Facility:</b> TA-3-22 Power Plant	<b>Responsible FOD (Name &amp; Organization):</b> Utilities & Institutional Facilities, Andy Erickson	
<b>Qualified Inspector(s):</b> Cliff Heintschel CISEC <b>Others Present:</b> Paul A. Montoya	<b>Inspection type:</b> <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other monthly	<b>Date of inspection (MM/DD/YYYY):</b> December 03, 2015  <b>Time of inspection:</b> 9:00 AM

Weather: ☒ Clear ☐ Cloudy ☐ Rain ☐ Sleet ☐ Fog ☐ Snow ☐ High Winds ☐ Other:  
 Temperature: 40 F

Is Inspection Being Conducted During a Storm Water Discharge? ☐ Yes ☒ No

#	Structural Control Measures (BMP)s	Location	Operating Effectively (Yes or No)?	If No, Need to Maintain (M), Repair (R) or Replace (RP)?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
1.	Gravel Bags	Drop Inlet SW corner 3-22	Y		All ok
2.	Gravel Bags & Eco Blocks @ Culvert Inlet at Road	East Side	Y		
3.	Oil Pad at Generator Vent	East Side of 3-22	Y		
4.	Rock Run Down	East of 336	Y		
5.	Gravel Bags & Eco Blocks	Around 336	Y		
6.	Gravel Bags at Asphalt Berm	S of 3-22	Y		
7.	Straw Waddies & Gravel Bags	S of Turbine	Y		
8.	Tarps on Metals	E of 3-22	Y		
9.	Gravel Bags	S of 336	Y		
10.	Eco Blocks	N of 3-22	Y		
11.					
12.					

Were additional BMPs or Control Measures implemented? ☐ Yes ☒ No Describe: NA

Were previously identified conditions corrected before the next anticipated storm event? ☒ Yes ☐ No If No, describe reason:

Area/Activity <small>(Areas of Industrial Materials or Activities Exposed to Storm Water)</small>	Inspected?	Controls Adequate?	Corrective Action Needed and Notes (List area letter with comments below)
A. Material loading/unloading & storage areas	Y	Y	ALL OK
B. Equipment operations & maintenance areas	Y	Y	
C. Fueling Areas	Y	Y	
D. Outfalls	Y	Y	
E. Waste Handling & disposal areas	Y	Y	
F. Erodible areas / construction	Y	Y	
G.			

Are the SWPP Plan maintenance, schedules and procedures being implemented at the facility? ☒ Yes ☐ No

Were any Corrective Actions Initiated or completed? ☐ Yes ☒ No

Are there any conditions requiring Corrective Action? ☐ Yes ☒ No If Yes, List Number of Corrective Actions Required:

Non-Compliance

Describe any incidents of non-compliance and/or need for corrective action observed and not described above: NONE

**Additional Control Measures**

Describe any additional control measures needed to comply with the permit requirements: NONE

**Notes**

Use this space for any additional notes or observations from the inspection: NONE

Inspector's Signature and date:

*Cliff Hentschel*

12/7/15

**CERTIFICATION STATEMENT**

"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 assure that qualified personnel properly gathered and evaluated 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."

Print name and title: Russell Stone DSESH-UI Group Leader

Signature:

*Russell Stone*

Date:

12/7/2015

## Stormwater Industrial Routine Facility Inspection Report

General Information			
Facility Name	Power and Steam Plant		
NPDES Tracking No.	NMR05000		
Date of Inspection	Jan. 26, 2016	Start/End Time	9:00 AM/9:30 AM
Inspector's Name(s)	Cliff Heintschel		
Inspector's Title(s)	Deployed Environmental Professional		
Inspector's Contact Information	699-1605		
Inspector's Qualifications	CISEC		
Weather Information			
<b>Weather at time of this inspection?</b> <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snow <input type="checkbox"/> High Winds <input type="checkbox"/> Other:                      Temperature: 35 F			
<b>Have any previously unidentified discharges of pollutants occurred since the last inspection?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:			
<b>Are there any discharges occurring at the time of inspection?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:			

### Control Measures

- Number the structural stormwater control measures identified in your SWPPP on your site map and list them below (add as many implemented on-site). Carry a copy of the numbered site map with you during your inspections. This list will ensure that you are i. control measures at your facility.
- Describe corrective actions initiated, date completed, and note the person that completed the work in the Corrective Action Log.

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
1	Gravel bags, eco-bloks @culvert inlet	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
2	Oil pad @ generator vent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
3	Rock run down E. of 336	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
4	Gravel bags, eco-bloks around 336	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
5	Gravel bags @ SW corner of 3-22	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
6	Gravel bags @ asphalt berm	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
7	Straw waddles & gravel bags S of turbine	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
8	Tarps on metals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
9	Outfalls 005 & 006	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
10	Outfalls 007, 008, 009 & 010	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
11	Outfalls 011 & 012	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
12		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	

**Areas of Industrial Materials or Activities exposed to stormwater**

*Below are some general areas that should be assessed during routine inspections. Customize this list as needed for the specific types of activities at your facility.*

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
1	Material loading/unloading and storage areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2	Equipment operations and maintenance areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3	Fueling areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	Outdoor vehicle and equipment washing areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	Waste handling and disposal areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Erodible areas/construction	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	Non-stormwater/ illicit connections	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8	Salt storage piles or pile containing salt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9	Dust generation and vehicle tracking	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes

#### Non-Compliance

Describe any incidents of non-compliance observed and not described above:

Additional Control Measures

Describe any additional control measures needed to comply with the permit requirements:

## Notes

Use this space for any additional notes or observations from the inspection:

### CERTIFICATION STATEMENT

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the requirements of applicable law, and I am a duly sworn member of the law enforcement agency of the State of California, and I assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who provided the information, the information submitted is, to the best of my knowledge and belief, true and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for those who knowingly provide false information."



Print name and title: Russell Stone DESHS-UIS Group Leader

Signature: Russell Stone Date: 2/25/2016

## Stormwater Industrial Routine Facility Inspection Report

General Information			
Facility Name	Power and Steam Plant		
NPDES Tracking No.	NMR05000		
Date of Inspection	Feb. 16, 2016	Start/End Time	1:30 PM/2:00 PM
Inspector's Name(s)	Cliff Heintschel		
Inspector's Title(s)	Deployed Environmental Professional		
Inspector's Contact Information	699-1605		
Inspector's Qualifications	CISEC		
Weather Information			
<b>Weather at time of this inspection?</b> <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snow <input type="checkbox"/> High Winds <input type="checkbox"/> Other:                      Temperature: 50 F			
<b>Have any previously unidentified discharges of pollutants occurred since the last inspection?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:			
<b>Are there any discharges occurring at the time of inspection?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:			

### Control Measures

- Number the structural stormwater control measures identified in your SWPPP on your site map and list them below (add as many control measures as are implemented on-site). Carry a copy of the numbered site map with you during your inspections. This list will ensure that you are inspecting all required control measures at your facility.
- Describe corrective actions initiated, date completed, and note the person that completed the work in the Corrective Action Log.

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
1	Gravel bags, eco-bloks @culvert inlet	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
2	Oil pad @ generator vent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
3	Rock run down E. of 336	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
4	Gravel bags, eco-bloks around 336	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
5	Gravel bags @ SW corner of 3-22	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
6	Gravel bags @ asphalt berm	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
7	Straw waddles & gravel bags S of turbine	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair	Gravel bags and waddles torn by snow plows. CA # 873

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
			<input checked="" type="checkbox"/> Replacement	
8	Tarps on metals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
9	Outfalls 005 & 006	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
10	Outfalls 007, 008, 009 & 010	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
11	Outfalls 011 & 012	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
12		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	

**Areas of Industrial Materials or Activities exposed to stormwater**

*Below are some general areas that should be assessed during routine inspections. Customize this list as needed for the specific types of industrial materials or activities at your facility.*

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
1	Material loading/unloading and storage areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2	Equipment operations and maintenance areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3	Fueling areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	Outdoor vehicle and equipment washing areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	Waste handling and disposal areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Erodible areas/construction	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	Non-stormwater/ illicit connections	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8	Salt storage piles or pile containing salt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
9	Dust generation and vehicle tracking	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

#### Non-Compliance

Describe any incidents of non-compliance observed and not described above:

#### Additional Control Measures

Describe any additional control measures needed to comply with the permit requirements:

### Notes

Use this space for any additional notes or observations from the inspection: Need to clean sediment in front of gravel bags.

### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated 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."

Print name and title: Russell Stone DESKS-UIS GL

Signature: Russell Stone Date: 2/17/2016

## Stormwater Industrial Routine Facility Inspection Report

General Information			
Facility Name	Power and Steam Plant		
NPDES Tracking No.	NMR05000		
Date of Inspection	March 15, 2016	Start/End Time	2:30 PM/3:00 PM
Inspector's Name(s)	Cliff Heintschel		
Inspector's Title(s)	Deployed Environmental Professional		
Inspector's Contact Information	699-1605		
Inspector's Qualifications	CISEC		
Weather Information			
<b>Weather at time of this inspection?</b> <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snow <input type="checkbox"/> High Winds <input type="checkbox"/> Other:                      Temperature: 50 F			
<b>Have any previously unidentified discharges of pollutants occurred since the last inspection?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:			
<b>Are there any discharges occurring at the time of inspection?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:			

### Control Measures

- Number the structural stormwater control measures identified in your SWPPP on your site map and list them below (add as many control measures as are implemented on-site). Carry a copy of the numbered site map with you during your inspections. This list will ensure that you are inspecting all required control measures at your facility.
- Describe corrective actions initiated, date completed, and note the person that completed the work in the Corrective Action Log.

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
1	Gravel bags, eco-bloks @culvert inlet	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
2	Oil pad @ generator vent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
3	Rock run down E. of 336	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
4	Gravel bags, eco-bloks around 336	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
5	Gravel bags @ SW corner of 3-22	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
6	Gravel bags @ asphalt berm	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
7	Straw waddles & gravel bags S of turbine	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement	
8	Tarps on metals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
9	Outfalls 005 & 006	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
10	Outfalls 007, 008, 009 & 010	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
11	Outfalls 011 & 012	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
12		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	

**Areas of Industrial Materials or Activities exposed to stormwater**

*Below are some general areas that should be assessed during routine inspections. Customize this list as needed for the specific types of industrial materials or activities at your facility.*

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
1	Material loading/unloading and storage areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2	Equipment operations and maintenance areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3	Fueling areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	Outdoor vehicle and equipment washing areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	Waste handling and disposal areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Erodible areas/construction	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	Non-stormwater/ illicit connections	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8	Salt storage piles or pile containing salt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9	Dust generation and vehicle tracking	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	



	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes

**Non-Compliance**

Describe any incidents of non-compliance observed and not described above:

**Additional Control Measures**

Describe any additional control measures needed to comply with the permit requirements: **Replaced a couple of tarps and cleaned out sediment building up in front of gravel bags.**

**Notes**

Use this space for any additional notes or observations from the inspection: Need to clean sediment in front of gravel bags.

**CERTIFICATION STATEMENT**

"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 assure that qualified personnel properly gathered and evaluated 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."

Print name and title: Russell Stone, DESHS-UIS Group Leader

Signature: Russell Stone Digitally signed by Russell Stone  
DN: cn=Russell Stone, o=DSESH-UI, ou=ADESH,  
email=rdstone@fani.gov, c=US  
Date: 2016.04.20 08:34:57 -0600 Date: 4/20/2016

## Stormwater Industrial Routine Facility Inspection Report

General Information			
Facility Name	Power and Steam Plant		
NPDES Tracking No.	NMR05000		
Date of Inspection	April 20, 2016	Start/End Time	9:00 AM / 9:30 AM
Inspector's Name(s)	Cliff Heintschel		
Inspector's Title(s)	Deployed Environmental Professional		
Inspector's Contact Information	699-1605		
Inspector's Qualifications	CISEC		
Weather Information			
<b>Weather at time of this inspection?</b> <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snow <input type="checkbox"/> High Winds <input type="checkbox"/> Other:                                      Temperature: 50 F			
<b>Have any previously unidentified discharges of pollutants occurred since the last inspection?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:			
<b>Are there any discharges occurring at the time of inspection?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:			

### Control Measures

- Number the structural stormwater control measures identified in your SWPPP on your site map and list them below (add as many control measures as are implemented on-site). Carry a copy of the numbered site map with you during your inspections. This list will ensure that you are inspecting all required control measures at your facility.
- Describe corrective actions initiated, date completed, and note the person that completed the work in the Corrective Action Log.

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
1	Gravel bags, eco-bloks @culvert inlet	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
2	Oil pad @ generator vent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
3	Rock run down E. of 336	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
4	Gravel bags, eco-bloks around 336	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
5	Gravel bags @ SW corner of 3-22	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
6	Gravel bags @ asphalt berm	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
7	Straw waddles & gravel bags S of turbine	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
8	Tarps on metals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
9	Outfalls 005 & 006	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
10	Outfalls 007, 008, 009 & 010	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
11	Outfalls 011 & 012	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
12		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	

**Areas of Industrial Materials or Activities exposed to stormwater**

*Below are some general areas that should be assessed during routine inspections. Customize this list as needed for the specific types of industrial materials or activities at your facility.*

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
1	Material loading/unloading and storage areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2	Equipment operations and maintenance areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3	Fueling areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	Outdoor vehicle and equipment washing areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	Waste handling and disposal areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6	Erodible areas/construction	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7	Non-stormwater/ illicit connections	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8	Salt storage piles or pile containing salt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9	Dust generation and vehicle tracking	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes

**Non-Compliance**

Describe any incidents of non-compliance observed and not described above: NONE

**Additional Control Measures**

Describe any additional control measures needed to comply with the permit requirements: <b>NONE</b>
---

**Notes**

Use this space for any additional notes or observations from the inspection: <b>NONE</b>
--

**CERTIFICATION STATEMENT**

“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 assure that qualified personnel properly gathered and evaluated 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.”



Print name and title: Russell Stone, Group Leader DESHS-UIS

Signature: Russell Stone Digitally signed by Russell Stone  
DN: cn=Russell Stone, o=DSESH-UI, ou=ADESH,  
email=rdstone@lanl.gov, c=US  
Date: 2016.05.12 12:13:49 -06'00'

Date: May 12, 2016

## Stormwater Industrial Routine Facility Inspection Report

General Information			
Facility Name	Power and Steam Plant		
NPDES Tracking No.	NMR05000		
Date of Inspection	May 19, 2016	Start/End Time	10:00 AM / 10:30 AM
Inspector's Name(s)	Cliff Heintschel		
Inspector's Title(s)	Deployed Environmental Professional		
Inspector's Contact Information	699-1605		
Inspector's Qualifications	CISEC		
Weather Information			
<b>Weather at time of this inspection?</b> <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snow <input type="checkbox"/> High Winds <input type="checkbox"/> Other:                                      Temperature: 60 F			
<b>Have any previously unidentified discharges of pollutants occurred since the last inspection?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:			
<b>Are there any discharges occurring at the time of inspection?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:			

### Control Measures

- Number the structural stormwater control measures identified in your SWPPP on your site map and list them below (add as many control measures as are implemented on-site). Carry a copy of the numbered site map with you during your inspections. This list will ensure that you are inspecting all required control measures at your facility.
- Describe corrective actions initiated, date completed, and note the person that completed the work in the Corrective Action Log.

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
1	Gravel bags, eco-bloks @culvert inlet	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
2	Oil pad @ generator vent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
3	Rock run down E. of 336	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
4	Gravel bags, eco-bloks around 336	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
5	Gravel bags @ SW corner of 3-22	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
6	Gravel bags @ asphalt berm	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
7	Straw waddles & gravel bags S of turbine	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
8	Tarps on metals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
9	Outfalls 005 & 006	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
10	Outfalls 007, 008, 009 & 010	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
11	Outfalls 011 & 012	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
12		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	

**Areas of Industrial Materials or Activities exposed to stormwater**

*Below are some general areas that should be assessed during routine inspections. Customize this list as needed for the specific types of industrial materials or activities at your facility.*

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
1	Material loading/unloading and storage areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2	Equipment operations and maintenance areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3	Fueling areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	Outdoor vehicle and equipment washing areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	Waste handling and disposal areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6	Erodible areas/construction	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7	Non-stormwater/ illicit connections	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8	Salt storage piles or pile containing salt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9	Dust generation and vehicle tracking	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes

**Non-Compliance**

Describe any incidents of non-compliance observed and not described above: NONE

**Additional Control Measures**

Describe any additional control measures needed to comply with the permit requirements: **NONE**

**Notes**

Use this space for any additional notes or observations from the inspection: **NONE**

**CERTIFICATION STATEMENT**

"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 assure that qualified personnel properly gathered and evaluated 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."

Print name and title: Russell Stone, GL DESHS-UIS

Signature: Russell Stone

Digitally signed by Russell Stone  
DN: cn=Russell Stone, o=DESH-UI, ou=ADESH,  
email=rdstone@lanl.gov, c=US  
Date: 2016.06.23 16:22:36 -0600

Date: June 23, 2016

## Stormwater Industrial Routine Facility Inspection Report

General Information			
Facility Name	Power and Steam Plant		
NPDES Tracking No.	NMR05000		
Date of Inspection	June 16, 2016	Start/End Time	10:00 AM / 10:30 AM
Inspector's Name(s)	Cliff Heintschel		
Inspector's Title(s)	Deployed Environmental Professional		
Inspector's Contact Information	699-1605		
Inspector's Qualifications	CISEC		
Weather Information			
<b>Weather at time of this inspection?</b> <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snow <input type="checkbox"/> High Winds <input type="checkbox"/> Other:                      Temperature: 75 F			
<b>Have any previously unidentified discharges of pollutants occurred since the last inspection?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:			
<b>Are there any discharges occurring at the time of inspection?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:			

### Control Measures

- Number the structural stormwater control measures identified in your SWPPP on your site map and list them below (add as many control measures as are implemented on-site). Carry a copy of the numbered site map with you during your inspections. This list will ensure that you are inspecting all required control measures at your facility.
- Describe corrective actions initiated, date completed, and note the person that completed the work in the Corrective Action Log.

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
1	Gravel bags, eco-bloks @culvert inlet	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
2	Oil pad @ generator vent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	



	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
3	Rock run down E. of 336	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
4	Gravel bags, eco-bloks around 336	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
5	Gravel bags @ SW corner of 3-22	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
6	Gravel bags @ asphalt berm	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
7	Straw waddles & gravel bags S of turbine	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
8	Tarps on metals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
9	Outfalls 005 & 006	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
10	Outfalls 007, 008, 009 & 010	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
11	Outfalls 011 & 012	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
12		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	

**Areas of Industrial Materials or Activities exposed to stormwater**

*Below are some general areas that should be assessed during routine inspections. Customize this list as needed for the specific types of industrial materials or activities at your facility.*

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
1	Material loading/unloading and storage areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2	Equipment operations and maintenance areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3	Fueling areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	Outdoor vehicle and equipment washing areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	Waste handling and disposal areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6	Erodible areas/construction	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7	Non-stormwater/ illicit connections	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8	Salt storage piles or pile containing salt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9	Dust generation and vehicle tracking	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes

**Non-Compliance**

Describe any incidents of non-compliance observed and not described above: NONE

**Additional Control Measures**

Describe any additional control measures needed to comply with the permit requirements: **NONE**

**Notes**

Use this space for any additional notes or observations from the inspection: **NONE**

**CERTIFICATION STATEMENT**

"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 assure that qualified personnel properly gathered and evaluated 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."

Print name and title: Russell Stone, GL DESHS-UIS

Signature: Russell Stone

Digitally signed by Russell Stone  
DN: cn=Russell Stone, o=DSESH-UI,  
ou=ADESH, email=rdstone@lanl.gov, c=US  
Date: 2016.06.28 07:09:03 -06'00'

Date: June 28, 2016

## Stormwater Industrial Routine Facility Inspection Report

General Information			
Facility Name	Power and Steam Plant		
NPDES Tracking No.	NMR05000		
Date of Inspection	July 26, 2016	Start/End Time	2:00 AM / 2:30 AM
Inspector's Name(s)	Cliff Heintschel		
Inspector's Title(s)	Deployed Environmental Professional		
Inspector's Contact Information	699-1605		
Inspector's Qualifications	CISEC		
Weather Information			
<b>Weather at time of this inspection?</b> <input type="checkbox"/> Clear <input checked="" type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snow <input type="checkbox"/> High Winds <input type="checkbox"/> Other:                                      Temperature: 80F			
<b>Have any previously unidentified discharges of pollutants occurred since the last inspection?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:			
<b>Are there any discharges occurring at the time of inspection?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:			

### Control Measures

- Number the structural stormwater control measures identified in your SWPPP on your site map and list them below (add as many control measures as are implemented on-site). Carry a copy of the numbered site map with you during your inspections. This list will ensure that you are inspecting all required control measures at your facility.
- Describe corrective actions initiated, date completed, and note the person that completed the work in the Corrective Action Log.

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
1	Gravel bags, eco-bloks @culvert inlet	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
2	Oil pad @ generator vent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
3	Rock run down E. of 336	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
4	Gravel bags, eco-bloks around 336	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
5	Gravel bags @ SW corner of 3-22	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
6	Gravel bags @ asphalt berm	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
7	Straw waddles & gravel bags S of turbine	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
8	Tarps on metals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
9	Outfalls 005 & 006	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
10	Outfalls 007, 008, 009 & 010	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
11	Outfalls 011 & 012	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
12		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	

**Areas of Industrial Materials or Activities exposed to stormwater**

*Below are some general areas that should be assessed during routine inspections. Customize this list as needed for the specific types of industrial materials or activities at your facility.*

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
1	Material loading/unloading and storage areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2	Equipment operations and maintenance areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3	Fueling areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	Outdoor vehicle and equipment washing areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	Waste handling and disposal areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6	Erodible areas/construction	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7	Non-stormwater/ illicit connections	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8	Salt storage piles or pile containing salt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9	Dust generation and vehicle tracking	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	



	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes

**Non-Compliance**

Describe any incidents of non-compliance observed and not described above: Copper and Thallium exceedances at outfall.

**Additional Control Measures**

Describe any additional control measures needed to comply with the permit requirements: **Need to place Metalloxx in drain areas of non compliance.**

**Notes**

Use this space for any additional notes or observations from the inspection: NONE

**CERTIFICATION STATEMENT**

"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 assure that qualified personnel properly gathered and evaluated 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."

Print name and title: Russell Stone, GL DESHS-UIS

Signature: Russell Stone Digitally signed by Russell Stone  
DN: cn=Russell Stone, o=DSESH-UI,  
ou=ADESH, email=rdstone@lanl.gov, c=US  
Date: 2016.08.30 13:05:14 -0600 Date: 8/30/2016

## Stormwater Industrial Routine Facility Inspection Report

General Information			
Facility Name	Power and Steam Plant		
NPDES Tracking No.	NMR05000		
Date of Inspection	July 19, 2016 Aug 30	Start/End Time	9:00 AM / 9:30 AM
Inspector's Name(s)	Cliff Heintschel		
Inspector's Title(s)	Deployed Environmental Professional		
Inspector's Contact Information	699-1605		
Inspector's Qualifications	CISEC		
Weather Information			
Weather at time of this inspection? <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snow <input type="checkbox"/> High Winds <input type="checkbox"/> Other:                      Temperature: 70 F			
Have any previously unidentified discharges of pollutants occurred since the last inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:			
Are there any discharges occurring at the time of inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:			

### Control Measures

- Number the structural stormwater control measures identified in your SWPPP on your site map and list them below (add as many control measures as are implemented on-site). Carry a copy of the numbered site map with you during your inspections. This list will ensure that you are inspecting all required control measures at your facility.
- Describe corrective actions initiated, date completed, and note the person that completed the work in the Corrective Action Log.

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
1	Gravel bags, eco-blocs @culvert inlet	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
2	Oil pad @ generator vent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	

	<b>Structural Control Measure</b>	<b>Control Measure is Operating Effectively?</b>	<b>If No, In Need of Maintenance, Repair, or Replacement?</b>	<b>Corrective Action Needed and Notes</b> (identify needed maintenance and repairs, or any failed control measures that need replacement)
3	Rock run down E. of 336	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
4	Gravel bags, eco-bloks around 336	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
5	Gravel bags @ SW corner of 3-22	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
6	Gravel bags @ asphalt berm	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
7	Straw waddles & gravel bags S of turbine	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
8	Tarps on metals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
9	Outfalls 005 & 006	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
10	Outfalls 007, 008, 009 & 010	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
11	Outfalls 011 & 012	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
12	Metal Loxx at drains leading to outfalls 009 & 005.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	

**Areas of Industrial Materials or Activities exposed to stormwater**

*Below are some general areas that should be assessed during routine inspections. Customize this list as needed for the specific types of industrial materials or activities at your facility.*

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
1	Material loading/unloading and storage areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2	Equipment operations and maintenance areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3	Fueling areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	Outdoor vehicle and equipment washing areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	Waste handling and disposal areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6	Erodible areas/construction	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7	Non-stormwater/ illicit connections	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8	Salt storage piles or pile containing salt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9	Dust generation and vehicle tracking	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes

**Non-Compliance**

Describe any incidents of non-compliance observed and not described above: NONE

**Additional Control Measures**

Describe any additional control measures needed to comply with the permit requirements: NONE

#### Notes

Use this space for any additional notes or observations from the inspection: The Metal Loxx waddles are already showing wear as they already have holes in some of the waddles.

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated 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."



Print name and title: Russell Stone, GL DESHS-UIS

Signature: Russell Stone

Digitally signed by Russell Stone  
DN: cn=Russell Stone, o=DESHS-UIS,  
ou=ADESHS, email=rdstone@land.gov, c=US  
Date: 2016.08.29.15:44:33 -0400

Date: 8/29/2016

## Maintenance Details

**Requested:** 9/6/2016 12:05:21 PM  
**Procedure:** MSGP Stormwater  
 Industrial Routine Facility  
 Inspection (EPC-CP-Form-  
 1020.1)

**Target:** 9/30/2016  
**Priority/Type:** Normal / Inspection  
**Department:** Utilities and  
 Infrastructure

 MSGP Program  
 RG121.9  
 TA-3-22 Power & Steam Plant

**Last PM:** N/A  
**Project:** Monthly Routine  
 Inspections 9-6-16  
 (P-MSGP-5119)

*Inspection:*  
 9/20/16  
 9:00 - 11:00 a.m.

**Contact:**  
**Phone:**

**Reason:** MSGP Stormwater Industrial Routine Facility Inspection

**Monitoring Period:**

**Odor:**

**Clarity:**

**Settled Solids:**

**Suspended Solids:**

**Special Instructions:** NMR053195

## Tasks

#	Description	Rating	Meas.	Initials	Failed	N/A	Complete
<b>Weather Information</b>							
	Describe the weather at time of inspection in the Weather lookup table. If "Other" is chosen, provide description in task comments of this line. Document the temperature (F°) in the "Reading" field of this line.						
20		68° F	Cloudy		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Within the Facility Boundary</b>							
40	Is the facility free of new discharges of pollutants that have occurred since the last inspection? If "Failed", describe:				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	If "Failed" has a CAR been previously initiated for this new discharge? (Range: 0 - 0)				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
60	Is the facility free of discharge of pollutants at the time of inspection? If "Failed" describe: (Range: 0 - 0)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Is the facility free of evidence of, or the potential for, pollutants entering the drainage system. If "Failed" describe: (Range: 0 - 0)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Outfall Inspection needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comment)</b>							
90	<b>Monitored Outfall [005]</b> Free of Evidence of Erosion? (Range: 0 - 0)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
100	<b>Monitored Outfall [005]</b> Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
110	<b>Monitored Outfall [005]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	<b>Monitored Outfall [009]</b> Free of Evidence of Erosion? (Range: 0 - 0)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	<b>Monitored Outfall [009]</b> Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
140					<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	<b>Monitored Outfall [009]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)					
150	<b>Monitored Outfall [012]</b> Free of Evidence of Erosion? (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
160	<b>Monitored Outfall [012]</b> Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
170	<b>Monitored Outfall [012]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
180	<b>Substantially Identical Outfall [006]</b> Free of Evidence of Erosion? (Range: 0 - 0)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
190	<b>Substantially Identical Outfall [006]</b> Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
200	<b>Substantially Identical Outfall [006]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
210	<b>Substantially Identical Outfall [007]</b> Free of Evidence of Erosion? (Range: 0 - 0)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
220	<b>Substantially Identical Outfall [007]</b> Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
230	<b>Substantially Identical Outfall [007]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
240	<b>Substantially Identical Outfall [008]</b> Free of Evidence of Erosion? (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
250	<b>Substantially Identical Outfall [008]</b> Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
260	<b>Substantially Identical Outfall [008]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
270	<b>Substantially Identical Outfall [010]</b> Free of Evidence of Erosion? (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
280	<b>Substantially Identical Outfall [010]</b> Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
290	<b>Substantially Identical Outfall [010]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
300	<b>Substantially Identical Outfall [011]</b> Free of Evidence of Erosion? (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
310	<b>Substantially Identical Outfall [011]</b> Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
320	<b>Substantially Identical Outfall [011]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Control Measures (identify needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comments).</b>						
340	<b>Asphalt Berm [0300403040001]</b> Control Measure is operating effectively? (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
350	<b>Asphalt Berm [0300403040001]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
360	<b>Asphalt Berm [0300403040006]</b> Control Measure is operating effectively? (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
370	<b>Asphalt Berm [0300403040006]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

380	<b>Asphalt Berm [0300403040007]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
390	<b>Asphalt Berm [0300403040007]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
400	<b>Asphalt Berm [0300403040008]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
410	<b>Asphalt Berm [0300403040008]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
420	<b>Asphalt Berm [0300403040009]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
430	<b>Asphalt Berm [0300403040009]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
440	<b>Asphalt Berm [0300403040010]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
450	<b>Asphalt Berm [0300403040010]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
460	<b>Asphalt Berm [0300403040011]</b> Control Measure is operating effectively? (Range: 0 - 0) <i># NOT Found on Map</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
470	<b>Asphalt Berm [0300403040011]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement? <i># NOT Found on Map</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
480	<b>Gravel Bags [0300403100002]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
490	<b>Gravel Bags [0300403100002]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
500	<b>Gravel Bags [0300403100012]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
510	<b>Gravel Bags [0300403100012]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
520	<b>Gravel Bags [0300403100013]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
530	<b>Gravel Bags [0300403100013]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
540	<b>Gravel Bags [0300403100014]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
550	<b>Gravel Bags [0300403100014]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
560	<b>Gravel Bags [0300403100015]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
570	<b>Gravel Bags [0300403100015]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
580	<b>Gravel Bags [0300403100016]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
590	<b>Gravel Bags [0300403100016]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
600	<b>Gravel Bags [0310-37]</b> Control Measure is operating effectively? (Range: 0 - 0) <i># NOT Found on Map</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
610	<b>Gravel Bags [0310-37]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement? <i># NOT Found on Map</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
620		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Concrete/Asphalt Channel/Swale****[0300404020003]** Control Measure is operating effectively? (Range: 0 - 0)

630	<b>Concrete/Asphalt Channel/Swale</b> <b>[0300404020003]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
640	<b>Concrete/Asphalt Channel/Swale</b> <b>[0300404020005]</b> Control Measure is operating effectively? (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
650	<b>Concrete/Asphalt Channel/Swale</b> <b>[0300404020005]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
660	<b>Concrete/Asphalt Channel/Swale</b> <b>[0300404020024]</b> Control Measure is operating effectively? (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
670	<b>Concrete/Asphalt Channel/Swale</b> <b>[0300404020024]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
680	<b>Concrete/Asphalt Channel/Swale</b> <b>[0300404020025]</b> Control Measure is operating effectively? (Range: 0 - 0)	CAR # 9666	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
690	<b>Concrete/Asphalt Channel/Swale</b> <b>[0300404020025]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	NEEDS repair / replacement (Washed-out)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
700	<b>Concrete/Asphalt Channel/Swale</b> <b>[300404020004]</b> Control Measure is operating effectively? (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
710	<b>Concrete/Asphalt Channel/Swale</b> <b>[300404020004]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
720	<b>Eco-Block</b> <b>[0300403110018]</b> Control Measure is operating effectively? (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
730	<b>Eco-Block</b> <b>[0300403110018]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
740	<b>Eco-Block</b> <b>[0300403110019]</b> Control Measure is operating effectively? (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
750	<b>Eco-Block</b> <b>[0300403110019]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
760	<b>Eco-Block</b> <b>[0300403110020]</b> Control Measure is operating effectively? (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
770	<b>Eco-Block</b> <b>[0300403110020]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
780	<b>Eco-Block</b> <b>[0300403110021]</b> Control Measure is operating effectively? (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
790	<b>Eco-Block</b> <b>[0300403110021]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
800	<b>Eco-Block</b> <b>[0300403110022]</b> Control Measure is operating effectively? (Range: 0 - 0)	Remove from Map	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
810	<b>Eco-Block</b> <b>[0300403110022]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	Remove from Map	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
820	<b>Infiltration Basin</b> <b>[0300405060023]</b> Control Measure is operating effectively?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
830	<b>Infiltration Basin</b> <b>[0300405060023]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
840	<b>Rock Channel/Swale</b> <b>[0300404030026]</b> Control Measure is operating effectively? (Range: 0 - 0)	840 Rock Channel/ Measure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

850	Rock Channel/Swale [0300404030026] If "Failed", is control measure in need of maintenance, Repair, or Replacement?				
860	Rock Channel/Swale [0300404030027] Control Measure is operating effectively? (Range: 0 - 0)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
870	Rock Channel/Swale [0300404030027] If "Failed", is control measure in need of maintenance, Repair, or Replacement?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
880	Rock Channel/Swale [0300404030028] Control Measure is operating effectively? (Range: 0 - 0)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
890	Rock Channel/Swale [0300404030028] If "Failed", is control measure in need of maintenance, Repair, or Replacement?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
900	Rock Channel/Swale [0300404030029] Control Measure is operating effectively? (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
910	Rock Channel/Swale [0300404030029] If "Failed", is control measure in need of maintenance, Repair, or Replacement?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
920	Rock Channel/Swale [0300404030030] Control Measure is operating effectively? (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
930	Rock Channel/Swale [0300404030030] If "Failed", is control measure in need of maintenance, Repair, or Replacement?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
940	Rock Channel/Swale [0300404030031] Control Measure is operating effectively? (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
950	Rock Channel/Swale [0300404030031] If "Failed", is control measure in need of maintenance, Repair, or Replacement?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
960	Erosion Control Blanket [0300401060032] Control Measure is operating effectively? (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
970	Erosion Control Blanket [0300401060032] If "Failed", is control measure in need of maintenance, Repair, or Replacement?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
980	Rip Rap [0300404060033] Control Measure is operating effectively? (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
990	Rip Rap [0300404060033] If "Failed", is control measure in need of maintenance, Repair, or Replacement?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1000	Retaining Wall [0300403080034] Control Measure is operating effectively? (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1010	Retaining Wall [0300403080034] If "Failed", is control measure in need of maintenance, Repair, or Replacement?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Area/Activity exposed to stormwater (identify needed maintenance or a description of corrective actions in relevant task comment).</b>					
1030	Material loading/unloading and storage areas inspected?		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1040	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1050	Transfer areas for substances in bulk inspected?		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1060	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1070	Produce/chemical storage areas (raw material) inspected?		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1080	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1090	Liquid tank storage/secondary containment inspected?		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1100	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1110			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



Industrial processing and finished product storage areas inspected?						
1120	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
1130	Equipment operation and maintenance areas inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
1140	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
1150	Fueling areas inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
1160	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
1170	Outdoor vehicle and equipment washing areas inspected?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1180	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1190	Machinery inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
1200	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
1210	Waste handling and disposal areas inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
1220	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
1230	Erodible areas/construction inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
1240	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
1250	Locations and sources of run-on to the site inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
1260	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
1270	Non-stormwater/illicit connections inspected?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1280	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1290	Salt storage piles or pile containing salt inspected?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1300	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1310	Dust generation and vehicle tracking inspected?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1320	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1330	Housekeeping (Industrial materials/residues/trash in contact with stormwater) inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
1340	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
1350	Leaks and spills inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
1360	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Non-Compliance</b>						
1380	Free of incidents of observed non-compliance not associated with any of the above? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Additional Control Measures</b>						
1400	Are permit requirements satisfied with existing control measure(s) not associated with any of the above? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

## Labor

Labor	Assigned	Work Date	Reg Hrs	OT Hrs	Other Hrs
Leonard Sandoval	9/30/2016 / 14				

Signature (lead inspector): T. Baughn, CISEC Date and Time: 9/20/16  
11:00 a.m.

**CERTIFICATION STATEMENT**

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: Russell Stone, DSESH- UTS Group Leader

Signature: Russell Stone Date: 9/22/2016



## Maintenance Details

**Requested:** 10/14/2016 1:41:00 PM  
**Procedure:** MSGP Stormwater  
 Industrial Routine Facility  
 Inspection (EPC-CP-Form-  
 1020.1)

**Target:** 10/31/2016  
**Priority/Type:** / Inspection  
**Department:** Utilities and  
 Infrastructure

 MSGP Program  
 RG121.9  
 TA-3-22 Power & Steam Plant

**Last PM:** N/A  
**Project:** Routine Facility Inspections  
 Oct 2016 (P-MSGP-RI-  
 5140)

**Contact:**  
**Phone:**

*Sched.*  
*10/25/16*  
*1:00 p.m.*

**Reason:** MSGP Stormwater Industrial Routine Facility Inspection

**Monitoring Period:**

**Odor:**

**Clarity:**

**Settled Solids:**

**Suspended Solids:**

**Special Instructions:** NMR053195

## Tasks

#	Description	Rating	Meas.	Initials	Failed	N/A	Complete
<b>Weather Information</b>							
	Describe the weather at time of inspection in the Weather lookup table. If "Other" is chosen, provide description in task comments of this line. Document the temperature (F°) in the "Reading" field of this line.						
20			61° F PIC		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Within the Facility Boundary</b>							
40	Is the facility free of new discharges of pollutants that have occurred since the last inspection? If "Failed", describe:				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	If "Failed" has a CAR been previously initiated for this new discharge? (Range: 0 - 0)				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
60	Is the facility free of discharge of pollutants at the time of inspection? If "Failed" describe: (Range: 0 - 0)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Is the facility free of evidence of, or the potential for, pollutants entering the drainage system. If "Failed" describe: (Range: 0 - 0)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Outfall Inspection (needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comment)</b>							
90	<b>Monitored Outfall [005]</b> Free of Evidence of Erosion? (Range: 0 - 0)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
100	<b>Monitored Outfall [005]</b> Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
110	<b>Monitored Outfall [005]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	<b>Monitored Outfall [009]</b> Free of Evidence of Erosion? (Range: 0 - 0)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	<b>Monitored Outfall [009]</b> Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
140					<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	<b>Monitored Outfall [009]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)			
150	<b>Monitored Outfall [012]</b> Free of Evidence of Erosion? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
160	<b>Monitored Outfall [012]</b> Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
170	<b>Monitored Outfall [012]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	<b>Substantially Identical Outfall [006]</b> Free of Evidence of Erosion? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	<b>Substantially Identical Outfall [006]</b> Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
200	<b>Substantially Identical Outfall [006]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
210	<b>Substantially Identical Outfall [007]</b> Free of Evidence of Erosion? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
220	<b>Substantially Identical Outfall [007]</b> Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
230	<b>Substantially Identical Outfall [007]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
240	<b>Substantially Identical Outfall [008]</b> Free of Evidence of Erosion? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
250	<b>Substantially Identical Outfall [008]</b> Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
260	<b>Substantially Identical Outfall [008]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
270	<b>Substantially Identical Outfall [010]</b> Free of Evidence of Erosion? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
280	<b>Substantially Identical Outfall [010]</b> Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
290	<b>Substantially Identical Outfall [010]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
300	<b>Substantially Identical Outfall [011]</b> Free of Evidence of Erosion? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
310	<b>Substantially Identical Outfall [011]</b> Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
320	<b>Substantially Identical Outfall [011]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Control Measures (identify needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comments).</b>				
340	<b>Asphalt Berm [0300403040001]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
350	<b>Asphalt Berm [0300403040001]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
360	<b>Asphalt Berm [0300403040006]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
370	<b>Asphalt Berm [0300403040006]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

380	Asphalt Berm [0300403040007] Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
390	Asphalt Berm [0300403040007] If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
400	Asphalt Berm [0300403040008] Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
410	Asphalt Berm [0300403040008] If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
420	Asphalt Berm [0300403040009] Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
430	Asphalt Berm [0300403040009] If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
440	Asphalt Berm [0300403040010] Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
450	Asphalt Berm [0300403040010] If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
460	Asphalt Berm [0300403040011] Control Measure is operating effectively? (Range: 0 - 0)	# not found on map.		
470	Asphalt Berm [0300403040011] If "Failed", is control measure in need of maintenance, Repair, or Replacement?	# not found on map.		
480	Gravel Bags [0300403100002] Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
490	Gravel Bags [0300403100002] If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
500	Gravel Bags [0300403100012] Control Measure is operating effectively? (Range: 0 - 0)	Gravel bag torn.		
510	Gravel Bags [0300403100012] If "Failed", is control measure in need of maintenance, Repair, or Replacement?	CAR # 991 Replace torn Gravel Bag.		
520	Gravel Bags [0300403100013] Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
530	Gravel Bags [0300403100013] If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
540	Gravel Bags [0300403100014] Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
550	Gravel Bags [0300403100014] If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
560	Gravel Bags [0300403100015] Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
570	Gravel Bags [0300403100015] If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
580	Gravel Bags [0300403100016] Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
590	Gravel Bags [0300403100016] If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
600	Gravel Bags [0310-37] Control Measure is operating effectively? (Range: 0 - 0)	# not found on map.		
610	Gravel Bags [0310-37] If "Failed", is control measure in need of maintenance, Repair, or Replacement?	# not found on map.		
620		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<b>Concrete/Asphalt Channel/Swale</b> [0300404020003] Control Measure is operating effectively? (Range: 0 - 0)					
630	<b>Concrete/Asphalt Channel/Swale</b> [0300404020003] If "Failed", is control measure in need of maintenance, Repair, or Replacement?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
640	<b>Concrete/Asphalt Channel/Swale</b> [0300404020005] Control Measure is operating effectively? (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
650	<b>Concrete/Asphalt Channel/Swale</b> [0300404020005] If "Failed", is control measure in need of maintenance, Repair, or Replacement?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
660	<b>Concrete/Asphalt Channel/Swale</b> [0300404020024] Control Measure is operating effectively? (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
670	<b>Concrete/Asphalt Channel/Swale</b> [0300404020024] If "Failed", is control measure in need of maintenance, Repair, or Replacement?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
680	<b>Concrete/Asphalt Channel/Swale</b> [0300404020025] Control Measure is operating effectively? (Range: 0 - 0)	car# 966 closed.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
690	<b>Concrete/Asphalt Channel/Swale</b> [0300404020025] If "Failed", is control measure in need of maintenance, Repair, or Replacement?	Repaired with Gravel bags. 9/29/16.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
700	<b>Concrete/Asphalt Channel/Swale</b> [300404020004] Control Measure is operating effectively? (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
710	<b>Concrete/Asphalt Channel/Swale</b> [300404020004] If "Failed", is control measure in need of maintenance, Repair, or Replacement?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
720	<b>Eco-Block</b> [0300403110018] Control Measure is operating effectively? (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
730	<b>Eco-Block</b> [0300403110018] If "Failed", is control measure in need of maintenance, Repair, or Replacement?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
740	<b>Eco-Block</b> [0300403110019] Control Measure is operating effectively? (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
750	<b>Eco-Block</b> [0300403110019] If "Failed", is control measure in need of maintenance, Repair, or Replacement?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
760	<b>Eco-Block</b> [0300403110020] Control Measure is operating effectively? (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
770	<b>Eco-Block</b> [0300403110020] If "Failed", is control measure in need of maintenance, Repair, or Replacement?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
780	<b>Eco-Block</b> [0300403110021] Control Measure is operating effectively? (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
790	<b>Eco-Block</b> [0300403110021] If "Failed", is control measure in need of maintenance, Repair, or Replacement?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
800	<b>Eco-Block</b> [0300403110022] Control Measure is operating effectively? (Range: 0 - 0)	No longer on site. Remove.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
810	<b>Eco-Block</b> [0300403110022] If "Failed", is control measure in need of maintenance, Repair, or Replacement?	" " "	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
820	<b>Infiltration Basin</b> [0300405060023] Control Measure is operating effectively?		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
830	<b>Infiltration Basin</b> [0300405060023] If "Failed", is control measure in need of maintenance, Repair, or Replacement?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
840	<b>Rock Channel/Swale</b> [0300404030026] Control Measure is operating effectively? (Range: 0 - 0)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

850	<b>Rock Channel/Swale [0300404030026]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?			
860	<b>Rock Channel/Swale [0300404030027]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
870	<b>Rock Channel/Swale [0300404030027]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
880	<b>Rock Channel/Swale [0300404030028]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
890	<b>Rock Channel/Swale [0300404030028]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
900	<b>Rock Channel/Swale [0300404030029]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
910	<b>Rock Channel/Swale [0300404030029]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
920	<b>Rock Channel/Swale [0300404030030]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
930	<b>Rock Channel/Swale [0300404030030]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
940	<b>Rock Channel/Swale [0300404030031]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
950	<b>Rock Channel/Swale [0300404030031]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
960	<b>Erosion Control Blanket [0300401060032]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
970	<b>Erosion Control Blanket [0300401060032]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
980	<b>Rip Rap [0300404060033]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
990	<b>Rip Rap [0300404060033]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1000	<b>Retaining Wall [0300403080034]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1010	<b>Retaining Wall [0300403080034]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Area/Activity exposed to stormwater (identify needed maintenance or a description of corrective actions in relevant task comment).**

1030	Material loading/unloading and storage areas inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1040	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1050	Transfer areas for substances in bulk inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1060	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1070	Produce/chemical storage areas (raw material) inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1080	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1090	Liquid tank storage/secondary containment inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1100	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1110		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



Industrial processing and finished product storage areas inspected?					
1120	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
1130	Equipment operation and maintenance areas inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
1140	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
1150	Fueling areas inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
1160	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
1170	Outdoor vehicle and equipment washing areas inspected?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1180	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1190	Machinery inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
1200	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
1210	Waste handling and disposal areas inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
1220	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
1230	Erodible areas/construction inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
1240	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
1250	Locations and sources of run-on to the site inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
1260	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
1270	Non-stormwater/illicit connections inspected?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1280	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1290	Salt storage piles or pile containing salt inspected?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1300	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1310	Dust generation and vehicle tracking inspected?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1320	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1330	Housekeeping (Industrial materials/residues/trash in contact with stormwater) inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
1340	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
1350	Leaks and spills inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
1360	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Non-Compliance</b>					
1380	Free of incidents of observed non-compliance not associated with any of the above? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Additional Control Measures</b>					
1400	Are permit requirements satisfied with existing control measure(s) not associated with any of the above? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

## Labor

Labor	Assigned	Work Date	Reg Hrs	OT Hrs	Other Hrs
Jillian Burgin	10/31/2016 / 14				

## Labor Report

Completed: \_\_\_\_\_ Failure: \_\_\_\_\_ Meter 1: \_\_\_\_\_ Meter 2: \_\_\_\_\_

Report:

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Signature / Name

Date

Signature / Name

Date

WO ID: MSGP R1-58299 Page 8 of 8

Signature (lead inspector): William E. Pausin Date and Time: 10/25/16

"I confirm the information as recorded is true, accurate and complete."

2:00 P.M.

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: Russell Stone, Group Leader DSESH- URS

Signature: Russell Stone Date: 10/27/2016



## Maintenance Details

**Requested:** 11/1/2016 1 15:22 PM  
**Procedure:** MSGP Stormwater  
 Industrial Routine Facility  
 Inspection (EPC-CP-Form-  
 1020 1)

**Target:** 11/30/2016  
**Priority/Type:** Normal / Inspection  
**Department:** Utilities and  
 Infrastructure

 MSGP Program  
 RG121.9  
 TA-3-22 Power & Steam Plant

**Last PM:** N/A  
**Project:** Routine Facility Inspections  
 Nov 2016 (P-MSGP-RI-  
 5146)

**Contact:**  
**Phone:**

*Insp 11/18/16*  
*10:30 - 11:00*

**Reason:** MSGP Stormwater Industrial Routine Facility Inspection

**Weather at Inspection:**

**Special Instructions:** NMR053195

## Tasks

#	Description	Rating	Meas.	Initials	Failed	N/A	Complete
<b>Weather Information</b>							
20	Describe the weather at time of inspection in the Weather lookup table. If "Other" is chosen, provide description in task comments of this line. Document the temperature (F*) in the "Reading" field of this line.		38° F	Clear	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Within the Facility Boundary</b>							
40	Is the facility free of new discharges of pollutants that have occurred since the last inspection? If "Failed" describe:				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	If "Failed" has a CAR been previously initiated for this new discharge? (Range: 0 - 0)				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
60	Is the facility free of discharge of pollutants at the time of inspection? If "Failed" describe (Range: 0 - 0)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Is the facility free of evidence of, or the potential for pollutants entering the drainage system. If "Failed" describe: (Range: 0 - 0)				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Outfall Inspection (needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comment)</b>							
90	<b>Monitored Outfall [005]</b> Free of Evidence of Erosion? (Range: 0 - 0)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
100	<b>Monitored Outfall [005]</b> Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
110	<b>Monitored Outfall [005]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	<b>Monitored Outfall [009]</b> Free of Evidence of Erosion? (Range: 0 - 0)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	<b>Monitored Outfall [009]</b> Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
140	<b>Monitored Outfall [009]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
150	<b>Monitored Outfall [012]</b> Free of Evidence of Erosion? (Range: 0 - 0)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

160	Monitored Outfall [012] Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
170	Monitored Outfall [012] Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Substantially Identical Outfall [006] Free of Evidence of Erosion? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Substantially Identical Outfall [006] Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
200	Substantially Identical Outfall [006] Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
210	Substantially Identical Outfall [007] Free of Evidence of Erosion? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
220	Substantially Identical Outfall [007] Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
230	Substantially Identical Outfall [007] Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
240	Substantially Identical Outfall [008] Free of Evidence of Erosion? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
250	Substantially Identical Outfall [008] Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
260	Substantially Identical Outfall [008] Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
270	Substantially Identical Outfall [010] Free of Evidence of Erosion? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
280	Substantially Identical Outfall [010] Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
290	Substantially Identical Outfall [010] Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
300	Substantially Identical Outfall [011] Free of Evidence of Erosion? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
310	Substantially Identical Outfall [011] Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
320	Substantially Identical Outfall [011] Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Control Measures (Identify needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comments).</b>				
340	Asphalt Berm [0300403040001] Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
350	Asphalt Berm [0300403040001] If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
360	Asphalt Berm [0300403040006] Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
370	Asphalt Berm [0300403040006] If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
380	Asphalt Berm [0300403040007] Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
390	Asphalt Berm [0300403040007] If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

400	Asphalt Berm [0300403040008] Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
410	Asphalt Berm [0300403040008] If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
420	Asphalt Berm [0300403040009] Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
430	Asphalt Berm [0300403040009] If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
440	Asphalt Berm [0300403040010] Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
450	Asphalt Berm [0300403040010] If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
460	Gravel Bags [0300403100002] Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
470	Gravel Bags [0300403100002] If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
480	Gravel Bags [0300403100012] Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
490	Gravel Bags [0300403100012] If "Failed", is control measure in need of maintenance, Repair, or Replacement?	Replaced To a gravel bag replaced car #91 from last insp. - center gravel bags		
500	Gravel Bags [0300403100013] Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
510	Gravel Bags [0300403100013] If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
520	Gravel Bags [0300403100014] Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
530	Gravel Bags [0300403100014] If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
540	Gravel Bags [0300403100015] Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
550	Gravel Bags [0300403100015] If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
560	Gravel Bags [0300403100016] Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
570	Gravel Bags [0300403100016] If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
580	Gravel Bags [0310-37] Control Measure is operating effectively? (Range: 0 - 0)	# not found on map		
590	Gravel Bags [0310-37] If "Failed", is control measure in need of maintenance, Repair, or Replacement?	# not found on map		
600	Concrete/Asphalt Channel/Swale [0300404020003] Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
610	Concrete/Asphalt Channel/Swale [0300404020003] If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
620	Concrete/Asphalt Channel/Swale [0300404020005] Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
630	Concrete/Asphalt Channel/Swale [0300404020005] If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

640	Concrete/Asphalt Channel/Swale [0300404020024] Control Measure is operating effectively? (Range 0 - 0)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
650	Concrete/Asphalt Channel/Swale [0300404020024] If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
660	Concrete/Asphalt Channel/Swale [0300404020025] Control Measure is operating effectively? (Range 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
670	Concrete/Asphalt Channel/Swale [0300404020025] If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
680	Concrete/Asphalt Channel/Swale [0300404020037] Control Measure is operating effectively? (Range 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
690	Concrete/Asphalt Channel/Swale [0300404020037] If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
700	Concrete/Asphalt Channel/Swale [300404020004] Control Measure is operating effectively? (Range 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
710	Concrete/Asphalt Channel/Swale [300404020004] If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
720	Eco-Block [0300403110018] Control Measure is operating effectively? (Range 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
730	Eco-Block [0300403110018] If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
740	Eco-Block [0300403110019] Control Measure is operating effectively? (Range 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
750	Eco-Block [0300403110019] If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
760	Eco-Block [0300403110020] Control Measure is operating effectively? (Range 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
770	Eco-Block [0300403110020] If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
780	Eco-Block [0300403110021] Control Measure is operating effectively? (Range 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
790	Eco-Block [0300403110021] If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
800	Infiltration Basin [0300405060023] Control Measure is operating effectively?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
810	Infiltration Basin [0300405060023] If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
820	Rock Channel/Swale [0300404030026] Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
830	Rock Channel/Swale [0300404030026] If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
840	Rock Channel/Swale [0300404030027] Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
850	Rock Channel/Swale [0300404030027] If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
860	Rock Channel/Swale [0300404030028] Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
870		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

	<b>Rock Channel/Swale [0300404030028] If "Failed", is control measure in need of maintenance, Repair, or Replacement?</b>			
880	<b>Rock Channel/Swale [0300404030029] Control Measure is operating effectively? (Range: 0 - 0)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
890	<b>Rock Channel/Swale [0300404030029] If "Failed", is control measure in need of maintenance, Repair, or Replacement?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
900	<b>Rock Channel/Swale [0300404030030] Control Measure is operating effectively? (Range: 0 - 0)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
910	<b>Rock Channel/Swale [0300404030030] If "Failed", is control measure in need of maintenance, Repair, or Replacement?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
920	<b>Rock Channel/Swale [0300404030031] Control Measure is operating effectively? (Range: 0 - 0)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
930	<b>Rock Channel/Swale [0300404030031] If "Failed", is control measure in need of maintenance, Repair, or Replacement?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
940	<b>Erosion Control Blanket [0300401060032] Control Measure is operating effectively? (Range: 0 - 0)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
950	<b>Erosion Control Blanket [0300401060032] If "Failed", is control measure in need of maintenance, Repair, or Replacement?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
960	<b>Rip Rap [0300404060033] Control Measure is operating effectively? (Range: 0 - 0)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
970	<b>Rip Rap [0300404060033] If "Failed", is control measure in need of maintenance, Repair, or Replacement?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
980	<b>Rip Rap [0300404060038] Control Measure is operating effectively? (Range: 0 - 0)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
990	<b>Rip Rap [0300404060038] If "Failed", is control measure in need of maintenance, Repair, or Replacement?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1000	<b>Rip Rap [0300404060039] Control Measure is operating effectively? (Range: 0 - 0)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1010	<b>Rip Rap [0300404060039] If "Failed", is control measure in need of maintenance, Repair, or Replacement?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1020	<b>Retaining Wall [0300403080034] Control Measure is operating effectively? (Range: 0 - 0)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1030	<b>Retaining Wall [0300403080034] If "Failed", is control measure in need of maintenance, Repair, or Replacement?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1040	<b>Trench Drain [0300409040035] Control Measure is operating effectively? (Range: 0 - 0)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1050	<b>Trench Drain [0300409040035] If "Failed", is control measure in need of maintenance, Repair, or Replacement?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1060	<b>Trench Drain [0300409040036] Control Measure is operating effectively? (Range: 0 - 0)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1070	<b>Trench Drain [0300409040036] If "Failed", is control measure in need of maintenance, Repair, or Replacement?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Area/Activity exposed to stormwater (identify needed maintenance or a description of corrective actions in relevant task comment).</b>				
1090	<b>Material loading/unloading and storage areas inspected?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1100	<b>Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1110	<b>Transfer areas for substances in bulk inspected?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1120		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)			
1130	Produce/chemical storage areas (raw material) inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1140	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1150	Liquid tank storage/secondary containment inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1160	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1170	Industrial processing and finished product storage areas inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1180	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1190	Equipment operation and maintenance areas inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1200	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1210	Fueling areas inspected?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1220	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1230	Outdoor vehicle and equipment washing areas inspected?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1240	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1250	Machinery inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1260	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1270	Waste handling and disposal areas inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1280	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1290	Erodible areas/construction inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1300	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1310	Locations and sources of run-on to the site inspected?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1320	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1330	Non-stormwater/illicit connections inspected?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1340	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1350	Salt storage piles or pile containing salt inspected?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1360	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1370	Dust generation and vehicle tracking inspected?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1380	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1390	Housekeeping (Industrial materials/residues/trash in contact with stormwater) inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1400	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1410	Leaks and spills inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1420	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Non-Compliance</b>				
1440	Free of incidents of observed non-compliance not associated with any of the above? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

#### Additional Control Measures

1460 Are permit requirements satisfied with existing control  
measure(s) not associated with any of the above?  
(Range: 0 - 0)

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### Labor

Labor	Assigned	Work Date	Reg Hrs	OT Hrs	Other Hrs
Leonard Sandoval	11/30/2016 / 14				

### Labor Report

Completed: \_\_\_\_\_ Failure: \_\_\_\_\_ Meter 1: \_\_\_\_\_ Meter 2: \_\_\_\_\_

Report:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature / Name

Date

Signature / Name

Date

WO ID: MSGP-R1-59120 Page 8 of 8

Signature (lead inspector): William Buzyn, CISEC Date and Time: 11/18/16 11:00 am.

"I confirm the information as recorded is true, accurate and complete."

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg, FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: Russell Stone, GL DSESH-UGS

Signature: Russell Stone Date: 11/21/2016



## Maintenance Details

**Requested:** 12/6/2016 3:51:03 PM  
**Procedure:** MSGP Stormwater  
 Industrial Routine Facility  
 Inspection (EPC-CP-Form-  
 1020.1)  
**Last PM:** 9/20/2016  
**Project:** Routine Facility Inspections  
 Dec 2016 (P-MSGP-RI-  
 5158)

**Target:** 12/30/2016  
**Priority/Type:** Normal / Inspection  
**Department:** Utilities and  
 Infrastructure

 MSGP Program  
 RG121.9  
 TA-3-22 Power & Steam Plant

**Contact:**  
**Phone:**

**Reason:** MSGP Stormwater Industrial Routine Facility Inspection

**Precipitation Type:**

**Odor:**

**Clarity:**

**Settled Solids:**

**Suspended Solids:**

**Special Instructions:** NMR053195

*Inspection: 12/19/16 @ 3:30 p.m.  
 by Holly Wheeler / Julian Burgin*

## Tasks

#	Description	Rating	Meas.	Initials	Failed	N/A	Complete
<b>Weather Information</b>							
	Describe the weather at time of inspection in the Weather lookup table. If "Other" is chosen, provide description in task comments of this line. Document the temperature (F°) in the "Reading" field of this line.						
20			file 35°F		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Within the Facility Boundary</b>							
40	Is the facility free of new discharges of pollutants that have occurred since the last inspection? If "Failed", describe:				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	If "Failed" has a CAR been previously initiated for this new discharge? (Range: 0 - 0)				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
60	Is the facility free of discharge of pollutants at the time of inspection? If "Failed" describe: (Range: 0 - 0)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Is the facility free of evidence of, or the potential for, pollutants entering the drainage system. If "Failed" describe: (Range: 0 - 0)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Outfall Inspection (needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comment)</b>							
90	<b>Monitored Outfall [005]</b> Free of Evidence of Erosion? (Range: 0 - 0)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
100	<b>Monitored Outfall [005]</b> Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
110	<b>Monitored Outfall [005]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	<b>Monitored Outfall [009]</b> Free of Evidence of Erosion? (Range: 0 - 0)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	<b>Monitored Outfall [009]</b> Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
140	<b>Monitored Outfall [009]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

150	<b>Monitored Outfall [012]</b> Free of Evidence of Erosion? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
160	<b>Monitored Outfall [012]</b> Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
170	<b>Monitored Outfall [012]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	<b>Substantially Identical Outfall [006]</b> Free of Evidence of Erosion? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	<b>Substantially Identical Outfall [006]</b> Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
200	<b>Substantially Identical Outfall [006]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
210	<b>Substantially Identical Outfall [007]</b> Free of Evidence of Erosion? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
220	<b>Substantially Identical Outfall [007]</b> Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
230	<b>Substantially Identical Outfall [007]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
240	<b>Substantially Identical Outfall [008]</b> Free of Evidence of Erosion? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
250	<b>Substantially Identical Outfall [008]</b> Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
260	<b>Substantially Identical Outfall [008]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
270	<b>Substantially Identical Outfall [010]</b> Free of Evidence of Erosion? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
280	<b>Substantially Identical Outfall [010]</b> Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
290	<b>Substantially Identical Outfall [010]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
300	<b>Substantially Identical Outfall [011]</b> Free of Evidence of Erosion? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
310	<b>Substantially Identical Outfall [011]</b> Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
320	<b>Substantially Identical Outfall [011]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Control Measures (Identify needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comments).</b>				
340	<b>Asphalt Berm [0300403040001]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
350	<b>Asphalt Berm [0300403040001]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
360	<b>Asphalt Berm [0300403040006]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
370	<b>Asphalt Berm [0300403040006]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
380	<b>Asphalt Berm [0300403040007]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
390		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



	<b>Asphalt Berm [0300403040007]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?			
400	<b>Asphalt Berm [0300403040008]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
410	<b>Asphalt Berm [0300403040008]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
420	<b>Asphalt Berm [0300403040009]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
430	<b>Asphalt Berm [0300403040009]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
440	<b>Asphalt Berm [0300403040010]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
450	<b>Asphalt Berm [0300403040010]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
460	<b>Gravel Bags [0300403100002]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
470	<b>Gravel Bags [0300403100002]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
480	<b>Gravel Bags [0300403100012]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
490	<b>Gravel Bags [0300403100012]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
500	<b>Gravel Bags [0300403100013]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
510	<b>Gravel Bags [0300403100013]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
520	<b>Gravel Bags [0300403100014]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
530	<b>Gravel Bags [0300403100014]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
540	<b>Gravel Bags [0300403100015]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
550	<b>Gravel Bags [0300403100015]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
560	<b>Gravel Bags [0300403100016]</b> Control Measure is operating effectively? (Range: 0 - 0)	SEE CAR # 1029	<input type="checkbox"/>	<input checked="" type="checkbox"/>
570	<b>Gravel Bags [0300403100016]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	Replace torn Gravel bags on SW side of 3-336	<input checked="" type="checkbox"/>	<input type="checkbox"/>
580	<b>Concrete/Asphalt Channel/Swale [0300404020003]</b> Control Measure is operating effectively? (Range: 0 - 0)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
590	<b>Concrete/Asphalt Channel/Swale [0300404020003]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
600	<b>Concrete/Asphalt Channel/Swale [0300404020005]</b> Control Measure is operating effectively? (Range: 0 - 0)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
610	<b>Concrete/Asphalt Channel/Swale [0300404020005]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
620			<input type="checkbox"/>	<input checked="" type="checkbox"/>

	<b>Concrete/Asphalt Channel/Swale</b> [0300404020024] Control Measure is operating effectively? (Range: 0 - 0)				
630	<b>Concrete/Asphalt Channel/Swale</b> [0300404020024] If "Failed", is control measure in need of maintenance, Repair, or Replacement?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
640	<b>Concrete/Asphalt Channel/Swale</b> [0300404020025] Control Measure is operating effectively? (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
650	<b>Concrete/Asphalt Channel/Swale</b> [0300404020025] If "Failed", is control measure in need of maintenance, Repair, or Replacement?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
660	<b>Concrete/Asphalt Channel/Swale</b> [0300404020037] Control Measure is operating effectively? (Range: 0 - 0)	SEE CAR # 1032	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
670	<b>Concrete/Asphalt Channel/Swale</b> [0300404020037] If "Failed", is control measure in need of maintenance, Repair, or Replacement?	Remove Sediment from Swale	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
680	<b>Concrete/Asphalt Channel/Swale</b> [300404020004] Control Measure is operating effectively? (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
690	<b>Concrete/Asphalt Channel/Swale</b> [300404020004] If "Failed", is control measure in need of maintenance, Repair, or Replacement?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
700	<b>Eco-Block</b> [0300403110018] Control Measure is operating effectively? (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
710	<b>Eco-Block</b> [0300403110018] If "Failed", is control measure in need of maintenance, Repair, or Replacement?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
720	<b>Eco-Block</b> [0300403110019] Control Measure is operating effectively? (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
730	<b>Eco-Block</b> [0300403110019] If "Failed", is control measure in need of maintenance, Repair, or Replacement?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
740	<b>Eco-Block</b> [0300403110020] Control Measure is operating effectively? (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
750	<b>Eco-Block</b> [0300403110020] If "Failed", is control measure in need of maintenance, Repair, or Replacement?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
760	<b>Eco-Block</b> [0300403110021] Control Measure is operating effectively? (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
770	<b>Eco-Block</b> [0300403110021] If "Failed", is control measure in need of maintenance, Repair, or Replacement?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
780	<b>Infiltration Basin</b> [0300405060023] Control Measure is operating effectively?		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
790	<b>Infiltration Basin</b> [0300405060023] If "Failed", is control measure in need of maintenance, Repair, or Replacement?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
800	<b>Rock Channel/Swale</b> [0300404030026] Control Measure is operating effectively? (Range: 0 - 0)	SEE CAR # 1032	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
810	<b>Rock Channel/Swale</b> [0300404030026] If "Failed", is control measure in need of maintenance, Repair, or Replacement?	Clean out sediment from Swale	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
820	<b>Rock Channel/Swale</b> [0300404030027] Control Measure is operating effectively? (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
830	<b>Rock Channel/Swale</b> [0300404030027] If "Failed", is control measure in need of maintenance, Repair, or Replacement?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
840	<b>Rock Channel/Swale</b> [0300404030028] Control Measure is operating effectively? (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
850			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



	<b>Rock Channel/Swale [0300404030028]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?				
860	<b>Rock Channel/Swale [0300404030029]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
870	<b>Rock Channel/Swale [0300404030029]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
880	<b>Rock Channel/Swale [0300404030030]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
890	<b>Rock Channel/Swale [0300404030030]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
900	<b>Rock Channel/Swale [0300404030031]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
910	<b>Rock Channel/Swale [0300404030031]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
920	<b>Erosion Control Blanket [0300401060032]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
930	<b>Erosion Control Blanket [0300401060032]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
940	<b>Rip Rap [0300404060033]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
950	<b>Rip Rap [0300404060033]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
960	<b>Rip Rap [0300404060038]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
970	<b>Rip Rap [0300404060038]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
980	<b>Rip Rap [0300404060039]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
990	<b>Rip Rap [0300404060039]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1000	<b>Retaining Wall [0300403080034]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
1010	<b>Retaining Wall [0300403080034]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1020	<b>Trench Drain [0300409040035]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
1030	<b>Trench Drain [0300409040035]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1040	<b>Trench Drain [0300409040036]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
1050	<b>Trench Drain [0300409040036]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1060	<b>EnviroSoxx w/ MetalLoxx [0300403200040]</b> Control Measure is operating effectively?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
1070	<b>EnviroSoxx w/ MetalLoxx [0300403200040]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1080	<b>EnviroSoxx w/ MetalLoxx [0300403200041]</b> Control Measure is operating effectively?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
1090		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**EnviroSoxx w/ MetalLoxx [0300403200041] If**

"Failed", is control measure in need of maintenance, Repair, or Replacement?

1100 **EnviroSoxx w/ MetalLoxx [0300403200042] Control**  
Measure is operating effectively? ☐ ☐ ☒

1110 **EnviroSoxx w/ MetalLoxx [0300403200042] If**  
"Failed", is control measure in need of maintenance, Repair, or Replacement? ☐ ☒ ☐

**Area/Activity exposed to stormwater (Identify needed maintenance or a description of corrective actions in relevant task comment).**

1130 Material loading/unloading and storage areas inspected? ☐ ☐ ☒

1140 Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0) ☐ ☒ ☐

1150 Transfer areas for substances in bulk inspected? ☐ ☐ ☒

1160 Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0) ☐ ☒ ☐

1170 Produce/chemical storage areas (raw material) inspected? ☐ ☐ ☒

1180 Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0) ☐ ☒ ☐

1190 Liquid tank storage/secondary containment inspected? ☐ ☐ ☒

1200 Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0) ☐ ☒ ☐

1210 Industrial processing and finished product storage areas inspected? ☐ ☐ ☒

1220 Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0) ☐ ☒ ☐  
*SEE CAR # 1033*  
*clean up metal shavings at welding area.*  
*cover exposed metal materials at welding area.*  
*clean up metals at ground near recycle b.r.*

1230 Equipment operation and maintenance areas inspected? ☐ ☐ ☒

1240 Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0) ☐ ☒ ☐

1250 Fueling areas inspected? ☐ ☐ ☒

1260 Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0) ☐ ☒ ☐

1270 Outdoor vehicle and equipment washing areas inspected? ☐ ☒ ☐

1280 Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0) ☐ ☒ ☐

1290 Machinery inspected? ☐ ☐ ☒

1300 Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0) ☐ ☒ ☐

1310 Waste handling and disposal areas inspected? ☐ ☐ ☒

1320 Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0) ☐ ☒ ☐

1330 Erodible areas/construction inspected? ☐ ☐ ☒

1340 Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0) ☐ ☒ ☐

1350 Locations and sources of run-on to the site inspected? ☐ ☐ ☒

1360 Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0) ☐ ☒ ☐

1370 Non-stormwater/illicit connections inspected? ☐ ☒ ☐

1380 Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0) ☐ ☒ ☐

1390 Salt storage piles or pile containing salt inspected? ☐ ☒ ☐

1400 Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0) ☐ ☒ ☐



1410	Dust generation and vehicle tracking inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1420	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1430	Housekeeping (Industrial materials/residues/trash in contact with stormwater) inspected?	SEE CAR # 1031 Throw out torn tarps on ground S. of cooling tower.		
1440	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	Pick up trash throughout site. SEE CAR # 1033 + Sec 1210+11		
1450	Leaks and spills inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1460	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

#### Non-Compliance

1480	Free of incidents of observed non-compliance not associated with any of the above? (Range: 0 - 0)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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#### Additional Control Measures

1500	Are permit requirements satisfied with existing control measure(s)? If "Failed" describe additional control measures needed. (Range: 0 - 0)	SEE CAR # 1030 East slope of facility has been dug up for water line repairs. Needs Stabilization		
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#### Labor

Labor	Assigned	Work Date	Reg Hrs	OT Hrs	Other Hrs
Jillian Burgin	12/30/2016 / 14				

#### Labor Report

Completed: \_\_\_\_\_ Failure: \_\_\_\_\_ Meter 1: \_\_\_\_\_ Meter 2: \_\_\_\_\_

#### Report:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature / Name \_\_\_\_\_ Date \_\_\_\_\_ Signature / Name \_\_\_\_\_ Date \_\_\_\_\_

WO ID: M36P-59437

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Signature (lead inspector): William Buzgier, CISEC Date and Time: 12/19/16

"I confirm the information as recorded is true, accurate and complete."

(w/ Holly Wheeler)

3:30 PM

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: Russell Stone G DESHS-UTS

Signature: Russell Stone Date: 1/25/2017



## Maintenance Details

**Requested:** 1/23/2017 10:54:49 AM  
**Procedure:** MSGP Stormwater  
 Industrial Routine Facility  
 Inspection (EPC-CP-Form-  
 1020.1)  
**Last PM:** 11/18/2016  
**Project:** Routine Facility Inspections  
 Jan 21017 (P-MSGP-RI-  
 5159)

**Target:** 1/31/2017  
**Priority/Type:** Normal / Inspection  
**Department:** Utilities and  
 Infrastructure

MSGP Program  
 RG121.9  
 TA-3-22 Power & Steam Plant

**Contact:**  
**Phone:**

**Reason:** 2017 January Inspections

**Weather at inspection:**

**Special Instructions:** NMR053195

*Insp. 1/26/17 1700 - 1:40 P.M.*

## Tasks

#	Description	Rating	Meas.	Initials	Failed	N/A	Complete
<b>Weather Information</b>							
	Describe the weather at time of inspection in the Weather lookup table. If "Other" is chosen, provide description in task comments of this line. Document the temperature (F°) in the "Reading" field of this line.						
20			22°F	plc	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Within the Facility Boundary</b>							
40	Is the facility free of new discharges of pollutants that have occurred since the last inspection? If "Failed", describe:				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	If "Failed" has a CAR been previously initiated for this new discharge? (Range: 0 - 0)				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
60	Is the facility free of discharge of pollutants at the time of inspection? If "Failed" describe: (Range: 0 - 0)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Is the facility free of evidence of, or the potential for, pollutants entering the drainage system. If "Failed" describe: (Range: 0 - 0)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Outfall Inspection (needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comment)</b>							
90	<b>Monitored Outfall [005]</b> Free of Evidence of Erosion? (Range: 0 - 0)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
100	<b>Monitored Outfall [005]</b> Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
110	<b>Monitored Outfall [005]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	<b>Monitored Outfall [009]</b> Free of Evidence of Erosion? (Range: 0 - 0)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	<b>Monitored Outfall [009]</b> Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
140	<b>Monitored Outfall [009]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
150	<b>Monitored Outfall [012]</b> Free of Evidence of Erosion? (Range: 0 - 0)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

160	<b>Monitored Outfall [012]</b> Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
170	<b>Monitored Outfall [012]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	<b>Substantially Identical Outfall [006]</b> Free of Evidence of Erosion? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	<b>Substantially Identical Outfall [006]</b> Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
200	<b>Substantially Identical Outfall [006]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
210	<b>Substantially Identical Outfall [007]</b> Free of Evidence of Erosion? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
220	<b>Substantially Identical Outfall [007]</b> Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
230	<b>Substantially Identical Outfall [007]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
240	<b>Substantially Identical Outfall [008]</b> Free of Evidence of Erosion? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
250	<b>Substantially Identical Outfall [008]</b> Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
260	<b>Substantially Identical Outfall [008]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
270	<b>Substantially Identical Outfall [010]</b> Free of Evidence of Erosion? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
280	<b>Substantially Identical Outfall [010]</b> Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
290	<b>Substantially Identical Outfall [010]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
300	<b>Substantially Identical Outfall [011]</b> Free of Evidence of Erosion? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
310	<b>Substantially Identical Outfall [011]</b> Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
320	<b>Substantially Identical Outfall [011]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Control Measures (identify needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comments).**

340	<b>Asphalt Berm [0300403040001]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
350	<b>Asphalt Berm [0300403040001]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
360	<b>Asphalt Berm [0300403040006]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
370	<b>Asphalt Berm [0300403040006]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
380	<b>Asphalt Berm [0300403040007]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
390	<b>Asphalt Berm [0300403040007]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



400	<b>Asphalt Berm [0300403040008]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
410	<b>Asphalt Berm [0300403040008]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
420	<b>Asphalt Berm [0300403040009]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
430	<b>Asphalt Berm [0300403040009]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
440	<b>Asphalt Berm [0300403040010]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
450	<b>Asphalt Berm [0300403040010]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
460	<b>Gravel Bags [0300403100002]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
470	<b>Gravel Bags [0300403100002]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
480	<b>Gravel Bags [0300403100012]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
490	<b>Gravel Bags [0300403100012]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
500	<b>Gravel Bags [0300403100013]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
510	<b>Gravel Bags [0300403100013]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
520	<b>Gravel Bags [0300403100014]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
530	<b>Gravel Bags [0300403100014]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
540	<b>Gravel Bags [0300403100015]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
550	<b>Gravel Bags [0300403100015]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
560	<b>Gravel Bags [0300403100016]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
570	<b>Gravel Bags [0300403100016]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
580	<b>Concrete/Asphalt Channel/Swale [0300404020003]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
590	<b>Concrete/Asphalt Channel/Swale [0300404020003]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
600	<b>Concrete/Asphalt Channel/Swale [0300404020005]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
610	<b>Concrete/Asphalt Channel/Swale [0300404020005]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
620	<b>Concrete/Asphalt Channel/Swale [0300404020024]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
630		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

CAZ # 1029 from 12/19/16 Completed  
Gravel bags Replaced.

↓ (500)

	<b>Concrete/Asphalt Channel/Swale</b> [0300404020024] If "Failed", is control measure in need of maintenance, Repair, or Replacement?			
640	<b>Concrete/Asphalt Channel/Swale</b> [0300404020025] Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
650	<b>Concrete/Asphalt Channel/Swale</b> [0300404020025] If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
660	<b>Concrete/Asphalt Channel/Swale</b> [0300404020037] Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
670	<b>Concrete/Asphalt Channel/Swale</b> [0300404020037] If "Failed", is control measure in need of maintenance, Repair, or Replacement?	CAR # 1032 is still open pending clean out of #800 (BMP) This BMP complete.		
680	<b>Concrete/Asphalt Channel/Swale</b> [300404020004] Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
690	<b>Concrete/Asphalt Channel/Swale</b> [300404020004] If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
700	<b>Eco-Block</b> [0300403110018] Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
710	<b>Eco-Block</b> [0300403110018] If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
720	<b>Eco-Block</b> [0300403110019] Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
730	<b>Eco-Block</b> [0300403110019] If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
740	<b>Eco-Block</b> [0300403110020] Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
750	<b>Eco-Block</b> [0300403110020] If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
760	<b>Eco-Block</b> [0300403110021] Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
770	<b>Eco-Block</b> [0300403110021] If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
780	<b>Infiltration Basin</b> [0300405060023] Control Measure is operating effectively?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
790	<b>Infiltration Basin</b> [0300405060023] If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
800	<b>Rock Channel/Swale</b> [0300404030026] Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
810	<b>Rock Channel/Swale</b> [0300404030026] If "Failed", is control measure in need of maintenance, Repair, or Replacement?	CAR # 1032 still open for clean-out of BMP. Work is high-hazard & scheduled for w/o 4/30/17.		
820	<b>Rock Channel/Swale</b> [0300404030027] Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
830	<b>Rock Channel/Swale</b> [0300404030027] If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
840	<b>Rock Channel/Swale</b> [0300404030028] Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
850	<b>Rock Channel/Swale</b> [0300404030028] If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
860		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	<b>Rock Channel/Swale [0300404030029]</b> Control Measure is operating effectively? (Range: 0 - 0)			
870	<b>Rock Channel/Swale [0300404030029]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
880	<b>Rock Channel/Swale [0300404030030]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
890	<b>Rock Channel/Swale [0300404030030]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
900	<b>Rock Channel/Swale [0300404030031]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
910	<b>Rock Channel/Swale [0300404030031]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
920	<b>Erosion Control Blanket [0300401060032]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
930	<b>Erosion Control Blanket [0300401060032]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
940	<b>Rip Rap [0300404060033]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
950	<b>Rip Rap [0300404060033]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
960	<b>Rip Rap [0300404060038]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
970	<b>Rip Rap [0300404060038]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
980	<b>Rip Rap [0300404060039]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
990	<b>Rip Rap [0300404060039]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1000	<b>Retaining Wall [0300403080034]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1010	<b>Retaining Wall [0300403080034]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1020	<b>Trench Drain [0300409040035]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1030	<b>Trench Drain [0300409040035]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1040	<b>Trench Drain [0300409040036]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1050	<b>Trench Drain [0300409040036]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1060	<b>EnviroSoxx w/ MetalLoxx [0300403200040]</b> Control Measure is operating effectively?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1070	<b>EnviroSoxx w/ MetalLoxx [0300403200040]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1080	<b>EnviroSoxx w/ MetalLoxx [0300403200041]</b> Control Measure is operating effectively?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1090	<b>EnviroSoxx w/ MetalLoxx [0300403200041]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1100	<b>EnviroSoxx w/ MetalLoxx [0300403200042]</b> Control Measure is operating effectively?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

1110 EnviroSoxx w/ MetalLoxx [0300403200042] If  
"Failed", is control measure in need of  
maintenance, Repair, or Replacement?

☐ ☒ ☐

**Area/Activity exposed to stormwater (identify needed maintenance or a description of corrective actions in relevant task comment).**

1130	Material loading/unloading and storage areas inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1140	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1150	Transfer areas for substances in bulk inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1160	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1170	Product/chemical storage areas (raw material) inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1180	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1190	Liquid tank storage/secondary containment inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1200	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1210	Industrial processing and finished product storage areas inspected?	CAR # 1053 from 12/19 completed.		
1220	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1230	Equipment operation and maintenance areas inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1240	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1250	Fueling areas inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1260	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1270	Outdoor vehicle and equipment washing areas inspected?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1280	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1290	Machinery inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1300	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1310	Waste handling and disposal areas inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1320	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1330	Erodible areas/construction inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1340	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1350	Locations and sources of run-on to the site inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1360	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1370	Non-stormwater/illicit connections inspected?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1380	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1390	Salt storage piles or pile containing salt inspected?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1400	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1410	Dust generation and vehicle tracking inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1420	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1430	Housekeeping (Industrial materials/residues/trash in contact with stormwater) inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



1440	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	CAR # 1031 + 1033 Completed.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1450	Leaks and spills inspected?		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1460	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Non-Compliance</b>					
1480	Free of incidents of observed non-compliance not associated with any of the above? (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Additional Control Measures</b>					
	Are permit requirements satisfied with existing control measure(s)? If "Failed" describe additional control measures needed. (Range: 0 - 0)	CAR # 1029 + 1034 Completed. CAR # 1030 Still open.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1500			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Labor

Labor	Assigned	Work Date	Reg Hrs	OT Hrs	Other Hrs
Burgin, Jillian	1/31/2017 / 14				

### Labor Report

Completed: \_\_\_\_\_ Failure: \_\_\_\_\_ Meter 1: \_\_\_\_\_ Meter 2: \_\_\_\_\_

Report:

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WO ID: MSGP-R1-59460 Page 8 of 8

Signature (lead inspector): William Bougin, CISEC Date and Time: 1/26/17 1:40 p.m. JB

"I confirm the information as recorded is true, accurate and complete."

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: Russell Stone GL DSESH LHS

Signature: Russell Stone Date: 2/7/2017



## Maintenance Details

**Requested:** 2/6/2017 2:59:04 PM  
**Procedure:** MSGP Stormwater  
 Industrial Routine Facility  
 Inspection (EPC-CP-Form-  
 1020.1)

**Target:** 2/28/2017  
**Priority/Type:** Normal / Inspection  
**Department:** Utilities and  
 Infrastructure

 MSGP Program  
 RG121.9  
 TA-3-22 Power & Steam Plant

**Last PM:** 12/19/2016

**Project:** RIs Feb 2017 (P-MSGP-  
 RI-5161)

**Contact:**  
**Phone:**

*Insp. 2/16/17*

*1:00 - 1:30 p.m.*

**Reason:** MSGP Stormwater Industrial Routine Facility Inspection

**Weather at inspection:**

**Special Instructions:** NMR053195

## Tasks

#	Description	Rating	Meas.	Initials	Failed	N/A	Complete
<b>Weather Information</b>							
20	Describe the weather at time of inspection in the Weather lookup table. If "Other" is chosen, provide description in task comments of this line. Document the temperature (F°) in the "Reading" field of this line.		<i>52° Sunny</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Within the Facility Boundary</b>							
40	Is the facility free of new discharges of pollutants that have occurred since the last inspection? If "Failed", describe:				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	If "Failed" has a CAR been previously initiated for this new discharge? (Range: 0 - 0)				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
60	Is the facility free of discharge of pollutants at the time of inspection? If "Failed" describe: (Range: 0 - 0)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Is the facility free of evidence of, or the potential for, pollutants entering the drainage system. If "Failed" describe: (Range: 0 - 0)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Outfall Inspection (needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comment)</b>							
90	<b>Monitored Outfall [005]</b> Free of Evidence of Erosion? (Range: 0 - 0)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
100	<b>Monitored Outfall [005]</b> Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
110	<b>Monitored Outfall [005]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	<b>Monitored Outfall [009]</b> Free of Evidence of Erosion? (Range: 0 - 0)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	<b>Monitored Outfall [009]</b> Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
140	<b>Monitored Outfall [009]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
150	<b>Monitored Outfall [012]</b> Free of Evidence of Erosion? (Range: 0 - 0)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
160					<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<b>Monitored Outfall [012] Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)</b>					
170	<b>Monitored Outfall [012] Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	<b>Substantially Identical Outfall [006] Free of Evidence of Erosion? (Range: 0 - 0)</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	<b>Substantially Identical Outfall [006] Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
200	<b>Substantially Identical Outfall [006] Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
210	<b>Substantially Identical Outfall [007] Free of Evidence of Erosion? (Range: 0 - 0)</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
220	<b>Substantially Identical Outfall [007] Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
230	<b>Substantially Identical Outfall [007] Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
240	<b>Substantially Identical Outfall [008] Free of Evidence of Erosion? (Range: 0 - 0)</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
250	<b>Substantially Identical Outfall [008] Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
260	<b>Substantially Identical Outfall [008] Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
270	<b>Substantially Identical Outfall [010] Free of Evidence of Erosion? (Range: 0 - 0)</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
280	<b>Substantially Identical Outfall [010] Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
290	<b>Substantially Identical Outfall [010] Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
300	<b>Substantially Identical Outfall [011] Free of Evidence of Erosion? (Range: 0 - 0)</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
310	<b>Substantially Identical Outfall [011] Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
320	<b>Substantially Identical Outfall [011] Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Control Measures (identify needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comments).</b>					
340	<b>Asphalt Berm [0300403040001] Control Measure is operating effectively? (Range: 0 - 0)</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
350	<b>Asphalt Berm [0300403040001] If "Failed", is control measure in need of maintenance, Repair, or Replacement?</b>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <i>OTB</i>
360	<b>Asphalt Berm [0300403040006] Control Measure is operating effectively? (Range: 0 - 0)</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
370	<b>Asphalt Berm [0300403040006] If "Failed", is control measure in need of maintenance, Repair, or Replacement?</b>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
380	<b>Asphalt Berm [0300403040007] Control Measure is operating effectively? (Range: 0 - 0)</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
390	<b>Asphalt Berm [0300403040007] If "Failed", is control measure in need of maintenance, Repair, or Replacement?</b>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



400	<b>Asphalt Berm [0300403040008]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
410	<b>Asphalt Berm [0300403040008]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
420	<b>Asphalt Berm [0300403040009]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
430	<b>Asphalt Berm [0300403040009]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
440	<b>Asphalt Berm [0300403040010]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
450	<b>Asphalt Berm [0300403040010]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
460	<b>Gravel Bags [0300403100002]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
470	<b>Gravel Bags [0300403100002]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
480	<b>Gravel Bags [0300403100012]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
490	<b>Gravel Bags [0300403100012]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
500	<b>Gravel Bags [0300403100013]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
510	<b>Gravel Bags [0300403100013]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
520	<b>Gravel Bags [0300403100014]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
530	<b>Gravel Bags [0300403100014]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
540	<b>Gravel Bags [0300403100015]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
550	<b>Gravel Bags [0300403100015]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
560	<b>Gravel Bags [0300403100016]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
570	<b>Gravel Bags [0300403100016]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
580	<b>Concrete/Asphalt Channel/Swale [0300404020003]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
590	<b>Concrete/Asphalt Channel/Swale [0300404020003]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
600	<b>Concrete/Asphalt Channel/Swale [0300404020005]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
610	<b>Concrete/Asphalt Channel/Swale [0300404020005]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
620	<b>Concrete/Asphalt Channel/Swale [0300404020024]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
630		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

	<b>Concrete/Asphalt Channel/Swale</b> [0300404020024] If "Failed", is control measure in need of maintenance, Repair, or Replacement?			
640	<b>Concrete/Asphalt Channel/Swale</b> [0300404020025] Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
650	<b>Concrete/Asphalt Channel/Swale</b> [0300404020025] If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
660	<b>Concrete/Asphalt Channel/Swale</b> [0300404020037] Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
670	<b>Concrete/Asphalt Channel/Swale</b> [0300404020037] If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
680	<b>Concrete/Asphalt Channel/Swale</b> [300404020004] Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
690	<b>Concrete/Asphalt Channel/Swale</b> [300404020004] If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
700	<b>Eco-Block</b> [0300403110018] Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
710	<b>Eco-Block</b> [0300403110018] If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
720	<b>Eco-Block</b> [0300403110019] Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
730	<b>Eco-Block</b> [0300403110019] If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
740	<b>Eco-Block</b> [0300403110020] Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
750	<b>Eco-Block</b> [0300403110020] If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
760	<b>Eco-Block</b> [0300403110021] Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
770	<b>Eco-Block</b> [0300403110021] If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
780	<b>Infiltration Basin</b> [0300405060023] Control Measure is operating effectively?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
790	<b>Infiltration Basin</b> [0300405060023] If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
800	<b>Rock Channel/Swale</b> [0300404030026] Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
810	<b>Rock Channel/Swale</b> [0300404030026] If "Failed", is control measure in need of maintenance, Repair, or Replacement?	CAR# 1032 was closed out as of 2/8/17 Swale cleaned out.		
820	<b>Rock Channel/Swale</b> [0300404030027] Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
830	<b>Rock Channel/Swale</b> [0300404030027] If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
840	<b>Rock Channel/Swale</b> [0300404030028] Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
850	<b>Rock Channel/Swale</b> [0300404030028] If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
860		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



	<b>Rock Channel/Swale [0300404030029]</b> Control Measure is operating effectively? (Range: 0 - 0)			
870	<b>Rock Channel/Swale [0300404030029]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
880	<b>Rock Channel/Swale [0300404030030]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
890	<b>Rock Channel/Swale [0300404030030]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
900	<b>Rock Channel/Swale [0300404030031]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
910	<b>Rock Channel/Swale [0300404030031]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
920	<b>Erosion Control Blanket [0300401060032]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
930	<b>Erosion Control Blanket [0300401060032]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
940	<b>Rip Rap [0300404060033]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
950	<b>Rip Rap [0300404060033]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
960	<b>Rip Rap [0300404060038]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
970	<b>Rip Rap [0300404060038]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
980	<b>Rip Rap [0300404060039]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
990	<b>Rip Rap [0300404060039]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1000	<b>Retaining Wall [0300403080034]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1010	<b>Retaining Wall [0300403080034]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1020	<b>Trench Drain [0300409040035]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1030	<b>Trench Drain [0300409040035]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1040	<b>Trench Drain [0300409040036]</b> Control Measure is operating effectively? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1050	<b>Trench Drain [0300409040036]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1060	<b>EnviroSoxx w/ MetalLoxx [0300403200040]</b> Control Measure is operating effectively?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1070	<b>EnviroSoxx w/ MetalLoxx [0300403200040]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1080	<b>EnviroSoxx w/ MetalLoxx [0300403200041]</b> Control Measure is operating effectively?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1090	<b>EnviroSoxx w/ MetalLoxx [0300403200041]</b> If "Failed", is control measure in need of maintenance, Repair, or Replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1100	<b>EnviroSoxx w/ MetalLoxx [0300403200042]</b> Control Measure is operating effectively?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

1110 EnviroSoxx w/ MetalLoxx [0300403200042] If  
 "Failed", is control measure in need of  
 maintenance, Repair, or Replacement?

☐ ☒ ☐

Area/Activity exposed to stormwater (identify needed maintenance or a description of corrective actions in relevant task comment).

1130	Material loading/unloading and storage areas inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1140	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1150	Transfer areas for substances in bulk inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1160	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1170	Product/chemical storage areas (raw material) inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1180	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1190	Liquid tank storage/secondary containment inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1200	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1210	Industrial processing and finished product storage areas inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1220	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1230	Equipment operation and maintenance areas inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1240	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1250	Fueling areas inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1260	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1270	Outdoor vehicle and equipment washing areas inspected?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1280	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1290	Machinery inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1300	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1310	Waste handling and disposal areas inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1320	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1330	Erodible areas/construction inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1340	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1350	Locations and sources of run-on to the site inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1360	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1370	Non-stormwater/illicit connections inspected?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1380	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1390	Salt storage piles or pile containing salt inspected?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1400	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1410	Dust generation and vehicle tracking inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1420	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1430	Housekeeping (Industrial materials/residues/trash in contact with stormwater) inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

CAR # 1054

Pick up & dispose of piping on ground under metal roll-off.



1440	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1450	Leaks and spills inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1460	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

#### Non-Compliance

1480	Free of incidents of observed non-compliance not associated with any of the above? (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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#### Additional Control Measures

1500	Are permit requirements satisfied with existing control measure(s)? If "Failed" describe additional control measures needed. (Range: 0 - 0)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>CAR # 1030 Still open for stabilization of E. Slope. DEP met w/ EPC &amp; UI Staff on Feb 9th to discuss options. Seeding &amp; Cocorut blanket will be used.</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<i>EX-ID 17X-0096</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

#### Labor

Labor	Assigned	Work Date	Reg Hrs	OT Hrs	Other Hrs
Burgin, Jillian	2/28/2017 / 14				

#### Labor Report

Completed: \_\_\_\_\_ Failure: \_\_\_\_\_ Meter 1: \_\_\_\_\_ Meter 2: \_\_\_\_\_

Report:

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WO ID: MSGP-R1-59474 Page 8 of 8

Signature (lead inspector): William Bueger, CISEC Date and Time: 2/16/17

"I confirm the information as recorded is true, accurate and complete."

1:30 p.m.

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: Russell Stone GC DSESH-UIS

Signature: Russell Stone Date: 3/7/2017



## Maintenance Details

**Requested:** 3/7/2017 11:12:00 AM  
**Procedure:** MSGP Stormwater  
 Industrial Routine Facility  
 Inspection (EPC-CP-Form-  
 1020)  
**Last PM:** 12/19/2016  
**Project:** Routine Facility Inspections  
 March 2017 (P-MSGP-RI-  
 5162)

**Target:** 3/31/2017  
**Priority/Type:** / Inspection  
**Department:** Utilities and  
 Infrastructure

MSGP Program  
 RG121.9  
 TA-3-22 Power & Steam Plant

**Contact:**  
**Phone:**

**Reason:** 2017 March Inspections

**Weather at inspection:**

**Special Instructions:** NMR053195

*Inspection 3/23/17  
 1:00 - 1:40 p.m.*

## Tasks

#	Description	Rating	Meas.	Initials	Failed	N/A	Complete
<b>Weather Information</b>							
20	Describe the weather at time of inspection in the Weather lookup table. If "Other" is chosen, provide description in task comments of this line. Document the temperature (F°) in the "Reading" field of this line.		59° Cloudy & windy		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Within the Facility Boundary</b>							
40	Is the facility free of new discharges of pollutants that have occurred since the last inspection? If "No", describe:				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
50	If "No" has a CAR been previously initiated for this new discharge?				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
60	Is the facility free of discharge of pollutants at the time of inspection? If "No" describe.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Is the facility free of evidence of, or the potential for, pollutants entering the drainage system. If "No" describe.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Outfall Inspection (needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comment)</b>							
90	<b>Monitored Outfall [005]</b> Free of Evidence of Erosion? If "No", describe.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
100	<b>Monitored Outfall [005]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
110	<b>Monitored Outfall [005]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	<b>Monitored Outfall [009]</b> Free of Evidence of Erosion? If "No", describe.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	<b>Monitored Outfall [009]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
140	<b>Monitored Outfall [009]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
150	<b>Monitored Outfall [012]</b> Free of Evidence of Erosion? If "No", describe.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
160					<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	<b>Monitored Outfall [012]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.				
170	<b>Monitored Outfall [012]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	<b>Substantially Identical Outfall [006]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	<b>Substantially Identical Outfall [006]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
200	<b>Substantially Identical Outfall [006]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
210	<b>Substantially Identical Outfall [007]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
220	<b>Substantially Identical Outfall [007]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
230	<b>Substantially Identical Outfall [007]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
240	<b>Substantially Identical Outfall [008]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
250	<b>Substantially Identical Outfall [008]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
260	<b>Substantially Identical Outfall [008]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
270	<b>Substantially Identical Outfall [010]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
280	<b>Substantially Identical Outfall [010]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
290	<b>Substantially Identical Outfall [010]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
300	<b>Substantially Identical Outfall [011]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
310	<b>Substantially Identical Outfall [011]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
320	<b>Substantially Identical Outfall [011]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Control Measures (identify needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comments).**

340	<b>Asphalt Berm [0300403040001]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
350	<b>Asphalt Berm [0300403040006]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
360	<b>Asphalt Berm [0300403040007]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
370	<b>Asphalt Berm [0300403040008]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
380	<b>Asphalt Berm [0300403040009]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



390	<b>Asphalt Berm [0300403040010]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
400	<b>Gravel Bags [0300403100002]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
410	<b>Gravel Bags [0300403100012]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
420	<b>Gravel Bags [0300403100013]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
430	<b>Gravel Bags [0300403100014]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
440	<b>Gravel Bags [0300403100015]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
450	<b>Gravel Bags [0300403100016]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
460	<b>Concrete/Asphalt Channel/Swale [0300404020003]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
470	<b>Concrete/Asphalt Channel/Swale [0300404020005]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
480	<b>Concrete/Asphalt Channel/Swale [0300404020024]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
490	<b>Concrete/Asphalt Channel/Swale [0300404020025]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
500	<b>Concrete/Asphalt Channel/Swale [0300404020037]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
510	<b>Concrete/Asphalt Channel/Swale [300404020004]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
520	<b>Eco-Block [0300403110018]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
530	<b>Eco-Block [0300403110019]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
540	<b>Eco-Block [0300403110020]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
550	<b>Eco-Block [0300403110021]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
560	<b>Infiltration Basin [0300405060023]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
570	<b>Rock Channel/Swale [0300404030026]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

580	<b>Rock Channel/Swale [0300404030027]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
590	<b>Rock Channel/Swale [0300404030028]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
600	<b>Rock Channel/Swale [0300404030029]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
610	<b>Rock Channel/Swale [0300404030030]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
620	<b>Rock Channel/Swale [0300404030031]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
630	<b>Erosion Control Blanket [0300401060032]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
640	<b>Rip Rap [0300404060033]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
650	<b>Rip Rap [0300404060038]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
660	<b>Rip Rap [0300404060039]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
670	<b>Retaining Wall [0300403080034]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
680	<b>Trench Drain [0300409040035]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
690	<b>Trench Drain [0300409040036]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
700	<b>EnviroSoxx w/ MetalLoxx [0300403200040]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
710	<b>EnviroSoxx w/ MetalLoxx [0300403200041]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
720	<b>EnviroSoxx w/ MetalLoxx [0300403200042]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Area/Activity exposed to stormwater (identify needed maintenance or a description of corrective actions in relevant task comment).**

740	Material loading/unloading and storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
750	Transfer areas for substances in bulk: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
760		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



	Product/chemical storage areas (raw material): controls adequate (appropriate, effective, and operating)? If "No" describe.				
770	Liquid tank storage/secondary containment: controls adequate (appropriate, effective, and operating)? If "No" describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
780	Industrial processing and finished product storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
790	Equipment operation and maintenance areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
800	Fueling areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
810	Outdoor vehicle and equipment washing areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
820	Machinery: controls adequate (appropriate, effective, and operating)? If "No" describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
830	Waste handling and disposal areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
840	Erodible areas/construction: controls adequate (appropriate, effective, and operating)? If "No" describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
850	Locations and sources of run-on to the site: controls adequate (appropriate, effective, and operating)? If "No" describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
860	Non-stormwater/illicit connections: controls adequate (appropriate, effective, and operating)? If "No" describe.		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
870	Salt storage piles or pile containing salt: controls adequate (appropriate, effective, and operating)? If "No" describe.		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
880	Dust generation and vehicle tracking: controls adequate (appropriate, effective, and operating)? If "No" describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
890	Housekeeping (Industrial materials/residues/trash in contact with stormwater): controls adequate (appropriate, effective, and operating)? If "No" describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
900	Leaks and spills: controls adequate (appropriate, effective, and operating)? If "No" describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Non-Compliance</b> CAR # 1073 Excess asphalt in roadway needs to be cleaned up. East of E. Slope.					
920	Free of incidents of observed non-compliance not already identified above? If "No" describe.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Additional Control Measures</b>					
940	Are permit requirements satisfied with existing control measure(s)? If "No" describe additional control measures needed.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Labor

Labor	Assigned	Work Date	Reg Hrs	OT Hrs	Other Hrs
Burgin, Jillian	3/31/2017 / 14				

## Labor Report

Completed: \_\_\_\_\_ Failure: \_\_\_\_\_ Meter 1: \_\_\_\_\_ Meter 2: \_\_\_\_\_

Report:

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WO ID: MSGP-R1-59484 Page 7 of 7

Name/Z#: Jillian Burgin, 211081

Signature (lead inspector): [Signature], CISEC Date and Time: 3/23/17

"I confirm the information as recorded is true, accurate and complete."

1:40 P.M.

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: Russell Stone GC DSESH-UTS

Signature: [Signature] Date: 3/28/2017

### Maintenance Details

**Requested:** 4/4/2017 5:48:08 PM

**Target:** 4/30/2017

 MSGP Program

**Procedure:** MSGP Stormwater  
Industrial Routine Facility  
Inspection (EPC-CP-Form-  
1020)

**Priority/Type:** Normal / Inspection

RG121.9

**Department:** Utilities and Infrastructure

### TA-3-22 Power & Steam Plant

**Last PM:** 3/23/2017

**Contact:**

**Project:** Routine Facility Inspections  
April 2017 (P-MSGP-RI-5170)

Phone:

Reason: 2017 April Inspections

**Weather at inspection:**

Special Instructions: NMR053195

Dr. 4/19/17 1:00 - 2:00 pm

## Tasks

#	Description	Rating	Meas.	Initials	Failed	N/A	Complete
<b>Weather Information</b>							
20	Describe the weather at time of inspection in the Weather lookup table. If "Other" is chosen, provide description in task comments of this line. Document the temperature (F°) in the "Reading" field of this line.						
		70°	Clear	Sunny	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Within the Facility Boundary</b>							
40	Is the facility free of new discharges of pollutants that have occurred since the last inspection? If "No", describe:				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	If "No" has a CAR been previously initiated for this new discharge?				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
60	Is the facility free of discharge of pollutants at the time of inspection? If "No" describe.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Is the facility free of evidence of, or the potential for, pollutants entering the drainage system. If "No" describe.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Outfall Inspection (needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comment)</b>							
90	<b>Monitored Outfall [005]</b> Free of Evidence of Erosion? If "No", describe.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
100	<b>Monitored Outfall [005]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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120	<b>Monitored Outfall [009]</b> Free of Evidence of Erosion? If "No", describe.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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150	<b>Monitored Outfall [012]</b> Free of Evidence of Erosion? If "No", describe.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
160					<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



	<b>Monitored Outfall [012]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.				
170	<b>Monitored Outfall [012]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	<b>Substantially Identical Outfall [006]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	<b>Substantially Identical Outfall [006]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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210	<b>Substantially Identical Outfall [007]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
220	<b>Substantially Identical Outfall [007]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
230	<b>Substantially Identical Outfall [007]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
240	<b>Substantially Identical Outfall [008]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
250	<b>Substantially Identical Outfall [008]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
260	<b>Substantially Identical Outfall [008]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
270	<b>Substantially Identical Outfall [010]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
280	<b>Substantially Identical Outfall [010]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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340	<b>Asphalt Berm [0300403040001]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
350	<b>Asphalt Berm [0300403040006]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
360	<b>Asphalt Berm [0300403040007]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
370	<b>Asphalt Berm [0300403040008]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
380	<b>Asphalt Berm [0300403040009]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

390	<b>Asphalt Berm [0300403040010]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
400	<b>Gravel Bags [0300403100002]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
410	<b>Gravel Bags [0300403100012]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
420	<b>Gravel Bags [0300403100013]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
430	<b>Gravel Bags [0300403100014]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
440	<b>Gravel Bags [0300403100015]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
450	<b>Gravel Bags [0300403100016]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
460	<b>Concrete/Asphalt Channel/Swale [0300404020003]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
470	<b>Concrete/Asphalt Channel/Swale [0300404020005]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
480	<b>Concrete/Asphalt Channel/Swale [0300404020024]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
490	<b>Concrete/Asphalt Channel/Swale [0300404020025]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
500	<b>Concrete/Asphalt Channel/Swale [0300404020037]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
510	<b>Concrete/Asphalt Channel/Swale [300404020004]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
520	<b>Eco-Block [0300403110018]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
530	<b>Eco-Block [0300403110019]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
540	<b>Eco-Block [0300403110020]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
550	<b>Eco-Block [0300403110021]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
560	<b>Infiltration Basin [0300405060023]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
570	<b>Rock Channel/Swale [0300404030026]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

580	<b>Rock Channel/Swale [0300404030027]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
590	<b>Rock Channel/Swale [0300404030028]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
600	<b>Rock Channel/Swale [0300404030029]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
610	<b>Rock Channel/Swale [0300404030030]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
620	<b>Rock Channel/Swale [0300404030031]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
630	<b>Erosion Control Blanket [0300401060032]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
640	<b>Rip Rap [0300404060033]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
650	<b>Rip Rap [0300404060038]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
660	<b>Rip Rap [0300404060039]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
670	<b>Retaining Wall [0300403080034]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
680	<b>Trench Drain [0300409040035]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
690	<b>Trench Drain [0300409040036]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
700	<b>EnviroSoxx w/ MetalLoxx [0300403200040]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
710	<b>EnviroSoxx w/ MetalLoxx [0300403200041]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
720	<b>EnviroSoxx w/ MetalLoxx [0300403200042]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Area/Activity exposed to stormwater (identify needed maintenance or a description of corrective actions in relevant task comment).**

740	Material loading/unloading and storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
750	Transfer areas for substances in bulk: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
760		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Product/chemical storage areas (raw material): controls adequate (appropriate, effective, and operating)? If "No" describe.			
770	Liquid tank storage/secondary containment: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
780	Industrial processing and finished product storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
790	Equipment operation and maintenance areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
800	Fueling areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
810	Outdoor vehicle and equipment washing areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
820	Machinery: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
830	Waste handling and disposal areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	Clean up materials around roll-off bin (metal pieces) CAR # 1091	
840	Erodible areas/construction: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
850	Locations and sources of run-on to the site: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
860	Non-stormwater/illicit connections: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
870	Salt storage piles or pile containing salt: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
880	Dust generation and vehicle tracking: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
890	Housekeeping (Industrial materials/residues/trash in contact with stormwater): controls adequate (appropriate, effective, and operating)? If "No" describe.	Remove pallets & broken asphalt. General housekeeping + 10 facility needed. Remove bollards. CAR # 1089, 1090, 1091.	
900	Leaks and spills: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Non-Compliance</b>			
920	Free of incidents of observed non-compliance not already identified above? If "No" describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Additional Control Measures</b>			
940	Are permit requirements satisfied with existing control measure(s)? If "No" describe additional control measures needed.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Labor

Labor	Assigned	Work Date	Reg Hrs	OT Hrs	Other Hrs
Burgin, Jillian	4/4/2017 / 1				

## Labor Report

Completed: \_\_\_\_\_ Failure: \_\_\_\_\_ Meter 1: \_\_\_\_\_ Meter 2: \_\_\_\_\_

**Report:**

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WO ID: MSGP-R1-59712 Page 7 of 7

Name/Z#: Julian Burgin, 24081

Signature (lead inspector): Julian Burgin, CISEC Date and Time: 4/19/17 2:00 PM.

"I confirm the information as recorded is true, accurate and complete."

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: Russell Stone GL DESKS UTS

Signature: Russell Stone Date: 5/4/2017



**Maintenance Details**

**Requested:** 5/1/2017 11:12:21 AM  
**Procedure:** MSGP Stormwater  
 Industrial Routine Facility  
 Inspection (EPC-CP-Form-  
 1020)  
**Last PM:** 3/23/2017  
**Project:** Routine Facility Inspections  
 May 2017 (P-MSGP-RI-  
 5180)

**Target:** 5/31/2017  
**Priority/Type:** Normal / Inspection  
**Department:** Utilities and  
 Infrastructure

 MSGP Program  
 RG121.9  
 TA-3-22 Power & Steam Plant

**Contact:**  
**Phone:**

**Reason:** 2017 May Inspections

**Special Instructions:** NMR053195

*Insp. 5/18/17  
 9:00 - 10:00 a.m.*

**Tasks**

#	Description	Meas.	No	N/A	Yes
<b>Weather Information</b>					
20	Describe the weather at time of inspection in the Weather lookup table. If "Other" is chosen, provide description in task comments of this line. Document the temperature (F°) in the "Reading" field of this line.				
	<i>46° Plc windy</i>				<input checked="" type="checkbox"/>
<b>Within the Facility Boundary</b>					
40	Is the facility free of new discharges of pollutants that have occurred since the last inspection? If "No", describe:		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	If "No" has a CAR been previously initiated for this new discharge?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
60	Is the facility free of discharge of pollutants at the time of inspection? If "No" describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Is the facility free of evidence of, or the potential for, pollutants entering the drainage system. If "No" describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Outfall Inspection (needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comment)</b>					
90	<b>Monitored Outfall [005]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
100	<b>Monitored Outfall [005]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
110	<b>Monitored Outfall [005]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	<b>Monitored Outfall [009]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	<b>Monitored Outfall [009]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
140	<b>Monitored Outfall [009]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
150	<b>Monitored Outfall [012]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
160	<b>Monitored Outfall [012]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
170	<b>Monitored Outfall [012]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	<b>Substantially Identical Outfall [006]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	<b>Substantially Identical Outfall [006]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
200	<b>Substantially Identical Outfall [006]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
210			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	<b>Substantially Identical Outfall [007] Free of Evidence of Erosion? If "No", describe.</b>			
220	<b>Substantially Identical Outfall [007] Flow Dissipation Devices Operating Effectively? If "No", describe.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
230	<b>Substantially Identical Outfall [007] Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
240	<b>Substantially Identical Outfall [008] Free of Evidence of Erosion? If "No", describe.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
250	<b>Substantially Identical Outfall [008] Flow Dissipation Devices Operating Effectively? If "No", describe.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
260	<b>Substantially Identical Outfall [008] Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
270	<b>Substantially Identical Outfall [010] Free of Evidence of Erosion? If "No", describe.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
280	<b>Substantially Identical Outfall [010] Flow Dissipation Devices Operating Effectively? If "No", describe.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
290	<b>Substantially Identical Outfall [010] Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
300	<b>Substantially Identical Outfall [011] Free of Evidence of Erosion? If "No", describe.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
310	<b>Substantially Identical Outfall [011] Flow Dissipation Devices Operating Effectively? If "No", describe.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
320	<b>Substantially Identical Outfall [011] Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Control Measures (identify needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comments).</b>				
340	<b>Asphalt Berm [0300403040001] Control Measure is operating effectively? If "No" describe condition &amp; need for Maintenance, Repair, or Replacement.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
350	<b>Asphalt Berm [0300403040006] Control Measure is operating effectively? If "No" describe condition &amp; need for Maintenance, Repair, or Replacement.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
360	<b>Asphalt Berm [0300403040007] Control Measure is operating effectively? If "No" describe condition &amp; need for Maintenance, Repair, or Replacement.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
370	<b>Asphalt Berm [0300403040008] Control Measure is operating effectively? If "No" describe condition &amp; need for Maintenance, Repair, or Replacement.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
380	<b>Asphalt Berm [0300403040009] Control Measure is operating effectively? If "No" describe condition &amp; need for Maintenance, Repair, or Replacement.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
390	<b>Asphalt Berm [0300403040010] Control Measure is operating effectively? If "No" describe condition &amp; need for Maintenance, Repair, or Replacement.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
400	<b>Gravel Bags [0300403100002] Control Measure is operating effectively? If "No" describe condition &amp; need for Maintenance, Repair, or Replacement.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
410	<b>Gravel Bags [0300403100012] Control Measure is operating effectively? If "No" describe condition &amp; need for Maintenance, Repair, or Replacement.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
420	<b>Gravel Bags [0300403100013] Control Measure is operating effectively? If "No" describe condition &amp; need for Maintenance, Repair, or Replacement.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
430	<b>Gravel Bags [0300403100014] Control Measure is operating effectively? If "No" describe condition &amp; need for Maintenance, Repair, or Replacement.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
440	<b>Gravel Bags [0300403100015] Control Measure is operating effectively? If "No" describe condition &amp; need for Maintenance, Repair, or Replacement.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
450	<b>Gravel Bags [0300403100016] Control Measure is operating effectively? If "No" describe condition &amp; need for Maintenance, Repair, or Replacement.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
460	<b>Concrete/Asphalt Channel/Swale [0300404020003] Control Measure is operating effectively? If "No" describe condition &amp; need for Maintenance, Repair, or Replacement.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
470	<b>Concrete/Asphalt Channel/Swale [0300404020005] Control Measure is operating effectively? If "No" describe condition &amp; need for Maintenance, Repair, or Replacement.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
480	<b>Concrete/Asphalt Channel/Swale [0300404020024] Control Measure is operating effectively? If "No" describe condition &amp; need for Maintenance, Repair, or Replacement.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
490		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



**Concrete/Asphalt Channel/Swale [0300404020025]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement

500	<b>Concrete/Asphalt Channel/Swale [0300404020037]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement. <i>Debris + sediment in Swale needs clean-out.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>CAR # 1101</i>
510	<b>Concrete/Asphalt Channel/Swale [300404020004]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
520	<b>Eco-Block [0300403110018]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
530	<b>Eco-Block [0300403110019]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
540	<b>Eco-Block [0300403110020]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
550	<b>Eco-Block [0300403110021]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
560	<b>Infiltration Basin [0300405060023]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
570	<b>Rock Channel/Swale [0300404030026]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
580	<b>Rock Channel/Swale [0300404030027]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
590	<b>Rock Channel/Swale [0300404030028]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
600	<b>Rock Channel/Swale [0300404030029]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
610	<b>Rock Channel/Swale [0300404030030]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
620	<b>Rock Channel/Swale [0300404030031]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
630	<b>Erosion Control Blanket [0300401060032]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
640	<b>Rip Rap [0300404060033]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
650	<b>Rip Rap [0300404060038]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
660	<b>Rip Rap [0300404060039]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
670	<b>Retaining Wall [0300403080034]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
680	<b>Trench Drain [0300409040035]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
690	<b>Trench Drain [0300409040036]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement. <i>Sediment in culvert needs clean-out.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>CAR # 1102</i>
700	<b>EnviroSoxx w/ MetalLoxx [0300403200040]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
710	<b>EnviroSoxx w/ MetalLoxx [0300403200041]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
720	<b>EnviroSoxx w/ MetalLoxx [0300403200042]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Area/Activity exposed to stormwater (identify needed maintenance or a description of corrective actions in relevant task comment).</b>					
740	Material loading/unloading and storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
750	Transfer areas for substances in bulk: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

760	Product/chemical storage areas (raw material): controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
770	Liquid tank storage/secondary containment: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
780	Industrial processing and finished product storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
790	Equipment operation and maintenance areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
800	Fueling areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
810	Outdoor vehicle and equipment washing areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
820	Machinery: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
830	Waste handling and disposal areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
840	Erodible areas/construction: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
850	Locations and sources of run-on to the site: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
860	Non-stormwater/illicit connections: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
870	Salt storage piles or pile containing salt: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
880	Dust generation and vehicle tracking: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
890	Housekeeping (Industrial materials/residues/trash in contact with stormwater): controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
900	Leaks and spills: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Non-Compliance</b>				
920	Free of incidents of observed non-compliance not already identified above? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Additional Control Measures</b>				
940	Are permit requirements satisfied with existing control measure(s)? If "No" describe additional control measures needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

### Labor

Labor	Assigned	Work Date	Reg Hrs	OT Hrs	Other Hrs
Burgin, Jillian	5/31/2017 / 14				

### Labor Report

Completed: \_\_\_\_\_

Report: \_\_\_\_\_

WO ID: MSGP-R1-59908 Page 4 of 5

Name/Z#: Jillian Burgin, 211081

Signature (lead inspector): Bougin, CISE C Date and Time: 5/18/17

"I confirm the information as recorded is true, accurate and complete."

10:00 a.m.

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: Russell Stone GC DSESH-UES

Signature: Russell Stone Date: 5/31/2017

## Maintenance Details

**Requested:** 5/26/2017 4:14:00 PM  
**Procedure:** MSGP Stormwater  
 Industrial Routine Facility  
 Inspection (EPC-CP-Form-  
 1020)  
**Last PM:** 4/19/2017  
**Project:** Routine Facility Inspections  
 June 2017 (P-MSGP-RI-  
 5187)

**Target:** 6/30/2017  
**Priority/Type:** Normal / Inspection  
**Department:** Utilities and  
 Infrastructure

 MSGP Program  
 RG121.9  
 TA-3-22 Power & Steam Plant

**Contact:**  
**Phone:**

**Reason:** 2017 June Inspections

**Special Instructions:** NMR053195

*Inspection 6/13/17  
 9:15 - 10:00 a.m.*

## Tasks

#	Description	Meas.	No	N/A	Yes
<b>Weather Information</b>					
20	Describe the weather at time of inspection. Document the temperature (F°) in the "Reading" field of this line.	<i>Sunny 62° clear</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Within the Facility Boundary</b>					
40	Is the facility free of new discharges of pollutants that have occurred since the last inspection? If "No", describe:		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	If "No" has a CAR been previously initiated for this new discharge?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
60	Is the facility free of discharge of pollutants at the time of inspection? If "No" describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Is the facility free of evidence of, or the potential for, pollutants entering the drainage system. If "No" describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Outfall Inspection (needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comment)</b>					
90	<b>Monitored Outfall [005]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
100	<b>Monitored Outfall [005]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
110	<b>Monitored Outfall [005]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	<b>Monitored Outfall [009]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	<b>Monitored Outfall [009]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
140	<b>Monitored Outfall [009]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
150	<b>Monitored Outfall [012]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
160	<b>Monitored Outfall [012]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
170	<b>Monitored Outfall [012]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	<b>Substantially Identical Outfall [006]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	<b>Substantially Identical Outfall [006]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
200	<b>Substantially Identical Outfall [006]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
210	<b>Substantially Identical Outfall [007]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



220	<b>Substantially Identical Outfall [007]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
230	<b>Substantially Identical Outfall [007]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
240	<b>Substantially Identical Outfall [008]</b> Free of Evidence of Erosion? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
250	<b>Substantially Identical Outfall [008]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
260	<b>Substantially Identical Outfall [008]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
270	<b>Substantially Identical Outfall [010]</b> Free of Evidence of Erosion? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
280	<b>Substantially Identical Outfall [010]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
290	<b>Substantially Identical Outfall [010]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
300	<b>Substantially Identical Outfall [011]</b> Free of Evidence of Erosion? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
310	<b>Substantially Identical Outfall [011]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
320	<b>Substantially Identical Outfall [011]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Control Measures (identify needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comments).**

340	<b>Asphalt Berm [0300403040001]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
350	<b>Asphalt Berm [0300403040006]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
360	<b>Asphalt Berm [0300403040007]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
370	<b>Asphalt Berm [0300403040008]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
380	<b>Asphalt Berm [0300403040009]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
390	<b>Asphalt Berm [0300403040010]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
400	<b>Gravel Bags [0300403100002]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
410	<b>Gravel Bags [0300403100012]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
420	<b>Gravel Bags [0300403100013]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
430	<b>Gravel Bags [0300403100014]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
440	<b>Gravel Bags [0300403100015]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
450	<b>Gravel Bags [0300403100016]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
460	<b>Concrete/Asphalt Channel/Swale [0300404020003]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
470	<b>Concrete/Asphalt Channel/Swale [0300404020005]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
480	<b>Concrete/Asphalt Channel/Swale [0300404020024]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
490	<b>Concrete/Asphalt Channel/Swale [0300404020025]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



500	<b>Concrete/Asphalt Channel/Swale [0300404020037]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				<i>CAR# 1101 Complete.</i>
510	<b>Concrete/Asphalt Channel/Swale [300404020004]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
520	<b>Eco-Block [0300403110018]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
530	<b>Eco-Block [0300403110019]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
540	<b>Eco-Block [0300403110020]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
550	<b>Eco-Block [0300403110021]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
560	<b>Infiltration Basin [0300405060023]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
570	<b>Rock Channel/Swale [0300404030026]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
580	<b>Rock Channel/Swale [0300404030027]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
590	<b>Rock Channel/Swale [0300404030028]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
600	<b>Rock Channel/Swale [0300404030029]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
610	<b>Rock Channel/Swale [0300404030030]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
620	<b>Rock Channel/Swale [0300404030031]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
630	<b>Erosion Control Blanket [0300401060032]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
640	<b>Rip Rap [0300404060033]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
650	<b>Rip Rap [0300404060038]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
660	<b>Rip Rap [0300404060039]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
670	<b>Retaining Wall [0300403080034]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
680	<b>Trench Drain [0300409040035]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
690	<b>Trench Drain [0300409040036]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>CAR# 1102 Complete.</i>
700	<b>EnviroSoxx w/ MetalLoxx [0300403200040]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
710	<b>EnviroSoxx w/ MetalLoxx [0300403200041]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
720	<b>EnviroSoxx w/ MetalLoxx [0300403200042]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Area/Activity exposed to stormwater (identify needed maintenance or a description of corrective actions in relevant task comment).</b>					
740	Material loading/unloading and storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
750	Transfer areas for substances in bulk: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
760	Product/chemical storage areas (raw material): controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
770		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

	Liquid tank storage/secondary containment: controls adequate (appropriate, effective, and operating)? If "No" describe.			
780	Industrial processing and finished product storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
790	Equipment operation and maintenance areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
800	Fueling areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
810	Outdoor vehicle and equipment washing areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
820	Machinery: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
830	Waste handling and disposal areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
840	Erodible areas/construction: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
850	Locations and sources of run-on to the site: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
860	Non-stormwater/illicit connections: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
870	Salt storage piles or pile containing salt: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
880	Dust generation and vehicle tracking: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
890	Housekeeping (Industrial materials/residues/trash in contact with stormwater): controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
900	Leaks and spills: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Non-Compliance</b>				
920	Free of incidents of observed non-compliance not already identified above? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Additional Control Measures</b>				
940	Are permit requirements satisfied with existing control measure(s)? If "No" describe additional control measures needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

### Labor

Labor	Assigned	Work Date	Reg Hrs	OT Hrs	Other Hrs
Burgin, Jillian	6/30/2017 / 14				

### Labor Report

Completed: \_\_\_\_\_

Report: \_\_\_\_\_

WO ID: M56P-R1-60207 Page 4 of 5

Name/Z#: Jillian Burgin, 211081



Signature (lead inspector): William Buzin, CISEC Date and Time: 6/13/17

"I confirm the information as recorded is true, accurate and complete."

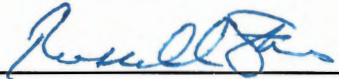
10:00am

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: Russell Stone, GL DSESH-UIS

Signature:  Date: 8/3/2017



## Maintenance Details

Requested: 7/10/2017 8:54:06 AM

Target: 7/31/2017

MSGP Program

Procedure: MSGP Stormwater Industrial  
Routine Facility Inspection  
(EPC-CP-Form-1020)

Priority/Type: Normal / Inspection

RG121.9

Department: Utilities and Infrastructure

TA-3-22 Power &amp; Steam Plant

Last PM: 5/18/2017

Project: Routine Facility Inspections  
July 2017 (P-MSGP-RI-5199)Insp. 7/27/17  
9:00 - 10:00 amContact:  
Phone:

Reason: 2017 July Inspections

Special Instructions: NMR053195

## Tasks

#	Description	Meas.	No	N/A	Yes
<b>Weather Information</b>					
20	Describe the weather at time of inspection. Document the temperature (F°) in the "Reading" field of this line.	66° F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Within the Facility Boundary</b>					
40	Is the facility free of new discharges of pollutants that have occurred since the last inspection? If "No", describe:		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	If "No" has a CAR been previously initiated for this new discharge?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
60	Is the facility free of discharge of pollutants at the time of inspection? If "No" describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Is the facility free of evidence of, or the potential for, pollutants entering the drainage system. If "No" describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Outfall Inspection (needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comment)</b>					
90	<b>Monitored Outfall [005]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
100	<b>Monitored Outfall [005]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
110	<b>Monitored Outfall [005]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	<b>Monitored Outfall [009]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	<b>Monitored Outfall [009]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
140	<b>Monitored Outfall [009]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
150	<b>Monitored Outfall [012]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
160	<b>Monitored Outfall [012]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
170	<b>Monitored Outfall [012]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	<b>Substantially Identical Outfall [006]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	<b>Substantially Identical Outfall [006]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
200	<b>Substantially Identical Outfall [006]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
210	<b>Substantially Identical Outfall [007]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
220	<b>Substantially Identical Outfall [007]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
230	<b>Substantially Identical Outfall [007]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
240	<b>Substantially Identical Outfall [008]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



250	<b>Substantially Identical Outfall [008]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
260	<b>Substantially Identical Outfall [008]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
270	<b>Substantially Identical Outfall [010]</b> Free of Evidence of Erosion? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
280	<b>Substantially Identical Outfall [010]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
290	<b>Substantially Identical Outfall [010]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
300	<b>Substantially Identical Outfall [011]</b> Free of Evidence of Erosion? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
310	<b>Substantially Identical Outfall [011]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
320	<b>Substantially Identical Outfall [011]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Control Measures (identify needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comments).**

340	<b>Asphalt Berm [0300403040001]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
350	<b>Asphalt Berm [0300403040006]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
360	<b>Asphalt Berm [0300403040007]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement. <i>CAR# 1151 Repair berm + Stabilize asphalt from Line repair</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
370	<b>Asphalt Berm [0300403040008]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
380	<b>Asphalt Berm [0300403040009]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
390	<b>Asphalt Berm [0300403040010]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
400	<b>Gravel Bags [0300403100002]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
410	<b>Gravel Bags [0300403100012]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
420	<b>Gravel Bags [0300403100013]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
430	<b>Gravel Bags [0300403100014]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
440	<b>Gravel Bags [0300403100015]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
450	<b>Gravel Bags [0300403100016]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
460	<b>Concrete/Asphalt Channel/Swale [0300404020003]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
470	<b>Concrete/Asphalt Channel/Swale [0300404020005]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
480	<b>Concrete/Asphalt Channel/Swale [0300404020024]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
490	<b>Concrete/Asphalt Channel/Swale [0300404020025]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
500	<b>Concrete/Asphalt Channel/Swale [0300404020037]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
510	<b>Concrete/Asphalt Channel/Swale [300404020004]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
520	<b>Eco-Block [0300403110018]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
530	<b>Eco-Block [0300403110019]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
540	<b>Eco-Block [0300403110020]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
550	<b>Eco-Block [0300403110021]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



560	<b>Infiltration Basin [0300405060023]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
570	<b>Rock Channel/Swale [0300404030026]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
580	<b>Rock Channel/Swale [0300404030027]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
590	<b>Rock Channel/Swale [0300404030028]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
600	<b>Rock Channel/Swale [0300404030029]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
610	<b>Rock Channel/Swale [0300404030030]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
620	<b>Rock Channel/Swale [0300404030031]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
630	<b>Erosion Control Blanket [0300401060032]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
640	<b>Rip Rap [0300404060033]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
650	<b>Rip Rap [0300404060038]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
660	<b>Rip Rap [0300404060039]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
670	<b>Retaining Wall [0300403080034]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
680	<b>Trench Drain [0300409040035]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
690	<b>Trench Drain [0300409040036]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
700	<b>EnviroSoxx w/ MetalLoxx [0300403200040]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
710	<b>EnviroSoxx w/ MetalLoxx [0300403200041]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
720	<b>EnviroSoxx w/ MetalLoxx [0300403200042]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Area/Activity exposed to stormwater (identify needed maintenance or a description of corrective actions in relevant task comment).**

740	Material loading/unloading and storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
750	Transfer areas for substances in bulk: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
760	Product/chemical storage areas (raw material): controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
770	Liquid tank storage/secondary containment: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
780	Industrial processing and finished product storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
790	Equipment operation and maintenance areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
800	Fueling areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
810	Outdoor vehicle and equipment washing areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
820	Machinery: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
830	Waste handling and disposal areas: controls adequate (appropriate, effective, and operating)? If "No" describe. <i>Remove asphalt Piles or protect w/ gravel bags. 2 Areas.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
840	Erodible areas/construction: controls adequate (appropriate, effective, and operating)? If "No" describe. <i>SEE #360</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
850	Locations and sources of run-on to the site: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
860	Non-stormwater/illicit connections: controls adequate (appropriate, effective, and	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

	operating)? If "No" describe.			
870	Salt storage piles or pile containing salt: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
880	Dust generation and vehicle tracking: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
890	Housekeeping (Industrial materials/residues/trash in contact with stormwater): controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
900	Leaks and spills: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Non-Compliance</b>				
920	Free of incidents of observed non-compliance not already identified above? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Additional Control Measures</b>				
940	Are permit requirements satisfied with existing control measure(s)? If "No" describe additional control measures needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

### Labor

Labor	Assigned	Work Date	Reg Hrs	OT Hrs	Other Hrs
Burgin, Jillian	7/10/2017 / 1				

### Labor Report

Completed: \_\_\_\_\_

Report: \_\_\_\_\_

WO ID: MS6P-R1-60705 Page 4 of 4

Name/Z#: Jillian Burgin, 211081

Signature (lead inspector): [Signature] Date and Time: 7/27/17

"I confirm the information as recorded is true, accurate and complete."

10:00 am.

### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: Russell Stone GC DSESH-UES

Signature: [Signature] Date: 8/3/2017



## Maintenance Details

Requested: 8/2/2017 9:15:05 AM

Target: 8/31/2017

MSGP Program

Procedure: MSGP Stormwater Industrial  
Routine Facility Inspection  
(EPC-CP-Form-1020)

Priority/Type: Normal / Inspection

RG121.9

Department: Utilities and Infrastructure

TA-3-22 Power &amp; Steam Plant

Last PM: 5/18/2017

Project: Routine Facility Inspections  
August 2017 (P-MSGP-RI-  
5207)

Contact:

Phone:

*Snag. 8/24/17  
10:00 - 11:00 a.m.*

Reason: MSGP Stormwater Industrial Routine Facility Inspection

Special Instructions: NMR053195

## Tasks

#	Description	Meas.	No	N/A	Yes
<b>Weather Information</b>					
20	Describe the weather at time of inspection. Document the temperature (F°) in the "Reading" field of this line.	63°	cloudy	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Within the Facility Boundary</b>					
40	Is the facility free of new discharges of pollutants that have occurred since the last inspection? If "No", describe:		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	If "No" has a CAR been previously initiated for this new discharge?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
60	Is the facility free of discharge of pollutants at the time of inspection? If "No" describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Is the facility free of evidence of, or the potential for, pollutants entering the drainage system. If "No" describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Outfall Inspection (needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comment)</b>					
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100	<b>Monitored Outfall [005]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
110	<b>Monitored Outfall [005]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe. <i>Clean-out sediment asphalt swale</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	<b>Monitored Outfall [009]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	<b>Monitored Outfall [009]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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150	<b>Monitored Outfall [012]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
160	<b>Monitored Outfall [012]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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220	<b>Substantially Identical Outfall [007]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
230	<b>Substantially Identical Outfall [007]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

240	<b>Substantially Identical Outfall [008]</b> Free of Evidence of Erosion? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
250	<b>Substantially Identical Outfall [008]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
260	<b>Substantially Identical Outfall [008]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
270	<b>Substantially Identical Outfall [010]</b> Free of Evidence of Erosion? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
280	<b>Substantially Identical Outfall [010]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
290	<b>Substantially Identical Outfall [010]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
300	<b>Substantially Identical Outfall [011]</b> Free of Evidence of Erosion? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
310	<b>Substantially Identical Outfall [011]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
320	<b>Substantially Identical Outfall [011]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Control Measures (identify needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comments).**

340	<b>Asphalt Berm [0300403040001]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
350	<b>Asphalt Berm [0300403040006]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
360	<b>Asphalt Berm [0300403040007]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
370	<b>Asphalt Berm [0300403040008]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
380	<b>Asphalt Berm [0300403040009]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
390	<b>Asphalt Berm [0300403040010]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
400	<b>Gravel Bags [0300403100002]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
410	<b>Gravel Bags [0300403100012]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement. <i>Clean-out around drain</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
420	<b>Gravel Bags [0300403100013]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement. <i>Gravel bags 4</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
430	<b>Gravel Bags [0300403100014]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
440	<b>Gravel Bags [0300403100015]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
450	<b>Gravel Bags [0300403100016]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
460	<b>Concrete/Asphalt Channel/Swale [0300404020003]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement. <i>See 410</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
470	<b>Concrete/Asphalt Channel/Swale [0300404020005]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement. <i>See 410</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
480	<b>Concrete/Asphalt Channel/Swale [0300404020024]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement. <i>See 410</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
490	<b>Concrete/Asphalt Channel/Swale [0300404020025]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement. <i>Clean-out Sediment around Gravel bags</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
500	<b>Concrete/Asphalt Channel/Swale [0300404020037]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement. <i>Needs clean-out inlet &amp; outlet of channel at culverts</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
510	<b>Concrete/Asphalt Channel/Swale [300404020004]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement. <i>OUTFALL OOS needs clean-out</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
520	<b>Eco-Block [0300403110018]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
530	<b>Eco-Block [0300403110019]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
540	<b>Eco-Block [0300403110020]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
550	<b>Eco-Block [0300403110021]</b> Control Measure is operating effectively? If "No" describe	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	condition & need for Maintenance, Repair, or Replacement.			
560	<b>Infiltration Basin [0300405060023]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		<input type="checkbox"/>	<input checked="" type="checkbox"/>
570	<b>Rock Channel/Swale [0300404030026]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		<input type="checkbox"/>	<input checked="" type="checkbox"/>
580	<b>Rock Channel/Swale [0300404030027]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		<input type="checkbox"/>	<input checked="" type="checkbox"/>
590	<b>Rock Channel/Swale [0300404030028]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		<input type="checkbox"/>	<input checked="" type="checkbox"/>
600	<b>Rock Channel/Swale [0300404030029]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		<input type="checkbox"/>	<input checked="" type="checkbox"/>
610	<b>Rock Channel/Swale [0300404030030]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		<input type="checkbox"/>	<input checked="" type="checkbox"/>
620	<b>Rock Channel/Swale [0300404030031]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		<input type="checkbox"/>	<input checked="" type="checkbox"/>
630	<b>Erosion Control Blanket [0300401060032]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		<input type="checkbox"/>	<input checked="" type="checkbox"/>
640	<b>Rip Rap [0300404060033]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		<input type="checkbox"/>	<input checked="" type="checkbox"/>
650	<b>Rip Rap [0300404060038]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		<input type="checkbox"/>	<input checked="" type="checkbox"/>
660	<b>Rip Rap [0300404060039]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		<input type="checkbox"/>	<input checked="" type="checkbox"/>
670	<b>Retaining Wall [0300403080034]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		<input type="checkbox"/>	<input checked="" type="checkbox"/>
680	<b>Trench Drain [0300409040035]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		<input type="checkbox"/>	<input checked="" type="checkbox"/>
690	<b>Trench Drain [0300409040036]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement. <i>clean-out needed at culvert outlet</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
700	<b>EnviroSoxx w/ MetalLoxx [0300403200040]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		<input type="checkbox"/>	<input checked="" type="checkbox"/>
710	<b>EnviroSoxx w/ MetalLoxx [0300403200041]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		<input type="checkbox"/>	<input checked="" type="checkbox"/>
720	<b>EnviroSoxx w/ MetalLoxx [0300403200042]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Area/Activity exposed to stormwater (identify needed maintenance or a description of corrective actions in relevant task comment).**

740	Material loading/unloading and storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		<input type="checkbox"/>	<input checked="" type="checkbox"/>
750	Transfer areas for substances in bulk: controls adequate (appropriate, effective, and operating)? If "No" describe.		<input type="checkbox"/>	<input checked="" type="checkbox"/>
760	Product/chemical storage areas (raw material): controls adequate (appropriate, effective, and operating)? If "No" describe.		<input type="checkbox"/>	<input checked="" type="checkbox"/>
770	Liquid tank storage/secondary containment: controls adequate (appropriate, effective, and operating)? If "No" describe.		<input type="checkbox"/>	<input checked="" type="checkbox"/>
780	Industrial processing and finished product storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		<input type="checkbox"/>	<input checked="" type="checkbox"/>
790	Equipment operation and maintenance areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		<input type="checkbox"/>	<input checked="" type="checkbox"/>
800	Fueling areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		<input type="checkbox"/>	<input checked="" type="checkbox"/>
810	Outdoor vehicle and equipment washing areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		<input type="checkbox"/>	<input checked="" type="checkbox"/>
820	Machinery: controls adequate (appropriate, effective, and operating)? If "No" describe.		<input type="checkbox"/>	<input checked="" type="checkbox"/>
830	Waste handling and disposal areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		<input type="checkbox"/>	<input checked="" type="checkbox"/>
840	Erodible areas/construction: controls adequate (appropriate, effective, and operating)? If "No" describe.		<input type="checkbox"/>	<input checked="" type="checkbox"/>
850	Locations and sources of run-on to the site: controls adequate (appropriate, effective, and operating)? If "No" describe.		<input type="checkbox"/>	<input checked="" type="checkbox"/>

CAR 1161



- |     |   |                          |                                     |                                     |
|-----|---|--------------------------|-------------------------------------|-------------------------------------|
| 860 | Non-stormwater/illicit connections: controls adequate (appropriate, effective, and operating)? If "No" describe.  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 870 | Salt storage piles or pile containing salt: controls adequate (appropriate, effective, and operating)? If "No" describe.                                    | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 880 | Dust generation and vehicle tracking: controls adequate (appropriate, effective, and operating)? If "No" describe.  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 890 | Housekeeping (Industrial materials/residues/trash in contact with stormwater): controls adequate (appropriate, effective, and operating)? If "No" describe. | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 900 | Leaks and spills: controls adequate (appropriate, effective, and operating)? If "No" describe.  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

#### Non-Compliance

- |     |  |                          |                          |                                     |
|-----|--|--------------------------|--------------------------|-------------------------------------|
| 920 | Free of incidents of observed non-compliance not already identified above? If "No" describe. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|-----|--|--------------------------|--------------------------|-------------------------------------|

#### Additional Control Measures

- |     |  |                          |                          |                                     |
|-----|--|--------------------------|--------------------------|-------------------------------------|
| 940 | Are permit requirements satisfied with existing control measure(s)? If "No" describe additional control measures needed. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|-----|--|--------------------------|--------------------------|-------------------------------------|

#### Labor

Labor	Assigned	Work Date	Reg Hrs	OT Hrs	Other Hrs
Burgin, Jillian	8/2/2017 / 1				

#### Labor Report

Completed: \_\_\_\_\_

Report: \_\_\_\_\_

Signature / Name	Date	Signature / Name	Date
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I confirm the information as recorded is true, accurate and complete.

WO ID: MSCP-R1-61004 Page 4 of 5

Name/Z#: Jillian Burgin, 211081

Signature (lead inspector): J. Burgin, CISEC Date and Time: 8/2/17

"I confirm the information as recorded is true, accurate and complete."

11:00 am

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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."

(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: Russell Stone, GL DES45-UIS

Signature: Russell Stone Date: 8/8/2017

## Burgin, Jillian Elizabeth

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**From:** FSR <ops-fp-fmu@lanl.gov>  
**Sent:** Thursday, August 24, 2017 1:17 PM  
**To:** Burgin, Jillian Elizabeth  
**Subject:** Clean out sand and debris from discharge points, culverts and samplers. ISSUE=175770 PROJ=13  
**Attachments:** IMG\_1340.JPG; IMG\_1341.JPG; IMG\_1342.JPG; IMG\_1343.JPG; IMG\_1340\_20170824130929.JPG; IMG\_1341\_20170824130929.JPG; IMG\_1342\_20170824130929.JPG

When replying, type your text above this line.

FSR for  
CAR # 1161

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### Notification of Issue Registration

**Workspace:** Facility Service Request (FSR)  
**Issue:** Clean out sand and debris from discharge points, culverts and samplers.  
**Issue Number:** 175770

**Status:** Open **Date:** 08/24/2017

#### Description:

*Entered on 08/24/2017 at 1:16:59 PM MDT (GMT-0600) by Paul A. Montoya:*  
Clean out sand and debris from discharge points, culverts and samplers.  
SWPPP & SPCC inspector pointed out areas that required cleaning.

**Current Assignees:** Allen J. Romero, Anthony R. Casados, Historic Buildings, James Rabold, David Olivas, Tony C. Rodriguez, Thomas Hallock

**CC(s):** (permanent) ,, jburgin@lanl.gov, pfc@lanl.gov

#### Issue Information:

**Type of Work Requested:** Facility Maintenance **TA-:** 03  
**BLDG-:** 0022

#### Contact Information:

**Z Number:** 089771 **Name:** Paul A. Montoya  
**Div-Group:** LOG-CS **Phone:** +1 505 667 4842  
**E-mail:** [montoyap@lanl.gov](mailto:montoyap@lanl.gov)

**Attachments:** IMG\_1340.JPG IMG\_1341.JPG IMG\_1342.JPG IMG\_1343.JPG  
IMG\_1340\_20170824130929.JPG IMG\_1341\_20170824130929.JPG IMG\_1342\_20170824130929.JPG

## Maintenance Details

Requested: 9/7/2017 12:25:25 PM

Target: 9/30/2017

MSGP Program

Procedure: MSGP Stormwater Industrial  
Routine Facility Inspection  
(EPC-CP-Form-1020)

Priority/Type: Normal / Inspection

RG121.9

Department: Utilities and Infrastructure

TA-3-22 Power &amp; Steam Plant

Last PM: 7/27/2017

Project: Routine Facility Inspections  
Sept 2017 (P-MSGP-RI-  
5219)

Inspection 9/19/17

Contact:

Phone:

10:00 - 11:00 am

Reason: MSGP Stormwater Industrial Routine Facility Inspection

Special Instructions: NMR053195

## Tasks

#	Description	Meas.	No	N/A	Yes
<b>Weather Information</b>					
20	Describe the weather at time of inspection. Document the temperature (F°) in the "Reading" field of this line.	66° Sunny	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Within the Facility Boundary</b>					
40	Is the facility free of new discharges of pollutants that have occurred since the last inspection? If "No", describe:		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	If "No" has a CAR been previously initiated for this new discharge?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
60	Is the facility free of discharge of pollutants at the time of inspection? If "No" describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Is the facility free of evidence of, or the potential for, pollutants entering the drainage system. If "No" describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Outfall Inspection (needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comment)</b>					
90	Monitored Outfall [005] Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
100	Monitored Outfall [005] Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
110	Monitored Outfall [005] Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	Monitored Outfall [009] Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Monitored Outfall [009] Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
140	Monitored Outfall [009] Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
150	Monitored Outfall [012] Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
160	Monitored Outfall [012] Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
170	Monitored Outfall [012] Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Substantially Identical Outfall [006] Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Substantially Identical Outfall [006] Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
200	Substantially Identical Outfall [006] Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
210	Substantially Identical Outfall [007] Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
220	Substantially Identical Outfall [007] Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
230	Substantially Identical Outfall [007] Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

240	<b>Substantially Identical Outfall [008]</b> Free of Evidence of Erosion? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
250	<b>Substantially Identical Outfall [008]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
260	<b>Substantially Identical Outfall [008]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
270	<b>Substantially Identical Outfall [010]</b> Free of Evidence of Erosion? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
280	<b>Substantially Identical Outfall [010]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
290	<b>Substantially Identical Outfall [010]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
300	<b>Substantially Identical Outfall [011]</b> Free of Evidence of Erosion? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
310	<b>Substantially Identical Outfall [011]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
320	<b>Substantially Identical Outfall [011]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Control Measures (identify needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comments).**

340	<b>Asphalt Berm [0300403040001]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
350	<b>Asphalt Berm [0300403040006]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
360	<b>Asphalt Berm [0300403040007]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
370	<b>Asphalt Berm [0300403040008]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
380	<b>Asphalt Berm [0300403040009]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
390	<b>Asphalt Berm [0300403040010]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
400	<b>Gravel Bags [0300403100002]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
410	<b>Gravel Bags [0300403100012]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
420	<b>Gravel Bags [0300403100013]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
430	<b>Gravel Bags [0300403100014]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
440	<b>Gravel Bags [0300403100015]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
450	<b>Gravel Bags [0300403100016]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
460	<b>Concrete/Asphalt Channel/Swale [0300404020003]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
470	<b>Concrete/Asphalt Channel/Swale [0300404020005]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
480	<b>Concrete/Asphalt Channel/Swale [0300404020024]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
490	<b>Concrete/Asphalt Channel/Swale [0300404020025]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
500	<b>Concrete/Asphalt Channel/Swale [0300404020037]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
510	<b>Concrete/Asphalt Channel/Swale [300404020004]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
520	<b>Eco-Block [0300403110018]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
530	<b>Eco-Block [0300403110019]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
540	<b>Eco-Block [0300403110020]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
550	<b>Eco-Block [0300403110021]</b> Control Measure is operating effectively? If "No" describe	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



	condition & need for Maintenance, Repair, or Replacement.			
560	<b>Infiltration Basin [0300405060023]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
570	<b>Rock Channel/Swale [0300404030026]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
580	<b>Rock Channel/Swale [0300404030027]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
590	<b>Rock Channel/Swale [0300404030028]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
600	<b>Rock Channel/Swale [0300404030029]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
610	<b>Rock Channel/Swale [0300404030030]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
620	<b>Rock Channel/Swale [0300404030031]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
630	<b>Erosion Control Blanket [0300401060032]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
640	<b>Rip Rap [0300404060033]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
650	<b>Rip Rap [0300404060038]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
660	<b>Rip Rap [0300404060039]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
670	<b>Retaining Wall [0300403080034]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
680	<b>Trench Drain [0300409040035]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
690	<b>Trench Drain [0300409040036]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
700	<b>EnviroSoxx w/ MetalLoxx [0300403200040]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
710	<b>EnviroSoxx w/ MetalLoxx [0300403200041]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
720	<b>EnviroSoxx w/ MetalLoxx [0300403200042]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Area/Activity exposed to stormwater (identify needed maintenance or a description of corrective actions in relevant task comment).**

740	Material loading/unloading and storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
750	Transfer areas for substances in bulk: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
760	Product/chemical storage areas (raw material): controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
770	Liquid tank storage/secondary containment: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
780	Industrial processing and finished product storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
790	Equipment operation and maintenance areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
800	Fueling areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
810	Outdoor vehicle and equipment washing areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
820	Machinery: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
830	Waste handling and disposal areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
840	Erodible areas/construction: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
850	Locations and sources of run-on to the site: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

860	Non-stormwater/illicit connections: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
870	Salt storage piles or pile containing salt: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
880	Dust generation and vehicle tracking: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
890	Housekeeping (Industrial materials/residues/trash in contact with stormwater): controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
900	Leaks and spills: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Non-Compliance</b>				
920	Free of incidents of observed non-compliance not already identified above? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Additional Control Measures</b>				
940	Are permit requirements satisfied with existing control measure(s)? If "No" describe additional control measures needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

### Labor

Labor	Assigned	Work Date	Reg Hrs	OT Hrs	Other Hrs
Burgin, Jillian	9/7/2017 / 1				

### Labor Report

Completed: \_\_\_\_\_

Report: \_\_\_\_\_

WO ID: MSGP-R1-61372 Page 4 of 4

Name/Z#: Jillian Burgin, 211081

Signature (lead inspector): OPBurgin, CISEC Date and Time: 9/19/17

"I confirm the information as recorded is true, accurate and complete."

11:00 am

### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: Russell Stone, GL DESHS-UTS

Signature: Russell Stone Date: 10/18/2017



## Maintenance Details

Requested: 9/28/2017 1:47:59 PM

Target: 10/28/2017

MSGP Program

Procedure: MSGP Stormwater Industrial  
Routine Facility Inspection  
(EPC-CP-Form-1020)

Priority/Type: Normal / Inspection

RG121.9

Department: Utilities and Infrastructure

TA-3-22 Power &amp; Steam Plant

Last PM: 8/24/2017

Project: Routine Facility Inspections  
Oct 2017 (P-MSGP-RI-5225)

Contact:

Phone:

Reason: MSGP Stormwater Industrial Routine Facility Inspection

Special Instructions: NMR053195

Insp. 10/23/17  
1:00 - 2:00 p.m.

## Tasks

#	Description	Meas.	No	N/A	Yes
<b>Weather Information</b>					
20	Describe the weather at time of inspection. Document the temperature (F°) in the "Reading" field of this line.	64°	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Within the Facility Boundary</b>					
40	Is the facility free of new discharges of pollutants that have occurred since the last inspection? If "No", describe:		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	If "No" has a CAR been previously initiated for this new discharge?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
60	Is the facility free of discharge of pollutants at the time of inspection? If "No" describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Is the facility free of evidence of, or the potential for, pollutants entering the drainage system. If "No" describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Outfall Inspection (needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comment)</b>					
90	<b>Monitored Outfall [005]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
100	<b>Monitored Outfall [005]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
110	<b>Monitored Outfall [005]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	<b>Monitored Outfall [009]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	<b>Monitored Outfall [009]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
140	<b>Monitored Outfall [009]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
150	<b>Monitored Outfall [012]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
160	<b>Monitored Outfall [012]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
170	<b>Monitored Outfall [012]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	<b>Substantially Identical Outfall [006]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	<b>Substantially Identical Outfall [006]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
200	<b>Substantially Identical Outfall [006]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
210	<b>Substantially Identical Outfall [007]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
220	<b>Substantially Identical Outfall [007]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
230	<b>Substantially Identical Outfall [007]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
240	<b>Substantially Identical Outfall [008]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

250	<b>Substantially Identical Outfall [008]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
260	<b>Substantially Identical Outfall [008]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
270	<b>Substantially Identical Outfall [010]</b> Free of Evidence of Erosion? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
280	<b>Substantially Identical Outfall [010]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
290	<b>Substantially Identical Outfall [010]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
300	<b>Substantially Identical Outfall [011]</b> Free of Evidence of Erosion? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
310	<b>Substantially Identical Outfall [011]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
320	<b>Substantially Identical Outfall [011]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Control Measures (identify needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comments).**

340	<b>Asphalt Berm [0300403040001]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
350	<b>Asphalt Berm [0300403040006]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
360	<b>Asphalt Berm [0300403040007]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
370	<b>Asphalt Berm [0300403040008]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
380	<b>Asphalt Berm [0300403040009]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
390	<b>Asphalt Berm [0300403040010]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
400	<b>Gravel Bags [0300403100002]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
410	<b>Gravel Bags [0300403100012]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
420	<b>Gravel Bags [0300403100013]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
430	<b>Gravel Bags [0300403100014]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
440	<b>Gravel Bags [0300403100015]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
450	<b>Gravel Bags [0300403100016]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
460	<b>Concrete/Asphalt Channel/Swale [0300404020003]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
470	<b>Concrete/Asphalt Channel/Swale [0300404020005]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
480	<b>Concrete/Asphalt Channel/Swale [0300404020024]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
490	<b>Concrete/Asphalt Channel/Swale [0300404020025]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
500	<b>Concrete/Asphalt Channel/Swale [0300404020037]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
510	<b>Concrete/Asphalt Channel/Swale [300404020004]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
520	<b>Eco-Block [0300403110018]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
530	<b>Eco-Block [0300403110019]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
540	<b>Eco-Block [0300403110020]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
550	<b>Eco-Block [0300403110021]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

needs - out at bottom  
Crew - out let

EAR #1201

560	<b>Infiltration Basin [0300405060023]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
570	<b>Rock Channel/Swale [0300404030026]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
580	<b>Rock Channel/Swale [0300404030027]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
590	<b>Rock Channel/Swale [0300404030028]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
600	<b>Rock Channel/Swale [0300404030029]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
610	<b>Rock Channel/Swale [0300404030030]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
620	<b>Rock Channel/Swale [0300404030031]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
630	<b>Erosion Control Blanket [0300401060032]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
640	<b>Rip Rap [0300404060033]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
650	<b>Rip Rap [0300404060038]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
660	<b>Rip Rap [0300404060039]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
670	<b>Retaining Wall [0300403080034]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
680	<b>Trench Drain [0300409040035]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
690	<b>Trench Drain [0300409040036]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
700	<b>EnviroSoxx w/ MetalLoxx [0300403200040]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
710	<b>EnviroSoxx w/ MetalLoxx [0300403200041]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
720	<b>EnviroSoxx w/ MetalLoxx [0300403200042]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Area/Activity exposed to stormwater (identify needed maintenance or a description of corrective actions in relevant task comment).**

740	Material loading/unloading and storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
750	Transfer areas for substances in bulk: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
760	Product/chemical storage areas (raw material): controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
770	Liquid tank storage/secondary containment: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
780	Industrial processing and finished product storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
790	Equipment operation and maintenance areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
800	Fueling areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
810	Outdoor vehicle and equipment washing areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
820	Machinery: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
830	Waste handling and disposal areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
840	Erodible areas/construction: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
850	Locations and sources of run-on to the site: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
860	Non-stormwater/illicit connections: controls adequate (appropriate, effective, and	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

	operating)? If "No" describe.			
870	Salt storage piles or pile containing salt: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
880	Dust generation and vehicle tracking: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
890	Housekeeping (Industrial materials/residues/trash in contact with stormwater): controls adequate (appropriate, effective, and operating)? If "No" describe. <i>Remove Gray trash</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
900	Leaks and spills: controls adequate (appropriate, effective, and operating)? If "No" describe. <i>Can + debris left by</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Non-Compliance</b>				
920	Free of incidents of observed non-compliance not already identified above? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Additional Control Measures</b>				
940	Are permit requirements satisfied with existing control measure(s)? If "No" describe additional control measures needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

LAR# 1200  
Tr. C. C. S. SE of 3-168

#### Labor

Labor	Assigned	Work Date	Reg Hrs	OT Hrs	Other Hrs
Burgin, Jillian	9/28/2017 / 1				

#### Labor Report

Completed: \_\_\_\_\_

Report: \_\_\_\_\_

WO ID: MSGP-R1-61507 Page 4 of 4

Name/Z#: Jillian Burgin, 211081

Signature (lead inspector): Burgin, CTSEC Date and Time: 10/23/17

"I confirm the information as recorded is true, accurate and complete."

2:00 pm

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: Russell Stone, GL DSESHS- LHS

Signature: Russell Stone Date: 11/21/2017



## Maintenance Details

**Requested:** 10/31/2017 2:43:04 PM  
**Procedure:** MSGP Stormwater Industrial  
 Routine Facility Inspection  
 (EPC-CP-Form-1020)

**Target:** 11/30/2017  
**Priority/Type:** Normal / Inspection  
**Department:** Utilities and Infrastructure

 MSGP Program  
 RG121.9  
 TA-3-22 Power & Steam Plant

**Last PM:** 9/19/2017

**Project:** Routine Facility Inspections  
 Nov 2017 (P-MSGP-RI-5238)

**Contact:**  
**Phone:**

**Reason:** 2017 November Inspections

**Special Instructions:** NMR053195

*Insp. 11/1/17*  
*10:00 - 11:00 a.m.*

## Tasks

#	Description	Meas.	No	N/A	Yes
<b>Weather Information</b>					
20	Describe the weather at time of inspection and document the temperature (F°).	<i>50° clear &amp; windy</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Within the Facility Boundary</b>					
40	Is the facility free of new discharges of pollutants that have occurred since the last inspection? If "Failed" describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	If "No" has a CAR been previously initiated for this new discharge?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
60	Is the facility free of discharge of pollutants at the time of inspection? If "No" describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Is the facility free of evidence of, or the potential for, pollutants entering the drainage system. If "No" describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Outfall Inspection (identify needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comment)</b>					
90	<b>Monitored Outfall [005]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
100	<b>Monitored Outfall [005]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
110	<b>Monitored Outfall [005]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	<b>Monitored Outfall [009]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	<b>Monitored Outfall [009]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
140	<b>Monitored Outfall [009]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
150	<b>Monitored Outfall [012]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
160	<b>Monitored Outfall [012]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
170	<b>Monitored Outfall [012]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	<b>Substantially Identical Outfall [006]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	<b>Substantially Identical Outfall [006]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
200	<b>Substantially Identical Outfall [006]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
210	<b>Substantially Identical Outfall [007]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
220	<b>Substantially Identical Outfall [007]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
230	<b>Substantially Identical Outfall [007]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
240	<b>Substantially Identical Outfall [008]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
250	<b>Substantially Identical Outfall [008]</b> Flow Dissipation Devices Operating Effectively? If		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



	"No", describe.			
260	<b>Substantially Identical Outfall [008]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
270	<b>Substantially Identical Outfall [010]</b> Free of Evidence of Erosion? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
280	<b>Substantially Identical Outfall [010]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
290	<b>Substantially Identical Outfall [010]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
300	<b>Substantially Identical Outfall [011]</b> Free of Evidence of Erosion? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
310	<b>Substantially Identical Outfall [011]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
320	<b>Substantially Identical Outfall [011]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Control Measures (identify needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comments).</b>				
340	<b>Asphalt Berm [0300403040001]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
350	<b>Asphalt Berm [0300403040006]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
360	<b>Asphalt Berm [0300403040007]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
370	<b>Asphalt Berm [0300403040008]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
380	<b>Asphalt Berm [0300403040009]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
390	<b>Asphalt Berm [0300403040010]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
400	<b>Gravel Bags [0300403100002]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
410	<b>Gravel Bags [0300403100012]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
420	<b>Gravel Bags [0300403100013]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
430	<b>Gravel Bags [0300403100014]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
440	<b>Gravel Bags [0300403100015]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
450	<b>Gravel Bags [0300403100016]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
460	<b>Concrete/Asphalt Channel/Swale [0300404020003]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
470	<b>Concrete/Asphalt Channel/Swale [0300404020005]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
480	<b>Concrete/Asphalt Channel/Swale [0300404020024]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
490	<b>Concrete/Asphalt Channel/Swale [0300404020025]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
500	<b>Concrete/Asphalt Channel/Swale [0300404020037]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
510	<b>Concrete/Asphalt Channel/Swale [300404020004]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
520	<b>Eco-Block [0300403110018]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
530	<b>Eco-Block [0300403110019]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
540	<b>Eco-Block [0300403110020]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
550	<b>Eco-Block [0300403110021]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
560	<b>Infiltration Basin [0300405060023]</b> Control Measure is operating effectively? If "No"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



	describe condition & need for Maintenance, Repair, or Replacement.			
570	<b>Rock Channel/Swale [0300404030026]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
580	<b>Rock Channel/Swale [0300404030027]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
590	<b>Rock Channel/Swale [0300404030028]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
600	<b>Rock Channel/Swale [0300404030029]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
610	<b>Rock Channel/Swale [0300404030030]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
620	<b>Rock Channel/Swale [0300404030031]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
630	<b>Erosion Control Blanket [0300401060032]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
640	<b>Rip Rap [0300404060033]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
650	<b>Rip Rap [0300404060038]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
660	<b>Rip Rap [0300404060039]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
670	<b>Retaining Wall [0300403080034]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
680	<b>Trench Drain [0300409040035]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
690	<b>Trench Drain [0300409040036]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
700	<b>EnviroSoxx w/ MetalLoxx [0300403200040]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
710	<b>EnviroSoxx w/ MetalLoxx [0300403200041]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
720	<b>EnviroSoxx w/ MetalLoxx [0300403200042]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Area/Activity exposed to stormwater (identify needed maintenance or a description of corrective actions in relevant task comment).**

740	Material loading/unloading and storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
750	Transfer areas for substances in bulk: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
760	Product/chemical storage areas (raw material): controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
770	Liquid tank storage/secondary containment: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
780	Industrial processing and finished product storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
790	Equipment operation and maintenance areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
800	Fueling areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
810	Outdoor vehicle and equipment washing areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
820	Machinery: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
830	Waste handling and disposal areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
840	Erodible areas/construction: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
850	Locations and sources of run-on to the site: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
860	Non-stormwater/illicit connections: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



870	Salt storage piles or pile containing salt: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
880	Dust generation and vehicle tracking: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
890	Housekeeping (Industrial materials/residues/trash in contact with stormwater): controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
900	Leaks and spills: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Non-Compliance**

920	Free of incidents of observed non-compliance not already identified above? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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**Additional Control Measures**

940	Are permit requirements satisfied with existing control measure(s)? If "No" describe additional control measures needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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**Labor**

Labor	Assigned	Work Date	Reg Hrs	OT Hrs	Other Hrs
Burgin, Jillian	11/1/2017 / 14				

**Labor Report**

Completed: \_\_\_\_\_

Report: \_\_\_\_\_

WO ID: MSOP-R1-661879 Page 4 of 4

Name/Z#: Jillian Burgin, 211081

Signature (lead inspector): JP Burgin, CTS-C Date and Time: 11/16/17

"I confirm the information as recorded is true, accurate and complete."

11:00 am

**CERTIFICATION STATEMENT**

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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."

(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: Russell Stone GL DSESH-UTS

Signature: Russell Stone Date: 12/21/2017

## Maintenance Details

Requested: 11/30/2017 1:54:15 PM

Target: 12/31/2017

MSGP Program

Procedure: MSGP Stormwater Industrial  
Routine Facility Inspection  
(EPC-CP-Form-1020)

Priority/Type: Normal / Inspection

RG121.9

Department: Utilities and Infrastructure

TA-3-22 Power &amp; Steam Plant

Last PM: 10/23/2017

Project: Routine Facility Inspections  
Dec 2017 (P-MSGP-RI-5246)Contact:  
Phone:

Reason: 2017 December Inspections

Special Instructions: NMR053195

Insp. Performed:  
12/19/17  
2:00 - 3:00 p.m.

## Tasks

#	Description	Meas.	No	N/A	Yes
<b>Weather Information</b>					
20	Describe the weather at time of inspection and document the temperature (F°).	42°	clear	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Within the Facility Boundary</b>					
40	Is the facility free of new discharges of pollutants that have occurred since the last inspection? If "Failed" describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	If "No" has a CAR been previously initiated for this new discharge?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
60	Is the facility free of discharge of pollutants at the time of inspection? If "No" describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Is the facility free of evidence of, or the potential for, pollutants entering the drainage system. If "No" describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Outfall Inspection (identify needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comment)</b>					
90	<b>Monitored Outfall [005]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
100	<b>Monitored Outfall [005]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
110	<b>Monitored Outfall [005]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	<b>Monitored Outfall [009]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	<b>Monitored Outfall [009]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
140	<b>Monitored Outfall [009]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
150	<b>Monitored Outfall [012]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
160	<b>Monitored Outfall [012]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
170	<b>Monitored Outfall [012]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	<b>Substantially Identical Outfall [006]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	<b>Substantially Identical Outfall [006]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
200	<b>Substantially Identical Outfall [006]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
210	<b>Substantially Identical Outfall [007]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
220	<b>Substantially Identical Outfall [007]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
230	<b>Substantially Identical Outfall [007]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
240	<b>Substantially Identical Outfall [008]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
250	<b>Substantially Identical Outfall [008]</b> Flow Dissipation Devices Operating Effectively? If		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	"No", describe.			
260	<b>Substantially Identical Outfall [008]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
270	<b>Substantially Identical Outfall [010]</b> Free of Evidence of Erosion? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
280	<b>Substantially Identical Outfall [010]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
290	<b>Substantially Identical Outfall [010]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
300	<b>Substantially Identical Outfall [011]</b> Free of Evidence of Erosion? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
310	<b>Substantially Identical Outfall [011]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
320	<b>Substantially Identical Outfall [011]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Control Measures (identify needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comments).**

340	<b>Asphalt Berm [0300403040001]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
350	<b>Asphalt Berm [0300403040006]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
360	<b>Asphalt Berm [0300403040007]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
370	<b>Asphalt Berm [0300403040008]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
380	<b>Asphalt Berm [0300403040009]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
390	<b>Asphalt Berm [0300403040010]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
400	<b>Gravel Bags [0300403100002]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
✓ 410	<b>Gravel Bags [0300403100012]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement. <i>Catch 1279 Two bags broken - replace.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
420	<b>Gravel Bags [0300403100013]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
430	<b>Gravel Bags [0300403100014]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
440	<b>Gravel Bags [0300403100015]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
450	<b>Gravel Bags [0300403100016]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
460	<b>Concrete/Asphalt Channel/Swale [0300404020003]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
470	<b>Concrete/Asphalt Channel/Swale [0300404020005]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
480	<b>Concrete/Asphalt Channel/Swale [0300404020024]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
490	<b>Concrete/Asphalt Channel/Swale [0300404020025]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
500	<b>Concrete/Asphalt Channel/Swale [0300404020037]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
510	<b>Concrete/Asphalt Channel/Swale [300404020004]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
520	<b>Eco-Block [0300403110018]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
530	<b>Eco-Block [0300403110019]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
540	<b>Eco-Block [0300403110020]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
550	<b>Eco-Block [0300403110021]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
560	<b>Infiltration Basin [0300405060023]</b> Control Measure is operating effectively? If "No"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



	describe condition & need for Maintenance, Repair, or Replacement.			
570	<b>Rock Channel/Swale [0300404030026]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
580	<b>Rock Channel/Swale [0300404030027]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
590	<b>Rock Channel/Swale [0300404030028]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
600	<b>Rock Channel/Swale [0300404030029]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
610	<b>Rock Channel/Swale [0300404030030]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
620	<b>Rock Channel/Swale [0300404030031]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement. <del>Repair erosion at fire hydrant</del>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
630	<b>Erosion Control Blanket [0300401060032]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
640	<b>Rip Rap [0300404060033]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
650	<b>Rip Rap [0300404060038]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
660	<b>Rip Rap [0300404060039]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
670	<b>Retaining Wall [0300403080034]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
680	<b>Trench Drain [0300409040035]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
690	<b>Trench Drain [0300409040036]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
700	<b>EnviroSoxx w/ MetalLoxx [0300403200040]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
710	<b>EnviroSoxx w/ MetalLoxx [0300403200041]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
720	<b>EnviroSoxx w/ MetalLoxx [0300403200042]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Area/Activity exposed to stormwater (identify needed maintenance or a description of corrective actions in relevant task comment).</b>				
740	Material loading/unloading and storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
750	Transfer areas for substances in bulk: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
760	Product/chemical storage areas (raw material): controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
770	Liquid tank storage/secondary containment: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
780	Industrial processing and finished product storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
790	Equipment operation and maintenance areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
800	Fueling areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
810	Outdoor vehicle and equipment washing areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
820	Machinery: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
830	Waste handling and disposal areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
840	Erodible areas/construction: controls adequate (appropriate, effective, and operating)? If "No" describe. <i>Repair erosion at fire hydrant SE of 1790</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
850	Locations and sources of run-on to the site: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
860	Non-stormwater/illicit connections: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

- 870 Salt storage piles or pile containing salt: controls adequate (appropriate, effective, and operating)? If "No" describe. ☐ ☒ ☐
- 880 Dust generation and vehicle tracking: controls adequate (appropriate, effective, and operating)? If "No" describe. ☐ ☐ ☒
- 890 Housekeeping (Industrial materials/residues/trash in contact with stormwater): controls adequate (appropriate, effective, and operating)? If "No" describe. Clean-up trash + cardboard ☒ ☐ ☐ 1790.
- 900 Leaks and spills: controls adequate (appropriate, effective, and operating)? If "No" describe. ☐ ☐ ☒ CAR# 1282

#### Non-Compliance

- 920 Free of incidents of observed non-compliance not already identified above? If "No" describe. Spills pile from lighting in stallation at SE Section needs sediment control. ☒ ☐ ☐
- Additional Control Measures
- 940 Are permit requirements satisfied with existing control measure(s)? If "No" describe additional control measures needed. ☐ ☐ ☒

#### Labor

Labor	Assigned	Work Date	Reg Hrs	OT Hrs	Other Hrs
Burgin, Jillian	12/31/2017 / 1				

#### Labor Report

Completed: \_\_\_\_\_

Report: \_\_\_\_\_

WO ID: MSGP-R1-62066 Page 4 of 4

Name/Z#: Jillian Burgin, 211081

Signature (lead inspector): J. Paugin, CSEC Date and Time: 12/19/17 - 3:00p.m.

"I confirm the information as recorded is true, accurate and complete."

for Holly Wheeler

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: Russell Stone GL DSESH-UIS

Signature: Russell Stone Date: 12/21/2017

## Maintenance Details

Requested: 1/2/2018 3:57:03 PM

Target: 1/31/2018

MSGP Program

Procedure: MSGP Stormwater Industrial  
Routine Facility Inspection  
(EPC-CP-Form-1020)

Priority/Type: Normal / Inspection

RG121.9

Department: Utilities and Infrastructure

TA-3-22 Power &amp; Steam Plant

Last PM: 12/19/2017

Project: Routine Facility Inspections  
Jan 2018 (P-MSGP-RI-5248)Contact:  
Phone:Insp: 1/24/18  
10-11 am

Reason: 2018 January Inspections

Special Instructions: NMR053195

## Tasks

#	Description	Meas.	No	N/A	Yes
<b>Weather Information</b>					
20	Describe the weather at time of inspection and document the temperature (F°).	33°F clear/sunny	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Within the Facility Boundary</b>					
40	Is the facility free of new discharges of pollutants that have occurred since the last inspection? If "Failed" describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	If "No" has a CAR been previously initiated for this new discharge?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
60	Is the facility free of discharge of pollutants at the time of inspection? If "No" describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Is the facility free of evidence of, or the potential for, pollutants entering the drainage system. If "No" describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Outfall Inspection (identify needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comment)</b>					
90	<b>Monitored Outfall [005]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
100	<b>Monitored Outfall [005]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
110	<b>Monitored Outfall [005]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	<b>Monitored Outfall [009]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	<b>Monitored Outfall [009]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
140	<b>Monitored Outfall [009]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
150	<b>Monitored Outfall [012]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
160	<b>Monitored Outfall [012]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
170	<b>Monitored Outfall [012]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	<b>Substantially Identical Outfall [006]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	<b>Substantially Identical Outfall [006]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
200	<b>Substantially Identical Outfall [006]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
210	<b>Substantially Identical Outfall [007]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
220	<b>Substantially Identical Outfall [007]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
230	<b>Substantially Identical Outfall [007]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
240	<b>Substantially Identical Outfall [008]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
250	<b>Substantially Identical Outfall [008]</b> Flow Dissipation Devices Operating Effectively? If		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



	"No", describe.				
260	<b>Substantially Identical Outfall [008]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
270	<b>Substantially Identical Outfall [010]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
280	<b>Substantially Identical Outfall [010]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
290	<b>Substantially Identical Outfall [010]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
300	<b>Substantially Identical Outfall [011]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
310	<b>Substantially Identical Outfall [011]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
320	<b>Substantially Identical Outfall [011]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Control Measures (identify needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comments).**

340	<b>Asphalt Berm [0300403040001]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
350	<b>Asphalt Berm [0300403040006]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
360	<b>Asphalt Berm [0300403040007]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
370	<b>Asphalt Berm [0300403040008]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
380	<b>Asphalt Berm [0300403040009]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
390	<b>Asphalt Berm [0300403040010]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
400	<b>Gravel Bags [0300403100002]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
410	<b>Gravel Bags [0300403100012]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
420	<b>Gravel Bags [0300403100013]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
430	<b>Gravel Bags [0300403100014]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
440	<b>Gravel Bags [0300403100015]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
450	<b>Gravel Bags [0300403100016]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
460	<b>Concrete/Asphalt Channel/Swale [0300404020003]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
470	<b>Concrete/Asphalt Channel/Swale [0300404020005]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
480	<b>Concrete/Asphalt Channel/Swale [0300404020024]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
490	<b>Concrete/Asphalt Channel/Swale [0300404020025]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
500	<b>Concrete/Asphalt Channel/Swale [0300404020037]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
510	<b>Concrete/Asphalt Channel/Swale [300404020004]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
520	<b>Eco-Block [0300403110018]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
530	<b>Eco-Block [0300403110019]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
540	<b>Eco-Block [0300403110020]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
550	<b>Eco-Block [0300403110021]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
560	<b>Infiltration Basin [0300405060023]</b> Control Measure is operating effectively? If "No"		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



	describe condition & need for Maintenance, Repair, or Replacement.			
570	<b>Rock Channel/Swale [0300404030026]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
580	<b>Rock Channel/Swale [0300404030027]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
590	<b>Rock Channel/Swale [0300404030028]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
600	<b>Rock Channel/Swale [0300404030029]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
610	<b>Rock Channel/Swale [0300404030030]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
620	<b>Rock Channel/Swale [0300404030031]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
630	<b>Erosion Control Blanket [0300401060032]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
640	<b>Rip Rap [0300404060033]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
650	<b>Rip Rap [0300404060038]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
660	<b>Rip Rap [0300404060039]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
670	<b>Retaining Wall [0300403080034]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
680	<b>Trench Drain [0300409040035]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
690	<b>Trench Drain [0300409040036]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
700	<b>EnviroSoxx w/ MetalLoxx [0300403200040]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
710	<b>EnviroSoxx w/ MetalLoxx [0300403200041]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
720	<b>EnviroSoxx w/ MetalLoxx [0300403200042]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Area/Activity exposed to stormwater (identify needed maintenance or a description of corrective actions in relevant task comment).**

740	Material loading/unloading and storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
750	Transfer areas for substances in bulk: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
760	Product/chemical storage areas (raw material): controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
770	Liquid tank storage/secondary containment: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
780	Industrial processing and finished product storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
790	Equipment operation and maintenance areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
800	Fueling areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
810	Outdoor vehicle and equipment washing areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
820	Machinery: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
830	Waste handling and disposal areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
840	Erodible areas/construction: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
850	Locations and sources of run-on to the site: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
860	Non-stormwater/illicit connections: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

870	Salt storage piles or pile containing salt: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
880	Dust generation and vehicle tracking: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
890	Housekeeping (Industrial materials/residues/trash in contact with stormwater): controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
900	Leaks and spills: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Non-Compliance**

920	Free of incidents of observed non-compliance not already identified above? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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**Additional Control Measures**

940	Are permit requirements satisfied with existing control measure(s)? If "No" describe additional control measures needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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**Labor**

Labor	Assigned	Work Date	Reg Hrs	OT Hrs	Other Hrs
Burgin, Jillian	1/31/2018 / 1				

**Labor Report**

Completed: \_\_\_\_\_

Report: \_\_\_\_\_

WO ID: MSGP-R1-62081 Page 4 of 4

Name/Z#: Jillian Burgin / Z# 211081

Signature (lead inspector): J. Burgin, CISEC Date and Time: 1/24/18

"I confirm the information as recorded is true, accurate and complete."

11:00am.

**CERTIFICATION STATEMENT**

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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."

(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: Russell Stone, GX DSESH-UTS

Signature: Russell Stone Date: 2/13/2018



## Maintenance Details

**Requested:** 2/5/2018 3:59:00 PM  
**Procedure:** MSGP Stormwater Industrial  
 Routine Facility Inspection  
 (EPC-CP-Form-1020)  
**Last PM:** 12/19/2017  
**Project:** Routine Facility Inspections  
 Feb 2018 (P-MSGP-RI-5250)

**Target:** 2/28/2018  
**Priority/Type:** Normal / Inspection  
**Department:** Utilities and Infrastructure

 MSGP Program  
 RG121.9  
 TA-3-22 Power & Steam Plant

**Contact:**  
**Phone:**

**Reason:** 2018 February Inspections

**Special Instructions:** NMR053195

*Inspection 2/27/18  
 11:00 - 11:45*

## Tasks

#	Description	Meas.	No	N/A	Yes
<b>Weather Information</b>					
20	Describe the weather at time of inspection and document the temperature (F°). <i>Clear 46°</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Within the Facility Boundary</b>					
40	Is the facility free of new discharges of pollutants that have occurred since the last inspection? If "Failed" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	If "No" has a CAR been previously initiated for this new discharge?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60	Is the facility free of discharge of pollutants at the time of inspection? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Is the facility free of evidence of, or the potential for, pollutants entering the drainage system. If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Outfall Inspection (identify needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comment)</b>					
90	<b>Monitored Outfall [005]</b> Free of Evidence of Erosion? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
100	<b>Monitored Outfall [005]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
110	<b>Monitored Outfall [005]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	<b>Monitored Outfall [009]</b> Free of Evidence of Erosion? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	<b>Monitored Outfall [009]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
140	<b>Monitored Outfall [009]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
150	<b>Monitored Outfall [012]</b> Free of Evidence of Erosion? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
160	<b>Monitored Outfall [012]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
170	<b>Monitored Outfall [012]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	<b>Substantially Identical Outfall [006]</b> Free of Evidence of Erosion? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	<b>Substantially Identical Outfall [006]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
200	<b>Substantially Identical Outfall [006]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
210	<b>Substantially Identical Outfall [007]</b> Free of Evidence of Erosion? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
220	<b>Substantially Identical Outfall [007]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
230	<b>Substantially Identical Outfall [007]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
240	<b>Substantially Identical Outfall [008]</b> Free of Evidence of Erosion? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
250	<b>Substantially identical Outfall [008]</b> Flow Dissipation Devices Operating Effectively? If	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	"No", describe.			
260	<b>Substantially Identical Outfall [008]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
270	<b>Substantially Identical Outfall [010]</b> Free of Evidence of Erosion? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
280	<b>Substantially Identical Outfall [010]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
290	<b>Substantially Identical Outfall [010]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
300	<b>Substantially Identical Outfall [011]</b> Free of Evidence of Erosion? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
310	<b>Substantially Identical Outfall [011]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
320	<b>Substantially Identical Outfall [011]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Control Measures (identify needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comments).**

340	<b>Asphalt Berm [0300403040001]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
350	<b>Asphalt Berm [0300403040006]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
360	<b>Asphalt Berm [0300403040007]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
370	<b>Asphalt Berm [0300403040008]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
380	<b>Asphalt Berm [0300403040009]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
390	<b>Asphalt Berm [0300403040010]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
400	<b>Gravel Bags [0300403100002]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
410	<b>Gravel Bags [0300403100012]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
420	<b>Gravel Bags [0300403100013]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
430	<b>Gravel Bags [0300403100014]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
440	<b>Gravel Bags [0300403100015]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
450	<b>Gravel Bags [0300403100016]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
460	<b>Concrete/Asphalt Channel/Swale [0300404020003]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
470	<b>Concrete/Asphalt Channel/Swale [0300404020005]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
480	<b>Concrete/Asphalt Channel/Swale [0300404020024]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
490	<b>Concrete/Asphalt Channel/Swale [0300404020025]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
500	<b>Concrete/Asphalt Channel/Swale [0300404020037]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
510	<b>Concrete/Asphalt Channel/Swale [300404020004]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
520	<b>Eco-Block [0300403110018]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
530	<b>Eco-Block [0300403110019]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
540	<b>Eco-Block [0300403110020]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
550	<b>Eco-Block [0300403110021]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
560	<b>infiltration Basin [0300405060023]</b> Control Measure is operating effectively? If "No"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

*needs clean-out (sed. + debris)*  
*CAR# 1307*



	describe condition & need for Maintenance, Repair, or Replacement.			
570	Rock Channel/Swale [0300404030026] Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
580	Rock Channel/Swale [0300404030027] Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
590	Rock Channel/Swale [0300404030028] Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
600	Rock Channel/Swale [0300404030029] Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
610	Rock Channel/Swale [0300404030030] Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
620	Rock Channel/Swale [0300404030031] Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
630	Erosion Control Blanket [0300401060032] Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
640	Rip Rap [0300404060033] Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
650	Rip Rap [0300404060038] Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
660	Rip Rap [0300404060039] Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
670	Retaining Wall [0300403080034] Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
680	Trench Drain [0300409040035] Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
690	Trench Drain [0300409040036] Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement. <i>outlet needs clean-out.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
700	EnviroSoxx w/ MetalLoxx [0300403200040] Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
710	EnviroSoxx w/ MetalLoxx [0300403200041] Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
720	EnviroSoxx w/ MetalLoxx [0300403200042] Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Area/Activity exposed to stormwater (identify needed maintenance or a description of corrective actions in relevant task comment).

740	Material loading/unloading and storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
750	Transfer areas for substances in bulk: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
760	Product/chemical storage areas (raw material): controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
770	Liquid tank storage/secondary containment: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
780	Industrial processing and finished product storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
790	Equipment operation and maintenance areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
800	Fueling areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
810	Outdoor vehicle and equipment washing areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
820	Machinery: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
830	Waste handling and disposal areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
840	Erodible areas/construction: controls adequate (appropriate, effective, and operating)? If "No" describe. <i>Erosion Around Fire Hydrant Sof TA-3-S7</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
850	Locations and sources of run-on to the site: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
860	Non-stormwater/illicit connections: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

CA# 1307

CA# 1306  
E of Transf.  
Banks  
behind  
3-SS



870	Salt storage piles or pile containing salt: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
880	Dust generation and vehicle tracking: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
890	Housekeeping (Industrial materials/residues/trash in contact with stormwater): controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
900	Leaks and spills: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

#### Non-Compliance

920	Free of incidents of observed non-compliance not already identified above? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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#### Additional Control Measures

940	Are permit requirements satisfied with existing control measure(s)? If "No" describe additional control measures needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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#### Labor

Labor

Work Date Reg Hrs OT Hrs Other Hrs

#### Labor Report

Completed: \_\_\_\_\_

Report: \_\_\_\_\_

WO ID: MSGP-62094 Page 4 of 4

Name/Z#: Jillian Burgin / 211081

Signature (lead inspector): Burgin, DEP / CISEC Date and Time: 2/27/18 11:45 AM

"I confirm the information as recorded is true, accurate and complete."

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: Russell Stone, GC DESHS UTS

Signature: Russell Stone Date: 3/27/2018

## Maintenance Details

Requested: 3/5/2018 10:56:40 AM

Target: 3/31/2018

MSGP Program

Procedure: MSGP Routine Facility  
Inspection (EPC-CP-Form-  
1020.1)

Priority/Type: Normal / Inspection

RG121.9

Department: Utilities and Infrastructure

TA-3-22 Power &amp; Steam Plant

Last PM: 1/24/2018

Project: Routine Facility Inspections  
March 2018 (P-MSGP-RI-  
5251)Contact:  
Phone:Insp.  
3128118

2:00 - 3:00 p.m.

Reason: MSGP Routine Facility Inspection

Special Instructions: NMR053195

## Tasks

#	Description	Meas.	No	N/A	Yes
<b>Weather Information</b>					
20	Describe the weather at time of inspection and document the temperature (F°). <i>48° PLE</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Within the Facility Boundary</b>					
40	Is the facility free of new discharges of pollutants that have occurred since the last inspection? If "Failed" describe. <i>Snowmelt discharge</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	If "No" has a CAR been previously initiated for this new discharge?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
60	Is the facility free of discharge of pollutants at the time of inspection? If "No" describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Is the facility free of evidence of, or the potential for, pollutants entering the drainage system. If "No" describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Outfall Inspection (identify needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comment)</b>					
90	<b>Monitored Outfall [005]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
100	<b>Monitored Outfall [005]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
110	<b>Monitored Outfall [005]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	<b>Monitored Outfall [009]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	<b>Monitored Outfall [009]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
140	<b>Monitored Outfall [009]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
150	<b>Monitored Outfall [012]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
160	<b>Monitored Outfall [012]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
170	<b>Monitored Outfall [012]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	<b>Substantially Identical Outfall [006]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	<b>Substantially Identical Outfall [006]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
200	<b>Substantially Identical Outfall [006]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
210	<b>Substantially Identical Outfall [007]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
220	<b>Substantially Identical Outfall [007]</b> Flow Dissipation Devices Operating Effectively? If "No", describe. <i>CAR # 1322 Replace broken gravel bags at culvert.</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
230	<b>Substantially Identical Outfall [007]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
240	<b>Substantially identical Outfall [008]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

250	<b>Substantially Identical Outfall [008]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
260	<b>Substantially Identical Outfall [008]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
270	<b>Substantially Identical Outfall [010]</b> Free of Evidence of Erosion? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
280	<b>Substantially Identical Outfall [010]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
290	<b>Substantially Identical Outfall [010]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
300	<b>Substantially Identical Outfall [011]</b> Free of Evidence of Erosion? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
310	<b>Substantially Identical Outfall [011]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
320	<b>Substantially Identical Outfall [011]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Control Measures (identify needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comments).**

340	<b>Asphalt Berm [0300403040001]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
350	<b>Asphalt Berm [0300403040006]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
360	<b>Asphalt Berm [0300403040007]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
370	<b>Asphalt Berm [0300403040008]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
380	<b>Asphalt Berm [0300403040009]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
390	<b>Asphalt Berm [0300403040010]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
400	<b>Gravel Bags [0300403100002]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
410	<b>Gravel Bags [0300403100012]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
420	<b>Gravel Bags [0300403100013]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement. <i>Replace broken gravel bags + add new ones. CAR # 1322</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
430	<b>Gravel Bags [0300403100014]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement. <i>Replace broken gravel bags CAR # 1322</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
440	<b>Gravel Bags [0300403100015]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
450	<b>Gravel Bags [0300403100016]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
460	<b>Concrete/Asphalt Channel/Swale [0300404020003]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
470	<b>Concrete/Asphalt Channel/Swale [0300404020005]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
480	<b>Concrete/Asphalt Channel/Swale [0300404020024]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
490	<b>Concrete/Asphalt Channel/Swale [0300404020025]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
500	<b>Concrete/Asphalt Channel/Swale [0300404020037]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
510	<b>Concrete/Asphalt Channel/Swale [300404020004]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
520	<b>Eco-Block [0300403110018]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
530	<b>Eco-Block [0300403110019]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
540	<b>Eco-Block [0300403110020]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
550	<b>Eco-Block [0300403110021]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

560	<b>Infiltration Basin [0300405060023]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
570	<b>Rock Channel/Swale [0300404030026]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
580	<b>Rock Channel/Swale [0300404030027]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
590	<b>Rock Channel/Swale [0300404030028]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
600	<b>Rock Channel/Swale [0300404030029]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
610	<b>Rock Channel/Swale [0300404030030]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
620	<b>Rock Channel/Swale [0300404030031]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
630	<b>Erosion Control Blanket [0300401060032]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
640	<b>Rip Rap [0300404060033]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
650	<b>Rip Rap [0300404060038]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
660	<b>Rip Rap [0300404060039]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
670	<b>Retaining Wall [0300403080034]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
680	<b>Trench Drain [0300409040035]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
690	<b>Trench Drain [0300409040036]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
700	<b>EnviroSoxx w/ MetalLoxx [0300403200040]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
710	<b>EnviroSoxx w/ MetalLoxx [0300403200041]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
720	<b>EnviroSoxx w/ MetalLoxx [0300403200042]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Area/Activity exposed to stormwater (identify needed maintenance or a description of corrective actions in relevant task comment).**

740	Material loading/unloading and storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
750	Transfer areas for substances in bulk: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
760	Product/chemical storage areas (raw material): controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
770	Liquid tank storage/secondary containment: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
780	Industrial processing and finished product storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
790	Equipment operation and maintenance areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
800	Fueling areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
810	Outdoor vehicle and equipment washing areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
820	Machinery: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
830	Waste handling and disposal areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
840	Erodible areas/construction: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
850	Locations and sources of run-on to the site: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
860	Non-stormwater/illicit connections: controls adequate (appropriate, effective, and	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

07/03

	operating)? If "No" describe.			
870	Salt storage piles or pile containing salt: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
880	Dust generation and vehicle tracking: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
890	Housekeeping (Industrial materials/residues/trash in contact with stormwater): controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
900	Leaks and spills: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

#### Non-Compliance

920	Free of incidents of observed non-compliance not already identified above? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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#### Additional Control Measures

940	Are permit requirements satisfied with existing control measure(s)? If "No" describe additional control measures needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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#### Labor

Labor	Assigned	Work Date	Reg Hrs	OT Hrs	Other Hrs
Burgin, Jillian	3/5/2018 / 1				

#### Labor Report

Completed: \_\_\_\_\_

Report: \_\_\_\_\_

WO ID: MSGP-R1-62102 Page 4 of 4

Name/Z#: Jillian Burgin / 211081

Signature (lead inspector): JBurgin, DEP / CISEC Date and Time: 3/28/18 3:00 p.m.

"I confirm the information as recorded is true, accurate and complete."

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: Russell Stone GL DSESHS - UTS

Signature: Russell Stone Date: 4/18/2018



**Maintenance Details**

**Requested:** 4/5/2018 11:37:43 AM  
**Procedure:** MSGP Routine Facility Inspection (EPC-CP-Form-1020.1)  
**Last PM:** 2/27/2018  
**Project:** Routine Facility Inspections April 2018 (P-MSGP-RI-5262)

**Target:** 4/30/2018  
**Priority/Type:** Normal / Inspection  
**Department:** Utilities and Infrastructure

 MSGP Program  
 RG121.9  
 TA-3-22 Power & Steam Plant

**Contact:**  
**Phone:**

**Reason:** 2018 April Inspections

**Special Instructions:** NMR053195

*Snap. 4/25/18*  
10:00 - 11:00 AM

**Tasks**

#	Description	Meas.	No	N/A	Yes
<b>Weather Information</b>					
20	Describe the weather at time of inspection and document the temperature (F°).	~ 50° <i>Clear Sunny</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Within the Facility Boundary</b>					
40	Is the facility free of new discharges of pollutants that have occurred since the last inspection? If "Failed" describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	If "No" has a CAR been previously initiated for this new discharge?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
60	Is the facility free of discharge of pollutants at the time of inspection? If "No" describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Is the facility free of evidence of, or the potential for, pollutants entering the drainage system. If "No" describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Outfall Inspection (identify needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comment)</b>					
90	<b>Monitored Outfall [005]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
100	<b>Monitored Outfall [005]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
110	<b>Monitored Outfall [005]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	<b>Monitored Outfall [009]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	<b>Monitored Outfall [009]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
140	<b>Monitored Outfall [009]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
150	<b>Monitored Outfall [012]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
160	<b>Monitored Outfall [012]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
170	<b>Monitored Outfall [012]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	<b>Substantially Identical Outfall [006]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	<b>Substantially Identical Outfall [006]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
200	<b>Substantially Identical Outfall [006]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
210	<b>Substantially Identical Outfall [007]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
220	<b>Substantially Identical Outfall [007]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
230	<b>Substantially Identical Outfall [007]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
240	<b>Substantially Identical Outfall [008]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



250	<b>Substantially Identical Outfall [008]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
260	<b>Substantially Identical Outfall [008]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
270	<b>Substantially Identical Outfall [010]</b> Free of Evidence of Erosion? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
280	<b>Substantially Identical Outfall [010]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
290	<b>Substantially Identical Outfall [010]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
300	<b>Substantially Identical Outfall [011]</b> Free of Evidence of Erosion? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
310	<b>Substantially Identical Outfall [011]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
320	<b>Substantially Identical Outfall [011]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Control Measures (identify needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comments).**

340	<b>Asphalt Berm [0300403040001]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
350	<b>Asphalt Berm [0300403040006]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
360	<b>Asphalt Berm [0300403040007]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
370	<b>Asphalt Berm [0300403040008]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
380	<b>Asphalt Berm [0300403040009]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
390	<b>Asphalt Berm [0300403040010]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
400	<b>Gravel Bags [0300403100002]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
410	<b>Gravel Bags [0300403100012]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
420	<b>Gravel Bags [0300403100013]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
430	<b>Gravel Bags [0300403100014]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
440	<b>Gravel Bags [0300403100015]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
450	<b>Gravel Bags [0300403100016]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
460	<b>Concrete/Asphalt Channel/Swale [0300404020003]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
470	<b>Concrete/Asphalt Channel/Swale [0300404020005]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
480	<b>Concrete/Asphalt Channel/Swale [0300404020024]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
490	<b>Concrete/Asphalt Channel/Swale [0300404020025]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
500	<b>Concrete/Asphalt Channel/Swale [0300404020037]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
510	<b>Concrete/Asphalt Channel/Swale [300404020004]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
520	<b>Eco-Block [0300403110018]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
530	<b>Eco-Block [0300403110019]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
540	<b>Eco-Block [0300403110020]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
550	<b>Eco-Block [0300403110021]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



560	<b>Infiltration Basin [0300405060023]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
570	<b>Rock Channel/Swale [0300404030026]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
580	<b>Rock Channel/Swale [0300404030027]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
590	<b>Rock Channel/Swale [0300404030028]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
600	<b>Rock Channel/Swale [0300404030029]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
610	<b>Rock Channel/Swale [0300404030030]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
620	<b>Rock Channel/Swale [0300404030031]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
630	<b>Erosion Control Blanket [0300401060032]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
640	<b>Rip Rap [0300404060033]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
650	<b>Rip Rap [0300404060038]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
660	<b>Rip Rap [0300404060039]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
670	<b>Retaining Wall [0300403080034]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
680	<b>Trench Drain [0300409040035]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
690	<b>Trench Drain [0300409040036]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
700	<b>EnviroSoxx w/ MetalLoxx [0300403200040]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
710	<b>EnviroSoxx w/ MetalLoxx [0300403200041]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
720	<b>EnviroSoxx w/ MetalLoxx [0300403200042]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Area/Activity exposed to stormwater (identify needed maintenance or a description of corrective actions in relevant task comment).**

740	Material loading/unloading and storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
750	Transfer areas for substances in bulk: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
760	Product/chemical storage areas (raw material): controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
770	Liquid tank storage/secondary containment: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
780	Industrial processing and finished product storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
790	Equipment operation and maintenance areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
800	Fueling areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
810	Outdoor vehicle and equipment washing areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
820	Machinery: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
830	Waste handling and disposal areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
840	Erodible areas/construction: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
850	Locations and sources of run-on to the site: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
860	Non-stormwater/illicit connections: controls adequate (appropriate, effective, and	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

	operating)? If "No" describe.			
870	Salt storage piles or pile containing salt: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
880	Dust generation and vehicle tracking: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
890	Housekeeping (Industrial materials/residues/trash in contact with stormwater): controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
900	Leaks and spills: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

#### Non-Compliance

920	Free of incidents of observed non-compliance not already identified above? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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#### Additional Control Measures

940	Are permit requirements satisfied with existing control measure(s)? If "No" describe additional control measures needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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#### Labor

Labor	Assigned	Work Date	Reg Hrs	OT Hrs	Other Hrs
Burgin, Jillian	4/30/2018 / 14				

#### Labor Report

Completed: \_\_\_\_\_

Report: \_\_\_\_\_

WO ID: MSGP-RI-62331 Page 4 of 4

Name/Z#: Jillian Burgin / 211081

Signature (lead inspector): *J. Burgin* Date and Time: 4/25/18 11:00 AM

"I confirm the information as recorded is true, accurate and complete."

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: Russell Stone GC DSESH-UGS

Signature: *Russell Stone* Date: 5/31/2018



**Maintenance Details****Requested:** 5/24/2018 10:43:40 AM**Target:** 5/31/2018 **MSGP Program****Procedure:** MSGP Routine Facility Inspection (EPC-CP-Form-1020.1)**Priority/Type:** Normal / Inspection **RG121.9****Department:** Utilities and Infrastructure **TA-3-22 Power & Steam Plant****Last PM:** 3/28/2018**Contact:****Project:** Routine Facility Inspections  
May 2018 (P-MSGP-RI-5276)**Phone:***Inspection 5/17/18**9:30 - 10:30 AM***Reason:** MSGP Routine Facility Inspection**Special Instructions:** NMR053195**Tasks**

#	Description	Meas.	No	N/A	Yes
<b>Weather Information</b>					
20	Describe the weather at time of inspection and document the temperature (F°).	67°	Clear	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Within the Facility Boundary</b>					
40	Is the facility free of new discharges of pollutants that have occurred since the last inspection? If "Failed" describe.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
50	If "No" has a CAR been previously initiated for this new discharge?		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
60	Is the facility free of discharge of pollutants at the time of inspection? If "No" describe.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
70	Is the facility free of evidence of, or the potential for, pollutants entering the drainage system. If "No" describe.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Outfall Inspection (identify needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comment)</b>					
90	<b>Monitored Outfall [005]</b> Free of Evidence of Erosion? If "No", describe.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
100	<b>Monitored Outfall [005]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
110	<b>Monitored Outfall [005]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
120	<b>Monitored Outfall [009]</b> Free of Evidence of Erosion? If "No", describe.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
130	<b>Monitored Outfall [009]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
140	<b>Monitored Outfall [009]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
150	<b>Monitored Outfall [012]</b> Free of Evidence of Erosion? If "No", describe.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
160	<b>Monitored Outfall [012]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
170	<b>Monitored Outfall [012]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
180	<b>Substantially Identical Outfall [006]</b> Free of Evidence of Erosion? If "No", describe.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
190	<b>Substantially Identical Outfall [006]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
200	<b>Substantially Identical Outfall [006]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
210	<b>Substantially Identical Outfall [007]</b> Free of Evidence of Erosion? If "No", describe.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
220	<b>Substantially Identical Outfall [007]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
230	<b>Substantially Identical Outfall [007]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
240	<b>Substantially Identical Outfall [008]</b> Free of Evidence of Erosion? If "No", describe.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

→ unable to inspect area -  
NNSA IUSCOE construction project has affected that area.

250	<b>Substantially Identical Outfall [008]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
260	<b>Substantially Identical Outfall [008]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
270	<b>Substantially Identical Outfall [010]</b> Free of Evidence of Erosion? If "No", describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
280	<b>Substantially Identical Outfall [010]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
290	<b>Substantially Identical Outfall [010]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
300	<b>Substantially Identical Outfall [011]</b> Free of Evidence of Erosion? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
310	<b>Substantially Identical Outfall [011]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
320	<b>Substantially Identical Outfall [011]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Control Measures (identify needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comments).**

340	<b>Asphalt Berm [0300403040001]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
350	<b>Asphalt Berm [0300403040006]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
360	<b>Asphalt Berm [0300403040007]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
370	<b>Asphalt Berm [0300403040008]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
380	<b>Asphalt Berm [0300403040009]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
390	<b>Asphalt Berm [0300403040010]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
400	<b>Gravel Bags [0300403100002]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
410	<b>Gravel Bags [0300403100012]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
420	<b>Gravel Bags [0300403100013]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
430	<b>Gravel Bags [0300403100014]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
440	<b>Gravel Bags [0300403100015]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
450	<b>Gravel Bags [0300403100016]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
460	<b>Concrete/Asphalt Channel/Swale [0300404020003]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
470	<b>Concrete/Asphalt Channel/Swale [0300404020005]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
480	<b>Concrete/Asphalt Channel/Swale [0300404020024]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
490	<b>Concrete/Asphalt Channel/Swale [0300404020025]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
500	<b>Concrete/Asphalt Channel/Swale [0300404020037]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
510	<b>Concrete/Asphalt Channel/Swale [300404020004]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
520	<b>Eco-Block [0300403110018]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
530	<b>Eco-Block [0300403110019]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
540	<b>Eco-Block [0300403110020]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
550	<b>Eco-Block [0300403110021]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



560	<b>Infiltration Basin [0300405060023]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
570	<b>Rock Channel/Swale [0300404030026]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
580	<b>Rock Channel/Swale [0300404030027]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
590	<b>Rock Channel/Swale [0300404030028]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
600	<b>Rock Channel/Swale [0300404030029]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
610	<b>Rock Channel/Swale [0300404030030]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
620	<b>Rock Channel/Swale [0300404030031]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
630	<b>Erosion Control Blanket [0300401060032]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
640	<b>Rip Rap [0300404060033]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
650	<b>Rip Rap [0300404060038]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
660	<b>Rip Rap [0300404060039]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
670	<b>Retaining Wall [0300403080034]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
680	<b>Trench Drain [0300409040035]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
690	<b>Trench Drain [0300409040036]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
700	<b>EnviroSoxx w/ MetalLoxx [0300403200040]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
710	<b>EnviroSoxx w/ MetalLoxx [0300403200041]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
720	<b>EnviroSoxx w/ MetalLoxx [0300403200042]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Area/Activity exposed to stormwater (identify needed maintenance or a description of corrective actions in relevant task comment).**

740	Material loading/unloading and storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
750	Transfer areas for substances in bulk: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
760	Product/chemical storage areas (raw material): controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
770	Liquid tank storage/secondary containment: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
780	Industrial processing and finished product storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
790	Equipment operation and maintenance areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
800	Fueling areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
810	Outdoor vehicle and equipment washing areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
820	Machinery: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
830	Waste handling and disposal areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
840	Erodible areas/construction: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
850	Locations and sources of run-on to the site: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
860	Non-stormwater/illicit connections: controls adequate (appropriate, effective, and	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



	operating)? If "No" describe.			
870	Salt storage piles or pile containing salt: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
880	Dust generation and vehicle tracking: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
890	Housekeeping (Industrial materials/residues/trash in contact with stormwater): controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
900	Leaks and spills: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

#### Non-Compliance

920	Free of incidents of observed non-compliance not already identified above? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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#### Additional Control Measures

940	Are permit requirements satisfied with existing control measure(s)? If "No" describe additional control measures needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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#### Labor

##### Labor

Work Date Reg Hrs OT Hrs Other Hrs

#### Labor Report

Completed: \_\_\_\_\_

Report: \_\_\_\_\_

WO ID: ms6P - RI - 62580 Page 4 of 4

Name/Z#: Julian Burgin / 211081

Signature (lead inspector): J. Burgin, CISEC Date and Time: 5/17/18 10:30 AM

"I confirm the information as recorded is true, accurate and complete."

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: Russell Stone DESHS-LEIS GL

Signature: Russell Stone Date: 6/14/2018

**Maintenance Details**

**Requested:** 6/4/2018 9:42:55 AM  
**Procedure:** MSGP Routine Facility Inspection (EPC-CP-Form-1020.1)  
**Last PM:** 4/25/2018  
**Project:** Routine Facility Inspections June 2018 (P-MSGP-RI-5282)

**Target:** 6/30/2018  
**Priority/Type:** Normal / Inspection  
**Department:** Utilities and Infrastructure

MSGP Program  
 RG121.9  
 TA-3-22 Power & Steam Plant

**Contact:**  
**Phone:**

**Reason:** 2018 June Inspections

**Special Instructions:** NMR053195

*Insap. 6/27/18  
 9:30 - 10:15 AM*

**Tasks**

#	Description	Meas.	No	N/A	Yes
<b>Weather Information</b>					
20	Describe the weather at time of inspection and document the temperature (F°).	80° Clear	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Within the Facility Boundary</b>					
40	Is the facility free of new discharges of pollutants that have occurred since the last inspection? If "Failed" describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	If "No" has a CAR been previously initiated for this new discharge?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
60	Is the facility free of discharge of pollutants at the time of inspection? If "No" describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Is the facility free of evidence of, or the potential for, pollutants entering the drainage system. If "No" describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Outfall Inspection (identify needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comment)</b>					
90	<b>Monitored Outfall [005]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
100	<b>Monitored Outfall [005]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
110	<b>Monitored Outfall [005]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	<b>Monitored Outfall [009]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	<b>Monitored Outfall [009]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
140	<b>Monitored Outfall [009]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
150	<b>Monitored Outfall [012]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
160	<b>Monitored Outfall [012]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
170	<b>Monitored Outfall [012]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	<b>Substantially Identical Outfall [006]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	<b>Substantially Identical Outfall [006]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
200	<b>Substantially Identical Outfall [006]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
210	<b>Substantially Identical Outfall [007]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
220	<b>Substantially Identical Outfall [007]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
230	<b>Substantially Identical Outfall [007]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
240	<b>Substantially Identical Outfall [008]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

250	<b>Substantially Identical Outfall [008]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
260	<b>Substantially Identical Outfall [008]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
270	<b>Substantially Identical Outfall [010]</b> Free of Evidence of Erosion? If "No", describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
280	<b>Substantially Identical Outfall [010]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
290	<b>Substantially Identical Outfall [010]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
300	<b>Substantially Identical Outfall [011]</b> Free of Evidence of Erosion? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
310	<b>Substantially Identical Outfall [011]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
320	<b>Substantially Identical Outfall [011]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Control Measures (identify needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comments).**

340	<b>Asphalt Berm [0300403040001]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
350	<b>Asphalt Berm [0300403040006]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
360	<b>Asphalt Berm [0300403040007]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
370	<b>Asphalt Berm [0300403040008]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
380	<b>Asphalt Berm [0300403040009]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
390	<b>Asphalt Berm [0300403040010]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
400	<b>Gravel Bags [0300403100002]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
410	<b>Gravel Bags [0300403100012]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
420	<b>Gravel Bags [0300403100013]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
430	<b>Gravel Bags [0300403100014]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
440	<b>Gravel Bags [0300403100015]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
450	<b>Gravel Bags [0300403100016]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
460	<b>Concrete/Asphalt Channel/Swale [0300404020003]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
470	<b>Concrete/Asphalt Channel/Swale [0300404020005]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
480	<b>Concrete/Asphalt Channel/Swale [0300404020024]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
490	<b>Concrete/Asphalt Channel/Swale [0300404020025]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
500	<b>Concrete/Asphalt Channel/Swale [0300404020037]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
510	<b>Concrete/Asphalt Channel/Swale [300404020004]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
520	<b>Eco-Block [0300403110018]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
530	<b>Eco-Block [0300403110019]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
540	<b>Eco-Block [0300403110020]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
550	<b>Eco-Block [0300403110021]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

unable to check due to Conf.

culvert Inspect due to Constr.

Culvert outlet needs cleaned out. CAP# 1348

560	<b>Infiltration Basin [0300405060023]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
570	<b>Rock Channel/Swale [0300404030026]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
580	<b>Rock Channel/Swale [0300404030027]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
590	<b>Rock Channel/Swale [0300404030028]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
600	<b>Rock Channel/Swale [0300404030029]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
610	<b>Rock Channel/Swale [0300404030030]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>couldnt inspect due to cont.</i>
620	<b>Rock Channel/Swale [0300404030031]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
630	<b>Erosion Control Blanket [0300401060032]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
640	<b>Rip Rap [0300404060033]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
650	<b>Rip Rap [0300404060038]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
660	<b>Rip Rap [0300404060039]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>couldnt inspect due to constr.</i>
670	<b>Retaining Wall [0300403080034]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
680	<b>Trench Drain [0300409040035]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
690	<b>Trench Drain [0300409040036]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Culvert outlet needs for CA# 1348</i>
700	<b>EnviroSoxx w/ MetalLoxx [0300403200040]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
710	<b>EnviroSoxx w/ MetalLoxx [0300403200041]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
720	<b>EnviroSoxx w/ MetalLoxx [0300403200042]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

**Area/Activity exposed to stormwater (identify needed maintenance or a description of corrective actions in relevant task comment).**

740	Material loading/unloading and storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
750	Transfer areas for substances in bulk: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
760	Product/chemical storage areas (raw material): controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
770	Liquid tank storage/secondary containment: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
780	Industrial processing and finished product storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
790	Equipment operation and maintenance areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
800	Fueling areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
810	Outdoor vehicle and equipment washing areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
820	Machinery: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
830	Waste handling and disposal areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
840	Erodible areas/construction: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
850	Locations and sources of run-on to the site: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
860	Non-stormwater/illicit connections: controls adequate (appropriate, effective, and	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

	operating)? If "No" describe.			
870	Salt storage piles or pile containing salt: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
880	Dust generation and vehicle tracking: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
890	Housekeeping (Industrial materials/residues/trash in contact with stormwater): controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
900	Leaks and spills: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

#### Non-Compliance

920	Free of incidents of observed non-compliance not already identified above? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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#### Additional Control Measures

940	Are permit requirements satisfied with existing control measure(s)? If "No" describe additional control measures needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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#### Labor

Labor	Assigned	Work Date	Reg Hrs	OT Hrs	Other Hrs
Burgin, Jillian	6/4/2018 / 1				

#### Labor Report

Completed: \_\_\_\_\_

Report: \_\_\_\_\_

WO ID: MSGP-R1-62642 Page 4 of 4

Name/Z#: Jillian Burgin / DEP 24081

Signature (lead inspector): OP Burgin, CISEC Date and Time: 6/27/18 10:15 AM

"I confirm the information as recorded is true, accurate and complete."

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: Russell Stone GL DSESH-ATS

Signature: Russell Stone Date: 7/18/2018



**Maintenance Details**

**Requested:** 7/2/2018 5:00:22 PM  
**Procedure:** MSGP Routine Facility Inspection (EPC-CP-Form-1020.1)  
**Last PM:** 5/17/2018  
**Project:** Routine Facility Inspections July 2018 (P-MSGP-RI-5293)  
**Reason:** MSGP Routine Facility Inspection  
**Special Instructions:** NMR053195

**Target:** 7/31/2018  
**Priority/Type:** Normal / Inspection  
**Department:** Utilities and Infrastructure

 MSGP Program  
 RG121.9  
 TA-3-22 Power & Steam Plant

**Contact:**  
**Phone:**

*Inspection 7/2/2018  
 9:30 - 10:15 AM*

**Tasks**

#	Description	Meas.	No	N/A	Yes
<b>Weather Information</b>					
20	Describe the weather at time of inspection and document the temperature (F°). <i>70° F/c</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Within the Facility Boundary</b>					
40	Is the facility free of new discharges of pollutants that have occurred since the last inspection? If "Failed" describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	If "No" has a CAR been previously initiated for this new discharge?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
60	Is the facility free of discharge of pollutants at the time of inspection? If "No" describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Is the facility free of evidence of, or the potential for, pollutants entering the drainage system. If "No" describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Outfall Inspection (identify needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comment)</b>					
90	<b>Monitored Outfall [005]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
100	<b>Monitored Outfall [005]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
110	<b>Monitored Outfall [005]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	<b>Monitored Outfall [009]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	<b>Monitored Outfall [009]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
140	<b>Monitored Outfall [009]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
150	<b>Monitored Outfall [012]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
160	<b>Monitored Outfall [012]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
170	<b>Monitored Outfall [012]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	<b>Substantially Identical Outfall [006]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	<b>Substantially Identical Outfall [006]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
200	<b>Substantially Identical Outfall [006]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
210	<b>Substantially Identical Outfall [007]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
220	<b>Substantially Identical Outfall [007]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
230	<b>Substantially Identical Outfall [007]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
240	<b>Substantially Identical Outfall [008]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
250	<b>Substantially Identical Outfall [008]</b> Flow Dissipation Devices Operating Effectively? If		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



"No", describe.

*Can't inspect due to concrete*

260	<b>Substantially Identical Outfall [008]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
270	<b>Substantially Identical Outfall [010]</b> Free of Evidence of Erosion? If "No", describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
280	<b>Substantially Identical Outfall [010]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
290	<b>Substantially Identical Outfall [010]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
300	<b>Substantially Identical Outfall [011]</b> Free of Evidence of Erosion? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
310	<b>Substantially Identical Outfall [011]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
320	<b>Substantially Identical Outfall [011]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Control Measures (identify needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comments).**

340	<b>Asphalt Berm [0300403040001]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
350	<b>Asphalt Berm [0300403040006]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
360	<b>Asphalt Berm [0300403040007]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
370	<b>Asphalt Berm [0300403040008]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
380	<b>Asphalt Berm [0300403040009]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
390	<b>Asphalt Berm [0300403040010]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
400	<b>Gravel Bags [0300403100002]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
410	<b>Gravel Bags [0300403100012]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement. <i>Two heavy bags missing - replace</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
420	<b>Gravel Bags [0300403100013]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
430	<b>Gravel Bags [0300403100014]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
440	<b>Gravel Bags [0300403100015]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
450	<b>Gravel Bags [0300403100016]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
460	<b>Concrete/Asphalt Channel/Swale [0300404020003]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
470	<b>Concrete/Asphalt Channel/Swale [0300404020005]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
480	<b>Concrete/Asphalt Channel/Swale [0300404020024]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
490	<b>Concrete/Asphalt Channel/Swale [0300404020025]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
500	<b>Concrete/Asphalt Channel/Swale [0300404020037]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement. <i>needs clean-out at culvert</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
510	<b>Concrete/Asphalt Channel/Swale [300404020004]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
520	<b>Eco-Block [0300403110018]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
530	<b>Eco-Block [0300403110019]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
540	<b>Eco-Block [0300403110020]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
550	<b>Eco-Block [0300403110021]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
560	<b>Infiltration Basin [0300405060023]</b> Control Measure is operating effectively? If "No"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

CAR#  
1374

CAR#  
1372



	describe condition & need for Maintenance, Repair, or Replacement.			
570	<b>Rock Channel/Swale [0300404030026]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
580	<b>Rock Channel/Swale [0300404030027]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
590	<b>Rock Channel/Swale [0300404030028]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
600	<b>Rock Channel/Swale [0300404030029]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
610	<b>Rock Channel/Swale [0300404030030]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
620	<b>Rock Channel/Swale [0300404030031]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
630	<b>Erosion Control Blanket [0300401060032]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
640	<b>Rip Rap [0300404060033]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
650	<b>Rip Rap [0300404060038]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
660	<b>Rip Rap [0300404060039]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
670	<b>Retaining Wall [0300403080034]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
680	<b>Trench Drain [0300409040035]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
690	<b>Trench Drain [0300409040036]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
700	<b>EnviroSoxx w/ MetalLoxx [0300403200040]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
710	<b>EnviroSoxx w/ MetalLoxx [0300403200041]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
720	<b>EnviroSoxx w/ MetalLoxx [0300403200042]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*clean out at Culvert. can # B72*

*Replaced w/ new wattle - 7/23*

**Area/Activity exposed to stormwater (identify needed maintenance or a description of corrective actions in relevant task comment).**

740	Material loading/unloading and storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
750	Transfer areas for substances in bulk: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
760	Product/chemical storage areas (raw material): controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
770	Liquid tank storage/secondary containment: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
780	Industrial processing and finished product storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
790	Equipment operation and maintenance areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
800	Fueling areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
810	Outdoor vehicle and equipment washing areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
820	Machinery: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
830	Waste handling and disposal areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
840	Erodible areas/construction: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
850	Locations and sources of run-on to the site: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
860	Non-stormwater/illicit connections: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

870	Salt storage piles or pile containing salt: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
880	Dust generation and vehicle tracking: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
890	Housekeeping (Industrial materials/residues/trash in contact with stormwater): controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
900	Leaks and spills: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Non-Compliance</b>				
920	Free of incidents of observed non-compliance not already identified above? If "No" describe.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Additional Control Measures</b>				
940	Are permit requirements satisfied with existing control measure(s)? If "No" describe additional control measures needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

*Remove metal piping from S side of Bldg 22. left on ground. CA# 1373*

**Labor**

Labor	Assigned	Work Date	Reg Hrs	OT Hrs	Other Hrs
Burgin, Jillian	7/31/2018 / 1				

**Labor Report**

Completed: \_\_\_\_\_

Report: \_\_\_\_\_

WO ID: MSGP-R1-62781 Page 4 of 4

Name/Z#: Jillian Burgin / 211081

Signature (lead inspector): J. Burgin, DEP / CISEC Date and Time: 7/26/18

"I confirm the information as recorded is true, accurate and complete."

10:15 AM

**CERTIFICATION STATEMENT**

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: Russell Stone GL DESKS - ULS

Signature: Russell Stone Date: 8/15/2018



# Los Alamos National Lab - ADESH

Work Order MSGP-RI-62865

MSGP Routine Inspection  
Printed 8/28/2018 - 3:58 PM

## Maintenance Details

**Requested:** 8/28/2018 3:54:00 PM  
**Procedure:** MSGP Routine Facility Inspection (EPC-CP-Form-1020.1)  
**Last PM:** 7/26/2018  
**Project:** Routine Facility Inspections Aug 2018 (P-MSGP-RI-5301)  
**Reason:** 2018 August Inspections  
**Special Instructions:** NMR053195

**Target:** 8/31/2018  
**Priority/Type:** / Inspection  
**Department:** Utilities and Infrastructure

 MSGP Program  
 RG121.9  
 TA-3-22 Power & Steam Plant

**Contact:**  
**Phone:**

*Insp. 8/30/18*  
*9:30 - 10:30 AM*

## Tasks

#	Description	Meas.	No	N/A	Yes
<b>Weather Information</b>					
20	Describe the weather at time of inspection and document the temperature (F°).	75° & 1°	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Within the Facility Boundary</b>					
40	Is the facility free of new discharges of pollutants that have occurred since the last inspection? If "Failed" describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	If "No" has a CAR been previously initiated for this new discharge?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
60	Is the facility free of discharge of pollutants at the time of inspection? If "No" describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Is the facility free of evidence of, or the potential for, pollutants entering the drainage system. If "No" describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Outfall Inspection (identify needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comment)</b>					
90	<b>Monitored Outfall [005]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
100	<b>Monitored Outfall [005]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
110	<b>Monitored Outfall [005]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	<b>Monitored Outfall [009]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	<b>Monitored Outfall [009]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
140	<b>Monitored Outfall [009]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
150	<b>Monitored Outfall [012]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
160	<b>Monitored Outfall [012]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
170	<b>Monitored Outfall [012]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	<b>Substantially Identical Outfall [006]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	<b>Substantially Identical Outfall [006]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
200	<b>Substantially Identical Outfall [006]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
210	<b>Substantially Identical Outfall [007]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
220	<b>Substantially Identical Outfall [007]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
230	<b>Substantially Identical Outfall [007]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
240	<b>Substantially Identical Outfall [008]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
250	<b>Substantially Identical Outfall [008]</b> Flow Dissipation Devices Operating Effectively? If		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

"No", describe.

260	<b>Substantially Identical Outfall [008]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
270	<b>Substantially Identical Outfall [010]</b> Free of Evidence of Erosion? If "No", describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
280	<b>Substantially Identical Outfall [010]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
290	<b>Substantially Identical Outfall [010]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
300	<b>Substantially Identical Outfall [011]</b> Free of Evidence of Erosion? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
310	<b>Substantially Identical Outfall [011]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
320	<b>Substantially Identical Outfall [011]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Control Measures (identify needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comments).**

340	<b>Asphalt Berm [0300403040001]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
350	<b>Asphalt Berm [0300403040006]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
360	<b>Asphalt Berm [0300403040007]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
370	<b>Asphalt Berm [0300403040008]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
380	<b>Asphalt Berm [0300403040009]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
390	<b>Asphalt Berm [0300403040010]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
400	<b>Gravel Bags [0300403100002]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
410	<b>Gravel Bags [0300403100012]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
420	<b>Gravel Bags [0300403100013]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
430	<b>Gravel Bags [0300403100014]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
440	<b>Gravel Bags [0300403100015]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
450	<b>Gravel Bags [0300403100016]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
460	<b>Concrete/Asphalt Channel/Swale [0300404020003]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
470	<b>Concrete/Asphalt Channel/Swale [0300404020005]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
480	<b>Concrete/Asphalt Channel/Swale [0300404020024]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
490	<b>Concrete/Asphalt Channel/Swale [0300404020025]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
500	<b>Concrete/Asphalt Channel/Swale [0300404020037]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
510	<b>Concrete/Asphalt Channel/Swale [300404020004]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
520	<b>Eco-Block [0300403110018]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
530	<b>Eco-Block [0300403110019]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
540	<b>Eco-Block [0300403110020]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
550	<b>Eco-Block [0300403110021]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
560	<b>Infiltration Basin [0300405060023]</b> Control Measure is operating effectively? If "No"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

*Cant inspect due to construction*

*Needs clean-out CAR # 1392 at Culvert*



	describe condition & need for Maintenance, Repair, or Replacement.			
570	<b>Rock Channel/Swale [0300404030026]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
580	<b>Rock Channel/Swale [0300404030027]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
590	<b>Rock Channel/Swale [0300404030028]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
600	<b>Rock Channel/Swale [0300404030029]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
610	<b>Rock Channel/Swale [0300404030030]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
620	<b>Rock Channel/Swale [0300404030031]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
630	<b>Erosion Control Blanket [0300401060032]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
640	<b>Rip Rap [0300404060033]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
650	<b>Rip Rap [0300404060038]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
660	<b>Rip Rap [0300404060039]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
670	<b>Retaining Wall [0300403080034]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
680	<b>Trench Drain [0300409040035]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
690	<b>Trench Drain [0300409040036]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
700	<b>EnviroSoxx w/ MetalLoxx [0300403200040]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
710	<b>EnviroSoxx w/ MetalLoxx [0300403200041]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
NEW# 720	<b>EnviroSoxx w/ MetalLoxx [0300403200043]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Area/Activity exposed to stormwater (identify needed maintenance or a description of corrective actions in relevant task comment).**

740	Material loading/unloading and storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
750	Transfer areas for substances in bulk: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
760	Product/chemical storage areas (raw material): controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
770	Liquid tank storage/secondary containment: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
780	Industrial processing and finished product storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
790	Equipment operation and maintenance areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
800	Fueling areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
810	Outdoor vehicle and equipment washing areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
820	Machinery: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
830	Waste handling and disposal areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
840	Erodible areas/construction: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
850	Locations and sources of run-on to the site: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
860	Non-stormwater/illicit connections: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



870	Salt storage piles or pile containing salt: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
880	Dust generation and vehicle tracking: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
890	Housekeeping (Industrial materials/residues/trash in contact with stormwater): controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
900	Leaks and spills: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

#### Non-Compliance

920	Free of incidents of observed non-compliance not already identified above? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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#### Additional Control Measures

940	Are permit requirements satisfied with existing control measure(s)? If "No" describe additional control measures needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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#### Labor Report

Completed: \_\_\_\_\_

Report: Jillian Burgin

WO ID: MS6P-R1-62865 Page 4 of 4

Name/Z#: Jillian Burgin | 211081

Signature (lead inspector): <sup>DEP/</sup>JBurgin, CISEC Date and Time: 8/30/18  
10:30 AM

"I confirm the information as recorded is true, accurate and complete."

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: Russell Stone GL DSESH-UIS

Signature: Russell Stone Date: 9/28/2018

# Los Alamos National Lab - ADESH

Work Order MSGP-RI-63002

MSGP Routine Inspection  
Printed 9/20/2018 - 3:26 PM (Duplicate Copy)

## Maintenance Details

**Requested:** 9/20/2018 3:23:00 PM  
**Procedure:** MSGP Routine Facility Inspection (EPC-CP-Form-1020.1)  
**Last PM:** 9/4/2018  
**Project:** Routine Facility Inspections Sept 2018 (P-MSGP-RI-5320)  
**Reason:** 2018 September Inspections  
**Special Instructions:** NMR053195

**Target:** 9/30/2018  
**Priority/Type:** / Inspection  
**Department:** Utilities and Infrastructure

 MSGP Program  
 RG121.9  
 TA-3-22 Power & Steam Plant

*Insp. 9/25/18*  
*9:30 - 10:30 AM*

**Contact:**  
**Phone:**

## Tasks

#	Description	Meas.	No	N/A	Yes
<b>Weather Information</b>					
20	Describe the weather at time of inspection and document the temperature (F°).	65° F/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Within the Facility Boundary</b>					
40	Is the facility free of new discharges of pollutants that have occurred since the last inspection? If "Failed" describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	If "No" has a CAR been previously initiated for this new discharge?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
60	Is the facility free of discharge of pollutants at the time of inspection? If "No" describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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<b>Outfall Inspection (identify needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comment)</b>					
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220	<b>Substantially Identical Outfall [007]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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240	<b>Substantially Identical Outfall [008]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



250	<b>Substantially Identical Outfall [008]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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**Control Measures (identify needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comments).**

340	<b>Asphalt Berm [0300403040001]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
350	<b>Asphalt Berm [0300403040006]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
360	<b>Asphalt Berm [0300403040007]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
370	<b>Asphalt Berm [0300403040008]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
380	<b>Asphalt Berm [0300403040009]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
390	<b>Asphalt Berm [0300403040010]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
400	<b>Gravel Bags [0300403100002]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
410	<b>Gravel Bags [0300403100012]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
420	<b>Gravel Bags [0300403100013]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
430	<b>Gravel Bags [0300403100014]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
440	<b>Gravel Bags [0300403100015]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
450	<b>Gravel Bags [0300403100016]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
460	<b>Concrete/Asphalt Channel/Swale [0300404020003]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
470	<b>Concrete/Asphalt Channel/Swale [0300404020005]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
480	<b>Concrete/Asphalt Channel/Swale [0300404020024]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
490	<b>Concrete/Asphalt Channel/Swale [0300404020025]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
500	<b>Concrete/Asphalt Channel/Swale [0300404020037]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
510	<b>Concrete/Asphalt Channel/Swale [300404020004]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
520	<b>Eco-Block [0300403110018]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
530	<b>Eco-Block [0300403110019]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
540	<b>Eco-Block [0300403110020]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
550	<b>Eco-Block [0300403110021]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

*can't inspect due to cost*

560	<b>Infiltration Basin [0300405060023]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
570	<b>Rock Channel/Swale [0300404030026]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
580	<b>Rock Channel/Swale [0300404030027]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
590	<b>Rock Channel/Swale [0300404030028]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
600	<b>Rock Channel/Swale [0300404030029]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
610	<b>Rock Channel/Swale [0300404030030]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
620	<b>Rock Channel/Swale [0300404030031]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
630	<b>Erosion Control Blanket [0300401060032]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
640	<b>Rip Rap [0300404060033]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
650	<b>Rip Rap [0300404060038]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
660	<b>Rip Rap [0300404060039]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
670	<b>Retaining Wall [0300403080034]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
680	<b>Trench Drain [0300409040035]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
690	<b>Trench Drain [0300409040036]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
700	<b>EnviroSoxx w/ MetalLoxx [0300403200040]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
710	<b>EnviroSoxx w/ MetalLoxx [0300403200041]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
720	<b>EnviroSoxx w/ MetalLoxx [0300403200043]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
730	<b>EnviroSoxx w/ MetalLoxx [0300403200044]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement. <i>added to map 9/1/8</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Area/Activity exposed to stormwater (identify needed maintenance or a description of corrective actions in relevant task comment).**

750	Material loading/unloading and storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
760	Transfer areas for substances in bulk: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
770	Product/chemical storage areas (raw material): controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
780	Liquid tank storage/secondary containment: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
790	Industrial processing and finished product storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
800	Equipment operation and maintenance areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
810	Fueling areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
820	Outdoor vehicle and equipment washing areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
830	Machinery: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
840	Waste handling and disposal areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
850	Erodible areas/construction: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
860	Locations and sources of run-on to the site: controls adequate (appropriate, effective,	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



	and operating)? If "No" describe.			
870	Non-stormwater/illicit connections: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
880	Salt storage piles or pile containing salt: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
890	Dust generation and vehicle tracking: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
900	Housekeeping (Industrial materials/residues/trash in contact with stormwater): controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
910	Leaks and spills: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

#### Non-Compliance

930	Free of incidents of observed non-compliance not already identified above? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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#### Additional Control Measures

950	Are permit requirements satisfied with existing control measure(s)? If "No" describe additional control measures needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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#### Labor

Labor	Assigned	Work Date	Reg Hrs	OT Hrs	Other Hrs
Burgin, Jillian	9/30/2018 / 14				

#### Labor Report

Completed: \_\_\_\_\_

Report: \_\_\_\_\_

WO ID: MSGP-R1-63002 Page 4 of 4

Name/Z#: Jillian Burgin / 211081

Signature (lead inspector): J. Burgin, DEP / CISEC Date and Time: 9/25/18 10:30 AM

"I confirm the information as recorded is true, accurate and complete."

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DESH Group Leader, EPC Group Leader)

Print name and title: Russell Stone GL DESHS-UIS

Signature: Russell Stone Date: 10/26/2018



# Los Alamos National Lab - ADESH

Work Order MSGP-RI-63200

MSGP Routine Inspection  
Printed 10/1/2018 - 12:15 PM

## Maintenance Details

**Requested:** 10/1/2018 12:09:18 PM  
**Procedure:** MSGP Routine Facility Inspection (EPC-CP-Form-1020.1)

**Target:** 10/31/2018  
**Priority/Type:** Normal / Inspection  
**Department:** Utilities and Infrastructure

**MSGP Program**  
RG121.9  
TA-3-22 Power & Steam Plant

**Last PM:** 9/4/2018  
**Project:** Routine Facility Inspections  
Oct. 2018 (P-MSGP-RI-5333)

*Inspected:*

10/25/18

**Contact:**  
**Phone:**

2:30 - 3:15 p.m.

**Reason:** 2018 October Inspections

**Special Instructions:** NMR053195

## Tasks

#	Description	Meas.	No	N/A	Yes
<b>Weather Information</b>					
20	Describe the weather at time of inspection and document the temperature (F°).	53° F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Within the Facility Boundary</b>					
40	Is the facility free of new discharges of pollutants that have occurred since the last inspection? If "Failed" describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	If "No" has a CAR been previously initiated for this new discharge?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
60	Is the facility free of discharge of pollutants at the time of inspection? If "No" describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Is the facility free of evidence of, or the potential for, pollutants entering the drainage system. If "No" describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Outfall Inspection (identify needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comment)</b>					
90	<b>Monitored Outfall [005]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
100	<b>Monitored Outfall [005]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
110	<b>Monitored Outfall [005]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	<b>Monitored Outfall [009]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	<b>Monitored Outfall [009]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
140	<b>Monitored Outfall [009]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
150	<b>Monitored Outfall [012]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
160	<b>Monitored Outfall [012]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
170	<b>Monitored Outfall [012]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	<b>Substantially Identical Outfall [006]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	<b>Substantially Identical Outfall [006]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
200	<b>Substantially Identical Outfall [006]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
210	<b>Substantially Identical Outfall [007]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
220	<b>Substantially Identical Outfall [007]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
230	<b>Substantially Identical Outfall [007]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
240	<b>Substantially Identical Outfall [008]</b> Free of Evidence of Erosion? If "No", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

250	<b>Substantially Identical Outfall [008]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
260	<b>Substantially Identical Outfall [008]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
270	<b>Substantially Identical Outfall [010]</b> Free of Evidence of Erosion? If "No", describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
280	<b>Substantially Identical Outfall [010]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
290	<b>Substantially Identical Outfall [010]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
300	<b>Substantially Identical Outfall [011]</b> Free of Evidence of Erosion? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
310	<b>Substantially Identical Outfall [011]</b> Flow Dissipation Devices Operating Effectively? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
320	<b>Substantially Identical Outfall [011]</b> Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Control Measures (identify needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comments).**

340	<b>Asphalt Berm [0300403040001]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
350	<b>Asphalt Berm [0300403040006]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
360	<b>Asphalt Berm [0300403040007]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
370	<b>Asphalt Berm [0300403040008]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
380	<b>Asphalt Berm [0300403040009]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
390	<b>Asphalt Berm [0300403040010]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
400	<b>Gravel Bags [0300403100002]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
410	<b>Gravel Bags [0300403100012]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
420	<b>Gravel Bags [0300403100013]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
430	<b>Gravel Bags [0300403100014]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
440	<b>Gravel Bags [0300403100015]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
450	<b>Gravel Bags [0300403100016]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
460	<b>Concrete/Asphalt Channel/Swale [0300404020003]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
470	<b>Concrete/Asphalt Channel/Swale [0300404020005]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
480	<b>Concrete/Asphalt Channel/Swale [0300404020024]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
490	<b>Concrete/Asphalt Channel/Swale [0300404020025]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
→ 500	<b>Concrete/Asphalt Channel/Swale [0300404020037]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
510	<b>Concrete/Asphalt Channel/Swale [300404020004]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
520	<b>Eco-Block [0300403110018]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
530	<b>Eco-Block [0300403110019]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
540	<b>Eco-Block [0300403110020]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
550	<b>Eco-Block [0300403110021]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

not insp.  
due to  
constr.

needs clean-out @ culvert.  
CAL# 1405

560	<b>Infiltration Basin [0300405060023]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
570	<b>Rock Channel/Swale [0300404030026]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
580	<b>Rock Channel/Swale [0300404030027]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
590	<b>Rock Channel/Swale [0300404030028]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
600	<b>Rock Channel/Swale [0300404030029]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
610	<b>Rock Channel/Swale [0300404030030]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
620	<b>Rock Channel/Swale [0300404030031]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
630	<b>Erosion Control Blanket [0300401060032]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
640	<b>Rip Rap [0300404060033]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
650	<b>Rip Rap [0300404060038]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
660	<b>Rip Rap [0300404060039]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
670	<b>Retaining Wall [0300403080034]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
680	<b>Trench Drain [0300409040035]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
690	<b>Trench Drain [0300409040036]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
700	<b>EnviroSoxx w/ MetalLoxx [0300403200040]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
710	<b>EnviroSoxx w/ MetalLoxx [0300403200041]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
720	<b>EnviroSoxx w/ MetalLoxx [0300403200043]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
730	<b>EnviroSoxx w/ MetalLoxx [0300403200044]</b> Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Area/Activity exposed to stormwater (identify needed maintenance or a description of corrective actions in relevant task comment).**

750	Material loading/unloading and storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
760	Transfer areas for substances in bulk: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
770	Product/chemical storage areas (raw material): controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
780	Liquid tank storage/secondary containment: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
790	Industrial processing and finished product storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
800	Equipment operation and maintenance areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
810	Fueling areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
820	Outdoor vehicle and equipment washing areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
830	Machinery: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
840	Waste handling and disposal areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
850	Erodible areas/construction: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
860	Locations and sources of run-on to the site: controls adequate (appropriate, effective,	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	and operating)? If "No" describe.			
870	Non-stormwater/illicit connections: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
880	Salt storage piles or pile containing salt: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
890	Dust generation and vehicle tracking: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
900	Housekeeping (Industrial materials/residues/trash in contact with stormwater): controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
910	Leaks and spills: controls adequate (appropriate, effective, and operating)? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Non-Compliance</b>				
930	Free of incidents of observed non-compliance not already identified above? If "No" describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Additional Control Measures</b>				
950	Are permit requirements satisfied with existing control measure(s)? If "No" describe additional control measures needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

### Labor

Labor	Assigned	Work Date	Reg Hrs	OT Hrs	Other Hrs
Burgin, Jillian	10/1/2018 / 1				

### Labor Report

Completed: \_\_\_\_\_

Report: \_\_\_\_\_

WO ID: MSGP-R1-63200 Page 4 of 4

Name/Z#: Jillian Burgin / 211081

Signature (lead inspector): J Burgin, DEPLCISEC Date and Time: 10/25/18

"I confirm the information as recorded is true, accurate and complete."

3:15 PM

### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DESH Group Leader, EPC Group Leader)

Print name and title: Russell Stone COL DESH-ATS

Signature: Russell Stone Date: 12/5/2018



# memorandum

*Environmental Protection & Compliance Division  
Environmental Compliance Programs (EPC-CP)*

*To/MS:* Leonard Sandoval, DESHS-UIS, P908  
*Thru/MS:* Terrill Lemke, EPC-CP, (E-File) *Tel*  
*From/MS:* Holly Wheeler, EPC-CP, (E-File) *HV*  
*Phone/Fax:* 667-1312  
*Symbol:* EPC-DO-16-300  
*Date:* OCT 13 2016

**Subject: National Pollutant Discharge Elimination System (NPDES) Permit No. NMR053195, Multi-Sector General Permit (MSGP) Quarterly Visual Assessment (QVA) Forms for April and May of 2016 for the TA-3-22 Power and Steam Plant, TA-60-1 Heavy Equipment Yard, TA-60-2 Warehouse, TA-60 Material Recycling Facility, TA-60 Roads and Grounds, and the TA-60 Asphalt Batch Plant**

Please find attached completed MSGP QVA Forms documenting visual assessments performed during the first quarter of monitoring at the TA-3-22 Power and Steam Plant, TA-60 Heavy Equipment Yard, TA-60-2 Warehouse, TA-60 Material Recycling Facility, TA-60 Roads and Grounds and TA-60 Asphalt Batch Plant. Per Parts 3.2.2 and 5.5 of the 2015 MSGP, the QVA forms shall be incorporated into your MSGP Storm Water Pollution Prevention Plan (SWPPP).

Part 3.2.1 of the 2015 MSGP requires the visual assessment of storm water discharge samples collected from each outfall once each quarter for the entire permit term. Part 3.2.3 allows facilities that are located in an area with a semi-arid climate and/or in an area where freezing conditions exist for an extended period to distribute the quarterly visual assessments during seasons when precipitation runoff occurs. Accordingly, LANS has designated the following MSGP monitoring quarters.

Quarter 1:	April – May	Quarter 2:	June – July
Quarter 3:	August – September	Quarter 4:	October - November

The attached QVA forms document the following information as required by Part 3.2.2 of the 2015 MSGP and were completed by Environmental Compliance Programs (EPC-CP) personnel.

- Sample location;
- Sample collection date and time, and visual assessment date and time for each sample;
- Personnel collecting the sample and performing the visual assessment, and their signatures;
- Nature of the discharge (i.e., runoff or snowmelt);
- Results of observations of the stormwater discharge;
- Probable sources of any observed stormwater contamination (if applicable);
- If applicable, why it was not possible to take a sample within the first 30 minutes of the storm event.



Part 3.2.3 of the 2015 MSGP allows the facility to take a substitute sample during the next qualifying storm event when adverse weather conditions prevent the collection of samples during a specific quarter. Adverse weather conditions are those that are dangerous or create inaccessibility for personnel, or situations that otherwise make sampling impractical, such as drought or extended frozen conditions. Documentation of the rationale for no visual assessment for the quarter must be included in the facility-specific SWPPP.

Please contact Holly Wheeler at 667-1312 (hbenson@lanl.gov) if you have questions regarding the attached QVA documentation. Thank you for your assistance in meeting the requirements of the Laboratory's NPDES 2015 MSGP Permit.

TWL:HLW/lm

Enclosure: 1. Quarterly Visual Assessment Forms, First Quarter, 2016 Monitoring Year

Facility Name	Sampling Station	Work Order #
TA-3-22 Power & Steam Plant	MSGP00901	MSGP-53594
TA-3-22 Power & Steam Plant	MSGP00801	MSGP-53786
TA-3-22 Power & Steam Plant	MSGP01001	MSGP-53787
TA-3-22 Power & Steam Plant	MSGP00601	MSGP-53788
TA-3-22 Power & Steam Plant	MSGP01101	MSGP-53789
TA-3-22 Power & Steam Plant	MSGP00901	MSGP-53804
TA-3-22 Power & Steam Plant	MSGP00801	MSGP-54176
TA-3-22 Power & Steam Plant	MSGP01001	MSGP-54177
TA-3-22 Power & Steam Plant	MSGP00601	MSGP-54178
TA-3-22 Power & Steam Plant	MSGP01101	MSGP-54179
TA-60-1 Heavy Equipment Yard	MSGP02201	MSGP-53601
TA-60-1 Heavy Equipment Yard	MSGP02101	MSGP-53795
TA-60-1 Heavy Equipment Yard	MSGP02301	MSGP-53796
TA-60-1 Heavy Equipment Yard	MSGP02101	MSGP-54185
TA-60-1 Heavy Equipment Yard	MSGP02401	MSGP-54212
TA-60-1 Heavy Equipment Yard	MSGP02501	MSGP-54213
TA-60 MRF	MSGP02901	MSGP-53612
TA-60 MRF	MSGP02901	MSGP-53808
TA-60 Roads and Grounds	MSGP03201	MSGP-53606
TA-60 Roads and Grounds	MSGP03201	MSGP-53810
TA-60-2 Warehouse	MSGP02801	MSGP-54188
TA-60-2 Warehouse	MSGP02601	MSGP-53602
TA-60-2 Warehouse	MSGP02601	MSGP-53798
TA-60-2 Warehouse	MSGP02601	MSGP-53797
TA-60-2 Warehouse	MSGP02601	MSGP-54187
TA-60 Asphalt Batch Plant	MSGP04301	NONE

Cy: Russel Stone, DESHS-UIS, (E-File)  
Jillian Burgin, DESHS-CPCS, (E-File)  
locatesteam@lanl.gov, (E-File)  
epc-correspondence@lanl.gov, (E-File)



## Maintenance Details

Requested: 4/18/2016 6:16:00 PM

Target: 4/20/2016

Procedure: MSGP Quarterly Visual  
Assessment (EPC-CP-  
Form-1021.2)

Priority/Type: Normal / Preventive

MSGP Program

RG121.9

TA-3-22 Power &amp; Steam Plant

Monitored Outfall (009)

MSGP00901

Last PM: 5/1/2013

Project: MSGP VISUALS- SNOW  
EVENT 4-18-16 (P-MSGP-  
4708)

Contact:

Phone:

Reason: MSGP Q1 Visual Assessment

Special Instructions: NMR053195

## Tasks

#	Description	Rating	Meas	Initials	Failed	N/A	Complete
<b>Outfall Information</b>							
<b>Sample Information</b>							
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP1			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	4/19/16	15:22	Grab	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	4/19/16	15:22	Grab	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	4/19/16	17:24		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR2	Snow on 4/18/16, 0.63 in total precip. and state began 4/18/16 15:15 to 4/19/16 15:15			<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If no or unknown, provide reason in comments of this line.	Snow melt beginning			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
90	Previous storm ended >72 hours before start of storm? If no, provide reason in comments of this line.	Prev. storm ended 30 min before 4/17/16 - 23:55			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Parameters</b>							
110	Is sample colorless? If no, describe.	Filtered			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	Is sample odorless? If no, document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	01			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130	Is sample clear? If no, document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
140	Is sample free of floating solids? If no, describe if raw or waste material(s) in the comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
150	Is sample free of settled solids? If no, document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
160					<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Is sample free of suspended solids? If no, document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.

170	Is sample foamless after gently shaking? If no, describe foam color and location ('on the surface' or 'in the sample') in the comments of this line.	on the surface	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
180	Is sample devoid of an oil sheen? If no, describe color and thickness (e.g. flecks, globs) in the comments of this line.		NS 4/10/10 <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If no, describe in the comments of this line.		MR <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Documents

ID	Document Name	Type	Location
MSGP VA signature	MSGP Visual Assessment Signature	Signature page	<a href="#">View</a>

## Labor Report

Completed: \_\_\_\_\_ Failure: \_\_\_\_\_ Meter 1: \_\_\_\_\_ Meter 2: \_\_\_\_\_

### Report:

Foam in the visual is believed to be from vegetation and not from any pollutants.

WO ID: MSGR-53594

Page 3 of 3

Signature (collecting sample):

M/SLE

Date and Time: 4/19/16 15:22

Signature (conducting visual assessment):

M/SLE

Date and

Time: 4/19/16 17:22

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg., EPC Group Leader or designee)

Print name and title: Anthony R. Greys EPC-CP Group Leader

Signature: A. R. Greys Date: 6/9/2016



## Maintenance Details

Requested: 5/2/2016 11:40:56 AM

Target: 5/31/2016

Procedure: MSGP Quarterly Visual  
Assessment (EPC-CP-  
Form-1021.2)

Priority/Type: Normal / Inspection

Department: Utilities and  
Infrastructure

Last PM: N/A

Project: Sio Visual Assessments  
5/2/16 (P-MSGP-4731)

MSGP Program

RG121.9

TA-3-22 Power &amp; Steam Plant

Monitored Outfall (009)

Substantially Identical Outfall (008)

MSGP00801

Reason: MSGP Quarterly Visual Assessment

Special Instructions: NMR053195

Contact:

Phone:

Jolly Wheeler  
667-1312

## Tasks

#	Description	Rating	Meas.	Initials	Failed	N/A	Complete
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The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.

## Sample Information

30	Document the monitoring Period by using the Monitoring Period lookup table.				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
90	Previous storm ended >72 hours before start of storm? If "Failed", provide reason in comments of this line.				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## Parameters

110	Is sample colorless? If "Failed", describe.				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
120	Is sample odorless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
130	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
150	Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

	"other" is chosen from the lookup table, provide description in comments of this line.			
160	Is sample free of suspended solids? If "Failed", document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed" describe color and thickness (e.g. flecks, globs) in the comments of this line.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed" describe in the comments of this line.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## Documents

ID	Document Name	Type	Location
MSGP VA signature	MSGP Visual Assessment Signature	Signature page	<a href="#">View</a>

## Labor Report

Completed \_\_\_\_\_ Failure: \_\_\_\_\_

Report: no flow, no sample collected. no visual assessment performed.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WO ID: MS-00-33786Page 3 of 3

Signature (collecting sample):

Date and Time: 05/04/16 04:30 pm

Signature (conducting visual assessment):

Date and Time: \_\_\_\_\_

**CERTIFICATION STATEMENT**

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title:

Anthony R. Grieggs EPC-CP Group Leader

Signature:

A R Grieggs

Date:

6/9/2016



## Maintenance Details

Requested: 5/2/2016 11:40:56 AM  
 Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)  
 Last PM: N/A  
 Project: Sio Visual Assessments  
 5/2/16 (P-MSGP-4731)

Target: 5/31/2016  
 Priority/Type: Normal / Inspection  
 Department: Utilities and Infrastructure

MSGP Program  
 RG121.9  
 TA-3-22 Power & Steam Plant  
 Monitored Outfall (009)  
 Substantially Identical Outfall (010)  
 MSGP01001

Reason: MSGP Quarterly Visual Assessment

Contact: Holly Whelan  
 Phone: 667-13.2

Special Instructions: NMR053195

## Tasks

#	Description	Rating	Meas.	Initials	Failed	N/A	Complete
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The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.

## Sample Information

30	Document the monitoring Period by using the Monitoring Period lookup table.	April May			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	05/04/16 01:00:00 comment below			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	05/04/16 16:35 Snow - 0.36 in. total precip. Acc/studs Rain - 0.22 (in/hr)			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	05/04/16 16:35			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	0.36 in. total precip. Acc/studs Rain - 0.22 (in/hr)			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.	Sample was placed at outfall late afternoon on 04/29/16. Multiple storm events occurred over the week-end starting on 04/29/16.			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90	Previous storm ended >72 hours before start of storm? If "Failed", provide reason in comments of this line.	Multiple storm events occurred over the week-end starting on 04/29/16.			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110	Is sample colorless? If "Failed", describe.	Light tan			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	Is sample odorless? If "Failed" document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Is sample clear? If "Failed" document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
140	Is sample free of floating solids? If "Failed" describe if raw or waste material(s) in the comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
150	Is sample free of settled solids? If "Failed" document observation using the Settled Solids lookup table. If	Coarse			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

"other" is chosen from the lookup table, provide description in comments of this line.

160	Is sample free of suspended solids? If "Failed", document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	<u>Fail</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed" describe color and thickness (e.g. flecks, globs) in the comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Documents

ID	Document Name	Type	Location
MSGP VA signature	MSGP Visual Assessment Signature	Signature page	<a href="#">view</a>

## Labor Report

Completed: \_\_\_\_\_ Failure: \_\_\_\_\_

Report.

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WO ID: MSGP-53787 Page 3 of 3

Signature (collecting sample): [Signature] Date and Time: 05/01/16 16:37

Signature (conducting visual assessment): [Signature] Date and Time: 05/01/16 16:37

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: Anthony R. Gregg, EPC-CP Group Leader

Signature: [Signature] Date: 6/9/25/16

## Maintenance Details

Requested: 5/2/2016 11:40:57 AM  
 Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)  
 Last PM: N/A  
 Project: Sio Visual Assessments 5/2/16 (P-MSGP-4731)

Target: 5/31/2016  
 Priority/Type: Normal / Inspection  
 Department: Utilities and Infrastructure

MSGP Program  
 RG121.9  
 TA-3-22 Power & Steam Plant  
 Monitored Outfall (005)  
 Substantially Identical Outfall (006)  
 MSGP00601

Reason: MSGP Quarterly Visual Assessment

Contact: Holly Wheeler  
 Phone: 667-1312

Special Instructions: NMR053195

## Tasks

#	Description	Rating	Meas.	Initials	Failed	N/A	Complete
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The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.

## Sample information

30	Document the monitoring Period by using the Monitoring Period lookup table.		Apr-1 May				R
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)						R
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).		25/04/16 01:00 (See comment)				R
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).		25/04/16 01:00 (See comment)				R
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).		5/4/16 11:05				R
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.		Snow 0.36 in. total precip. possible				R
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.		Sample jars were placed late in the afternoon 4/29/16				R
90	Previous storm ended >72 hours before start of storm? If "Failed", provide reason in comments of this line.		Multiple storm events occurred over the weekend. Personnel were not present during non-work hours. Multiple storm events occurred starting on 4/29/16				R

## Parameters

110	Is sample colorless? If "Failed", describe.						R
120	Is sample odorless? If "Failed" document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		Musty				R
130	Is sample clear? If "Failed" document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.						R
140	Is sample free of floating solids? If "Failed" describe if raw or waste material(s) in the comments of this line.						R
150	Is sample free of settled solids? If "Failed" document observation using the Settled Solids lookup table. If		Fine				R

"other" is chosen from the lookup table, provide description in comments of this line.

160	Is sample free of suspended solids? If "Failed", document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs) in the comments of this line.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Documents

ID	Document Name	Type	Location
MSGP VA signature	MSGP Visual Assessment Signature	Signature page	<a href="#">View</a>

## Labor Report

Completed: \_\_\_\_\_ Failure: \_\_\_\_\_

Report:

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WO ID: MSGP-53782

Page 3 of 3

Signature (collecting sample):

Date and Time: 5/2/16 16:14

Signature (conducting visual assessment):

Date and Time: 5/4/16 16:14

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title:

Anthony R. Grieggs, EPC-CP Group Leader

Signature:

A R Grieggs

Date:

6/9/2016



## Maintenance Details

Requested: 5/2/2016 11:40:57 AM  
 Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)  
 Last PM: N/A  
 Project: Sio Visual Assessments 5/2/16 (P-MSGP-4731)

Target: 5/31/2016  
 Priority/Type: Normal / Inspection  
 Department: Utilities and Infrastructure

MSGP Program  
 RG121.9  
 TA-3-22 Power & Steam Plant  
 Monitored Outfall (012)  
 Substantially Identical Outfall (011)  
 MSGP01101

Reason: MSGP Quarterly Visual Assessment

Contact: Holly Wheeler  
 Phone: 667-1312

Special Instructions: NMR053195

## Tasks

#	Description	Rating	Meas.	Initials	Failed	N/A	Complete
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The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.

## Sample information

30	Document the monitoring Period by using the Monitoring Period lookup table.	April May					X
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)						X
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	05/01/16	Discharge event				X
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	05/01/16	Personnel were not present during non-work hours over the weekend, took by samples collected between 0600 and 0615 on 05/01/16				X
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	05/01/16	06:25				X
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	Snow	0.36 in. total precip. Acc 5/1/16				X
80	Sample collected in first 30 minutes of discharge? If "Failed", or unknown, provide reason in comments of this line.	0.22 (24-hour)	Sample jar was placed late in the afternoon on 05/01/16. Personnel were not present when sample was collected during non-work hours. Multiple storm events occurred over the weekend starting on 04/29/16				X
90	Previous storm ended >72 hours before start of storm? If "Failed" provide reason in comments of this line.						X

## Parameters

110	Is sample colorless? If "Failed", describe.						X
120	Is sample odorless? If "Failed" document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.						X
130	Is sample clear? If "Failed" document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.						X
140	Is sample free of floating solids? If "Failed" describe if raw or waste material(s) in the comments of this line.						X
150	Is sample free of settled solids? If "Failed" document observation using the Settled Solids lookup table. If	Check					X



"other" is chosen from the lookup table, provide description in comments of this line.

160	Is sample free of suspended solids? If "Failed", document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed" describe color and thickness (e.g. flecks, globs) in the comments of this line.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Documents

ID	Document Name	Type	Location
MSGP VA signature	MSGP Visual Assessment Signature	Signature page	<a href="#">View</a>

## Labor Report

Completed: \_\_\_\_\_ Failure: \_\_\_\_\_

Report:

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WO ID: MJSP-53789

Page 3 of 3

Signature (collecting sample): [Signature] Date and Time: 05/04/16 16:28

Signature (conducting visual assessment): [Signature] Date and Time: 05/04/16 16:28

### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: Anthony R. Greaves, EPC-OP Group Leader

Signature: [Signature] Date: 6/9/2016

## Maintenance Details

Requested: 5/2/2016 12:19:30 PM  
 Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)  
 Last PM: 4/19/2016  
 Project: 2016 Q1 Visual Assessments 5/2/16 (P-MSGP-4732)

Target: 5/31/2016  
 Priority/Type: Normal / Inspection  
 Department: Utilities and Infrastructure

MSGP Program  
 RG121.9  
 TA-3-22 Power & Steam Plant  
 Monitored Outfall (009)  
 MSGP00901

Contact:  
 Phone:

Reason: MSGP Quarterly Visual Assessment

Special Instructions: NMR053195

## Tasks

#	Description	Rating	Meas.	Initials	Failed	N/A	Complete
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.							
Sample Information							
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP1			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	5/19/16	16:26		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	5/19/16	16:26		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	5/22/16	9:12		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	Rain 0.08 in			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
90	Previous storm ended >72 hours before start of storm? If "Failed", provide reason in comments of this line.	Previous storm occurred 5/17/16 0.22 in.			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> WPA not stable
Parameters							
110	Is sample colorless? If "Failed", describe.	Grey			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	Is sample odorless? If "Failed" document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Is sample clear? If "Failed" document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	Cloudy			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140	Is sample free of floating solids? If "Failed" describe if raw or waste material(s) in the comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
150	Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If	Fine			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

"other" is chosen from the lookup table, provide description in comments of this line.

160	Is sample free of suspended solids? If "Failed" document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs) in the comments of this line.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Documents

ID	Document Name	Type	Location
MSGP VA signature	MSGP Visual Assessment Signature	Signature page	<a href="#">view</a>

## Labor Report

Completed: \_\_\_\_\_ Failure: \_\_\_\_\_ Meter 1: \_\_\_\_\_ Meter 2: \_\_\_\_\_

Report

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WO ID: <sup>53804</sup>MSGP-53041 Page 3 of 3  
<sub>AR 512-116</sub>

Signature (collecting sample): MSL Date and Time: 5/19/16 16:24

Signature (conducting visual assessment): MSL Date and Time: 5/20/16 9:12

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: Anthony R. Grieggs EPC-CP Group Leader

Signature: A. R. Grieggs Date: 6/9/2016



## Maintenance Details

Requested: 5/16/2016 10:53:00 AM

Target: 5/31/2016

Procedure: MSGP Quarterly Visual  
Assessment (EPC-CP-  
Form-1021.2)

Priority/Type: Normal / Inspection

Department: Utilities and  
Infrastructure

Last PM: 5/4/2016

Project: SIO Visual Assessments  
5-16-16 (P-MSGP-4768)

MSGP Program

RG121.9

TA-3-22 Power &amp; Steam Plant

Monitored Outfall (009)

Substantially Identical Outfall (008)

MSGP00801

Reason: MSGP Quarterly Visual Assessment

Contact:

Phone:

Special Instructions: NMR053195

## Tasks

#	Description	Rating	Meas.	Initials	Failed	N/A	Complete
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The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.

## Sample Information

30	Document the monitoring Period by using the Monitoring Period lookup table.				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

## Parameters

110	Is sample colorless? If "Failed", describe.				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
120	Is sample odorless? If "Failed" document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
130	Is sample clear? If "Failed" document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
140	Is sample free of floating solids? If "Failed" describe if raw or waste material(s) in the comments of this line.				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
150	Is sample free of settled solids? If "Failed" document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
160					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Is sample free of suspended solids? If "Failed" document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.

170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed" describe color and thickness (e.g. flecks, globs) in the comments of this line.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed" describe in the comments of this line.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## Labor Report

Completed: \_\_\_\_\_ Failure: \_\_\_\_\_

### Report:

no flow. No sample collected. No visual assessment performed.

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WO ID: W56P-154176

Page 3 of 3

Signature (collecting sample): [Signature] Date and Time: 05/16/16 17:10

Signature (conducting visual assessment): \_\_\_\_\_ Date and Time: \_\_\_\_\_

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: Anthony R. Grieggs, EPC-CP group leader

Signature: [Signature] Date: 6/9/2016

## Maintenance Details

Requested: 5/16/2016 10:53:00 AM

Target: 5/31/2016

MSGP Program

Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)

Priority/Type: Normal / Inspection

RG121.9

Department: Utilities and Infrastructure

TA-3-22 Power &amp; Steam Plant

Last PM: 5/4/2016

Monitored Outfall (009)

Project: SIO Visual Assessments  
5-16-16 (P-MSGP-4768)

Substantially Identical Outfall (010)

MSGP01001

Reason: MSGP Quarterly Visual Assessment

Contact:

Phone:

Special Instructions: NMR053195

## Tasks

#	Description	Rating	Meas.	Initials	Failed	N/A	Complete
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.							
<b>Sample Information</b>							
30	Document the monitoring Period by using the Monitoring Period lookup table.				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Parameters</b>							
110	Is sample colorless? If "Failed", describe.				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
120	Is sample odorless? If "Failed" document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
130	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
140	Is sample free of floating solids? If "Failed" describe if raw or waste material(s) in the comments of this line.				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
150	Is sample free of settled solids? If "Failed" document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
160					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

	Is sample free of suspended solids? If "Failed" document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.			
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed" describe color and thickness (e.g. flecks, globs) in the comments of this line.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed" describe in the comments of this line.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Labor Report

Completed: \_\_\_\_\_ Failure: \_\_\_\_\_

Report:

*No flow. No sample collected. No visual assessment performed.*

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WO ID: WNSCP-5477

Page 3 of 3

Signature (collecting sample): [Signature] Date and Time: 05/16/15:57

Signature (conducting visual assessment): \_\_\_\_\_ Date and Time: \_\_\_\_\_

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: Anthony R Grieggs EPC-CD Group Leader

Signature: [Signature] Date: 6/9/2014

## Maintenance Details

Requested: 5/16/2016 10:53:00 AM  
 Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)  
 Last PM: 5/4/2016  
 Project: SIO Visual Assessments 5-16-16 (P-MSGP-4768)

Target: 5/31/2016  
 Priority/Type: Normal / Inspection  
 Department: Utilities and Infrastructure

MSGP Program  
 RG121.9  
 TA-3-22 Power & Steam Plant  
 Monitored Outfall (005)  
 Substantially Identical Outfall (006)  
 MSGP00601

Reason: MSGP Quarterly Visual Assessment

Contact:  
Phone:

Special Instructions: NMR053195

## Tasks

#	Description	Rating	Meas	Initials	Failed	N/A	Complete
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.							
Sample Information							
30	Document the monitoring Period by using the Monitoring Period lookup table.		<del>April</del>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).		05/15/16 10:00	APX	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).		05/15/16 10:00	APX	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).		05/14/16 16:30		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.		Rain 0.15"		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.		Sample jars were placed before storm event. Sample was collected on the week-end when personnel were not present.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parameters							
110	Is sample colorless? If "Failed", describe.		medium tan		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	Is sample odorless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		musty		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		cloudy		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140	Is sample free of floating solids? If "Failed" describe if raw or waste material(s) in the comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
150	Is sample free of settled solids? If "Failed" document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		Fine		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Feb.

190

Completed: \_\_\_\_\_ Failure: \_\_\_\_\_

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

2. Next, it is important to gather relevant information and data. This can be done through research, consultation with experts, or by analyzing existing data sets.

3. Once the information is gathered, the next step is to analyze it. This involves identifying patterns, trends, and relationships that can help in understanding the problem.

4. After analysis, the next step is to develop a solution or plan. This involves identifying the most effective approach to solve the problem and outlining the steps to be taken.

5. Finally, the solution is implemented and the results are evaluated. This involves monitoring the progress of the implementation and assessing the effectiveness of the solution.

WO ID: SC2-54178 Page 3 of 3

Signature (collecting sample): Adrian Whelan Date and Time: 05/16/16 16:44

Signature (conducting visual assessment): Adrian Whelan Date and Time: 05/16/16 16:44

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: Anthony R. Greigys EPC-CP Group Leader

Signature: A R Greigys Date: 6/9/2016

## Maintenance Details

Requested: 5/16/2016 10:53:00 AM

Target: 5/31/2016

Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)

Priority/Type: Normal / Inspection

Department: Utilities and Infrastructure

Last PM: 5/4/2016

Project: SIO Visual Assessments  
5-16-16 (P-MSGP-4768)

MSGP Program

RG121.9

TA-3-22 Power &amp; Steam Plant

Monitored Outfall (012)

Substantially Identical Outfall (011)

MSGP01101

Reason: MSGP Quarterly Visual Assessment

Contact:

Phone:

Special Instructions: NMR053195

## Tasks

#	Description	Rating	Meas.	Initials	Failed	N/A	Complete
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.							
Sample information							
30	Document the monitoring Period by using the Monitoring Period lookup table.				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parameters							
110	Is sample colorless? If "Failed", describe.				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
120	Is sample odorless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
130	Is sample clear? If "Failed" document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
140	Is sample free of floating solids? If "Failed" describe if raw or waste material(s) in the comments of this line.				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
150	Is sample free of settled solids? If "Failed" document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
160					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



	Is sample free of suspended solids? If "Failed" document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed" describe color and thickness (e.g. flecks, globs) in the comments of this line.		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed" describe in the comments of this line.		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## Labor Report

Completed: \_\_\_\_\_ Failure: \_\_\_\_\_

Report:

No flow. No sample collected. No visual assessment conducted.

WO ID: MSGP-54179 Page 3 of 3

Signature (collecting sample): [Signature] Date and Time: 05/16/16 15:40

Signature (conducting visual assessment): \_\_\_\_\_ Date and Time: \_\_\_\_\_

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: Anthony R. Sciegga EPC-CP Group Leader

Signature: [Signature] Date: 6/9/2016



# memorandum

*Environmental Protection & Compliance Division  
Environmental Compliance Programs (EPC-CP)*

*To/MS:* Jillian Burgin, DESHS-UIS, B274  
*Thru/MS:* Terrill Lemke, EPC-CP, (E-File) *TL*  
*From/MS:* Holly Wheeler, EPC-CP, (E-File) *HW*  
*Phone/Fax:* 667-1312  
*Symbol:* EPC-DO:17-017  
*Date:* JAN 12 2017

**Subject: National Pollutant Discharge Elimination System (NPDES) Permit No. NMR053195, Multi-Sector General Permit (MSGP) Quarterly Visual Assessment (QVA) Forms for June and July of 2016 for the TA-3-22 Power and Steam Plant**

Please find attached completed MSGP QVA Forms documenting visual assessments performed during the second quarter of monitoring at the TA-3-22 Power and Steam Plant. Per Parts 3.2.2 and 5.5 of the 2015 MSGP, the QVA forms shall be incorporated into your MSGP Storm Water Pollution Prevention Plan (SWPPP).

Part 3.2.1 of the 2015 MSGP requires the visual assessment of storm water discharge samples collected from each outfall once each quarter for the entire permit term. Part 3.2.3 allows facilities that are located in an area with a semi-arid climate and/or in an area where freezing conditions exist for an extended period to distribute the quarterly visual assessments during seasons when precipitation runoff occurs. Accordingly, LANS has designated the following MSGP monitoring quarters.

Quarter 1:	April – May	Quarter 2:	June – July
Quarter 3:	August – September	Quarter 4:	October - November

The attached QVA forms document the following information as required by Part 3.2.2 of the 2015 MSGP and were completed by Environment Compliance Programs (EPC-CP) personnel.

- Sample location;
- Sample collection date and time, and visual assessment date and time for each sample;
- Personnel collecting the sample and performing the visual assessment, and their signatures;
- Nature of the discharge (i.e., runoff or snowmelt);
- Results of observations of the stormwater discharge;
- Probable sources of any observed stormwater contamination (if applicable);
- If applicable, why it was not possible to take a sample within the first 30 minutes of the storm event.

Part 3.2.3 of the 2008 MSGP allows the facility to take a substitute sample during the next qualifying storm event when adverse weather conditions prevent the collection of samples during a specific quarter. Adverse weather conditions are those that are dangerous or create inaccessibility for personnel, or situations that otherwise make sampling impractical, such as drought or extended frozen

conditions. Documentation of the rationale for no visual assessment for the quarter must be included in the facility-specific SWPPP.

Please contact Holly Wheeler at 667-1312 (hbenson@lanl.gov) if you have questions regarding the QVA documentation. Thank you for your assistance in meeting the requirements of the Laboratory's NPDES 2015 MSGP Permit.

TWL:HLW/am

Enclosure: 1. Quarterly Visual Assessment Forms, Second Quarter, 2016 Monitoring Year

<b>Facility Name</b>	<b>Sampling Station</b>	<b>Work Order #</b>
TA-3-22 Power & Steam Plant	MSGP00501	MSGP-53596
TA-3-22 Power & Steam Plant	MSGP01001	MSGP-54114
TA-3-22 Power & Steam Plant	MSGP01101	MSGP-54115
TA-3-22 Power & Steam Plant	MSGP00901	MSGP-54676
TA-3-22 Power & Steam Plant	MSGP00801	MSGP-54708
TA-3-22 Power & Steam Plant	MSGP00601	MSGP-54709
TA-3-22 Power & Steam Plant	MSGP00801	MSGP-55359
TA-3-22 Power & Steam Plant	MSGP00501	MSGP-56028

Cy: Russell Stone, DESHS-UIS, (E-File)  
[Adesh-records@lanl.gov](mailto:Adesh-records@lanl.gov), (E-File)  
[lasomailbox@nnsa.doe.gov](mailto:lasomailbox@nnsa.doe.gov), (E-File)  
[locatesteam@lanl.gov](mailto:locatesteam@lanl.gov), (E-File)  
[epc-correspondence@lanl.gov](mailto:epc-correspondence@lanl.gov), (E-File)

# **ENCLOSURE 1**

Quarterly Visual Assessment Forms  
Second Quarter, 2016 Monitoring Year

EPC-DO-17-017

Date: JAN 12 2017



## Maintenance Details

Requested: 5/31/2016 5:27:00 PM

Target: 7/31/2016

Procedure: MSGP Quarterly Visual  
Assessment (EPC-CP-  
Form-1021.2)

Priority/Type: / Inspection

MSGP Program

RG121.9

TA-3-22 Power &amp; Steam Plant

Monitored Outfall (005)

MSGP00501

Last PM: 4/19/2016

Project: MSGP Visual Assessments  
wk 5/30/16 (P-MSGP-  
4804)

Contact:

Phone:

Reason: MSGP 2016 Quarterly Visual Assessment

Special Instructions: NMR053195

## Tasks

#	Description	Rating	Meas.	Initials	Failed	N/A	Complete
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.							
Sample information							
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP2			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/1/16	1353		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/1/16	1353		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/6/16	1428		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.28 in. no rain		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Parameters							
110	Is sample colorless? If "Failed", describe.	Brownish			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	Is sample odorless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	Cloudy (C2)			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
150	Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	Fine (SET SOLI)			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160					<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs) in the comments of this line.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Completed: \_\_\_\_\_ Failure: \_\_\_\_\_ Meter 1: \_\_\_\_\_ Meter 2: \_\_\_\_\_

[illegible]

WO ID: MSGP-53596 Page 3 of 3

Signature (collecting sample): Mfsl. Date and Time: 7/1/16 1353

Signature (conducting visual assessment): Mfsl. Date and Time: 7/6/16 1428

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: Anthony R. Greggs, EPC-CP Group Leader

Signature: AR Greggs Date: 9/14/2016



## Maintenance Details

Requested: 5/16/2016 9:37:00 AM

Target: 7/31/2016

Procedure: MSGP Quarterly Visual  
Assessment (EPC-CP-  
Form-1021.2)

Priority/Type: / Inspection

Department: Utilities and  
Infrastructure

Last PM: 5/4/2016

Project: SIO Visual Assessments  
wk 5/30/16 (P-MSGP-  
4806)

MSGP Program

RG121.9

TA-3-22 Power &amp; Steam Plant

Monitored Outfall (009)

Substantially Identical Outfall (010)

MSGP01001

Reason: MSGP Quarterly Visual Assessment

Contact:

Phone:

Special Instructions: NMR053195

## Tasks

#	Description	Rating	Meas.	Initials	Failed	N/A	Complete
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.							
Sample information							
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP2			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	07/31/16 @ 12:40			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	07/31/16 @ 12:40			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/1/16 17:16			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	Rain			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Parameters							
110	Is sample colorless? If "Failed", describe.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	Is sample odorless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
150	Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	SETTLED			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

160	Is sample free of suspended solids? If "Failed", document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs) in the comments of this line.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

### Labor Report

Completed: \_\_\_\_\_ Failure: \_\_\_\_\_

Report:

~~2016~~ Discharge date & time identified from precipitation report for rain gauge 121.9 on 8/31/2016. Rain amount was 1" - 1.5" approx.



WO ID: 54114 Page 3 of 3

Signature (collecting sample): Andy Smith Date and Time: 8/11/16 17:17

Signature (conducting visual assessment): Andy Smith Date and Time: 8/11/16 17:57




#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: Anthony R. Corriggs, EPC-CP Group Leader

Signature: A R Corriggs Date: 9/14/2016

**Maintenance Details****Requested:** 5/16/2016 9:37:00 AM**Target:** 7/31/2016**Procedure:** MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)**Priority/Type:** / Inspection**Department:** Utilities and Infrastructure**Last PM:** 5/4/2016**Project:** SIO Visual Assessments  
wk 5/30/16 (P-MSGP-4806) MSGP Program RG121.9 TA-3-22 Power & Steam Plant Monitored Outfall (012) Substantially Identical Outfall (011) MSGP01101**Reason:** MSGP Quarterly Visual Assessment**Contact:****Phone:****Special Instructions:** NMR053195**Tasks**

#	Description	Rating	Meas.	Initials	Failed	N/A	Complete
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.							
<b>Sample information</b>							
30	Document the monitoring Period by using the Monitoring Period lookup table.		MP2		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).		07/31/16 12:46	WJG 08/08/16	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).		07/31/16 12:46	WJG 08/08/16	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).		08/01/16 17:18		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.		Rain		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Parameters</b>							
110	Is sample colorless? If "Failed", describe.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	Is sample odorless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
150	Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		SS1 ESS2		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
160					<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Is sample free of suspended solids? If "Failed", document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.

170 Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line. ☐ ☐ ☒

180 Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs) in the comments of this line. ☐ ☐ ☒

190 Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. ☐ ☐ ☒

### Labor Report

Completed: \_\_\_\_\_ Failure: \_\_\_\_\_

Report:

Discharge date and time taken from data logger. Rain amount of 1" from precipitation report for rain gage 121.9 on 7/31/2015.

WO ID: MSGP-54115 Page 3 of 3

Signature (collecting sample): [Signature] Date and Time: 08/01/16 17:20

Signature (conducting visual assessment): [Signature] Date and Time: 08/01/16 17:20

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: Anthony R. Greiggs EPC-CP Group Leader

Signature: [Signature] Date: 9/14/2016



## Maintenance Details

Requested: 5/31/2016 6:06:00 PM

Target: 7/31/2016

MSGP Program

Procedure: MSGP Quarterly Visual  
Assessment (EPC-CP-  
Form-1021.2)

Priority/Type: Normal / Inspection

RG121.9

Department: Utilities and  
Infrastructure

TA-3-22 Power &amp; Steam Plant

Last PM: 5/20/2016

Monitored Outfall (009)

Project: MSGP Visual Assessments  
wk 5/30/16 (P-MSGP-  
4804)

MSGP00901

Contact:  
Phone:

Reason: MSGP 2016 Quarterly Visual Assessment

Special Instructions: NMR053195

## Tasks

#	Description	Rating	Meas.	Initials	Failed	N/A	Complete
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.							
Sample information							
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP2			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	6/7/16	12:41		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	6/7/16	12:41		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	6/8/16	11:20		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.07 in and 211546		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Parameters							
110	Is sample colorless? If "Failed", describe.	Yellowish			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	Is sample odorless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	Musty	01		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	Cl	Slightly Cloudy		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	Veg			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150	Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
160					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Veg. SUSSOL2

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Г	Г	Г

Completed: \_\_\_\_\_ Failure: \_\_\_\_\_ Meter 1: \_\_\_\_\_ Meter 2: \_\_\_\_\_

[illegible]

WO ID: MSGP-54676 Page 3 of 3

Signature (collecting sample): MPSL Date and Time: 6/7/16 12:41

Signature (conducting visual assessment): MPSL Date and Time: 6/8/16 11:20




#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: Anthony R. Gregg, EPC-CP Group Leader

Signature: A R Gregg Date: 9/14/2016

**Maintenance Details****Requested:** 6/1/2016 1:29:23 PM**Target:** 7/31/2016**Procedure:** MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)**Priority/Type:** Normal / Inspection**Department:** Utilities and Infrastructure**Last PM:** 5/16/2016**Project:** SIO Visual Assessments  
wk 5/30/16 (P-MSGP-4806) **MSGP Program** **RG121.9** **TA-3-22 Power & Steam Plant** **Monitored Outfall (009)** **Substantially Identical Outfall (008)** **MSGP00801****Reason:** MSGP Quarterly Visual Assessment**Contact:****Phone:****Special Instructions:** NMR053195**Tasks**

#	Description	Rating	Meas.	Initials	Failed	N/A	Complete
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.							
<b>Sample information</b>							
30	Document the monitoring Period by using the Monitoring Period lookup table.		June/July		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).		06/04/16 Apx 19:45		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).		06/04/16 Apx 19:45		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).		06/06/16 11:50		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.		Rain 0.2"		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.		Unknown Sample was collected during non-work hours over the weekend. Data logger was inoperable.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Parameters</b>							
110	Is sample colorless? If "Failed", describe.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	Is sample odorless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
150	Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
160					<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Is sample free of suspended solids? If "Failed", document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.

170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs) in the comments of this line.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Labor Report

Completed: \_\_\_\_\_ Failure: \_\_\_\_\_

Report:

*Data logger was not present at this location during the week-end.  
Taken out for re-programming & placed back after visual assessment was  
conducted.*



WO ID: MSRP-54708 Page 3 of 3

Signature (collecting sample): [Signature] Date and Time: 9/14/16 12:00

Signature (conducting visual assessment): [Signature] Date and Time: 9/14/16 12:00

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: Anthony R. Corriggs, EPC-CP Group Leader

Signature: [Signature] Date: 9/14/2016



## Maintenance Details

**Requested:** 6/1/2016 1:29:23 PM  
**Procedure:** MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)  
**Last PM:** 5/16/2016  
**Project:** SIO Visual Assessments wk 5/30/16 (P-MSGP-4806)

**Target:** 7/31/2016  
**Priority/Type:** Normal / Inspection  
**Department:** Utilities and Infrastructure

MSGP Program  
 RG121.9  
 TA-3-22 Power & Steam Plant  
 Monitored Outfall (005)  
 Substantially Identical Outfall (006)  
 MSGP00601

**Reason:** MSGP Quarterly Visual Assessment

**Contact:**  
**Phone:**

**Special Instructions:** NMR053195

## Tasks

#	Description	Rating	Meas.	Initials	Failed	N/A	Complete
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.							
Sample information							
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP2			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	07/31/16 12:36	YDSW 8/8/16		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	07/31/16 12:36	YDSW 8/8/16 1" Rain		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/01/16 16:58			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	Rain 1"			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Parameters							
110	Is sample colorless? If "Failed", describe.	Grey			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	Is sample odorless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	Musty			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	Opaque			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
150	Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	SETTLED: Fines			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is sample free of suspended solids? If "Failed", document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.

45  
SET SOL I

170 Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line.

☐ ☐ ☒

180 Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs) in the comments of this line.

☐ ☐ ☒

190 Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line.

☐ ☐ ☒

☐ ☐ ☐

### Labor Report

Completed: \_\_\_\_\_ Failure: \_\_\_\_\_

Report:

Date and time discharge began was taken from the data logger. High 08/08/16

WO ID: 54709 Page 3 of 3

Signature (collecting sample): Andy Smith Date and Time: 8/01/16 16:58

Signature (conducting visual assessment): Andy Smith Date and Time: 8/01/16 16:58

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: Anthony R. Greggs, EPC-CP Group Leader

Signature: A R Greggs Date: 9/14/2016



## Maintenance Details

Requested: 6/20/2016 5:28:51 PM

Target: 7/31/2016

Procedure: MSGP Quarterly Visual  
Assessment (EPC-CP-  
Form-1021.2)

Priority/Type: Normal / Inspection

Department: Utilities and  
Infrastructure

Last PM: 6/8/2016

Project: SIO Visual Assessments  
wk 6-20-16 (P-MSGP-  
4868)

MSGP Program

RG121.9

TA-3-22 Power &amp; Steam Plant

Monitored Outfall (009)

Substantially Identical Outfall (008)

MSGP00801

Reason: MSGP Quarterly Visual Assessment

Contact:

Phone:

Special Instructions: NMR053195

## Tasks

#	Description	Rating	Meas.	Initials	Failed	N/A	Complete
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.							
Sample information							
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP2			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	07/31/16 12:36		MSG 9/8/16	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	07/31/16 12:36		MSG 9/8/16	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	08/01/16 17:04		MSG 9/8/16	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	Rain 1"			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Parameters							
110	Is sample colorless? If "Failed", describe.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	Is sample odorless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
150	Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	SETTLED SOLIDS 2			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
160					<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Is sample free of suspended solids? If "Failed", document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.

170 Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line. ☐ ☐ ☒

180 Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs) in the comments of this line. ☐ ☐ ☒

190 Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. ☐ ☐ ☒

### Labor Report

Completed: \_\_\_\_\_ Failure: \_\_\_\_\_

Report:

Date & time discharge began was taken from the data logger. 4/28/14



WO ID: MSGP-54029

Page 3 of 3

Signature (collecting sample):

Msl

Date and Time:

7/15/16 11:04

Signature (conducting visual assessment):

Msl

Date and Time:

7/20/16 1643

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title:

Anthony R. Grieggs, EPC-CP Group Leader

Signature:

A R Grieggs

Date:

9/14/2016

## Maintenance Details

Requested: 7/13/2016 12:55:21 PM

Target: 7/31/2016

Procedure: MSGP Quarterly Visual  
Assessment (EPC-CP-  
Form-1021.2)

Priority/Type: Normal / Inspection

Department: Utilities and  
Infrastructure

Last PM: 7/6/2016

Project: MSGP Visual Assessments  
7/13/16 (P-MSGP-4934)

Reason: MSGP Quarterly Visual Assessment

Special Instructions: NMR053195

MSGP Program

RG121.9

TA-3-22 Power &amp; Steam Plant

Monitored Outfall (005)

MSGP00501

Contact:

Phone:

## Tasks

#	Description	Rating	Meas.	Initials	Failed	N/A	Complete
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.							
Sample information							
30	Document the monitoring Period by using the Monitoring Period lookup table.		MP2		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/15/16	11:04		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/15/16	11:04		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/20/16	1443		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	Rain	PR1 0.31 in		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Parameters							
110	Is sample colorless? If "Failed", describe.	Brownish yellow			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	Is sample odorless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	01			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	C2			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
150	Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	Settled			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160					<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Is sample free of suspended solids? If "Failed", document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.

170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line. (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs) in the comments of this line. (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

### Labor Report

Completed: \_\_\_\_\_ Failure: \_\_\_\_\_ Meter 1: \_\_\_\_\_ Meter 2: \_\_\_\_\_

Report:


WO ID: MSGP-5402A

Page 3 of 3

Signature (collecting sample):

M. Sol

Date and Time:

7/15/16 11:04

Signature (conducting visual assessment):

M. Sol

Date and Time:

7/20/16 1643

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title:

Anthony R. Grieggs, EPC-CP Group Leader

Signature:

A R Grieggs

Date:

9/14/2016



## memorandum

*Environmental Protection & Compliance Division  
Environmental Compliance Programs (EPC-CP)*

*To/MS:* Jillian Burgin, DESHS-EWMS, B274  
*Thru/MS:* Terrill Lemke, EPC-CP, (E-File) *WJH*  
*From/MS:* Holly Wheeler, EPC-CP, (E-File) *HW*  
*Phone/Fax:* 667-1312  
*Symbol:* EPC-DO: 17-031

*Date:* JAN 13 2017

**Subject: National Pollutant Discharge Elimination System (NPDES) Permit No. NMR053195, Multi-Sector General Permit (MSGP) Quarterly Visual Assessment (QVA) Forms for August and September of 2016 for the TA-3-22 Power and Steam Plant**

Please find attached completed MSGP QVA Forms documenting visual assessments performed during the third quarter of monitoring at the TA-3-22 Power and Steam Plant. Per Parts 3.2.2 and 5.5 of the 2015 MSGP, this memorandum along with all of the attached QVA forms shall be incorporated into your MSGP Storm Water Pollution Prevention Plan (SWPPP).

Part 3.2.1 of the 2015 MSGP requires the visual assessment of storm water discharge samples collected from each outfall once each quarter for the entire permit term. Part 3.2.3 allows facilities that are located in an area with a semi-arid climate and/or in an area where freezing conditions exist for an extended period to distribute the quarterly visual assessments during seasons when precipitation runoff occurs. Accordingly, Los Alamos National Security, LLC (LANS) has designated the following MSGP monitoring quarters.

Quarter 1:	April – May	Quarter 2:	June – July
Quarter 3:	August – September	Quarter 4:	October - November

The attached QVA forms document the following information as required by Part 3.2.2 of the 2015 MSGP and were completed by Deployed Environment, Safety, and Health Services (DESHS) and Environmental Compliance Programs (EPC-CP) personnel.

- Sample location;
- Sample collection date and time, and visual assessment date and time for each sample;
- Personnel collecting the sample and performing the visual assessment, and their signatures;
- Nature of the discharge (i.e., runoff or snowmelt);
- Results of observations of the stormwater discharge;
- Probable sources of any observed stormwater contamination (if applicable);
- If applicable, why it was not possible to take a sample within the first 30 minutes of the storm event.

The signed certification statement contained in this memorandum satisfies the duly authorized signatory requirement for the QVAs completed by EPC-CP representatives contained in Enclosure 1.



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 assure that qualified personnel properly gathered and evaluated the information contained therein. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information contained 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.

Anthony R. Grieggs, EPC-CP Group Leader  
(Print name and title)  
Los Alamos National Laboratory

  
Manager Signature

1/13/17  
Date

Part 3.2.3 of the 2015 MSGP allows the facility to take a substitute sample during the next qualifying storm event when adverse weather conditions prevent the collection of samples during a specific quarter. Adverse weather conditions are those that are dangerous or create inaccessibility for personnel, or situations that otherwise make sampling impractical, such as drought or extended frozen conditions. Documentation of the rationale for no visual assessment for the quarter must be included in the facility-specific SWPPP.

Please contact Holly Wheeler at 667-1312 (hbenson@lanl.gov) if you have questions regarding the QVA documentation. Thank you for your assistance in meeting the requirements of the Laboratory's NPDES 2015 MSGP Permit.

TWL:HLW/am

Enclosure: 1. Quarterly Visual Assessment Forms Requiring a Certification Statement Signature, Third Quarter, 2016 Monitoring Year

Facility Name	Sampling Station	Work Order #
TA-3-22 Power & Steam Plant	MSGP01201	MSGP-53597
TA-3-22 Power & Steam Plant	MSGP00901	MSGP-56949
TA-3-22 Power & Steam Plant	MSGP00501	MSGP-57042
TA-3-22 Power & Steam Plant	MSGP00801	MSGP-57755
TA-3-22 Power & Steam Plant	MSGP01001	MSGP-57756
TA-3-22 Power & Steam Plant	MSGP00601	MSGP-57757
TA-3-22 Power & Steam Plant	MSGP01101	MSGP-57758
TA-3-22 Power & Steam Plant	MSGP00801	MSGP-58311
TA-3-22 Power & Steam Plant	MSGP01001	MSGP-58312
TA-3-22 Power & Steam Plant	MSGP00601	MSGP-58313
TA-3-22 Power & Steam Plant	MSGP00601	MSGP-58407
TA-3-22 Power & Steam Plant	MSGP01001	MSGP-58495
TA-3-22 Power & Steam Plant	MSGP00601	MSGP-58496
TA-3-22 Power & Steam Plant	MSGP01201	MSGP-58519
TA-3-22 Power & Steam Plant	MSGP01001	MSGP-58540
TA-3-22 Power & Steam Plant	MSGP00601	MSGP-58541
TA-3-22 Power & Steam Plant	MSGP00601	MSGP-58611
TA-3-22 Power & Steam Plant	MSGP00601	MSGP-58824

Copy: Robert Stokes, DESHS-EWMS, (E-File)  
[Adesh-records@lanl.gov](mailto:Adesh-records@lanl.gov), (E-File)  
[lasomailbox@nnsa.doe.gov](mailto:lasomailbox@nnsa.doe.gov), (E-File)  
[locatesteam@lanl.gov](mailto:locatesteam@lanl.gov), (E-File)  
[epc-correspondence@lanl.gov](mailto:epc-correspondence@lanl.gov), (E-File)

# **ENCLOSURE 1**

**Quarterly Visual Assessment Forms Requiring a  
Certification Statement Signature  
Third Quarter, 2016 Monitoring Year**

**EPC-DO-17-031**

**Date:** JAN 13 2017

## Maintenance Details

Requested: 5/31/2016 5:28:00 PM

Target:

9/30/16

Procedure: MSGP Quarterly Visual  
Assessment (EPC-CP-  
Form-1021.2)

Priority/Type: / Inspection

Last PM: 4/19/2016

Project: MSGP Visual Assessments  
wk 5/30/16 (P-MSGP-  
4804)

MSGP Program

RG121.9

TA-3-22 Power &amp; Steam Plant

Monitored Outfall (012)

MSGP01201

Contact:

Phone:

Reason: MSGP 2016 Quarterly Visual Assessment

Special Instructions: NMR053195

## Tasks

#	Description	Rating	Meas.	Initials	Failed	N/A	Complete
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.							
Sample information							
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP3			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/4/16	1957		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/4/16	1957		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/8/16	1358		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.28 in. and 8/15/16		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Parameters							
110	Is sample colorless? If "Failed", describe.	Greyish			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	Is sample odorless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	Cl			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
150	Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	Set SOL 2			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160					<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Is sample free of suspended solids? If "Failed" document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.

170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs) in the comments of this line.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Labor Report

Completed: \_\_\_\_\_ Failure: \_\_\_\_\_ Meter 1: \_\_\_\_\_ Meter 2: \_\_\_\_\_

Report:

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WO ID: MSGP-53597 Page 3 of 3

Signature (collecting sample): M. S. L. Date and Time: 8/4/16 1457

Signature (conducting visual assessment): M. S. L. Date and Time: 8/4/16 1350

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Maintenance Details

Requested: 8/1/2016 9:43:48 AM  
 Procedure: MSGP Quarterly Visual  
 Assessment (EPC-CP-  
 Form-1021.2)  
 Last PM: 6/8/2016  
 Project: Visual Assessments wk  
 8/1/16 (P-MSGP-5007)

Target: 9/30/2016  
 Priority/Type: Normal / Inspection  
 Department: Utilities and  
 Infrastructure

MSGP Program  
 RG121.9  
 TA-3-22 Power & Steam Plant  
 Monitored Outfall (009)  
 MSGP00901

Reason: MSGP Quarterly Visual Assessment

Contact:  
 Phone:

Special Instructions: NMR053195

## Tasks

#	Description	Rating	Meas.	Initials	Failed	N/A	Complete
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.							
<b>Sample information</b>							
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP3			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/4/16	1751		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/4/16	1751		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/6/16	1409		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.28 in. me at 16		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Parameters</b>							
110	Is sample colorless? If "Failed", describe.	Rusty Brown			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	Is sample odorless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	01			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	C2			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
150	Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", document observation using the Suspended Solids				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line. (Range: 0 - 0)	On Surface	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs) in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Completed: \_\_\_\_\_ Failure: \_\_\_\_\_ Meter 1: \_\_\_\_\_ Meter 2: \_\_\_\_\_

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WO ID: MSGP-56949

Page 3 of 3

Signature (collecting sample): M/S/L Date and Time: 8/4/16 1757

Signature (conducting visual assessment): M/S/L Date and Time: 8/8/16 1409

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Maintenance Details

Requested By: Banar, Alethea on  
8/1/2016 2:29:00 PM

Target: 9/30/2016

MSGP Program

Procedure: MSGP Quarterly Visual  
Assessment (EPC-CP-  
Form-1021.2)

Priority/Type: / Inspection

RG121.9

Last PM: 7/25/2016

Department: Utilities and  
Infrastructure

TA-3-22 Power &amp; Steam Plant

Project: Visual Assessments  
wk 8/1/16 (P-MSGP-  
5007)

Monitored Outfall (005)

MSGP00501

Contact: Banar, Alethea

Phone: 699-5836

Reason: MSGP Quarterly Visual Assessment

Special Instructions: NMR053195

## Tasks

#	Description	Rating	Meas.	Initials	Failed	N/A	Complete
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.							
Sample information							
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP3			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/3/16	1537		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/3/16	1537		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/4/16	1100		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.61 in. 8/3/16		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Parameters							
110	Is sample colorless? If "Failed", describe.	Grayish			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	Is sample odorless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	01			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	C2			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
150	Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	SETTLED			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



160	Is sample free of suspended solids? If "Failed", document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line. (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs) in the comments of this line. (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Labor Report

Completed: \_\_\_\_\_ Failure: \_\_\_\_\_ Meter 1: \_\_\_\_\_ Meter 2: \_\_\_\_\_

Report:

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WO ID: MSGP-57042 Page 3 of 3

Signature (collecting sample): M/S/L. Date and Time: 8/3/16 1537

Signature (conducting visual assessment): M/S/L. Date and Time: 8/3/16 1100

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Maintenance Details

Requested: 8/8/2016 12:28:43 PM

Target: 9/30/2016

Procedure: MSGP Quarterly Visual  
Assessment (EPC-CP-  
Form-1021.2)

Priority/Type: Normal / Inspection

Department: Utilities and  
Infrastructure

Last PM: 7/26/2016

Project: SIO Visual Assessments  
8/8/16 (P-MSGP-5073)

MSGP Program

RG121.9

TA-3-22 Power &amp; Steam Plant

Monitored Outfall (009)

Substantially Identical Outfall (008)

MSGP00801

Reason: MSGP Quarterly Visual Assessment

Contact:

Monitoring Period:

Odor:

Phone:

Clarity:

Settled Solids:

Suspended Solids:

Special Instructions: NMR053195

## Tasks

#	Description	Rating	Meas.	Initials	Failed	N/A	Complete
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.							
Sample information							
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP3			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/27/16	12:06		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/27/16	12:06		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/29/16	1400		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.85 in.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.		pass 8/16/16		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Parameters							
110	Is sample colorless? If "Failed", describe.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	Is sample odorless? If "Failed" document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	01			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
140	Is sample free of floating solids? If "Failed" describe if raw or waste material(s) in the comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
150					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.

SET SOL 2

160	Is sample free of suspended solids? If "Failed" document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line. (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs) in the comments of this line. (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

### Labor

Labor

Work Date Reg Hrs OT Hrs Other Hrs

### Labor Report

Completed: \_\_\_\_\_ Failure: \_\_\_\_\_

Report:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature / Name

Date

Signature / Name

Date

WO ID: MSGP-57755

Page 3 of 3

Signature (collecting sample):

M. S. L.

Date and Time:

8/27/16 1206

Signature (conducting visual assessment):

M. S. L.

Date and Time:

8/29/16 1600

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title:

\_\_\_\_\_

Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_



## Maintenance Details

Requested: 8/8/2016 12:28:45 PM

Target: 9/30/2016

Procedure: MSGP Quarterly Visual  
Assessment (EPC-CP-  
Form-1021.2)

Priority/Type: Normal / Inspection

Department: Utilities and  
Infrastructure

Last PM: 7/26/2016

Project: SIO Visual Assessments  
8/8/16 (P-MSGP-5073)

MSGP Program

RG121.9

TA-3-22 Power &amp; Steam Plant

Monitored Outfall (009)

Substantially Identical Outfall (010)

MSGP01001

Reason: MSGP Quarterly Visual Assessment

Contact:

Monitoring Period:

Odor:

Phone:

Clarity:

Settled Solids:

Suspended Solids:

Special Instructions: NMR053195

## Tasks

#	Description	Rating	Meas.	Initials	Failed	N/A	Complete
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.							
Sample information							
30	Document the monitoring Period by using the Monitoring Period lookup table.		MP3		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).		08/08/16 @ 11:44	WAS 8/4/16	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).		08/08/16 @ 11:44	WAS 8/4/16	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).		08/09/16 10:26		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.		PR1 0.37"	WAS 8/4/16	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Parameters							
110	Is sample colorless? If "Failed", describe.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	Is sample odorless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
150			SETTLED		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.

160	Is sample free of suspended solids? If "Failed", document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line. (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs) in the comments of this line. (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

### Labor

Labor

Work Date Reg Hrs OT Hrs Other Hrs

### Labor Report

Completed: \_\_\_\_\_ Failure: \_\_\_\_\_

Report:

Discharge and sample collection date and time are taken from the data logger. Precipitation data is from rain gage 12.9 on 8/08/2016. - [Signature] 8/14/2016

Signature / Name

Date

Signature / Name

Date

WO ID: 57756 Page 3 of 3

Signature (collecting sample): Andy Smith Date and Time: 08/09/16 10:26

Signature (conducting visual assessment): Andy Smith Date and Time: 08/09/16 10:26

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Maintenance Details

Requested: 8/8/2016 12:28:45 PM

Target: 9/30/2016

Procedure: MSGP Quarterly Visual  
Assessment (EPC-CP-  
Form-1021.2)

Priority/Type: Normal / Inspection

Department: Utilities and  
Infrastructure

MSGP Program

RG121.9

TA-3-22 Power &amp; Steam Plant

Monitored Outfall (005)

Substantially Identical Outfall (006)

MSGP00601

Last PM: 7/26/2016

Project: SIO Visual Assessments  
8/8/16 (P-MSGP-5073)

Reason: MSGP Quarterly Visual Assessment

Contact:

Monitoring Period:

Odor:

Phone:

Clarity:

Settled Solids:

Suspended Solids:

Special Instructions: NMR053195

## Tasks

#	Description	Rating	Meas.	Initials	Failed	N/A	Complete
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.							
Sample information							
30	Document the monitoring Period by using the Monitoring Period lookup table.		MP3		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/21/16	1921 approx		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/21/16	1921 approx		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/22/16	12:30		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.2 in. mon 8/20/16		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Parameters							
110	Is sample colorless? If "Failed", describe.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	Is sample odorless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	Musty			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
150					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.

*fine*

160	Is sample free of suspended solids? If "Failed", document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line. (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs) in the comments of this line. (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

### Labor

Labor

Work Date Reg Hrs OT Hrs Other Hrs

### Labor Report

Completed: \_\_\_\_\_ Failure: \_\_\_\_\_

Report:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature / Name

Date

Signature / Name

Date



WO ID: MSGP-57757 Page 3 of 3

Signature (collecting sample):  Date and Time: 8/21/16 1921

Signature (conducting visual assessment):  Date and Time: 8-22-2016 12:30

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Maintenance Details

**Requested:** 8/8/2016 12:28:46 PM  
**Procedure:** MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)  
**Last PM:** 7/26/2016  
**Project:** SIO Visual Assessments 8/8/16 (P-MSGP-5073)

**Target:** 9/30/2016  
**Priority/Type:** Normal / Inspection  
**Department:** Utilities and Infrastructure

**MSGP Program**  
 RG121.9  
 TA-3-22 Power & Steam Plant  
 Monitored Outfall (012)  
 Substantially Identical Outfall (011)  
 MSGP01101

**Reason:** MSGP Quarterly Visual Assessment

**Contact:**  
**Phone:**

**Monitoring Period:**

**Odor:**

**Clarity:**

**Settled Solids:**

**Suspended Solids:**

**Special Instructions:** NMR053195

## Tasks

#	Description	Rating	Meas.	Initials	Failed	N/A	Complete
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.							
<b>Sample information</b>							
30	Document the monitoring Period by using the Monitoring Period lookup table.		MP3		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).		08/08/16 11:46		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).		08/08/16 11:46		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).		08/09/16 10:17		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.		PR1 0.37"		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Parameters</b>							
110	Is sample colorless? If "Failed", describe.		light brown		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	Is sample odorless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		Musty		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		C1		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
150					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OK AS

Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.

*Fine*

160	Is sample free of suspended solids? If "Failed", document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	<i>Fine</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>AD</i> <input checked="" type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs) in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Labor

Labor

Work Date Reg Hrs OT Hrs Other Hrs

### Labor Report

Completed: \_\_\_\_\_ Failure: \_\_\_\_\_

Report:

*Discharge and sample collection time & date are taken from the data logger. Precipitation data is from rain gage 121.9 on 8/8/2016 - 8/11/2016*

Signature / Name

Date

Signature / Name

Date

WO ID: 57758 Page 3 of 3

Signature (collecting sample): *Audrey Smith* Date and Time: 08/09/16 10:17

Signature (conducting visual assessment): *Audrey Smith* Date and Time: 08/09/16 10:17

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Maintenance Details

Requested: 8/17/2016 2:20:41 PM

Target: 9/30/2016

Procedure: MSGP Quarterly Visual  
Assessment (EPC-CP-  
Form-1021.2)

Priority/Type: Normal / Inspection

Department: Utilities and  
Infrastructure

Last PM: 8/1/2016

Project: SIO Visuals 8-16-16  
(P-MSGP-5099)

MSGP Program

RG121.9

TA-3-22 Power &amp; Steam Plant

Monitored Outfall (009)

Substantially Identical Outfall (008)

MSGP00801

Reason: MSGP Quarterly Visual Assessment

Contact:

Monitoring Period:

Odor:

Phone:

Clarity:

Settled Solids:

Suspended Solids:

Special Instructions: NMR053195

## Tasks

#	Description	Rating	Meas.	Initials	Failed	N/A	Complete
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.							
Sample information							
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP3			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/21/16	1920 approx		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/21/16	1920 approx		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/22/16	12:35		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.21 in MSGP16		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Parameters							
110	Is sample colorless? If "Failed", describe.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	Is sample odorless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	musty			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
150					<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.

160	Is sample free of suspended solids? If "Failed" document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line. (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed" describe color and thickness (e.g. flecks, globs) in the comments of this line. (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Labor

Labor

Work Date Reg Hrs OT Hrs Other Hrs

### Labor Report

Completed: \_\_\_\_\_ Failure: \_\_\_\_\_

Report:

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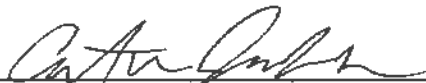
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Signature / Name	Date	Signature / Name	Date
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WO ID: MSGP - 68311

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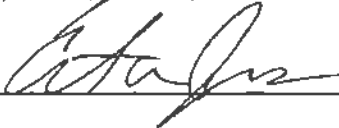
Signature (collecting sample):



Date and Time:

8/21/16 1920

Signature (conducting visual assessment):



Date and Time:

8/22/16 12:55

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg, FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Maintenance Details

**Requested:** 8/17/2016 2:20:51 PM  
**Procedure:** MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)  
**Last PM:** 8/1/2016  
**Project:** SIO Visuals 8-16-16 (P-MSGP-5099)

**Target:** 9/30/2016  
**Priority/Type:** Normal / Inspection  
**Department:** Utilities and Infrastructure

MSGP Program  
 RG121.9  
 TA-3-22 Power & Steam Plant  
 Monitored Outfall (009)  
 Substantially Identical Outfall (010)  
 MSGP01001

**Reason:** MSGP Quarterly Visual Assessment

**Contact:**  
**Phone:**

**Monitoring Period:**

**Odor:**

**Clarity:**

**Settled Solids:**

**Suspended Solids:**

**Special Instructions:** NMR053195

## Tasks

#	Description	Rating	Meas.	Initials	Failed	N/A	Complete
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.							
<b>Sample information</b>							
30	Document the monitoring Period by using the Monitoring Period lookup table.	MPG			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/24/16	1314 approx		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/24/16	1314 approx		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/28/16	1609		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.35 in. measured 8/20/16		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Parameters</b>							
110	Is sample colorless? If "Failed", describe.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Is sample odorless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	CI			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140					<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
150					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.

Course

160	Is sample free of suspended solids? If "Failed", document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line. (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs) in the comments of this line. (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

### Labor

Labor

Work Date Reg Hrs OT Hrs Other Hrs

### Labor Report

Completed: \_\_\_\_\_ Failure: \_\_\_\_\_

Report:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature / Name

Date

Signature / Name

Date

WO ID: MSGP-58312

Page 3 of 3

Signature (collecting sample): [Signature] Date and Time: 8/24/16 1314

Signature (conducting visual assessment): [Signature] Date and Time: 8/25/16 1609

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Maintenance Details**

Requested: 8/17/2016 2:20:52 PM  
 Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)  
 Last PM: 8/1/2016  
 Project: SIO Visuals 8-16-16 (P-MSGP-5099)

Target: 9/30/2016  
 Priority/Type: Normal / Inspection  
 Department: Utilities and Infrastructure

MSGP Program  
 RG121.9  
 TA-3-22 Power & Steam Plant  
 Monitored Outfall (005)  
 Substantially Identical Outfall (006)  
 MSGP00601

Reason: MSGP Quarterly Visual Assessment

Contact:  
 Phone:

Monitoring Period:

Odor:

Clarity:

Settled Solids:

Suspended Solids:

Special Instructions: NMR053195

**Tasks**

#	Description	Rating	Meas.	Initials	Failed	N/A	Complete
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.							
<b>Sample information</b>							
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP3			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/13/16	1251 approx		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/13/16	1251 approx		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/17/16	1626		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PRI	0.3 in. just started		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Parameters</b>							
110	Is sample colorless? If "Failed", describe.	Brown			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	Is sample odorless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	01			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	C3			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	veg			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.

Settled Solids

160 Is sample free of suspended solids? If "Failed", document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.

Suspended Solids

170 Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line. (Range: 0 - 0)

180 Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs) in the comments of this line. (Range: 0 - 0)

190 Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)

## Labor

Labor

Work Date Reg Hrs OT Hrs Other Hrs

## Labor Report

Completed: \_\_\_\_\_ Failure: \_\_\_\_\_

Report:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature / Name Date Signature / Name Date

WO ID: MSGP-58313 Page 3 of 3

Signature (collecting sample): Mfse Date and Time: 8/13/16 1257

Signature (conducting visual assessment): \_\_\_\_\_ Date and Time: 8/17/16 1626

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Maintenance Details

Requested: 8/23/2016 3:43:52 PM

Target: 9/30/2016

MSGP Program

Procedure: MSGP Quarterly Visual  
Assessment (EPC-CP-  
Form-1021.2)

Priority/Type: Normal / Inspection

RG121.9

Department: Utilities and  
Infrastructure

TA-3-22 Power &amp; Steam Plant

Last PM: 8/9/2016

Monitored Outfall (005)

Project: SIO Visuals 8/23/16  
(P-MSGP-5107)

Substantially Identical Outfall (006)

MSGP00601

Reason: MSGP Quarterly Visual Assessment

Contact:

Monitoring Period:

Odor:

Phone:

Clarity:

Settled Solids:

Suspended Solids:

Special Instructions: NMR053195

## Tasks

#	Description	Rating	Meas.	Initials	Failed	N/A	Complete
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.							
Sample information							
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP3			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/24/16	1251 approx		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/24/16	1251 approx		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/25/16	1550		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR#1	02.35 in. NMR 8/20/16		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Parameters							
110	Is sample colorless? If "Failed", describe.	Brown			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	Is sample odorless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	01			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	C3			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	Veg			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.

SCT SOL 2

160	Is sample free of suspended solids? If "Failed" document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	SUS SOL 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs) in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

### Labor

Labor	Assigned	Work Date	Reg Hrs	OT Hrs	Other Hrs
Shendo, Marwin	9/30/2016 / 14				

### Labor Report

Completed: \_\_\_\_\_ Failure: \_\_\_\_\_

Report:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature / Name	Date	Signature / Name	Date
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WO ID: MSGP.58407

Page 3 of 3

Signature (collecting sample): M. S. L. Date and Time: 8/24/16 1251

Signature (conducting visual assessment): M. S. L. Date and Time: 8/25/16 1550

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Maintenance Details

Requested: 8/31/2016 2:35:52 PM  
 Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)  
 Last PM: 8/25/2016  
 Project: SIO Visuals 8/31/16 (P-MSGP-5113)

Target: 9/30/2016  
 Priority/Type: Normal / Inspection  
 Department: Utilities and Infrastructure

MSGP Program  
 RG121.9  
 TA-3-22 Power & Steam Plant  
 Monitored Outfall (009)  
 Substantially Identical Outfall (010)  
 MSGP01001

Reason: MSGP Quarterly Visual Assessment

Contact:  
Phone:

Monitoring Period:

Odor:

Clarity:

Settled Solids:

Suspended Solids:

Special Instructions: NMR053195

## Tasks

#	Description	Rating	Meas.	Initials	Failed	N/A	Complete
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The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.

## Sample information

30	Document the monitoring Period by using the Monitoring Period lookup table.	M73			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/27/16	1045 approx		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/27/16	1045 approx		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/29/16	1544		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.85 in. no 8/16/16		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Parameters

110	Is sample colorless? If "Failed", describe.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	Is sample odorless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	01			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	Cl			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140	Is sample free of floating solids? If "Failed" describe if raw or waste material(s) in the comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
150					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.

Settled Solids

160	Is sample free of suspended solids? If "Failed", document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line. (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs) in the comments of this line. (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed" describe in the comments of this line. (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

### Labor

Labor	Assigned	Work Date	Reg Hrs	OT Hrs	Other Hrs
Shendo, Marwin	9/30/2016 / 14				

### Labor Report

Completed: \_\_\_\_\_ Failure: \_\_\_\_\_

Report:

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Signature / Name

Date

Signature / Name

Date

WO ID: MSGP-58495 Page 3 of 3

Signature (collecting sample): M. S. L. Date and Time: 8/27/16 1045

Signature (conducting visual assessment): M. S. L. Date and Time: 8/29/16 1544

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Maintenance Details

**Requested:** 8/31/2016 2:35:57 PM  
**Procedure:** MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)  
**Last PM:** 8/25/2016  
**Project:** SIO Visuals 8/31/16 (P-MSGP-5113)

**Target:** 9/30/2016  
**Priority/Type:** Normal / Inspection  
**Department:** Utilities and Infrastructure

MSGP Program  
 RG121.9  
 TA-3-22 Power & Steam Plant  
 Monitored Outfall (005)  
 Substantially Identical Outfall (006)  
 MSGP00601

**Reason:** MSGP Quarterly Visual Assessment

**Contact:**  
**Phone:**

**Monitoring Period:**

**Odor:**

**Clarity:**

**Settled Solids:**

**Suspended Solids:**

**Special Instructions:** NMR053195

## Tasks

#	Description	Rating	Meas.	Initials	Failed	N/A	Complete
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.							
<b>Sample information</b>							
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP3			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/27/16	1157		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/27/16	1157		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/29/16	1557		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	RR1	0.85 in		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.		msg 9/6/16		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Parameters</b>							
110	Is sample colorless? If "Failed", describe.	Brown			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	Is sample odorless? If "Failed" document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	01			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130	Is sample clear? If "Failed" document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	C3			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140	Is sample free of floating solids? If "Failed" describe if raw or waste material(s) in the comments of this line.	Veg			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



	Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	SET SOL 1			
160	Is sample free of suspended solids? If "Failed", document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	SUS SOL 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs) in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

### Labor

Labor	Assigned	Work Date	Reg Hrs	OT Hrs	Other Hrs
Shendo, Marwin	9/30/2016 / 14				

### Labor Report

Completed: \_\_\_\_\_ Failure: \_\_\_\_\_

Report:

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Signature / Name	Date	Signature / Name	Date

WO ID: MSGP-58496 Page 3 of 3

Signature (collecting sample): MPSL Date and Time: 8/27/16 1151

Signature (conducting visual assessment): MPSL Date and Time: 8/29/16 1557

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Maintenance Details

Requested: 8/31/2016 3:04:24 PM

Target: 9/30/2016

Procedure: MSGP Quarterly Visual  
Assessment (EPC-CP-  
Form-1021.2)

Priority/Type: Normal / Inspection

Department: Utilities and  
Infrastructure

Last PM: 8/26/2016

Project: Visual Assessments  
8/31/16 (P-MSGP-5115)

MSGP Program

RG121.9

TA-3-22 Power &amp; Steam Plant

Monitored Outfall (012)

MSGP01201

Reason: MSGP Quarterly Visual Assessment

Contact:

Phone:

Monitoring Period:

Odor:

Clarity:

Settled Solids:

Suspended Solids:

Special Instructions: NMR053195

## Tasks

#	Description	Rating	Meas.	Initials	Failed	N/A	Complete
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The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.

## Sample information

30	Document the monitoring Period by using the Monitoring Period lookup table.	MP3			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)	47			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/27/16 1125			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/27/16 1125			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/29/16 1541			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1 0.85 in.			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.	meas 8/26/16			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Parameters

110	Is sample colorless? If "Failed", describe.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	Is sample odorless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	01			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130	Is sample clear? If "Failed" document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	C1			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
150					<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	Is sample free of settled solids? If "Failed" document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.			
160	Is sample free of suspended solids? If "Failed" document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line. (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed" describe color and thickness (e.g. flecks, globs) in the comments of this line. (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed" describe in the comments of this line. (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

### Labor

Labor	Assigned	Work Date	Reg Hrs	OT Hrs	Other Hrs
Shendo, Marwin	9/30/2016 / 14				

### Labor Report

Completed: \_\_\_\_\_ Failure: \_\_\_\_\_ Meter 1: \_\_\_\_\_ Meter 2: \_\_\_\_\_

Report:

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Signature / Name	Date	Signature / Name	Date

WO ID: MSGP-58519 Page 3 of 3

Signature (collecting sample): M. Sul. Date and Time: 8/27/16 1125

Signature (conducting visual assessment): M. Sul. Date and Time: 8/29/16 1544

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Maintenance Details

**Requested:** 9/8/2016 3:34:43 PM  
**Procedure:** MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)  
**Last PM:** 8/29/2016  
**Project:** SIO Visual Assessments 9-8-16 (P-MSGP-5120)

**Target:** 9/30/2016  
**Priority/Type:** Normal / Inspection  
**Department:** Utilities and Infrastructure

MSGP Program  
 RG121.9  
 TA-3-22 Power & Steam Plant  
 Monitored Outfall (009)  
 Substantially Identical Outfall (010)  
 MSGP01001

**Reason:** MSGP Quarterly Visual Assessment

**Contact:**  
**Phone:**

**Monitoring Period:**

**Odor:**

**Clarity:**

**Settled Solids:**

**Suspended Solids:**

**Special Instructions:** NMR053195

## Tasks

#	Description	Rating	Meas.	Initials	Failed	N/A	Complete
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.							
<b>Sample information</b>							
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP3			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	9/8/16	1721	SPR	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	9/8/16	1821	SPR	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	9/7/16	1019		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.45 in.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.		MA 9/8/16		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Parameters</b>							
110	Is sample colorless? If "Failed", describe.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	Is sample odorless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
150					<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.

Settled

160	Is sample free of suspended solids? If "Failed" document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line. (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed" describe color and thickness (e.g. flecks, globs) in the comments of this line. (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Labor

Labor	Assigned	Work Date	Reg Hrs	OT Hrs	Other Hrs
Shendo, Marwin	9/30/2016 / 14				

### Labor Report

Completed: \_\_\_\_\_ Failure: \_\_\_\_\_

Report:

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Signature / Name	Date	Signature / Name	Date

WO ID: MSGP-58540 Page 3 of 3

Signature (collecting sample): MSL Date and Time: 9/7/16 1019

Signature (conducting visual assessment): MSL Date and Time: 9/7/16 1019

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: \_\_\_\_\_







Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Maintenance Details

**Requested:** 9/8/2016 3:34:47 PM  
**Procedure:** MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)  
**Last PM:** 8/29/2016  
**Project:** SIO Visual Assessments 9-8-16 (P-MSGP-5120)

**Target:** 9/30/2016  
**Priority/Type:** Normal / Inspection  
**Department:** Utilities and Infrastructure

 **MSGP Program**  
 **RG121.9**  
 **TA-3-22 Power & Steam Plant**  
 **Monitored Outfall (005)**  
 **Substantially Identical Outfall (006)**  
 **MSGP00601**

**Reason:** MSGP Quarterly Visual Assessment

**Contact:**  
**Phone:**

**Monitoring Period:**

**Odor:**

**Clarity:**

**Settled Solids:**

**Suspended Solids:**

**Special Instructions:** NMR053195

## Tasks

#	Description	Rating	Meas.	Initials	Failed	N/A	Complete
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.							
<b>Sample information</b>							
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP3			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	9/6/16	1706		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	9/6/16	1706		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	9/2/16	1028		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.45 in. Aug 9/6/16		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Parameters</b>							
110	Is sample colorless? If "Failed", describe.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	Is sample odorless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	01			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	C1			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	Veg			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.

SET SOL 2

160	Is sample free of suspended solids? If "Failed", document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	SET SOL 2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed" describe color and thickness (e.g. flecks, globs) in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

### Labor

Labor	Assigned	Work Date	Reg Hrs	OT Hrs	Other Hrs
Shendo, Marwin	9/30/2016 / 14				

### Labor Report

Completed: \_\_\_\_\_ Failure: \_\_\_\_\_

Report:

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Signature / Name	Date	Signature / Name	Date
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WO ID: MSGP-58541

Page 3 of 3

Signature (collecting sample): MPSL Date and Time: 9/7/16 1028

Signature (conducting visual assessment): MPSL Date and Time: 9/7/16 1028

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Maintenance Details**

Requested: 9/12/2016 11:52:14 AM

Target: 9/30/2016

Procedure: MSGP Quarterly Visual  
Assessment (EPC-CP-  
Form-1021.2)

Priority/Type: Normal / Inspection

Department: Utilities and  
Infrastructure

Last PM: 9/7/2016

Project: SIO Visual Assessments  
9/12/16 (P-MSGP-5123)

MSGP Program

RG121.9

TA-3-22 Power &amp; Steam Plant

Monitored Outfall (005)

Substantially Identical Outfall (006)

MSGP00601

Reason: MSGP Quarterly Visual Assessment

Contact:

Monitoring Period:

Odor:

Phone:

Clarity:

Settled Solids:

Suspended Solids:

Special Instructions: NMR053195

**Tasks**

#	Description	Rating	Meas.	Initials	Failed	N/A	Complete
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.							
<b>Sample information</b>							
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP3			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	9/12/16	2006		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	9/12/16	2006		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	9/13/16	1531		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	006 in and 9/14/16		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Parameters</b>							
110	Is sample colorless? If "Failed", describe.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	Is sample odorless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	01			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	Veg			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.

S<sub>2</sub>T SOL 1

160	Is sample free of suspended solids? If "Failed", document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	S <sub>2</sub> S SOL 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs) in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Labor

Labor	Assigned	Work Date	Reg Hrs	OT Hrs	Other Hrs
Shendo, Marwin	9/30/2016 / 14				

### Labor Report

Completed: \_\_\_\_\_ Failure: \_\_\_\_\_

Report:

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Signature / Name	Date	Signature / Name	Date

WO ID: MSGP-58611 Page 3 of 3

Signature (collecting sample): M. Sule Date and Time: 9/13/16 1531

Signature (conducting visual assessment): M. Sule Date and Time: 9/13/16 1531

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Maintenance Details

Requested By: Banar, Alethea on  
9/28/2016 9:53:00 AMTarget: 9/30/2016  
Priority/Type: Normal / Inspection

MSGP Program

Taken By: Banar, Alethea

Department: Utilities and  
Infrastructure

RG121.9

Procedure: MSGP Quarterly Visual  
Assessment (EPC Sig)  
(EPC-CP-Form-1021.2  
A)

TA-3-22 Power &amp; Steam Plant

Monitored Outfall (005)

Substantially Identical Outfall (006)

MSGP00601

Last PM: 9/26/2016

Project: SIO Visual  
Assessments 9/12/16  
(P-MSGP-5123)

Contact: Banar, Alethea

Phone: 699-5836

Reason: MSGP Quarterly Visual Assessment

Monitoring Period:

Odor:

Clarity:

Settled Solids:

Suspended Solids:

Special Instructions: NMR053195

Attach

## Tasks

#	Description	Rating	Meas.	Initials	Failed	N/A	Complete
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.							
Sample information							
30	Document the monitoring Period by using the Monitoring Period lookup table.	mp3			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	9/23/16	1659		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	9/23/16	1659		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	9/26/16	1547		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.04 in. dec 9/2016		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Parameters							
110	Is sample colorless? If "Failed", describe.	light Brown			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	Is sample odorless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	01			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen	C2			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



from the lookup table, provide description in comments of this line.

140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	Veg	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150	Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	SET SOL 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	SUS SOL 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs) in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

### Labor

Labor	Assigned	Work Date	Reg Hrs	OT Hrs	Other Hrs
Shendo, Marwin	10/12/2016 / 14				

### Labor Report

Completed: \_\_\_\_\_ Failure: \_\_\_\_\_

Report:

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Signature / Name

Date

Signature / Name

Date

WO ID: MSGP-58824 Page 3 of 3

Signature (collecting sample): M. S. L. Date and Time: 9/26/16 1547

Signature (conducting visual assessment): M. S. L. Date and Time: 9/26/16 1547

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: Anthony R. Grieggs, EPC-CP Group Leader

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## memorandum

*Environmental Protection & Compliance Division  
Environmental Compliance Programs (EPC-CP)*

*To/MS:* Jillian Burgin, DESHS-UIS, B274  
*Thru/MS:* Terrill Lemke, EPC-CP, (E-File) *TL*  
*From/MS:* Holly Wheeler, EPC-CP, (E-File) *HW*  
*Phone/Fax:* 667-1312  
*Symbol:* EPC-DO:17-044

*Date:* JAN 18 2017

**Subject: National Pollutant Discharge Elimination System (NPDES) Permit No. NMR053195, Multi-Sector General Permit (MSGP) Quarterly Visual Assessment (QVA) Forms for October and November of 2016 for the TA-3-22 Power and Steam Plant**

Please find attached completed MSGP QVA Forms documenting visual assessments performed during the fourth quarter of monitoring at the TA-3-22 Power and Steam Plant. Per Parts 3.2.2 and 5.5 of the 2015 MSGP, the signed certification statement and associated QVA forms shall be incorporated into your MSGP Storm Water Pollution Prevention Plan (SWPPP).

Part 3.2.1 of the 2015 MSGP requires the visual assessment of storm water discharge samples collected from each outfall once each quarter for the entire permit term. Part 3.2.3 allows facilities that are located in an area with a semi-arid climate and/or in an area where freezing conditions exist for an extended period to distribute the quarterly visual assessments during seasons when precipitation runoff occurs. Accordingly, Los Alamos National Security (LANS) has designated the following MSGP monitoring quarters.

Quarter 1:	April – May	Quarter 2:	June – July
Quarter 3:	August – September	Quarter 4:	October - November

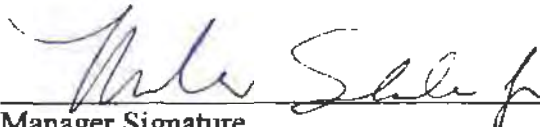
The attached QVA forms document the following information as required by Part 3.2.2 of the 2015 MSGP and were completed by Environmental Compliance Programs (EPC-CP) personnel.

- Sample location;
- Sample collection date and time, and visual assessment date and time for each sample;
- Personnel collecting the sample and performing the visual assessment, and their signatures;
- Nature of the discharge (i.e., runoff or snowmelt);
- Results of observations of the stormwater discharge;
- Probable sources of any observed stormwater contamination (if applicable);
- If applicable, why it was not possible to take a sample within the first 30 minutes of the storm event.

The EPC-CP Group Leader has signed the certification statement to meet the duly authorized signatory requirements for the QVA completed by EPC-CP representatives contained in Enclosures 1.

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 assure that qualified personnel properly gathered and evaluated the information contained therein. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information contained 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.

Anthony R. Grieggs, EPC-CP Group Leader  
(Print name and title)  
Los Alamos National Laboratory

  
\_\_\_\_\_  
Manager Signature

11/18/17  
Date

Part 3.2.3 of the 2015 MSGP allows the facility to take a substitute sample during the next qualifying storm event when adverse weather conditions prevent the collection of samples during a specific quarter. Adverse weather conditions are those that are dangerous or create inaccessibility for personnel, or situations that otherwise make sampling impractical, such as drought or extended frozen conditions. Documentation of the rationale for no visual assessment for the quarter must be included in the facility-specific SWPPP.

Please contact Holly Wheeler at 667-1312 (hbenson@lanl.gov) if you have questions regarding the QVA documentation. Thank you for your assistance in meeting the requirements of the Laboratory's NPDES 2015 MSGP Permit.

TWL:HLW/am

Enclosure: 1. Quarterly Visual Assessment Forms Requiring a Certification Statement Signature, Fourth Quarter, 2016 Monitoring Year

Facility Name	Sampling Station	Work Order #
TA-3-22 Power & Steam Plant	MSGP01101	MSGP-58314
TA-3-22 Power & Steam Plant	MSGP01001	MSGP-58610
TA-3-22 Power & Steam Plant	MSGP00601	MSGP-58623
TA-3-22 Power & Steam Plant	MSGP00601	MSGP-58855
TA-3-22 Power & Steam Plant	MSGP00901	MSGP-58865
TA-3-22 Power & Steam Plant	MSGP00601	MSGP-58980
TA-3-22 Power & Steam Plant	MSGP00501	MSGP-59195
TA-3-22 Power & Steam Plant	MSGP00601	MSGP-59196
TA-3-22 Power & Steam Plant	MSGP00601	MSGP-59222

Copy: Russell Stone, DESHS-UIS, (E-File)  
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# **ENCLOSURE 1**

**Quarterly Visual Assessment Forms Requiring a  
Certification Statement Signature  
Fourth Quarter, 2016 Monitoring Year**







**EPC-DO-17-044**

**Date: JAN 18 2017**

**Maintenance Details**

**Requested:** 8/17/2016 2:20:00 PM  
**Procedure:** MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.2 A)  
**Last PM:** 8/25/2016  
**Project:** SIO Visual Assess. Oct-Nov 2016 (P-MSGP-5138)

**Target:** 11/30/2016  
**Priority/Type:** Normal / Inspection  
**Department:** Utilities and Infrastructure

 MSGP Program  
 RG121.9  
 TA-3-22 Power & Steam Plant  
 Monitored Outfall (012)  
 Substantially Identical Outfall (011)  
 **MSGP01101**

**Reason:** MSGP Quarterly Visual Assessment

**Contact:**  
**Phone:**

**Precipitation Type:** PR1

**Odor:** O1

**Clarity:** C1

**Settled Solids:** NA

**Suspended Solids:** SUSSOL2

**Special Instructions:** NMR053195

**Tasks**

#	Description	Rating	Meas.	Initials	Failed	N/A	Complete
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The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.

**Sample information**

30	Document the monitoring Period by using the Monitoring Period lookup table.			MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)			MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).		11/5/16 at 21:16	MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).		11/5/16 at 21:16	MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).		11/7/16 at 14:56	MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.		.7 inches	MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.			MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Parameters**

110	Is sample colorless? If "Failed", describe.		light brown	MS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	Is sample odorless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.			MS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.			MS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.		vegetation	MS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

150	Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	MS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line. (Range: 0 - 0)	MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs) in the comments of this line. (Range: 0 - 0)	MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)	MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

### Labor Report

**Completed:** 11/7/2016 2:56:00 PM **Failure:** \_\_\_\_\_

**Report:** \_\_\_\_\_

*M. SLP*

Signature / Name

11/15/2016

Date

Signature / Name

Date

WO ID: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name/Z#: \_\_\_\_\_

Signature (collecting sample & conducting visual assessment): \_\_\_\_\_

"I confirm the information as recorded is true, accurate and complete."

#### **CERTIFICATION STATEMENT**

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

**(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)**







Print name and title: Anthony R. Grieggs, EPC-CP Group Leader

Signature: (See signature on file) Date: \_\_\_\_\_

## Maintenance Details

**Requested:** 9/12/2016 11:52:00 AM  
**Procedure:** MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.2 A)  
**Last PM:** 9/22/2016  
**Project:** SIO Visual Assess. Oct-Nov 2016 (P-MSGP-5138)

**Target:** 11/30/2016  
**Priority/Type:** Normal / Inspection  
**Department:** Utilities and Infrastructure

 MSGP Program  
 RG121.9  
 TA-3-22 Power & Steam Plant  
 Monitored Outfall (009)  
 Substantially Identical Outfall (010)  
 **MSGP01001**

**Reason:** MSGP Quarterly Visual Assessment

**Contact:**  
**Phone:**

**Precipitation Type:** PR1

**Odor:** O1

**Clarity:** C1

**Settled Solids:** NA

**Suspended Solids:** SUSSOL2

**Special Instructions:** NMR053195

## Tasks

#	Description	Rating	Meas.	Initials	Failed	N/A	Complete
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The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.

## Sample information

30	Document the monitoring Period by using the Monitoring Period lookup table.			MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)			MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).		11/5/16 at 21:00	MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).		11/5/16 at 21:00	MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).		11/7/16 at 14:58	MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.		.7 inches	MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.			MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Parameters

110	Is sample colorless? If "Failed", describe.		light brown	MS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	Is sample odorless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.			MS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.			MS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.		vegetation	MS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



150	Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	MS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line. (Range: 0 - 0)	MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs) in the comments of this line. (Range: 0 - 0)	MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)	MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

### Labor Report

**Completed:** 11/7/2016 2:58:00 PM **Failure:** \_\_\_\_\_

**Report:** \_\_\_\_\_

*MPSL*

Signature / Name

11/15/2016

Date

Signature / Name

Date

WO ID: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name/Z#: \_\_\_\_\_

Signature (collecting sample & conducting visual assessment): \_\_\_\_\_

"I confirm the information as recorded is true, accurate and complete."

#### **CERTIFICATION STATEMENT**

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

**(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)**







Print name and title: Anthony R. Grieggs, EPC-CP Group Leader

Signature: (See signature on file) Date: \_\_\_\_\_

## Maintenance Details

**Requested:** 11/8/2016 2:08:00 PM  
**Procedure:** MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.2 A)  
**Last PM:** 9/13/2016  
**Project:** SIO Visual Assess. Oct-Nov 2016 (P-MSGP-5138)

**Target:** 11/30/2016  
**Priority/Type:** Normal / Inspection  
**Department:** Utilities and Infrastructure

 MSGP Program  
 RG121.9  
 TA-3-22 Power & Steam Plant  
 Monitored Outfall (005)  
 Substantially Identical Outfall (006)  
 **MSGP00601**

**Reason:** MSGP Quarterly Visual Assessment

**Contact:**  
**Phone:**

**Precipitation Type:** PR1

**Odor:** O1

**Clarity:** C1

**Settled Solids:** NA

**Suspended Solids:** SUSSOL2

**Special Instructions:** NMR053195

## Tasks

#	Description	Rating	Meas.	Initials	Failed	N/A	Complete
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The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.

## Sample information

30	Document the monitoring Period by using the Monitoring Period lookup table.			MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)			MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).		11/5/16 at 21:06	MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).		11/5/16 at 21:06	MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).		11/7/16 at 15:10	MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.		.7 inches	MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.			MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Parameters

110	Is sample colorless? If "Failed", describe.		light brown	MS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	Is sample odorless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.			MS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.			MS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.		vegetation	MS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

150	Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	MS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line. (Range: 0 - 0)	MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs) in the comments of this line. (Range: 0 - 0)	MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)	MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

### Labor Report

**Completed:** 11/7/2016 3:10:00 PM **Failure:** \_\_\_\_\_

**Report:** \_\_\_\_\_

<u>MSLP</u>	11/15/2016		
Signature / Name	Date	Signature / Name	Date

WO ID: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name/Z#: \_\_\_\_\_

Signature (collecting sample & conducting visual assessment): \_\_\_\_\_

"I confirm the information as recorded is true, accurate and complete."

#### **CERTIFICATION STATEMENT**

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

**(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)**

Print name and title: Anthony R. Grieggs, EPC-CP Group Leader

Signature: (See signature on file) Date: \_\_\_\_\_



## Maintenance Details

**Requested By:** Banar, Alethea on  
10/3/2016 5:25:00 PM**Taken By:** Banar, Alethea**Procedure:** MSGP Quarterly Visual  
Assessment (EPC Sig)  
(EPC-CP-Form-1021.2  
A)**Last PM:** 9/26/2016**Project:** SIO Visual  
Assessments 10-3-16  
(P-MSGP-5133)**Target:** 11/30/2016**Priority/Type:** Normal / Inspection**Department:** Utilities and  
Infrastructure MSGP Program RG121.9 TA-3-22 Power & Steam Plant Monitored Outfall (005) Substantially Identical Outfall (006) **MSGP00601****Contact:** Banar, Alethea**Phone:** 699-5836**Reason:** MSGP Quarterly Visual Assessment (EPC Sig)**Precipitation Type:** PR1**Odor:** O1**Clarity:****Settled Solids:** SETSOL2**Suspended Solids:** SUSSOL2**Special Instructions:** NMR053195

## Tasks

#	Description	Rating	Meas.	Initials	Failed	N/A	Complete
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.							
<b>Sample information</b>							
30	Document the monitoring Period by using the Monitoring Period lookup table.			MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)			MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).		10/3/16 04:15	MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).		10/3/16 04:15	MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).		10/3/16 15:06	MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line. <b>Comments: rain</b>		0.13 in.	MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.			MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Parameters</b>							
110	Is sample colorless? If "Failed", describe.			MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	Is sample odorless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.			MS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen			MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

from the lookup table, provide description in comments of this line.

140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	Vegetation	MS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150	Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		MS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		MS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line. (Range: 0 - 0)		MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs) in the comments of this line. (Range: 0 - 0)		MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)		MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

### Labor Report

Completed: 10/3/2016 3:06:00 PM Failure: \_\_\_\_\_

Report: \_\_\_\_\_

MSL

Signature / Name

10/4/2016

Date

Signature / Name

Date

WO ID: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name/Z#: \_\_\_\_\_

Signature (collecting sample & conducting visual assessment): \_\_\_\_\_

"I confirm the information as recorded is true, accurate and complete."

#### **CERTIFICATION STATEMENT**

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

**(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)**

Print name and title: Anthony R. Grieggs, EPC-CP Group Leader

Signature: (See signature on file) Date: \_\_\_\_\_

## Maintenance Details

**Requested By:** Banar, Alethea on  
10/6/2016 4:52:00 PM**Taken By:** Banar, Alethea**Procedure:** MSGP Quarterly Visual  
Assessment (EPC Sig)  
(EPC-CP-Form-1021.2  
A)**Last PM:** 10/7/2016**Project:** ISCO Visual Assess.  
Oct-Nov 2016  
(P-MSGP-5135)**Target:** 11/30/2016**Priority/Type:** Normal / Inspection**Department:** Utilities and  
Infrastructure

MSGP Program



RG121.9



TA-3-22 Power &amp; Steam Plant



Monitored Outfall (009)

**MSGP00901****Contact:** Banar, Alethea**Phone:** 699-5836**Reason:** MSGP Quarterly Visual Assessment (EPC Sig)**Precipitation Type:** PR1**Odor:** O1**Clarity:** NA**Settled Solids:** NA**Suspended Solids:** NA**Special Instructions:** NMR053195

## Tasks

#	Description	Rating	Meas.	Initials	Failed	N/A	Complete
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.							
<b>Sample information</b>							
30	Document the monitoring Period by using the Monitoring Period lookup table.			MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)			MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).		10/08/16 16:04	MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).		10/08/16 16:04	MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).		10/11/16 13:48	MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.		0.14 in.	MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.			MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Parameters</b>							
110	Is sample colorless? If "Failed", describe.			MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	Is sample odorless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.			MS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.			MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
150	Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line. (Range: 0 - 0)	MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs) in the comments of this line. (Range: 0 - 0)	MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)	MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

### Labor Report

**Completed:** 10/11/2016 1:48:00 PM 
 **Failure:** \_\_\_\_\_ 
 **Meter(s):** 2

**Report:** \_\_\_\_\_

*M. S. L.*

10/13/2016

Signature / Name

Date

Signature / Name

Date



WO ID: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name/Z#: \_\_\_\_\_

Signature (collecting sample & conducting visual assessment): \_\_\_\_\_

"I confirm the information as recorded is true, accurate and complete."

#### **CERTIFICATION STATEMENT**







"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

**(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)**

Print name and title: Anthony R. Grieggs, EPC-CP Group Leader

Signature: (See signature on file) Date: \_\_\_\_\_

## Maintenance Details

**Requested By:** Banar, Alethea on  
10/17/2016 4:42:00  
PM**Target:** 10/31/2016  
**Priority/Type:** Normal / Inspection  
**Department:** Utilities and  
Infrastructure MSGP Program  
 RG121.9  
 TA-3-22 Power & Steam Plant  
 Monitored Outfall (005)  
 Substantially Identical Outfall (006)  
 **MSGP00601****Taken By:** Banar, Alethea  
**Procedure:** MSGP Quarterly Visual  
Assessment (EPC Sig)  
(EPC-CP-Form-1021.2  
A)**Last PM:** 10/11/2016  
**Project:** SIO Visual Assess.  
Oct-Nov 2016  
(P-MSGP-5138)**Contact:** Banar, Alethea  
**Phone:** 699-5836**Reason:** MSGP Quarterly Visual Assessment**Precipitation Type:** PR1**Odor:** O1**Clarity:** NA**Settled Solids:** SETSOL2**Suspended Solids:** SUSSOL2**Special Instructions:** NMR053195

## Tasks

#	Description	Rating	Meas.	Initials	Failed	N/A	Complete
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.							
<b>Sample information</b>							
30	Document the monitoring Period by using the Monitoring Period lookup table.			MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)			MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).		10/08/16 16:06	MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).		10/08/16 16:06	MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).		10/11/16 14:02	MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.		0.14 in.	MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.			MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Parameters</b>							
110	Is sample colorless? If "Failed", describe.			MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	Is sample odorless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.			MS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen			MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

from the lookup table, provide description in comments of this line.

140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	Vegetation	MS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150	Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		MS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		MS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line. (Range: 0 - 0)		MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs) in the comments of this line. (Range: 0 - 0)		MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)		MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

### Labor Report

Completed: 10/11/2016 2:02:00 PM

Failure: \_\_\_\_\_

Report: \_\_\_\_\_

MSL

Signature / Name

10/18/2016

Date

Signature / Name

Date

WO ID: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name/Z#: \_\_\_\_\_

Signature (collecting sample & conducting visual assessment): \_\_\_\_\_

"I confirm the information as recorded is true, accurate and complete."

#### **CERTIFICATION STATEMENT**

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

**(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)**

Print name and title: Anthony R. Grieggs, EPC-CP Group Leader

Signature: (See signature on file) Date: \_\_\_\_\_

## Maintenance Details

**Requested By:** Banar, Alethea on  
11/7/2016 9:23:00 AM**Taken By:** Banar, Alethea**Procedure:** MSGP Quarterly Visual  
Assessment (EPC Sig  
(EPC-CP-Form-1021.2  
A)**Last PM:** 11/4/2016**Project:** ISCO Visual Assess.  
Oct-Nov 2016  
(P-MSGP-5135)**Target:** 11/30/2016**Priority/Type:** Normal / Inspection**Department:** Utilities and  
Infrastructure MSGP Program RG121.9 TA-3-22 Power & Steam Plant Monitored Outfall (005) **MSGP00501****Contact:** Banar, Alethea**Phone:** 699-5836**Reason:** MSGP Quarterly Visual Assessment**Precipitation Type:** PR1**Odor:** O1**Clarity:** C2**Settled Solids:** NA**Suspended Solids:** NA**Special Instructions:** NMR053195

## Tasks

#	Description	Rating	Meas.	Initials	Failed	N/A	Complete
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.							
<b>Sample information</b>							
30	Document the monitoring Period by using the Monitoring Period lookup table.			MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)			MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).		11/4/16 at 12:24 pm	MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).		11/4/16 at 12:24 pm	MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).		11/4/16 at 14:07	MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.		.71 inches	MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.			MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Parameters</b>							
110	Is sample colorless? If "Failed", describe.		Brown	MS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	Is sample odorless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.			MS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.			MS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
150	Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line. (Range: 0 - 0)	MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs) in the comments of this line. (Range: 0 - 0)	MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)	MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

### Labor Report

**Completed:** 11/4/2016 2:07:00 PM 
 **Failure:** \_\_\_\_\_ 
 **Meter(s):** 2

**Report:** \_\_\_\_\_

\_\_\_\_\_ 11/8/2016 \_\_\_\_\_  
 Signature / Name Date Signature / Name Date

WO ID: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name/Z#: \_\_\_\_\_

Signature (collecting sample & conducting visual assessment): \_\_\_\_\_

"I confirm the information as recorded is true, accurate and complete."

#### **CERTIFICATION STATEMENT**



"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

**(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)**

Print name and title: Anthony R. Grieggs, EPC-CP Group Leader

Signature: (See signature on file) Date: \_\_\_\_\_

## Maintenance Details

**Requested By:** Banar, Alethea on  
11/7/2016 9:24:00 AM**Taken By:** Banar, Alethea**Procedure:** MSGP Quarterly Visual  
Assessment (EPC Sig)  
(EPC-CP-Form-1021.2  
A)**Last PM:** 11/7/2016**Project:** ISCO Visual Assess.  
Oct-Nov 2016  
(P-MSGP-5135)**Target:** 11/30/2016**Priority/Type:** Normal / Inspection**Department:** Utilities and  
Infrastructure MSGP Program RG121.9 TA-3-22 Power & Steam Plant Monitored Outfall (005) Substantially Identical Outfall (006) MSGP00601**Contact:** Banar, Alethea**Phone:** 699-5836**Reason:** MSGP Quarterly Visual Assessment**Precipitation Type:** PR1**Odor:** O1**Clarity:** NA**Settled Solids:** NA**Suspended Solids:** SUSSOL2**Special Instructions:** NMR053195

## Tasks

#	Description	Rating	Meas.	Initials	Failed	N/A	Complete
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.							
<b>Sample information</b>							
30	Document the monitoring Period by using the Monitoring Period lookup table.			MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)			MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).		11/4/16 12:06 pm	MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).		11/4/16 12:06	MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).		11/4/16 at 14:03	MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.		0.71 inches	MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.			MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Parameters</b>							
110	Is sample colorless? If "Failed", describe.			MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	Is sample odorless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.			MS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen			MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

from the lookup table, provide description in comments of this line.

140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	Vegetation	MS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150	Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		MS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line. (Range: 0 - 0)		MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs) in the comments of this line. (Range: 0 - 0)		MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)		MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

### Labor Report

11/4/2016 2:03:00

Completed: PM

Failure: \_\_\_\_\_

Report: \_\_\_\_\_

*MPSLA*

Signature / Name

11/7/2016

Date

Signature / Name

Date

WO ID: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name/Z#: \_\_\_\_\_

Signature (collecting sample & conducting visual assessment): \_\_\_\_\_

"I confirm the information as recorded is true, accurate and complete."

#### **CERTIFICATION STATEMENT**

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

**(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)**

Print name and title: Anthony R. Grieggs, EPC-CP Group Leader







Signature: (See signature on file) Date: \_\_\_\_\_



## Maintenance Details

**Requested:** 11/15/2016 4:23:00 PM  
**Procedure:** MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.2 A)  
**Last PM:** 11/7/2016  
**Project:** SIO Visual Assess. Oct-Nov 2016 (P-MSGP-5138)

**Target:** 11/30/2016  
**Priority/Type:** Normal / Inspection  
**Department:** Utilities and Infrastructure

 MSGP Program  
 RG121.9  
 TA-3-22 Power & Steam Plant  
 Monitored Outfall (005)  
 Substantially Identical Outfall (006)  
 **MSGP00601**

**Reason:** MSGP Quarterly Visual Assessment (EPC Sig)

**Contact:**  
**Phone:**

**Precipitation Type:** PR1

**Odor:** NA

**Clarity:** NA

**Settled Solids:** NA

**Suspended Solids:** SUSSOL2

**Special Instructions:** NMR053195

## Tasks

#	Description	Rating	Meas.	Initials	Failed	N/A	Complete
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.							
<b>Sample information</b>							
30	Document the monitoring Period by using the Monitoring Period lookup table.			MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)			MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).		11/21/16 at 16:25	MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).		11/21/16 at 16:25	MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).		11/22/16 at 15:51	MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.		0.44 inches	MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.			MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Parameters</b>							
110	Is sample colorless? If "Failed", describe.			MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	Is sample odorless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.			MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.			MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.		Vegetation	MS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

150	Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	MS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line. (Range: 0 - 0)	MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs) in the comments of this line. (Range: 0 - 0)	MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)	MS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

### Labor Report

Completed: 11/22/2016 3:51:00 PM Failure: \_\_\_\_\_

Report: \_\_\_\_\_

*MPSLO*

Signature / Name

11/28/2016

Date

Signature / Name

Date

WO ID: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name/Z#: \_\_\_\_\_

Signature (collecting sample & conducting visual assessment): \_\_\_\_\_

"I confirm the information as recorded is true, accurate and complete."

### **CERTIFICATION STATEMENT**

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

**(Signatory must meet definition in Section B.11.A, eg., FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)**

Print name and title: Anthony R. Grieggs, EPC-CP Group Leader

Signature: (See signature on file) Date: \_\_\_\_\_



## memorandum

*Environmental Protection & Compliance  
Division*

To: Jillian Burgin, DESHS-UIS, B274  
Thru: Terrill Lemke, EPC-CP, (E-File) *TL*  
From: Holly Wheeler, EPC-CP, (E-File) *HW*  
Phone: 505-667-1312  
Symbol: EPC-DO: 17-357  
Date:

**SEP 14 2017**

**Subject: National Pollutant Discharge Elimination System (NPDES) Permit Tracking No. NMR053195, Multi-Sector General Permit (MSGP) Quarterly Visual Assessment (QVA) Forms for April and May of 2017 for the TA-3-22 Power and Steam Plant**

Please find attached completed MSGP QVA Forms documenting visual assessments performed during the first quarter of monitoring at the TA-3-22 Power and Steam Plant. Per Parts 3.2.2 and 5.5 of the 2015 MSGP, the signed certification statement and associated QVA forms shall be incorporated into your MSGP Storm Water Pollution Prevention Plan (SWPPP).

Part 3.2.1 of the 2015 MSGP requires the visual assessment of storm water discharge samples collected from each outfall once each quarter for the entire permit term. Part 3.2.3 allows facilities that are located in an area with a semi-arid climate and/or in an area where freezing conditions exist for an extended period to distribute the quarterly visual assessments during seasons when precipitation runoff occurs. Accordingly, Los Alamos National Security (LANS) has designated the following MSGP monitoring quarters.

Quarter 1:	April – May	Quarter 2:	June – July
Quarter 3:	August – September	Quarter 4:	October - November

The attached QVA forms document the following information as required by Part 3.2.2 of the 2015 MSGP and were completed by Environmental Compliance Programs (EPC-CP) personnel.


- Sample location;
- Sample collection date and time, and visual assessment date and time for each sample;
- Personnel collecting the sample and performing the visual assessment, and their signatures;
- Nature of the discharge (i.e., runoff or snowmelt);
- Results of observations of the stormwater discharge;
- Probable sources of any observed stormwater contamination (if applicable);
- If applicable, why it was not possible to take a sample within the first 30 minutes of the storm event.

The EPC-CP Group Leader has signed the certification statement to meet the duly authorized signatory requirements for the QVA completed by EPC-CP representatives contained in Enclosure 1.

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 assure that qualified personnel properly gathered and evaluated the information contained therein. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information contained 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.

Anthony R. Grieggs, EPC-CP Group Leader  
Los Alamos National Laboratory

  
\_\_\_\_\_  
Manager Signature

  
\_\_\_\_\_  
Date

Part 3.2.3 of the 2015 MSGP allows the facility to take a substitute sample during the next qualifying storm event when adverse weather conditions prevent the collection of samples during a specific quarter. Adverse weather conditions are those that are dangerous or create inaccessibility for personnel, or situations that otherwise make sampling impractical, such as drought or extended frozen conditions. Documentation of the rationale for no visual assessment for the quarter must be included in the facility-specific SWPPP.

Please contact Holly Wheeler at 667-1312 (hbenson@lanl.gov) if you have questions regarding the QVA documentation. Thank you for your assistance in meeting the requirements of the Laboratory's NPDES 2015 MSGP Permit.



Facility Name	Sampling Station	Work Order #
TA-3-22 Power & Steam Plant	MSGP00801	MSGP-58609
TA-3-22 Power & Steam Plant	MSGP00901	MSGP-59585
TA-3-22 Power & Steam Plant	MSGP00501	MSGP-59586
TA-3-22 Power & Steam Plant	MSGP01001	MSGP-59599
TA-3-22 Power & Steam Plant	MSGP00601	MSGP-59600
TA-3-22 Power & Steam Plant	MSGP01101	MSGP-59601
TA-3-22 Power & Steam Plant	MSGP00601	MSGP-59921
TA-3-22 Power & Steam Plant	MSGP01001	MSGP-59959
TA-3-22 Power & Steam Plant	MSGP01101	MSGP-59960
TA-3-22 Power & Steam Plant	MSGP00601	MSGP-59985
TA-3-22 Power & Steam Plant	MSGP01101	MSGP-59986

TWL/HLW: am

Enclosure(s):

1. Quarterly Visual Assessment Forms Requiring a Certification Statement  
Signature, First Quarter, 2017 Monitoring Year

Copy: Russell Stone, DESHS-UIS, (E-File)  
[Adesh-records@lanl.gov](mailto:Adesh-records@lanl.gov), (E-File)  
[lasomailbox@nnsa.doe.gov](mailto:lasomailbox@nnsa.doe.gov), (E-File)  
[locatesteam@lanl.gov](mailto:locatesteam@lanl.gov), (E-File)  
[epc-correspondence@lanl.gov](mailto:epc-correspondence@lanl.gov), (E-File)

# **ENCLOSURE 1**

Quarterly Visual Assessment Forms Requiring a  
Certification Statement Signature  
First Quarter, 2017 Monitoring Year







EPC-DO: 17-357

Date: SEP 14 2017

**Maintenance Details**

**Requested:** 3/9/2017 11:03:00 AM  
**Procedure:** MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.02 2)  
**Last PM:** 9/22/2016  
**Project:** SIO Visual Assessments 4-1-17 (P-MSGP-5166)

**Target:** 5/31/2017  
**Priority/Type:** Normal / Inspection  
**Department:** Utilities and Infrastructure

 **MSGP Program**  
 **RG121.9**  
 **TA-3-22 Power & Steam Plant**  
 **Monitored Outfall (009)**  
 **Substantially Identical Outfall (008)**  
 **MSGP00801**

**Reason:** MSGP Quarterly Visual Assessment

**Contact:**  
**Phone:**

**Special Instructions:** NMR053195

**Tasks**

#	Description	Meas.	No	N/A	Yes
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.					
<b>Sample information</b>					
30	Document the monitoring Period by using the Monitoring Period lookup table.	April/May	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	04/29/17 at apx. 13:10 hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	04/29/17 at apx. 13:10 hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	05/01/17 at 09:15 hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table.	Snow melt	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Document the amount (in) in the "Reading" field of this line.	0.18"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Parameters</b>					
110	Is sample colorless? If "Failed", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	Is sample odorless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
150	Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs) in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Labor Report

Completed: 5/1/2017 9:15:00 AM

Report: Holly Wheeler

  
Signature / Name

5/8/2017  
Date

Signature / Name

Date

I confirm the information as recorded is true, accurate and complete.

## CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg. FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)






Print name and title: Anthony R. Grieggs, EPC-CP Group Leader

Signature: (See signature on file) Date: \_\_\_\_\_

**Maintenance Details**

**Requested:** 3/9/2017 11:58:00 AM  
**Procedure:** MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.02 2)  
**Last PM:** 6/27/2017  
**Project:** Visual Assessments 4-1-17 (P-MSGP-5156)

**Target:** 5/31/2017  
**Priority/Type:** Normal / Inspection  
**Department:** Utilities and Infrastructure

 **MSGP Program**  
 **RG121.9**  
 **TA-3-22 Power & Steam Plant**  
 **Monitored Outfall (009)**  
 **MSGP00901**

**Contact:**  
**Phone:**

**Reason:** MSGP Quarterly Visual Assessment (EPC Sig)

**Special Instructions:** NMR053195

**Tasks**

#	Description	Meas.	No	N/A	Yes
<b>The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.</b>					
<b>Sample information</b>					
30	Document the monitoring Period by using the Monitoring Period lookup table.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	4/1/17 at 4:30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	4/1/17 at 4:30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	4/3/17 at 12:33	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	0.18"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Parameters</b>					
110	Is sample colorless? If "Failed", describe.	Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	Is sample odorless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
150	Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs) in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



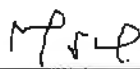
**Text Fields**

Monitoring MP1 Precipitation PR1 Odor: O1 Clarity: C1 Settled SETSOL1 Suspended NA  
Period: Type: Solids: Solids:

**Labor Report**

Completed: 4/3/2017 12:33:00 PM

Report: Marwin Shendo

<u></u>	<u>4/7/2017</u>	<u></u>	<u></u>
Signature / Name	Date	Signature / Name	Date

I confirm the information as recorded is true, accurate and complete.

**CERTIFICATION STATEMENT**

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg. FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)






Print name and title: Anthony R. Grieggs, EPC-CP Group Leader

Signature: (See signature on file) Date:

## Maintenance Details

**Requested:** 3/9/2017 11:58:00 AM  
**Procedure:** MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.02 2)  
**Last PM:** 6/5/2017  
**Project:** Visual Assessments 4-1-17 (P-MSGP-5156)

**Target:** 5/31/2017  
**Priority/Type:** Normal / Inspection  
**Department:** Utilities and Infrastructure

 MSGP Program  
 RG121.9  
 TA-3-22 Power & Steam Plant  
 Monitored Outfall (005)  
 MSGP00501

**Reason:** MSGP Quarterly Visual Assessment (EPC Sig)

**Contact:**  
**Phone:**

**Special Instructions:** NMR053195

## Tasks

#	Description	Meas.	No	N/A	Yes
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.					
<b>Sample information</b>					
30	Document the monitoring Period by using the Monitoring Period lookup table.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	4/4/17 at 12:32	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	4/4/17 at 12:32	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	4/4/17 at 15:30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	0.2"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Parameters</b>					
110	Is sample colorless? If "Failed", describe.	Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	Is sample odorless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
150	Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs) in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Text Fields**

Monitoring MP1 Precipitation PR2 Odor: O1 Clarity: C3 Settled SETSOL1 Suspended NA  
Period: Type: Solids: Solids:

**Labor Report**

Completed: 4/4/2017 3:30:00 PM

Report: Marwin Shendo

MPSLD

4/7/2017

Signature / Name

Date

Signature / Name

Date

I confirm the information as recorded is true, accurate and complete.

**CERTIFICATION STATEMENT**

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg. FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)







Print name and title: Anthony R. Grieggs, EPC-CP Group Leader

Signature: (See signature on file) Date: \_\_\_\_\_

## Maintenance Details

**Requested:** 3/9/2017 12:06:00 PM  
**Procedure:** MSGP Quarterly Visual Assessment (EPC Sig)  
 (EPC-CP-Form-1021.02 2)  
**Last PM:** 3/30/2017  
**Project:** SIO Visual Assessments 4-1-17 (P-MSGP-5166)

**Target:** 5/31/2017  
**Priority/Type:** Normal / Inspection  
**Department:** Utilities and Infrastructure

 **MSGP Program**  
 **RG121.9**  
 **TA-3-22 Power & Steam Plant**  
 **Monitored Outfall (009)**  
 **Substantially Identical Outfall (010)**  
 **MSGP01001**

**Reason:** MSGP Quarterly Visual Assessment (EPC Sig)

**Contact:**  
**Phone:**

**Special Instructions:** NMR053195

## Tasks

#	Description	Meas.	No	N/A	Yes
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.					
<b>Sample information</b>					
30	Document the monitoring Period by using the Monitoring Period lookup table. <b>Comments: April/May</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	04/03/17 at 13:40 hours	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	04/03/17 at 13:40 hours	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	04/04/2017 at 12:10 hours	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	Snow melt 0.05"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Parameters</b>					
110	Is sample colorless? If "Failed", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	Is sample odorless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line. <b>Comments: No odor.</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line. <b>Comments: Clear</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
150	Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs) in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

190 Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)



#### Text Fields

Weather at inspection: W2 Inspection Type: IT2  
Monitoring Period: MP1 Precipitation PR2 Odor: NA Clarity: NA Settled NA Suspended SUSSOL3  
Solids: Solids:

#### Labor Report

Completed: 4/4/2017 12:10:00 PM

Report: Holly Wheeler

  
Signature / Name

4/5/2017  
Date

Signature / Name

Date

I confirm the information as recorded is true, accurate and complete.

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg. FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: Anthony R. Grieggs, EPC-CP Group Leader

Signature: (See signature on file)

Date:



**Maintenance Details**

**Requested:** 3/9/2017 12:06:00 PM  
**Procedure:** MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.02 2)  
**Last PM:** 3/30/2017  
**Project:** SIO Visual Assessments 4-1-17 (P-MSGP-5166)

**Target:** 5/31/2017  
**Priority/Type:** Normal / Inspection  
**Department:** Utilities and Infrastructure

MSGP Program  
 RG121.9  
 TA-3-22 Power & Steam Plant  
 Monitored Outfall (005)  
 Substantially Identical Outfall (006)  
 MSGP00601

**Reason:** MSGP Quarterly Visual Assessment (EPC Sig)

**Contact:**  
**Phone:**

**Special Instructions:** NMR053195

**Tasks**

#	Description	Meas.	No	N/A	Yes
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.					
<b>Sample information</b>					
30	Document the monitoring Period by using the Monitoring Period lookup table. <b>Comments:</b> April/May		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	04/03/17 at 13:40 hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	04/03/17 at 13:40 hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	04/04/17 at 12:20 hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	Rain 0.05"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Parameters</b>					
110	Is sample colorless? If "Failed", describe. <b>Comments:</b> Light brown		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	Is sample odorless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line. <b>Comments:</b> Cloudy		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
150	Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line. <b>Comments:</b> Fine		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line. <b>Comments:</b> Fine		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

180	Is sample devoid of an oil sheen? If "Failed" describe color and thickness (e.g. flecks, globs) in the comments of this line. (Range: 0 - 0)	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed" describe in the comments of this line. (Range: 0 - 0)	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>

### Text Fields

Monitoring MP1 Precipitation PR1 Clarity: C2 Settled SETSOL1 Suspended SUSSOL1  
 Period: Type: Solids: Solids:

### Labor Report

Completed: 4/4/2017 12:20:00 PM

Report: Holly Wheeler

Holly Wheeler  
 Signature / Name

4/7/2017  
 Date

Signature / Name

Date

I confirm the information as recorded is true, accurate and complete.

### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg. FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)







Print name and title: Anthony R. Grieggs, EPC-CP Group Leader

Signature: (See signature on file) Date: \_\_\_\_\_

**Maintenance Details**

**Requested:** 3/9/2017 12:06:00 PM  
**Procedure:** MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.02 2)  
**Last PM:** 3/30/2017  
**Project:** SIO Visual Assessments 4-1-17 (P-MSGP-5166)

**Target:** 5/31/2017  
**Priority/Type:** Normal / Inspection  
**Department:** Utilities and Infrastructure

 MSGP Program  
 RG121.9  
 TA-3-22 Power & Steam Plant  
 Monitored Outfall (012)  
 Substantially Identical Outfall (011)  
 MSGP01101

**Reason:** MSGP Quarterly Visual Assessment (EPC Sig)

**Contact:**  
**Phone:**

**Special Instructions:** NMR053195

**Tasks**

#	Description	Meas.	No	N/A	Yes
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.					
<b>Sample Information</b>					
30	Document the monitoring Period by using the Monitoring Period lookup table. <b>Comments:</b> April/May		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	04/03/17 at 13:40	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	04/03/2017 at 13:40	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	04/04/2017 at 12:00	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	Snow melt 0.05"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Parameters</b>					
110	Is sample colorless? If "Failed", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	Is sample odorless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
150	Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs) in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Text Fields**

Monitoring MP1 Precipitation PR2  
Period: Type:

**Labor Report**

Completed: 4/4/2017 12:00:00 PM

Report: Holly Wheeler



Signature / Name

4/5/2017

Date

Signature / Name

Date

I confirm the information as recorded is true, accurate and complete.



**CERTIFICATION STATEMENT**

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg. FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: Anthony R. Grieggs, EPC-CP Group Leader

Signature: (See signature on file) Date:

**Maintenance Details****Requested By:** Wheeler-Benson, Holly  
on 5/2/2017 6:43:00 PM**Target:** 5/16/2017 **MSGP Program****Taken By:** Wheeler-Benson, Holly**Priority/Type:** Normal / Inspection **RG121.9****Procedure:** MSGP Quarterly Visual  
Assessment (EPC Sig)  
(EPC-CP-Form-1021.02  
2)**Department:** Utilities and Infrastructure **TA-3-22 Power & Steam Plant** **Monitored Outfall (005)** **Substantially Identical Outfall (006)** **MSGP00601****Last PM:** 5/1/2017**Project:** SIO Visual Assessments  
4-1-17 (P-MSGP-5166)**Contact:** Wheeler-Benson, Holly**Phone:** 667-1312**Reason:** MSGP Quarterly Visual Assessment (EPC-Sig)**Special Instructions:** NMR053195**Tasks**

#	Description	Meas.	No	N/A	Yes
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.					
<b>Sample Information</b>					
30	Document the monitoring Period by using the Monitoring Period lookup table.	April/May	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	04/25/17 at 15:10 hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	04/25/17 at 15:10 hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	04/27/17 at 14:18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	Rain 0.09"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Parameters</b>					
110	Is sample colorless? If "Failed", describe.	Medium brown.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	Is sample odorless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	Opaque	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
150	Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	Fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	Fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs) in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Is sample free of other obvious indicators of pollution? If "Failed" describe in the				



**Labor Report**Completed: 4/27/2017 2:18:00 PMReport: Holly Wheeler

<u></u>	<u>5/2/2017</u>	<u></u>	<u></u>
Signature / Name	Date	Signature / Name	Date

I confirm the information as recorded is true, accurate and complete.

**CERTIFICATION STATEMENT**

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(Signatory must meet definition in Section B.11.A, eg. FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: Anthony R. Grieggs, EPC-CP Group LeaderSignature: (See signature on file) Date:

## Maintenance Details

**Requested:** 5/8/2017 1:25:00 PM  
**Procedure:** MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.02 2)  
**Last PM:** 5/1/2017  
**Project:** SIO Visual Assessments 4-1-17 (P-MSGP-5166)

**Target:** 5/31/2017  
**Priority/Type:** Normal / Inspection  
**Department:** Utilities and Infrastructure

MSGP Program  
 RG121.9  
 TA-3-22 Power & Steam Plant  
 Monitored Outfall (009)  
 Substantially Identical Outfall (010)  
**MSGP01001**

**Reason:** MSGP Quarterly Visual Assessment (EPC Sig)

**Contact:**  
**Phone:**

**Special Instructions:** NMR053195


## Tasks

#	Description	Meas.	No	N/A	Yes
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.					
<b>Sample information</b>					
30	Document the monitoring Period by using the Monitoring Period lookup table.	April/May	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	04/29/17 at apx. 13:10 hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	04/29/17 at apx. 13:10 hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	05/01/15 at 08:57 hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table.	Snow melt	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Document the amount (in) in the "Reading" field of this line.	0.18"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Parameters</b>					
110	Is sample colorless? If "Failed", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	Is sample odorless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
150	Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs) in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Labor Report

Completed: 5/1/2017 8:57:00 AM

Report: Holly Wheeler

      5/8/2017      \_\_\_\_\_  
Signature / Name      Date      Signature / Name      Date

I confirm the information as recorded is true, accurate and complete.

## CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg. FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)







Print name and title: Anthony R. Grieggs, EPC-CP Group Leader

Signature: (See signature on file)      Date: \_\_\_\_\_

## Maintenance Details

**Requested:** 5/8/2017 1:25:00 PM  
**Procedure:** MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.02 2)  
**Last PM:** 5/1/2017  
**Project:** SIO Visual Assessments 4-1-17 (P-MSGP-5166)

**Target:** 5/31/2017  
**Priority/Type:** Normal / Inspection  
**Department:** Utilities and Infrastructure

 MSGP Program  
 RG121.9  
 TA-3-22 Power & Steam Plant  
 Monitored Outfall (012)  
 Substantially Identical Outfall (011)  
 MSGP01101

**Reason:** MSGP Quarterly Visual Assessment (EPC Sig)

**Contact:**  
**Phone:**

**Special Instructions:** NMR053195

## Tasks

#	Description	Meas.	No	N/A	Yes
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.					
<b>Sample information</b>					
30	Document the monitoring Period by using the Monitoring Period lookup table.	April/May	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	04/29/17 at apx. 13:10 hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	04/29/17 at apx. 13:10 hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	05/01/17 at 09:00 hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	Snow melt 0.18"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Parameters</b>					
110	Is sample colorless? If "Failed", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	Is sample odorless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
150	Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs) in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Labor Report

Completed: 5/1/2017 9:00:00 AM

Report: Holly Wheeler

Holly Wheeler  
Signature / Name

5/8/2017  
Date

Signature / Name

Date

I confirm the information as recorded is true, accurate and complete.

### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg. FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: Anthony R. Grieggs, EPC-CP Group Leader







Signature: (See signature on file) Date: \_\_\_\_\_



**Maintenance Details**

**Requested:** 5/11/2017 9:10:00 AM  
**Procedure:** MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.02 2)  
**Last PM:** 5/1/2017  
**Project:** SIO Visual Assessments 4-1-17 (P-MSGP-5166)

**Target:** 5/31/2017  
**Priority/Type:** Normal / Inspection  
**Department:** Utilities and Infrastructure

 **MSGP Program**  
 **RG121.9**  
 **TA-3-22 Power & Steam Plant**  
 **Monitored Outfall (005)**  
 **Substantially Identical Outfall (006)**  
 **MSGP00601**

**Reason:** MSGP Quarterly Visual Assessment (EPC Sig)

**Contact:**  
**Phone:**

**Special Instructions:** NMR053195

**Tasks**

#	Description	Meas.	No	N/A	Yes
<b>The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.</b>					
<b>Sample information</b>					
30	Document the monitoring Period by using the Monitoring Period lookup table.	April/May	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	05/19/17 at apx. 10:55 hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	05/19/17 at apx. 10:55 hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	05/19/17 at 14:07 hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	snow melt 0.17"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Parameters</b>					
110	Is sample colorless? If "Failed", describe.	medium tan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	Is sample odorless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	musty	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	opaque	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
150	Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	Fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs) in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Labor Report

Completed: 5/19/2017 2:07:00 PM

Report: 5/25/2017 - 118432: Holly Wheeler

<u>Holly Wheeler</u>	<u>5/25/2017</u>		
Signature / Name	Date	Signature / Name	Date

I confirm the information as recorded is true, accurate and complete.

## CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg. FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: Anthony R. Grieggs, EPC-CP Group Leader

Signature: (See signature on file) Date: \_\_\_\_\_

**Maintenance Details**

**Requested:** 5/11/2017 9:10:00 AM  
**Procedure:** MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.02 2)  
**Last PM:** 5/1/2017  
**Project:** SIQ Visual Assessments 4-1-17 (P-MSGP-5166)

**Target:** 5/31/2017  
**Priority/Type:** Normal / Inspection  
**Department:** Utilities and Infrastructure

MSGP Program  
 RG121.9  
 TA-3-22 Power & Steam Plant  
 Monitored Outfall (012)  
 Substantially Identical Outfall (011)  
 MSGP01101

**Reason:** MSGP Quarterly Visual Assessment (EPC Sig)

**Contact:**  
**Phone:**

**Special Instructions:** NMR053195

**Tasks**

#	Description	Meas.	No	N/A	Yes
<b>The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.</b>					
<b>Sample information</b>					
30	Document the monitoring Period by using the Monitoring Period lookup table.	April/May	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	05/19/17 at apx. 10:55 hours	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	05/19/17 at apx. 10:55 hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	05/19/17 at apx. 13:30 hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	Snow melt 0.17"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Parameters</b>					
110	Is sample colorless? If "Failed", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	Is sample odorless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
150	Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs) in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Labor Report

Completed: 5/19/2017 1:30:00 PM

Report: 5/22/2017 - 118432: Holly Wheeler

<u>Holly Wheeler</u>	<u>5/22/2017</u>		
Signature / Name	Date	Signature / Name	Date

I confirm the information as recorded is true, accurate and complete.

## CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg. FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: Anthony R. Grieggs, EPC-CP Group Leader

Signature: (See signature on file) Date: \_\_\_\_\_



## memorandum

*Environmental Protection & Compliance  
Division*

To: Jillian Burgin, DESHS-UIS, B274  
Thru: Terrill Lemke, EPC-CP, (E-File) *TL*  
From: Holly Wheeler, EPC-CP, (E-File) *HW*  
Phone: 505-667-1312  
Symbol: EPC-DO: 17-358  
Date:

**SEP 14 2017**

**Subject: National Pollutant Discharge Elimination System (NPDES) Permit Tracking No. NMR053195, Multi-Sector General Permit (MSGP) Quarterly Visual Assessment (QVA) Forms for June and July of 2017 for the TA-3-22 Power and Steam Plant**

Please find attached completed MSGP QVA Forms documenting visual assessments performed during the second quarter of monitoring at the TA-3-22 Power and Steam Plant. Per Parts 3.2.2 and 5.5 of the 2015 MSGP, the signed certification statement and associated QVA forms shall be incorporated into your MSGP Storm Water Pollution Prevention Plan (SWPPP).

Part 3.2.1 of the 2015 MSGP requires the visual assessment of storm water discharge samples collected from each outfall once each quarter for the entire permit term. Part 3.2.3 allows facilities that are located in an area with a semi-arid climate and/or in an area where freezing conditions exist for an extended period to distribute the quarterly visual assessments during seasons when precipitation runoff occurs. Accordingly, Los Alamos National Security (LANS) has designated the following MSGP monitoring quarters.

Quarter 1:	April – May	Quarter 2:	June – July
Quarter 3:	August – September	Quarter 4:	October - November

The attached QVA forms document the following information as required by Part 3.2.2 of the 2015 MSGP and were completed by Environmental Compliance Programs (EPC-CP) personnel.

- Sample location;
- Sample collection date and time, and visual assessment date and time for each sample;
- Personnel collecting the sample and performing the visual assessment, and their signatures;
- Nature of the discharge (i.e., runoff or snowmelt);
- Results of observations of the stormwater discharge;
- Probable sources of any observed stormwater contamination (if applicable);
- If applicable, why it was not possible to take a sample within the first 30 minutes of the storm event.



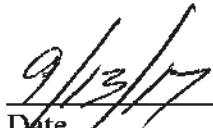
EPC-DO: 17-358  
Jillian Burgin

The EPC-CP Group Leader has signed the certification statement to meet the duly authorized signatory requirements for the QVA completed by EPC-CP representatives contained in Enclosure 1.

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 assure that qualified personnel properly gathered and evaluated the information contained therein. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information contained 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.

Anthony R. Grieggs, EPC-CP Group Leader  
Los Alamos National Laboratory

  
\_\_\_\_\_  
Manager Signature

  
\_\_\_\_\_  
Date

Part 3.2.3 of the 2015 MSGP allows the facility to take a substitute sample during the next qualifying storm event when adverse weather conditions prevent the collection of samples during a specific quarter. Adverse weather conditions are those that are dangerous or create inaccessibility for personnel, or situations that otherwise make sampling impractical, such as drought or extended frozen conditions. Documentation of the rationale for no visual assessment for the quarter must be included in the facility-specific SWPPP.

Please contact Holly Wheeler at 667-1312 (hbenson@lanl.gov) if you have questions regarding the QVA documentation. Thank you for your assistance in meeting the requirements of the Laboratory's NPDES 2015 MSGP Permit.

EPC-DO: 17-358  
Jillian Burgin

Facility Name	Sampling Station	Work Order #
TA-3-22 Power & Steam Plant	MSGP01201	MSGP-58526
TA-3-22 Power & Steam Plant	MSGP00901	MSGP-59517
TA-3-22 Power & Steam Plant	MSGP00501	MSGP-59524
TA-3-22 Power & Steam Plant	MSGP01001	MSGP-59984
TA-3-22 Power & Steam Plant	MSGP00601	MSGP-60288
TA-3-22 Power & Steam Plant	MSGP01101	MSGP-60289
TA-3-22 Power & Steam Plant	MSGP00601	MSGP-60346
TA-3-22 Power & Steam Plant	MSGP00601	MSGP-60550
TA-3-22 Power & Steam Plant	MSGP00601	MSGP-60595
TA-3-22 Power & Steam Plant	MSGP00601	MSGP-60604
TA-3-22 Power & Steam Plant	MSGP00601	MSGP-60616
TA-3-22 Power & Steam Plant	MSGP00601	MSGP-60638
TA-3-22 Power & Steam Plant	MSGP00601	MSGP-60826
TA-3-22 Power & Steam Plant	MSGP00601	MSGP-60827
TA-3-22 Power & Steam Plant	MSGP00601	MSGP-60933
TA-3-22 Power & Steam Plant	MSGP00601	MSGP-61013

TWL/HLW: am

Enclosure(s):

1.) Quarterly Visual Assessment Forms Requiring a Certification Statement  
Signature, Second Quarter, 2017 Monitoring Year

Copy: Russell Stone, DESHS-UIS, (E-File)  
[Adesh-records@lanl.gov](mailto:Adesh-records@lanl.gov), (E-File)  
[lasomailbox@nnsa.doe.gov](mailto:lasomailbox@nnsa.doe.gov), (E-File)  
[locatesteam@lanl.gov](mailto:locatesteam@lanl.gov), (E-File)  
[epc-correspondence@lanl.gov](mailto:epc-correspondence@lanl.gov), (E-File)

# **ENCLOSURE 1**

**Quarterly Visual Assessment Forms Requiring a  
Certification Statement Signature  
Second Quarter, 2017 Monitoring Year**






**EPC-DO: 17-358**

**Date: SEP 14 2017**  
\_\_\_\_\_

**Maintenance Details**

**Requested:** 3/9/2017 11:03:00 AM  
**Procedure:** MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.02 2)  
**Last PM:** 9/7/2016  
**Project:** Visual Assessments 6-1-17 (P-MSGP-5173)

**Target:** 7/31/2017  
**Priority/Type:** / Inspection  
**Department:** Utilities and Infrastructure

 MSGP Program  
 RG121.9  
 TA-3-22 Power & Steam Plant  
 Monitored Outfall (012)  
 MSGP01201

**Reason:** MSGP Quarterly Visual Assessment

**Contact:**  
**Phone:**

**Special Instructions:** NMR053195

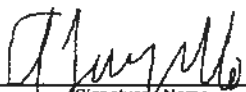
**Tasks**

#	Description	Meas.	No	N/A	Yes
<b>The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.</b>					
<b>Sample information</b>					
30	Document the monitoring Period by using the Monitoring Period lookup table.	Jun-July	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/26/17 11:03	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/26/17 11:03	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/27/17 07:26	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	Rain, .99"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Parameters</b>					
110	Is sample colorless? If "Failed", describe.	Light brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	Is sample odorless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	cloudy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	Raw	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150	Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs) in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Labor Report**

Completed: 7/27/2017 7:26:00 AM

Report: Antonio Trujillo

	<u>7/27/2017</u>		
<small>Signature / Name</small>	<small>Date</small>	<small>Signature / Name</small>	<small>Date</small>

I confirm the information as recorded is true, accurate and complete.

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg. FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: Anthony R. Grieggs, EPC-CP Group Leader






Signature: (See signature on file) Date: \_\_\_\_\_



## Maintenance Details

**Requested:** 3/8/2017 12:45:00 PM  
**Procedure:** MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.02 2)  
**Last PM:** 3/31/2017  
**Project:** Visual Assessments 6-1-17 (P-MSGP-5173)

**Target:** 7/31/2017  
**Priority/Type:** / Inspection  
**Department:** Utilities and Infrastructure

 MSGP Program  
 RG121.9  
 TA-3-22 Power & Steam Plant  
 Monitored Outfall (009)  
 MSGP00901

**Reason:** MSGP Quarterly Visual Assessment

**Contact:**  
**Phone:**

**Special Instructions:** NMR053195

## Tasks

#	Description	Meas.	No	N/A	Yes
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.					
<b>Sample information</b>					
30	Document the monitoring Period by using the Monitoring Period lookup table.	Jun-Jul	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	6/26/17, 12:56	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	6/26/17, 12:56	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	6/27/17, 11:29	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	Rain, 0.5"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Parameters</b>					
110	Is sample colorless? If "Failed", describe.	Light Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	Is sample odorless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	Cloudy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	Raw	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150	Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	Fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	Fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs) in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Labor Report

Completed: 6/27/2017 11:29:00 PM

Report: Antonio Trujillo



6/28/2017

Signature / Name

Date

Signature / Name

Date

I confirm the information as recorded is true, accurate and complete.

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg. FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)






Print name and title: Anthony R. Grieggs, EPC-CP Group Leader

Signature: (See signature on file) Date: \_\_\_\_\_

**Maintenance Details**

**Requested:** 3/8/2017 12:45:00 PM  
**Procedure:** MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.02 2)  
**Last PM:** 3/31/2017  
**Project:** Visual Assessments 6-1-17 (P-MSGP-5173)

**Target:** 7/31/2017  
**Priority/Type:** / Inspection  
**Department:** Utilities and Infrastructure

 **MSGP Program**  
 **RG121.9**  
 **TA-3-22 Power & Steam Plant**  
 **Monitored Outfall (005)**  
 **MSGP00501**

**Contact:**  
**Phone:**

**Reason:** MSGP Quarterly Visual Assessment

**Special Instructions:** NMR053195

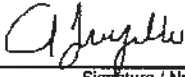
**Tasks**

#	Description	Meas.	No	N/A	Yes
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.					
<b>Sample information</b>					
30	Document the monitoring Period by using the Monitoring Period lookup table.	June-July	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	6/1/17, 15:33	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	6/1/17, 15:33	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	6/5/17, 08:09	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	Rain, 18"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Parameters</b>					
110	Is sample colorless? If "Failed", describe.	Dark Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	Is sample odorless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	Very cloudy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	Fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150	Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	Fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	Fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs) in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Labor Report**

Completed: 6/5/2017 8:09:00 AM

Report: Antonio Trujillo



Signature / Name

6/6/2017

Date

Signature / Name

Date

I confirm the information as recorded is true, accurate and complete.

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg. FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)







Print name and title: Anthony R. Grieggs, EPC-CP Group Leader

Signature: (See signature on file) Date: \_\_\_\_\_

**Maintenance Details**

**Requested:** 5/11/2017 9:10:00 AM  
**Procedure:** MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.02 2)  
**Last PM:** 5/1/2017  
**Project:** SIO Visual Assessments 6/1/17 (P-MSGP-5188)

**Target:** 7/31/2017  
**Priority/Type:** Normal / Inspection  
**Department:** Utilities and Infrastructure

 **MSGP Program**  
 **RG121.9**  
 **TA-3-22 Power & Steam Plant**  
 **Monitored Outfall (009)**  
 **Substantially Identical Outfall (010)**  
 **MSGP01001**

**Reason:** MSGP Quarterly Visual Assessment (EPC Sig)

**Contact:**  
**Phone:**

**Special Instructions:** NMR053195

**Tasks**

#	Description	Meas.	No	N/A	Yes
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.					
Sample information					
30	Document the monitoring Period by using the Monitoring Period lookup table.	June-July	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/26/17, 10:50	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/26/17, 10:50	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/27/17, 0751	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	rain, .99"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Parameters					
110	Is sample colorless? If "Failed", describe.	brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	Is sample odorless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	cloudy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150	Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs) in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Labor Report**



Completed: 7/27/2017 7:51:00 AM

Report: Antonio Trujillo



Signature / Name

7/27/2017

Date

Signature / Name

Date

I confirm the information as recorded is true, accurate and complete.

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg. FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: Anthony R. Grieggs, EPC-CP Group Leader







Signature: (See signature on file)

Date: \_\_\_\_\_

**Maintenance Details**

**Requested:** 5/30/2017 11:28:00 AM  
**Procedure:** MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.02 2)  
**Last PM:** 6/2/2017  
**Project:** SIO Visual Assessments 6/1/17 (P-MSGP-5188)

**Target:** 7/31/2017  
**Priority/Type:** Normal / Inspection  
**Department:** Utilities and Infrastructure

 **MSGP Program**  
 **RG121.9**  
 **TA-3-22 Power & Steam Plant**  
 **Monitored Outfall (005)**  
 **Substantially Identical Outfall (006)**  
 **MSGP00601**

**Reason:** MSGP Quarterly Visual Assessment (EPC Sig)

**Contact:**  
**Phone:**

**Special Instructions:** NMR053195

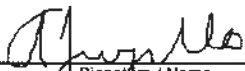
**Tasks**

#	Description	Meas.	No	N/A	Yes
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.					
<b>Sample information</b>					
30	Document the monitoring Period by using the Monitoring Period lookup table.	June-July	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	6/6/17, 11:30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	6/6/17, 11:30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	6/7/16, 11:19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	Rain, 0.21"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Parameters</b>					
110	Is sample colorless? If "Failed", describe.	Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	Is sample odorless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	Poor Clarity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	Fine, Vegetation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150	Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	Fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	Fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs) in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Labor Report**

Completed: 6/7/2017 11:19:00 AM

Report: Antonio Trujillo

  
Signature / Name

6/12/2017

Date

Signature / Name

Date

I confirm the information as recorded is true, accurate and complete.

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg. FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: Anthony R. Grieggs, EPC-CP Group Leader

Signature: (See signature on file)

Date:

## Maintenance Details

**Requested:** 5/30/2017 11:28:00 AM  
**Procedure:** MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.02 2)  
**Last PM:** 6/2/2017  
**Project:** SIO Visual Assessments 6/1/17 (P-MSGP-5188)

**Target:** 7/31/2017  
**Priority/Type:** Normal / Inspection  
**Department:** Utilities and Infrastructure

MSGP Program  
 RG121.9  
 TA-3-22 Power & Steam Plant  
 Monitored Outfall (012)  
 Substantially Identical Outfall (011)  
 MSGP01101

**Reason:** MSGP Quarterly Visual Assessment (EPC Sig)

**Contact:**  
**Phone:**

**Special Instructions:** NMR053195

## Tasks

#	Description	Meas.	No	N/A	Yes
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.					
Sample information					
30	Document the monitoring Period by using the Monitoring Period lookup table.	Jun-July	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/26/17 10:50	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/26/17 10:50	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/27/17 0747	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	Rain, 0.99"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Parameters					
110	Is sample colorless? If "Failed", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	Is sample odorless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150	Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs) in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Labor Report

Completed: 7/27/2017 7:47:00 AM

Report: Antonio Trujillo



7/31/2017

Signature / Name

Date

Signature / Name

Date

I confirm the information as recorded is true, accurate and complete.

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg. FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: Anthony R. Grieggs, EPC-CP Group Leader

Signature: (See signature on file)

Date: \_\_\_\_\_



**Maintenance Details**

**Requested:** 6/6/2017 4:14:00 PM  
**Procedure:** MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.02 2)  
**Last PM:** 6/7/2017  
**Project:** SIO Visual Assessments 6/1/17 (P-MSGP-5188)

**Target:** 6/9/2017  
**Priority/Type:** / Inspection  
**Department:** Utilities and Infrastructure

MSGP Program  
 RG121.9  
 TA-3-22 Power & Steam Plant  
 Monitored Outfall (005)  
 Substantially Identical Outfall (006)  
 MSGP00601

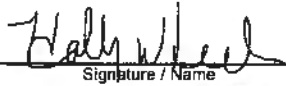
**Reason:** MSGP Quarterly Visual Assessment (EPC Sig)

**Contact:**  
**Phone:**

**Special Instructions:** NMR053195

**Tasks**

#	Description	Meas.	No	N/A	Yes
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.					
<b>Sample information</b>					
30	Document the monitoring Period by using the Monitoring Period lookup table.	June/July	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	06-01-17 at apx. 15:25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	06-01-17 at apx. 15:25 hours	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	06-02-17 at 12:47 hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table.	Rain 0.18"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Document the amount (in) in the "Reading" field of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Parameters</b>					
110	Is sample colorless? If "Failed", describe.	Dark brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	Is sample odorless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	Dark Brown	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	Opaque	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
150	Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	Course and Fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	Fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs) in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Labor Report**Completed: 6/2/2017 12:47:00 PMReport: 6/7/2017 - 118432: Holly Wheeler  
Signature / Name6/7/2017  
Date

Signature / Name

Date

I confirm the information as recorded is true, accurate and complete.

**CERTIFICATION STATEMENT**

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg. FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: Anthony R. Grieggs, EPC-CP Group LeaderSignature: (See signature on file) Date: \_\_\_\_\_

## Maintenance Details

**Requested:** 6/15/2017 4:14:00 PM  
**Procedure:** MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.02 2)  
**Last PM:** 6/21/2017  
**Project:** SIO Visual Assessments 6/1/17 (P-MSGP-5188)

**Target:** 7/31/2017  
**Priority/Type:** Normal / Inspection  
**Department:** Utilities and Infrastructure

MSGP Program  
 RG121.9  
 TA-3-22 Power & Steam Plant  
 Monitored Outfall (005)  
 Substantially Identical Outfall (006)  
 MSGP00601

**Reason:** MSGP Quarterly Visual Assessment (EPC Sig)

**Contact:**  
**Phone:**

**Special Instructions:** NMR053195

## Tasks

#	Description	Meas.	No	N/A	Yes
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.					
<b>Sample information</b>					
30	Document the monitoring Period by using the Monitoring Period lookup table.	June-July	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	6/20/17, 15:15	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	6/20/17, 15:15	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	6/21/17, 8:00	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line. <b>Comments: Precipitation data taken off TA-6 Tower</b>	rain, 0.01"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Parametera</b>					
110	Is sample colorless? If "Failed", describe.	Light Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	Is sample odorless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	poor clarity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	Raw, vegetation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150	Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	Fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	Fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs) in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Labor Report**Completed: 6/21/2017 8:00:00 AMReport: Antonio Trujillo

Signature / Name

6/28/2017

Date

Signature / Name

Date

I confirm the information as recorded is true, accurate and complete.

**CERTIFICATION STATEMENT**

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg. FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)







Print name and title: Anthony R. Grieggs, EPC-CP Group LeaderSignature: (See signature on file)

Date: \_\_\_\_\_

**Maintenance Details**

**Requested:** 6/26/2017 3:48:00 PM  
**Procedure:** MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.02 2)  
**Last PM:** 6/21/2017  
**Project:** SIO Visual Assessments 6/1/17 (P-MSGP-5188)

**Target:** 7/31/2017  
**Priority/Type:** / Inspection  
**Department:** Utilities and Infrastructure

 MSGP Program  
 RG121.9  
 TA-3-22 Power & Steam Plant  
 Monitored Outfall (005)  
 Substantially Identical Outfall (006)  
 MSGP00601

**Reason:** MSGP Quarterly Visual Assessment (EPC Sig)

**Contact:**  
**Phone:**

**Special Instructions:** NMR053195

**Tasks**

#	Description	Meas.	No	N/A	Yes
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.					
<b>Sample information</b>					
30	Document the monitoring Period by using the Monitoring Period lookup table.	June-July	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	6/25/17, 15:45	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	6/25/17, 15:45	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	6/26/17, 10:42	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	Rain, 0.44"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Parameters</b>					
110	Is sample colorless? If "Failed", describe.	Dark Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	Is sample odorless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	opaque	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	Fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150	Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	Fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	Fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs) in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



**Labor Report****Completed:** 6/26/2017 10:42:00 AM**Report:** Antonio Trujillo

Signature / Name

7/3/2017

Date

Signature / Name

Date

**I confirm the information as recorded is true, accurate and complete.****CERTIFICATION STATEMENT**

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

**(Signatory must meet definition in Section B.11.A, eg. FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)**

Print name and title: Anthony R. Grieggs, EPC-CP Group Leader







Signature: (See signature on file)

Date: \_\_\_\_\_

**Maintenance Details**

**Requested:** 6/26/2017 3:49:00 PM  
**Procedure:** MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.02 2)  
**Last PM:** 6/27/2017  
**Project:** SIO Visual Assessments 6/1/17 (P-MSGP-5188)

**Target:** 7/31/2017  
**Priority/Type:** / Inspection  
**Department:** Utilities and Infrastructure

 MSGP Program  
 RG121.9  
 TA-3-22 Power & Steam Plant  
 Monitored Outfall (005)  
 Substantially Identical Outfall (006)  
 MSGP00601

**Reason:** MSGP Quarterly Visual Assessment (EPC Sig)

**Contact:**  
**Phone:**

**Special Instructions:** NMR053195

**Tasks**

#	Description	Meas.	No	N/A	Yes
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.					
<b>Sample information</b>					
30	Document the monitoring Period by using the Monitoring Period lookup table.	June-July	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	6/26/27, 12:50	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	6/26/27, 12:50	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	6/27/17, 11:53	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	Rain, 0.5"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Parameters</b>					
110	Is sample colorless? If "Failed", describe.	Dark Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	Is sample odorless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	Cloudy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	Fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150	Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	Fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	Fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs) in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Labor Report**Completed: 6/27/2017 11:53:00 PMReport: Antonio Trujillo  
Signature / Name7/5/2017  
Date

Signature / Name

Date

I confirm the information as recorded is true, accurate and complete.

**CERTIFICATION STATEMENT**

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg. FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: Anthony R. Grieggs, EPC-CP Group LeaderSignature: (See signature on file) Date: \_\_\_\_\_

**Maintenance Details**

**Requested:** 6/26/2017 3:49:00 PM  
**Procedure:** MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.02 2)  
**Last PM:** 6/27/2017  
**Project:** SIO Visual Assessments 6/1/17 (P-MSGP-5188)

**Target:** 7/31/2017  
**Priority/Type:** / Inspection  
**Department:** Utilities and Infrastructure

MSGP Program  
 RG121.9  
 TA-3-22 Power & Steam Plant  
 Monitored Outfall (005)  
 Substantially Identical Outfall (006)  
 MSGP00601

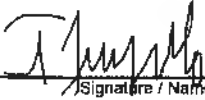
**Reason:** MSGP Quarterly Visual Assessment

**Contact:**  
**Phone:**

**Special Instructions:** NMR053195

**Tasks**

#	Description	Meas.	No	N/A	Yes
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.					
<b>Sample information</b>					
30	Document the monitoring Period by using the Monitoring Period lookup table.	Jun-July	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/7/17 18:15	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/7/17 18:15	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/10/17 08:30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	Rain, 0.01"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Parameters</b>					
110	Is sample colorless? If "Failed", describe.	Slightly Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	Is sample odorless? If "Failed", document observation using the Qdor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	slightly cloudy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	sticks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150	Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs) in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Labor Report**Completed: 7/10/2017 8:30:00 AMReport: Antonio Trujillo  
Signature / Name7/17/2017

Date

Signature / Name

Date

I confirm the information as recorded is true, accurate and complete.

**CERTIFICATION STATEMENT**

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(Signatory must meet definition in Section B.11.A, eg. FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: Anthony R. Grieggs, EPC-CP Group LeaderSignature: (See signature on file) Date: \_\_\_\_\_



## Maintenance Details

**Requested:** 6/26/2017 3:49:00 PM  
**Procedure:** MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.02 2)  
**Last PM:** 7/10/2017  
**Project:** SIO Visual Assessments 6/1/17 (P-MSGP-5188)

**Target:** 7/31/2017  
**Priority/Type:** / Inspection  
**Department:** Utilities and Infrastructure

MSGP Program  
 RG121.9  
 TA-3-22 Power & Steam Plant  
 Monitored Outfall (005)  
 Substantially Identical Outfall (006)  
 MSGP00601

**Reason:** MSGP Quarterly Visual Assessment

**Contact:**  
**Phone:**

**Special Instructions:** NMR053195

## Tasks

#	Description	Meas.	No	N/A	Yes
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.					
Sample information					
30	Document the monitoring Period by using the Monitoring Period lookup table.	June-July	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/12/17, 14:40	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/12/17, 14:40	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/13/17, 12:48	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	Rain, 0.15"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Parameters					
110	Is sample colorless? If "Failed", describe.	brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	Is sample odorless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	cloudy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150	Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs) in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Labor Report

Completed: 7/13/2017 12:48:00 PM

Report: Antonio Trujillo

  
Signature / Name

7/19/2017  
Date

Signature / Name

Date

I confirm the information as recorded is true, accurate and complete.

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg. FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: Anthony R. Grieggs, EPC-CP Group Leader

Signature: (See signature on file)

Date: \_\_\_\_\_

## Maintenance Details

**Requested:** 7/20/2017 2:50:00 PM  
**Procedure:** MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.02 2)  
**Last PM:** 7/19/2017  
**Project:** SIO Visual Assessments 6/1/17 (P-MSGP-5188)

**Target:** 7/31/2017  
**Priority/Type:** Normal / Inspection  
**Department:** Utilities and Infrastructure

MSGP Program  
 RG121.9  
 TA-3-22 Power & Steam Plant  
 Monitored Outfall (005)  
 Substantially Identical Outfall (006)  
 MSGP00601

**Reason:** MSGP Quarterly Visual Assessment (EPC Sig)

**Contact:**  
**Phone:**

**Special Instructions:** NMR053195

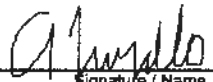
## Tasks

#	Description	Meas.	No	N/A	Yes
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.					
Sample information					
30	Document the monitoring Period by using the Monitoring Period lookup table.	June-July	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/18/17 17:55	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/18/17 17:55	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/19/17 12:06	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	rain, 0.29"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Parameters					
110	Is sample colorless? If "Failed", describe.	brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	Is sample odorless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	cloudy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150	Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs) in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Labor Report

Completed: 7/19/2017 12:06:00 PM

Report: Antonio Trujillo

<u></u>	<u>7/24/2017</u>		
Signature / Name	Date	Signature / Name	Date

I confirm the information as recorded is true, accurate and complete.

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

**(Signatory must meet definition in Section B.11.A, eg. FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)**

Print name and title: Anthony R. Grieggs, EPC-CP Group Leader

Signature: (See signature on file) Date: \_\_\_\_\_

**Maintenance Details**

**Requested:** 7/24/2017 2:31:00 PM  
**Procedure:** MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.02 2)  
**Last PM:** 7/19/2017  
**Project:** SIO Visual Assessments 6/1/17 (P-MSGP-5188)

**Target:** 7/31/2017  
**Priority/Type:** Normal / Inspection  
**Department:** Utilities and Infrastructure

MSGP Program  
 RG121.9  
 TA-3-22 Power & Steam Plant  
 Monitored Outfall (005)  
 Substantially Identical Outfall (006)  
 MSGP00601

**Reason:** MSGP Quarterly Visual Assessment (EPC Sig)

**Contact:**  
**Phone:**

**Special Instructions:** NMR053195

**Tasks**

#	Description	Meas.	No	N/A	Yes
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.					
Sample information					
30	Document the monitoring Period by using the Monitoring Period lookup table.	Jun-July	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/26/17 10:50	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/26/17 10:50	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/27/17 8:04	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	rain, 0.99"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Parameters					
110	Is sample colorless? If "Failed", describe.	brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	Is sample odorless? If "Failed", document observation using the Qdor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	cloudy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	fine, raw	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150	Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs) in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Labor Report**



Completed: 7/27/2017 8:04:00 AM

Report: Antonio Trujillo



7/31/2017

Signature / Name

Date

Signature / Name

Date

I confirm the information as recorded is true, accurate and complete.

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg. FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: Anthony R. Grieggs, EPC-CP Group Leader

Signature: (See signature on file)

Date: \_\_\_\_\_

**Maintenance Details**

**Requested:** 7/31/2017 1:40:00 PM  
**Procedure:** MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.02 2)  
**Last PM:** 7/26/2017  
**Project:** SIO Visual Assessments 6/1/17 (P-MSGP-5188)

**Target:** 7/31/2017  
**Priority/Type:** Normal / Inspection  
**Department:** Utilities and Infrastructure

MSGP Program  
 RG121.9  
 TA-3-22 Power & Steam Plant  
 Monitored Outfall (005)  
 Substantially Identical Outfall (006)  
 MSGP00601

**Reason:** MSGP Quarterly Visual Assessment (EPC Sig)

**Contact:**  
**Phone:**

**Special Instructions:** NMR053195

**Tasks**

#	Description	Meas.	No	N/A	Yes
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.					
<b>Sample information</b>					
30	Document the monitoring Period by using the Monitoring Period lookup table.	Jun-July	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/24/17, 21:55	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/24/17, 21:55	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/26/17, 11:24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	Rain, 0.06"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Parameters</b>					
110	Is sample colorless? If "Failed", describe.	Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	Is sample odorless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	cloudy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150	Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs) in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Labor Report**

Completed: 7/26/2017 11:24:00 AM

Report: Antonio Trujillo



Signature / Name

8/2/2017

Date

Signature / Name

Date

I confirm the information as recorded is true, accurate and complete.

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg. FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)







Print name and title: Anthony R. Grieggs, EPC-CP Group Leader

Signature: (See signature on file) Date: \_\_\_\_\_

## Maintenance Details

**Requested By:** Banar, Alethea on  
8/7/2017 9:05:00 AM  
**Taken By:** Banar, Alethea  
**Procedure:** MSGP Quarterly Visual  
Assessment (EPC Sig)  
(zEPC-CP-Form-1021.02  
2)

**Target:** 8/4/2017  
**Priority/Type:** / Inspection  
**Department:** Utilities and Infrastructure

 MSGP Program  
 RG121.9  
 TA-3-22 Power & Steam Plant  
 Monitored Outfall (005)  
 Substantially Identical Outfall (006)  
 MSGP00601

**Last PM:** 7/26/2017  
**Project:** SIO Visual Assessments  
6/1/17 (P-MSGP-5188)

**Contact:** Banar, Alethea  
**Phone:** 699-5836

**Reason:** MSGP Quarterly Visual Assessment (EPC Sig)

**Special Instructions:** NMR053195

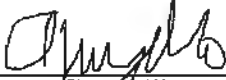
## Tasks

#	Description	Meas.	No	N/A	Yes
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.					
Sample information					
30	Document the monitoring Period by using the Monitoring Period lookup table.	Jun- July	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/29/17 18:40	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/29/17 18:40	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/1/17 07:30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	rain, 0.47"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Parameters					
110	Is sample colorless? If "Failed", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	Is sample odorless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	raw, leaves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150	Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	course	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", document observation using the Suspended Solids lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample') in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs) in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Labor Report

Completed: 8/1/2017 7:30:00 AM

Report: Antonio Trujillo



Signature / Name

8/9/2017

Date

Signature / Name

Date

I confirm the information as recorded is true, accurate and complete.

## CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg. FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: Anthony R. Grieggs, EPC-CP Group Leader

Signature: (See signature on file) Date: \_\_\_\_\_





## memorandum

*Environmental Protection & Compliance  
Division*

To: Jillian Burgin, DESHS-UIS, B274  
Thru: Terrill Lemke, EPC-CP, (E-File) *TL*  
From: Holly Wheeler, EPC-CP, (E-File) *HW*  
Phone: 505-667-1312  
Symbol: EPC-DO: 17-524  
Date:

**JAN 12 2018**

**Subject: National Pollutant Discharge Elimination System (NPDES) Permit Tracking No. NMR053195, Multi-Sector General Permit (MSGP) Quarterly Visual Assessment (QVA) Forms for August and September of 2017 for the TA-3-22 Power and Steam Plant**

Please find attached completed MSGP QVA forms documenting visual assessments performed during the third quarter of monitoring at the TA-3-22 Power and Steam Plant. Per Parts 3.2.2 and 5.5 of the 2015 MSGP, the signed certification statement and associated QVA forms shall be incorporated into your MSGP Stormwater Pollution Prevention Plan (SWPPP).

Part 3.2.1 of the 2015 MSGP requires the visual assessment of stormwater discharge samples collected from each outfall once each quarter for the entire permit term. Part 3.2.3 allows facilities that are located in an area with a semi-arid climate and/or in an area where freezing conditions exist for an extended period to distribute the quarterly visual assessments during seasons when precipitation runoff occurs. Accordingly, Los Alamos National Security, LLC (LANS) has designated the following MSGP monitoring quarters.

Quarter 1:	April – May	Quarter 2:	June – July
Quarter 3:	August – September	Quarter 4:	October - November

The attached QVA forms document the following information required by Part 3.2.2 of the 2015 MSGP and were completed by Environmental Compliance Programs (EPC-CP) personnel.

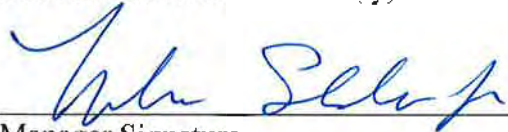
- Sample location;
- Sample collection date and time, and visual assessment date and time for each sample;
- Personnel collecting the sample and performing the visual assessment, and their signatures;
- Nature of the discharge (i.e., runoff or snowmelt);
- Results of observations of the stormwater discharge;
- Probable sources of any observed stormwater contamination (if applicable);
- If applicable, why it was not possible to take a sample within the first 30 minutes of the storm event.

EPC-DO: 17-524  
Jillian Burgin

The EPC-CP Group Leader has signed the certification statement to meet the duly authorized signatory requirements for the QVAs completed by EPC-CP representatives contained in Enclosure 1.

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 assure that qualified personnel properly gathered and evaluated the information contained therein. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information contained 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.

Taunia S. Van Valkenburg, EPC-CP Group Leader  
Los Alamos National Security, LLC

  
\_\_\_\_\_  
Manager Signature

1/12/18  
\_\_\_\_\_  
Date

Part 3.2.3 of the 2015 MSGP allows the facility to take a substitute sample during the next qualifying storm event when adverse weather conditions prevent the collection of samples during a specific quarter. Adverse weather conditions are those that are dangerous or create inaccessibility for personnel, or situations that otherwise make sampling impractical, such as drought or extended frozen conditions. Documentation of the rationale for no visual assessment for the quarter must be included in the facility-specific SWPPP.

Please contact Holly Wheeler at 667-1312 (hbenson@lanl.gov) if you have questions regarding the QVA documentation. Thank you for your assistance in meeting the requirements of the Laboratory's NPDES 2015 MSGP Permit.

Facility Name	Sampling Station	Work Order #
TA-3-22 Power & Steam Plant	MSGP01001	MSGP-60932
TA-3-22 Power & Steam Plant	MSGP01101	MSGP-60934
TA-3-22 Power & Steam Plant	MSGP00501	MSGP-61110
TA-3-22 Power & Steam Plant	MSGP00601	MSGP-61111
TA-3-22 Power & Steam Plant	MSGP00901	MSGP-61135

EPC-DO: 17-524  
Jillian Burgin

TWL/HLW: am

Enclosure(s): 1) Quarterly Visual Assessment Forms, Third Quarter, 2017 Monitoring Year

Copy: Russell Stone, DESHS-UIS, (E-File)  
[Adesh-records@lanl.gov](mailto:Adesh-records@lanl.gov), (E-File)  
[lasomailbox@nnsa.doe.gov](mailto:lasomailbox@nnsa.doe.gov), (E-File)  
[locatesteam@lanl.gov](mailto:locatesteam@lanl.gov), (E-File)  
[epc-correspondence@lanl.gov](mailto:epc-correspondence@lanl.gov), (E-File)

# **ENCLOSURE 1**

Quarterly Visual Assessment Forms  
Third Quarter, 2017 Monitoring Year

EPC-DO: 17-524







**JAN 12 2018**

Date: \_\_\_\_\_

**Maintenance Details**

**Requested:** 8/9/2017 1:57:00 PM  
**Procedure:** MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.2.3)  
**Last PM:** 8/1/2017  
**Project:** SIO Visual Assessments 8/1/17 (P-MSGP-5209)

**Target:** 9/30/2017  
**Priority/Type:** / Inspection  
**Department:** Utilities and Infrastructure

 MSGP Program  
 RG121.9  
 TA-3-22 Power & Steam Plant  
 Monitored Outfall (009)  
 Substantially Identical Outfall (010)  
 MSGP01001

**Reason:** MSGP Quarterly Visual Assessment (EPC Sig)

**Contact:**  
**Phone:**

**Special Instructions:** NMR053195

**Tasks**

#	Description	Meas.	No	N/A	Yes
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.					
<b>Sample information</b>					
30	Document the monitoring Period (e.g., Apr-May)	Aug-Sep	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	9/28/17, 22:45	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	9/28/17, 22:45	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	10/2/17, 11:45	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	Rain, 1.2"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Parameters</b>					
110	Is sample colorless? If "Failed", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	Is sample odorless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, coarse).	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, coarse).	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g., 'on the surface' or 'in the sample').		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Labor Report**

**Completed:** 10/2/2017 11:45:00 AM

**Report:** Antonio Trujillo

10/4/2017





Signature / Name

Date

Signature / Name

Date

I confirm the information as recorded is true, accurate and complete.

### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg. FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)







Print name and title: Anthony R. Grieggs, EPC-CP Group Leader

Signature: (See signature on file) Date: \_\_\_\_\_

**Maintenance Details**

**Requested:** 8/9/2017 2:02:00 PM  
**Procedure:** MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.2 3)  
**Last PM:** 8/1/2017  
**Project:** SIO Visual Assessments 8/1/17 (P-MSGP-5209)

**Target:** 9/30/2017  
**Priority/Type:** / Inspection  
**Department:** Utilities and Infrastructure

 MSGP Program  
 RG121.9  
 TA-3-22 Power & Steam Plant  
 Monitored Outfall (012)  
 Substantially Identical Outfall (011)  
 MSGP01101

**Reason:** MSGP Quarterly Visual Assessment (EPC Sig)

**Contact:**  
**Phone:**

**Special Instructions:** NMR053195

**Tasks**

#	Description	Meas.	No	N/A	Yes
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.					
<b>Sample information</b>					
30	Document the monitoring Period (e.g., Apr-May)	Aug-Sep	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	9/28/17, 22:45	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	9/28/17, 22:45	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	10/2/17, 11:40	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	rain, 1.2"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Parameters</b>					
110	Is sample colorless? If "Failed", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	Is sample odorless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, coarse).	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, coarse).	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g., 'on the surface' or 'in the sample').		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Labor Report**

**Completed:** 10/2/2017 11:40:00 AM

**Report:** Antonio Trujillo

10/4/2017



Signature / Name

Date

Signature / Name

Date

I confirm the information as recorded is true, accurate and complete.

### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg. FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)






Print name and title: Anthony R. Grieggs, EPC-CP Group Leader

Signature: (See signature on file) Date: \_\_\_\_\_

**Maintenance Details**

**Requested By:** Banar, Alethea on  
8/9/2017 1:59:00 PM  
**Taken By:** Banar, Alethea  
**Procedure:** MSGP Quarterly Visual  
Assessment (EPC Sig)  
(EPC-CP-Form-1021.2  
3)  
**Last PM:** 8/10/2017  
**Project:** Visual Assessments  
8/1/17 (P-MSGP-5208)

**Target:** 9/30/2017  
**Priority/Type:** / Inspection  
**Department:** Utilities and Infrastructure

 MSGP Program  
 RG121.9  
 TA-3-22 Power & Steam Plant  
 Monitored Outfall (005)  
 MSGP00501

**Contact:** Banar, Alethea  
**Phone:** 699-5836

**Reason:** MSGP Quarterly Visual Assessment (EPC Sig)

**Special Instructions:** NMR053195

**Tasks**

#	Description	Meas.	No	N/A	Yes
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.					
<b>Sample information</b>					
30	Document the monitoring Period (e.g., Apr-May)	Aug-Sep	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/7/17, 11:25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/7/17, 11:34	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/10/17, 08:05	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	Rain, 0.26"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Parameters</b>					
110	Is sample colorless? If "Failed", describe.	Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	Is sample odorless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).	opaque	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	Raw	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, coarse).	Fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, coarse).		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g., 'on the surface' or 'in the sample').		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Labor Report**

**Completed:** 8/10/2017 8:05:00 AM

**Report:** Antonio Trujillo

8/10/2017



Signature / Name

Date

Signature / Name

Date

I confirm the information as recorded is true, accurate and complete.

### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg. FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: Anthony R. Grieggs, EPC-CP Group Leader







Signature: (See signature on file) Date: \_\_\_\_\_



**Maintenance Details**

**Requested By:** Banar, Alethea on  
8/9/2017 2:00:00 PM  
**Taken By:** Banar, Alethea  
**Procedure:** MSGP Quarterly Visual  
Assessment (EPC Sig)  
(EPC-CP-Form-1021.2  
3)  
**Last PM:** 8/10/2017  
**Project:** SIO Visual Assessments  
8/1/17 (P-MSGP-5209)

**Target:** 9/30/2017  
**Priority/Type:** / Inspection  
**Department:** Utilities and Infrastructure

 **MSGP Program**  
 **RG121.9**  
 **TA-3-22 Power & Steam Plant**  
 **Monitored Outfall (005)**  
 **Substantially Identical Outfall (006)**  
 **MSGP00601**

**Contact:** Banar, Alethea  
**Phone:** 699-5836

**Reason:** MSGP Quarterly Visual Assessment (EPC Sig)

**Special Instructions:** NMR053195

**Tasks**

#	Description	Meas.	No	N/A	Yes
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.					
<b>Sample information</b>					
30	Document the monitoring Period (e.g., Apr-May)	Aug.-Sep.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	08/07/2017 11:24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	08/07/2017 11:24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	08/10/2017 14:33	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	Rain	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Parameters</b>					
110	Is sample colorless? If "Failed", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	Is sample odorless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, coarse).	Fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, coarse).		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g., 'on the surface' or 'in the sample').		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Labor Report**

**Completed:** 8/10/2017 2:33:00 PM

**Report:** Audrey Smith



8/17/2017

Signature / Name

Date

Signature / Name

Date

I confirm the information as recorded is true, accurate and complete.

**CERTIFICATION STATEMENT**

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg. FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: Anthony R. Grieggs, EPC-CP Group Leader

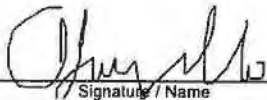
Signature: (See signature on file) Date: \_\_\_\_\_

**Maintenance Details****Requested By:** Trujillo, Antonio on  
8/10/2017 10:03:00 AM**Target:** 9/30/2017 **MSGP Program****Taken By:** Wheeler-Benson, Holly**Priority/Type:** / Inspection **RG121.9****Procedure:** MSGP Quarterly Visual  
Assessment (EPC Sig)  
(EPC-CP-Form-1021.2  
3)**Department:** Utilities and Infrastructure **TA-3-22 Power & Steam Plant** **Monitored Outfall (009)** **MSGP00901****Last PM:** 8/10/2017**Contact:** Trujillo, Antonio**Project:** Visual Assessments  
8/1/17 (P-MSGP-5208)**Phone:****Reason:** MSGP Quarterly Visual Assessment (EPC Sig)**Special Instructions:** NMR053195**Tasks**

#	Description	Meas.	No	N/A	Yes
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.					
<b>Sample information</b>					
30	Document the monitoring Period (e.g., Apr-May)	Aug-Sep	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/8/17, 8:09	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/8/17, 8:09	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/10/17, 07:30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	Rain, 0.01"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Parameters</b>					
110	Is sample colorless? If "Failed", describe.	Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	Is sample odorless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).	cloudy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	Raw	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, coarse).		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, coarse).		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g., 'on the surface' or 'in the sample').		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Labor Report****Completed:** 8/10/2017 7:30:00 AM**Report:** Antonio Trujillo

8/10/2017



Signature / Name

Date

Signature / Name

Date

I confirm the information as recorded is true, accurate and complete.

### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg. FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: Anthony R. Grieggs, EPC-CP Group Leader

Signature: (See signature on file) Date: \_\_\_\_\_



## memorandum

*Environmental Protection & Compliance  
Division*

*To:* Jillian Burgin, DESHS-UIS, B274  
*Thru:* Terrill Lemke, EPC-CP, (E-File) *TL*  
*From:* Holly Wheeler, EPC-CP, (E-File) *HW*  
*Phone:* 505-667-1312  
*Symbol:* EPC-DO: 17-525  
*Date:* **JAN 12 2018**

**Subject: National Pollutant Discharge Elimination System (NPDES) Permit Tracking No. NMR053195, Multi-Sector General Permit (MSGP) Quarterly Visual Assessment (QVA) Forms for October and November of 2017 for the TA-3-22 Power and Steam Plant**

Please find attached completed MSGP QVA forms documenting visual assessments performed during the fourth quarter of monitoring at the TA-3-22 Power and Steam Plant. Per Parts 3.2.2 and 5.5 of the 2015 MSGP, the signed certification statement and associated QVA forms shall be incorporated into your MSGP Stormwater Pollution Prevention Plan (SWPPP).

Part 3.2.1 of the 2015 MSGP requires the visual assessment of stormwater discharge samples collected from each outfall once each quarter for the entire permit term. Part 3.2.3 allows facilities that are located in an area with a semi-arid climate and/or in an area where freezing conditions exist for an extended period to distribute the quarterly visual assessments during seasons when precipitation runoff occurs. Accordingly, Los Alamos National Security, LLC (LANS) has designated the following MSGP monitoring quarters.

Quarter 1:	April – May	Quarter 2:	June – July
Quarter 3:	August – September	Quarter 4:	October - November

The attached QVA forms document the following information required by Part 3.2.2 of the 2015 MSGP and were completed by Environmental Compliance Programs (EPC-CP) personnel.

- Sample location;
- Sample collection date and time, and visual assessment date and time for each sample;
- Personnel collecting the sample and performing the visual assessment, and their signatures;
- Nature of the discharge (i.e., runoff or snowmelt);
- Results of observations of the stormwater discharge;
- Probable sources of any observed stormwater contamination (if applicable);
- If applicable, why it was not possible to take a sample within the first 30 minutes of the storm event.




EPC-DO: 17-525  
Jillian Burgin

The EPC-CP Group Leader has signed the certification statement to meet the duly authorized signatory requirements for the QVAs completed by EPC-CP representatives contained in Enclosure 1.

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 assure that qualified personnel properly gathered and evaluated the information contained therein. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information contained 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.

Taunia S. Van Valkenburg, EPC-CP Group Leader  
Los Alamos National Security, LLC

  
\_\_\_\_\_  
Manager Signature

1/12/18  
\_\_\_\_\_  
Date

Part 3.2.3 of the 2015 MSGP allows the facility to take a substitute sample during the next qualifying storm event when adverse weather conditions prevent the collection of samples during a specific quarter. Adverse weather conditions are those that are dangerous or create inaccessibility for personnel, or situations that otherwise make sampling impractical, such as drought or extended frozen conditions. Documentation of the rationale for no visual assessment for the quarter must be included in the facility-specific SWPPP.

Please contact Holly Wheeler at 667-1312 (hbenson@lanl.gov) if you have questions regarding the QVA documentation. Thank you for your assistance in meeting the requirements of the Laboratory's NPDES 2015 MSGP Permit.

Facility Name	Sampling Station	Work Order #
TA-3-22 Power & Steam Plant	MSGP00901	MSGP-61648
TA-3-22 Power & Steam Plant	MSGP00501	MSGP-61649
TA-3-22 Power & Steam Plant	MSGP01001	MSGP-61731
TA-3-22 Power & Steam Plant	MSGP00601	MSGP-61732

EPC-DO: 17-525  
Jillian Burgin

TWL/HLW: am

Enclosure(s): 1) Quarterly Visual Assessment Forms, Fourth Quarter, 2017 Monitoring Year

Copy: Russell Stone, DESHS-UIS, (E-File)  
[Adesh-records@lanl.gov](mailto:Adesh-records@lanl.gov), (E-File)  
[lasomailbox@nnsa.doe.gov](mailto:lasomailbox@nnsa.doe.gov), (E-File)  
[locatesteam@lanl.gov](mailto:locatesteam@lanl.gov), (E-File)  
[epc-correspondence@lanl.gov](mailto:epc-correspondence@lanl.gov), (E-File)



# **ENCLOSURE 1**

Quarterly Visual Assessment Forms  
Fourth Quarter, 2017 Monitoring Year

EPC-DO: 17-525

Date: JAN 12 2018

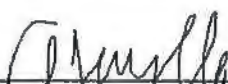
## Maintenance Details

**Requested:** 10/4/2017 4:25:00 PM**Target:** 11/30/2017**Procedure:** MSGP Quarterly Visual  
Assessment (EPC Sig)  
(EPC-CP-Form-1021.2 3)**Priority/Type:** Normal / Inspection**Department:** Utilities and Infrastructure MSGP Program RG121.9 TA-3-22 Power & Steam Plant Monitored Outfall (009) MSGP00901**Last PM:** 10/5/2017**Project:** Visual Assessments 10/1/17  
(P-MSGP-5229)**Contact:****Phone:****Reason:** MSGP Quarterly Visual Assessment (EPC Sig)**Special Instructions:** NMR053195

## Tasks

#	Description	Meas.	No	N/A	Yes
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.					
<b>Sample information</b>					
30	Document the monitoring Period (e.g., Apr-May)	Oct-Nov	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	10/5/17, 09:30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	10/5/17, 09:30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	10/5/17, 10:20	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TQTAL amount (in) in the "Reading" field of this line.	Rain, 0.40"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Parameters</b>					
110	Is sample colorless? If "Failed", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	Is sample odorless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	Raw, fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, coarse).	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, coarse).	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g., 'on the surface' or 'in the sample').		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Labor Report

**Completed:** 10/5/2017 10:20:00 AM**Report:** Antonio Trujillo

10/10/2017

Signature / Name \_\_\_\_\_ Date \_\_\_\_\_  
I confirm the information as recorded is true, accurate and complete.

Signature / Name

Date

### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg. FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: Taunia Van Valkenburg, EPC-CP Group Leader

Signature: (See signature on file) Date: \_\_\_\_\_



## Maintenance Details

Requested: 10/4/2017 4:25:00 PM

Target: 11/30/2017

MSGP Program

Procedure: MSGP Quarterly Visual  
Assessment (EPC Sig)  
(EPC-CP-Form-1021.2.3)

Priority/Type: Normal / Inspection

RG121.9

Department: Utilities and Infrastructure

TA-3-22 Power &amp; Steam Plant

Last PM: 10/5/2017

Monitored Outfall (005)

Project: Visual Assessments 10/1/17  
(P-MSGP-5229)

MSGP00501

Reason: MSGP Quarterly Visual Assessment (EPC Sig)

Contact:

Phone:

Special Instructions: NMR053195

## Tasks

#	Description	Meas.	No	N/A	Yes
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.					
<b>Sample information</b>					
30	Document the monitoring Period (e.g., Apr-May)	Oct-Nov	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	10/4/17, 13:48	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	10/4/17, 13:48	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	10/5/17, 09:47	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	Rain, 0.92"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Parameters</b>					
110	Is sample colorless? If "Failed", describe.	Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	Is sample odorless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).	Opaque	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, coarse).	Fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, coarse).	Fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g., 'on the surface' or 'in the sample').		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Labor Report

Completed: 10/5/2017 9:47:00 AM

Report: Antonio Trujillo



10/10/2017

\_\_\_\_ / Signature / Name      Date  
**I confirm the information as recorded is true, accurate and complete.**

Signature / Name

Date

### **CERTIFICATION STATEMENT**




"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

**(Signatory must meet definition in Section B.11.A, eg. FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)**

Print name and title: Taunia Van Valkenburg, EPC-CP Group Leader

Signature: (See signature on file)      Date: \_\_\_\_\_

## Maintenance Details

**Requested By:** Banar, Alethea on  
10/12/2017 4:52:00 PM**Target:** 11/30/2017**Priority/Type:** / Inspection**Taken By:** Banar, Alethea**Department:** Utilities and Infrastructure**Procedure:** MSGP Quarterly Visual  
Assessment (EPC Sig)  
(EPC-CP-Form-1021.2  
3) MSGP Program RG121.9 TA-3-22 Power & Steam Plant Monitored Outfall (009) Substantially Identical Outfall (010) MSGP01001**Last PM:** 10/2/2017**Project:** SIO Visual Assessments  
10/1/17 (P-MSGP-5230)**Contact:** Banar, Alethea**Phone:** 699-5836**Reason:** MSGP Quarterly Visual Assessment (EPC Sig)**Special Instructions:** NMR053195

## Tasks

#	Description	Meas.	No	N/A	Yes
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.					
<b>Sample information</b>					
30	Document the monitoring Period (e.g., Apr-May)	Oct-Nov	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	10/5/17, 18:40	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	10/5/17, 18:40	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	10/12/17, 09:49	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	rain, 0.40"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Parameters</b>					
110	Is sample colorless? If "Failed", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	Is sample odorless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, coarse).	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, coarse).	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g., 'on the surface' or 'in the sample').		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Labor Report

**Completed:** 10/12/2017 9:49:00 AM**Report:** Antonio Trujillo

10/13/2017

  
Signature / Name

Date

Signature / Name

Date

I confirm the information as recorded is true, accurate and complete.




#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg. FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: Taunia Van Valkenburg, EPC-CP Group Leader

Signature: (See signature on file) Date: \_\_\_\_\_

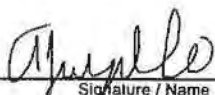
**Maintenance Details****Requested By:** Banar, Alethea on  
10/12/2017 4:55:00 PM**Target:** 11/30/2017**Priority/Type:** / Inspection**Taken By:** Banar, Alethea**Department:** Utilities and Infrastructure**Procedure:** MSGP Quarterly Visual  
Assessment (EPC Sig)  
(EPC-CP-Form-1021.2  
3) **MSGP Program** **RG121.9** **TA-3-22 Power & Steam Plant** **Monitored Outfall (005)** **Substantially Identical Outfall (006)** **MSGP00601****Last PM:** 10/5/2017**Project:** SIO Visual Assessments  
10/1/17 (P-MSGP-5230)**Contact:** Banar, Alethea**Phone:** 699-5836**Reason:** MSGP Quarterly Visual Assessment (EPC Sig)**Special Instructions:** NMR053195**Tasks**

#	Description	Meas.	No	N/A	Yes
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.					
<b>Sample information</b>					
30	Document the monitoring Period (e.g., Apr-May)	Oct-Nov	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	10/4/17, 20:45	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	10/4/17, 20:45	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	10/5/17, 09:47	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	rain, 0.92"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Parameters</b>					
110	Is sample colorless? If "Failed", describe.	brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	Is sample odorless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).	cloudy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	sticks, pine needles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, coarse).	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, coarse).	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g., 'on the surface' or 'in the sample').		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Labor Report****Completed:** 10/5/2017 9:47:00 AM



Report: Antonio Trujillo

  
Signature / Name

10/13/2017

Date

Signature / Name

Date

I confirm the information as recorded is true, accurate and complete.

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg. FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: Tania Van Valkenburg, EPC-CP Group Leader

Signature: (See signature on file) Date: \_\_\_\_\_



## memorandum

Environmental Protection & Compliance  
Division

To: Jillian Burgin, DESHS-UIS, B274  
Thru: Terrill Lemke, EPC-CP, (E-File) *TL*  
From: Holly Wheeler, EPC-CP, (E-File) *HW*  
Phone: 667-1312  
Symbol: EPC-DO: 18-248  
Date: JUL 02 2018

**Subject: National Pollutant Discharge Elimination System (NPDES) Permit Tracking No. NMR053195, Multi-Sector General Permit (MSGP) Quarterly Visual Assessment (QVA) Form for April and May of 2018 for the TA-3-22 Power and Steam Plant**

Please find attached a completed MSGP QVA form documenting a visual assessment performed during the first quarter of monitoring at the TA-3-22 Power and Steam Plant. Per Parts 3.2.2 and 5.5 of the 2015 MSGP, the signed certification statement and associated QVA form shall be incorporated into your MSGP Stormwater Pollution Prevention Plan (SWPPP).

Part 3.2.1 of the 2015 MSGP requires the visual assessment of stormwater discharge samples collected from each outfall once each quarter for the entire permit term. Part 3.2.3 allows facilities that are located in an area with a semi-arid climate and/or in an area where freezing conditions exist for an extended period to distribute the quarterly visual assessments during seasons when precipitation runoff occurs. Accordingly, Los Alamos National Security, LLC (LANS) has designated the following MSGP monitoring quarters.

Quarter 1:	April – May	Quarter 2:	June – July
Quarter 3:	August – September	Quarter 4:	October - November

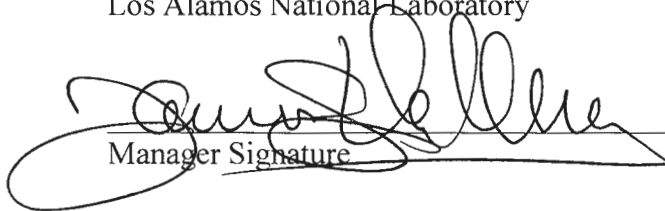
The attached QVA form documents the following information as required by Part 3.2.2 of the 2015 MSGP and was completed by Environmental Compliance Programs (EPC-CP) personnel.

- Sample location;
- Sample collection date and time, and visual assessment date and time for each sample;
- Personnel collecting the sample and performing the visual assessment, and their signatures;
- Nature of the discharge (i.e., runoff or snowmelt);
- Results of observations of the stormwater discharge;
- Probable sources of any observed stormwater contamination (if applicable);
- If applicable, why it was not possible to take a sample within the first 30 minutes of the storm event.

The EPC-CP Group Leader has signed the certification statement to meet the duly authorized signatory requirements for the QVA completed by an EPC-CP representative contained in Attachment 1.

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 assure that qualified personnel properly gathered and evaluated the information contained therein. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information contained 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.

Taunia S. Van Valkenburg, EPC-CP Group Leader  
Los Alamos National Laboratory

  
Manager Signature

6/29/2018  
Date

Please contact Holly Wheeler at 667-1312 (hbenson@lanl.gov) if you have questions regarding the QVA documentation. Thank you for your assistance in meeting the requirements of the Laboratory's NPDES 2015 MSGP Permit.

Facility Name	Sampling Station	Work Order #
TA-3-22 Power & Steam Plant	MSGP00501	MSGP-62276

TWL/HLW:cmh

Attachment: 1) Quarterly Visual Assessment Form, First Quarter, 2018 Monitoring Year

Copy: Russell Stone, DESHS-UIS, (E-File)  
[locatetesteam@lanl.gov](mailto:locatetesteam@lanl.gov), (E-File)  
[epc-correspondence@lanl.gov](mailto:epc-correspondence@lanl.gov), (E-File)  
[adesh-records@lanl.gov](mailto:adesh-records@lanl.gov), (E-File)

# ATTACHMENT 1

Quarterly Visual Assessment Form  
First Quarter, 2018 Monitoring Year






EPC-DO: 18-248

Date: JUL 02 2018

## Maintenance Details

**Requested:** 3/27/2018 4:37:00 PM  
**Procedure:** MSGP Quarterly Visual  
 Assessment (EPC Sig)  
 (EPC-CP-Form-1021.2 3)

**Target:** 5/31/2018  
**Priority/Type:** Normal / Inspection  
**Department:** Utilities and Infrastructure

 MSGP Program  
 RG121.9  
 TA-3-22 Power & Steam Plant  
 Monitored Outfall (005)  
 MSGP00501

**Last PM:** 4/3/2018  
**Project:** Visual Assessments 4/1/18  
 (P-MSGP-5258)

**Contact:**  
**Phone:**

**Reason:** MSGP Quarterly Visual Assessment (EPC Sig)

**Special Instructions:** NMR053195

## Tasks

#	Description	Meas.	No	N/A	Yes
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.					
<b>Sample information</b>					
30	Document the monitoring Period (e.g., Apr-May)	April-May	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	5/21/18, 1449	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	5/21/18, 1449	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	5/22/18, 1020	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	rain, 0.51"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Parameters</b>					
110	Is sample colorless? If "Failed", describe.	brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	Is sample odorless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).	cloudy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, coarse).	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, coarse).	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g., 'on the surface' or 'in the sample').		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Labor Report

**Completed:** 5/22/2018 10:20:00 AM

**Report:** Antonio Trujillo



5/29/2018



// Signature / Name                      Date  
I confirm the information as recorded is true, accurate and complete.

Signature / Name                      Date

### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

**(Signatory must meet definition in Section B.11.A, eg. FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)**

Print name and title: Taunia Van Valkenburg, EPC-CP Group Leader

Signature: (See signature on file) Date: \_\_\_\_\_



## memorandum

Environmental Protection & Compliance  
Division

To: Jillian Burgin, DESHS-UIS, B274  
Thru: Terrill Lemke, EPC-CP, (E-File) *USF*  
From: Holly Wheeler, EPC-CP, (E-File) *HW*  
Phone: 505-667-1312  
Symbol: EPC-DO: 18-337  
Date: **SEP 10 2018**

**Subject: National Pollutant Discharge Elimination System (NPDES) Permit Tracking No. NMR053195, Multi-Sector General Permit (MSGP) Quarterly Visual Assessment (QVA) Forms for June and July of 2018 for the TA-3-22 Power and Steam Plant**

Please find attached completed MSGP QVA forms documenting visual assessments performed during the **second quarter of monitoring at the TA-3-22 Power and Steam Plant**. Per Parts 3.2.2 and 5.5 of the 2015 MSGP, the signed certification statement and associated QVA forms shall be incorporated into your MSGP Stormwater Pollution Prevention Plan (SWPPP).

Part 3.2.1 of the 2015 MSGP requires the visual assessment of stormwater discharge samples collected from each outfall once each quarter for the entire permit term. Part 3.2.3 allows facilities that are located in an area with a semi-arid climate and/or in an area where freezing conditions exist for an extended period to distribute the quarterly visual assessments during seasons when precipitation runoff occurs. Accordingly, Los Alamos National Security, LLC (LANS) has designated the following MSGP monitoring quarters.

Quarter 1:	April – May	Quarter 2:	<b>June – July</b>
Quarter 3:	August – September	Quarter 4:	October - November

The attached QVA forms document the following information required by Part 3.2.2 of the 2015 MSGP and were completed by Environmental Compliance Programs (EPC-CP) personnel.

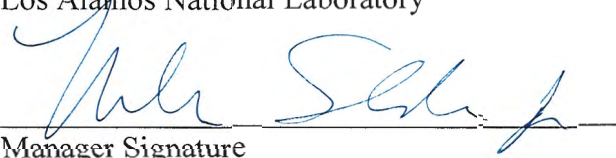
- Sample location;
- Sample collection date and time, and visual assessment date and time for each sample;
- Personnel collecting the sample and performing the visual assessment, and their signatures;
- Nature of the discharge (i.e., runoff or snowmelt);
- Results of observations of the stormwater discharge;
- Probable sources of any observed stormwater contamination (if applicable);
- If applicable, why it was not possible to take a sample within the first 30 minutes of the storm event.

EPC-DO: 18-337  
Jillian Burgin

The EPC-CP Group Leader has signed the certification statement to meet the duly authorized signatory requirements for the QVAs completed by an EPC-CP representative contained in Attachment 1.

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 assure that qualified personnel properly gathered and evaluated the information contained therein. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information contained 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.

Taunia S. Van Valkenburg, EPC-CP Group Leader  
Los Alamos National Laboratory

  
Manager Signature

9/7/2018  
Date

Please contact Holly Wheeler at 667-1312 (hbenson@lanl.gov) if you have questions regarding the QVA documentation. Thank you for your assistance in meeting the requirements of the Laboratory's NPDES 2015 MSGP Permit.

Facility Name	Sampling Station	Work Order #
TA-3-22 Power & Steam Plant	MSGP01001	MSGP-62225
TA-3-22 Power & Steam Plant	MSGP00601	MSGP-62226
TA-3-22 Power & Steam Plant	MSGP00901	MSGP-62275
TA-3-22 Power & Steam Plant	MSGP01201	MSGP-62277
TA-3-22 Power & Steam Plant	MSGP00501	MSGP-62284

TWL/HLW: jdm

Attachment: 1) Quarterly Visual Assessment Forms, Second Quarter, 2018 Monitoring Year

Copy: Russell Stone, DESHS-UIS, (E-File)  
[Adesh-records@lanl.gov](mailto:Adesh-records@lanl.gov), (E-File)  
[lasomailbox@nnsa.doe.gov](mailto:lasomailbox@nnsa.doe.gov), (E-File)  
[locatesteam@lanl.gov](mailto:locatesteam@lanl.gov), (E-File)  
[epc-correspondence@lanl.gov](mailto:epc-correspondence@lanl.gov), (E-File)

# **ATTACHMENT 1**

Quarterly Visual Assessment Forms  
Second Quarter, 2018 Monitoring Year

EPC-DO: 18-337

Date: SEP 10 2018

# Los Alamos National Lab - ADESH

Work Order MSGP-62225

MSGP Monitoring Stations  
Printed 8/29/2018 - 1:03 PM

## Maintenance Details

**Requested:** 6/20/2018 4:15:00 PM  
**Procedure:** MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)  
**Last PM:** 4/13/2018  
**Project:** SIO Visual Assessments 6/1/18 (P-MSGP-5280)

**Target:** 7/31/2018  
**Priority/Type:** Normal / Inspection  
**Department:** Utilities and Infrastructure

MSGP Program  
 RG121.9  
 TA-3-22 Power & Steam Plant  
 Monitored Outfall (009)  
 Substantially Identical Outfall (010)  
 MSGP01001

**Reason:** MSGP Quarterly Visual Assessment

**Contact:**  
**Phone:**

**Special Instructions:** NMR053195

## Tasks

#	Description	Meas.	No	N/A	Yes
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.					
<b>Sample information</b>					
30	Document the monitoring Period (e.g., Apr-May)	June-july	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/17/18, 1150	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/17/18 1150	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/18/18, 1150	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	rain, 0.71"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Parameters</b>					
110	Is sample colorless? If "Failed", describe.	Dark brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	Is sample odorless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).	opaque	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, coarse).	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, coarse).	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g., 'on the surface' or 'in the sample').		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Labor Report

**Completed:** 7/18/2018 11:50:00 AM

**Report:** Antonio Trujillo

7/26/2018



Signature / Name \_\_\_\_\_ Date \_\_\_\_\_  
I confirm the information as recorded is true, accurate and complete.

Signature / Name \_\_\_\_\_ Date \_\_\_\_\_

### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg. FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: Taunia Van Valkenburg, EPC-CP Group Leader

Signature: (See signature on file) Date: \_\_\_\_\_

# Los Alamos National Lab - ADESH

Work Order MSGP-62226

MSGP Monitoring Stations  
Printed 8/29/2018 - 1:04 PM

## Maintenance Details

**Requested:** 3/27/2018 2:53:00 PM  
**Procedure:** MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.2 3)  
**Last PM:** 4/12/2018  
**Project:** SIO Visual Assessments 6/1/18 (P-MSGP-5280)

**Target:** 7/31/2018  
**Priority/Type:** Normal / Inspection  
**Department:** Utilities and Infrastructure

MSGP Program  
 RG121.9  
 TA-3-22 Power & Steam Plant  
 Monitored Outfall (005)  
 Substantially Identical Outfall (006)  
 MSGP00601

**Reason:** MSGP Quarterly Visual Assessment (EPC Sig)

**Contact:**  
**Phone:**

**Special Instructions:** NMR053195

## Tasks

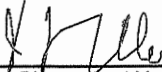
#	Description	Meas.	No	N/A	Yes
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.					
Sample information					
30	Document the monitoring Period (e.g., Apr-May)	June-July	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	6/3/18, 0900	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	6/3/18, 0900	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	6/4/18, 0915	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	rain, 0.16"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Parameters					
110	Is sample colorless? If "Failed", describe.	yellow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	Is sample odorless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	raw	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, coarse).	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, coarse).	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g., 'on the surface' or 'in the sample').		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Labor Report

**Completed:** 6/4/2018 9:15:00 AM

**Report:** Antonio Trujillo

6/8/2018



Signature / Name

Date

Signature / Name

Date

I confirm the information as recorded is true, accurate and complete.

### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg. FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: Taunia Van Valkenburg, EPC-CP Group Leader

Signature: (See signature on file) Date: \_\_\_\_\_

# Los Alamos National Lab - ADESH

Work Order MSGP-62275

MSGP Monitoring Stations  
Printed 8/29/2018 - 11:50 AM

## Maintenance Details

**Requested:** 6/20/2018 4:09:00 PM


**Target:** 7/31/2018

**Procedure:** MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)


**Priority/Type:** Normal / Inspection

**Department:** Utilities and Infrastructure

 MSGP Program

 RG121.9

 TA-3-22 Power & Steam Plant

 Monitored Outfall (009)

 MSGP00901

**Last PM:** 4/3/2018

**Project:** Visual Assessments 6/1/18  
(P-MSGP-5279)

**Reason:** MSGP Quarterly Visual Assessment

**Contact:**  
**Phone:**

**Special Instructions:** NMR053195

## Tasks

#	Description	Meas.	No	N/A	Yes
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.					
Sample information					
30	Document the monitoring Period (e.g., Apr-May)	June-July	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/8/18, 20:14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/8/18, 20:14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/9/18, 11:45	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	rain, .13"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Parameters					
110	Is sample colorless? If "Failed", describe.	light Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	Is sample odorless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).	Cloudy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, coarse).	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, coarse).	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g., 'on the surface' or 'in the sample').		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Labor Report

**Completed:** 7/9/2018 11:45:00 AM

**Report:** Antonio Trujillo



7/18/2018

Signature / Name

Date

Signature / Name

Date

I confirm the information as recorded is true, accurate and complete.

### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

**(Signatory must meet definition in Section B.11.A, eg. FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)**

Print name and title: Taunia Van Valkenburg, EPC-CP Group Leader

Signature: (See signature on file) Date: \_\_\_\_\_



# Los Alamos National Lab - ADESH

Work Order MSGP-62277

MSGP Monitoring Stations  
Printed 8/29/2018 - 11:52 AM

## Maintenance Details

**Requested:** 6/20/2018 4:09:00 PM  
**Procedure:** MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)  
**Last PM:** 4/4/2018  
**Project:** Visual Assessments 6/1/18 (P-MSGP-5279)

**Target:** 7/31/2018  
**Priority/Type:** Normal / Inspection  
**Department:** Utilities and Infrastructure

MSGP Program  
 RG121.9  
 TA-3-22 Power & Steam Plant  
 Monitored Outfall (012)  
 MSGP01201

**Reason:** MSGP Quarterly Visual Assessment

**Contact:**  
**Phone:**

**Special Instructions:** NMR053195

## Tasks

#	Description	Meas.	No	N/A	Yes
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.					
<b>Sample information</b>					
30	Document the monitoring Period (e.g., Apr-May)	June-July	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/17/18, 1104	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/17/18, 1104	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/18/18, 1130	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	rain, .71"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Parameters</b>					
110	Is sample colorless? If "Failed", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	Is sample odorless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, coarse).	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, coarse).	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g., 'on the surface' or 'in the sample').		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Labor Report

**Completed:** 7/18/2018 11:30:00 AM

**Report:** Antonio Trujillo

Signature / Name

7/23/2018

Date

Signature / Name

Date

I confirm the information as recorded is true, accurate and complete.

### **CERTIFICATION STATEMENT**

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

**(Signatory must meet definition in Section B.11.A, eg. FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)**

Print name and title: Taunia Van Valkenburg, EPC-CP Group Leader

Signature: (See signature on file) Date: \_\_\_\_\_

# Los Alamos National Lab - ADESH

Work Order MSGP-62284

MSGP Monitoring Stations  
Printed 8/29/2018 - 11:51 AM

## Maintenance Details

**Requested:** 6/20/2018 4:08:00 PM

**Target:** 7/31/2018

**Procedure:** MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)

**Priority/Type:** / Inspection

**Department:** Utilities and Infrastructure

 MSGP Program

 RG121.9

 TA-3-22 Power & Steam Plant

 Monitored Outfall (005)

 MSGP00501

**Last PM:** 5/22/2018

**Project:** Visual Assessments 6/1/18  
(P-MSGP-5279)

**Reason:** MSGP Quarterly Visual Assessment

**Contact:**  
**Phone:**

**Special Instructions:** NMR053195

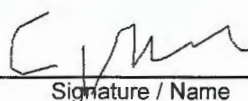
## Tasks

#	Description	Meas.	No	N/A	Yes
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.					
<b>Sample information</b>					
30	Document the monitoring Period (e.g., Apr-May)	June-July	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	6/16/18, 1313	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	6/16/18, 1313	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	6/18/18, 1145	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	rain, 0.38"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Parameters</b>					
110	Is sample colorless? If "Failed", describe.	light brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	Is sample odorless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	raw	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, coarse).	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, coarse).	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g., 'on the surface' or 'in the sample').		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Labor Report

**Completed:** 6/18/2018 11:44:00 AM

**Report:** Antonio Trujillo



6/22/2018  
Date

Signature / Name

Date

I confirm the information as recorded is true, accurate and complete.

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg. FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

Print name and title: Taunia Van Valkenburg, EPC-CP Group Leader

Signature: (See signature on file) Date: \_\_\_\_\_





To: Jillian Burgin, DESH-UIS, B274  
Thru: Terrill Lemke, EPC-CP, (E-File) *WLS for*  
From: Holly Wheeler, EPC-CP, (E-File) *WLS*  
Phone: 505-667-1312  
Symbol: EPC-DO: 18-386  
Date: DEC 12 2018

**Subject: National Pollutant Discharge Elimination System (NPDES) Permit Tracking No. NMR053195, Multi-Sector General Permit (MSGP) Quarterly Visual Assessment (QVA) Forms for August and September of 2018 for the TA-3-22 Power and Steam Plant**

Please find attached completed MSGP QVA forms documenting visual assessments performed during the **third quarter of monitoring at the TA-3-22 Power and Steam Plant**. Per Parts 3.2.2 and 5.5 of the 2015 MSGP, the signed certification statement and associated QVA forms shall be incorporated into your MSGP Stormwater Pollution Prevention Plan (SWPPP).

Part 3.2.1 of the 2015 MSGP requires the visual assessment of stormwater discharge samples collected from each outfall once each quarter for the entire permit term. Part 3.2.3 allows facilities that are located in an area with a semi-arid climate and/or in an area where freezing conditions exist for an extended period to distribute the quarterly visual assessments during seasons when precipitation runoff occurs. Accordingly, Triad National Security, LLC (Triad) has designated the following MSGP monitoring quarters.

Quarter 1:	April – May	Quarter 2:	June – July
Quarter 3:	August – September	Quarter 4:	October - November

The attached QVA forms document the following information required by Part 3.2.2 of the 2015 MSGP and were completed by Environmental Compliance Programs (EPC-CP) personnel.

- Sample location;
- Sample collection date and time, and visual assessment date and time for each sample;
- Personnel collecting the sample and performing the visual assessment, and their signatures;
- Nature of the discharge (i.e., runoff or snowmelt);
- Results of observations of the stormwater discharge;
- Probable sources of any observed stormwater contamination (if applicable);
- If applicable, why it was not possible to take a sample within the first 30 minutes of the storm event.

The EPC-CP Group Leader has signed the certification statement to meet the duly authorized signatory requirements for the QVAs completed by an EPC-CP representative contained in Attachment 1.



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 assure that qualified personnel properly gathered and evaluated the information contained therein. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information contained 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.

Taunia S. Van Valkenburg, EPC-CP Group Leader  
Los Alamos National Laboratory

Mike Seldin for                      12/12/18  
Manager Signature                      Date

Please contact Holly Wheeler at 667-1312 (hbenson@lanl.gov) if you have questions regarding the QVA documentation. Thank you for your assistance in meeting the requirements of the Laboratory's NPDES 2015 MSGP.

Facility Name	Sampling Station	Work Order #
TA-3-22 Power & Steam Plant	MSGP00701	MSGP-62223
TA-3-22 Power & Steam Plant	MSGP01101	MSGP-62227
TA-3-22 Power & Steam Plant	MSGP00601	MSGP-63056
TA-3-22 Power & Steam Plant	MSGP00501	MSGP-63057
TA-3-22 Power & Steam Plant	MSGP00901	MSGP-63058
TA-3-22 Power & Steam Plant	MSGP01201	MSGP-63083
TA-3-22 Power & Steam Plant	MSGP01001	MSGP-63124

TWL/HLW:jdm

Attachment(s): Attachment 1 Quarterly Visual Assessment Forms, Third Quarter, 2018  
Monitoring Year

EPC-DO: 18-386

Jillian Burgin

Page 3

Copy: Michael Hazen, ALDESHQSS, [mhazen@lanl.gov](mailto:mhazen@lanl.gov), (E-File)  
William Mairson, ALDESHQSS, [wmairson@lanl.gov](mailto:wmairson@lanl.gov), (E-File)  
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Russell Stone, DESH-UIS, [rdstone@lanl.gov](mailto:rdstone@lanl.gov), (E-File)  
Taunia Van Valkenburg, EPC-CP, [tauniav@lanl.gov](mailto:tauniav@lanl.gov), (E-File)  
Terrill Lemke, EPC-CP, [tlemke@lanl.gov](mailto:tlemke@lanl.gov), (E-File)  
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# **ATTACHMENT 1**

Quarterly Visual Assessment Forms  
Third Quarter, 2018 Monitoring Year

EPC-DO: 18-386

DEC 12 2018

Date: \_\_\_\_\_

# Los Alamos National Lab - ADESH

Work Order MSGP-62223

MSGP Monitoring Stations  
Printed 10/11/2018 - 3:46 PM

## Maintenance Details

**Requested:** 6/20/2018 4:18:00 PM  
**Procedure:** MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)  
**Last PM:** 4/12/2018  
**Project:** MSGP Quarterly Visual 8/1/2018 (P-MSGP-5315)

**Target:** 9/30/2018  
**Priority/Type:** Normal / Inspection  
**Department:** Utilities and Infrastructure

MSGP Program  
 RG121.9  
 TA-3-22 Power & Steam Plant  
 Monitored Outfall (009)  
 Substantially Identical Outfall (007)  
 MSGP00701

**Reason:** MSGP Quarterly Visual Assessment

**Contact:**  
**Phone:**

**Special Instructions:** NMR053195

## Tasks

#	Description	Meas.	No	N/A	Yes
---	-------------	-------	----	-----	-----

The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.

### Sample information

30	Document the monitoring Period (e.g., Apr-May)	Aug-Sept	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	9/4/18 1235	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	9/4/18 1235	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	9/4/18 1350	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	rain, 0.79"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

### Parameters

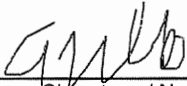
110	Is sample colorless? If "Failed", describe.	Dark Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	Is sample odorless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).	Cloudy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, course).	Fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, course).	Fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g., 'on the surface' or 'in the sample').		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Labor Report

**Completed:** 9/4/2018 1:50:00 PM

**Report:** Antonio Trujillo

9/11/2018



Signature / Name

Date

Signature / Name

Date

I confirm the information as recorded is true, accurate and complete.

### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg. FOD, Ops Mgr, DESH Group Leader, EPC Group Leader)

Print name and title: Taunia Van Valkenburg, EPC-CP Group Leader

Signature: (See signature on file) Date: \_\_\_\_\_



# Los Alamos National Lab - ADESH

Work Order MSGP-62227

MSGP Monitoring Stations  
Printed 10/11/2018 - 4:20 PM

## Maintenance Details

**Requested:** 6/20/2018 4:15:00 PM  
**Procedure:** MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)  
**Last PM:** 4/13/2018  
**Project:** MSGP Quarterly Visual 8/1/2018 (P-MSGP-5315)

**Target:** 9/30/2018  
**Priority/Type:** Normal / Inspection  
**Department:** Utilities and Infrastructure

MSGP Program  
 RG121.9  
 TA-3-22 Power & Steam Plant  
 Monitored Outfall (012)  
 Substantially Identical Outfall (011)  
 MSGP01101

**Reason:** MSGP Quarterly Visual Assessment

**Contact:**  
**Phone:**

**Special Instructions:** NMR053195

## Tasks

#	Description	Meas.	No	N/A	Yes
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.					
Sample information					
30	Document the monitoring Period (e.g., Apr-May)	Aug-Sept	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	9/2/18, 1630	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	9/2/18, 1630	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	9/4/18, 1130	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	Rain, 0.51"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Parameters					
110	Is sample colorless? If "Failed", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	Is sample odorless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	raw	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, coarse).	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, coarse).	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g., 'on the surface' or 'in the sample').		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Labor Report

**Completed:** 9/4/2018 11:30:00 AM

**Report:** Antonio Trujillo

9/12/2018

Signature / Name \_\_\_\_\_ Date \_\_\_\_\_  
I confirm the information as recorded is true, accurate and complete.

Signature / Name \_\_\_\_\_ Date \_\_\_\_\_

### **CERTIFICATION STATEMENT**

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

**(Signatory must meet definition in Section B.11.A, eg. FOD, Ops Mgr, DESH Group Leader, EPC Group Leader)**

Print name and title: Taunia Van Valkenburg, EPC-CP Group Leader

Signature: (See signature on file) Date: \_\_\_\_\_

# Los Alamos National Lab - ADESH

Work Order MSGP-63056

MSGP Monitoring Stations  
Printed 10/11/2018 - 4:18 PM

## Maintenance Details

**Requested By:** Wheeler-Benson, Holly  
on 8/6/2018 2:28:00 PM

**Taken By:** Wheeler-Benson, Holly

**Problem:** None (None)

**Procedure:** MSGP Quarterly Visual  
Assessment (EPC-CP-  
Form-1021.2)

**Last PM:** 8/3/2018

**Project:** MSGP Quarterly Visual  
8/1/2018 (P-MSGP-  
5315)

**Target:** 9/30/2018


**Priority/Type:** / Inspection


**Department:** Utilities and Infrastructure

 MSGP Program

 RG121.9

 TA-3-22 Power & Steam Plant

 Monitored Outfall (005)

 Substantially Identical Outfall (006)

 MSGP00601

**Contact:** Wheeler-Benson, Holly

**Phone:** 667-1312

**Reason:** MSGP Quarterly Visual Assessment (EPC Sig)

**Special Instructions:** NMR053195

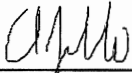
## Tasks

#	Description	Meas.	No	N/A	Yes
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.					
Sample information					
30	Document the monitoring Period (e.g., Apr-May)	Sept-Aug	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/2/18, 1910	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/2/18, 1910	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/3/18, 1151	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	rain, 0.14"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Parameters					
110	Is sample colorless? If "Failed", describe.	Dark Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	Is sample odorless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).	opaque	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	raw	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, coarse).	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, coarse).	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g., 'on the surface' or 'in the sample').		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Labor Report

**Completed:** 8/3/2018 11:51:00 AM

Report: Antonio Trujillo



8/27/2018

Signature / Name

Date

Signature / Name

Date

I confirm the information as recorded is true, accurate and complete.

### CERTIFICATION STATEMENT

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(Signatory must meet definition in Section B.11.A, eg. FOD, Ops Mgr, DESH Group Leader, EPC Group Leader)

Print name and title: Taunia Van Valkenburg, EPC-CP Group Leader

Signature: (See signature on file) Date: \_\_\_\_\_



# Los Alamos National Lab - ADESH

Work Order MSGP-63057

MSGP Monitoring Stations  
Printed 10/11/2018 - 3:48 PM

## Maintenance Details

**Requested By:** Wheeler-Benson, Holly  
on 8/6/2018 2:36:00 PM

**Taken By:** Wheeler-Benson, Holly

**Problem:** None (None)

**Procedure:** MSGP Quarterly Visual  
Assessment (EPC-CP-  
Form-1021.2)

**Last PM:** 8/3/2018

**Project:** MSGP Quarterly Visual  
8/1/2018 (P-MSGP-  
5315)

**Target:** 9/30/2018

**Priority/Type:** / Inspection

**Department:** Utilities and Infrastructure

 MSGP Program

 RG121.9

 TA-3-22 Power & Steam Plant

 Monitored Outfall (005)

 MSGP00501

**Contact:** Wheeler-Benson, Holly

**Phone:** 667-1312

**Reason:** MSGP Quarterly Visual Assessment (EPC Sig)

**Special Instructions:** NMR053195

## Tasks

#	Description	Meas.	No	N/A	Yes
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The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.

### Sample information

30	Document the monitoring Period (e.g., Apr-May)	Aug-Sept	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/3/18, 1248	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/3/18, 1248	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/3/18, 1412	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	rain, 0.13"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

### Parameters

110	Is sample colorless? If "Failed", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	Is sample odorless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).	slightly cloudy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, coarse).	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, coarse).	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g., 'on the surface' or 'in the sample').		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

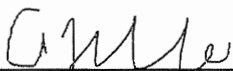
## Labor Report

**Completed:** 8/3/2018 2:12:00 PM

**Report:** Antonio Trujillo



8/8/2018



Signature / Name

Date

Signature / Name

Date

I confirm the information as recorded is true, accurate and complete.

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(Signatory must meet definition in Section B.11.A, eg. FOD, Ops Mgr, DESH Group Leader, EPC Group Leader)

Print name and title: Taunia Van Valkenburg, EPC-CP Group Leader

Signature: (See signature on file) Date: \_\_\_\_\_

# Los Alamos National Lab - ADESH

Work Order MSGP-63058

MSGP Monitoring Stations  
Printed 10/11/2018 - 3:45 PM

## Maintenance Details

**Requested By:** Wheeler-Benson, Holly  
on 8/6/2018 2:43:00 PM

**Target:** 9/30/2018

 MSGP Program

**Taken By:** Wheeler-Benson, Holly

**Priority/Type:** / Inspection


 RG121.9

**Problem:** None (None)

**Department:** Utilities and Infrastructure

 TA-3-22 Power & Steam Plant

**Procedure:** MSGP Quarterly Visual  
Assessment (EPC-CP-  
Form-1021.2)

 Monitored Outfall (009)

 MSGP00901

**Last PM:** 8/3/2018

**Contact:** Wheeler-Benson, Holly

**Project:** MSGP Quarterly Visual  
8/1/2018 (P-MSGP-  
5315)

**Phone:** 667-1312

**Reason:** MSGP Quarterly Visual Assessment (EPC Sig)

**Special Instructions:** NMR053195

## Tasks

#	Description	Meas.	No	N/A	Yes
---	-------------	-------	----	-----	-----

The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.

### Sample information

		Aug Sept			
30	Document the monitoring Period (e.g., Apr-May)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/3/18, 1240	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/3/18, 1303	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/3/18, 1403	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	rain, 0.13"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

### Parameters

110	Is sample colorless? If "Failed", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	Is sample odorless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, course).	course	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, course).	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g., 'on the surface' or 'in the sample').		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Labor Report

**Completed:** 8/3/2018 2:03:00 PM

**Report:** Antonio Trujillo

8/8/2018



Signature / Name

Date

Signature / Name

Date

I confirm the information as recorded is true, accurate and complete.

### CERTIFICATION STATEMENT

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(Signatory must meet definition in Section B.11.A, eg. FOD, Ops Mgr, DESH Group Leader, EPC Group Leader)

Print name and title: Taunia Van Valkenburg, EPC-CP Group Leader

Signature: (See signature on file) Date: \_\_\_\_\_

# Los Alamos National Lab - ADESH

Work Order MSGP-63083

MSGP Monitoring Stations  
Printed 10/11/2018 - 4:19 PM

## Maintenance Details

**Requested By:** Dale, Leslie on  
8/15/2018 1:17:00 PM

**Target:** 9/30/2018  
**Priority/Type:** / Inspection


 **MSGP Program**  
 RG121.9

**Taken By:** Dale, Leslie

**Department:** Utilities and Infrastructure

 TA-3-22 Power & Steam Plant

**Procedure:** MSGP Quarterly Visual  
Assessment (EPC-CP-  
Form-1021.2)

 Monitored Outfall (012)

 MSGP01201

**Last PM:** 8/15/2018

**Project:** MSGP Quarterly Visual  
8/1/2018 (P-MSGP-  
5315)

**Contact:** Dale, Leslie  
**Phone:**

**Reason:** MSGP Quarterly Visual Assessment (EPC-CP Sig)

**Special Instructions:** NMR053195

## Tasks

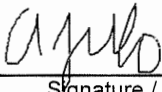
#	Description	Meas.	No	N/A	Yes
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.					
<b>Sample information</b>					
30	Document the monitoring Period (e.g., Apr-May)	Aug-Sept	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/9/18, 1725	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/9/18, 1725	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/15/18,1150	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	rain, 0.31"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Parameters</b>					
110	Is sample colorless? If "Failed", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	Is sample odorless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).	slightly cloudy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	Raw	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, coarse).	Fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, coarse).	Fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g., 'on the surface' or 'in the sample').		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Labor Report

**Completed:** 8/15/2018 11:50:00 AM

**Report:** Antonio Trujillo

8/20/2018



Signature / Name

Date

Signature / Name

Date

I confirm the information as recorded is true, accurate and complete.

### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg. FOD, Ops Mgr, DESH Group Leader, EPC Group Leader)

Print name and title: Taunia Van Valkenburg, EPC-CP Group Leader

Signature: (See signature on file) Date: \_\_\_\_\_









# Los Alamos National Lab - ADESH

Work Order MSGP-63124

MSGP Monitoring Stations  
Printed 10/11/2018 - 3:47 PM

## Maintenance Details

**Requested By:** Banar, Alethea on 9/11/2018 8:44:00 AM  
**Target:** 9/30/2018  
**Priority/Type:** / Inspection  
**Taken By:** Banar, Alethea  
**Department:** Utilities and Infrastructure  
**Procedure:** MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)  
**Last PM:** 8/31/2018  
**Project:** MSGP Quarterly Visual 8/1/2018 (P-MSGP-5315)

 MSGP Program  
 RG121.9  
 TA-3-22 Power & Steam Plant  
 Monitored Outfall (009)  
 Substantially Identical Outfall (010)  
 MSGP01001

**Contact:** Banar, Alethea  
**Phone:** 699-5836

**Reason:** MSGP Quarterly Visual Assessment

**Special Instructions:** NMR053195

## Tasks

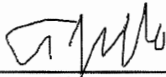
#	Description	Meas.	No	N/A	Yes
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.					
Sample information					
30	Document the monitoring Period (e.g., Apr-May)	Aug-Sept	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	9/4/18, 1225	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	9/4/18, 1225	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	9/4/18, 1355	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	rain, 0.79"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Parameters					
110	Is sample colorless? If "Failed", describe.	Dark Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	Is sample odorless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).	opaque	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	raw	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, course).	course	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, course).	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g., 'on the surface' or 'in the sample').		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Labor Report

**Completed:** 9/4/2018 1:55:00 PM

**Report:** Antonio Trujillo

9/12/2018



Signature / Name

Date

Signature / Name

Date

I confirm the information as recorded is true, accurate and complete.

### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

**(Signatory must meet definition in Section B.11.A, eg. FOD, Ops Mgr, DESH Group Leader, EPC Group Leader)**

Print name and title: Taunia Van Valkenburg, EPC-CP Group Leader

Signature: (See signature on file) Date: \_\_\_\_\_



To: Jillian Burgin, DESH-UIS, B274  
Thru: Terrill Lemke, EPC-DO, (E-File) *ms for*  
From: Holly Wheeler, EPC-CP, (E-File) *tlw*  
Phone: 505-667-1312  
Symbol: EPC-DO: 18-464  
Date: **DEC 12 2018**

**Subject: National Pollutant Discharge Elimination System (NPDES) Permit Tracking No. NMR053195, Multi-Sector General Permit (MSGP) Quarterly Visual Assessment (QVA) Forms for October and November of 2018 for the TA-3-22 Power and Steam Plant**

Please find attached completed MSGP QVA forms documenting visual assessments performed during the **fourth quarter of monitoring at the TA-3-22 Power and Steam Plant**. Per Parts 3.2.2 and 5.5 of the 2015 MSGP, the signed certification statement and associated QVA forms shall be incorporated into your MSGP Stormwater Pollution Prevention Plan (SWPPP).

Part 3.2.1 of the 2015 MSGP requires the visual assessment of stormwater discharge samples collected from each outfall once each quarter for the entire permit term. Part 3.2.3 allows facilities that are located in an area with a semi-arid climate and/or in an area where freezing conditions exist for an extended period to distribute the quarterly visual assessments during seasons when precipitation runoff occurs. Accordingly, Triad National Security, LLC (Triad) has designated the following MSGP monitoring quarters.

Quarter 1:	April – May	Quarter 2:	June – July
Quarter 3:	August – September	Quarter 4:	<b>October - November</b>

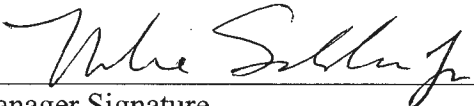
The attached QVA forms document the following information required by Part 3.2.2 of the 2015 MSGP and were completed by Environmental Compliance Programs (EPC-CP) personnel.

- Sample location;
- Sample collection date and time, and visual assessment date and time for each sample;
- Personnel collecting the sample and performing the visual assessment, and their signatures;
- Nature of the discharge (i.e., runoff or snowmelt);
- Results of observations of the stormwater discharge;
- Probable sources of any observed stormwater contamination (if applicable);
- If applicable, why it was not possible to take a sample within the first 30 minutes of the storm event.

The EPC-CP Group Leader has signed the certification statement to meet the duly authorized signatory requirements for the QVAs contained in Attachment 1.

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 assure that qualified personnel properly gathered and evaluated the information contained therein. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information contained 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.

Taunia Van Valkenburg, EPC-CP Group Leader  
Los Alamos National Laboratory

      12/12/18  
Manager Signature      Date

Please contact Holly Wheeler at 667-1312 (hbenson@lanl.gov) if you have questions regarding the QVA documentation. Thank you for your assistance in meeting the requirements of the Laboratory's NPDES 2015 MSGP.

Facility Name	Sampling Station	Work Order #
TA-3-22 Power & Steam Plant	MSGP00601	MSGP-63218
TA-3-22 Power & Steam Plant	MSGP00901	MSGP-63219
TA-3-22 Power & Steam Plant	MSGP01201	MSGP-63281
TA-3-22 Power & Steam Plant	MSGP01001	MSGP-63300
TA-3-22 Power & Steam Plant	MSGP01101	MSGP-63302
TA-3-22 Power & Steam Plant	MSGP00501	MSGP-63318

TWL/HLW:jdm

Attachment(s): Attachment 1 Quarterly Visual Assessment Forms, Fourth Quarter, 2018  
Monitoring Year

Copy: Michael Hazen, ALDESHQSS, [mhazen@lanl.gov](mailto:mhazen@lanl.gov), (E-File)  
William Mairson, ALDESHQSS, [wmairson@lanl.gov](mailto:wmairson@lanl.gov), (E-File)  
Enrique Torres, EPC-DO, [etorres@lanl.gov](mailto:etorres@lanl.gov), (E-File)  
Russell Stone, DESH-UIS, [rdstone@lanl.gov](mailto:rdstone@lanl.gov), (E-File)  
Taunia Van Valkenburg, EPC-CP, [tauniav@lanl.gov](mailto:tauniav@lanl.gov), (E-File)  
Terrill Lemke, EPC-CP, [tlemke@lanl.gov](mailto:tlemke@lanl.gov), (E-File)  
[Adesh-records@lanl.gov](mailto:Adesh-records@lanl.gov), (E-File)  
[lasomailbox@nnsa.doe.gov](mailto:lasomailbox@nnsa.doe.gov), (E-File)  
[locatesteam@lanl.gov](mailto:locatesteam@lanl.gov), (E-File)  
[epc-correspondence@lanl.gov](mailto:epc-correspondence@lanl.gov), (E-File)



# **ATTACHMENT 1**


Quarterly Visual Assessment Forms  
Fourth Quarter, 2018 Monitoring Year

EPC-DO: 18-464

**DEC 12 2018**

Date: \_\_\_\_\_

## Maintenance Details

**Requested By:** Banar, Alethea on  
10/4/2018 2:33:00 PM**Target:** 11/30/2018 MSGP Program**Taken By:** Banar, Alethea**Priority/Type:** / Inspection RG121.9**Procedure:** MSGP Quarterly Visual  
Assessment (EPC-CP-  
Form-1021.2)**Department:** Utilities and Infrastructure TA-3-22 Power & Steam Plant**Last PM:** 10/4/2018 Monitored Outfall (005)**Project:** MSGP Quarterly Visuals  
10/1/2018 (P-MSGP-  
5335) Substantially Identical Outfall (006) MSGP00601**Contact:** Banar, Alethea**Phone:** 699-5836**Reason:** MSGP Quarterly Visual Assessment**Special Instructions:** NMR053195

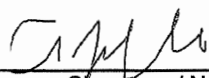
## Tasks

#	Description	Meas.	No	N/A	Yes
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.					
Sample information					
30	Document the monitoring Period (e.g., Apr-May)	Oct-Nov	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	10/2/18,1500	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	10/2/18, 1500	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	10/4/18, 0921	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	rain, 0.11	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Parameters					
110	Is sample colorless? If "Failed", describe.	Dark brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	Is sample odorless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).	opaque	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	Raw	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, coarse).	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, coarse).	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g., 'on the surface' or 'in the sample').		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Labor Report

**Completed:** 10/4/2018 9:21:00 AM**Report:** Antonio Trujillo

10/16/2018

\_\_\_\_\_  
Signature / Name\_\_\_\_\_  
Date\_\_\_\_\_  
Signature / Name\_\_\_\_\_  
Date

I confirm the information as recorded is true, accurate and complete.

### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

**(Signatory must meet definition in Section B.11.A, eg. FOD, Ops Mgr, DESH Group Leader, EPC Group Leader)**






Print name and title: Taunia Van Valkenburg, EPC-CP Group Leader

Signature: (See signature on file) Date: \_\_\_\_\_

### Maintenance Details

**Requested By:** Banar, Alethea on  
10/4/2018 2:36:00 PM  
**Taken By:** Banar, Alethea  
**Procedure:** MSGP Quarterly Visual  
Assessment (EPC-CP-  
Form-1021.2)  
**Last PM:** 10/4/2018  
**Project:** MSGP Quarterly Visuals  
10/1/2018 (P-MSGP-  
5335)

**Target:** 11/30/2018  
**Priority/Type:** / Inspection  
**Department:** Utilities and Infrastructure

 MSGP Program  
 RG121.9  
 TA-3-22 Power & Steam Plant  
 Monitored Outfall (009)  
 MSGP00901

**Contact:** Banar, Alethea  
**Phone:** 699-5836

**Reason:** MSGP Quarterly Visual Assessment

**Special Instructions:** NMR053195

### Tasks

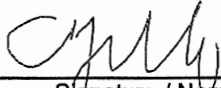
#	Description	Meas.	No	N/A	Yes
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.					
<b>Sample information</b>					
30	Document the monitoring Period (e.g., Apr-May)	Oct-Nov	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	10/2/18, 1322	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	10/02/18, 1322	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	10/4/18, 0940	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	0.11, rain	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Parameters</b>					
110	Is sample colorless? If "Failed", describe.	Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	Is sample odorless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).	opaque	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, coarse).	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, coarse).	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g., 'on the surface' or 'in the sample').		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

### Labor Report

**Completed:** 10/4/2018 9:40:00 AM

**Report:** Antonio Trujillo

10/15/2018



Signature / Name

Date

Signature / Name

Date

I confirm the information as recorded is true, accurate and complete.

### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

**(Signatory must meet definition in Section B.11.A, eg. FOD, Ops Mgr, DESH Group Leader, EPC Group Leader)**

Print name and title: Taunia Van Valkenburg, EPC-CP Group Leader






Signature: (See signature on file) Date: \_\_\_\_\_



### Maintenance Details

**Requested:** 10/22/2018 8:48:00 AM  
**Procedure:** MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)  
**Last PM:** 10/18/2018  
**Project:** MSGP Quarterly Visuals  
10/1/2018 (P-MSGP-5335)

**Target:** 11/30/2018  
**Priority/Type:** / Inspection  
**Department:** Utilities and Infrastructure

 MSGP Program  
 RG121.9  
 TA-3-22 Power & Steam Plant  
 Monitored Outfall (012)  
 MSGP01201

**Contact:**  
**Phone:**

**Reason:** MSGP Quarterly Visual Assessment

**Special Instructions:** NMR053195

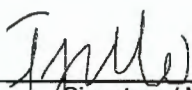
### Tasks

#	Description	Meas.	No	N/A	Yes
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.					
<b>Sample information</b>					
30	Document the monitoring Period (e.g., Apr-May)	Oct-Nov	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	10/14/18, 1111	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	10/14/18, 1111	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	10/18/18, 1339	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	snow, 0.77"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Parameters</b>					
110	Is sample colorless? If "Failed", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	Is sample odorless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	raw	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, course).	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, course).	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g., 'on the surface' or 'in the sample').		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

### Labor Report

**Completed:** 10/18/2018 1:39:00 PM

**Report:** Antonio Trujillo



Signature / Name

10/24/2018

Date

Signature / Name

Date

I confirm the information as recorded is true, accurate and complete.

### **CERTIFICATION STATEMENT**



"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

**(Signatory must meet definition in Section B.11.A, eg. FOD, Ops Mgr, DESH Group Leader, EPC Group Leader)**

Print name and title: Taunia Van Valkenburg, EPC-CP Group Leader

Signature: (See signature on file) Date: \_\_\_\_\_

## Maintenance Details

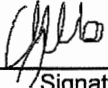
**Requested By:** Banar, Alethea on  
10/18/2018 4:06:00 PM**Target:** 11/30/2018 MSGP Program**Taken By:** Banar, Alethea**Priority/Type:** / Inspection RG121.9**Procedure:** MSGP Quarterly Visual  
Assessment (EPC-CP-  
Form-1021.2)**Department:** Utilities and Infrastructure TA-3-22 Power & Steam Plant**Last PM:** 10/15/2018 Monitored Outfall (009)**Project:** MSGP Quarterly Visuals  
10/1/2018 (P-MSGP-  
5335) Substantially Identical Outfall (010) MSGP01001**Contact:** Banar, Alethea**Phone:** 699-5836**Reason:** MSGP Quarterly Visual Assessment**Special Instructions:** NMR053195

## Tasks

#	Description	Meas.	No	N/A	Yes
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.					
<b>Sample information</b>					
30	Document the monitoring Period (e.g., Apr-May)	Oct-Nov	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	10/14/18, 1105	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	10/14/18, 1105	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	10/15/18, 1143	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	snow/rain, 0.77	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Parameters</b>					
110	Is sample colorless? If "Failed", describe.	Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	Is sample odorless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).	opaque	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, course).	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, course).	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g., 'on the surface' or 'in the sample').		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Labor Report

**Completed:** 10/15/2018 11:43:00 AM**Report:** Antonio Trujillo

\_\_\_\_\_  
Signature / Name\_\_\_\_\_  
Date\_\_\_\_\_  
Signature / Name\_\_\_\_\_  
Date

I confirm the information as recorded is true, accurate and complete.

### CERTIFICATION STATEMENT


"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

**(Signatory must meet definition in Section B.11.A, eg. FOD, Ops Mgr, DESH Group Leader, EPC Group Leader)**

Print name and title: Taunia Van Valkenburg, EPC-CP Group Leader

Signature: (See signature on file) Date: \_\_\_\_\_



**Maintenance Details****Requested By:** Banar, Alethea on  
10/22/2018 8:33:00 AM**Taken By:** Banar, Alethea**Procedure:** MSGP Quarterly Visual  
Assessment (EPC-CP-  
Form-1021.2)**Last PM:** 10/18/2018**Project:** MSGP Quarterly Visuals  
10/1/2018 (P-MSGP-  
5335)**Target:** 11/30/2018**Priority/Type:** / Inspection**Department:** Utilities and Infrastructure MSGP Program RG121.9 TA-3-22 Power & Steam Plant Monitored Outfall (012) Substantially Identical Outfall (011) MSGP01101**Contact:** Banar, Alethea**Phone:** 699-5836**Reason:** MSGP Quarterly Visual Assessment**Special Instructions:** NMR053195**Tasks**

#	Description	Meas.	No	N/A	Yes
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.					
<b>Sample information</b>					
30	Document the monitoring Period (e.g., Apr-May)	Oct-Nov	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	10/14/18, 11:05	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	10/14/18, 11:05	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	10/18/18, 1320	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	snow, 0.77"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Parameters</b>					
110	Is sample colorless? If "Failed", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	Is sample odorless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	Raw	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, coarse).		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, coarse).		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g., 'on the surface' or 'in the sample').		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Labor Report****Completed:** 10/18/2018 1:20:00 PM**Report:** Antonio Trujillo

10/23/2018



\_\_\_\_\_  
Signature / Name\_\_\_\_\_  
Date\_\_\_\_\_  
Signature / Name\_\_\_\_\_  
Date

I confirm the information as recorded is true, accurate and complete.



### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

**(Signatory must meet definition in Section B.11.A, eg. FOD, Ops Mgr, DESH Group Leader, EPC Group Leader)**

Print name and title: Taunia Van Valkenburg, EPC-CP Group Leader

Signature: (See signature on file) Date: \_\_\_\_\_

**Maintenance Details****Requested By:** Banar, Alethea on  
10/24/2018 8:42:00 AM**Taken By:** Banar, Alethea**Procedure:** MSGP Quarterly Visual  
Assessment (EPC-CP-  
Form-1021.2)**Last PM:** 10/23/2018**Project:** MSGP Quarterly Visuals  
10/1/2018 (P-MSGP-  
5335)**Target:** 11/30/2018**Priority/Type:** / Inspection**Department:** Utilities and Infrastructure MSGP Program RG121.9 TA-3-22 Power & Steam Plant Monitored Outfall (005) MSGP00501**Contact:** Banar, Alethea**Phone:** 699-5836**Reason:** MSGP Quarterly Visual Assessment**Special Instructions:** NMR053195**Tasks**

#	Description	Meas.	No	N/A	Yes
The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.					
<b>Sample information</b>					
30	Document the monitoring Period (e.g., Apr-May)	Oct-Nov	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	10/23/18, 0800	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	10/23/18, 0830	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	10/23/18, 0930	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	rain, 1.25"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Parameters</b>					
110	Is sample colorless? If "Failed", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	Is sample odorless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	raw	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, coarse).	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, coarse).	fine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g., 'on the surface' or 'in the sample').		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Labor Report****Completed:** 10/23/2018 9:30:00 AM**Report:** Antonio Trujillo

10/26/2018

\_\_\_\_\_  
Signature / Name\_\_\_\_\_  
Date\_\_\_\_\_  
Signature / Name\_\_\_\_\_  
Date

I confirm the information as recorded is true, accurate and complete.

### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

**(Signatory must meet definition in Section B.11.A, eg. FOD, Ops Mgr, DESH Group Leader, EPC Group Leader)**

Print name and title: Taunia Van Valkenburg, EPC-CP Group Leader

Signature: (See signature on file) Date: \_\_\_\_\_



# 2015 NPDES Multi-Sector General Permit For Stormwater Discharges Associated With Industrial Activity (MSGP) Forms

United States Environmental Protection Agency  
1200 Pennsylvania Ave, NW Washington, DC 20460

Permit Information (\* indicates form required data)

What action would you like to take? \*

New Industrial Stormwater Annual Report

Please select the NPDES ID corresponding to the facility for which you would like to submit an Annual Report and click the Submit button.

NPDES ID \*

NMR053195: LOS ALAMOS NATIONAL LABORATORY

☒ Confirm NPDES ID: NMR053195: LOS ALAMOS NATIONAL LABORATORY \*

Facility Information

Facility Name

Los Alamos National Laboratory

Street

PO Box 1663

Supplemental address

MS K490

City

Los Alamos

State

New Mexico

Zip Code

87545

First Name

Holly

Middle Name

Last Name

Wheeler

Telephone Number

5056671312

## Summary of past year's inspections, assessments, and corrective actions

1. Provide a summary of your past year's routine facility inspection documentation (see Part 3.1.2 of the permit). In addition, if you are an operator of an airport facility (Sector S) that is subject to the airport effluent limitations guidelines, and are complying with the MSGP Part 8.S.8.1 effluent limitation through the use of non-urea-containing deicers, provide a statement certifying that you do not use airfield pavement deicers containing urea (e.g., "*I certify that [name of airport] is in compliance with the effluent limitation guideline for airfield pavement deicing by not using airfield pavement deicers that contain urea.*"). [Note: Operators of airport facilities that are complying with Part 8.S.8.1 by meeting the numeric effluent limitation for ammonia do not need to include this statement.] \*

Los Alamos National Laboratory (LANL), operated by Los Alamos National Security, LLC (LANS), consists of 14 active industrial sites that operate under 8 different Sectors (A, D, F, K, N, O, P, and AA). All 14 active sites were inspected according to the schedules identified in the site-specific SWPPPs. The 26 sites that qualify for a conditional exclusion for no exposure were inspected between December 1st and 22nd, 2016. A total of 198 inspections and/or evaluations resulting in corrective actions were conducted at a total of 40 sites as follows:  
TA-3-22 Power and Steam Plant – 20; TA-3-29 Indoor TSD and Machine Shop – 1; TA-3-30 Warehouse – 2; TA-3-34-Metal Shop -1; TA-3-38 Carpenter Shop – 13; TA-3-38 Metals Fab Shop – 16; TA-3-39 and 102 Metal Shop – 7; TA-3-40, Room 1315 Machine Shop – 1; TA-3-66 Sigma Facility – 7; TA-3-2206 Warehouse – 1; TA-9-28 Heavy Equipment Maintenance – 1; TA-14-23 Burn Cage – 1; TA-15-313 Machine Shop – 1; TA-22-52 Machine Shop – 1; TA-33-39 Machine Shop – 1; TA-33-113 Machine Shop – 1; TA-35-2 Machine Shop – 1; TA-35-125 Machine Shop – 1; TA-46-31 Machine Shop – 1; TA-48-8 Machine Shop – 1; TA-50-54 Machine Shop – 1; TA-50-69 TSD – 1; TA-53-2 Machine Shop – 2; TA-53-3 Machine Shop – 1; TA-53-16 Machine Shop – 1; TA-53-26 Machine Shop – 1; TA-54-38 Indoor TSD – 1; TA-54 Area L – 8; TA-54 Area G – 13; TA-54 Maintenance Facility West – 6; TA-54 RANT – 9; TA-55-3 Metal Shop – 1; TA-55-5 Warehouse – 1; TA-55-268 Warehouse – 1; TA-55-314 Warehouse – 1; TA-60 Asphalt Batch Plant – 12; TA-60 MRF – 14; TA-60 Roads and Grounds – 12; TA-60-1 Heavy Equipment Yard – 19; and TA-60-2 Warehouse – 16.

2. Provide a summary of your past year's quarterly visual assessment documentation (see Part 3.2.2 of the permit) \*

A total of 668 visual assessments were completed at 66 different outfalls. Evidence of an oil sheen was observed in four samples: Outfall 021 on 11/04/2016, Outfall 024 on 09/07/2016 and 11/04/2016, and Outfall 052 on 05/02/2016. No other evidence of pollutants was observed.

3. For any four-sample (minimum) average benchmark monitoring exceedance, if after reviewing the selection, design, installation and implementation of your control measures and considering whether any modifications are necessary to meet the effluent limits in the permit, you determine that no further pollutant reductions are technologically available and economically practicable and achievable in light of best industry practice, provide your rationale for why you believe no further reductions are achievable (see Part 6.2.1.2 of the permit). Enter "NA" if not applicable. \*

NA

4. Provide a summary of your past year's corrective action documentation (See Part 4.4 of the permit). (Note: If corrective action is not yet completed at the time of submission of this annual report, you must describe the status of any outstanding corrective action(s).) Also describe any incidents of noncompliance in the past year or currently ongoing, or if none, provide a statement that you are in compliance with the permit. \*

A total of 198 inspections and/or evaluations resulting in corrective actions were conducted at a total of 40 sites with the following total count of conditions observed:

Unauthorized Release or Discharge – 24; Control Measures Needing Maintenance, Repairs, or Replacement – 48; Additional Control Measures Needed – 2; Control Measures Inadequate to Meet Non-Numeric Effluent Limitations – 63; Incidents of Noncompliance [New Mexico Water Quality Standard (NM WQS) Exceedances – 23; Incidents of Noncompliance: Average Exceeds or is Average Exceeds or is Mathematically Certain to Exceed Benchmark Value – 6; Average Exceeds or is Mathematically Certain to Exceed Benchmark Value – 23.

At this time, there are only 2 outstanding corrective actions, both identified on December 19, 2016 and proposed for completion by February 2, 2017.

Regarding incidents of noncompliance, 28 monitored constituents from different outfalls exceeded an individual New Mexico Water Quality Standard (NM WQS). In addition, 9 monitored quarterly benchmark constituent value exceedances occurred where the benchmark value was modified to reflect a NM WQS per Section 9.6.2.1. Corrective actions to address these exceedances have been completed.

EPC-DO: 17-084; LA-UR-17-20556



#### Certification Information

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 assure 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. 40 CFR 122.22 (d)



# 2015 NPDES Multi-Sector General Permit For Stormwater Discharges Associated With Industrial Activity (MSGP) Forms

United States Environmental Protection Agency  
1200 Pennsylvania Ave, NW Washington, DC 20460

Permit Information (\* indicates form required data)

What action would you like to take? \*

New Industrial Stormwater Annual Report

Please select the NPDES ID corresponding to the facility for which you would like to submit an Annual Report and click the Submit button.

NPDES ID \*

NMR053195: LOS ALAMOS NATIONAL LABORATORY

☒ Confirm NPDES ID: NMR053195: LOS ALAMOS NATIONAL LABORATORY \*

Facility Information

Facility Name

Los Alamos National Laboratory

Street

PO Box 1663

Supplemental address

MS K490

City

Los Alamos

State

New Mexico

Zip Code

87545

First Name

Holly

Middle Name

Last Name

Wheeler

Telephone Number

5056671312

## Summary of past year's inspections, assessments, and corrective actions

1. Provide a summary of your past year's routine facility inspection documentation (see Part 3.1.2 of the permit). In addition, if you are an operator of an airport facility (Sector S) that is subject to the airport effluent limitations guidelines, and are complying with the MSGP Part 8.S.8.1 effluent limitation through the use of non-urea-containing deicers, provide a statement certifying that you do not use airfield pavement deicers containing urea (e.g., "*I certify that [name of airport] is in compliance with the effluent limitation guideline for airfield pavement deicing by not using airfield pavement deicers that contain urea.*"). [Note: Operators of airport facilities that are complying with Part 8.S.8.1 by meeting the numeric effluent limitation for ammonia do not need to include this statement.] \*

Los Alamos National Laboratory (LANL), operated by Los Alamos National Security, LLC (LANS), consists of 13 active industrial sites that operate under 8 different Sectors (A, D, F, K, N, O, P, and AA). All 13 active sites were inspected according to the schedules identified in the site-specific Stormwater Pollution Prevention Plans (SWPPPs). The 35 sites that qualify for a conditional exclusion for no exposure and one inactive site were inspected between December 1st and 22nd, 2017. A total of 153 inspections were conducted at 49 facilities. A count of corrective actions by facility are as follows:

TA-3-Power and Steam Plant – 27; TA-3-32 Metal Shop – 2; TA-3-38 Carpenter Shop – 6; TA-3-38 Metals Fab Shop – 18; TA-3-39 and 102 Metal Shop – 12; TA-3-66 Sigma Facility – 23; TA-9-28 Heavy Equipment Maintenance – 1; TA-15-313 Machine Shop – 2; TA-35-125 Machine Shop – 1; TA-46-31 Machine Shop – 1; TA-50-69 WCRRF – 3; TA-53-2 Machine Shop – 3; TA-53-16 Machine Shop – 1; TA-53-26 Machine Shop – 1; TA-54 Area L – 9; TA-54 Area G – 15; TA-54 Maintenance Facility West – 4; TA-54 RANT – 6; TA-60 Asphalt Batch Plant – 8; TA-60 MRF – 17; TA-60 Roads and Grounds – 45; TA-60-1 Heavy Equipment Yard – 28; TA-60-2 Warehouse – 20; TA-63 Transuranic Waste Facility – 1.

2. Provide a summary of your past year's quarterly visual assessment documentation (see Part 3.2.2 of the permit) \*

A total of 529 visual assessments were completed at 70 different outfalls. Evidence of an oil sheen was observed in two samples: Outfall 024 and Outfall 028 on 04/04/2017. No other evidence of pollutants were observed.

3. For any four-sample (minimum) average benchmark monitoring exceedance, if after reviewing the selection, design, installation and implementation of your control measures and considering whether any modifications are necessary to meet the effluent limits in the permit, you determine that no further pollutant reductions are technologically available and economically practicable and achievable in light of best industry practice, provide your rationale for why you believe no further reductions are achievable (see Part 6.2.1.2 of the permit). Enter "NA" if not applicable. \*

N/A

4. Provide a summary of your past year's corrective action documentation (See Part 4.4 of the permit). (Note: If corrective action is not yet completed at the time of submission of this annual report, you must describe the status of any outstanding corrective action(s).) Also describe any incidents of noncompliance in the past year or currently ongoing, or if none, provide a statement that you are in compliance with the permit. \*

A total of 153 inspections were conducted at 49 facilities, with the following total count of conditions observed:

SWPPP Non-conformance – 2; Unauthorized Release or Discharge – 48; Control Measures Needing Maintenance, Repairs, or Replacement – 50; Additional Control Measures Needed – 1; Control Measures Inadequate to Meet Non-Numeric Effluent Limitations – 78; Incidents of Noncompliance (Effluent Limitation Guidelines Exceedances) – 1; Incidents of Noncompliance [(New Mexico Water Quality (NM WQS) Exceedances)] – 32; Incidents of Noncompliance (Average Exceeds or is Mathematically Certain to Exceed Benchmark Value Modified to Reflect a NM WQS per Section 9.6.2.1) – 15; Average Exceeds or is Mathematically Certain to Exceed Benchmark Value – 27.

At the time of annual report submission, there is only one outstanding corrective action, identified on December 21, 2017, and scheduled to be completed by February 1, 2018. Regarding incidents of noncompliance, 32 monitored constituents from different outfalls exceeded an individual NM WQS; 15 monitored quarterly benchmark constituent exceedances occurred where the benchmark value was modified to reflect a NM WQS per Section 9.6.2.1; and one effluent limitation guideline exceedance occurred. Corrective actions to address these exceedances have been completed. LA-UR-18-20566.

#### Certification Information

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 assure 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. 40 CFR 122.22 (d)

## **APPENDIX G**

### **Spill Reports**



**Los Alamos National Laboratory  
Environmental Compliance Programs (EPC-CP)  
Unplanned Release Report**

<b>Form Completed By:</b>		<b>Telephone:</b>		<b>Group:</b>	
Jillian Burgin, DEP		(505) 665-1893		DESHS-UIS	
<b>Spill Details</b>		Spill Owner (Specify): <input checked="" type="checkbox"/> LANS, LLC <input type="checkbox"/> Subcontractor:			
<b>Date of Spill/Date Spill Discovered:</b> 12/05/2017					
<b>Location:</b> TA-03-1404					
<b>Material Spilled:</b>		<input checked="" type="checkbox"/> Anti-freeze/coolant <input type="checkbox"/> Gasoline <input type="checkbox"/> Steam Condensate <input type="checkbox"/> Other: _____ <input type="checkbox"/> Potable Water <input type="checkbox"/> Lubricants/oils <input type="checkbox"/> Diesel <input type="checkbox"/> Refrigerant Oil			
<b>Volume Spilled:</b> ~30 gallons		<b>Waste Volume Generated:</b> ~30 gallons			
<b>Source of Spill:</b>		<input type="checkbox"/> Hydraulic Line <input type="checkbox"/> Radiator <input type="checkbox"/> Potable Water Line <input type="checkbox"/> Condensate Line <input type="checkbox"/> Fire Suppression System <input checked="" type="checkbox"/> Other: Loose hose on gen. <input type="checkbox"/> Fuel Tank			
Vehicle ID: _____		Equipment ID: TA-03-1404 Standby Generator			
<b>Describe the spill response in chronological order. Include response personnel, steps taken to contain the spill, and steps/spill control equipment used to clean it up. Please indicate if corrective actions have been completed and describe actions taken to prevent spill recurrence:</b> A coolant spill occurred from a loose hose on the diesel generator (TA-3-1404) east of the Power Plant. The majority of the spill remained within the generator's secondary containment and it is estimated that less than 1 gallon of coolant leaked from the containment out onto the concrete sidewalk. Absorbent pads and kitty litter were immediately deployed upon discovery of the spill to contain the release, and the residual fluid (~30 gallons) was removed from the containment and put into a 55 gallon drum. Additional pads and absorbent were used to remove the coolant that had leaked outside of the generator. As an extra precaution, Micro-blaze was applied to the impacted concrete area after the absorbent and pads were cleaned-up and the drum taken away for disposal. The spill was contained on site and did not reach a watercourse or adversely impact any SVMUs or AOCs. The release is not reportable to NMED pursuant to 20.6.2.1203 NMAC.					
<b>Date Corrective Actions Completed:</b> 12/11/2017					
<b>Did the spill enter or impact any of the following? (Check as many as apply)</b> <input type="checkbox"/> RCRA Treatment Storage Disposal Facility <input type="checkbox"/> RCRA Satellite Accumulation Area <input type="checkbox"/> RCRA <90 Day Storage Area <input type="checkbox"/> NPDES MSGP Facility		<input type="checkbox"/> Floor Drain, if so please indicate affected facility <input type="checkbox"/> Watercourse/drainage area, if so please indicate <input type="checkbox"/> Solid Waste Management Unit/Area of Concern, if so please indicate <input checked="" type="checkbox"/> None			
<b>Did the spill occur inside or outside a building?</b>		<input type="checkbox"/> Inside <input checked="" type="checkbox"/> Outside			
<b>Did the spill occur on:</b> (Check as many as apply)		<input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Asphalt <input type="checkbox"/> Carpeted Floor <input type="checkbox"/> Graveled/Rocky Area <input type="checkbox"/> Tile <input type="checkbox"/> Soil/Vegetated Area <input type="checkbox"/> Wooden floor/deck <input type="checkbox"/> Other: _____			
<b>Samples Collected:</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Soil <input type="checkbox"/> Water <input type="checkbox"/> Air <input type="checkbox"/> Other: _____		If samples were collected, indicate analytical suite:			
<b>Certification</b>					
I certify that I am knowledgeable about the information on this form. The information, to my knowledge, is true, accurate, and complete.					
<b>Name of Certifying Official:</b>		<b>Organization:</b> DESHS-UIS		<b>Date:</b> 12/11/2017	
Jillian Burgin		<small>Digitally signed by Jillian Burgin DN: cn=Jillian Burgin, o=Los Alamos National Laboratory, ou=DESHS- UIMS, email=jburgin@lanl.gov, c=US Date: 2017.12.11 14:57:35 -0700</small>			
<b>Certification:</b>					
<b>Completed by ENV-CP Personnel</b>		<input checked="" type="checkbox"/> Non-Reportable			
<b>Date Received:</b>	<b>Severity Index:</b>	<b>Causal Analysis:</b>		<input type="checkbox"/> Reportable	

**Los Alamos National Laboratory  
Environmental Compliance Programs (EPC-CP)  
Unplanned Release Report**

<b>Form Completed By:</b>		<b>Telephone:</b>		<b>Group:</b>	
Brian Iacona		664-0185		EPC-CP	
<b>Spill Details</b>		Spill Owner (Specify): <input checked="" type="checkbox"/> LANS, LLC <input type="checkbox"/> Subcontractor:			
<b>Date of Spill/Date Spill Discovered:</b> 12/1/2017					
<b>Location:</b> TA-3-22					
<b>Material Spilled:</b>		<input type="checkbox"/> Anti-freeze/coolant <input type="checkbox"/> Steam Condensate <input type="checkbox"/> Lubricants/oils <input type="checkbox"/> Refrigerant Oil		<input type="checkbox"/> Gasoline <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Hydraulic Fluid <input checked="" type="checkbox"/> Potable Water <input type="checkbox"/> Diesel					
<b>Volume Spilled:</b> ~60 gallons		<b>Waste Volume Generated:</b> None			
<b>Source of Spill:</b> Potable Water Leak Vehicle ID: _____ Equipment ID: _____		<input type="checkbox"/> Hydraulic Line <input type="checkbox"/> Potable Water Line <input type="checkbox"/> Fire Suppression System <input type="checkbox"/> Fuel Tank		<input type="checkbox"/> Radiator <input type="checkbox"/> Condensate Line <input type="checkbox"/> Other: _____	
<b>Describe the spill response in chronological order. Include response personnel, steps taken to contain the spill, and steps/spill control equipment used to clean it up. Please indicate if corrective actions have been completed and describe actions taken to prevent spill recurrence:</b>  A water leak was discovered to be discharging from an electrical conduit near TA-03-2306 on 12/1/2017. The was was estimated to be discharging at approximately 1 gpm. The source of the water is unknown but the water was analyzed at SERF and determined to be potable. The discharge location was plugged to stop the discharge. The water infiltrated into the surrounding soil, did not cause erosion, or adversely impact any SWMUs or AOCs. The site is being monitored for any additional environmental impacts.					
<b>Date Corrective Actions Completed:</b> 12/1/2017					
<b>Did the spill enter or impact any of the following? (Check as many as apply)</b>  <input type="checkbox"/> RCRA Treatment Storage Disposal Facility <input type="checkbox"/> RCRA Satellite Accumulation Area <input type="checkbox"/> RCRA <90 Day Storage Area NPDES MSGP Facility		<input type="checkbox"/> Floor Drain, if so please indicate affected facility <input type="checkbox"/> Watercourse/drainage area, if so please indicate <input type="checkbox"/> Solid Waste Management Unit/Area of Concern, if so please indicate <input checked="" type="checkbox"/> None			
<b>Did the spill occur inside or outside a building?</b>		<input type="checkbox"/> Inside <input checked="" type="checkbox"/> Outside			
<b>Did the spill occur on:</b> (Check as many as apply)		<input type="checkbox"/> Concrete <input type="checkbox"/> Carpeted Floor <input type="checkbox"/> Tile <input type="checkbox"/> Wooden floor/deck			
<input type="checkbox"/> Asphalt <input type="checkbox"/> Graveled/Rocky Area <input checked="" type="checkbox"/> Soil/Vegetated Area <input type="checkbox"/> Other: _____					
<b>Samples Collected:</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Water		<input type="checkbox"/> Soil <input type="checkbox"/> Air <input type="checkbox"/> Other: _____		If samples were collected, indicate analytical suite:	
<b>Certification</b>					
I certify that I am knowledgeable about the information on this form. The information, to my knowledge, is true, accurate, and complete.					
<b>Name of Certifying Official:</b> Brian Iacona <b>Certification:</b> Brian M. Iacona		<b>Organization:</b> EPC-CP <small>Digitally signed by Brian M. Iacona          DN: cn=Brian M. Iacona, o=ENV-CP, ou, email=biacona@lanl.gov, c=US          Date: 2017.12.05 14:00:22 -07'00'</small>		<b>Date:</b> 12/5/2017	
<b>Completed by ENV-CP Personnel</b> <b>Date Received:</b> 12/5/2017 <b>Severity Index:</b> 1		<b>Causal Analysis:</b> UC		<input checked="" type="checkbox"/> Non-Reportable <input type="checkbox"/> Reportable	

**Los Alamos National Laboratory**  
**Environmental Compliance Programs (ENV-CP)**  
**Unplanned Release Report**

<b>Form Completed By:</b>		<b>Telephone:</b>	<b>Group:</b>
Jillian Burgin, DEP		665-1893	DESHS-UIS
<b>Spill Details</b>		Spill Owner (Specify): <input checked="" type="checkbox"/> LANS, LLC <input type="checkbox"/> Subcontractor:	
Date of Spill/Date Spill Discovered: 4/12/17 (1:32 p.m.)			
Location: TA-03-0233 (115kV Electrical Switchyard)			
<b>Material Spilled:</b>		<input type="checkbox"/> Anti-freeze/coolant <input type="checkbox"/> Gasoline <input type="checkbox"/> Steam Condensate <input type="checkbox"/> Other: _____ <input checked="" type="checkbox"/> Lubricants/oils <input type="checkbox"/> Refrigerant Oil	
<input type="checkbox"/> Hydraulic Fluid <input type="checkbox"/> Potable Water <input type="checkbox"/> Diesel			
Volume Spilled: ~2 quarts		Waste Volume Generated: A plastic bag with rags.	
<b>Source of Spill:</b>		<input type="checkbox"/> Hydraulic Line <input type="checkbox"/> Radiator <input type="checkbox"/> Potable Water Line <input type="checkbox"/> Condensate Line <input type="checkbox"/> Fire Suppression System <input checked="" type="checkbox"/> Other: Motor Operated Switch Disconnect <input type="checkbox"/> Fuel Tank	
Vehicle ID: _____			
Equipment ID: _____			
<b>Describe the spill response in chronological order. Include response personnel, steps taken to contain the spill, and steps/spill control equipment used to clean it up. Please indicate if corrective actions have been completed and describe actions taken to prevent spill recurrence:</b>  During switching operation to re-energize a 115kV power line, a Motor Operated Disconnect (MOD) switch hydraulics failed releasing approximately two (2) quarts of oil onto HV equipment and onto ground. Electrical equipment was isolated and a Priority One (1) was released to assess equipment failure and clean up oil. Water quality and EOC were notified. The oil sprayed an approximate 12x12 area and spilled primarily onto the gravel yard and was cleaned up using Microblaze. The oil that landed on the HV equipment/insulator was cleaned up with rags. The area is in the Power Plant MSGP SWPPP and will be monitored for residual oil sheen during sampling events. Further clean-up may be required if an oil sheen becomes evident in stormwater.			
Date Corrective Actions Completed: 4/13/17			
<b>Did the spill enter or impact any of the following? (Check as many as apply)</b> <input type="checkbox"/> RCRA Treatment Storage Disposal Facility <input type="checkbox"/> RCRA Satellite Accumulation Area <input type="checkbox"/> RCRA <90 Day Storage Area		<input type="checkbox"/> Floor Drain, if so please indicate affected facility <input type="checkbox"/> Watercourse/drainage area, if so please indicate <input type="checkbox"/> Solid Waste Management Unit/Area of Concern, if so please indicate <input checked="" type="checkbox"/> None	
Did the spill occur inside or outside a building?		<input type="checkbox"/> Inside <input checked="" type="checkbox"/> Outside	
<b>Did the spill occur on:</b> (Check as many as apply)		<input type="checkbox"/> Concrete <input type="checkbox"/> Asphalt <input type="checkbox"/> Carpeted Floor <input checked="" type="checkbox"/> Graveled/Rocky Area <input type="checkbox"/> Tile <input type="checkbox"/> Soil/Vegetated Area <input type="checkbox"/> Wooden floor/deck <input checked="" type="checkbox"/> Other: HV Equipment	
<b>Samples Collected:</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Soil <input type="checkbox"/> Water <input type="checkbox"/> Air <input type="checkbox"/> Other: _____		If samples were collected, indicate analytical suite:	
<b>Certification</b>			
I certify that I am knowledgeable about the information on this form. The information, to my knowledge, is true, accurate, and complete.			
<b>Name of Certifying Official:</b> Jillian Burgin		<b>Organization:</b> DESHS-UIS	<b>Date:</b> 4/18/17
<b>Certification:</b> <small>Digitally signed by Jillian Burgin          DN: cn=Jillian Burgin, o=Los Alamos          National Laboratory, ou=DESHS-UIS,          email=jburgin@lanl.gov, c=US          Date: 2017.04.18 09:44:42 -0600</small>			
<b>Completed by ENV-CP Personnel</b>		<input type="checkbox"/> Non-Reportable <input type="checkbox"/> Reportable	
Date Received:	Severity Index:	Causal Analysis:	

**Los Alamos National Laboratory**  
**Environmental Compliance Programs (ENV-CP)**  
**Unplanned Release Report**

Form Completed By: \_\_\_\_\_ Telephone: \_\_\_\_\_ Group: \_\_\_\_\_

Spill Details Spill Owner (Specify): ☒ LANS, LLC ☐ Subcontractor:

Date of Spill/Date Spill Discovered: 10/21/16

Location: TA3-SM22 building 24

Material Spilled: ☐ Hydraulic Fluid ☐ Potable Water ☐ Diesel ☐ Anti-freeze/coolant ☐ Steam Condensate ☐ Lubricants/oils ☐ Refrigerant Oil ☐ Gasoline ☒ Other: 7408 Sodium Bisulfite

Volume Spilled: Approximately 2-3 gal Waste Volume Generated: Two half filled bags of Absorbent

Source of Spill: ☐ Hydraulic Line ☐ Radiator ☐ Potable Water Line ☐ Condensate Line ☐ Fire Suppression System ☒ Other: barrel/dolly ☐ Fuel Tank

Describe the spill response in chronological order. Include response personnel, steps taken to contain the spill, and steps/spill control equipment used to clean it up. Please indicate if corrective actions have been completed and describe actions taken to prevent spill recurrence:

Operations was moving 55 gal barrel of 7408 Sodium Bisulfite with a barrel-dolly and pierced the barrel. Chemical leaked out approximately 2-3 gal onto asphalt WMC was on site EM&R, HAZ-MAT responded. Water, Absorbent pads was only required on asphalt for cleanup. Water Quality responded and deemed as none reportable. WMC will remove waste. Operations will look into a different method to move barrels and or purchase a device so not to pierce or damage barrels when moving around.

Date Corrective Actions Completed: 10/21/16

Did the spill enter or impact any of the following? (Check as many as apply) ☐ Floor Drain, if so please indicate affected facility ☐ Watercourse/drainage area, if so please indicate ☐ Solid Waste Management Unit/Area of Concern, if so please indicate ☒ None ☐ RCRA Treatment Storage Disposal Facility ☐ RCRA Satellite Accumulation Area ☐ RCRA <90 Day Storage Area

Did the spill occur inside or outside a building? ☐ Inside ☒ Outside

Did the spill occur on: (Check as many as apply) ☐ Concrete ☒ Asphalt ☐ Carpeted Floor ☐ Graveled/Rocky Area ☐ Tile ☐ Soil/Vegetated Area ☐ Wooden floor/deck ☐ Other:

Samples Collected: ☐ Soil ☐ Air ☐ Other: P.H. If samples were collected, indicate analytical suite: Neutral ☐ None ☐ Water

Certification

I certify that I am knowledgeable about the information on this form. The information, to my knowledge, is true, accurate, and complete.

Name of Certifying Official: Pablo CdeVaca Organization: UJ Date: 10/21/16

Certification: Pablo F. CdeVaca

Digitally signed by Pablo F. CdeVaca  
DN: cn=Pablo F. CdeVaca, o=LANS, ou=LA, email=pfcd@lanl.gov, c=US  
Date: 2016.10.24 08:19:53 -06'00'

Completed by ENV-CP Personnel ☒ Non-Reportable ☐ Reportable  
Date Received: 10/21/16 Severity Index: 3 Causal Analysis: WC



**Los Alamos National Laboratory**  
**Environmental Compliance Programs (ENV-CP)**  
**Unplanned Release Report**

<b>Form Completed By:</b>		<b>Telephone:</b>		<b>Group:</b>	
Cliff Heintschel		699-1605		DESHS-UIS	
<b>Spill Details</b>		<b>Spill Owner (Specify):</b> <input checked="" type="checkbox"/> LANS, LLC		<input type="checkbox"/> Subcontractor:	
<b>Date of Spill/Date Spill Discovered:</b> 6/14/2016					
<b>Location:</b> TA3-22					
<b>Material Spilled:</b>		<input type="checkbox"/> Anti-freeze/coolant <input type="checkbox"/> Steam Condensate <input type="checkbox"/> Lubricants/oils <input type="checkbox"/> Refrigerant Oil		<input type="checkbox"/> Gasoline <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Hydraulic Fluid <input checked="" type="checkbox"/> Potable Water <input type="checkbox"/> Diesel					
<b>Volume Spilled:</b> Approximately 100 Gallons		<b>Waste Volume Generated:</b> None			
<b>Source of Spill:</b>		<input type="checkbox"/> Hydraulic Line <input checked="" type="checkbox"/> Potable Water Line <input type="checkbox"/> Fire Suppression System <input type="checkbox"/> Fuel Tank		<input type="checkbox"/> Radiator <input type="checkbox"/> Condensate Line <input type="checkbox"/> Other: _____	
Vehicle ID: _____					
Equipment ID: _____					
<p><b>Describe the spill response in chronological order. Include response personnel, steps taken to contain the spill, and steps/spill control equipment used to clean it up. Please indicate if corrective actions have been completed and describe actions taken to prevent spill recurrence:</b></p> <p>Crew noticed damp soil and investigated. Water coming from line pumping water to upper level of cooling tower. Discontinued use of upper level pump/line. Soil no longer showing signs of moisture. Will not use that line to pump to cooling tower.</p>					
<b>Date Corrective Actions Completed:</b> 6/17/2016					
<b>Did the spill enter or impact any of the following? (Check as many as apply)</b> <input type="checkbox"/> RCRA Treatment Storage Disposal Facility <input type="checkbox"/> RCRA Satellite Accumulation Area <input type="checkbox"/> RCRA <90 Day Storage Area		<input type="checkbox"/> Floor Drain, if so please indicate affected facility <input type="checkbox"/> Watercourse/drainage area, if so please indicate <input type="checkbox"/> Solid Waste Management Unit/Area of Concern, if so please indicate <input checked="" type="checkbox"/> None			
<b>Did the spill occur inside or outside a building?</b>		<input type="checkbox"/> Inside <input checked="" type="checkbox"/> Outside			
<b>Did the spill occur on:</b> (Check as many as apply)		<input type="checkbox"/> Concrete <input type="checkbox"/> Carpeted Floor <input type="checkbox"/> Tile <input type="checkbox"/> Wooden floor/deck		<input type="checkbox"/> Asphalt <input type="checkbox"/> Graveled/Rocky Area <input checked="" type="checkbox"/> Soil/Vegetated Area <input type="checkbox"/> Other: _____	
<b>Samples Collected:</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Water		<input type="checkbox"/> Soil <input type="checkbox"/> Air <input type="checkbox"/> Other: _____		If samples were collected, indicate analytical suite:	
<b>Certification</b> I certify that I am knowledgeable about the information on this form. The information, to my knowledge, is true, accurate, and complete.					
<b>Name of Certifying Official:</b>		<b>Organization:</b>		<b>Date:</b>	
Cliff Heintschel		Los Alamos National Laboratory		6/15/16	
<b>Certification:</b>		<small>Initially signed by Cliff Heintschel          DN: cn=Cliff Heintschel, o=DESH-UIS, ou=DESH-UIS,          email=cliffh@lanl.gov, c=US          Location: TA 3-1651          Date: 2016.07.25 14:39:20 -06'00'</small>			
<b>Completed by ENV-CP Personnel</b>		<b>Date Received:</b> 7/25/16		<b>Severity Index:</b> 1 <b>Causal Analysis:</b> AI	
				<input checked="" type="checkbox"/> Non-Reportable <input type="checkbox"/> Reportable	



**Los Alamos National Laboratory  
Environmental Compliance Programs (ENV-CP)  
Unplanned Release Report**

<b>Form Completed By:</b>		<b>Telephone:</b>		<b>Group:</b>	
Cliff Heintschel		699-1605		DESHS-UIS	
<b>Spill Details</b>		<b>Spill Owner (Specify):</b> <input checked="" type="checkbox"/> LANS, LLC		<input type="checkbox"/> Subcontractor:	
<b>Date of Spill/Date Spill Discovered:</b> Feb. 8, 2016					
<b>Location:</b> TA 3-22, Steam and Power Plant west parking area					
<b>Material Spilled:</b>		<input type="checkbox"/> Anti-freeze/coolant <input type="checkbox"/> Steam Condensate <input type="checkbox"/> Lubricants/oils <input type="checkbox"/> Refrigerant Oil		<input type="checkbox"/> Gasoline <input type="checkbox"/> Other: _____	
<input checked="" type="checkbox"/> Hydraulic Fluid <input type="checkbox"/> Potable Water <input type="checkbox"/> Diesel					
<b>Volume Spilled:</b> Approximately quart to half gallon		<b>Waste Volume Generated:</b> 4 bags; soil/hydraulic fluid			
<b>Source of Spill:</b>		<input checked="" type="checkbox"/> Hydraulic Line <input type="checkbox"/> Potable Water Line <input type="checkbox"/> Fire Suppression System <input type="checkbox"/> Fuel Tank		<input type="checkbox"/> Radiator <input type="checkbox"/> Condensate Line <input type="checkbox"/> Other: _____	
Vehicle ID:					
Equipment ID: 1238554 3MI 3/8/16					
<p><b>Describe the spill response in chronological order. Include response personnel, steps taken to contain the spill, and steps/spill control equipment used to clean it up. Please indicate if corrective actions have been completed and describe actions taken to prevent spill recurrence:</b></p> <p>Hydraulic line broke on backhole, working to repair condensate leak. EMR was notified and cleaned up area. Wind was blowing so hydraulic spray covered several square feet of soil. Water Quality responded. Backhole is being repaired. Waste will be turned over to WMC.</p>					
<b>Date Corrective Actions Completed:</b> Feb. 8, 2016					
<b>Did the spill enter or impact any of the following? (Check as many as apply)</b> <input type="checkbox"/> RCRA Treatment Storage Disposal Facility <input type="checkbox"/> RCRA Satellite Accumulation Area <input type="checkbox"/> RCRA <90 Day Storage Area		<input type="checkbox"/> Floor Drain, if so please indicate affected facility <input type="checkbox"/> Watercourse/drainage area, if so please indicate <input type="checkbox"/> Solid Waste Management Unit/Area of Concern, if so please indicate <input checked="" type="checkbox"/> None			
<b>Did the spill occur inside or outside a building?</b>		<input type="checkbox"/> Inside <input checked="" type="checkbox"/> Outside			
<b>Did the spill occur on:</b> (Check as many as apply)		<input type="checkbox"/> Concrete <input type="checkbox"/> Carpeted Floor <input type="checkbox"/> Tile <input type="checkbox"/> Wooden floor/deck <input checked="" type="checkbox"/> Asphalt <input checked="" type="checkbox"/> Graveled/Rocky Area <input type="checkbox"/> Soil/Vegetated Area <input type="checkbox"/> Other: _____			
<b>Samples Collected:</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Water		<input type="checkbox"/> Soil <input type="checkbox"/> Air <input type="checkbox"/> Other: _____		If samples were collected, indicate analytical suite:	
<b>Certification</b>					
I certify that I am knowledgeable about the information on this form. The information, to my knowledge, is true, accurate, and complete.					
<b>Name of Certifying Official:</b>		<b>Organization:</b>		<b>Date:</b>	
Cliff Heintschel					
<b>Certification:</b>					
<b>Completed by ENV-CP Personnel</b>		<b>Severity Index:</b> 3		<b>Causal Analysis:</b> PM	
<b>Date Received:</b> 3/8/16				<input checked="" type="checkbox"/> Non-Reportable <input type="checkbox"/> Reportable	

**Los Alamos National Laboratory  
Environmental Compliance Programs (ENV-CP)  
Unplanned Release Report**

<b>Form Completed By:</b>	<b>Telephone:</b>	<b>Group:</b>
Cliff Heintschel	699-1605	DESHS-UIS

<b>Spill Details</b>	<b>Spill Owner (Specify):</b> <input checked="" type="checkbox"/> LANS, LLC	<input type="checkbox"/> Subcontractor:
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**Date of Spill/Date Spill Discovered:** January 15, 2016

**Location:** Parking Lot TA3-0022

<b>Material Spilled:</b>	<input type="checkbox"/> Anti-freeze/coolant <input checked="" type="checkbox"/> Steam Condensate <input type="checkbox"/> Lubricants/oils <input type="checkbox"/> Refrigerant Oil	<input type="checkbox"/> Gasoline <input type="checkbox"/> Other: _____
<input type="checkbox"/> Hydraulic Fluid <input checked="" type="checkbox"/> Potable Water <input type="checkbox"/> Diesel		

**Volume Spilled:** Approximately 1800 Gallons      **Waste Volume Generated:** None

<b>Source of Spill:</b>	<input type="checkbox"/> Hydraulic Line <input type="checkbox"/> Potable Water Line <input type="checkbox"/> Fire Suppression System <input type="checkbox"/> Fuel Tank	<input type="checkbox"/> Radiator <input checked="" type="checkbox"/> Condensate Line <input type="checkbox"/> Other: _____
<b>Vehicle ID:</b> _____		
<b>Equipment ID:</b> _____		

**Describe the spill response in chronological order. Include response personnel, steps taken to contain the spill, and steps/spill control equipment used to clean it up. Please indicate if corrective actions have been completed and describe actions taken to prevent spill recurrence:**

Leak first noticed mid January, 2016. System LOTO on March 16, 2016. Estimate 60 gallons per day surfaced and soaked back into the ground. 6" condensate line. Repairs included replacing approximately 425' feet of 6" line. 30 BmI 6/27/16

**Date Corrective Actions Completed:** 6/7/2016

<b>Did the spill enter or impact any of the following? (Check as many as apply)</b>	<input type="checkbox"/> Floor Drain, if so please indicate affected facility <input type="checkbox"/> Watercourse/drainage area, if so please indicate <input type="checkbox"/> Solid Waste Management Unit/Area of Concern, if so please indicate <input checked="" type="checkbox"/> None
<input type="checkbox"/> RCRA Treatment Storage Disposal Facility <input type="checkbox"/> RCRA Satellite Accumulation Area <input type="checkbox"/> RCRA <90 Day Storage Area	

**Did the spill occur inside or outside a building?**      ☐ Inside      ☒ Outside

<b>Did the spill occur on:</b> (Check as many as apply)	<input type="checkbox"/> Concrete <input type="checkbox"/> Carpeted Floor <input type="checkbox"/> Tile <input type="checkbox"/> Wooden floor/deck	<input type="checkbox"/> Asphalt <input checked="" type="checkbox"/> Graveled/Rocky Area <input type="checkbox"/> Soil/Vegetated Area <input type="checkbox"/> Other: _____
--	---	--

<b>Samples Collected:</b>	<input type="checkbox"/> Soil <input type="checkbox"/> Air <input type="checkbox"/> Other: _____	If samples were collected, indicate analytical suite:
<input checked="" type="checkbox"/> None <input type="checkbox"/> Water		

**Certification**

I certify that I am knowledgeable about the information on this form. The information, to my knowledge, is true, accurate, and complete.

**Name of Certifying Official:**      **Organization:**      **Date:**

**Certification:** Cliff Heintschel Digitally signed by Cliff Heintschel  
DN: cn=Cliff Heintschel, o=DESHS-UIS, ou=DESHS-UIS  
email=cliffheints@lanl.gov, c=US  
Location: TA 3-1401  
Date: 2016.06.13 14:57:44 -0500


<b>Completed by ENV-CP Personnel</b>	<b>Date Received:</b> 6/13/16	<b>Severity Index:</b> 1
	<b>Causal Analysis:</b> AI	<input checked="" type="checkbox"/> Non-Reportable <input type="checkbox"/> Reportable

**Los Alamos National Laboratory  
Environmental Compliance Programs (ENV-CP)  
Unplanned Release Report**

<b>Form Completed By:</b>		<b>Telephone:</b>		<b>Group:</b>	
Cliff Heintschel		699-1605		DSESH-UIMS	
<b>Spill Details</b>		<b>Spill Owner (Specify):</b> <input checked="" type="checkbox"/> LANS, LLC <input type="checkbox"/> Subcontractor:			
<b>Date of Spill/Date Spill Discovered:</b> May 4, 2015					
<b>Location:</b> Power Plant Back Up Generator					
<b>Material Spilled:</b> <input type="checkbox"/> Hydraulic Fluid <input type="checkbox"/> Potable Water <input type="checkbox"/> Diesel		<input checked="" type="checkbox"/> Anti-freeze/coolant <input type="checkbox"/> Steam Condensate <input type="checkbox"/> Lubricants/oils <input type="checkbox"/> Refrigerant Oil		<input type="checkbox"/> Gasoline <input type="checkbox"/> Other: _____	
<b>Volume Spilled:</b> 1 Gallon		<b>Waste Volume Generated:</b> None			
<b>Source of Spill:</b> Hose Clamp <b>Vehicle ID:</b> _____ <b>Equipment ID:</b> _____		<input type="checkbox"/> Hydraulic Line <input type="checkbox"/> Potable Water Line <input type="checkbox"/> Fire Suppression System <input type="checkbox"/> Fuel Tank		<input type="checkbox"/> Radiator <input type="checkbox"/> Condensate Line <input type="checkbox"/> Other: _____	
<b>Describe the spill response in chronological order. Include response personnel, steps taken to contain the spill, and steps/spill control equipment used to clean it up. Please indicate if corrective actions have been completed and describe actions taken to prevent spill recurrence:</b>  Walk around inspection person noticed leak and notified PP Ops. Ops. notified DEP who notified water quality. Absorbent pads placed and dried. Pads disposed.					
<b>Date Corrective Actions Completed:</b> May 5, 2015					
<b>Did the spill enter or impact any of the following? (Check as many as apply)</b> <input type="checkbox"/> RCRA Treatment Storage Disposal Facility <input type="checkbox"/> RCRA Satellite Accumulation Area <input type="checkbox"/> RCRA <90 Day Storage Area		<input type="checkbox"/> Floor Drain, if so please indicate affected facility <input type="checkbox"/> Watercourse/drainage area, if so please indicate <input type="checkbox"/> Solid Waste Management Unit/Area of Concern, if so please indicate <input checked="" type="checkbox"/> None			
<b>Did the spill occur inside or outside a building?</b>		<input checked="" type="checkbox"/> Inside		<input type="checkbox"/> Outside	
<b>Did the spill occur on:</b> <b>(Check as many as apply)</b>		<input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Carpeted Floor <input type="checkbox"/> Tile <input type="checkbox"/> Wooden floor/deck		<input type="checkbox"/> Asphalt <input type="checkbox"/> Graveled/Rocky Area <input type="checkbox"/> Soil/Vegetated Area <input type="checkbox"/> Other: _____	
<b>Samples Collected:</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Water		<input type="checkbox"/> Soil <input type="checkbox"/> Air <input type="checkbox"/> Other: _____		If samples were collected, indicate analytical suite:	
<b>Certification</b>					
I certify that I am knowledgeable about the information on this form. The information, to my knowledge, is true, accurate, and complete.					
<b>Name of Certifying Official:</b> Cliff Heintschel		<b>Organization:</b> DSESH-UIMS		<b>Date:</b> May 5, 2015	
<b>Certification:</b> <i>Cliff Heintschel</i>					
<b>Completed by ENV-CP Personnel</b> <b>Date Received:</b> 5-5-15 <b>Severity Index:</b>		<b>Causal Analysis:</b> PM		<input checked="" type="checkbox"/> Non-Reportable <input type="checkbox"/> Reportable	



**Los Alamos National Laboratory**  
**Environmental Compliance Programs (ENV-CP)**  
**Unplanned Release Report**

<b>Form Completed By:</b>		<b>Telephone:</b>		<b>Group:</b>	
Cliff Heintschel		699-1605		DSESH-UIMS	
<b>Spill Details</b>		<b>Spill Owner (Specify):</b> <input checked="" type="checkbox"/> LANS, LLC		<input type="checkbox"/> Subcontractor:	
<b>Date of Spill/Date Spill Discovered:</b> Feb. 9 2015					
<b>Location:</b> TA-3 Fuel Oil Tank 2382					
<b>Material Spilled:</b>		<input type="checkbox"/> Anti-freeze/coolant <input type="checkbox"/> Steam Condensate <input type="checkbox"/> Lubricants/oils <input type="checkbox"/> Refrigerant Oil		<input type="checkbox"/> Gasoline <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Hydraulic Fluid <input type="checkbox"/> Potable Water <input checked="" type="checkbox"/> Diesel					
<b>Volume Spilled:</b> Pint		<b>Waste Volume Generated:</b> 5 Gallon bucket			
<b>Source of Spill:</b>		<input type="checkbox"/> Hydraulic Line <input type="checkbox"/> Potable Water Line <input type="checkbox"/> Fire Suppression System <input type="checkbox"/> Fuel Tank		<input type="checkbox"/> Radiator <input type="checkbox"/> Condensate Line <input checked="" type="checkbox"/> Other: Nipple	
Vehicle ID: _____					
Equipment ID: _____					
<p><b>Describe the spill response in chronological order. Include response personnel, steps taken to contain the spill, and steps/spill control equipment used to clean it up. Please indicate if corrective actions have been completed and describe actions taken to prevent spill recurrence:</b></p> <p>Leak noticed on daily walk around at 7 AM. Notified Operations and Water Quality. Leak seems to be isolated. Waste soil cleaned up and disposed. Drip pan placed under nipple. FSR being generated.</p>					
<b>Date Corrective Actions Completed:</b> Not yet → 4/8/15 BME					
<b>Did the spill enter or impact any of the following? (Check as many as apply)</b> <input type="checkbox"/> RCRA Treatment Storage Disposal Facility <input type="checkbox"/> RCRA Satellite Accumulation Area <input type="checkbox"/> RCRA <90 Day Storage Area		<input type="checkbox"/> Floor Drain, if so please indicate affected facility <input type="checkbox"/> Watercourse/drainage area, if so please indicate <input type="checkbox"/> Solid Waste Management Unit/Area of Concern, if so please indicate <input checked="" type="checkbox"/> None			
<b>Did the spill occur inside or outside a building?</b>		<input type="checkbox"/> Inside		<input checked="" type="checkbox"/> Outside	
<b>Did the spill occur on:</b> (Check as many as apply)		<input type="checkbox"/> Concrete <input type="checkbox"/> Carpeted Floor <input type="checkbox"/> Tile <input type="checkbox"/> Wooden floor/deck		<input type="checkbox"/> Asphalt <input checked="" type="checkbox"/> Graveled/Rocky Area <input type="checkbox"/> Soil/Vegetated Area <input type="checkbox"/> Other: _____	
<b>Samples Collected:</b>		<input type="checkbox"/> Soil <input type="checkbox"/> Air <input type="checkbox"/> Other: _____		<b>If samples were collected, indicate analytical suite:</b>	
<input checked="" type="checkbox"/> None <input type="checkbox"/> Water					
<b>Certification</b>					
I certify that I am knowledgeable about the information on this form. The information, to my knowledge, is true, accurate, and complete.					
<b>Name of Certifying Official:</b> Cliff Heintschel		<b>Organization:</b> DSESH-UIMS		<b>Date:</b> Feb. 9, 2015	
<b>Certification:</b>					
<b>Completed by ENV-CP Personnel</b>					
<b>Date Received:</b> 2/9/15		<b>Severity Index:</b> 3		<b>Causal Analysis:</b> PM	
				<input checked="" type="checkbox"/> Non-Reportable <input type="checkbox"/> Reportable	

## **APPENDIX H**

### **Stormwater Monitoring Records and Results (Current Permit)**



**Permitted Facility: TA-3-22 Power & Steam Plant**

**Section 4.7 Monitoring Requirements**

Outfalls: 005 (3-PSP-1), 009 (3-PSP-5), 012 (3-PSP-8)

Outfall	Monitoring Requirement	Industrial Sector	Assessment Unit	Analyte	Filtered/Unfiltered	Regulatory Standard	Units	Regulatory Standard Type	Regulatory Standard Reference
005	Impaired Waters	-	NM-9000.A_047	Al	F10u <sup>1</sup>	681	ug/L	NM 2010 Aquatic Chronic 60 mg	20.6.4.900 NMAC Subpart I
	Impaired Waters	-	NM-9000.A_047	Cu	F <sup>2</sup>	6	ug/L	NM 2010 Aquatic Chronic 60 mg	20.6.4.900 NMAC Subpart I
	Impaired Waters	-	NM-9000.A_047	Adjusted Gross Alpha	UF	15	pCi/L	NM 2010 Livestock Watering	20.6.4.900 NMAC Subpart J
	Impaired Waters	-	NM-9000.A_047	Tl	F	0.47	ug/L	NM 2010 HH Persistent	20.6.4.900 NMAC Subpart J
	Impaired Waters	-	NM-9000.A_047	Total Aroclor	UF	0.2	ug/L	2007 EPA R6 MQL	20.6.4.900 NMAC Subpart J
	Quarterly Benchmark	O	-	Fe	UF	1000	ug/L	MSGP QBM 2015	NMR053195 Sect 9.6.2.1
009	Impaired Waters	-	NM-9000.A_047	Al	F10u	681	ug/L	NM 2010 Aquatic Chronic 60 mg	20.6.4.900 NMAC Subpart I
	Impaired Waters	-	NM-9000.A_047	Cu	F	6	ug/L	NM 2010 Aquatic Chronic 60 mg	20.6.4.900 NMAC Subpart I
	Impaired Waters	-	NM-9000.A_047	Adjusted Gross Alpha	UF	15	pCi/L	NM 2010 Livestock Watering	20.6.4.900 NMAC Subpart J
	Impaired Waters	-	NM-9000.A_047	Tl	F	0.47	ug/L	NM 2010 HH Persistent	20.6.4.900 NMAC Subpart J
	Impaired Waters	-	NM-9000.A_047	Total Aroclor	UF	0.2	ug/L	2007 EPA R6 MQL	20.6.4.900 NMAC Subpart J/ 20.6.4.12 NMAC Subpart E
	Quarterly Benchmark	O	-	Fe	UF	1000	ug/L	MSGP QBM 2015	NMR053195 Sect 9.6.2.1
012	Impaired Waters	-	NM-9000.A_047	Al	F10u	681	ug/L	NM 2010 Aquatic Chronic 60 mg	20.6.4.900 NMAC Subpart I
	Impaired Waters	-	NM-9000.A_047	Cu	F	6	ug/L	NM 2010 Aquatic Chronic 60 mg	20.6.4.900 NMAC Subpart I
	Impaired Waters	-	NM-9000.A_047	Adjusted Gross Alpha	UF	15	pCi/L	NM 2010 Livestock Watering	20.6.4.900 NMAC Subpart J
	Impaired Waters	-	NM-9000.A_047	Tl	F	0.47	ug/L	NM 2010 HH Persistent	20.6.4.900 NMAC Subpart J

	Impaired Waters	-	NM-9000.A_047	Total Aroclor	UF	0.2	ug/L	2007 EPA R6 MQL	20.6.4.900 NMAC Subpart J/ 20.6.4.12 NMAC Subpart E
	Quarterly Benchmark	O	-	Fe	UF	1000	ug/L	MSGP QBM 2015	NMR053195 Sect 9.6.2.1

<sup>1</sup>F10u – 10 µm filter

<sup>2</sup>F - 0.45 µm filter

## Section 2.5 Sampling Data Summary

CY 2016

Monitored Outfall	Discontinue Monitoring		Continue Monitoring				
	Average of four monitoring values did not exceed benchmark; quarterly monitoring discontinued per Section 6.2.1.2	Impaired water constituent was not detected in storm water discharge; annual monitoring discontinued per Section 6.2.4.1.	Fewer than four quarterly samples have been collected in current sequence. Average concentration is not mathematically certain to exceed benchmark.	Average concentration mathematically certain to exceed benchmark.	Average of four quarterly monitoring values exceeded benchmark.	Impaired water constituent was detected, but did not exceed New Mexico Water Quality criterion.	Impaired water constituent exceeded New Mexico Water Quality criterion.
005	—	Total Aroclors, TI	—	Fe	—	—	Al, Cu, Adjusted Gross Alpha
009	—	Total Aroclors	—	Fe	—	Adjusted Gross Alpha	Al, Cu, TI
012	—	Total Aroclors, TI	—	Fe	—	Cu, Adjusted Gross Alpha	Al

CY 2017

Monitored Outfall	Discontinue Monitoring		Continue Monitoring				
	Average of four monitoring values did not exceed benchmark; quarterly monitoring discontinued per Section 6.2.1.2	Impaired water constituent was not detected in storm water discharge; annual monitoring discontinued per Section 6.2.4.1.	Fewer than four quarterly samples have been collected in current sequence. Average concentration is not mathematically	Average concentration mathematically certain to exceed benchmark.	Average of four quarterly monitoring values exceeded benchmark.	Impaired water constituent was detected, but did not exceed New Mexico Water Quality criterion.	Impaired water constituent exceeded New Mexico Water Quality criterion.

			certain to exceed benchmark.				
005	—	—	—	Fe	—	—	Al, Cu, Adjusted Gross Alpha
009	—	Tl	—	Fe	—	Adjusted Gross Alpha	Al, Cu
012	—	—	Fe	—	—	Cu	Al, Adjusted Gross Alpha

CY2018

Monitored Outfall	Discontinue Monitoring		Continue Monitoring				
	Average of four monitoring values did not exceed benchmark; quarterly monitoring discontinued per Section 6.2.1.2	Impaired water constituent was not detected in storm water discharge; annual monitoring discontinued per Section 6.2.4.1.	Fewer than four quarterly samples have been collected in current sequence. Average concentration is not mathematically certain to exceed benchmark.	Average concentration mathematically certain to exceed benchmark.	Average of four quarterly monitoring values exceeded benchmark.	Impaired water constituent was detected, but did not exceed New Mexico Water Quality criterion.	Impaired water constituent exceeded New Mexico Water Quality criterion.
005	—	—	Fe	—	—	—	Al, Cu, Adjusted Gross Alpha
009	—	—	Fe	—	—	Adjusted Gross Alpha	Al, Cu
012	Fe	—	—	—	—	Cu	Al, Adjusted Gross Alpha



***Environmental Protection & Compliance Division (EPC-DO)***

***Environmental Compliance Programs (EPC-CP)***

PO Box 1663, K490

Los Alamos, New Mexico 87545

(505) 667-0666

*Date:* JUL 01 2016

*Symbol:* EPC-DO-16-180

*LA-UR:* 16-24542

*Locates Action No.:* N/A

U.S. EPA Region 6

NPDES Stormwater Program (WQ-PP)

1445 Ross Avenue, Suite 1200

Dallas, TX 75202-2733

To whom it may concern:

**Subject: National Pollutant Discharge Elimination System (NPDES) Permit Tracking No. NMR053195, Multi-Sector General Permit (MSGP) Industrial Discharge Monitoring Reports (MDMRs) For April 15, 18 and 19, 2016 and a "No Discharge" Report For April 1 through May 31, 2016**

Enclosed are Los Alamos National Laboratory's MDMRs (Enclosure 1) for April 15, 18 and 19, 2016, and a "no discharge" MDMR for the end of the first quarter of monitoring (April 1, 2016 through May 31, 2016) as required under MSGP Permit Tracking No. NMR053195, submitted on behalf of Los Alamos National Security LLC. These MDMRs contain analytical results for impaired water and quarterly benchmark monitoring at outfalls 018, 026, 029, 004, 032, 002, and 009.

Please contact Holly Wheeler at (505) 667-1312 or Terrill Lemke at (505) 665-2397 if you have questions regarding these MDMRs.

Sincerely,

Anthony R. Grieggs

Group Leader

Environmental Compliance Programs (EPC-CP)

Los Alamos National Security, LLC



ARG:TWL:HLW/ms

Enclosure: 1. NPDES Permit Tracking No. NMR053195, MDMRs for April 15, 18 and 19, 2016 and a  
“No Discharge” Report for April 1 through May 31, 2016

Cy: Everett Spencer, EPA Region 6, Dallas TX (E-File)  
Helen Nguyen, EPA Region 6, Dallas TX (E-File)  
Craig S. Leasure, PADOPS, (E-File)  
William R. Mairson, PADOPS, (E-File)  
Michael T. Brandt, ADESH, (E-File)  
Raeanna Sharp-Geiger, ADESH, (E-File)  
John P. McCann, EPC-DO, (E-File)  
Anthony R. Grieggs, EPC-CP, (E-File)  
Terrill W. Lemke, EPC-CP, (E-File)  
Holly L. Wheeler, EPC-CP, (E-File)  
[lasomailbox@nnsa.doe.gov](mailto:lasomailbox@nnsa.doe.gov), (E-File)  
[locatetesteam@lanl.gov](mailto:locatetesteam@lanl.gov), (E-File)  
[epc-correspondence@lanl.gov](mailto:epc-correspondence@lanl.gov)

# **ENCLOSURE 1**

NPDES Permit Tracking No. NMR053195,  
MDMRs for April 15, 18 and 19, 2016  
and a “No Discharge” Report for  
April 1 through May 31, 2016

EPC-DO-16-180

LA-UR-16-24542

Date: JUL 01 2016



## A. Approval to User Paper DMR Form

1. Have you been granted a waiver from electronic reporting from EPA Regional Office? ☒ YES ☐ NO

If yes, check which waiver you have been granted, the name of the EPA Regional Office staff person who granted the waiver, and the date of approval:

Waiver granted: ☐ The owner/operator's headquarters is physically located in a geographic area (i.e., ZIP code or census tract) that is identified as under-served for broadband Internet access in the most recent report from the Federal Communications Commission.☒ The owner/operator has issues regarding available computer access or computer capability.Name of EPA staff person that granted the waiver: Everett SpencerDate approval obtained: 06/17/2016**\* Note: You are required to obtain approval from the applicable EPA Regional Office prior to using this paper DMR form. If you have not obtained a waiver, you must file this form electronically using the NetDMR at <http://www.epa.gov/netdmr/>**

## B. Permit Information

1. NPDES ID: NMR053195

2. Reason(s) for Submission (Check all that apply):

☒ Submitting monitoring data (Fill in all Sections).☐ Reporting no discharge for all outfalls for this monitoring period (Fill in Sections A, B, C, D, E.1, and G).☐ Reporting that your site status has changed to inactive and unstaffed (Fill in Sections A, B, C, D, and F and include date of status change in comment field in Section F.4).☐ Reporting that your site status has changed to active (Fill in all Sections and include date of status change in comment field in Section F.4).☐ Reporting that no further pollutant reductions are achievable for all outfalls and for all pollutants via Part 6.2.1.2 of the MSGP (Fill in Sections A, B, C, D, and G).

## C. Facility Operator Information

## 1. Operator Information

Operator Name: Los Alamos National Security, LLC

Mailing Address:

Street: P.O. Box 1663, MS K490City: Los AlamosState: NMZIP Code: 87545Phone: 505 667 0666E-mail: grieggst@lanl.gov

## 2. DMR Preparer (Complete if DMR was prepared by someone other than the certifier):

First Name, Middle Initial, Last Name: Holly L. WheelerOrganization: EPC-CPPhone: 505 667 1312

Ext. \_\_\_\_\_

E-mail: hbenson@lanl.gov

#### D. Facility Information

1. Facility Name: Los Alamos National Laboratory

2. Facility Address:

Street/Location Bikini Atoll Rd. SM30 K490

City: Los Alamos State: NM ZIP Code: 87545 -

County or Similar Government Subdivision: Los Alamos

#### E. Discharge Information

1. Identify monitoring period: ☒ Check here if proposing alternative monitoring periods due to irregular stormwater runoff. Identify alternative monitoring schedule and indicate for which alternative monitoring period you are reporting monitoring data:
- |  |  |
|--|--|
| <input type="checkbox"/> Quarter 1 (January 1 - March 31)    | <input checked="" type="checkbox"/> Quarter 1: From <u>04</u> / <u>01</u> To <u>05</u> / <u>31</u> |
| <input type="checkbox"/> Quarter 2 (April 1 - June 30)       | <input type="checkbox"/> Quarter 2: From <u>06</u> / <u>01</u> To <u>07</u> / <u>31</u>            |
| <input type="checkbox"/> Quarter 3 (July 1 - September 30)   | <input type="checkbox"/> Quarter 3: From <u>08</u> / <u>01</u> To <u>09</u> / <u>30</u>            |
| <input type="checkbox"/> Quarter 4 (October 1 - December 31) | <input type="checkbox"/> Quarter 4: From <u>10</u> / <u>01</u> To <u>11</u> / <u>30</u>            |
2. Are you required to monitor for cadmium, copper, chromium, lead, nickel, silver, or zinc in freshwater? ☒ Yes ( Skip to 3) ☐ No ( Skip to 4)
3. What is the hardness level of the receiving water? 57
4. Does your facility discharge into any saltwater receiving waters? ☐ Yes ☒ No

F. Monitoring Information											Note: Make additional copies of this form as necessary.	
1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt												
2.a. Duration of the rainfall event (hours): 2      2.b. Rainfall amount (inches): 0.2      2.c. Time since previous measurable storm event (days): 152												
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?		
018	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Aluminum, total recoverable	183	ug/L		04/15/2016	<input type="checkbox"/>	<input type="checkbox"/>		
018	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Aluminum, total recoverable	183	ug/L		04/15/2016	<input type="checkbox"/>	<input type="checkbox"/>		
018	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Iron, total	784	ug/L		04/15/2016	<input type="checkbox"/>	<input type="checkbox"/>		
013	<input checked="" type="checkbox"/> Substantially identical to outfall: 018	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>		
014	<input checked="" type="checkbox"/> Substantially identical to outfall: 018	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>		
015	<input checked="" type="checkbox"/> Substantially identical to outfall: 018	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>		
016	<input checked="" type="checkbox"/> Substantially identical to outfall: 018	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>		
017	<input checked="" type="checkbox"/> Substantially identical to outfall: 018	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>		



019	<input checked="" type="checkbox"/> Substantially identical to outfall: 018	<input checked="" type="checkbox"/>								<input type="checkbox"/>	<input type="checkbox"/>
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\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 1.58 hours. Rainfall amount = 0.24 inches.

F. Monitoring Information										
Note: Make additional copies of this form as necessary.										
1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours): 2      2.b. Rainfall amount (inches): 0.2      2.c. Time since previous measurable storm event (days): 7										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
026	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Copper, dissolved	22.6	ug/L		04/15/2016	<input type="checkbox"/>	<input type="checkbox"/>
026	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Thallium, dissolved	ND		0.450 ug/L	04/15/2016	<input type="checkbox"/>	<input type="checkbox"/>
027	<input checked="" type="checkbox"/> Substantially identical to outfall: 026	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
028	<input checked="" type="checkbox"/> Substantially identical to outfall: 026	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 1.58 hours. Rainfall amount = 0.24 inches.

026: The impaired water pollutant dissolved Copper exceeds the New Mexico water quality standard. The impaired water pollutant dissolved Thallium was not detected in stormwater discharge from this outfall. Therefore, annual monitoring for dissolved Thallium will be discontinued per Part 6.2.4.1.

F. Monitoring Information										Note: Make additional copies of this form as necessary.	
1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt											
2.a. Duration of the rainfall event (hours): 2		2.b. Rainfall amount (inches): 0.2		2.c. Time since previous measurable storm event (days): 7							
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?	
029	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Copper, dissolved	34.4	ug/L		04/15/2016	<input type="checkbox"/>	<input type="checkbox"/>	
029	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Copper, dissolved	34.4	ug/L		04/15/2016	<input type="checkbox"/>	<input type="checkbox"/>	
029	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Lead, dissolved	BQL		2.00 ug/L	04/15/2016	<input type="checkbox"/>	<input type="checkbox"/>	
029	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Thallium, dissolved	ND		0.450 ug/L	04/15/2016	<input type="checkbox"/>	<input type="checkbox"/>	
029	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Zinc, dissolved	1530	ug/L		04/15/2016	<input type="checkbox"/>	<input type="checkbox"/>	

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 1.58 hours. Rainfall amount = 0.24 inches.

029: The impaired water pollutant dissolved Copper exceeds the New Mexico water quality standard. The average concentration of dissolved Copper is mathematically certain to exceed the benchmark value. The impaired water pollutant dissolved Thallium was not detected in stormwater discharge from this outfall. Therefore, annual monitoring for dissolved Thallium will be discontinued per Part 6.2.4.1. The average concentration of dissolved Zinc is mathematically certain to exceed the benchmark value.

### G. Certification

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 assure that qualified personnel properly gathered and evaluated 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.

First Name, Middle Initial, Last Name: Anthony R Grieggs

Title: EPC-CP Group Leader

Signature: 

Date 07/01/2016

E-mail: grieggst@lanl.gov



## A. Approval to User Paper DMR Form

1. Have you been granted a waiver from electronic reporting from EPA Regional Office\*? ☒ YES ☐ NO

If yes, check which waiver you have been granted, the name of the EPA Regional Office staff person who granted the waiver, and the date of approval:

Waiver granted: ☐ The owner/operator's headquarters is physically located in a geographic area (i.e., ZIP code or census tract) that is identified as under-served for broadband Internet access in the most recent report from the Federal Communications Commission.☒ The owner/operator has issues regarding available computer access or computer capability.Name of EPA staff person that granted the waiver: Everett SpencerDate approval obtained: 06/17/2016**\* Note: You are required to obtain approval from the applicable EPA Regional Office prior to using this paper DMR form. If you have not obtained a waiver, you must file this form electronically using the NetDMR at <http://www.epa.gov/netdmr/>**

## B. Permit Information

1. NPDES ID: NMR053195

2. Reason(s) for Submission (Check all that apply):

☒ Submitting monitoring data (Fill in all Sections).☐ Reporting no discharge for all outfalls for this monitoring period (Fill in Sections A, B, C, D, E.1, and G).☐ Reporting that your site status has changed to inactive and unstaffed (Fill in Sections A, B, C, D, and F and include date of status change in comment field in Section F.4).☐ Reporting that your site status has changed to active (Fill in all Sections and include date of status change in comment field in Section F.4).☐ Reporting that no further pollutant reductions are achievable for all outfalls and for all pollutants via Part 6.2.1.2 of the MSGP (Fill in Sections A, B, C, D, and G).

## C. Facility Operator Information

## 1. Operator Information

Operator Name: Los Alamos National Security, LLC

Mailing Address:

Street: P.O. Box 1663, MS K490City: Los AlamosState: NMZIP Code: 87545 - Phone: 505 667 0666E-mail: grieggst@lanl.gov

## 2. DMR Preparer (Complete if DMR was prepared by someone other than the certifier):

First Name, Middle Initial, Last Name: Holly L. WheelerOrganization: EPC-CPPhone: 505 667 1312Ext. E-mail: hbenson@lanl.gov



#### D. Facility Information

1. Facility Name: Los Alamos National Laboratory

2. Facility Address:

Street/Location: Bikini Atoll Rd. SM30 K490

City: Los Alamos State: NM ZIP Code: 87545 -

County or Similar Government Subdivision: Los Alamos

#### E. Discharge Information

1. Identify monitoring period: ☒ Check here if proposing alternative monitoring periods due to irregular stormwater runoff. Identify alternative monitoring schedule and indicate for which alternative monitoring period you are reporting monitoring data:
- |  |  |
|--|--|
| <input type="checkbox"/> Quarter 1 (January 1 - March 31)    | <input checked="" type="checkbox"/> Quarter 1: From <u>04</u> / <u>01</u> To <u>05</u> / <u>31</u> |
| <input type="checkbox"/> Quarter 2 (April 1 - June 30)       | <input type="checkbox"/> Quarter 2: From <u>06</u> / <u>01</u> To <u>07</u> / <u>31</u>            |
| <input type="checkbox"/> Quarter 3 (July 1 - September 30)   | <input type="checkbox"/> Quarter 3: From <u>08</u> / <u>01</u> To <u>09</u> / <u>30</u>            |
| <input type="checkbox"/> Quarter 4 (October 1 - December 31) | <input type="checkbox"/> Quarter 4: From <u>10</u> / <u>01</u> To <u>11</u> / <u>30</u>            |
2. Are you required to monitor for cadmium, copper, chromium, lead, nickel, silver, or zinc in freshwater? ☒ Yes ( Skip to 3) ☐ No ( Skip to 4)
3. What is the hardness level of the receiving water? 57
4. Does your facility discharge into any saltwater receiving waters? ☐ Yes ☒ No

F. Monitoring Information										
Note: Make additional copies of this form as necessary.										
1. Nature of Discharge: <input type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input checked="" type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours):      2.b. Rainfall amount (inches):      2.c. Time since previous measurable storm event (days):										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
004	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Adjusted Gross Alpha	3.19	pCi/L		04/18/2016	<input type="checkbox"/>	<input type="checkbox"/>
004	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Aluminum, total recoverable	9060	ug/L		04/18/2016	<input type="checkbox"/>	<input type="checkbox"/>
004	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Aluminum, total recoverable	9060	ug/L		04/18/2016	<input type="checkbox"/>	<input type="checkbox"/>
004	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Aroclor, total	BQL		0.103 ug/L	04/18/2016	<input type="checkbox"/>	<input type="checkbox"/>
004	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Iron, total	1590	ug/L		04/18/2016	<input type="checkbox"/>	<input type="checkbox"/>
004	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Nitrate plus Nitrite Nitrogen	0.163	mg/L		04/18/2016	<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

004: The impaired water pollutant total recoverable Aluminum exceeds the New Mexico water quality standard. The average concentration of total recoverable Aluminum is mathematically certain to exceed the benchmark value.

F. Monitoring Information										
Note: Make additional copies of this form as necessary.										
1. Nature of Discharge: <input type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input checked="" type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours):      2.b. Rainfall amount (inches):      2.c. Time since previous measurable storm event (days):										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
018	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Copper, dissolved	4.7	ug/L		04/18/2016	<input type="checkbox"/>	<input type="checkbox"/>
018	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Copper, dissolved	4.7	ug/L		04/18/2016	<input type="checkbox"/>	<input type="checkbox"/>
018	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Thallium, dissolved	ND		0.450 ug/L	04/18/2016	<input type="checkbox"/>	<input type="checkbox"/>
018	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Zinc, dissolved	2230	ug/L		04/18/2016	<input type="checkbox"/>	<input type="checkbox"/>
013	<input checked="" type="checkbox"/> Substantially identical to outfall: 018	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
014	<input checked="" type="checkbox"/> Substantially identical to outfall: 018	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
015	<input checked="" type="checkbox"/> Substantially identical to outfall: 018	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
016	<input checked="" type="checkbox"/> Substantially identical to outfall: 018	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

017	<input checked="" type="checkbox"/> Substantially identical to outfall: 018	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
019	<input checked="" type="checkbox"/> Substantially identical to outfall: 018	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

018: The impaired water pollutant dissolved Thallium was not detected in stormwater discharge from this outfall. Therefore, annual monitoring for dissolved Thallium will be discontinued per Part 6.2.4.1. The average concentration of dissolved Zinc is mathematically certain to exceed the benchmark value.



F. Monitoring Information										Note: Make additional copies of this form as necessary.	
1. Nature of Discharge: <input type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input checked="" type="checkbox"/> Snowmelt											
2.a. Duration of the rainfall event (hours):			2.b. Rainfall amount (inches):			2.c. Time since previous measurable storm event (days):					
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?	
032	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Copper, dissolved	3.72	ug/L		04/18/2016	<input type="checkbox"/>	<input type="checkbox"/>	
032	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Thallium, dissolved	ND		0.450 ug/L	04/18/2016	<input type="checkbox"/>	<input type="checkbox"/>	
033	<input checked="" type="checkbox"/> Substantially identical to outfall: 032	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	
034	<input checked="" type="checkbox"/> Substantially identical to outfall: 032	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	
035	<input checked="" type="checkbox"/> Substantially identical to outfall: 032	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

032: The impaired water pollutant dissolved Thallium was not detected in stormwater discharge from this outfall. Therefore, annual monitoring for dissolved Thallium will be discontinued per Part 6.2.4.1.

### G. Certification

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 assure that qualified personnel properly gathered and evaluated 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.

First Name, Middle Initial, Last Name: Anthony R Grieggs

Title: EPC-CP Group Leader

Signature: 

Date: 07/01/2016

E-mail: grieggst@lanl.gov



## A. Approval to User Paper DMR Form

1. Have you been granted a waiver from electronic reporting from EPA Regional Office\*? ☒ YES ☐ NO

If yes, check which waiver you have been granted, the name of the EPA Regional Office staff person who granted the waiver, and the date of approval:

Waiver granted: ☐ The owner/operator's headquarters is physically located in a geographic area (i.e., ZIP code or census tract) that is identified as under-served for broadband Internet access in the most recent report from the Federal Communications Commission.☒ The owner/operator has issues regarding available computer access or computer capability.Name of EPA staff person that granted the waiver: Everett SpencerDate approval obtained: 06/17/2016**\* Note: You are required to obtain approval from the applicable EPA Regional Office prior to using this paper DMR form. If you have not obtained a waiver, you must file this form electronically using the NetDMR at <http://www.epa.gov/netdmr/>**

## B. Permit Information

1. NPDES ID: NMR053195

2. Reason(s) for Submission (Check all that apply):

☒ Submitting monitoring data (Fill in all Sections).☐ Reporting no discharge for all outfalls for this monitoring period (Fill in Sections A, B, C, D, E.1, and G).☐ Reporting that your site status has changed to inactive and unstaffed (Fill in Sections A, B, C, D, and F and include date of status change in comment field in Section F.4).☐ Reporting that your site status has changed to active (Fill in all Sections and include date of status change in comment field in Section F.4).☐ Reporting that no further pollutant reductions are achievable for all outfalls and for all pollutants via Part 6.2.1.2 of the MSGP (Fill in Sections A, B, C, D, and G).

## C. Facility Operator Information

## 1. Operator Information

Operator Name: Los Alamos National Security, LLC

Mailing Address:

Street: P.O. Box 1663, MS K490City: Los AlamosState: NM ZIP Code: 87545 - Phone: 505 667 0666E-mail: grieggst@lanl.gov

## 2. DMR Preparer (Complete if DMR was prepared by someone other than the certifier):

First Name, Middle Initial, Last Name: Holly L. WheelerOrganization: EPC-CPPhone: 505 667 1312Ext. E-mail: hbenson@lanl.gov

#### D. Facility Information

1. Facility Name: Los Alamos National Laboratory

2. Facility Address:

Street/Location Bikini Atoll Rd. SM30 K490

City: Los Alamos State: NM ZIP Code: 87545 -

County or Similar Government Subdivision: Los Alamos

#### E. Discharge Information

1. Identify monitoring period: ☒ Check here if proposing alternative monitoring periods due to irregular stormwater runoff. Identify alternative monitoring schedule and indicate for which alternative monitoring period you are reporting monitoring data:
- |  |  |
|--|--|
| <input type="checkbox"/> Quarter 1 (January 1 - March 31)    | <input checked="" type="checkbox"/> Quarter 1: From <u>04</u> / <u>01</u> To <u>05</u> / <u>31</u> |
| <input type="checkbox"/> Quarter 2 (April 1 - June 30)       | <input type="checkbox"/> Quarter 2: From <u>06</u> / <u>01</u> To <u>07</u> / <u>31</u>            |
| <input type="checkbox"/> Quarter 3 (July 1 - September 30)   | <input type="checkbox"/> Quarter 3: From <u>08</u> / <u>01</u> To <u>09</u> / <u>30</u>            |
| <input type="checkbox"/> Quarter 4 (October 1 - December 31) | <input type="checkbox"/> Quarter 4: From <u>10</u> / <u>01</u> To <u>11</u> / <u>30</u>            |
2. Are you required to monitor for cadmium, copper, chromium, lead, nickel, silver, or zinc in freshwater? ☒ Yes ( Skip to 3) ☐ No ( Skip to 4)
3. What is the hardness level of the receiving water? 57
4. Does your facility discharge into any saltwater receiving waters? ☐ Yes ☒ No

F. Monitoring Information										
Note: Make additional copies of this form as necessary.										
1. Nature of Discharge: <input type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input checked="" type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours):      2.b. Rainfall amount (inches):      2.c. Time since previous measurable storm event (days):										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
002	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Adjusted Gross Alpha	4.35	pCi/L		04/19/2016	<input type="checkbox"/>	<input type="checkbox"/>
002	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Aluminum, total recoverable	643	ug/L		04/19/2016	<input type="checkbox"/>	<input type="checkbox"/>
002	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Aluminum, total recoverable	643	ug/L		04/19/2016	<input type="checkbox"/>	<input type="checkbox"/>
002	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Aroclor, total	ND		0.107 ug/L	04/19/2016	<input type="checkbox"/>	<input type="checkbox"/>
002	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Copper, dissolved	7.35	ug/L		04/19/2016	<input type="checkbox"/>	<input type="checkbox"/>
002	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Iron, total	2270	ug/L		04/19/2016	<input type="checkbox"/>	<input type="checkbox"/>
002	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Nitrate plus Nitrite Nitrogen	0.188	mg/L		04/19/2016	<input type="checkbox"/>	<input type="checkbox"/>
002	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Thallium, dissolved	ND		0.450 ug/L	04/19/2016	<input type="checkbox"/>	<input type="checkbox"/>



002	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Zinc, dissolved	32	ug/L		04/19/2016	<input type="checkbox"/>	<input type="checkbox"/>
-----	---	--------------------------	-----	-----------------	----	------	--	------------	--------------------------	--------------------------

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

002: The impaired water pollutant total Aroclors was not detected in stormwater discharge from this outfall. Therefore, annual monitoring for total Aroclors will be discontinued per Part 6.2.4.1. The impaired water pollutant dissolved Copper exceeds the New Mexico water quality standard. The impaired water pollutant dissolved Thallium was not detected in stormwater discharge from this outfall. Therefore, annual monitoring for dissolved Thallium will be discontinued per Part 6.2.4.1.

F. Monitoring Information										
Note: Make additional copies of this form as necessary.										
1. Nature of Discharge: <input type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input checked="" type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours):      2.b. Rainfall amount (inches):      2.c. Time since previous measurable storm event (days):										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
009	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Copper, dissolved	9.01	ug/L		04/19/2016	<input type="checkbox"/>	<input type="checkbox"/>
009	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Thallium, dissolved	BQL		2.00 ug/L	04/19/2016	<input type="checkbox"/>	<input type="checkbox"/>
007	<input checked="" type="checkbox"/> Substantially identical to outfall: 009	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
008	<input checked="" type="checkbox"/> Substantially identical to outfall: 009	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
010	<input checked="" type="checkbox"/> Substantially identical to outfall: 009	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

009: The impaired water pollutant dissolved Copper exceeds the New Mexico water quality standard. The impaired water pollutant dissolved Thallium exceeds the New Mexico water quality standard.

F. Monitoring Information										
Note: Make additional copies of this form as necessary.										
1. Nature of Discharge: <input type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input checked="" type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours):      2.b. Rainfall amount (inches):      2.c. Time since previous measurable storm event (days):										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
026	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Adjusted Gross Alpha	ND			04/19/2016	<input type="checkbox"/>	<input type="checkbox"/>
026	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Aluminum, total recoverable	1500	ug/L		04/19/2016	<input type="checkbox"/>	<input type="checkbox"/>
026	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Aroclor, total	ND		0.0351 ug/L	04/19/2016	<input type="checkbox"/>	<input type="checkbox"/>
027	<input checked="" type="checkbox"/> Substantially identical to outfall: 026	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
028	<input checked="" type="checkbox"/> Substantially identical to outfall: 026	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

026: The impaired water pollutant Adjusted Gross Alpha was not detected in stormwater discharge from this outfall. Therefore, annual monitoring for Adjusted Gross Alpha will be discontinued per Part 6.2.4.1. The impaired water pollutant total recoverable Aluminum exceeds the New Mexico water quality standard. The impaired water pollutant total Aroclors was not detected in stormwater discharge from this outfall. Therefore, annual monitoring for total Aroclors will be discontinued per Part 6.2.4.1.

F. Monitoring Information										
Note: Make additional copies of this form as necessary.										
1. Nature of Discharge: <input type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input checked="" type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours):      2.b. Rainfall amount (inches):      2.c. Time since previous measurable storm event (days):										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
029	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Adjusted Gross Alpha	2.51	pCi/L		04/19/2016	<input type="checkbox"/>	<input type="checkbox"/>
029	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Aluminum, total recoverable	954	ug/L		04/19/2016	<input type="checkbox"/>	<input type="checkbox"/>
029	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Aluminum, total recoverable	954	ug/L		04/19/2016	<input type="checkbox"/>	<input type="checkbox"/>
029	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Chemical Oxygen Demand (COD)	BQL		20.0 mg/L	04/19/2016	<input type="checkbox"/>	<input type="checkbox"/>
029	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Iron, total	786	ug/L		04/19/2016	<input type="checkbox"/>	<input type="checkbox"/>
029	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Total Suspended Solids (TSS)	36.8	mg/L		04/19/2016	<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

029: The impaired water pollutant total recoverable Aluminum exceeds the New Mexico water quality standard.



### G. Certification

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 assure that qualified personnel properly gathered and evaluated 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.

First Name, Middle Initial, Last Name: Anthony R Grieggs

Title: EPC-CP Group Leader

Signature: 

Date 07/01/2016

E-mail: grieggst@lanl.gov



## A. Approval to User Paper DMR Form

1. Have you been granted a waiver from electronic reporting from EPA Regional Office\*? ☒ YES ☐ NO

If yes, check which waiver you have been granted, the name of the EPA Regional Office staff person who granted the waiver, and the date of approval:

Waiver granted: ☐ The owner/operator's headquarters is physically located in a geographic area (i.e., ZIP code or census tract) that is identified as under-served for broadband Internet access in the most recent report from the Federal Communications Commission.☒ The owner/operator has issues regarding available computer access or computer capability.Name of EPA staff person that granted the waiver: Everett SpencerDate approval obtained: 06/17/2016**\* Note: You are required to obtain approval from the applicable EPA Regional Office prior to using this paper DMR form. If you have not obtained a waiver, you must file this form electronically using the NetDMR at <http://www.epa.gov/netdmr/>**

## B. Permit Information

1. NPDES ID: NMR053195

2. Reason(s) for Submission (Check all that apply):

☐ Submitting monitoring data (Fill in all Sections).☒ Reporting no discharge for all outfalls for this monitoring period (Fill in Sections A, B, C, D, E.1, and G).☐ Reporting that your site status has changed to inactive and unstaffed (Fill in Sections A, B, C, D, and F and include date of status change in comment field in Section F.4).☐ Reporting that your site status has changed to active (Fill in all Sections and include date of status change in comment field in Section F.4).☐ Reporting that no further pollutant reductions are achievable for all outfalls and for all pollutants via Part 6.2.1.2 of the MSGP (Fill in Sections A, B, C, D, and G).

## C. Facility Operator Information

## 1. Operator Information

Operator Name: Los Alamos National Security, LLC

Mailing Address:

Street: P.O. Box 1663, MS K490City: Los AlamosState: NM ZIP Code: 87545 -Phone: 505 667 0666E-mail: grieggst@lanl.gov

## 2. DMR Preparer (Complete if DMR was prepared by someone other than the certifier):

First Name, Middle Initial, Last Name: Holly L. WheelerOrganization: EPC-CPPhone: 505 667 1312

Ext. \_\_\_\_\_

E-mail: hbenson@lanl.gov

#### D. Facility Information

1. Facility Name: Los Alamos National Laboratory

2. Facility Address:

Street/Location: Bikini Atoll Rd. SM30 K490

City: Los Alamos State: NM ZIP Code: 87545 -

County or Similar Government Subdivision: Los Alamos

#### E. Discharge Information

1. Identify monitoring period: ☒ Check here if proposing alternative monitoring periods due to irregular stormwater runoff. Identify alternative monitoring schedule and indicate for which alternative monitoring period you are reporting monitoring data:
- |  |  |
|--|--|
| <input type="checkbox"/> Quarter 1 (January 1 - March 31)    | <input checked="" type="checkbox"/> Quarter 1: From <u>04</u> / <u>01</u> To <u>05</u> / <u>31</u> |
| <input type="checkbox"/> Quarter 2 (April 1 - June 30)       | <input type="checkbox"/> Quarter 2: From <u>06</u> / <u>01</u> To <u>07</u> / <u>31</u>            |
| <input type="checkbox"/> Quarter 3 (July 1 - September 30)   | <input type="checkbox"/> Quarter 3: From <u>08</u> / <u>01</u> To <u>09</u> / <u>30</u>            |
| <input type="checkbox"/> Quarter 4 (October 1 - December 31) | <input type="checkbox"/> Quarter 4: From <u>10</u> / <u>01</u> To <u>11</u> / <u>30</u>            |
2. Are you required to monitor for cadmium, copper, chromium, lead, nickel, silver, or zinc in freshwater? ☒ Yes ( Skip to 3) ☐ No ( Skip to 4)
3. What is the hardness level of the receiving water? 57
4. Does your facility discharge into any saltwater receiving waters? ☐ Yes ☒ No

F. Monitoring Information										
Note: Make additional copies of this form as necessary.										
1. Nature of Discharge: <input type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours):      2.b. Rainfall amount (inches):      2.c. Time since previous measurable storm event (days):										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
012	<input type="checkbox"/> Substantially identical to outfall:	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
011	<input checked="" type="checkbox"/> Substantially identical to outfall: 012	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

012: NODI: C

F. Monitoring Information										Note: Make additional copies of this form as necessary.	
1. Nature of Discharge: <input type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt											
2.a. Duration of the rainfall event (hours):				2.b. Rainfall amount (inches):				2.c. Time since previous measurable storm event (days):			
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?	
020	<input type="checkbox"/> Substantially identical to outfall:	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

020: NODI: C

F. Monitoring Information		Note: Make additional copies of this form as necessary.								
1. Nature of Discharge: <input type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours):			2.b. Rainfall amount (inches):			2.c. Time since previous measurable storm event (days):				
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
031	<input type="checkbox"/> Substantially identical to outfall:	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
030	<input checked="" type="checkbox"/> Substantially identical to outfall: 031	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

031: NODI: C



F. Monitoring Information										
Note: Make additional copies of this form as necessary.										
1. Nature of Discharge: <input type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours):      2.b. Rainfall amount (inches):      2.c. Time since previous measurable storm event (days):										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type OBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
036	<input type="checkbox"/> Substantially identical to outfall:	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
037	<input checked="" type="checkbox"/> Substantially identical to outfall: 036	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

036: NOD: C

F. Monitoring Information										Note: Make additional copies of this form as necessary.	
1. Nature of Discharge: <input type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt											
2.a. Duration of the rainfall event (hours):				2.b. Rainfall amount (inches):				2.c. Time since previous measurable storm event (days):			
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?	
039	<input type="checkbox"/> Substantially identical to outfall:	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	
038	<input checked="" type="checkbox"/> Substantially identical to outfall: 039	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	
040	<input checked="" type="checkbox"/> Substantially identical to outfall: 039	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

039: NODI: C

F. Monitoring Information										Note: Make additional copies of this form as necessary.	
1. Nature of Discharge: <input type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt											
2.a. Duration of the rainfall event (hours):				2.b. Rainfall amount (inches):				2.c. Time since previous measurable storm event (days):			
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?	
042	<input type="checkbox"/> Substantially identical to outfall:	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	
041	<input checked="" type="checkbox"/> Substantially identical to outfall: 042	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

042: NODI: C

F. Monitoring Information										Note: Make additional copies of this form as necessary.	
1. Nature of Discharge: <input type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt											
2.a. Duration of the rainfall event (hours):				2.b. Rainfall amount (inches):				2.c. Time since previous measurable storm event (days):			
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, C*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?	
043	<input type="checkbox"/> Substantially identical to outfall:	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	

\* {QBM} - Quarterly benchmark monitoring; {ELG} - Annual effluent limitations guidelines monitoring; {S/T} - State- or tribal-specific monitoring; {I} - Impaired waters monitoring; {O} - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

043: NODI: C

F. Monitoring Information										Note: Make additional copies of this form as necessary.	
1. Nature of Discharge: <input type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt											
2.a. Duration of the rainfall event (hours):      2.b. Rainfall amount (inches):      2.c. Time since previous measurable storm event (days):											
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?	
051	<input type="checkbox"/> Substantially identical to outfall:	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	
052	<input checked="" type="checkbox"/> Substantially identical to outfall: 051	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

051: NODI: C

F. Monitoring Information										
Note: Make additional copies of this form as necessary.										
1. Nature of Discharge: <input type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours):      2.b. Rainfall amount (inches):      2.c. Time since previous measurable storm event (days):										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
053	<input type="checkbox"/> Substantially identical to outfall:	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
065	<input checked="" type="checkbox"/> Substantially identical to outfall: 053	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
066	<input checked="" type="checkbox"/> Substantially identical to outfall: 053	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

053: NODI: C



F. Monitoring Information										
Note: Make additional copies of this form as necessary.										
1. Nature of Discharge: <input type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours):      2.b. Rainfall amount (inches):      2.c. Time since previous measurable storm event (days):										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
072	<input type="checkbox"/> Substantially identical to outfall:	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
070	<input checked="" type="checkbox"/> Substantially identical to outfall: 072	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
071	<input checked="" type="checkbox"/> Substantially identical to outfall: 072	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

072: NODI: C

F. Monitoring Information										Note: Make additional copies of this form as necessary.	
1. Nature of Discharge: <input type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt											
2.a. Duration of the rainfall event (hours):			2.b. Rainfall amount (inches):			2.c. Time since previous measurable storm event (days):					
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type OBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?	
075	<input type="checkbox"/> Substantially identical to outfall:	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

075: NODI: C

### G. Certification

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 assure that qualified personnel properly gathered and evaluated 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.

First Name, Middle Initial, Last Name: Anthony R Grieggs

Title: EPC-CP Group Leader

Signature: 

Date 07/01/2016

E-mail: grieggst@lanl.gov



***Environmental Protection & Compliance Division (EPC-DO)***  
***Environmental Compliance Programs (EPC-CP)***

PO Box 1663, K490  
Los Alamos, New Mexico 87545  
(505) 667-0666

*Date:* JUL 14 2016  
*Symbol:* EPC-DO-16-204  
*LA-UR:* 16-24990  
*Locates Action No.:* N/A

U.S. EPA Region 6  
NPDES Stormwater Program (WQ-PP)  
1445 Ross Avenue, Suite 1200  
Dallas, TX 75202-2733

To whom it may concern:

**Subject: National Pollutant Discharge Elimination System (NPDES) Permit Tracking No. NMR053195, Multi-Sector General Permit (MSGP) Industrial Discharge Monitoring Reports (MDMRs) For May 15 and 19, 2016**

Enclosed are Los Alamos National Laboratory's MDMRs (Enclosure 1) for May 15 and 19, 2016, as required under MSGP Permit Tracking No. NMR053195, submitted on behalf of Los Alamos National Security LLC. These MDMRs contain analytical results for impaired water and quarterly benchmark monitoring at outfalls 009, 050, 069, 022, 047, and 073.

Please contact Holly Wheeler at (505) 667-1312 or Terrill Lemke at (505) 665-2397 if you have questions regarding these MDMRs.

Sincerely,

Anthony R. Grieggs  
Group Leader  
Environmental Compliance Programs (EPC-CP)  
Los Alamos National Security, LLC

ARG:TWL:HLW/ms

Enclosure: 1. NPDES Permit Tracking No. NMR053195, MDMRs for May 15 and 19, 2016

Cy: Everett Spencer, EPA Region 6, Dallas TX (E-File)  
Helen Nguyen, EPA Region 6, Dallas TX (E-File)  
Craig S. Leasure, PADOPS, (E-File)  
William R. Mairson, PADOPS, (E-File)  
Michael T. Brandt, ADESH, (E-File)  
Raeanna Sharp-Geiger, ADESH, (E-File)  
John P. McCann, EPC-DO, (E-File)  
Terrill W. Lemke, EPC-CP, (E-File)  
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[lasomailbox@nnsa.doe.gov](mailto:lasomailbox@nnsa.doe.gov), (E-File)  
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# **ENCLOSURE 1**

**NPDES Permit Tracking No NMR053195,  
MDMRs for May 15 and 19, 2016**

**EPC-DO-16-204**

**LA-UR-16- 24990**

**Date:**           JUL 14 2016





## A. Approval to User Paper DMR Form

1. Have you been granted a waiver from electronic reporting from EPA Regional Office\*?
- ☒
- YES
- ☐
- NO

If yes, check which waiver you have been granted, the name of the EPA Regional Office staff person who granted the waiver, and the date of approval:

Waiver granted: ☐ The owner/operator's headquarters is physically located in a geographic area (i.e., ZIP code or census tract) that is identified as under-served for broadband internet access in the most recent report from the Federal Communications Commission.☒ The owner/operator has issues regarding available computer access or computer capability.Name of EPA staff person that granted the waiver: Everett SpencerDate approval obtained: 06/17/2016**\* Note: You are required to obtain approval from the applicable EPA Regional Office prior to using this paper DMR form. If you have not obtained a waiver, you must file this form electronically using the NetDMR at <http://www.epa.gov/netdmr/>**

## B. Permit Information

1. NPDES ID: NMR053195

2. Reason(s) for Submission (Check all that apply):

☒ Submitting monitoring data (Fill in all Sections).☐ Reporting no discharge for all outfalls for this monitoring period (Fill in Sections A, B, C, D, E.1, and G).☐ Reporting that your site status has changed to inactive and unstaffed (Fill in Sections A, B, C, D, and F and include date of status change in comment field in Section F.4).☐ Reporting that your site status has changed to active (Fill in all Sections and include date of status change in comment field in Section F.4).☐ Reporting that no further pollutant reductions are achievable for all outfalls and for all pollutants via Part 6.2.1.2 of the MSGP (Fill in Sections A, B, C, D, and G).

## C. Facility Operator Information

## 1. Operator Information

Operator Name: Los Alamos National Security, LLC

Mailing Address:

Street: P.O. Box 1663, MS K490City: Los AlamosState: NMZIP Code: 87545Phone: 505 667 0666E-mail: grieggst@lanl.gov

## 2. DMR Preparer (Complete if DMR was prepared by someone other than the certifier):

First Name, Middle Initial, Last Name: Holly L. WheelerOrganization: EPC-CPPhone: 505 667 1312

Ext. \_\_\_\_\_

E-mail: hbenson@lanl.gov

#### D. Facility Information

1. Facility Name: Los Alamos National Laboratory

2. Facility Address:

Street/Location Bikini Atoll Rd. SM30 K490

City: Los Alamos State: NM ZIP Code: 87545 -

County or Similar Government Subdivision: Los Alamos

#### E. Discharge Information

1. Identify monitoring period: ☒ Check here if proposing alternative monitoring periods due to irregular stormwater runoff. Identify alternative monitoring schedule and indicate for which alternative monitoring period you are reporting monitoring data:
- |  |  |
|--|--|
| <input type="checkbox"/> Quarter 1 (January 1 - March 31)    | <input checked="" type="checkbox"/> Quarter 1: From <u>04</u> / <u>01</u> To <u>05</u> / <u>31</u> |
| <input type="checkbox"/> Quarter 2 (April 1 - June 30)       | <input type="checkbox"/> Quarter 2: From <u>06</u> / <u>01</u> To <u>07</u> / <u>31</u>            |
| <input type="checkbox"/> Quarter 3 (July 1 - September 30)   | <input type="checkbox"/> Quarter 3: From <u>08</u> / <u>01</u> To <u>09</u> / <u>30</u>            |
| <input type="checkbox"/> Quarter 4 (October 1 - December 31) | <input type="checkbox"/> Quarter 4: From <u>10</u> / <u>01</u> To <u>11</u> / <u>30</u>            |
2. Are you required to monitor for cadmium, copper, chromium, lead, nickel, silver, or zinc in freshwater? ☒ Yes ( Skip to 3) ☐ No ( Skip to 4)
3. What is the hardness level of the receiving water? 57
4. Does your facility discharge into any saltwater receiving waters? ☐ Yes ☒ No

F. Monitoring Information										
Note: Make additional copies of this form as necessary.										
1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours): 0      2.b. Rainfall amount (inches): 0.2      2.c. Time since previous measurable storm event (days): 14										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
022	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Copper, dissolved	22.1	ug/L		05/15/2016	<input type="checkbox"/>	<input type="checkbox"/>
022	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Thallium, dissolved	ND		0.450 ug/L	05/15/2016	<input type="checkbox"/>	<input type="checkbox"/>
021	<input checked="" type="checkbox"/> Substantially identical to outfall: 022	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
023	<input checked="" type="checkbox"/> Substantially identical to outfall: 022	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
024	<input checked="" type="checkbox"/> Substantially identical to outfall: 022	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
025	<input checked="" type="checkbox"/> Substantially identical to outfall: 022	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 0.50 hours, Rainfall amount = 0.15 inches.

022: The impaired water pollutant dissolved Copper exceeds the New Mexico water quality standard. The impaired water pollutant dissolved Thallium was not detected in stormwater discharge from this outfall. Therefore, annual monitoring for dissolved Thallium will be discontinued per Part 6.2.4.1.

F. Monitoring Information										
Note: Make additional copies of this form as necessary.										
1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours): 1      2.b. Rainfall amount (inches): 0.2      2.c. Time since previous measurable storm event (days): 14										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
047	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Aluminum, total recoverable	B4.5	ug/L		05/15/2016	<input type="checkbox"/>	<input type="checkbox"/>
047	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Ammonia, total	0.983	mg/L		05/15/2016	<input type="checkbox"/>	<input type="checkbox"/>
047	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Arsenic, dissolved	ND		1.70 ug/L	05/15/2016	<input type="checkbox"/>	<input type="checkbox"/>
047	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Cadmium, dissolved	BQL		1.00 ug/L	05/15/2016	<input type="checkbox"/>	<input type="checkbox"/>
047	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Chemical Oxygen Demand (COD)	75.2	mg/L		05/15/2016	<input type="checkbox"/>	<input type="checkbox"/>
047	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Cyanide, total	BQL		0.005 mg/L	05/15/2016	<input type="checkbox"/>	<input type="checkbox"/>
047	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Lead, dissolved	BQL		2.00 ug/L	05/15/2016	<input type="checkbox"/>	<input type="checkbox"/>
047	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Magnesium, total	0.609	mg/L		05/15/2016	<input type="checkbox"/>	<input type="checkbox"/>

047	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Mercury, total	ND		0.067 ug/L	05/15/2016	<input type="checkbox"/>	<input type="checkbox"/>
047	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Selenium, total	ND		1.50 ug/L	05/15/2016	<input type="checkbox"/>	<input type="checkbox"/>
047	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Silver, dissolved	ND		0.200 ug/L	05/15/2016	<input type="checkbox"/>	<input type="checkbox"/>
046	<input checked="" type="checkbox"/> Substantially identical to outfall: 047	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
045	<input checked="" type="checkbox"/> Substantially identical to outfall: 047	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
048	<input checked="" type="checkbox"/> Substantially identical to outfall: 047	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
044	<input checked="" type="checkbox"/> Substantially identical to outfall: 047	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 0.58 hours. Rainfall amount = 0.20 inches.

047: The average concentration of total Magnesium is mathematically certain to exceed the benchmark value.



F. Monitoring Information										Note: Make additional copies of this form as necessary.	
1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt											
2.a. Duration of the rainfall event (hours): 1      2.b. Rainfall amount (inches): 0.2      2.c. Time since previous measurable storm event (days): 9											
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?	
050	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Silver, dissolved	ND		0.200 ug/L	05/15/2016	<input type="checkbox"/>	<input type="checkbox"/>	

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 0.58 hours. Rainfall amount = 0.20 inches.

F. Monitoring Information											Note: Make additional copies of this form as necessary.	
1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt												
2.a. Duration of the rainfall event (hours): <u>1</u> 2.b. Rainfall amount (inches): <u>0.0</u> 2.c. Time since previous measurable storm event (days): <u>14</u>												
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?		
069	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Aluminum, total recoverable	593	ug/L		05/15/2016	<input type="checkbox"/>	<input type="checkbox"/>		
069	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Ammonia, total	0.716	mg/L		05/15/2016	<input type="checkbox"/>	<input type="checkbox"/>		
069	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Aroclor, total	ND		0.0351 ug/L	05/15/2016	<input type="checkbox"/>	<input type="checkbox"/>		
069	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Chemical Oxygen Demand (COD)	202	mg/L		05/15/2016	<input type="checkbox"/>	<input type="checkbox"/>		
069	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Cyanide, total	BQL		0.005 mg/L	05/15/2016	<input type="checkbox"/>	<input type="checkbox"/>		
069	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Magnesium, total	0.776	mg/L		05/15/2016	<input type="checkbox"/>	<input type="checkbox"/>		
069	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Mercury, total	ND		0.067 ug/L	05/15/2016	<input type="checkbox"/>	<input type="checkbox"/>		
069	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Selenium, total	ND		1.50 ug/L	05/15/2016	<input type="checkbox"/>	<input type="checkbox"/>		

059	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
058	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
057	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
056	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
055	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
054	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
067	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
068	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
060	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
061	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

062	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
063	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
064	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 0.75 hours. Rainfall amount = 0.03 inches.

069: The impaired water pollutant total Aroclors was not detected in stormwater discharge from this outfall. Therefore, annual monitoring for total Aroclors will be discontinued per Part 6.2.4.1. The average concentration of total Magnesium is mathematically certain to exceed the benchmark value.

F. Monitoring Information										
Note: Make additional copies of this form as necessary.										
1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours): 0      2.b. Rainfall amount (inches): 0.2      2.c. Time since previous measurable storm event (days): 14										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
073	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Chemical Oxygen Demand (COD)	463	mg/L		05/15/2016	<input type="checkbox"/>	<input type="checkbox"/>
073	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Copper, dissolved	32.5	ug/L		05/15/2016	<input type="checkbox"/>	<input type="checkbox"/>
073	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Thallium, dissolved	ND		0.450 ug/L	05/15/2016	<input type="checkbox"/>	<input type="checkbox"/>
074	<input checked="" type="checkbox"/> Substantially identical to outfall: 073	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 0.50 hours. Rainfall amount = 0.15 inches.

073: The impaired water pollutant dissolved Copper exceeds the New Mexico water quality standard. The impaired water pollutant dissolved Thallium was not detected in stormwater discharge from this outfall. Therefore, annual monitoring for dissolved Thallium will be discontinued per Part 6.2.4.1.

### G. Certification

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 assure that qualified personnel properly gathered and evaluated 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.

First Name, Middle Initial, Last Name: Anthony R Grieggs

Title: EPC-CP Group Leader

Signature: 

Date: 07/14/2016

E-mail: grieggst@lanl.gov





## A. Approval to User Paper DMR Form

1. Have you been granted a waiver from electronic reporting from EPA Regional Office\*? ☒ YES ☐ NO

If yes, check which waiver you have been granted, the name of the EPA Regional Office staff person who granted the waiver, and the date of approval:

Waiver granted: ☐ The owner/operator's headquarters is physically located in a geographic area (i.e., ZIP code or census tract) that is identified as under-served for broadband internet access in the most recent report from the Federal Communications Commission.☒ The owner/operator has issues regarding available computer access or computer capability.Name of EPA staff person that granted the waiver: Everett SpencerDate approval obtained: 06/17/2016**\* Note: You are required to obtain approval from the applicable EPA Regional Office prior to using this paper DMR form. If you have not obtained a waiver, you must file this form electronically using the NetDMR at <http://www.epa.gov/netdmr/>**

## B. Permit Information

1. NPDES ID: NMR053195

2. Reason(s) for Submission (Check all that apply):

☒ Submitting monitoring data (Fill in all Sections).☐ Reporting no discharge for all outfalls for this monitoring period (Fill in Sections A, B, C, D, E.1, and G).☐ Reporting that your site status has changed to inactive and unstaffed (Fill in Sections A, B, C, D, and F and include date of status change in comment field in Section F.4).☐ Reporting that your site status has changed to active (Fill in all Sections and include date of status change in comment field in Section F.4).☐ Reporting that no further pollutant reductions are achievable for all outfalls and for all pollutants via Part 6.2.1.2 of the MSGP (Fill in Sections A, B, C, D, and G).

## C. Facility Operator Information

## 1. Operator Information

Operator Name: Los Alamos National Security, LLC

Mailing Address:

Street: P.O. Box 1663, MS K490City: Los AlamosState: NMZIP Code: 87545 -Phone: 505 667 0666E-mail: grieggst@lanl.gov

## 2. DMR Preparer (Complete if DMR was prepared by someone other than the certifier):

First Name, Middle Initial, Last Name: Holly L. WheelerOrganization: EPC-CPPhone: 505 667 1312

Ext. \_\_\_\_\_

E-mail: hbenson@lanl.gov

#### D. Facility Information

1. Facility Name: Los Alamos National Laboratory

2. Facility Address:

Street/Location Bikini Atoll Rd. SM30 K490

City: Los Alamos State: NM ZIP Code: 87545 -

County or Similar Government Subdivision: Los Alamos

#### E. Discharge Information

1. Identify monitoring period: ☒ Check here if proposing alternative monitoring periods due to irregular stormwater runoff. Identify alternative monitoring schedule and indicate for which alternative monitoring period you are reporting monitoring data:
- |  |  |
|--|--|
| <input type="checkbox"/> Quarter 1 (January 1 - March 31)    | <input checked="" type="checkbox"/> Quarter 1: From <u>04</u> / <u>01</u> To <u>05</u> / <u>31</u> |
| <input type="checkbox"/> Quarter 2 (April 1 - June 30)       | <input type="checkbox"/> Quarter 2: From <u>06</u> / <u>01</u> To <u>07</u> / <u>31</u>            |
| <input type="checkbox"/> Quarter 3 (July 1 - September 30)   | <input type="checkbox"/> Quarter 3: From <u>08</u> / <u>01</u> To <u>09</u> / <u>30</u>            |
| <input type="checkbox"/> Quarter 4 (October 1 - December 31) | <input type="checkbox"/> Quarter 4: From <u>10</u> / <u>01</u> To <u>11</u> / <u>30</u>            |
2. Are you required to monitor for cadmium, copper, chromium, lead, nickel, silver, or zinc in freshwater? ☒ Yes ( Skip to 3) ☐ No ( Skip to 4)
3. What is the hardness level of the receiving water? 57
4. Does your facility discharge into any saltwater receiving waters? ☐ Yes ☒ No

**F. Monitoring Information**

Note: Make additional copies of this form as necessary.

1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2 a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours): 0      2.b. Rainfall amount (inches): 0.1      2.c. Time since previous measurable storm event (days): 2										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
009	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Adjusted Gross Alpha	10.2	pCi/L		05/19/2016	<input type="checkbox"/>	<input type="checkbox"/>
009	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Aluminum, total recoverable	1190	ug/L		05/19/2016	<input type="checkbox"/>	<input type="checkbox"/>
009	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Aroclor, total	ND		0.0358 ug/L	05/19/2016	<input type="checkbox"/>	<input type="checkbox"/>
009	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Iron, total	2790	ug/L		05/19/2016	<input type="checkbox"/>	<input type="checkbox"/>
007	<input checked="" type="checkbox"/> Substantially identical to outfall: 009	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
008	<input checked="" type="checkbox"/> Substantially identical to outfall: 009	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
010	<input checked="" type="checkbox"/> Substantially identical to outfall: 009	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 0.50 hours. Rainfall amount = 0.08 inches.

009: The impaired water pollutant total recoverable Aluminum exceeds the New Mexico water quality standard. The impaired water pollutant total Aroclors was not detected in stormwater discharge from this outfall. Therefore, annual monitoring for total Aroclors will be discontinued per Part 6.2.4.1.

F. Monitoring Information										
Note: Make additional copies of this form as necessary.										
1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours): 0      2.b. Rainfall amount (inches): 0.0      2.c. Time since previous measurable storm event (days): 2										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
050	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Adjusted Gross Alpha	1.91	pCi/L		05/19/2016	<input type="checkbox"/>	<input type="checkbox"/>
050	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Aroclor, total	ND		0.034 ug/L	05/19/2016	<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)  
 Rainfall duration = 0.17 hours. Rainfall amount = 0.02 inches.

050: The impaired water pollutant total Aroclors was not detected in stormwater discharge from this outfall. Therefore, annual monitoring for total Aroclors will be discontinued per Part 6.2.4.1.

F. Monitoring Information										
Note: Make additional copies of this form as necessary.										
1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours): 1      2.b. Rainfall amount (inches): 0.1      2.c. Time since previous measurable storm event (days): 2										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
069	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Arsenic, dissolved	ND		1.70 ug/L	05/19/2016	<input type="checkbox"/>	<input type="checkbox"/>
069	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Cadmium, dissolved	BQL		1.00 ug/L	05/19/2016	<input type="checkbox"/>	<input type="checkbox"/>
069	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Lead, dissolved	ND		0.500 ug/L	05/19/2016	<input type="checkbox"/>	<input type="checkbox"/>
069	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Silver, dissolved	ND		0.200 ug/L	05/19/2016	<input type="checkbox"/>	<input type="checkbox"/>
059	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
058	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
057	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
056	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>



055	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
054	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
067	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
068	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
060	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
061	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
062	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
063	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
064	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 1.50 hours. Rainfall amount = 0.10 inches.

### G. Certification

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 assure that qualified personnel properly gathered and evaluated 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.

First Name, Middle Initial, Last Name: Anthony R Grieggs

Title: EPC-CP Group Leader

Signature: *A R Grieggs*

Date: 07/14/2016

E-mail: grieggst@lanl.gov



***Environmental Protection & Compliance Division (EPC-DO)***

***Environmental Compliance Programs (EPC-CP)***

PO Box 1663, K490

Los Alamos, New Mexico 87545

(505) 667-0666

*Date:* **AUG 04 2016**

*Symbol:* EPC-DO-16-229

*LA-UR:* 16-26032

*Locates Action No.:* N/A

U.S. EPA Region 6

NPDES Stormwater Program (WQ-PP)

1445 Ross Avenue, Suite 1200

Dallas, TX 75202-2733

To whom it may concern:

**Subject: National Pollutant Discharge Elimination System (NPDES) Permit Tracking No. NMR053195, Multi-Sector General Permit (MSGP) Industrial Discharge Monitoring Reports (MDMRs) For June 04, 05, and 07, 2016**

Enclosed are Los Alamos National Laboratory's MDMRs (Enclosure 1) for June 04, 05, and 07, 2016, as required under MSGP Permit Tracking No. NMR053195, submitted on behalf of Los Alamos National Security LLC. These MDMRs contain analytical results for quarterly benchmark monitoring at outfalls 002, 009 and 050.

Please contact Holly Wheeler at (505) 667-1312 or Terrill Lemke at (505) 665-2397 if you have questions regarding these MDMRs.

Sincerely,

Anthony R. Grieggs

Group Leader

Environmental Compliance Programs (EPC-CP)

Los Alamos National Security, LLC

ARG:TWL:HLW/lm

Enclosure: 1. NPDES Permit Tracking No. NMR053195, MDMRs for June 04, 05, and 07, 2016

Cy: Everett Spencer, EPA Region 6, Dallas TX (E-File)  
Helen Nguyen, EPA Region 6, Dallas TX (E-File)  
Craig S. Leasure, PADOPS, (E-File)  
William R. Mairson, PADOPS, (E-File)  
Michael T. Brandt, ADESH, (E-File)  
Raeanna Sharp-Geiger, ADESH, (E-File)  
Karen Armijo, NA-LA, (E-File)  
John P. McCann, EPC-DO, (E-File)  
Terrill W. Lemke, EPC-CP, (E-File)  
Holly L. Wheeler, EPC-CP, (E-File)  
[lasomailbox@nnsa.doe.gov](mailto:lasomailbox@nnsa.doe.gov), (E-File)  
[locatesteam@lanl.gov](mailto:locatesteam@lanl.gov), (E-File)  
[epc-correspondence@lanl.gov](mailto:epc-correspondence@lanl.gov)

# **ENCLOSURE 1**

NPDES Permit Tracking No. NMR053195, MDMRs for  
June 04, 05, and 07, 2016

EPC-DO-16-229

LA-UR-16-26032

Date: AUG 0 4 2016





## A. Approval to User Paper DMR Form

1. Have you been granted a waiver from electronic reporting from EPA Regional Office\*? ☒ YES ☐ NO

If yes, check which waiver you have been granted, the name of the EPA Regional Office staff person who granted the waiver, and the date of approval:

Waiver granted: ☐ The owner/operator's headquarters is physically located in a geographic area (i.e., ZIP code or census tract) that is identified as under-served for broadband Internet access in the most recent report from the Federal Communications Commission.☒ The owner/operator has issues regarding available computer access or computer capability.Name of EPA staff person that granted the waiver: Everett SpencerDate approval obtained: 06/17/2016**\* Note: You are required to obtain approval from the applicable EPA Regional Office prior to using this paper DMR form. If you have not obtained a waiver, you must file this form electronically using the NetDMR at <http://www.epa.gov/netdmr/>**

## B. Permit Information

1. NPDES ID: NMR053195

2. Reason(s) for Submission (Check all that apply):

☒ Submitting monitoring data (Fill in all Sections).☐ Reporting no discharge for all outfalls for this monitoring period (Fill in Sections A, B, C, D, E.1, and G).☐ Reporting that your site status has changed to inactive and unstaffed (Fill in Sections A, B, C, D, and F and include date of status change in comment field in Section F.4).☐ Reporting that your site status has changed to active (Fill in all Sections and include date of status change in comment field in Section F.4).☐ Reporting that no further pollutant reductions are achievable for all outfalls and for all pollutants via Part 6.2.1.2 of the MSGP (Fill in Sections A, B, C, D, and G).

## C. Facility Operator Information

## 1. Operator Information

Operator Name: Los Alamos National Security, LLC

Mailing Address:

Street: P.O. Box 1663, MS K490City: Los AlamosState: NM ZIP Code: 87545 - Phone: 505 667 0666E-mail: grieggst@lanl.gov

## 2. DMR Preparer (Complete if DMR was prepared by someone other than the certifier):

First Name, Middle Initial, Last Name: Holly L. WheelerOrganization: EPC-CPPhone: 505 667 1312Ext. E-mail: hbenson@lanl.gov

#### D. Facility Information

1. Facility Name: Los Alamos National Laboratory

2. Facility Address:

Street/Location: Bikini Atoll Rd. SM30 K490

City: Los Alamos State: NM ZIP Code: 87545 -

County or Similar Government Subdivision: Los Alamos

#### E. Discharge Information

1. Identify monitoring period: ☒ Check here if proposing alternative monitoring periods due to irregular stormwater runoff. Identify alternative monitoring schedule and indicate for which alternative monitoring period you are reporting monitoring data:
- |  |  |
|--|--|
| <input type="checkbox"/> Quarter 1 (January 1 – March 31)    | <input type="checkbox"/> Quarter 1: From <u>04</u> / <u>01</u> To <u>05</u> / <u>31</u>            |
| <input type="checkbox"/> Quarter 2 (April 1 – June 30)       | <input checked="" type="checkbox"/> Quarter 2: From <u>06</u> / <u>01</u> To <u>07</u> / <u>31</u> |
| <input type="checkbox"/> Quarter 3 (July 1 – September 30)   | <input type="checkbox"/> Quarter 3: From <u>08</u> / <u>01</u> To <u>09</u> / <u>30</u>            |
| <input type="checkbox"/> Quarter 4 (October 1 – December 31) | <input type="checkbox"/> Quarter 4: From <u>10</u> / <u>01</u> To <u>11</u> / <u>30</u>            |
2. Are you required to monitor for cadmium, copper, chromium, lead, nickel, silver, or zinc in freshwater? ☒ Yes ( Skip to 3) ☐ No ( Skip to 4)
3. What is the hardness level of the receiving water? 57
4. Does your facility discharge into any saltwater receiving waters? ☐ Yes ☒ No

F. Monitoring Information										
Note: Make additional copies of this form as necessary.										
1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours): 1      2.b. Rainfall amount (inches): 0.2      2.c. Time since previous measurable storm event (days): 3										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
002	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Aluminum, total recoverable	1400	ug/L		06/04/2016	<input type="checkbox"/>	<input type="checkbox"/>
002	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Iron, total	3640	ug/L		06/04/2016	<input type="checkbox"/>	<input type="checkbox"/>
002	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Nitrate plus Nitrite Nitrogen	1.39	mg/L		06/04/2016	<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 1.33 hours. Rainfall amount = 0.20 inches.

002: Aluminum, total recoverable (I) - NODI 9. The average concentration of total Iron is mathematically certain to exceed the benchmark value. This is for storm events on 04/19/2016 and 06/04/2016.

F. Monitoring Information										
Note: Make additional copies of this form as necessary.										
1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours): 1      2.b. Rainfall amount (inches): 0.2      2.c. Time since previous measurable storm event (days): 3										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
022	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Adjusted Gross Alpha	1.36	pCi/L		06/04/2016	<input type="checkbox"/>	<input type="checkbox"/>
022	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Aluminum, total recoverable	2960	ug/L		06/04/2016	<input type="checkbox"/>	<input type="checkbox"/>
022	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Aroclor, total	ND		0.0347 ug/L	06/04/2016	<input type="checkbox"/>	<input type="checkbox"/>
021	<input checked="" type="checkbox"/> Substantially identical to outfall: 022	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
023	<input checked="" type="checkbox"/> Substantially identical to outfall: 022	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
024	<input checked="" type="checkbox"/> Substantially identical to outfall: 022	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
025	<input checked="" type="checkbox"/> Substantially identical to outfall: 022	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 1.33 hours. Rainfall amount = 0.20 inches.

022: The impaired water pollutant dissolved total recoverable Aluminum exceeds the New Mexico water quality standard. The impaired water pollutant total Aroclor was not detected in stormwater discharge from this outfall. Therefore, annual monitoring for total Aroclor will be discontinued per Part 6.2.4.1.

### G. Certification

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 assure that qualified personnel properly gathered and evaluated 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.

First Name, Middle Initial, Last Name: Anthony R Grieggs

Title: EPC-CP Group Leader

Signature: *A R Grieggs*

Date: 08/04/2016

E-mail: grieggst@lanl.gov





## A. Approval to User Paper DMR Form

1. Have you been granted a waiver from electronic reporting from EPA Regional Office\*? ☒ YES ☐ NO

If yes, check which waiver you have been granted, the name of the EPA Regional Office staff person who granted the waiver, and the date of approval:

Waiver granted: ☐ The owner/operator's headquarters is physically located in a geographic area (i.e., ZIP code or census tract) that is identified as under-served for broadband Internet access in the most recent report from the Federal Communications Commission.☒ The owner/operator has issues regarding available computer access or computer capability.Name of EPA staff person that granted the waiver: Everett SpencerDate approval obtained: 06/17/2016**\* Note: You are required to obtain approval from the applicable EPA Regional Office prior to using this paper DMR form. If you have not obtained a waiver, you must file this form electronically using the NetDMR at <http://www.epa.gov/netdmr/>**

## B. Permit Information

1. NPDES ID: NMR053195

2. Reason(s) for Submission (Check all that apply):

☒ Submitting monitoring data (Fill in all Sections).☐ Reporting no discharge for all outfalls for this monitoring period (Fill in Sections A, B, C, D, E.1, and G).☐ Reporting that your site status has changed to inactive and unstaffed (Fill in Sections A, B, C, D, and F and include date of status change in comment field in Section F.4).☐ Reporting that your site status has changed to active (Fill in all Sections and include date of status change in comment field in Section F.4).☐ Reporting that no further pollutant reductions are achievable for all outfalls and for all pollutants via Part 6.2.1.2 of the MSGP (Fill in Sections A, B, C, D, and G).

## C. Facility Operator Information

## 1. Operator Information

Operator Name: Los Alamos National Security, LLC

Mailing Address:

Street: P.O. Box 1663, MS K490City: Los AlamosState: NM ZIP Code: 87545 - Phone: 505 667 0666E-mail: grieggst@lanl.gov

## 2. DMR Preparer (Complete if DMR was prepared by someone other than the certifier):

First Name, Middle Initial, Last Name: Holly L. WheelerOrganization: EPC-CPPhone: 505 667 1312Ext. E-mail: hbenson@lanl.gov

#### D. Facility Information

1. Facility Name: Los Alamos National Laboratory

2. Facility Address:

Street/Location Bikini Atoll Rd. SM30 K490

City: Los Alamos State: NM ZIP Code: 87545 -

County or Similar Government Subdivision: Los Alamos

#### E. Discharge Information

1. Identify monitoring period: ☒ Check here if proposing alternative monitoring periods due to irregular stormwater runoff. Identify alternative monitoring schedule and indicate for which alternative monitoring period you are reporting monitoring data:
- |  |  |
|--|--|
| <input type="checkbox"/> Quarter 1 (January 1 - March 31)    | <input type="checkbox"/> Quarter 1: From <u>04</u> / <u>01</u> To <u>05</u> / <u>31</u>            |
| <input type="checkbox"/> Quarter 2 (April 1 - June 30)       | <input checked="" type="checkbox"/> Quarter 2: From <u>06</u> / <u>01</u> To <u>07</u> / <u>31</u> |
| <input type="checkbox"/> Quarter 3 (July 1 - September 30)   | <input type="checkbox"/> Quarter 3: From <u>08</u> / <u>01</u> To <u>09</u> / <u>30</u>            |
| <input type="checkbox"/> Quarter 4 (October 1 - December 31) | <input type="checkbox"/> Quarter 4: From <u>10</u> / <u>01</u> To <u>11</u> / <u>30</u>            |
2. Are you required to monitor for cadmium, copper, chromium, lead, nickel, silver, or zinc in freshwater? ☒ Yes ( Skip to 3) ☐ No ( Skip to 4)
3. What is the hardness level of the receiving water? 57
4. Does your facility discharge into any saltwater receiving waters? ☐ Yes ☒ No

F. Monitoring Information										
Note: Make additional copies of this form as necessary.										
1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours): 0      2.b. Rainfall amount (inches): 0.1      2.c. Time since previous measurable storm event (days): 1										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
050	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Ammonia, total	1.30	mg/L		06/05/2016	<input type="checkbox"/>	<input type="checkbox"/>
050	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Arsenic, dissolved	ND		1.70 ug/L	06/05/2016	<input type="checkbox"/>	<input type="checkbox"/>
050	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Cadmium, dissolved	BQL		1.00 ug/L	06/05/2016	<input type="checkbox"/>	<input type="checkbox"/>
050	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Chemical Oxygen Demand (COD)	276	mg/L		06/05/2016	<input type="checkbox"/>	<input type="checkbox"/>
050	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Cyanide, total	ND		0.00167 mg/L	06/05/2016	<input type="checkbox"/>	<input type="checkbox"/>
050	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Lead, dissolved	BQL		2.00 ug/L	06/05/2016	<input type="checkbox"/>	<input type="checkbox"/>
050	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Magnesium, total	1.95	mg/L		06/05/2016	<input type="checkbox"/>	<input type="checkbox"/>
050	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Mercury, total	BQL		0.200 ug/L	06/05/2016	<input type="checkbox"/>	<input type="checkbox"/>

050	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Selenium, total	ND		1.50 ug/L	06/05/2016	<input type="checkbox"/>	<input type="checkbox"/>
050	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Silver, dissolved	ND		0.200 ug/L	06/05/2016	<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 0.42 hours. Rainfall amount = 0.11 inches.

050: The average concentration of total Magnesium is mathematically certain to exceed the benchmark value.

### G. Certification

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 assure that qualified personnel properly gathered and evaluated 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.

First Name, Middle Initial, Last Name: Anthony R Grieggs

Title: EPC-CP Group Leader

Signature: 

Date: 08/04/2016

E-mail: grieggst@lanl.gov



## A. Approval to User Paper DMR Form

1. Have you been granted a waiver from electronic reporting from EPA Regional Office\*? ☒ YES ☐ NO

If yes, check which waiver you have been granted, the name of the EPA Regional Office staff person who granted the waiver, and the date of approval:

- Waiver granted: ☐ The owner/operator's headquarters is physically located in a geographic area (i.e., ZIP code or census tract) that is identified as under-served for broadband Internet access in the most recent report from the Federal Communications Commission.
- ☒ The owner/operator has issues regarding available computer access or computer capability.

Name of EPA staff person that granted the waiver: Everett SpencerDate approval obtained: 06/17/2016

\* Note: You are required to obtain approval from the applicable EPA Regional Office prior to using this paper DMR form. If you have not obtained a waiver, you must file this form electronically using the NetDMR at <http://www.epa.gov/netdmr/>

## B. Permit Information

1. NPDES ID: NMR053195

2. Reason(s) for Submission (Check all that apply):

- ☒ Submitting monitoring data (Fill in all Sections).
- ☐ Reporting no discharge for all outfalls for this monitoring period (Fill in Sections A, B, C, D, E.1, and G).
- ☐ Reporting that your site status has changed to inactive and unstaffed (Fill in Sections A, B, C, D, and F and include date of status change in comment field in Section F.4).
- ☐ Reporting that your site status has changed to active (Fill in all Sections and include date of status change in comment field in Section F.4).
- ☐ Reporting that no further pollutant reductions are achievable for all outfalls and for all pollutants via Part 6.2.1.2 of the MSGP (Fill in Sections A, B, C, D, and G).

## C. Facility Operator Information

## 1. Operator Information

Operator Name: Los Alamos National Security, LLC

Mailing Address:

Street: P.O. Box 1663, MS K490City: Los AlamosState: NM ZIP Code: 87545 -Phone: 505 667 0666E-mail: grieggst@lanl.gov

## 2. DMR Preparer (Complete if DMR was prepared by someone other than the certifier):

First Name, Middle Initial, Last Name: Holly L. WheelerOrganization: EPC-CPPhone: 505 667 1312

Ext. \_\_\_\_\_

E-mail: hbenson@lanl.gov



#### D. Facility Information

1. Facility Name: Los Alamos National Laboratory

2. Facility Address:

Street/Location: Bikini Atoll Rd. SM30 K490

City: Los Alamos State: NM ZIP Code: 87545 -

County or Similar Government Subdivision: Los Alamos

#### E. Discharge Information

1. Identify monitoring period: ☒ Check here if proposing alternative monitoring periods due to irregular stormwater runoff. Identify alternative monitoring schedule and indicate for which alternative monitoring period you are reporting monitoring data:
- |  |  |
|--|--|
| <input type="checkbox"/> Quarter 1 (January 1 - March 31)    | <input type="checkbox"/> Quarter 1: From <u>04</u> / <u>01</u> To <u>05</u> / <u>31</u>            |
| <input type="checkbox"/> Quarter 2 (April 1 - June 30)       | <input checked="" type="checkbox"/> Quarter 2: From <u>06</u> / <u>01</u> To <u>07</u> / <u>31</u> |
| <input type="checkbox"/> Quarter 3 (July 1 - September 30)   | <input type="checkbox"/> Quarter 3: From <u>08</u> / <u>01</u> To <u>09</u> / <u>30</u>            |
| <input type="checkbox"/> Quarter 4 (October 1 - December 31) | <input type="checkbox"/> Quarter 4: From <u>10</u> / <u>01</u> To <u>11</u> / <u>30</u>            |
2. Are you required to monitor for cadmium, copper, chromium, lead, nickel, silver, or zinc in freshwater? ☒ Yes ( Skip to 3) ☐ No ( Skip to 4)
3. What is the hardness level of the receiving water? 57
4. Does your facility discharge into any saltwater receiving waters? ☐ Yes ☒ No

F. Monitoring Information										
Note: Make additional copies of this form as necessary.										
1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours): 0      2.b. Rainfall amount (inches): 0.1      2.c. Time since previous measurable storm event (days): 3										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
009	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Iron, total	5240	ug/L		06/07/2016	<input type="checkbox"/>	<input type="checkbox"/>
007	<input checked="" type="checkbox"/> Substantially identical to outfall: 009	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
008	<input checked="" type="checkbox"/> Substantially identical to outfall: 009	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
010	<input checked="" type="checkbox"/> Substantially identical to outfall: 009	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 0.25 hours. Rainfall amount = 0.07 inches.

009: The average concentration of total Iron is mathematically certain to exceed the benchmark value. This is for storm events on 05/19/2016 and 06/07/2016.

### G. Certification

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 assure that qualified personnel properly gathered and evaluated 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.

First Name, Middle Initial, Last Name: Anthony R Grieggs

Title: EPC-CP Group Leader

Signature: 

Date: 08/04/2016

E-mail: grieggst@lanl.gov



***Environmental Protection & Compliance Division (EPC-DO)***

***Environmental Compliance Programs (EPC-CP)***

PO Box 1663, K490

Los Alamos, New Mexico 87545

(505) 667-0666

Date: **AUG 25 2016**

Symbol: EPC-DO-16-247

LA-UR: 16-26488

Locates Action No.: N/A

U.S. EPA Region 6

NPDES Stormwater Program (WQ-PP)

1445 Ross Avenue, Suite 1200

Dallas, TX 75202-2733

To whom it may concern:

**Subject: National Pollutant Discharge Elimination System (NPDES) Permit Tracking No. NMR053195, Multi-Sector General Permit (MSGP) Industrial Discharge Monitoring Reports (MDMRs) for June 23, and July 01, 2016 and a "No Discharge" MDMR for the Second Quarter (June 1 – July 31, 2016)**

Enclosed are Los Alamos National Laboratory's MDMRs (Enclosure 1) for June 23, and July 01, 2016 and a "No Discharge" MDMR for the second quarter of monitoring (June 1 through July 31), as required under MSGP Permit Tracking No. NMR053195. These reports are being submitted on behalf of Los Alamos National Security LLC and contain analytical results for quarterly benchmark and impaired water monitoring at outfalls 069, 004, 005, 020, 029, 047, and 075.

Please contact Holly Wheeler at (505) 667-1312 or Terrill Lemke at (505) 665-2397 if you have questions regarding these MDMRs.

Sincerely,

Anthony R. Grieggs

Group Leader

Environmental Compliance Programs (EPC-CP)

Los Alamos National Security, LLC

ARG:TWL:HLW/lm

Enclosure: 1. NPDES Permit Tracking No. NMR053195, MDMRs for June 23, and July 01, 2016  
and a "No Discharge" MDMR for the Second Quarter (June 1 – July 31, 2016)

Cy: Everett Spencer, EPA Region 6, Dallas TX (E-File)  
Helen Nguyen, EPA Region 6, Dallas TX (E-File)  
Michelle Hunter, NMED/GWQB, Santa Fe, NM (E-File)  
Shelly Lemon, NMED/SWQB, Santa Fe, NM (E-File)  
Craig S. Leasure, PADOPS, (E-File)  
William R. Mairson, PADOPS, (E-File)  
Michael T. Brandt, ADESH, (E-File)  
Raeanna Sharp-Geiger, ADESH, (E-File)  
Karen E. Armijo, NA-LA, (E-File)  
Terrill W. Lemke, EPC-CP, (E-File)  
Holly L. Wheeler, EPC-CP, (E-File)  
Leslie J. Dale, EPC-CP, (E-File)  
[lasomailbox@nnsa.doe.gov](mailto:lasomailbox@nnsa.doe.gov), (E-File)  
[locatesteam@lanl.gov](mailto:locatesteam@lanl.gov), (E-File)  
[epc-correspondence@lanl.gov](mailto:epc-correspondence@lanl.gov)

# **ENCLOSURE 1**

NPDES Permit Tracking No. NMR053195, MDMRs for June 23, and July 01, 2016 and a “No Discharge” MDMR for the Second Quarter (June 1 – July 31, 2016)

EPC-DO-16-247

LA-UR-16-26488

Date: AUG 25 2016





## A. Approval to User Paper DMR Form

1. Have you been granted a waiver from electronic reporting from EPA Regional Office\*? ☒ YES ☐ NO

If yes, check which waiver you have been granted, the name of the EPA Regional Office staff person who granted the waiver, and the date of approval:

Waiver granted: ☐ The owner/operator's headquarters is physically located in a geographic area (i.e., ZIP code or census tract) that is identified as under-served for broadband Internet access in the most recent report from the Federal Communications Commission.☒ The owner/operator has issues regarding available computer access or computer capability.Name of EPA staff person that granted the waiver: Everett SpencerDate approval obtained: 06/17/2016**\* Note: You are required to obtain approval from the applicable EPA Regional Office prior to using this paper DMR form. If you have not obtained a waiver, you must file this form electronically using the NetDMR at <http://www.epa.gov/netdmr/>**

## B. Permit Information

1. NPDES ID: NMR053195

2. Reason(s) for Submission (Check all that apply):

☒ Submitting monitoring data (Fill in all Sections).☐ Reporting no discharge for all outfalls for this monitoring period (Fill in Sections A, B, C, D, E.1, and G).☐ Reporting that your site status has changed to inactive and unstaffed (Fill in Sections A, B, C, D, and F and include date of status change in comment field in Section F.4).☐ Reporting that your site status has changed to active (Fill in all Sections and include date of status change in comment field in Section F.4).☐ Reporting that no further pollutant reductions are achievable for all outfalls and for all pollutants via Part 6.2.1.2 of the MSGP (Fill in Sections A, B, C, D, and G).

## C. Facility Operator Information

## 1. Operator Information

Operator Name: Los Alamos National Security, LLC

Mailing Address:

Street: P.O. Box 1663, MS K490City: Los AlamosState: NM ZIP Code: 87545 - Phone: 505 667 0666E-mail: grieggst@lanl.gov

## 2. DMR Preparer (Complete if DMR was prepared by someone other than the certifier):

First Name, Middle Initial, Last Name: Holly L. WheelerOrganization: EPC-CPPhone: 505 667 1312Ext. E-mail: hbenson@lanl.gov

#### D. Facility Information

1. Facility Name: Los Alamos National Laboratory

2. Facility Address:

Street/Location Bikini Atoll Rd. SM30 K490

City: Los Alamos State: NM ZIP Code: 87545 -

County or Similar Government Subdivision: Los Alamos

#### E. Discharge Information

1. Identify monitoring period: ☒ Check here if proposing alternative monitoring periods due to irregular stormwater runoff. Identify alternative monitoring schedule and indicate for which alternative monitoring period you are reporting monitoring data:
- |  |  |
|--|--|
| <input type="checkbox"/> Quarter 1 (January 1 - March 31)    | <input type="checkbox"/> Quarter 1: From <u>04</u> / <u>01</u> To <u>05</u> / <u>31</u>            |
| <input type="checkbox"/> Quarter 2 (April 1 - June 30)       | <input checked="" type="checkbox"/> Quarter 2: From <u>06</u> / <u>01</u> To <u>07</u> / <u>31</u> |
| <input type="checkbox"/> Quarter 3 (July 1 - September 30)   | <input type="checkbox"/> Quarter 3: From <u>08</u> / <u>01</u> To <u>09</u> / <u>30</u>            |
| <input type="checkbox"/> Quarter 4 (October 1 - December 31) | <input type="checkbox"/> Quarter 4: From <u>10</u> / <u>01</u> To <u>11</u> / <u>30</u>            |
2. Are you required to monitor for cadmium, copper, chromium, lead, nickel, silver, or zinc in freshwater? ☒ Yes ( Skip to 3) ☐ No ( Skip to 4)
3. What is the hardness level of the receiving water? 57
4. Does your facility discharge into any saltwater receiving waters? ☐ Yes ☒ No

**F. Monitoring Information**

Note: Make additional copies of this form as necessary.

1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours): 1      2.b. Rainfall amount (inches): 0.1      2.c. Time since previous measurable storm event (days): 35										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
069	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Ammonia, total	1.58	mg/L		06/23/2016	<input type="checkbox"/>	<input type="checkbox"/>
069	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Arsenic, dissolved	ND		1.70 ug/L	06/23/2016	<input type="checkbox"/>	<input type="checkbox"/>
069	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Cadmium, dissolved	BQL		1.00 ug/L	06/23/2016	<input type="checkbox"/>	<input type="checkbox"/>
069	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Chemical Oxygen Demand (COD)	227	mg/L		06/23/2016	<input type="checkbox"/>	<input type="checkbox"/>
069	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Cyanide, total	BQL		0.005 mg/L	06/23/2016	<input type="checkbox"/>	<input type="checkbox"/>
069	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Lead, dissolved	2.03	ug/L		06/23/2016	<input type="checkbox"/>	<input type="checkbox"/>
069	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Magnesium, total	2.16	mg/L		06/23/2016	<input type="checkbox"/>	<input type="checkbox"/>
069	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Mercury, total	ND		0.067 ug/L	06/23/2016	<input type="checkbox"/>	<input type="checkbox"/>

069	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Selenium, total	ND		1.50 ug/L	06/23/2016	<input type="checkbox"/>	<input type="checkbox"/>
069	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Silver, dissolved	ND		0.200 ug/L	06/23/2016	<input type="checkbox"/>	<input type="checkbox"/>
059	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
058	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
057	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
056	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
055	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
054	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
067	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
068	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

060	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
061	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
062	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
063	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
064	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 0.75 hours. Rainfall amount = 0.09 inches.

069: The average concentration of total Magnesium is mathematically certain to exceed the benchmark value.

### G. Certification

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 assure that qualified personnel properly gathered and evaluated 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.

First Name, Middle Initial, Last Name: Anthony R Grieggs

Title: EPC-CP Group Leader

Signature: 

Date: 08/25/2016

E-mail: grieggst@lanl.gov





## A. Approval to User Paper DMR Form

1. Have you been granted a waiver from electronic reporting from EPA Regional Office\*? ☒ YES ☐ NO

If yes, check which waiver you have been granted, the name of the EPA Regional Office staff person who granted the waiver, and the date of approval:

Waiver granted: ☐ The owner/operator's headquarters is physically located in a geographic area (i.e., ZIP code or census tract) that is identified as under-served for broadband Internet access in the most recent report from the Federal Communications Commission.☒ The owner/operator has issues regarding available computer access or computer capability.Name of EPA staff person that granted the waiver: Everett SpencerDate approval obtained: 06/17/2016**\* Note: You are required to obtain approval from the applicable EPA Regional Office prior to using this paper DMR form. If you have not obtained a waiver, you must file this form electronically using the NetDMR at <http://www.epa.gov/netdmr/>**

## B. Permit Information

1. NPDES ID: NMR053195

2. Reason(s) for Submission (Check all that apply):

☒ Submitting monitoring data (Fill in all Sections).☐ Reporting no discharge for all outfalls for this monitoring period (Fill in Sections A, B, C, D, E.1, and G).☐ Reporting that your site status has changed to inactive and unstaffed (Fill in Sections A, B, C, D, and F and include date of status change in comment field in Section F.4).☐ Reporting that your site status has changed to active (Fill in all Sections and include date of status change in comment field in Section F.4).☐ Reporting that no further pollutant reductions are achievable for all outfalls and for all pollutants via Part 6.2.1.2 of the MSGP (Fill in Sections A, B, C, D, and G).

## C. Facility Operator Information

1. Operator Information

Operator Name: Los Alamos National Security, LLC

Mailing Address:

Street: P.O. Box 1663, MS K490City: Los AlamosState: NMZIP Code: 87545Phone: 505 667 0666E-mail: grieggst@lanl.gov

2. DMR Preparer (Complete if DMR was prepared by someone other than the certifier):

First Name, Middle Initial, Last Name: Holly L. WheelerOrganization: EPC-CPPhone: 505 667 1312

Ext. \_\_\_\_\_

E-mail: hbenson@lanl.gov

#### D. Facility Information

1. Facility Name: Los Alamos National Laboratory

2. Facility Address:

Street/Location Bikini Atoll Rd. SM30 K490

City: Los Alamos State: NM ZIP Code: 87545 -

County or Similar Government Subdivision: Los Alamos

#### E. Discharge Information

1. Identify monitoring period: ☒ Check here if proposing alternative monitoring periods due to irregular stormwater runoff. Identify alternative monitoring schedule and indicate for which alternative monitoring period you are reporting monitoring data:
- |  |  |
|--|--|
| <input type="checkbox"/> Quarter 1 (January 1 - March 31)    | <input type="checkbox"/> Quarter 1: From <u>04</u> / <u>01</u> To <u>05</u> / <u>31</u>            |
| <input type="checkbox"/> Quarter 2 (April 1 - June 30)       | <input checked="" type="checkbox"/> Quarter 2: From <u>06</u> / <u>01</u> To <u>07</u> / <u>31</u> |
| <input type="checkbox"/> Quarter 3 (July 1 - September 30)   | <input type="checkbox"/> Quarter 3: From <u>08</u> / <u>01</u> To <u>09</u> / <u>30</u>            |
| <input type="checkbox"/> Quarter 4 (October 1 - December 31) | <input type="checkbox"/> Quarter 4: From <u>10</u> / <u>01</u> To <u>11</u> / <u>30</u>            |
2. Are you required to monitor for cadmium, copper, chromium, lead, nickel, silver, or zinc in freshwater? ☒ Yes ( Skip to 3) ☐ No ( Skip to 4)
3. What is the hardness level of the receiving water? 57
4. Does your facility discharge into any saltwater receiving waters? ☐ Yes ☒ No

**F. Monitoring Information**

Note: Make additional copies of this form as necessary.

1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours): 1      2.b. Rainfall amount (inches): 0.3      2.c. Time since previous measurable storm event (days): 2										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
004	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Zinc, dissolved	BQL		10.0 ug/L	07/01/2016	<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 0.58 hours. Rainfall amount = 0.28 inches.

**F. Monitoring Information**

Note: Make additional copies of this form as necessary.

1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours): <b>1</b> 2.b. Rainfall amount (inches): <b>0.3</b> 2.c. Time since previous measurable storm event (days): <b>27</b>										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
005	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Adjusted Gross Alpha	86.1	pCi/L		07/01/2016	<input type="checkbox"/>	<input type="checkbox"/>
005	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Aluminum, total recoverable	2140	ug/L		07/01/2016	<input type="checkbox"/>	<input type="checkbox"/>
005	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Aroclor, total	ND		0.0351 ug/L	07/01/2016	<input type="checkbox"/>	<input type="checkbox"/>
005	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Iron, total	9980	ug/L		07/01/2016	<input type="checkbox"/>	<input type="checkbox"/>
006	<input checked="" type="checkbox"/> Substantially identical to outfall: 005	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

**4. Comment and/or Explanation of Any Violations (Reference all attachments here)**

Rainfall duration = 0.58 hours. Rainfall amount = 0.28 inches.

005: The impaired water pollutant Adjusted Gross Alpha exceeds the New Mexico water quality standard. The impaired water pollutant total recoverable Aluminum exceeds the New Mexico water quality standard. The impaired water pollutant total Aroclors was not detected in stormwater discharge from this outfall. Therefore, annual monitoring for total Aroclors will be discontinued per Part 6.2.4.1. The average concentration of total Iron is mathematically certain to exceed the benchmark value.

## F. Monitoring Information

Note: Make additional copies of this form as necessary.

1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours): 1      2.b. Rainfall amount (inches): 0.3      2.c. Time since previous measurable storm event (days): 61										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
020	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Adjusted Gross Alpha	ND		0.00 pCi/L *	07/01/2016	<input type="checkbox"/>	<input type="checkbox"/>
020	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Aluminum, total recoverable	BQL		50.0 ug/L	07/01/2016	<input type="checkbox"/>	<input type="checkbox"/>
020	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Aluminum, total recoverable	BQL		50.0 ug/L	07/01/2016	<input type="checkbox"/>	<input type="checkbox"/>
020	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Aroclor, total	ND		0.0358 ug/L	07/01/2016	<input type="checkbox"/>	<input type="checkbox"/>
020	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Copper, dissolved	5.88	ug/L		07/01/2016	<input type="checkbox"/>	<input type="checkbox"/>
020	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Copper, dissolved	5.88	ug/L		07/01/2016	<input type="checkbox"/>	<input type="checkbox"/>
020	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Iron, total	387	ug/L		07/01/2016	<input type="checkbox"/>	<input type="checkbox"/>
020	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Nitrate plus Nitrite Nitrogen	0.577	mg/L		07/01/2016	<input type="checkbox"/>	<input type="checkbox"/>

020	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Thallium, dissolved	ND		0.450 ug/L	07/01/2016	<input type="checkbox"/>	<input type="checkbox"/>
020	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Zinc, dissolved	169	ug/L		07/01/2016	<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 0.58 hours. Rainfall amount = 0.28 inches.

020: The impaired water pollutant Adjusted Gross Alpha was not detected in stormwater discharge from this outfall. Therefore, annual monitoring for Adjusted Gross Alpha will be discontinued per Part 6.2.4.1. \*The result for Adjusted Gross Alpha was -0.19 pCi/L. Therefore, the result reported in column 3.h. is 0.00 pCi/L. The impaired water pollutant total Aroclors was not detected in stormwater discharge from this outfall. Therefore, annual monitoring for total Aroclors will be discontinued per Part 6.2.4.1. The impaired water pollutant dissolved Thallium was not detected in stormwater discharge from this outfall. Therefore, annual monitoring for dissolved Thallium will be discontinued per Part 6.2.4.1.



## F. Monitoring Information

Note: Make additional copies of this form as necessary.

1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours): 1      2.b. Rainfall amount (inches): 0.3      2.c. Time since previous measurable storm event (days): 27										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
029	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Aluminum, total recoverable	923	ug/L		07/01/2016	<input type="checkbox"/>	<input type="checkbox"/>
029	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Chemical Oxygen Demand (COD)	233	mg/L		07/01/2016	<input type="checkbox"/>	<input type="checkbox"/>
029	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Copper, dissolved	25.3	ug/L		07/01/2016	<input type="checkbox"/>	<input type="checkbox"/>
029	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Iron, total	2530	ug/L		07/01/2016	<input type="checkbox"/>	<input type="checkbox"/>
029	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Lead, dissolved	2.97	ug/L		07/01/2016	<input type="checkbox"/>	<input type="checkbox"/>
029	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Total Suspended Solids (TSS)	63.6	mg/L		07/01/2016	<input type="checkbox"/>	<input type="checkbox"/>
029	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Zinc, dissolved	122	ug/L		07/01/2016	<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 0.58 hours. Rainfall amount = 0.28 inches.

029: 029: Aluminum, total recoverable (I) - NODI 9. 029: Copper, dissolved (I) - NODI 9. The average concentration of dissolved Copper is mathematically certain to exceed the benchmark value.

## F. Monitoring Information

Note: Make additional copies of this form as necessary.

1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours): 1      2.b. Rainfall amount (inches): 0.3      2.c. Time since previous measurable storm event (days): 61										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
047	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Ammonia, total	1.65	mg/L		07/01/2016	<input type="checkbox"/>	<input type="checkbox"/>
047	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Aroclor, total	ND		0.0333 ug/L	07/01/2016	<input type="checkbox"/>	<input type="checkbox"/>
047	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Chemical Oxygen Demand (COD)	238	mg/L		07/01/2016	<input type="checkbox"/>	<input type="checkbox"/>
047	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Cyanide, total	BQL		0.005 mg/L	07/01/2016	<input type="checkbox"/>	<input type="checkbox"/>
047	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Magnesium, total	1.69	mg/L		07/01/2016	<input type="checkbox"/>	<input type="checkbox"/>
047	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Mercury, total	ND		0.067 ug/L	07/01/2016	<input type="checkbox"/>	<input type="checkbox"/>
047	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Selenium, total	ND		1.50 ug/L	07/01/2016	<input type="checkbox"/>	<input type="checkbox"/>
046	<input checked="" type="checkbox"/> Substantially identical to outfall: 047	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

045	<input checked="" type="checkbox"/> Substantially identical to outfall: 047	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
048	<input checked="" type="checkbox"/> Substantially identical to outfall: 047	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
044	<input checked="" type="checkbox"/> Substantially identical to outfall: 047	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 1.42 hours. Rainfall amount = 0.30 inches.

047: The impaired water pollutant total Aroclors was not detected in stormwater discharge from this outfall. Therefore, annual monitoring for total Aroclors will be discontinued per Part 6.2.4.1. The average concentration of total Magnesium is mathematically certain to exceed the benchmark value.

**F. Monitoring Information**

Note: Make additional copies of this form as necessary.

1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours): <b>1</b> 2.b. Rainfall amount (inches): <b>0.3</b> 2.c. Time since previous measurable storm event (days): <b>61</b>										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
075	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Copper, dissolved	24	ug/L		07/01/2016	<input type="checkbox"/>	<input type="checkbox"/>
075	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Thallium, dissolved	ND		0.450 ug/L	07/01/2016	<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 0.58 hours. Rainfall amount = 0.28 inches.

075: The impaired water pollutant dissolved Copper exceeds the New Mexico water quality standard. The impaired water pollutant dissolved Thallium was not detected in stormwater discharge from this outfall. Therefore, annual monitoring for dissolved Thallium will be discontinued per Part 6.2.4.1.

## G. Certification

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 assure that qualified personnel properly gathered and evaluated 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.

First Name, Middle Initial, Last Name: Anthony R Grieggs

Title: EPC-CP Group Leader

Signature:  Date: 08/25/2016

E-mail: grieggst@lanl.gov





## A. Approval to User Paper DMR Form

1. Have you been granted a waiver from electronic reporting from EPA Regional Office\*? ☒ YES ☐ NO

If yes, check which waiver you have been granted, the name of the EPA Regional Office staff person who granted the waiver, and the date of approval:

Waiver granted: ☐ The owner/operator's headquarters is physically located in a geographic area (i.e., ZIP code or census tract) that is identified as under-served for broadband Internet access in the most recent report from the Federal Communications Commission.☒ The owner/operator has issues regarding available computer access or computer capability.Name of EPA staff person that granted the waiver: Everett SpencerDate approval obtained: 06/17/2016**\* Note: You are required to obtain approval from the applicable EPA Regional Office prior to using this paper DMR form. If you have not obtained a waiver, you must file this form electronically using the NetDMR at <http://www.epa.gov/netdmr/>**

## B. Permit Information

1. NPDES ID: NMR053195

2. Reason(s) for Submission (Check all that apply):

☐ Submitting monitoring data (Fill in all Sections).☒ Reporting no discharge for all outfalls for this monitoring period (Fill in Sections A, B, C, D, E.1, and G).☐ Reporting that your site status has changed to inactive and unstaffed (Fill in Sections A, B, C, D, and F and include date of status change in comment field in Section F.4).☐ Reporting that your site status has changed to active (Fill in all Sections and include date of status change in comment field in Section F.4).☐ Reporting that no further pollutant reductions are achievable for all outfalls and for all pollutants via Part 6.2.1.2 of the MSGP (Fill in Sections A, B, C, D, and G).

## C. Facility Operator Information

## 1. Operator Information

Operator Name: Los Alamos National Security, LLC

Mailing Address:

Street: P.O. Box 1663, MS K490City: Los AlamosState: NMZIP Code: 87545Phone: 505 667 0666E-mail: grieggst@lanl.gov

## 2. DMR Preparer (Complete if DMR was prepared by someone other than the certifier):

First Name, Middle Initial, Last Name: Holly L. WheelerOrganization: EPC-CPPhone: 505 667 1312

Ext. \_\_\_\_\_

E-mail: hbenson@lanl.gov

#### D. Facility Information

1. Facility Name: Los Alamos National Laboratory

2. Facility Address:

Street/Location Bikini Atoll Rd. SM30 K490

City: Los Alamos State: NM ZIP Code: 87545 -

County or Similar Government Subdivision: Los Alamos

#### E. Discharge Information

1. Identify monitoring period: ☒ Check here if proposing alternative monitoring periods due to irregular stormwater runoff. Identify alternative monitoring schedule and indicate for which alternative monitoring period you are reporting monitoring data:
- |  |  |
|--|--|
| <input type="checkbox"/> Quarter 1 (January 1 – March 31)    | <input type="checkbox"/> Quarter 1: From <u>04</u> / <u>01</u> To <u>05</u> / <u>31</u>            |
| <input type="checkbox"/> Quarter 2 (April 1 – June 30)       | <input checked="" type="checkbox"/> Quarter 2: From <u>06</u> / <u>01</u> To <u>07</u> / <u>31</u> |
| <input type="checkbox"/> Quarter 3 (July 1 – September 30)   | <input type="checkbox"/> Quarter 3: From <u>08</u> / <u>01</u> To <u>09</u> / <u>30</u>            |
| <input type="checkbox"/> Quarter 4 (October 1 – December 31) | <input type="checkbox"/> Quarter 4: From <u>10</u> / <u>01</u> To <u>11</u> / <u>30</u>            |
2. Are you required to monitor for cadmium, copper, chromium, lead, nickel, silver, or zinc in freshwater? ☒ Yes ( Skip to 3) ☐ No ( Skip to 4)
3. What is the hardness level of the receiving water? 57
4. Does your facility discharge into any saltwater receiving waters? ☐ Yes ☒ No

**F. Monitoring Information**

Note: Make additional copies of this form as necessary.

1. Nature of Discharge: <input type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours):			2.b. Rainfall amount (inches):			2.c. Time since previous measurable storm event (days):				
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
012	<input type="checkbox"/> Substantially identical to outfall:	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
011	<input checked="" type="checkbox"/> Substantially identical to outfall: 012	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

012: NODI: C

**F. Monitoring Information**

Note: Make additional copies of this form as necessary.

1. Nature of Discharge: <input type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours):      2.b. Rainfall amount (inches):      2.c. Time since previous measurable storm event (days):										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
018	<input type="checkbox"/> Substantially identical to outfall:	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
013	<input checked="" type="checkbox"/> Substantially identical to outfall: 018	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
014	<input checked="" type="checkbox"/> Substantially identical to outfall: 018	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
015	<input checked="" type="checkbox"/> Substantially identical to outfall: 018	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
016	<input checked="" type="checkbox"/> Substantially identical to outfall: 018	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
017	<input checked="" type="checkbox"/> Substantially identical to outfall: 018	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
019	<input checked="" type="checkbox"/> Substantially identical to outfall: 018	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

018: NODI: C

**F. Monitoring Information**

Note: Make additional copies of this form as necessary.

1. Nature of Discharge: <input type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours):			2.b. Rainfall amount (inches):			2.c. Time since previous measurable storm event (days):				
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
036	<input type="checkbox"/> Substantially identical to outfall:	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
037	<input checked="" type="checkbox"/> Substantially identical to outfall: 036	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

036: NODI: C



**F. Monitoring Information**

Note: Make additional copies of this form as necessary.

1. Nature of Discharge: <input type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours):      2.b. Rainfall amount (inches):      2.c. Time since previous measurable storm event (days):										
3.a. Outfall ID (List the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
039	<input type="checkbox"/> Substantially identical to outfall:	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
038	<input checked="" type="checkbox"/> Substantially identical to outfall: 039	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
040	<input checked="" type="checkbox"/> Substantially identical to outfall: 039	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

039: NODI: C

**F. Monitoring Information**

Note: Make additional copies of this form as necessary.

1. Nature of Discharge: <input type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours):      2.b. Rainfall amount (inches):      2.c. Time since previous measurable storm event (days):										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
042	<input type="checkbox"/> Substantially identical to outfall:	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
041	<input checked="" type="checkbox"/> Substantially identical to outfall: 042	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

042: NODI: F Automated sampler tripped, however there was insufficient flow for sample collection.

F. Monitoring Information										
Note: Make additional copies of this form as necessary.										
1. Nature of Discharge: <input type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snow/melt										
2.a. Duration of the rainfall event (hours):      2.b. Rainfall amount (inches):      2.c. Time since previous measurable storm event (days):										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
043	<input type="checkbox"/> Substantially identical to outfall:	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

043: NODI: C

**F. Monitoring Information**

Note: Make additional copies of this form as necessary.

1. Nature of Discharge: <input type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours):			2.b. Rainfall amount (inches):			2.c. Time since previous measurable storm event (days):				
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
053	<input type="checkbox"/> Substantially identical to outfall:	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
065	<input checked="" type="checkbox"/> Substantially identical to outfall: 053	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
066	<input checked="" type="checkbox"/> Substantially identical to outfall: 053	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

053: NODI: C

F. Monitoring Information										
Note: Make additional copies of this form as necessary.										
1. Nature of Discharge: <input type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours):      2.b. Rainfall amount (inches):      2.c. Time since previous measurable storm event (days):										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
073	<input type="checkbox"/> Substantially identical to outfall:	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
074	<input checked="" type="checkbox"/> Substantially identical to outfall: 073	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

073: NODI: C

### G. Certification

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 assure that qualified personnel properly gathered and evaluated 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.

First Name, Middle Initial, Last Name: Anthony R Grieggs

Title: EPC-CP Group Leader

Signature:  Date: 08/25/2016

E-mail: grieggst@lanl.gov





***Environmental Protection & Compliance Division  
Compliance Programs (EPC-CP)***  
PO Box 1663, K490  
Los Alamos, New Mexico 87545  
(505) 667-0666

*Date:* **JAN 18 2017**  
*Symbol:* EPC-DO: 17-045  
*LA-UR:* LA-UR-17-20315  
*Locates Action No.:* N/A

U.S. EPA Region 6  
NPDES Stormwater Program (WQ-PP)  
1445 Ross Avenue, Suite 1200  
Dallas, TX 75202-2733

**Subject: National Pollutant Discharge Elimination System (NPDES) Permit Tracking No.  
NMR053195, Multi-Sector General Permit (MSGP) Industrial Discharge Monitoring  
Report (MDMR) for November 04, 2016**

To whom it may concern:

Enclosed is Los Alamos National Laboratory's MDMR (Enclosure 1) for November 04, 2016, as required under MSGP Permit Tracking No. NMR053195. This report is being submitted on behalf of Los Alamos National Security LLC and contains analytical results for quarterly benchmark monitoring at outfalls 005, 018, 029 and 047.

Please contact Holly Wheeler at (505) 667-1312 or Terrill Lemke at (505) 665-2397 if you have questions regarding this MDMR.

Sincerely,

Anthony R. Grieggs  
Group Leader  
Compliance Programs (EPC-CP)  
Los Alamos National Security, LLC  
Los Alamos National Laboratory

ARG/TWL/HLW: am

Enclosure: 1. NPDES Permit Tracking No. NMR053195, MDMR for November 04, 2016

Copy: Helen Nguyen, EPA Region 6, Dallas TX (E-File)  
Nasim Jahan, EPA Region 6, Dallas TX (E-File)  
Michelle Hunter, NMED/GWQB, Santa Fe, NM (E-File)  
Shelly Lemon, NMED/SWQB, Santa Fe, NM (E-File)  
Craig S. Leasure, PADOPS, (E-File)  
William R. Mairson, PADOPS, (E-File)  
Michael T. Brandt, ADESH, (E-File)  
Raeanna Sharp-Geiger, ADESH, (E-File)  
Karen Armijo, DOE, (E-File)  
Terrill W. Lemke, EPC-CP, (E-File)  
Holly L. Wheeler, EPC-CP, (E-File)  
Leslie J. Dale, EPC-CP, (E-File)  
Ellena I. Martinez, EPC-DP, (E-File)  
[Adesh-records@lanl.gov](mailto:Adesh-records@lanl.gov), (E-File)  
[lasomailbox@nnsa.doe.gov](mailto:lasomailbox@nnsa.doe.gov), (E-File)  
[locateteam@lanl.gov](mailto:locateteam@lanl.gov), (E-File)  
[epc-correspondence@lanl.gov](mailto:epc-correspondence@lanl.gov), (E-File)

# **ENCLOSURE 1**

NPDES Permit Tracking No. NMR053195, MDMR  
for November 04, 2016

EPC-DO: 17-045

*LA-UR-17-20315*

JAN 18 2017

Date: \_\_\_\_\_



## A. Approval to User Paper DMR Form

1. Have you been granted a waiver from electronic reporting from EPA Regional Office? ☒ YES ☐ NO

If yes, check which waiver you have been granted, the name of the EPA Regional Office staff person who granted the waiver, and the date of approval:

- Waiver granted: ☐ The owner/operator's headquarters is physically located in a geographic area (i.e., ZIP code or census tract) that is identified as under-served for broadband Internet access in the most recent report from the Federal Communications Commission.
- ☒ The owner/operator has issues regarding available computer access or computer capability.

Name of EPA staff person that granted the waiver: Everett SpencerDate approval obtained: 06/17/2016

\* Note: You are required to obtain approval from the applicable EPA Regional Office prior to using this paper DMR form. If you have not obtained a waiver, you must file this form electronically using the NetDMR at <http://www.epa.gov/netdmr/>

## B. Permit Information

1. NPDES ID: NMR053195

2. Reason(s) for Submission (Check all that apply):

- ☒ Submitting monitoring data (Fill in all Sections).
- ☐ Reporting no discharge for all outfalls for this monitoring period (Fill in Sections A, B, C, D, E.1, and G).
- ☐ Reporting that your site status has changed to inactive and unstaffed (Fill in Sections A, B, C, D, and F and include date of status change in comment field in Section F.4).
- ☐ Reporting that your site status has changed to active (Fill in all Sections and include date of status change in comment field in Section F.4).
- ☐ Reporting that no further pollutant reductions are achievable for all outfalls and for all pollutants via Part 6.2.1.2 of the MSGP (Fill in Sections A, B, C, D, and G).

## C. Facility Operator Information

## 1. Operator Information

Operator Name: Los Alamos National Security, LLC

Mailing Address:

Street: P.O. Box 1663, MS K490City: Los AlamosState: NM ZIP Code: 87545 - Phone: 505 667 0666E-mail: grieggst@lanl.gov

## 2. DMR Preparer (Complete if DMR was prepared by someone other than the certifier):

First Name, Middle Initial, Last Name: Holly L. WheelerOrganization: EPC-CPPhone: 505 667 1312Ext. E-mail: hbenson@lanl.gov

#### D. Facility Information

1. Facility Name: Los Alamos National Laboratory

2. Facility Address:

Street/Location Bikini Atoll Rd. SM30 K490

City: Los Alamos State: NM ZIP Code: 87545 -

County or Similar Government Subdivision: Los Alamos

#### E. Discharge Information

1. Identify monitoring period: ☒ Check here if proposing alternative monitoring periods due to irregular stormwater runoff. Identify alternative monitoring schedule and indicate for which alternative monitoring period you are reporting monitoring data:
- |  |  |
|--|--|
| <input type="checkbox"/> Quarter 1 (January 1 - March 31)    | <input type="checkbox"/> Quarter 1: From <u>04</u> / <u>01</u> To <u>05</u> / <u>31</u>            |
| <input type="checkbox"/> Quarter 2 (April 1 - June 30)       | <input type="checkbox"/> Quarter 2: From <u>06</u> / <u>01</u> To <u>07</u> / <u>31</u>            |
| <input type="checkbox"/> Quarter 3 (July 1 - September 30)   | <input type="checkbox"/> Quarter 3: From <u>08</u> / <u>01</u> To <u>09</u> / <u>30</u>            |
| <input type="checkbox"/> Quarter 4 (October 1 - December 31) | <input checked="" type="checkbox"/> Quarter 4: From <u>10</u> / <u>01</u> To <u>11</u> / <u>30</u> |
2. Are you required to monitor for cadmium, copper, chromium, lead, nickel, silver, or zinc in freshwater? ☒ Yes ( Skip to 3) ☐ No ( Skip to 4)
3. What is the hardness level of the receiving water? 57
4. Does your facility discharge into any saltwater receiving waters? ☐ Yes ☒ No

F. Monitoring Information										
Note: Make additional copies of this form as necessary.										
1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours): 6      2.b. Rainfall amount (inches): 0.7      2.c. Time since previous measurable storm event (days): 27										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
005	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Iron, total	618	ug/L		11/04/2016	<input type="checkbox"/>	<input type="checkbox"/>
006	<input checked="" type="checkbox"/> Substantially identical to outfall: 005	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 6.00 hours. Rainfall amount = 0.71 inches.

005: Adjusted Gross Alpha (I) - NODI 9. Aluminum, total recoverable (I) - NODI 9. Aroclor, total (I) - NODI B. Copper, dissolved (I) - NODI 9. Thallium, dissolved (I) - NODI B.



F. Monitoring Information										
Note: Make additional copies of this form as necessary.										
1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours): 6      2.b. Rainfall amount (inches): 0.7      2.c. Time since previous measurable storm event (days): 59										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
018	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Aluminum, total recoverable	1960	ug/L		11/04/2016	<input type="checkbox"/>	<input type="checkbox"/>
018	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Iron, total	1770	ug/L		11/04/2016	<input type="checkbox"/>	<input type="checkbox"/>
018	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Nitrate plus Nitrite Nitrogen	0.171	mg/L		11/04/2016	<input type="checkbox"/>	<input type="checkbox"/>
013	<input checked="" type="checkbox"/> Substantially identical to outfall: 018	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
014	<input checked="" type="checkbox"/> Substantially identical to outfall: 018	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
015	<input checked="" type="checkbox"/> Substantially identical to outfall: 018	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
016	<input checked="" type="checkbox"/> Substantially identical to outfall: 018	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
017	<input checked="" type="checkbox"/> Substantially identical to outfall: 018	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

019	<input checked="" type="checkbox"/> Substantially identical to outfall: 018	<input checked="" type="checkbox"/>								<input type="checkbox"/>	<input type="checkbox"/>
-----	--	-------------------------------------	--	--	--	--	--	--	--	--------------------------	--------------------------

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 6.00 hours. Rainfall amount = 0.71 inches.

018: The average of four monitoring values for total recoverable Aluminum does not exceed the benchmark value, therefore quarterly monitoring will be discontinued per Part 6.2.1.2. The average of four monitoring values for total Iron exceeds the benchmark value. The average of four monitoring values for total Nitrate plus Nitrate Nitrogen does not exceed the benchmark value, therefore quarterly monitoring will be discontinued per Part 6.2.1.2. Adjusted Gross Alpha (I) - NODI 9. Aroclor, total (I) - NODI B. Copper, dissolved (I) - NODI 9. Thallium, dissolved (I) - NODI B. Aluminum, total recoverable (I) - NODI 9.

## F. Monitoring Information

Note: Make additional copies of this form as necessary.

1. Nature of Discharge: ☒ Rainfall (Complete line items 2.a., 2.b., & 2.c.) ☐ Snowmelt

2.a. Duration of the rainfall event (hours): 6 2.b. Rainfall amount (inches): 0.7 2.c. Time since previous measurable storm event (days): 27

3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
029	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Aluminum, total recoverable	393	ug/L		11/04/2016	<input type="checkbox"/>	<input type="checkbox"/>
029	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Chemical Oxygen Demand (COD)	192	mg/L		11/04/2016	<input type="checkbox"/>	<input type="checkbox"/>
029	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Copper, dissolved	41.6	ug/L		11/04/2016	<input type="checkbox"/>	<input type="checkbox"/>
029	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Iron, total	1570	ug/L		11/04/2016	<input type="checkbox"/>	<input type="checkbox"/>
029	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Lead, dissolved	BQL		2.00 ug/L	11/04/2016	<input type="checkbox"/>	<input type="checkbox"/>
029	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Total Suspended Solids (TSS)	74.0	mg/L		11/04/2016	<input type="checkbox"/>	<input type="checkbox"/>
029	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Zinc, dissolved	210	ug/L		11/04/2016	<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 6.00 hours. Rainfall amount = 0.71 inches.

029: The average of four monitoring values for total recoverable Aluminum does not exceed the benchmark value, therefore quarterly monitoring will be discontinued per Part 6.2.1.2. The average of four monitoring values for Total Chemical Oxygen Demand (COD) exceeds the benchmark value. The average concentration of dissolved Copper is mathematically certain to exceed the benchmark value. The average of four monitoring values for total Iron exceeds the benchmark value. The average of four monitoring values for total Lead exceeds the benchmark value. The average of four monitoring values for Total Suspended Solids does not exceed the benchmark value, therefore quarterly monitoring will be discontinued per Part 6.2.1.2. The average concentration of dissolved Zinc is mathematically certain to exceed the benchmark value. Adjusted Gross Alpha (I) - NODI 9. Aroclor, total (I) - NODI B. Thallium, dissolved (I) - NODI B. Aluminum, total recoverable (I) - NODI 9. Copper, dissolved (I) - NODI 9.

F. Monitoring Information										
Note: Make additional copies of this form as necessary.										
1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours): 6      2.b. Rainfall amount (inches): 0.6      2.c. Time since previous measurable storm event (days): 27										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
047	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Arsenic, dissolved	ND		1.70 ug/L	11/04/2016	<input type="checkbox"/>	<input type="checkbox"/>
047	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Cadmium, dissolved	BQL		1.00 ug/L	11/04/2016	<input type="checkbox"/>	<input type="checkbox"/>
047	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Lead, dissolved	ND		0.500 ug/L	11/04/2016	<input type="checkbox"/>	<input type="checkbox"/>
047	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Silver, dissolved	ND		0.400 ug/L	11/04/2016	<input type="checkbox"/>	<input type="checkbox"/>
046	<input checked="" type="checkbox"/> Substantially identical to outfall: 047	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
045	<input checked="" type="checkbox"/> Substantially identical to outfall: 047	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
048	<input checked="" type="checkbox"/> Substantially identical to outfall: 047	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
044	<input checked="" type="checkbox"/> Substantially identical to outfall: 047	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 6.00 hours. Rainfall amount = 0.55 inches.

047: The average of four monitoring values for dissolved Arsenic does not exceed the benchmark value, therefore quarterly monitoring will be discontinued per Part 6.2.1.2. The average of four monitoring values for dissolved Cadmium does not exceed the benchmark value, therefore quarterly monitoring will be discontinued per Part 6.2.1.2. The average of four monitoring values for dissolved Lead does not exceed the benchmark value, therefore quarterly monitoring will be discontinued per Part 6.2.1.2. The average of four monitoring values for dissolved Silver does not exceed the benchmark value, therefore quarterly monitoring will be discontinued per Part 6.2.1.2. Adjusted Gross Alpha (I) - NODI 9. Aluminum, total recoverable (I) - NODI 9. Ammonia, total (QBM) - NODI 9. Aroclor, total (I) - NODI 8. Chemical Oxygen Demand (COD) (QBM) - NODI 9. Cyanide, total (QBM) - NODI 9. Mercury, total (QBM) - NODI 9. Selenium, total (QBM) - NODI 9.



## G. Certification

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 assure that qualified personnel properly gathered and evaluated 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.

First Name, Middle Initial, Last Name: Anthony R Grieggs

Title: EPC-CP Group Leader

Signature: 

Date 01/18/2017

E-mail: grieggst@lanl.gov



**Environmental Protection & Compliance Division**  
**Environmental Compliance Programs (EPC-CP)**  
PO Box 1663, K490  
Los Alamos, New Mexico 87545  
(505) 667-0666

*Date:* JUN 14 2017  
*Symbol:* EPC-DO: 17-232  
*LA-UR:* 17-24780  
*Locates Action No.:* N/A

U.S. EPA Region 6  
NPDES Stormwater Program (WQ-PP)  
1445 Ross Avenue, Suite 1200  
Dallas, TX 75202-2733

To whom it may concern:

**Subject: National Pollutant Discharge Elimination System (NPDES) Permit Tracking No. NMR053195, Multi-Sector General Permit (MSGP) Industrial Discharge Monitoring Reports (MDMRs) for April 01 and 04, 2017**

Enclosed are Los Alamos National Laboratory's MDMRs (Enclosure 1) for April 01 and 04, 2017, as required under MSGP Permit Tracking No. NMR053195. These reports are being submitted on behalf of Los Alamos National Security LLC and contain analytical results for impaired waters and quarterly benchmark monitoring at outfalls 002, 005, 009, 022, 026, 032, 069, and 050.

Please contact Holly Wheeler at (505) 667-1312 or Terrill Lemke at (505) 665-2397 if you have questions regarding these MDMRs.

Sincerely,

Anthony R. Grieggs  
Group Leader  
Environmental Compliance Programs (EPC-CP)  
Los Alamos National Security, LLC

ARG:TWL:HLW/eim

Enclosure: 1. NPDES Permit Tracking No. NMR053195, MDMRs for April 01 and 04, 2017

Cy: Helen Nguyen, EPA Region 6, Dallas TX (E-File)  
Nasim Jahan, EPA Region 6, Dallas TX (E-File)  
Michelle Hunter, NMED/GWQB, Santa Fe, NM (E-File)  
Shelly Lemon, NMED/SWQB, Santa Fe, NM (E-File)  
Craig S. Leasure, PADOPS, (E-File)  
William R. Mairson, PADOPS, (E-File)  
Michael T. Brandt, ADESH, (E-File)  
Raeanna Sharp-Geiger, ADESH, (E-File)  
Karen Armijo, NA-LA, (E-File)  
Arturo Duran, EM-SG, (E-File)  
David Rhodes, EM-SG, (E-File)  
Bruce Robinson, ADEM-PO, (E-File)  
Robert Stokes, DESHS-EWMS, (E-File)  
Terrill W. Lemke, EPC-CP, (E-File)  
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[locatesteam@lanl.gov](mailto:locatesteam@lanl.gov), (E-File)  
[epc-correspondence@lanl.gov](mailto:epc-correspondence@lanl.gov), (E-File)

# **ENCLOSURE 1**

NPDES Permit Tracking No. NMR053195, MDMRs  
for April 01 and 04, 2017

EPC-DO: 17-232

LA-UR-17-24780

Date: JUN 14 2017



## A. Approval to User Paper DMR Form

1. Have you been granted a waiver from electronic reporting from EPA Regional Office? ☒ YES ☐ NO

If yes, check which waiver you have been granted, the name of the EPA Regional Office staff person who granted the waiver, and the date of approval:

Waiver granted: ☐ The owner/operator's headquarters is physically located in a geographic area (i.e., ZIP code or census tract) that is identified as under-served for broadband Internet access in the most recent report from the Federal Communications Commission.☒ The owner/operator has issues regarding available computer access or computer capability.Name of EPA staff person that granted the waiver: Everett SpencerDate approval obtained: 06/17/2016**\* Note: You are required to obtain approval from the applicable EPA Regional Office prior to using this paper DMR form. If you have not obtained a waiver, you must file this form electronically using the NetDMR at <http://www.epa.gov/netdmr/>**

## B. Permit Information

1. NPDES ID: NMR053195

2. Reason(s) for Submission (Check all that apply):

☒ Submitting monitoring data (Fill in all Sections).☐ Reporting no discharge for all outfalls for this monitoring period (Fill in Sections A, B, C, D, E.1, and G).☐ Reporting that your site status has changed to inactive and unstaffed (Fill in Sections A, B, C, D, and F and include date of status change in comment field in Section F.4).☐ Reporting that your site status has changed to active (Fill in all Sections and include date of status change in comment field in Section F.4).☐ Reporting that no further pollutant reductions are achievable for all outfalls and for all pollutants via Part 6.2.1.2 of the MSQP (Fill in Sections A, B, C, D, and G).

## C. Facility Operator Information

## 1. Operator Information

Operator Name: Los Alamos National Security, LLC

Mailing Address:

Street: P.O. Box 1663, MS K490City: Los AlamosState: NM ZIP Code: 87545 - Phone: 505 667 0666E-mail: grieggst@lanl.gov

## 2. DMR Preparer (Complete if DMR was prepared by someone other than the certifier):

First Name, Middle Initial, Last Name: Holly L. WheelerOrganization: EPC-CPPhone: 505 667 1312Ext. E-mail: hbenson@lanl.gov

#### D. Facility Information

1. Facility Name: Los Alamos National Laboratory

2. Facility Address:

Street/Location Bikini Atoll Rd. SM30 K490

City: Los Alamos State: NM ZIP Code: 87545 -

County or Similar Government Subdivision: Los Alamos

#### E. Discharge Information

1. Identify monitoring period: ☒ Check here if proposing alternative monitoring periods due to irregular stormwater runoff. Identify alternative monitoring schedule and indicate for which alternative monitoring period you are reporting monitoring data:
- |  |  |
|--|--|
| <input type="checkbox"/> Quarter 1 (January 1 – March 31)    | <input checked="" type="checkbox"/> Quarter 1: From <u>04</u> / <u>01</u> To <u>05</u> / <u>31</u> |
| <input type="checkbox"/> Quarter 2 (April 1 – June 30)       | <input type="checkbox"/> Quarter 2: From <u>06</u> / <u>01</u> To <u>07</u> / <u>31</u>            |
| <input type="checkbox"/> Quarter 3 (July 1 – September 30)   | <input type="checkbox"/> Quarter 3: From <u>08</u> / <u>01</u> To <u>09</u> / <u>30</u>            |
| <input type="checkbox"/> Quarter 4 (October 1 – December 31) | <input type="checkbox"/> Quarter 4: From <u>10</u> / <u>01</u> To <u>11</u> / <u>30</u>            |
2. Are you required to monitor for cadmium, copper, chromium, lead, nickel, silver, or zinc in freshwater? ☒ Yes ( Skip to 3) ☐ No ( Skip to 4)
3. What is the hardness level of the receiving water? 57
4. Does your facility discharge into any saltwater receiving waters? ☐ Yes ☒ No



## F. Monitoring Information

Note: Make additional copies of this form as necessary.

1. Nature of Discharge: ☒ Rainfall (Complete line items 2.a., 2.b., & 2.c.) ☐ Snowmelt

2.a. Duration of the rainfall event (hours): 0 2.b. Rainfall amount (inches): 0.0 2.c. Time since previous measurable storm event (days): 3

3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
009	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Adjusted Gross Alpha	9.55	pCi/L		04/01/2017	<input type="checkbox"/>	<input type="checkbox"/>
009	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Aluminum, total recoverable	2950	ug/L		04/01/2017	<input type="checkbox"/>	<input type="checkbox"/>
009	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Copper, dissolved	15.9	ug/L		04/01/2017	<input type="checkbox"/>	<input type="checkbox"/>
009	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Iron, total	3600	ug/L		04/01/2017	<input type="checkbox"/>	<input type="checkbox"/>
009	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Thallium, dissolved	ND		0.600 ug/L	04/01/2017	<input type="checkbox"/>	<input type="checkbox"/>
007	<input checked="" type="checkbox"/> Substantially identical to outfall: 009	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
008	<input checked="" type="checkbox"/> Substantially identical to outfall: 009	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
010	<input checked="" type="checkbox"/> Substantially identical to outfall: 009	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 0.16 hours. Rainfall amount = 0.02 inches.

009: The impaired water pollutant total recoverable Aluminum exceeds the New Mexico water quality standard. The impaired water pollutant dissolved Copper exceeds the New Mexico water quality standard. The average concentration of total Iron is mathematically certain to exceed the benchmark value. The impaired water pollutant dissolved Thallium was not detected in stormwater discharge from this outfall, therefore annual monitoring will be discontinued per Part 6.2.4.1, Aroclor, total (I) - NODI B.

F. Monitoring Information										
Note: Make additional copies of this form as necessary.										
1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours): 0      2.b. Rainfall amount (inches): 0.0      2.c. Time since previous measurable storm event (days): 3										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
022	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Adjusted Gross Alpha	5.96	pCi/L		04/01/2017	<input type="checkbox"/>	<input type="checkbox"/>
022	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Aluminum, total recoverable	3210	ug/L		04/01/2017	<input type="checkbox"/>	<input type="checkbox"/>
022	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Copper, dissolved	16.9	ug/L		04/01/2017	<input type="checkbox"/>	<input type="checkbox"/>
021	<input checked="" type="checkbox"/> Substantially identical to outfall: 022	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
023	<input checked="" type="checkbox"/> Substantially identical to outfall: 022	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
024	<input checked="" type="checkbox"/> Substantially identical to outfall: 022	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
025	<input checked="" type="checkbox"/> Substantially identical to outfall: 022	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 0.16 hours. Rainfall amount = 0.02 inches.

022: The impaired water pollutant total recoverable Aluminum exceeds the New Mexico water quality standard. The impaired water pollutant dissolved Copper exceeds the New Mexico water quality standard. Aroclor, total (l) - NODI B. Thallium, dissolved (l) - NODI B.

F. Monitoring Information										
Note: Make additional copies of this form as necessary.										
1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours): 0      2.b. Rainfall amount (inches): 0.0      2.c. Time since previous measurable storm event (days): 3										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
026	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Aluminum, total recoverable	744	ug/L		04/01/2017	<input type="checkbox"/>	<input type="checkbox"/>
026	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Copper, dissolved	15.8	ug/L		04/01/2017	<input type="checkbox"/>	<input type="checkbox"/>
027	<input checked="" type="checkbox"/> Substantially identical to outfall: 026	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
028	<input checked="" type="checkbox"/> Substantially identical to outfall: 026	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 0.16 hours. Rainfall amount = 0.02 inches.

026: The impaired water pollutant total recoverable Aluminum exceeds the New Mexico water quality standard. The impaired water pollutant dissolved Copper exceeds the New Mexico water quality standard. Adjusted Gross Alpha (I) - NODI B. Aroclor, total (I) - NODI B. Thallium, dissolved (I) - NODI B.

### G. Certification

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 assure that qualified personnel properly gathered and evaluated 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.

First Name, Middle Initial, Last Name: Anthony R Grieggs

Title: EPC-CP Group Leader

Signature:

*A R Grieggs*

Date

06/14/2017

E-mail:

grieggst@lanl.gov





## A. Approval to User Paper DMR Form

1. Have you been granted a waiver from electronic reporting from EPA Regional Office\*? ☒ YES ☐ NO

If yes, check which waiver you have been granted, the name of the EPA Regional Office staff person who granted the waiver, and the date of approval:

Waiver granted: ☐ The owner/operator's headquarters is physically located in a geographic area (i.e., ZIP code or census tract) that is identified as under-served for broadband Internet access in the most recent report from the Federal Communications Commission.☒ The owner/operator has issues regarding available computer access or computer capability.Name of EPA staff person that granted the waiver: Everett SpencerDate approval obtained: 06/17/2016**\* Note: You are required to obtain approval from the applicable EPA Regional Office prior to using this paper DMR form. If you have not obtained a waiver, you must file this form electronically using the NetDMR at <http://www.epa.gov/netdmr/>**

## B. Permit Information

1. NPDES ID: NMR053195

2. Reason(s) for Submission (Check all that apply):

☒ Submitting monitoring data (Fill in all Sections).☐ Reporting no discharge for all outfalls for this monitoring period (Fill in Sections A, B, C, D, E.1, and G).☐ Reporting that your site status has changed to inactive and unstaffed (Fill in Sections A, B, C, D, and F and include date of status change in comment field in Section F.4).☐ Reporting that your site status has changed to active (Fill in all Sections and include date of status change in comment field in Section F.4).☐ Reporting that no further pollutant reductions are achievable for all outfalls and for all pollutants via Part 6.2.1.2 of the MSGP (Fill in Sections A, B, C, D, and G).

## C. Facility Operator Information

## 1. Operator Information

Operator Name: Los Alamos National Security, LLC

Mailing Address:

Street: P.O. Box 1663, MS K490City: Los AlamosState: NM ZIP Code: 87545 -Phone: 505 667 0666E-mail: grieggst@lanl.gov

## 2. DMR Preparer (Complete if DMR was prepared by someone other than the certifier):

First Name, Middle Initial, Last Name: Holly L. WheelerOrganization: EPC-CPPhone: 505 667 1312

Ext. \_\_\_\_\_

E-mail: hbenson@lanl.gov

#### D. Facility Information

1. Facility Name: Los Alamos National Laboratory

2. Facility Address:

Street/Location Bikini Atoll Rd. SM30 K490

City: Los Alamos State: NM ZIP Code: 87545 -

County or Similar Government Subdivision: Los Alamos

#### E. Discharge Information

1. Identify monitoring period: ☒ Check here if proposing alternative monitoring periods due to irregular stormwater runoff. Identify alternative monitoring schedule and indicate for which alternative monitoring period you are reporting monitoring data:
- |  |  |
|--|--|
| <input type="checkbox"/> Quarter 1 (January 1 - March 31)    | <input checked="" type="checkbox"/> Quarter 1: From <u>04</u> / <u>01</u> To <u>05</u> / <u>31</u> |
| <input type="checkbox"/> Quarter 2 (April 1 - June 30)       | <input type="checkbox"/> Quarter 2: From <u>06</u> / <u>01</u> To <u>07</u> / <u>31</u>            |
| <input type="checkbox"/> Quarter 3 (July 1 - September 30)   | <input type="checkbox"/> Quarter 3: From <u>08</u> / <u>01</u> To <u>09</u> / <u>30</u>            |
| <input type="checkbox"/> Quarter 4 (October 1 - December 31) | <input type="checkbox"/> Quarter 4: From <u>10</u> / <u>01</u> To <u>11</u> / <u>30</u>            |
2. Are you required to monitor for cadmium, copper, chromium, lead, nickel, silver, or zinc in freshwater? ☒ Yes ( Skip to 3) ☐ No ( Skip to 4)
3. What is the hardness level of the receiving water? 57
4. Does your facility discharge into any saltwater receiving waters? ☐ Yes ☒ No

F. Monitoring Information										
Note: Make additional copies of this form as necessary.										
1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours): 1      2.b. Rainfall amount (inches): 0.2      2.c. Time since previous measurable storm event (days): 8										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
004	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Zinc, dissolved	20.5	ug/L		04/01/2017	<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 1.50 hours. Rainfall amount = 0.18 inches.

004: The average of four monitoring values for dissolved Zinc does not exceed the benchmark value, therefore quarterly monitoring will be discontinued per Part 6.2.1.2.

F. Monitoring Information										
Note: Make additional copies of this form as necessary.										
1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours): 1      2.b. Rainfall amount (inches): 0.1      2.c. Time since previous measurable storm event (days): 3										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
032	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Adjusted Gross Alpha	2.29	pCi/L		04/01/2017	<input type="checkbox"/>	<input type="checkbox"/>
032	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Aluminum, total recoverable	5050	ug/L		04/01/2017	<input type="checkbox"/>	<input type="checkbox"/>
033	<input checked="" type="checkbox"/> Substantially identical to outfall: 032	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
034	<input checked="" type="checkbox"/> Substantially identical to outfall: 032	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
035	<input checked="" type="checkbox"/> Substantially identical to outfall: 032	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 0.91 hours. Rainfall amount = 0.14 inches.

032: The impaired water pollutant total recoverable Aluminum exceeds the New Mexico water quality standard. Aroclor, total (I) - NOD; B. Thallium, dissolved (I) - NOD; B.

F. Monitoring Information				Note: Make additional copies of this form as necessary.						
1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours): 3      2.b. Rainfall amount (inches): 0.3      2.c. Time since previous measurable storm event (days): 1										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
069	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Aluminum, total recoverable	200	ug/L		04/01/2017	<input type="checkbox"/>	<input type="checkbox"/>
069	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Chemical Oxygen Demand (COD)	ND		8.95 mg/L	04/01/2017	<input type="checkbox"/>	<input type="checkbox"/>
069	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Magnesium, total	0.588	mg/L		04/01/2017	<input type="checkbox"/>	<input type="checkbox"/>
059	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
058	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
057	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
056	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
055	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

054	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
067	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
068	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
060	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
061	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
062	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
063	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
064	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 3.00 hours. Rainfall amount = 0.26 inches.

069: The average concentration of total Magnesium is mathematically certain to exceed the benchmark value. Ammonia, total (QBM) - NODI 9. Aroclor, total (I) - NODI B. Arsenic, dissolved (QBM) - NODI 9. Cadmium, dissolved (QBM) - NODI 9. Cyanide, total (QBM) - NODI 9. Lead, dissolved (QBM) - NODI 9. Mercury, total (QBM) - NODI 9. Selenium, total (QBM) - NODI 9. Silver, dissolved (QBM) - NODI 9.



### G. Certification

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 assure that qualified personnel properly gathered and evaluated 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.

First Name, Middle Initial, Last Name: Anthony R Grieggs

Title: EPC-CP Group Leader

Signature:  Date: 06/14/2017

E-mail: grieggst@lanl.gov



## A. Approval to User Paper DMR Form

1. Have you been granted a waiver from electronic reporting from EPA Regional Office? ☒ YES ☐ NO

If yes, check which waiver you have been granted, the name of the EPA Regional Office staff person who granted the waiver, and the date of approval:

Waiver granted: ☐ The owner/operator's headquarters is physically located in a geographic area (i.e., ZIP code or census tract) that is identified as under-served for broadband Internet access in the most recent report from the Federal Communications Commission.☒ The owner/operator has issues regarding available computer access or computer capability.Name of EPA staff person that granted the waiver: Everett SpencerDate approval obtained: 06/17/2016**\* Note: You are required to obtain approval from the applicable EPA Regional Office prior to using this paper DMR form. If you have not obtained a waiver, you must file this form electronically using the NetDMR at <http://www.epa.gov/netdmr/>**

## B. Permit Information

1. NPDES ID: NMR053195

2. Reason(s) for Submission (Check all that apply):

☒ Submitting monitoring data (Fill in all Sections).☐ Reporting no discharge for all outfalls for this monitoring period (Fill in Sections A, B, C, D, E.1, and G).☐ Reporting that your site status has changed to inactive and unstaffed (Fill in Sections A, B, C, D, and F and include date of status change in comment field in Section F.4).☐ Reporting that your site status has changed to active (Fill in all Sections and include date of status change in comment field in Section F.4).☐ Reporting that no further pollutant reductions are achievable for all outfalls and for all pollutants via Part 6.2.1.2 of the MSGP (Fill in Sections A, B, C, D, and G).

## C. Facility Operator Information

## 1. Operator Information

Operator Name: Los Alamos National Security, LLC

Mailing Address:

Street: P.O. Box 1663, MS K490City: Los AlamosState: NM ZIP Code: 87545 - Phone: 505 667 0666E-mail: grieggst@lanl.gov

## 2. DMR Preparer (Complete if DMR was prepared by someone other than the certifier):

First Name, Middle Initial, Last Name: Holly L. WheelerOrganization: EPC-CPPhone: 505 667 1312Ext. E-mail: hbenson@lanl.gov

#### D. Facility Information

1. Facility Name: Los Alamos National Laboratory

2. Facility Address:

Street/Location Bikini Atoll Rd. SM30 K490

City: Los Alamos State: NM ZIP Code: 87545 -

County or Similar Government Subdivision: Los Alamos

#### E. Discharge Information

1. Identify monitoring period: ☒ Check here if proposing alternative monitoring periods due to irregular stormwater runoff. Identify alternative monitoring schedule and indicate for which alternative monitoring period you are reporting monitoring data:
- |  |  |
|--|--|
| <input type="checkbox"/> Quarter 1 (January 1 - March 31)    | <input checked="" type="checkbox"/> Quarter 1: From <u>04</u> / <u>01</u> To <u>05</u> / <u>31</u> |
| <input type="checkbox"/> Quarter 2 (April 1 - June 30)       | <input type="checkbox"/> Quarter 2: From <u>06</u> / <u>01</u> To <u>07</u> / <u>31</u>            |
| <input type="checkbox"/> Quarter 3 (July 1 - September 30)   | <input type="checkbox"/> Quarter 3: From <u>08</u> / <u>01</u> To <u>09</u> / <u>30</u>            |
| <input type="checkbox"/> Quarter 4 (October 1 - December 31) | <input type="checkbox"/> Quarter 4: From <u>10</u> / <u>01</u> To <u>11</u> / <u>30</u>            |
2. Are you required to monitor for cadmium, copper, chromium, lead, nickel, silver, or zinc in freshwater? ☒ Yes ( Skip to 3) ☐ No ( Skip to 4)
3. What is the hardness level of the receiving water? 57
4. Does your facility discharge into any saltwater receiving waters? ☐ Yes ☒ No

F. Monitoring Information										
Note: Make additional copies of this form as necessary.										
1. Nature of Discharge: <input type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input checked="" type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours):      2.b. Rainfall amount (inches):      2.c. Time since previous measurable storm event (days):										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
002	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Adjusted Gross Alpha	17.9	pCi/L		04/04/2017	<input type="checkbox"/>	<input type="checkbox"/>
002	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Aluminum, total recoverable	371	ug/L		04/04/2017	<input type="checkbox"/>	<input type="checkbox"/>
002	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Aluminum, total recoverable	371	ug/L		04/04/2017	<input type="checkbox"/>	<input type="checkbox"/>
002	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Copper, dissolved	25.1	ug/L		04/04/2017	<input type="checkbox"/>	<input type="checkbox"/>
002	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Iron, total	7370	ug/L		04/04/2017	<input type="checkbox"/>	<input type="checkbox"/>
002	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Nitrate plus Nitrite Nitrogen	0.645	mg/L		04/04/2017	<input type="checkbox"/>	<input type="checkbox"/>
002	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Zinc, dissolved	250	ug/L		04/04/2017	<input type="checkbox"/>	<input type="checkbox"/>

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4. Comment and/or Explanation of Any Violations (Reference all attachments here)

002: The impaired water pollutant Adjusted Gross Alpha exceeds the New Mexico water quality standard. The impaired water pollutant dissolved Copper exceeds the New Mexico water quality standard. The average concentration of total Iron is mathematically certain to exceed the benchmark value. Aroclor, total (I) - NODI B. Thallium, dissolved (I) - NODI B.

## G. Certification

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 assure that qualified personnel properly gathered and evaluated 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.

First Name, Middle Initial, Last Name: Anthony R Grieggs

Title: EPC-CP Group Leader

Signature: 

Date 06/14/2017

E-mail: grieggst@lanl.gov



**A. Approval to User Paper DMR Form**1. Have you been granted a waiver from electronic reporting from EPA Regional Office\*? ☒ YES ☐ NO

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## 1. Operator Information

Operator Name: Los Alamos National Security, LLC

Mailing Address:

Street: P.O. Box 1663, MS K490City: Los AlamosState: NMZIP Code: 87545Phone: 505 667 0666E-mail: grieggst@lanl.gov

## 2. DMR Preparer (Complete if DMR was prepared by someone other than the certifier):

First Name, Middle Initial, Last Name: Holly L. WheelerOrganization: EPC-CPPhone: 505 667 1312

Ext. \_\_\_\_\_

E-mail: hbenson@lanl.gov

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Street/Location Bikini Atoll Rd. SM30 K490

City: Los Alamos State: NM ZIP Code: 87545 -

County or Similar Government Subdivision: Los Alamos

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- |  |  |
|--|--|
| <input type="checkbox"/> Quarter 1 (January 1 – March 31)    | <input checked="" type="checkbox"/> Quarter 1: From <u>04</u> / <u>01</u> To <u>05</u> / <u>31</u> |
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| <input type="checkbox"/> Quarter 3 (July 1 – September 30)   | <input type="checkbox"/> Quarter 3: From <u>08</u> / <u>01</u> To <u>09</u> / <u>30</u>            |
| <input type="checkbox"/> Quarter 4 (October 1 – December 31) | <input type="checkbox"/> Quarter 4: From <u>10</u> / <u>01</u> To <u>11</u> / <u>30</u>            |
2. Are you required to monitor for cadmium, copper, chromium, lead, nickel, silver, or zinc in freshwater? ☒ Yes ( Skip to 3) ☐ No ( Skip to 4)
3. What is the hardness level of the receiving water? 57
4. Does your facility discharge into any saltwater receiving waters? ☐ Yes ☒ No

F. Monitoring Information										
Note: Make additional copies of this form as necessary.										
1. Nature of Discharge: <input type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input checked="" type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours):      2.b. Rainfall amount (inches):      2.c. Time since previous measurable storm event (days):										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
005	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Adjusted Gross Alpha	26.9	pCi/L		04/04/2017	<input type="checkbox"/>	<input type="checkbox"/>
005	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Aluminum, total recoverable	13000	ug/L		04/04/2017	<input type="checkbox"/>	<input type="checkbox"/>
005	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Copper, dissolved	24.2	ug/L		04/04/2017	<input type="checkbox"/>	<input type="checkbox"/>
005	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Iron, total	20700	ug/L		04/04/2017	<input type="checkbox"/>	<input type="checkbox"/>
006	<input checked="" type="checkbox"/> Substantially identical to outfall: 005	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

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4. Comment and/or Explanation of Any Violations (Reference all attachments here)

005: The impaired water pollutant Adjusted Gross Alpha exceeds the New Mexico water quality standard. The impaired water pollutant total recoverable Aluminum exceeds the New Mexico water quality standard. The impaired water pollutant dissolved Copper exceeds the New Mexico water quality standard. The average concentration of total Iron is mathematically certain to exceed the benchmark value. Aroclor, total (I) - NODI B. Thallium, dissolved (I) - NODI B.

F. Monitoring Information										
Note: Make additional copies of this form as necessary.										
1. Nature of Discharge: <input type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input checked="" type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours):			2.b. Rainfall amount (inches):			2.c. Time since previous measurable storm event (days):				
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
032	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Copper, dissolved	6.05	ug/L		04/04/2017	<input type="checkbox"/>	<input type="checkbox"/>
033	<input checked="" type="checkbox"/> Substantially identical to outfall: 032	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
034	<input checked="" type="checkbox"/> Substantially identical to outfall: 032	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
035	<input checked="" type="checkbox"/> Substantially identical to outfall: 032	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

032: The impaired water pollutant dissolved Copper exceeds the New Mexico water quality standard. Aroclor, total (I) - NODI B. Thallium, dissolved (I) - NODI B.

F. Monitoring Information		Note: Make additional copies of this form as necessary.								
1. Nature of Discharge: <input type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input checked="" type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours):			2.b. Rainfall amount (inches):			2.c. Time since previous measurable storm event (days):				
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
050	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Adjusted Gross Alpha	4.03	pCi/L		04/04/2017	<input type="checkbox"/>	<input type="checkbox"/>
050	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Aluminum, total recoverable	307	ug/L		04/04/2017	<input type="checkbox"/>	<input type="checkbox"/>
050	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Chemical Oxygen Demand (COD)	ND		8.95 mg/L	04/04/2017	<input type="checkbox"/>	<input type="checkbox"/>
050	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Magnesium, total	0.603	mg/L		04/04/2017	<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

050: The average concentration of total Magnesium is mathematically certain to exceed the benchmark value. Ammonia, total (QBM) - NODI 9. Aroclor, total (I) - NODI 8. Arsenic, dissolved (QBM) - NODI 9. Cadmium, dissolved (QBM) - NODI 9. Cyanide, total (QBM) - NODI 9. Lead, dissolved (QBM) - NODI 9. Mercury, total (QBM) - NODI 9. Selenium, total (QBM) - NODI 9. Silver, dissolved (QBM) - NODI 9.



### G. Certification

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 assure that qualified personnel properly gathered and evaluated 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.

First Name, Middle Initial, Last Name: Anthony R Grieggs

Title: EPC-CP Group Leader

Signature:

*AR Grieggs*

Date

06/14/2017

E-mail:

grieggst@lanl.gov





***Environmental Protection & Compliance Division***  
***Los Alamos National Laboratory***  
PO Box 1663, K490  
Los Alamos, New Mexico 87545  
(505) 667-2211

*Date:* **AUG 01 2017**  
*Symbol:* EPC-DO: 17-287  
*LA-UR:* 17-26386

*Locates Action No.:* N/A

U.S. EPA Region 6  
NPDES Stormwater Program (WQ-PP)  
1445 Ross Avenue, Suite 1200  
Dallas, TX 75202-2733

**Subject: National Pollutant Discharge Elimination System (NPDES) Permit Tracking No. NMR053195, Multi-Sector General Permit (MSGP) Industrial Discharge Monitoring Reports (MDMRs) for June 01 and 06, 2017**

To whom it may concern:

Enclosed are Los Alamos National Laboratory's MDMRs (Enclosure 1) for June 01 and 06, 2017, as required under MSGP Permit Tracking No. NMR053195. These reports are being submitted on behalf of Los Alamos National Security LLC and contain analytical results for impaired waters and quarterly benchmark monitoring at outfalls 002, 004, 005, 029, 050, and 069.

Please contact Holly Wheeler at (505) 667-1312 or Terrill Lemke at (505) 665-2397 if you have questions regarding these MDMRs.

Sincerely,

Anthony R. Grieggs  
Group Leader

ARG/TWL/HLW: am

**COPY**

Enclosure(s): 1. NPDES Permit Tracking No. NMR053195, MDMRs for June 01 and 06, 2017

Copy: Helen Nguyen, EPA Region 6, Dallas TX (E-File)  
Nasim Jahan, EPA Region 6, Dallas TX (E-File)  
Michelle Hunter, NMED/GWQB, Santa Fe, NM (E-File)  
Shelly Lemon, NMED/SWQB, Santa Fe, NM (E-File)  
Karen Armijo, NA-LA, (E-File)  
Arturo Duran, EM-SG, (E-File)  
David Rhodes, EM-SG, (E-File)  
Craig S. Leasure, PADOPS, (E-File)  
William R. Mairson, PADOPS, (E-File)  
Michael T. Brandt, ADESH, (E-File)  
Raeanna Sharp-Geiger, ADESH, (E-File)  
Bruce Robinson, ADEM-PO, (E-File)  
Andrew Erickson, UI-DO, (E-File)  
Leslie Sonnenberg, EWMO-DO, (E-File)  
Clifford Kirkland, STO-DO, (E-File)  
Stephanie Archuleta, DESHF-DO, (E-File)  
Theresa Cull, DESHS-DO, (E-File)  
Russel Stone, DESHS-UIS, (E-File)  
Jillian Burgin, DESHS-UIS, (E-File)  
Leonard Sandoval, DESHS-UIS, (E-File)  
Robert Stokes, DESHS-EWMS, (E-File)  
Victoria Baca, DESHS-EWMS, (E-File)  
Garry Schramm, DESHF-STO, (E-File)  
Courtney Perkins, DESHF-STO, (E-File)  
Terrill W. Lemke, EPC-CP, (E-File)  
Holly L. Wheeler, EPC-CP, (E-File)  
Leslie J. Dale, EPC-CP, (E-File)  
Ellena I. Martinez, EPC-CP, (E-File)  
[Adesh-records@lanl.gov](mailto:Adesh-records@lanl.gov), (E-File)  
[lasomailbox@nnsa.doe.gov](mailto:lasomailbox@nnsa.doe.gov), (E-File)  
[locatesteam@lanl.gov](mailto:locatesteam@lanl.gov), (E-File)  
[epc-correspondence@lanl.gov](mailto:epc-correspondence@lanl.gov), (E-File)

YAC

## **ENCLOSURE 1**

NPDES Permit Tracking No. NMR053195, MDMRs for  
June 01 and 06, 2017

EPC-DO: 17-287

LA-UR-17-26386

Date: AUG 01 2017



## A. Approval to User Paper DMR Form

1. Have you been granted a waiver from electronic reporting from EPA Regional Office\*?
- ☒
- YES
- ☐
- NO

If yes, check which waiver you have been granted, the name of the EPA Regional Office staff person who granted the waiver, and the date of approval:

Waiver granted: ☐ The owner/operator's headquarters is physically located in a geographic area (i.e., ZIP code or census tract) that is identified as under-served for broadband Internet access in the most recent report from the Federal Communications Commission.☒ The owner/operator has issues regarding available computer access or computer capability.Name of EPA staff person that granted the waiver: Everett SpencerDate approval obtained: 06/17/2016**\* Note: You are required to obtain approval from the applicable EPA Regional Office prior to using this paper DMR form. If you have not obtained a waiver, you must file this form electronically using the NetDMR at <http://www.epa.gov/netdmr/>**

## B. Permit Information

1. NPDES ID:
- NMR053195

2. Reason(s) for Submission (Check all that apply):

☒ Submitting monitoring data (Fill in all Sections).☐ Reporting no discharge for all outfalls for this monitoring period (Fill in Sections A, B, C, D, E.1, and G).☐ Reporting that your site status has changed to inactive and unstaffed (Fill in Sections A, B, C, D, and F and include date of status change in comment field in Section F.4).☐ Reporting that your site status has changed to active (Fill in all Sections and include date of status change in comment field in Section F.4).☐ Reporting that no further pollutant reductions are achievable for all outfalls and for all pollutants via Part 6.2.1.2 of the MSGP (Fill in Sections A, B, C, D, and G).

## C. Facility Operator Information

1. Operator Information

Operator Name: Los Alamos National Security, LLC

Mailing Address:

Street: P.O. Box 1663, MS K490City: Los AlamosState: NM ZIP Code: 87545 -Phone: 505 667 0666E-mail: grieggst@lanl.gov

2. DMR Preparer (Complete if DMR was prepared by someone other than the certifier):

First Name, Middle Initial, Last Name: Holly L. WheelerOrganization: EPC-CPPhone: 505 667 1312

Ext. \_\_\_\_\_

E-mail: hbenson@lanl.gov

#### D. Facility Information

1. Facility Name: Los Alamos National Laboratory

2. Facility Address:

Street/Location: Bikini Atoll Rd. SM30 K490

City: Los Alamos State: NM ZIP Code: 87545 -

County or Similar Government Subdivision: Los Alamos

#### E. Discharge Information

1. Identify monitoring period: ☒ Check here if proposing alternative monitoring periods due to irregular stormwater runoff. Identify alternative monitoring schedule and indicate for which alternative monitoring period you are reporting monitoring data:
- |  |  |
|--|--|
| <input type="checkbox"/> Quarter 1 (January 1 - March 31)    | <input type="checkbox"/> Quarter 1: From <u>04</u> / <u>01</u> To <u>05</u> / <u>31</u>            |
| <input type="checkbox"/> Quarter 2 (April 1 - June 30)       | <input checked="" type="checkbox"/> Quarter 2: From <u>06</u> / <u>01</u> To <u>07</u> / <u>31</u> |
| <input type="checkbox"/> Quarter 3 (July 1 - September 30)   | <input type="checkbox"/> Quarter 3: From <u>08</u> / <u>01</u> To <u>09</u> / <u>30</u>            |
| <input type="checkbox"/> Quarter 4 (October 1 - December 31) | <input type="checkbox"/> Quarter 4: From <u>10</u> / <u>01</u> To <u>11</u> / <u>30</u>            |
2. Are you required to monitor for cadmium, copper, chromium, lead, nickel, silver, or zinc in freshwater? ☒ Yes ( Skip to 3) ☐ No ( Skip to 4)
3. What is the hardness level of the receiving water? 57
4. Does your facility discharge into any saltwater receiving waters? ☐ Yes ☒ No

F. Monitoring Information										
Note: Make additional copies of this form as necessary.										
1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours): 1      2.b. Rainfall amount (inches): 0.2      2.c. Time since previous measurable storm event (days): 3										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
002	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Aluminum, total recoverable	1280	ug/L		06/01/2017	<input type="checkbox"/>	<input type="checkbox"/>
002	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Iron, total	1230	ug/L		06/01/2017	<input type="checkbox"/>	<input type="checkbox"/>
002	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Nitrate plus Nitrite Nitrogen	1.12	mg/L		06/01/2017	<input type="checkbox"/>	<input type="checkbox"/>
002	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Zinc, dissolved	139	ug/L		06/01/2017	<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 0.75 hours. Rainfall amount = 0.18 inches.

002: The average concentration of dissolved Zinc is mathematically certain to exceed the benchmark value. Adjusted Gross Alpha (I) - NODI 9. Aroclor, total (I) - NODI B. Copper, dissolved (I) - NODI 9. Thallium, dissolved (I) - NODI B. Aluminum, total recoverable (I) - NODI 9.



F. Monitoring Information										
Note: Make additional copies of this form as necessary.										
1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours): 1      2.b. Rainfall amount (inches): 0.2      2.c. Time since previous measurable storm event (days): 3										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
005	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Iron, total	3270	ug/L		06/01/2017	<input type="checkbox"/>	<input type="checkbox"/>
006	<input checked="" type="checkbox"/> Substantially identical to outfall: 005	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 0.75 hours. Rainfall amount = 0.18 inches.

005: Adjusted Gross Alpha (I) - NODI 9. Aluminum, total recoverable (I) - NODI 9. Aroclor, total (I) - NODI 8. Copper, dissolved (I) - NODI 9. Thallium, dissolved (I) - NODI 8.

<b>F. Monitoring Information</b> <span style="float: right; font-weight: normal; font-size: 0.9em;">Note: Make additional copies of this form as necessary.</span>										
1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours): <b>1</b> 2.b. Rainfall amount (inches): <b>0.2</b> 2.c. Time since previous measurable storm event (days): <b>3</b>										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
029	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Adjusted Gross Alpha	17.2	pCi/L		06/01/2017	<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 0.75 hours. Rainfall amount = 0.18 inches.

029: The impaired water pollutant Adjusted Gross Alpha exceeds the New Mexico water quality standard. Aluminum, total recoverable (QBM) - NODI 9. Aluminum, total recoverable (I) - NODI 9. Aroclor, total (I) - NODI B. Thallium, dissolved (I) - NODI B. Total Suspended Solids (TSS) (QBM) - NODI 9.

F. Monitoring Information										Note: Make additional copies of this form as necessary.	
1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt											
2.a. Duration of the rainfall event (hours): 0      2.b. Rainfall amount (inches): 0.2      2.c. Time since previous measurable storm event (days): 13											
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?	
050	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Chemical Oxygen Demand (COD)	427	mg/L		06/01/2017	<input type="checkbox"/>	<input type="checkbox"/>	
050	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Magnesium, total	1.61	mg/L		06/01/2017	<input type="checkbox"/>	<input type="checkbox"/>	

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 0.41 hours. Rainfall amount = 0.20 inches.

050: The average concentration of COD is mathematically certain to exceed the benchmark value. The average concentration of total Magnesium is mathematically certain to exceed the benchmark value. Adjusted Gross Alpha (I) - NODI 9. Aluminum, total recoverable (I) - NODI 9. Ammonia, total (QBM) - NODI 9. Aroclor, total (I) - NODI B. Arsenic, dissolved (QBM) - NODI 9. Cadmium, dissolved (QBM) - NODI 9. Cyanide, total (QBM) - NODI 9. Lead, dissolved (QBM) - NODI 9. Mercury, total (QBM) - NODI 9. Selenium, total (QBM) - NODI 9. Silver, dissolved (QBM) - NODI 9.

## G. Certification

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 assure that qualified personnel properly gathered and evaluated 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.

First Name, Middle Initial, Last Name: Anthony R Grieggs

Title: EPC-CP Group Leader

Signature: 

Date

08/01/2017

E-mail: grieggst@lanl.gov



## A. Approval to User Paper DMR Form

1. Have you been granted a waiver from electronic reporting from EPA Regional Office\*?
- ☒
- YES
- ☐
- NO

If yes, check which waiver you have been granted, the name of the EPA Regional Office staff person who granted the waiver, and the date of approval:

Waiver granted: ☐ The owner/operator's headquarters is physically located in a geographic area (i.e., ZIP code or census tract) that is identified as under-served for broadband internet access in the most recent report from the Federal Communications Commission.☒ The owner/operator has issues regarding available computer access or computer capability.Name of EPA staff person that granted the waiver: Everett SpencerDate approval obtained: 06/17/2016**\* Note: You are required to obtain approval from the applicable EPA Regional Office prior to using this paper DMR form. If you have not obtained a waiver, you must file this form electronically using the NetDMR at <http://www.epa.gov/netdmr/>**

## B. Permit Information

1. NPDES ID: NMR053195

2. Reason(s) for Submission (Check all that apply):

☒ Submitting monitoring data (Fill in all Sections).☐ Reporting no discharge for all outfalls for this monitoring period (Fill in Sections A, B, C, D, E.1, and G).☐ Reporting that your site status has changed to inactive and unstaffed (Fill in Sections A, B, C, D, and F and include date of status change in comment field in Section F.4).☐ Reporting that your site status has changed to active (Fill in all Sections and include date of status change in comment field in Section F.4).☐ Reporting that no further pollutant reductions are achievable for all outfalls and for all pollutants via Part 6.2.1.2 of the MSGP (Fill in Sections A, B, C, D, and G).

## C. Facility Operator Information

## 1. Operator Information

Operator Name: Los Alamos National Security, LLC

Mailing Address:

Street: P.O. Box 1663, MS K490City: Los AlamosState: NMZIP Code: 87545Phone: 505 667 0666E-mail: grieggst@lanl.gov

## 2. DMR Preparer (Complete if DMR was prepared by someone other than the certifier):

First Name, Middle Initial, Last Name: Holly L. WheelerOrganization: EPC-CPPhone: 505 667 1312

Ext. \_\_\_\_\_

E-mail: hbenson@lanl.gov

#### D. Facility Information

1. Facility Name: Los Alamos National Laboratory

2. Facility Address:

Street/Location Bikini Atoll Rd. SM30 K490

City: Los Alamos

State: NM

ZIP Code: 87545 -

County or Similar Government Subdivision: Los Alamos

#### E. Discharge Information

1. Identify monitoring period:



Check here if proposing alternative monitoring periods due to irregular stormwater runoff. Identify alternative monitoring schedule and indicate for which alternative monitoring period you are reporting monitoring data:

☐ Quarter 1 (January 1 - March 31)

☐ Quarter 1: From

04

/ 01

To

05

/ 31

☐ Quarter 2 (April 1 - June 30)

☒ Quarter 2: From

06

/ 01

To

07

/ 31

☐ Quarter 3 (July 1 - September 30)

☐ Quarter 3: From

08

/ 01

To

09

/ 30

☐ Quarter 4 (October 1 - December 31)

☐ Quarter 4: From

10

/ 01

To

11

/ 30

2. Are you required to monitor for cadmium, copper, chromium, lead, nickel, silver, or zinc in freshwater?



Yes ( Skip to 3)



No ( Skip to 4)

3. What is the hardness level of the receiving water?

57

4. Does your facility discharge into any saltwater receiving waters?



Yes



No



F. Monitoring Information										
Note: Make additional copies of this form as necessary.										
1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours): 1      2.b. Rainfall amount (inches): 0.2      2.c. Time since previous measurable storm event (days): 5										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
004	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Zinc, dissolved	34.4	ug/L		06/06/2017	<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 0.66 hours. Rainfall amount = 0.21 inches.

004: This dissolved Zinc result was inadvertently collected after notifying on the April 1, 2017 MDMR that the average of four monitoring values does not exceed the benchmark value, therefore quarterly monitoring will be discontinued per Part 6.2.1.2. The June 6, 2017 result is being reported per Part B.12.D.2 Adjusted Gross Alpha (I) - NODI 9. Aluminum, total recoverable (I) - NODI 9. Aroclor, total (I) - NODI B.

F. Monitoring Information										
Note: Make additional copies of this form as necessary.										
1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours): 1      2.b. Rainfall amount (inches): 0.2      2.c. Time since previous measurable storm event (days): 5										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
029	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Copper, dissolved	32.6	ug/L		06/06/2017	<input type="checkbox"/>	<input type="checkbox"/>
029	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Copper, dissolved	32.6	ug/L		06/06/2017	<input type="checkbox"/>	<input type="checkbox"/>
029	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Lead, dissolved	BQL		2.00 ug/L	06/06/2017	<input type="checkbox"/>	<input type="checkbox"/>
029	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Zinc, dissolved	149	ug/L		06/06/2017	<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 0.66 hours. Rainfall amount = 0.21 inches.

029: The average concentration of dissolved Copper is mathematically certain to exceed the benchmark value. The impaired water pollutant dissolved Copper exceeds the New Mexico water quality standard. Aluminum, total recoverable (QBM) - NODI 9. Aluminum, total recoverable (I) - NODI 9. Aroclor, total (I) - NODI B. Thallium, dissolved (I) - NODI B. Total Suspended Solids (TSS) (QBM) - NODI 9.

F. Monitoring Information										
Note: Make additional copies of this form as necessary.										
1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours): 1      2.b. Rainfall amount (inches): 0.1      2.c. Time since previous measurable storm event (days): 5										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
069	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Chemical Oxygen Demand (COD)	639	mg/L		06/06/2017	<input type="checkbox"/>	<input type="checkbox"/>
069	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Magnesium, total	5.68	mg/L		06/06/2017	<input type="checkbox"/>	<input type="checkbox"/>
059	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
058	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
057	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
056	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
055	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
054	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

067	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
068	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
060	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
061	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
062	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
063	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
064	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 1.50 hours. Rainfall amount = 0.14 inches.

069: The average concentration of COD is mathematically certain to exceed the benchmark value. The average concentration of total Magnesium is mathematically certain to exceed the benchmark value. Aluminum, total recoverable (I) - NODI 9. Ammonia, total (QBM) - NODI 9. Aroclor, total (I) - NODI 8. Arsenic, dissolved (QBM) - NODI 9. Cadmium, dissolved (QBM) - NODI 9. Cyanide, total (QBM) - NODI 9. Lead, dissolved (QBM) - NODI 9. Mercury, total (QBM) - NODI 9. Selenium, total (QBM) - NODI 9. Silver, dissolved (QBM) - NODI 9.

## G. Certification

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 assure that qualified personnel properly gathered and evaluated 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.

First Name, Middle Initial, Last Name: Anthony R Grieggs

Title: EPC-CP Group Leader

Signature: 

Date: 08/01/2017

E-mail: grieggst@lanl.gov



**Environmental Protection & Compliance Division**  
**Los Alamos National Laboratory**  
PO Box 1663, K491  
Los Alamos, New Mexico 87545  
(505) 667-2211

**SEP 25 2017**  
*Date:*  
*Symbol:* EPC-DO: 17-401  
*LA-UR:* 17-28621  
*Locates Action No.:* N/A

U.S. EPA Region 6  
NPDES Stormwater Program (WQ-PP)  
1445 Ross Avenue, Suite 1200  
Dallas, TX 75202-2733

**Subject: National Pollutant Discharge Elimination System (NPDES) Permit Tracking No. NMR053195, Multi-Sector General Permit (MSGP) Industrial Discharge Monitoring Reports (MDMRs) for July 26 and 29, 2017**

To whom it may concern:

Enclosed are Los Alamos National Laboratory's MDMRs (Enclosure 1) for July 26 and 29, 2017 as required under MSGP Permit Tracking No. NMR053195. These reports are being submitted on behalf of Los Alamos National Security, LLC and contain analytical results for impaired waters and quarterly benchmark monitoring at outfalls 012, 020, 031, 039 and 073.

Please contact Holly Wheeler at (505) 667-1312 or Terrill Lemke at (505) 665-2397 if you have questions regarding these MDMRs.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Mike Schuler for'.

Anthony R. Grieggs  
Group Leader



ARG/TWL/HLW: am

Enclosure(s): 1): NPDES Permit Tracking No. NMR053195, MDMRs for July 26 and 29, 2017

Copy: Helen Nguyen, EPA Region 6, Dallas TX (E-File)  
Nasim Jahan, EPA Region 6, Dallas TX (E-File)  
Michelle Hunter, NMED/GWQB, Santa Fe, NM (E-File)  
Shelly Lemon, NMED/SWQB, Santa Fe, NM (E-File)  
Karen Armijo, NA-LA, (E-File)  
Arturo Duran, EM-SG, (E-File)  
David Rhodes, EM-SG, (E-File)  
Craig S. Leasure, PADOPS, (E-File)  
William R. Mairson, PADOPS, (E-File)  
Michael T. Brandt, ADESH, (E-File)  
Raeanna Sharp-Geiger, ADESH, (E-File)  
Bruce Robinson, ADEM-PO, (E-File)  
Andrew Erickson, UI-DO, (E-File)  
Clifford Kirkland, STO-DO, (E-File)  
Stephanie Archuleta, DESHF-DO, (E-File)  
Theresa Cull, DESHS-DO, (E-File)  
Russel Stone, DESHS-UIS, (E-File)  
Garry Schramm, DESHF-STO, (E-File)  
Jillian Burgin, DESHS-UIS, (E-File)  
Marc Gallegos, DESHF-STO, (E-File)  
Courtney Perkins, DESHF-STO, (E-File)  
Terrill W. Lemke, EPC-CP, (E-File)  
Holly L. Wheeler, EPC-CP, (E-File)  
Leslie J. Dale, EPC-CP, (E-File)  
Ellena I. Martinez, EPC-CP, (E-File)  
[Adesh-records@lanl.gov](mailto:Adesh-records@lanl.gov), (E-File)  
[lasomailbox@nnsa.doe.gov](mailto:lasomailbox@nnsa.doe.gov), (E-File)  
[locatesteam@lanl.gov](mailto:locatesteam@lanl.gov), (E-File)  
[epc-correspondence@lanl.gov](mailto:epc-correspondence@lanl.gov), (E-File)



# **ENCLOSURE 1**

NPDES Permit Tracking No. NMR053195, MDMRs for  
July 26 and 29, 2017

EPC-DO: 17-401

LA-UR-17-28621

Date: SEP 25 2017



## A. Approval to User Paper DMR Form

1. Have you been granted a waiver from electronic reporting from EPA Regional Office\*? ☒ YES ☐ NO

If yes, check which waiver you have been granted, the name of the EPA Regional Office staff person who granted the waiver, and the date of approval:

Waiver granted: ☐ The owner/operator's headquarters is physically located in a geographic area (i.e., ZIP code or census tract) that is identified as under-served for broadband Internet access in the most recent report from the Federal Communications Commission.☒ The owner/operator has issues regarding available computer access or computer capability.Name of EPA staff person that granted the waiver: Everett SpencerDate approval obtained: 06/17/2016**\* Note: You are required to obtain approval from the applicable EPA Regional Office prior to using this paper DMR form. If you have not obtained a waiver, you must file this form electronically using the NetDMR at <http://www.epa.gov/netdmr/>**

## B. Permit Information

1. NPDES ID: NMR053195

2. Reason(s) for Submission (Check all that apply):

☒ Submitting monitoring data (Fill in all Sections).☐ Reporting no discharge for all outfalls for this monitoring period (Fill in Sections A, B, C, D, E.1, and G).☐ Reporting that your site status has changed to inactive and unstaffed (Fill in Sections A, B, C, D, and F and include date of status change in comment field in Section F.4).☐ Reporting that your site status has changed to active (Fill in all Sections and include date of status change in comment field in Section F.4).☐ Reporting that no further pollutant reductions are achievable for all outfalls and for all pollutants via Part 6.2.1.2 of the MSGP (Fill in Sections A, B, C, D, and G).

## C. Facility Operator Information

## 1. Operator Information

Operator Name: Los Alamos National Security, LLC

Mailing Address:

Street: P.O. Box 1663, MS K490City: Los AlamosState: NM ZIP Code: 87545 - Phone: 505 667 0666E-mail: grieggst@lanl.gov

## 2. DMR Preparer (Complete if DMR was prepared by someone other than the certifier):

First Name, Middle Initial, Last Name: Holly L. WheelerOrganization: EPC-CPPhone: 505 667 1312Ext. E-mail: hbenson@lanl.gov

#### D. Facility Information

1. Facility Name: Los Alamos National Laboratory

2. Facility Address:

Street/Location Bikini Atoll Rd. SM30 K490

City: Los Alamos State: NM ZIP Code: 87545 -

County or Similar Government Subdivision: Los Alamos

#### E. Discharge Information

1. Identify monitoring period: ☒ Check here if proposing alternative monitoring periods due to irregular stormwater runoff. Identify alternative monitoring schedule and indicate for which alternative monitoring period you are reporting monitoring data:
- |  |  |
|--|--|
| <input type="checkbox"/> Quarter 1 (January 1 – March 31)    | <input type="checkbox"/> Quarter 1: From <u>04</u> / <u>01</u> To <u>05</u> / <u>31</u>            |
| <input type="checkbox"/> Quarter 2 (April 1 – June 30)       | <input checked="" type="checkbox"/> Quarter 2: From <u>06</u> / <u>01</u> To <u>07</u> / <u>31</u> |
| <input type="checkbox"/> Quarter 3 (July 1 – September 30)   | <input type="checkbox"/> Quarter 3: From <u>08</u> / <u>01</u> To <u>09</u> / <u>30</u>            |
| <input type="checkbox"/> Quarter 4 (October 1 – December 31) | <input type="checkbox"/> Quarter 4: From <u>10</u> / <u>01</u> To <u>11</u> / <u>30</u>            |
2. Are you required to monitor for cadmium, copper, chromium, lead, nickel, silver, or zinc in freshwater? ☒ Yes ( Skip to 3) ☐ No ( Skip to 4)
3. What is the hardness level of the receiving water? 57
4. Does your facility discharge into any saltwater receiving waters? ☐ Yes ☒ No

F. Monitoring Information										
Note: Make additional copies of this form as necessary.										
1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours): 0      2.b. Rainfall amount (inches): 1.0      2.c. Time since previous measurable storm event (days): 8										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
012	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Adjusted Gross Alpha	31.1	pCi/L		07/26/2017	<input type="checkbox"/>	<input type="checkbox"/>
012	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Aluminum, total recoverable	709	ug/L		07/26/2017	<input type="checkbox"/>	<input type="checkbox"/>
012	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Copper, dissolved	2.08	ug/L		07/26/2017	<input type="checkbox"/>	<input type="checkbox"/>
012	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Iron, total	636	ug/L		07/26/2017	<input type="checkbox"/>	<input type="checkbox"/>
011	<input checked="" type="checkbox"/> Substantially identical to outfall: 012	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 0.50 hours. Rainfall amount = 0.99 inches.

012: The impaired water pollutant Adjusted Gross Alpha exceeds the New Mexico water quality standard. The impaired water pollutant total recoverable Aluminum exceeds the New Mexico water quality standard. Aroclor, total (I) - NODI B. Thallium, dissolved (I) - NODI B.

F. Monitoring Information										
Note: Make additional copies of this form as necessary.										
1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours): 0      2.b. Rainfall amount (inches): 1.0      2.c. Time since previous measurable storm event (days): 8										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
020	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Aluminum, total recoverable	BQL		50.0 ug/L	07/26/2017	<input type="checkbox"/>	<input type="checkbox"/>
020	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Iron, total	ND		33.0 ug/L	07/26/2017	<input type="checkbox"/>	<input type="checkbox"/>
020	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Nitrate plus Nitrite Nitrogen	0.150	mg/L		07/26/2017	<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 0.50 hours. Rainfall amount = 0.99 inches.

020: The average of four monitoring values for total recoverable Aluminum does not exceed the benchmark value, therefore quarterly monitoring will be discontinued per Part 6.2.1.2. The average of four monitoring values for total Iron does not exceed the benchmark value, therefore quarterly monitoring will be discontinued per Part 6.2.1.2. The average of four monitoring values for Nitrate plus Nitrite Nitrogen does not exceed the benchmark value, therefore quarterly monitoring will be discontinued per Part 6.2.1.2. Adjusted Gross Alpha (I) - NODI B. Aroclor, total (I) - NODI B. Thallium, dissolved (I) - NODI B. Aluminum, total recoverable (I) - NODI 9.



F. Monitoring Information										
Note: Make additional copies of this form as necessary.										
1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours): 1      2.b. Rainfall amount (inches): 1.1      2.c. Time since previous measurable storm event (days): 18										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
031	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Copper, dissolved	11.8	ug/L		07/26/2017	<input type="checkbox"/>	<input type="checkbox"/>
030	<input checked="" type="checkbox"/> Substantially identical to outfall: 031	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 0.58 hours. Rainfall amount = 1.10 inches.

031: The impaired water pollutant dissolved Copper exceeds the New Mexico water quality standard. Aroclor, total (I) - NODI B.

F. Monitoring Information										
Note: Make additional copies of this form as necessary.										
1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours): 1      2.b. Rainfall amount (inches): 1.1      2.c. Time since previous measurable storm event (days): 644										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
039	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Adjusted Gross Alpha	409	pCi/L		07/26/2017	<input type="checkbox"/>	<input type="checkbox"/>
039	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Aluminum, total recoverable	16100	ug/L		07/26/2017	<input type="checkbox"/>	<input type="checkbox"/>
039	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Copper, dissolved	6.55	ug/L		07/26/2017	<input type="checkbox"/>	<input type="checkbox"/>
039	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Thallium, dissolved	ND		0.600 ug/L	07/26/2017	<input type="checkbox"/>	<input type="checkbox"/>
038	<input checked="" type="checkbox"/> Substantially identical to outfall: 039	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
040	<input checked="" type="checkbox"/> Substantially identical to outfall: 039	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 0.58 hours. Rainfall amount = 1.10 inches.

039: The impaired water pollutant Adjusted Gross Alpha exceeds the New Mexico water quality standard. The impaired water pollutant total recoverable Aluminum exceeds the New Mexico water quality standard.

F. Monitoring Information										Note: Make additional copies of this form as necessary.	
1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt											
2.a. Duration of the rainfall event (hours): 0		2.b. Rainfall amount (inches): 1.0		2.c. Time since previous measurable storm event (days): 1							
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?	
073	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Aluminum, total recoverable	85	ug/L		07/26/2017	<input type="checkbox"/>	<input type="checkbox"/>	
073	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Chemical Oxygen Demand (COD)	80.5	mg/L		07/26/2017	<input type="checkbox"/>	<input type="checkbox"/>	
073	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Total Suspended Solids (TSS)	BQL		18.1 mg/L	07/26/2017	<input type="checkbox"/>	<input type="checkbox"/>	
074	<input checked="" type="checkbox"/> Substantially identical to outfall: 073	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 0.50 hours, Rainfall amount = 0.99 inches.

073: Copper, dissolved (I) - NODI 9. Thallium, dissolved (I) - NODI B.

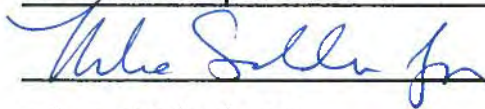
### G. Certification

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 assure that qualified personnel properly gathered and evaluated 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.

First Name, Middle Initial, Last Name: Anthony R Grieggs

Title: EPC-CP Group Leader

Signature:



Date

09/25/2017

E-mail:

grieggst@lanl.gov

**A. Approval to User Paper DMR Form**1. Have you been granted a waiver from electronic reporting from EPA Regional Office\*? ☒ YES ☐ NO

If yes, check which waiver you have been granted, the name of the EPA Regional Office staff person who granted the waiver, and the date of approval:

Waiver granted: ☐ The owner/operator's headquarters is physically located in a geographic area (i.e., ZIP code or census tract) that is identified as under-served for broadband Internet access in the most recent report from the Federal Communications Commission.☒ The owner/operator has issues regarding available computer access or computer capability.Name of EPA staff person that granted the waiver: Everett SpencerDate approval obtained: 06/17/2016**\* Note: You are required to obtain approval from the applicable EPA Regional Office prior to using this paper DMR form. If you have not obtained a waiver, you must file this form electronically using the NetDMR at <http://www.epa.gov/netdmr/>****B. Permit Information**1. NPDES ID: NMR053195

2. Reason(s) for Submission (Check all that apply):

☒ Submitting monitoring data (Fill in all Sections).☐ Reporting no discharge for all outfalls for this monitoring period (Fill in Sections A, B, C, D, E.1, and G).☐ Reporting that your site status has changed to inactive and unstaffed (Fill in Sections A, B, C, D, and F and include date of status change in comment field in Section F.4).☐ Reporting that your site status has changed to active (Fill in all Sections and include date of status change in comment field in Section F.4).☐ Reporting that no further pollutant reductions are achievable for all outfalls and for all pollutants via Part 6.2.1.2 of the MSGP (Fill in Sections A, B, C, D, and G).**C. Facility Operator Information****1. Operator Information**Operator Name: Los Alamos National Security, LLC

Mailing Address:

Street: P.O. Box 1663, MS K490City: Los AlamosState: NM ZIP Code: 87545 - Phone: 505 667 0666E-mail: grieggst@lanl.gov**2. DMR Preparer (Complete if DMR was prepared by someone other than the certifier):**First Name, Middle Initial, Last Name: Holly L. WheelerOrganization: EPC-CPPhone: 505 667 1312Ext. E-mail: hbenson@lanl.gov



#### D. Facility Information

1. Facility Name: Los Alamos National Laboratory

2. Facility Address:

Street/Location Bikini Atoll Rd. SM30 K490

City: Los Alamos State: NM ZIP Code: 87545 -

County or Similar Government Subdivision: Los Alamos

#### E. Discharge Information

1. Identify monitoring period: ☒ Check here if proposing alternative monitoring periods due to irregular stormwater runoff. Identify alternative monitoring schedule and indicate for which alternative monitoring period you are reporting monitoring data:
- |  |  |
|--|--|
| <input type="checkbox"/> Quarter 1 (January 1 – March 31)    | <input type="checkbox"/> Quarter 1: From <u>04</u> / <u>01</u> To <u>05</u> / <u>31</u>            |
| <input type="checkbox"/> Quarter 2 (April 1 – June 30)       | <input checked="" type="checkbox"/> Quarter 2: From <u>06</u> / <u>01</u> To <u>07</u> / <u>31</u> |
| <input type="checkbox"/> Quarter 3 (July 1 – September 30)   | <input type="checkbox"/> Quarter 3: From <u>08</u> / <u>01</u> To <u>09</u> / <u>30</u>            |
| <input type="checkbox"/> Quarter 4 (October 1 – December 31) | <input type="checkbox"/> Quarter 4: From <u>10</u> / <u>01</u> To <u>11</u> / <u>30</u>            |
2. Are you required to monitor for cadmium, copper, chromium, lead, nickel, silver, or zinc in freshwater? ☒ Yes ( Skip to 3) ☐ No ( Skip to 4)
3. What is the hardness level of the receiving water? 57
4. Does your facility discharge into any saltwater receiving waters? ☐ Yes ☒ No

F. Monitoring Information										
Note: Make additional copies of this form as necessary.										
1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours): 1      2.b. Rainfall amount (inches): 0.4      2.c. Time since previous measurable storm event (days): 3										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
031	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Adjusted Gross Alpha	3.46	pCi/L		07/29/2017	<input type="checkbox"/>	<input type="checkbox"/>
031	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Aluminum, total recoverable	1060	ug/L		07/29/2017	<input type="checkbox"/>	<input type="checkbox"/>
030	<input checked="" type="checkbox"/> Substantially identical to outfall: 031	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 1.08 hours. Rainfall amount = 0.35 inches.


031: Aroclor, total (I) - NODI B. Copper, dissolved (I) - NODI 9.

### G. Certification

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 assure that qualified personnel properly gathered and evaluated 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.

First Name, Middle Initial, Last Name: Anthony R Grieggs

Title: EPC-CP Group Leader

Signature: 

Date 09/25/2017

E-mail: grieggst@lanl.gov



**Environmental Protection & Compliance Division**  
**Los Alamos National Laboratory**  
PO Box 1663, K491  
Los Alamos, New Mexico 87545  
(505) 667-2211

*Date:* **OCT 05 2017**  
*Symbol:* EPC-DO: 17-409  
*LA-UR:* 17-28994  
*Locates Action No.:* N/A

U.S. EPA Region 6  
NPDES Stormwater Program (WQ-PP)  
1445 Ross Avenue, Suite 1200  
Dallas, TX 75202-2733

**Subject: National Pollutant Discharge Elimination System (NPDES) Permit Tracking No. NMR053195, Multi-Sector General Permit (MSGP) Industrial Discharge Monitoring Reports (MDMRs) for August 03, 07, 08, and 11, 2017**

To whom it may concern:

Enclosed are Los Alamos National Laboratory's MDMRs (Enclosure 1) for August 03, 07, 08, and 11, 2017 as required under MSGP Permit Tracking No. NMR053195. These reports are being submitted on behalf of Los Alamos National Security, LLC and contain analytical results for impaired waters and quarterly benchmark monitoring at outfalls 005, 009, 017, 020, 029, 050, and 069.

Please contact Holly Wheeler at (505) 667-1312 or Terrill Lemke at (505) 665-2397 if you have questions regarding these MDMRs.

Sincerely,

Anthony R. Grieggs  
Group Leader

ARG/TWL/HLW: am

Enclosure(s): 1) NPDES Permit Tracking No. NMR053195, MDMRs for August 03, 07, 08, and 11, 2017

Copy: Helen Nguyen, EPA Region 6, Dallas TX (E-File)  
Nasim Jahan, EPA Region 6, Dallas TX (E-File)  
Michelle Hunter, NMED/GWQB, Santa Fe, NM (E-File)  
Shelly Lemon, NMED/SWQB, Santa Fe, NM (E-File)  
Karen Armijo, NA-LA, (E-File)  
Arturo Duran, EM-SG, (E-File)  
David Rhodes, EM-SG, (E-File)  
Craig S. Leasure, PADOPS, (E-File)  
William R. Mairson, PADOPS, (E-File)  
Michael T. Brandt, ADESH, (E-File)  
Raeanna Sharp-Geiger, ADESH, (E-File)  
Bruce Robinson, ADEM-PO, (E-File)  
Andrew Erickson, UI-DO, (E-File)  
Clifford Kirkland, STO-DO, (E-File)  
Stephanie Archuleta, DESHF-DO, (E-File)  
Theresa Cull, DESHS-DO, (E-File)  
Russel Stone, DESHS-UIS, (E-File)  
Garry Schramm, DESHF-STO, (E-File)  
Jillian Burgin, DESHS-UIS, (E-File)  
Leonard Sandoval, DESHS-UIS, (E-File)  
Marc Gallegos, DESHF-STO, (E-File)  
Courtney Perkins, DESHF-STO, (E-File)  
Terrill W. Lemke, EPC-CP, (E-File)  
Holly L. Wheeler, EPC-CP, (E-File)  
Leslie J. Dale, EPC-CP, (E-File)  
Ellena I. Martinez, EPC-CP, (E-File)  
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[locatesteam@lanl.gov](mailto:locatesteam@lanl.gov), (E-File)  
[epc-correspondence@lanl.gov](mailto:epc-correspondence@lanl.gov), (E-File)

# **ENCLOSURE 1**

**NPDES Permit Tracking No. NMR053195, MDMRs for  
August 03, 07, 08 and 11, 2017**

**EPC-DO: 17-409**

**LA-UR-17-28994  
OCT 05 2017**

**Date:** \_\_\_\_\_





## A. Approval to User Paper DMR Form

1. Have you been granted a waiver from electronic reporting from EPA Regional Office\*?
- ☒
- YES
- ☐
- NO

If yes, check which waiver you have been granted, the name of the EPA Regional Office staff person who granted the waiver, and the date of approval:

Waiver granted: ☐ The owner/operator's headquarters is physically located in a geographic area (i.e., ZIP code or census tract) that is identified as under-served for broadband Internet access in the most recent report from the Federal Communications Commission.☒ The owner/operator has issues regarding available computer access or computer capability.Name of EPA staff person that granted the waiver: Everett SpencerDate approval obtained: 06/17/2016**\* Note: You are required to obtain approval from the applicable EPA Regional Office prior to using this paper DMR form. If you have not obtained a waiver, you must file this form electronically using the NetDMR at <http://www.epa.gov/netdmr/>**

## B. Permit Information

1. NPDES ID: NMR053195

2. Reason(s) for Submission (Check all that apply):

☒ Submitting monitoring data (Fill in all Sections).☐ Reporting no discharge for all outfalls for this monitoring period (Fill in Sections A, B, C, D, E.1, and G).☐ Reporting that your site status has changed to inactive and unstaffed (Fill in Sections A, B, C, D, and F and include date of status change in comment field in Section F.4).☐ Reporting that your site status has changed to active (Fill in all Sections and include date of status change in comment field in Section F.4).☐ Reporting that no further pollutant reductions are achievable for all outfalls and for all pollutants via Part 6.2.1.2 of the MSGP (Fill in Sections A, B, C, D, and G).

## C. Facility Operator Information

## 1. Operator Information

Operator Name: Los Alamos National Security, LLC

Mailing Address:

Street: P.O. Box 1663, MS K490City: Los AlamosState: NM ZIP Code: 87545 -Phone: 505 667 0666E-mail: grieggst@lanl.gov

## 2. DMR Preparer (Complete if DMR was prepared by someone other than the certifier):

First Name, Middle Initial, Last Name: Holly L. WheelerOrganization: EPC-CPPhone: 505 667 1312

Ext. \_\_\_\_\_

E-mail: hbenson@lanl.gov

#### D. Facility Information

1. Facility Name: Los Alamos National Laboratory

2. Facility Address:

Street/Location Bikini Atoll Rd. SM30 K490

City: Los Alamos State: NM ZIP Code: 87545 -

County or Similar Government Subdivision: Los Alamos

#### E. Discharge Information

1. Identify monitoring period: ☒ Check here if proposing alternative monitoring periods due to irregular stormwater runoff. Identify alternative monitoring schedule and indicate for which alternative monitoring period you are reporting monitoring data:
- |  |  |
|--|--|
| <input type="checkbox"/> Quarter 1 (January 1 - March 31)    | <input type="checkbox"/> Quarter 1: From <u>04</u> / <u>01</u> To <u>05</u> / <u>31</u>            |
| <input type="checkbox"/> Quarter 2 (April 1 - June 30)       | <input type="checkbox"/> Quarter 2: From <u>06</u> / <u>01</u> To <u>07</u> / <u>31</u>            |
| <input type="checkbox"/> Quarter 3 (July 1 - September 30)   | <input checked="" type="checkbox"/> Quarter 3: From <u>08</u> / <u>01</u> To <u>09</u> / <u>30</u> |
| <input type="checkbox"/> Quarter 4 (October 1 - December 31) | <input type="checkbox"/> Quarter 4: From <u>10</u> / <u>01</u> To <u>11</u> / <u>30</u>            |
2. Are you required to monitor for cadmium, copper, chromium, lead, nickel, silver, or zinc in freshwater? ☒ Yes ( Skip to 3) ☐ No ( Skip to 4)
3. What is the hardness level of the receiving water? 57
4. Does your facility discharge into any saltwater receiving waters? ☐ Yes ☒ No

F. Monitoring Information										
Note: Make additional copies of this form as necessary.										
1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours): 0      2.b. Rainfall amount (inches): 0.1      2.c. Time since previous measurable storm event (days): 3										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
050	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Chemical Oxygen Demand (COD)	110	mg/L		08/03/2017	<input type="checkbox"/>	<input type="checkbox"/>
050	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Magnesium, total	1.04	mg/L		08/03/2017	<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 0.50 hours. Rainfall amount = 0.13 inches.

050: The average concentration of total Magnesium is mathematically certain to exceed the benchmark value. Adjusted Gross Alpha (I) - NODI 9. Aluminum, total recoverable (I) - NODI 9. Ammonia, total (QBM) - NODI B. Aroclor, total (I) - NODI B. Arsenic, dissolved (QBM) - NODI B. Cadmium, dissolved (QBM) - NODI B. Cyanide, total (QBM) - NODI B. Lead, dissolved (QBM) - NODI B. Mercury, total (QBM) - NODI B. Selenium, total (QBM) - NODI B. Silver, dissolved (QBM) - NODI B.

F. Monitoring Information										
Note: Make additional copies of this form as necessary.										
1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours): 0      2.b. Rainfall amount (inches): 0.0      2.c. Time since previous measurable storm event (days): 5										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
069	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Chemical Oxygen Demand (COD)	121	mg/L		08/03/2017	<input type="checkbox"/>	<input type="checkbox"/>
069	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Magnesium, total	2.86	mg/L		08/03/2017	<input type="checkbox"/>	<input type="checkbox"/>
059	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
058	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
057	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
056	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
055	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
054	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

067	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
068	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
060	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
061	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
062	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
063	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
064	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 0.50 hours. Rainfall amount = 0.04 inches.


069: The average concentration of total Magnesium is mathematically certain to exceed the benchmark value. Aluminum, total recoverable (I) - NODI 9. Ammonia, total (QBM) - NODI B. Aroclor, total (I) - NODI B. Arsenic, dissolved (QBM) - NODI B. Cadmium, dissolved (QBM) - NODI B. Cyanide, total (QBM) - NODI B. Lead, dissolved (QBM) - NODI B. Mercury, total (QBM) - NODI B. Selenium, total (QBM) - NODI B. Silver, dissolved (QBM) - NODI B.

## G. Certification

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 assure that qualified personnel properly gathered and evaluated 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.

First Name, Middle Initial, Last Name: Anthony R Grieggs

Title: EPC-CP Group Leader

Signature: 

Date 1010512017

E-mail: grieggst@lanl.gov





## A. Approval to User Paper DMR Form

1. Have you been granted a waiver from electronic reporting from EPA Regional Office\*? ☒ YES ☐ NO

If yes, check which waiver you have been granted, the name of the EPA Regional Office staff person who granted the waiver, and the date of approval:

Waiver granted: ☐ The owner/operator's headquarters is physically located in a geographic area (i.e., ZIP code or census tract) that is identified as under-served for broadband Internet access in the most recent report from the Federal Communications Commission.☒ The owner/operator has issues regarding available computer access or computer capability.Name of EPA staff person that granted the waiver: Everett SpencerDate approval obtained: 06/17/2016**\* Note: You are required to obtain approval from the applicable EPA Regional Office prior to using this paper DMR form. If you have not obtained a waiver, you must file this form electronically using the NetDMR at <http://www.epa.gov/netdmr/>**

## B. Permit Information

1. NPDES ID: NMR053195

2. Reason(s) for Submission (Check all that apply):

☒ Submitting monitoring data (Fill in all Sections).☐ Reporting no discharge for all outfalls for this monitoring period (Fill in Sections A, B, C, D, E.1, and G).☐ Reporting that your site status has changed to inactive and unstaffed (Fill in Sections A, B, C, D, and F and include date of status change in comment field in Section F.4).☐ Reporting that your site status has changed to active (Fill in all Sections and include date of status change in comment field in Section F.4).☐ Reporting that no further pollutant reductions are achievable for all outfalls and for all pollutants via Part 6.2.1.2 of the MSGP (Fill in Sections A, B, C, D, and G).

## C. Facility Operator Information

1. Operator Information

Operator Name: Los Alamos National Security, LLC

Mailing Address:

Street: P.O. Box 1663, MS K490City: Los AlamosState: NM ZIP Code: 87545 -Phone: 505 667 0666E-mail: grieggst@lanl.gov

2. DMR Preparer (Complete if DMR was prepared by someone other than the certifier):

First Name, Middle Initial, Last Name: Holly L. WheelerOrganization: EPC-CPPhone: 505 667 1312

Ext. \_\_\_\_\_

E-mail: hbenson@lanl.gov

#### D. Facility Information

1. Facility Name: Los Alamos National Laboratory

2. Facility Address:

Street/Location Bikini Atoll Rd. SM30 K490

City: Los Alamos State: NM ZIP Code: 87545 -

County or Similar Government Subdivision: Los Alamos

#### E. Discharge Information

1. Identify monitoring period: ☒ Check here if proposing alternative monitoring periods due to irregular stormwater runoff. Identify alternative monitoring schedule and indicate for which alternative monitoring period you are reporting monitoring data:
- |  |  |
|--|--|
| <input type="checkbox"/> Quarter 1 (January 1 - March 31)    | <input type="checkbox"/> Quarter 1: From <u>04</u> / <u>01</u> To <u>05</u> / <u>31</u>            |
| <input type="checkbox"/> Quarter 2 (April 1 - June 30)       | <input type="checkbox"/> Quarter 2: From <u>06</u> / <u>01</u> To <u>07</u> / <u>31</u>            |
| <input type="checkbox"/> Quarter 3 (July 1 - September 30)   | <input checked="" type="checkbox"/> Quarter 3: From <u>08</u> / <u>01</u> To <u>09</u> / <u>30</u> |
| <input type="checkbox"/> Quarter 4 (October 1 - December 31) | <input type="checkbox"/> Quarter 4: From <u>10</u> / <u>01</u> To <u>11</u> / <u>30</u>            |
2. Are you required to monitor for cadmium, copper, chromium, lead, nickel, silver, or zinc in freshwater? ☒ Yes ( Skip to 3) ☐ No ( Skip to 4)
3. What is the hardness level of the receiving water? 57
4. Does your facility discharge into any saltwater receiving waters? ☐ Yes ☒ No

F. Monitoring Information										
Note: Make additional copies of this form as necessary.										
1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours): 1      2.b. Rainfall amount (inches): 0.3      2.c. Time since previous measurable storm event (days): 7										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
005	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Iron, total	2750	ug/L		08/07/2017	<input type="checkbox"/>	<input type="checkbox"/>
006	<input checked="" type="checkbox"/> Substantially identical to outfall: 005	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 0.66 hours. Rainfall amount = 0.26 inches.

005: The average concentration of total Iron is mathematically certain to exceed the benchmark value. Adjusted Gross Alpha (I) - NODI 9. Aluminum, total recoverable (I) - NODI 9. Aroclor, total (I) - NODI B. Copper, dissolved (I) - NODI 9. Thallium, dissolved (I) - NODI B.

F. Monitoring Information										
Note: Make additional copies of this form as necessary.										
1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours): 1      2.b. Rainfall amount (inches): 0.3      2.c. Time since previous measurable storm event (days): 9										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
020	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Copper, dissolved	6.11	ug/L		08/08/2017	<input type="checkbox"/>	<input type="checkbox"/>
020	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Copper, dissolved	6.11	ug/L		08/08/2017	<input type="checkbox"/>	<input type="checkbox"/>
020	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Zinc, dissolved	130	ug/L		08/08/2017	<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 0.66 hours. Rainfall amount = 0.26 inches.

020: The average of four monitoring values for dissolved Copper does not exceed the benchmark value, therefore quarterly monitoring will be discontinued per Part 6.2.1.2. The impaired water pollutant dissolved Copper exceeds the New Mexico water quality standard. Adjusted Gross Alpha (I) - NODI B. Aluminum, total recoverable (QBM) - NODI B. Aluminum, total recoverable (I) - NODI 9. Aroclor, total (I) - NODI B. Iron, total (QBM) - NODI B. Nitrate plus Nitrite Nitrogen (QBM) - NODI B. Thallium, dissolved (I) - NODI B.

F. Monitoring Information		Note: Make additional copies of this form as necessary.								
1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours): 1		2.b. Rainfall amount (inches): 0.3		2.c. Time since previous measurable storm event (days): 7						
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
029	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Chemical Oxygen Demand (COD)	54.7	mg/L		08/07/2017	<input type="checkbox"/>	<input type="checkbox"/>
029	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Iron, total	6620	ug/L		08/07/2017	<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 0.66 hours. Rainfall amount = 0.26 inches.

029: Adjusted Gross Alpha (I) - NODI 9. Aluminum, total recoverable (QBM) - NODI B. Aluminum, total recoverable (I) - NODI 9. Aroclor, total (I) - NODI B. Copper, dissolved (I) - NODI 9. Thallium, dissolved (I) - NODI B. Total Suspended Solids (TSS) (QBM) - NODI B.

## G. Certification

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 assure that qualified personnel properly gathered and evaluated 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.

First Name, Middle Initial, Last Name: Anthony R Grieggs

Title: EPC-CP Group Leader

Signature: 

Date 12/05/2017

E-mail: grieggst@lanl.gov





## A. Approval to User Paper DMR Form

1. Have you been granted a waiver from electronic reporting from EPA Regional Office\*? ☒ YES ☐ NO

If yes, check which waiver you have been granted, the name of the EPA Regional Office staff person who granted the waiver, and the date of approval:

Waiver granted: ☐ The owner/operator's headquarters is physically located in a geographic area (i.e., ZIP code or census tract) that is identified as under-served for broadband Internet access in the most recent report from the Federal Communications Commission.☒ The owner/operator has issues regarding available computer access or computer capability.Name of EPA staff person that granted the waiver: Everett SpencerDate approval obtained: 06/17/2016**\* Note: You are required to obtain approval from the applicable EPA Regional Office prior to using this paper DMR form. If you have not obtained a waiver, you must file this form electronically using the NetDMR at <http://www.epa.gov/netdmr/>**

## B. Permit Information

1. NPDES ID: NMR053195

2. Reason(s) for Submission (Check all that apply):

☒ Submitting monitoring data (Fill in all Sections).☐ Reporting no discharge for all outfalls for this monitoring period (Fill in Sections A, B, C, D, E.1, and G).☐ Reporting that your site status has changed to inactive and unstaffed (Fill in Sections A, B, C, D, and F and include date of status change in comment field in Section F.4).☐ Reporting that your site status has changed to active (Fill in all Sections and include date of status change in comment field in Section F.4).☐ Reporting that no further pollutant reductions are achievable for all outfalls and for all pollutants via Part 6.2.1.2 of the MSQP (Fill in Sections A, B, C, D, and G).

## C. Facility Operator Information

## 1. Operator Information

Operator Name: Los Alamos National Security, LLC

Mailing Address:

Street: P.O. Box 1663, MS K490City: Los AlamosState: NMZIP Code: 87545 -Phone: 505 667 0666E-mail: grieggst@lanl.gov

## 2. DMR Preparer (Complete if DMR was prepared by someone other than the certifier):

First Name, Middle Initial, Last Name: Holly L. WheelerOrganization: EPC-CPPhone: 505 667 1312

Ext. \_\_\_\_\_

E-mail: hbenson@lanl.gov

#### D. Facility Information

1. Facility Name: Los Alamos National Laboratory

2. Facility Address:

Street/Location Bikini Atoll Rd. SM30 K490

City: Los Alamos State: NM ZIP Code: 87545 -

County or Similar Government Subdivision: Los Alamos

#### E. Discharge Information

1. Identify monitoring period: ☒ Check here if proposing alternative monitoring periods due to irregular stormwater runoff. Identify alternative monitoring schedule and indicate for which alternative monitoring period you are reporting monitoring data:
- |  |  |
|--|--|
| <input type="checkbox"/> Quarter 1 (January 1 – March 31)    | <input type="checkbox"/> Quarter 1: From <u>04</u> / <u>01</u> To <u>05</u> / <u>31</u>            |
| <input type="checkbox"/> Quarter 2 (April 1 – June 30)       | <input type="checkbox"/> Quarter 2: From <u>06</u> / <u>01</u> To <u>07</u> / <u>31</u>            |
| <input type="checkbox"/> Quarter 3 (July 1 – September 30)   | <input checked="" type="checkbox"/> Quarter 3: From <u>08</u> / <u>01</u> To <u>09</u> / <u>30</u> |
| <input type="checkbox"/> Quarter 4 (October 1 – December 31) | <input type="checkbox"/> Quarter 4: From <u>10</u> / <u>01</u> To <u>11</u> / <u>30</u>            |
2. Are you required to monitor for cadmium, copper, chromium, lead, nickel, silver, or zinc in freshwater? ☒ Yes ( Skip to 3) ☐ No ( Skip to 4)
3. What is the hardness level of the receiving water? 57
4. Does your facility discharge into any saltwater receiving waters? ☐ Yes ☒ No

F. Monitoring Information										
Note: Make additional copies of this form as necessary.										
1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours): 0      2.b. Rainfall amount (inches): 0.0      2.c. Time since previous measurable storm event (days): 1										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
009	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Iron, total	2390	ug/L		08/08/2017	<input type="checkbox"/>	<input type="checkbox"/>
007	<input checked="" type="checkbox"/> Substantially identical to outfall: 009	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
008	<input checked="" type="checkbox"/> Substantially identical to outfall: 009	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
010	<input checked="" type="checkbox"/> Substantially identical to outfall: 009	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 0.08 hours. Rainfall amount = 0.01 inches.

009: Adjusted Gross Alpha (I) - NODI 9. Aluminum, total recoverable (I) - NODI 9. Aroclor, total (I) - NODI B. Copper, dissolved (I) - NODI 9. Thallium, dissolved (I) - NODI B.

## G. Certification

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 assure that qualified personnel properly gathered and evaluated 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.

First Name, Middle Initial, Last Name: Anthony R Grieggs

Title: EPC-CP Group Leader

Signature:  Date 1010512017

E-mail: grieggst@lanl.gov



## A. Approval to User Paper DMR Form

1. Have you been granted a waiver from electronic reporting from EPA Regional Office? ☒ YES ☐ NO

If yes, check which waiver you have been granted, the name of the EPA Regional Office staff person who granted the waiver, and the date of approval:

Waiver granted: ☐ The owner/operator's headquarters is physically located in a geographic area (i.e., ZIP code or census tract) that is identified as under-served for broadband internet access in the most recent report from the Federal Communications Commission.☒ The owner/operator has issues regarding available computer access or computer capability.Name of EPA staff person that granted the waiver: Everett SpencerDate approval obtained: 06/17/2016**\* Note: You are required to obtain approval from the applicable EPA Regional Office prior to using this paper DMR form. If you have not obtained a waiver, you must file this form electronically using the NetDMR at <http://www.epa.gov/netdmr/>**

## B. Permit Information

1. NPDES ID: NMR053195

2. Reason(s) for Submission (Check all that apply):

☒ Submitting monitoring data (Fill in all Sections).☐ Reporting no discharge for all outfalls for this monitoring period (Fill in Sections A, B, C, D, E.1, and G).☐ Reporting that your site status has changed to inactive and unstaffed (Fill in Sections A, B, C, D, and F and include date of status change in comment field in Section F.4).☐ Reporting that your site status has changed to active (Fill in all Sections and include date of status change in comment field in Section F.4).☐ Reporting that no further pollutant reductions are achievable for all outfalls and for all pollutants via Part 6.2.1.2 of the MSGP (Fill in Sections A, B, C, D, and G).

## C. Facility Operator Information

## 1. Operator Information

Operator Name: Los Alamos National Security, LLC

Mailing Address:

Street: P.O. Box 1663, MS K490City: Los AlamosState: NM ZIP Code: 87545 -Phone: 505 667 0666E-mail: grieggst@lanl.gov

## 2. DMR Preparer (Complete if DMR was prepared by someone other than the certifier):

First Name, Middle Initial, Last Name: Holly L. WheelerOrganization: EPC-CPPhone: 505 667 1312

Ext. \_\_\_\_\_

E-mail: hbenson@lanl.gov

#### D. Facility Information

1. Facility Name: Los Alamos National Laboratory

2. Facility Address:

Street/Location Bikini Atoll Rd. SM30 K490

City: Los Alamos State: NM ZIP Code: 87545 -

County or Similar Government Subdivision: Los Alamos

#### E. Discharge Information

1. Identify monitoring period: ☒ Check here if proposing alternative monitoring periods due to irregular stormwater runoff. Identify alternative monitoring schedule and indicate for which alternative monitoring period you are reporting monitoring data:
- |  |  |
|--|--|
| <input type="checkbox"/> Quarter 1 (January 1 – March 31)    | <input type="checkbox"/> Quarter 1: From <u>04</u> / <u>01</u> To <u>05</u> / <u>31</u>            |
| <input type="checkbox"/> Quarter 2 (April 1 – June 30)       | <input type="checkbox"/> Quarter 2: From <u>06</u> / <u>01</u> To <u>07</u> / <u>31</u>            |
| <input type="checkbox"/> Quarter 3 (July 1 – September 30)   | <input checked="" type="checkbox"/> Quarter 3: From <u>08</u> / <u>01</u> To <u>09</u> / <u>30</u> |
| <input type="checkbox"/> Quarter 4 (October 1 – December 31) | <input type="checkbox"/> Quarter 4: From <u>10</u> / <u>01</u> To <u>11</u> / <u>30</u>            |
2. Are you required to monitor for cadmium, copper, chromium, lead, nickel, silver, or zinc in freshwater? ☒ Yes ( Skip to 3) ☐ No ( Skip to 4)
3. What is the hardness level of the receiving water? 57
4. Does your facility discharge into any saltwater receiving waters? ☐ Yes ☒ No



F. Monitoring Information										
Note: Make additional copies of this form as necessary.										
1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours): 3      2.b. Rainfall amount (inches): 0.5      2.c. Time since previous measurable storm event (days): 13										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type OBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
017	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Aluminum, total recoverable	1350	ug/L		08/11/2017	<input type="checkbox"/>	<input type="checkbox"/>
017	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Copper, dissolved	13.9	ug/L		08/11/2017	<input type="checkbox"/>	<input type="checkbox"/>
017	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Iron, total	7210	ug/L		08/11/2017	<input type="checkbox"/>	<input type="checkbox"/>
017	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Nitrate plus Nitrite Nitrogen	0.567	mg/L		08/11/2017	<input type="checkbox"/>	<input type="checkbox"/>
017	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Zinc, dissolved	24.8	ug/L		08/11/2017	<input type="checkbox"/>	<input type="checkbox"/>
013	<input checked="" type="checkbox"/> Substantially identical to outfall: 017	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
014	<input checked="" type="checkbox"/> Substantially identical to outfall: 017	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
015	<input checked="" type="checkbox"/> Substantially identical to outfall: 017	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

016	<input checked="" type="checkbox"/> Substantially identical to outfall: 017	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
019	<input checked="" type="checkbox"/> Substantially identical to outfall: 017	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 2.66 hours. Rainfall amount = 0.48 inches.

017: The average concentration of total Iron is mathematically certain to exceed the benchmark value. Adjusted Gross Alpha (I) - NODI 9. Aroclor, total (I) - NODI 9. Thallium, dissolved (I) - NODI B. Aluminum, total recoverable (I) - NODI 9. Copper, dissolved (I) - NODI 9.

F. Monitoring Information										
Note: Make additional copies of this form as necessary.										
1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours): 3      2.b. Rainfall amount (inches): 0.5      2.c. Time since previous measurable storm event (days): 4										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
029	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Copper, dissolved	23.1	ug/L		08/11/2017	<input type="checkbox"/>	<input type="checkbox"/>
029	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Lead, dissolved	BQL		2.00 ug/L	08/11/2017	<input type="checkbox"/>	<input type="checkbox"/>
029	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Zinc, dissolved	41.6	ug/L		08/11/2017	<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 2.66 hours, Rainfall amount = 0.48 inches.


029: Adjusted Gross Alpha (I) - NODI 9. Aluminum, total recoverable (QBM) - NODI B. Aluminum, total recoverable (I) - NODI 9. Aroclor, total (I) - NODI B. Thallium, dissolved (I) - NODI B. Total Suspended Solids (TSS) (QBM) - NODI B. Copper, dissolved (I) - NODI 9.

## G. Certification

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 assure that qualified personnel properly gathered and evaluated 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.

First Name, Middle Initial, Last Name: Anthony R Grieggs

Title: EPC-CP Group Leader

Signature: 

Date 1210512017

E-mail: grieggst@lanl.gov



**Environmental Protection & Compliance Division**  
**Environmental Compliance Programs**  
**Los Alamos National Laboratory**  
PO Box 1663, K491  
Los Alamos, New Mexico 87545  
(505) 667-2211

DEC 13 2017

Date:  
Symbol: EPC-DO: 17-543  
LA-UR: 17-31206  
Locates Action No.: N/A

U.S. EPA Region 6  
NPDES Stormwater Program (WQ-PP)  
1445 Ross Avenue, Suite 1200  
Dallas, TX 75202-2733

**Subject: National Pollutant Discharge Elimination System (NPDES) Permit Tracking No. NMR053195, Multi-Sector General Permit (MSGP) Industrial Discharge Monitoring Reports (MDMRs) for 9/28/2017, 9/29/2017 and 10/05/2017**

To whom it may concern:

Enclosed are Los Alamos National Laboratory's MDMRs (Enclosure 1) for 9/28/2017, 9/29/2017 and 10/05/2017, as required under MSGP Permit Tracking No. NMR053195. These reports are being submitted on behalf of Los Alamos National Security, LLC and contain analytical results for impaired water and quarterly benchmark monitoring at outfalls 002, 009, 020, 043, 047, 051, 053, 072 and 075.

Please contact Holly Wheeler at (505) 667-1312 or Terrill Lemke at (505) 665-2397 if you have questions regarding these MDMRs.

Sincerely,

Taunia S. Van Valkenburg  
Group Leader

TSV/TWL/HLW: eim

Enclosure: 1) NPDES Permit Tracking No. NMR053195, MDMRs for 9/28/2017, 9/29/2017 and 10/05/2017

Copy: Helen Nguyen, EPA Region 6, Dallas TX (E-File)  
Nasim Jahan, EPA Region 6, Dallas TX (E-File)  
Michelle Hunter, NMED/GWQB, Santa Fe, NM (E-File)  
Shelly Lemon, NMED/SWQB, Santa Fe, NM (E-File)  
Karen Armijo, NA-LA, (E-File)  
Arturo Duran, EM-SG, (E-File)  
David Rhodes, EM-SG, (E-File)  
Craig Leasure, PADOPS, (E-File)  
William Mairson, PADOPS, (E-File)  
Michael Brandt, ADESH, (E-File)  
Raeanna Sharp-Geiger, ADESH, (E-File)  
Bruce Robinson, ADEM-PO, (E-File)  
Stephanie Archuleta, DESHF-DO, (E-File)  
Theresa Cull, DESHS-DO, (E-File)  
Stephanie Griego, EWMO-DO, (E-File)  
Clifford Kirkland, STO-DO, (E-File)  
Andrew Erickson, UI-DO, (E-File)  
Robert Stokes, DESHS-EWMS, (E-File)  
Garry Schramm, DESHF-STO, (E-File)  
Russel Stone, DESHS-UIS, (E-File)  
Victoria Baca, DESHS-EWMS, (E-File)  
Marc Gallegos, DESHF-STO, (E-File)  
Jillian Burgin, DESHS-UIS, (E-File)  
Leonard Sandoval, DESHS-UIS, (E-File)  
Terrill Lemke, EPC-CP, (E-File)  
Holly Wheeler, EPC-CP, (E-File)  
Leslie Dale, EPC-CP, (E-File)  
Ellena Martinez, EPC-CP, (E-File)  
[Adesh-records@lanl.gov](mailto:Adesh-records@lanl.gov), (E-File)  
[lasomailbox@nnsa.doe.gov](mailto:lasomailbox@nnsa.doe.gov), (E-File)  
[locatesteam@lanl.gov](mailto:locatesteam@lanl.gov), (E-File)  
[epc-correspondence@lanl.gov](mailto:epc-correspondence@lanl.gov), (E-File)



# **ENCLOSURE 1**

**NPDES Permit Tracking No. NMR053195, MDMRs for  
9/28/2017, 9/29/2017 and 10/05/2017**

**EPC-DO: 17-543**

**LA-UR-17-31206**

**DEC 13 2017**

**Date:** \_\_\_\_\_



## A. Approval to User Paper DMR Form

1. Have you been granted a waiver from electronic reporting from EPA Regional Office\*? ☒ YES ☐ NO

If yes, check which waiver you have been granted, the name of the EPA Regional Office staff person who granted the waiver, and the date of approval:

Waiver granted: ☐ The owner/operator's headquarters is physically located in a geographic area (i.e., ZIP code or census tract) that is identified as under-served for broadband Internet access in the most recent report from the Federal Communications Commission.☒ The owner/operator has issues regarding available computer access or computer capability.Name of EPA staff person that granted the waiver: Everett SpencerDate approval obtained: 06/17/2016**\* Note: You are required to obtain approval from the applicable EPA Regional Office prior to using this paper DMR form. If you have not obtained a waiver, you must file this form electronically using the NetDMR at <http://www.epa.gov/netdmr/>**

## B. Permit Information

1. NPDES ID: NMR053195

2. Reason(s) for Submission (Check all that apply):

☒ Submitting monitoring data (Fill in all Sections).☐ Reporting no discharge for all outfalls for this monitoring period (Fill in Sections A, B, C, D, E.1, and G).☐ Reporting that your site status has changed to inactive and unstaffed (Fill in Sections A, B, C, D, and F and include date of status change in comment field in Section F.4).☐ Reporting that your site status has changed to active (Fill in all Sections and include date of status change in comment field in Section F.4).☐ Reporting that no further pollutant reductions are achievable for all outfalls and for all pollutants via Part 6.2.1.2 of the MSQP (Fill in Sections A, B, C, D, and G).

## C. Facility Operator Information

## 1. Operator Information

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Mailing Address:

Street: P.O. Box 1663, MS K490City: Los AlamosState: NMZIP Code: 87545 -Phone: 505 667 0666E-mail: tauniav@lanl.gov

## 2. DMR Preparer (Complete if DMR was prepared by someone other than the certifier):

First Name, Middle Initial, Last Name: Holly L. WheelerOrganization: EPC-CPPhone: 505 667 1312

Ext. \_\_\_\_\_

E-mail: hbenson@lanl.gov

#### D. Facility Information

1. Facility Name: Los Alamos National Laboratory

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Street/Location Bikini Atoll Rd. SM30 K490

City: Los Alamos State: NM ZIP Code: 87545

County or Similar Government Subdivision: Los Alamos

#### E. Discharge Information

1. Identify monitoring period: ☒ Check here if proposing alternative monitoring periods due to irregular stormwater runoff. Identify alternative monitoring schedule and indicate for which alternative monitoring period you are reporting monitoring data:
- |  |  |
|--|--|
| <input type="checkbox"/> Quarter 1 (January 1 - March 31)    | <input type="checkbox"/> Quarter 1: From <u>04</u> / <u>01</u> To <u>05</u> / <u>31</u>            |
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| <input type="checkbox"/> Quarter 3 (July 1 - September 30)   | <input checked="" type="checkbox"/> Quarter 3: From <u>08</u> / <u>01</u> To <u>09</u> / <u>30</u> |
| <input type="checkbox"/> Quarter 4 (October 1 - December 31) | <input type="checkbox"/> Quarter 4: From <u>10</u> / <u>01</u> To <u>11</u> / <u>30</u>            |
2. Are you required to monitor for cadmium, copper, chromium, lead, nickel, silver, or zinc in freshwater? ☒ Yes ( Skip to 3) ☐ No ( Skip to 4)
3. What is the hardness level of the receiving water? 57
4. Does your facility discharge into any saltwater receiving waters? ☐ Yes ☒ No

F. Monitoring Information										
Note: Make additional copies of this form as necessary.										
1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours): <b>4</b> 2.b. Rainfall amount (inches): <b>0.7</b> 2.c. Time since previous measurable storm event (days): <b>1</b>										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
043	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Copper, dissolved	3.51	ug/L		09/29/2017	<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 4.16 hours. Rainfall amount = 0.73 inches.

F. Monitoring Information										
Note: Make additional copies of this form as necessary.										
1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours): 7      2.b. Rainfall amount (inches): 1.2      2.c. Time since previous measurable storm event (days): 1										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
051	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Chemical Oxygen Demand (COD)	ND		8.95 mg/L	09/28/2017	<input type="checkbox"/>	<input type="checkbox"/>
052	<input checked="" type="checkbox"/> Substantially identical to outfall: 051	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 7.00 hours. Rainfall amount = 1.25 inches.

051: Aluminum, total recoverable (I) - NODI 9. Ammonia, total (QBM) - NODI B. Aroclor, total (I) - NODI B. Arsenic, dissolved (QBM) - NODI B. Cadmium, dissolved (QBM) - NODI B. Cyanide, total (QBM) - NODI B. Lead, dissolved (QBM) - NODI B. Mercury, total (QBM) - NODI B. Selenium, total (QBM) - NODI B. Silver, dissolved (QBM) - NODI B.

F. Monitoring Information										
Note: Make additional copies of this form as necessary.										
1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours): 7      2.b. Rainfall amount (inches): 1.2      2.c. Time since previous measurable storm event (days): 1										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
053	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Arsenic, dissolved	ND		2.00 ug/L	09/29/2017	<input type="checkbox"/>	<input type="checkbox"/>
053	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Cadmium, dissolved	BQL		1.00 ug/L	09/29/2017	<input type="checkbox"/>	<input type="checkbox"/>
053	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Lead, dissolved	BQL		2.00 ug/L	09/29/2017	<input type="checkbox"/>	<input type="checkbox"/>
053	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Silver, dissolved	ND		0.300 ug/L	09/29/2017	<input type="checkbox"/>	<input type="checkbox"/>
065	<input checked="" type="checkbox"/> Substantially identical to outfall: 053	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
066	<input checked="" type="checkbox"/> Substantially identical to outfall: 053	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)



Rainfall duration = 7.00 hours. Rainfall amount = 1.25 inches.

F. Monitoring Information										
Note: Make additional copies of this form as necessary.										
1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall! (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours): 7      2.b. Rainfall amount (inches): 1.2      2.c. Time since previous measurable storm event (days): 1										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
072	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Aluminum, total recoverable	6290	ug/L		09/28/2017	<input type="checkbox"/>	<input type="checkbox"/>
072	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Ammonia, total	0.294	mg/L		09/28/2017	<input type="checkbox"/>	<input type="checkbox"/>
072	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Arsenic, dissolved	ND		2.00 ug/L	09/28/2017	<input type="checkbox"/>	<input type="checkbox"/>
072	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Cadmium, dissolved	ND		0.300 ug/L	09/28/2017	<input type="checkbox"/>	<input type="checkbox"/>
072	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Chemical Oxygen Demand (COD)	ND		8.95 mg/L	09/28/2017	<input type="checkbox"/>	<input type="checkbox"/>
072	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Cyanide, total	0.057	mg/L		09/28/2017	<input type="checkbox"/>	<input type="checkbox"/>
072	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Lead, dissolved	ND		0.500 ug/L	09/28/2017	<input type="checkbox"/>	<input type="checkbox"/>
072	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Magnesium, total	6.95	mg/L		09/28/2017	<input type="checkbox"/>	<input type="checkbox"/>

072	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Mercury, total	ND		0.067 ug/L	09/28/2017	<input type="checkbox"/>	<input type="checkbox"/>
072	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Selenium, total	ND		2.00 ug/L	09/28/2017	<input type="checkbox"/>	<input type="checkbox"/>
072	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Silver, dissolved	ND		0.300 ug/L	09/28/2017	<input type="checkbox"/>	<input type="checkbox"/>
070	<input checked="" type="checkbox"/> Substantially identical to outfall: 072	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
071	<input checked="" type="checkbox"/> Substantially identical to outfall: 072	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 7.00 hours. Rainfall amount = 1.25 inches.

072: The impaired water pollutant total recoverable Aluminum exceeds the New Mexico water quality standard. The average of four monitoring values for dissolved Arsenic does not exceed the benchmark value, therefore quarterly monitoring will be discontinued per Part 6.2.1.2. The average of four monitoring values for dissolved Cadmium does not exceed the benchmark value, therefore quarterly monitoring will be discontinued per Part 6.2.1.2. The average concentration of total Cyanide is mathematically certain to exceed the benchmark value. The average of four monitoring values for dissolved Lead does not exceed the benchmark value, therefore quarterly monitoring will be discontinued per Part 6.2.1.2. The average concentration of total Magnesium is mathematically certain to exceed the benchmark value. The average of four monitoring values for dissolved Silver does not exceed the benchmark value, therefore quarterly monitoring will be discontinued per Part 6.2.1.2. Adjusted Gross Alpha (I) - NODI 9. Aroclor, total (I) - NODI B.

F. Monitoring Information										
Note: Make additional copies of this form as necessary.										
1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours): 5      2.b. Rainfall amount (inches): 1.2      2.c. Time since previous measurable storm event (days): 1										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
075	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Copper, dissolved	13.5	ug/L		09/28/2017	<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 4.66 hours. Rainfall amount = 1.20 inches.

075: The impaired water pollutant dissolved Copper exceeds the New Mexico water quality standard. Aroclor, total (I) - NODI B. Thallium, dissolved (I) - NODI B.

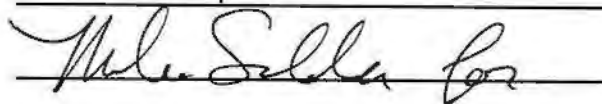
### G. Certification

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 assure that qualified personnel properly gathered and evaluated 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.

First Name, Middle Initial, Last Name: Taunia S Van Valkenburg

Title: EPC-CP Group Leader

Signature:



Date

12/13/2017

E-mail:

tauniav@lanl.gov



## A. Approval to User Paper DMR Form

1. Have you been granted a waiver from electronic reporting from EPA Regional Office\*? ☒ YES ☐ NO

If yes, check which waiver you have been granted, the name of the EPA Regional Office staff person who granted the waiver, and the date of approval:

Waiver granted: ☐ The owner/operator's headquarters is physically located in a geographic area (i.e., ZIP code or census tract) that is identified as under-served for broadband Internet access in the most recent report from the Federal Communications Commission.☒ The owner/operator has issues regarding available computer access or computer capability.Name of EPA staff person that granted the waiver: Everett SpencerDate approval obtained: 06/17/2016**\* Note: You are required to obtain approval from the applicable EPA Regional Office prior to using this paper DMR form. If you have not obtained a waiver, you must file this form electronically using the NetDMR at <http://www.epa.gov/netdmr/>**

## B. Permit Information

1. NPDES ID: NMR053195

2. Reason(s) for Submission (Check all that apply):

☒ Submitting monitoring data (Fill in all Sections).☐ Reporting no discharge for all outfalls for this monitoring period (Fill in Sections A, B, C, D, E.1, and G).☐ Reporting that your site status has changed to inactive and unstaffed (Fill in Sections A, B, C, D, and F and include date of status change in comment field in Section F.4).☐ Reporting that your site status has changed to active (Fill in all Sections and include date of status change in comment field in Section F.4).☐ Reporting that no further pollutant reductions are achievable for all outfalls and for all pollutants via Part 6.2.1.2 of the MSGP (Fill in Sections A, B, C, D, and G).

## C. Facility Operator Information

## 1. Operator Information

Operator Name: Los Alamos National Security, LLC

Mailing Address:

Street: P.O. Box 1663, MS K490City: Los AlamosState: NM ZIP Code: 87545 -Phone: 505 667 0666E-mail: tauniav@lanl.gov

## 2. DMR Preparer (Complete if DMR was prepared by someone other than the certifier):

First Name, Middle Initial, Last Name: Holly L. WheelerOrganization: EPC-CPPhone: 505 667 1312

Ext. \_\_\_\_\_

E-mail: hbenson@lanl.gov



#### D. Facility Information

1. Facility Name: Los Alamos National Laboratory

2. Facility Address:

Street/Location: Bikini Atoll Rd. SM30 K490

City: Los Alamos State: NM ZIP Code: 87545 -

County or Similar Government Subdivision: Los Alamos

#### E. Discharge Information

1. Identify monitoring period: ☒ Check here if proposing alternative monitoring periods due to irregular stormwater runoff. Identify alternative monitoring schedule and indicate for which alternative monitoring period you are reporting monitoring data:
- |  |  |
|--|--|
| <input type="checkbox"/> Quarter 1 (January 1 - March 31)    | <input type="checkbox"/> Quarter 1: From <u>04</u> / <u>01</u> To <u>05</u> / <u>31</u>            |
| <input type="checkbox"/> Quarter 2 (April 1 - June 30)       | <input type="checkbox"/> Quarter 2: From <u>06</u> / <u>01</u> To <u>07</u> / <u>31</u>            |
| <input type="checkbox"/> Quarter 3 (July 1 - September 30)   | <input checked="" type="checkbox"/> Quarter 3: From <u>08</u> / <u>01</u> To <u>09</u> / <u>30</u> |
| <input type="checkbox"/> Quarter 4 (October 1 - December 31) | <input type="checkbox"/> Quarter 4: From <u>10</u> / <u>01</u> To <u>11</u> / <u>30</u>            |
2. Are you required to monitor for cadmium, copper, chromium, lead, nickel, silver, or zinc in freshwater? ☒ Yes ( Skip to 3) ☐ No ( Skip to 4)
3. What is the hardness level of the receiving water? 57
4. Does your facility discharge into any saltwater receiving waters? ☐ Yes ☒ No

F. Monitoring Information										
Note: Make additional copies of this form as necessary.										
1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours): <u>1</u> 2.b. Rainfall amount (inches): <u>0.1</u> 2.c. Time since previous measurable storm event (days): <u>1</u>										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
020	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Zinc, dissolved	118	ug/L		09/29/2017	<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 0.75 hours. Rainfall amount = 0.13 inches.

020: Adjusted Gross Alpha (I) - NODI B. Aluminum, total recoverable (QBM) - NODI B. Aluminum, total recoverable (I) - NODI 9. Aroclor, total (I) - NODI B. Copper, dissolved (QBM) - NODI B. Copper, dissolved (I) - NODI 9. Iron, total (QBM) - NODI B. Nitrate plus Nitrite Nitrogen (QBM) - NODI B. Thallium, dissolved (I) - NODI B.

### G. Certification

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 assure that qualified personnel properly gathered and evaluated 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.

First Name, Middle Initial, Last Name: Taunia S Van Valkenburg

Title: EPC-CP Group Leader

Signature: 

Date 12/13/2017

E-mail: tauniav@lanl.gov



## A. Approval to User Paper DMR Form

1. Have you been granted a waiver from electronic reporting from EPA Regional Office\*? ☒ YES ☐ NO

If yes, check which waiver you have been granted, the name of the EPA Regional Office staff person who granted the waiver, and the date of approval:

Waiver granted: ☐ The owner/operator's headquarters is physically located in a geographic area (i.e., ZIP code or census tract) that is identified as under-served for broadband Internet access in the most recent report from the Federal Communications Commission.☒ The owner/operator has issues regarding available computer access or computer capability.Name of EPA staff person that granted the waiver: Everett SpencerDate approval obtained: 06/17/2016**\* Note: You are required to obtain approval from the applicable EPA Regional Office prior to using this paper DMR form. If you have not obtained a waiver, you must file this form electronically using the NetDMR at <http://www.epa.gov/netdmr/>**

## B. Permit Information

1. NPDES ID: NMR053195

2. Reason(s) for Submission (Check all that apply):

☒ Submitting monitoring data (Fill in all Sections).☐ Reporting no discharge for all outfalls for this monitoring period (Fill in Sections A, B, C, D, E.1, and G).☐ Reporting that your site status has changed to inactive and unstaffed (Fill in Sections A, B, C, D, and F and include date of status change in comment field in Section F.4).☐ Reporting that your site status has changed to active (Fill in all Sections and include date of status change in comment field in Section F.4).☐ Reporting that no further pollutant reductions are achievable for all outfalls and for all pollutants via Part 6.2.1.2 of the MSGP (Fill in Sections A, B, C, D, and G).

## C. Facility Operator Information

## 1. Operator Information

Operator Name: Los Alamos National Security, LLC

Mailing Address:

Street: P.O. Box 1663, MS K490City: Los AlamosState: NM ZIP Code: 87545 -Phone: 505 667 0666E-mail: tauniav@lanl.gov

## 2. DMR Preparer (Complete if DMR was prepared by someone other than the certifier):

First Name, Middle Initial, Last Name: Holly L. WheelerOrganization: EPC-CPPhone: 505 667 1312

Ext. \_\_\_\_\_

E-mail: hbenson@lanl.gov

#### D. Facility Information

1. Facility Name: Los Alamos National Laboratory

2. Facility Address:

Street/Location Bikini Atoll Rd. SM30 K490

City: Los Alamos State: NM ZIP Code: 87545 -

County or Similar Government Subdivision: Los Alamos

#### E. Discharge Information

1. Identify monitoring period: ☒ Check here if proposing alternative monitoring periods due to irregular stormwater runoff. Identify alternative monitoring schedule and indicate for which alternative monitoring period you are reporting monitoring data:
- |  |  |
|--|--|
| <input type="checkbox"/> Quarter 1 (January 1 – March 31)    | <input type="checkbox"/> Quarter 1: From <u>04</u> / <u>01</u> To <u>05</u> / <u>31</u>            |
| <input type="checkbox"/> Quarter 2 (April 1 – June 30)       | <input type="checkbox"/> Quarter 2: From <u>06</u> / <u>01</u> To <u>07</u> / <u>31</u>            |
| <input type="checkbox"/> Quarter 3 (July 1 – September 30)   | <input type="checkbox"/> Quarter 3: From <u>08</u> / <u>01</u> To <u>09</u> / <u>30</u>            |
| <input type="checkbox"/> Quarter 4 (October 1 – December 31) | <input checked="" type="checkbox"/> Quarter 4: From <u>10</u> / <u>01</u> To <u>11</u> / <u>30</u> |
2. Are you required to monitor for cadmium, copper, chromium, lead, nickel, silver, or zinc in freshwater? ☒ Yes ( Skip to 3) ☐ No ( Skip to 4)
3. What is the hardness level of the receiving water? 57
4. Does your facility discharge into any saltwater receiving waters? ☐ Yes ☒ No

F. Monitoring Information										
Note: Make additional copies of this form as necessary.										
1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours): 2      2.b. Rainfall amount (inches): 0.4      2.c. Time since previous measurable storm event (days): 1										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
002	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Aluminum, total recoverable	1200	ug/L		10/05/2017	<input type="checkbox"/>	<input type="checkbox"/>
002	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Iron, total	1450	ug/L		10/05/2017	<input type="checkbox"/>	<input type="checkbox"/>
002	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Nitrate plus Nitrite Nitrogen	0.174	mg/L		10/05/2017	<input type="checkbox"/>	<input type="checkbox"/>
002	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Zinc, dissolved	93.8	ug/L		10/05/2017	<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 1.91 hours. Rainfall amount = 0.40 inches.

002: The average of four monitoring values for total recoverable Aluminum exceeds the benchmark value. The average concentration of total Iron is mathematically certain to exceed the benchmark value. The average of four monitoring values for Nitrate plus Nitrite Nitrogen does not exceed the benchmark value, therefore quarterly monitoring will be discontinued per Part 6.2.1.2. Adjusted Gross Alpha (I) - NODI 9. Aroclor, total (I) - NODI B. Copper, dissolved (I) - NODI 9. Thallium, dissolved (I) - NODI B. Aluminum, total recoverable (I) - NODI 9.



F. Monitoring Information										
Note: Make additional copies of this form as necessary.										
1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours): 2      2.b. Rainfall amount (inches): 0.4      2.c. Time since previous measurable storm event (days): 1										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
009	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Iron, total	1180	ug/L		10/05/2017	<input type="checkbox"/>	<input type="checkbox"/>
007	<input checked="" type="checkbox"/> Substantially identical to outfall: 009	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
008	<input checked="" type="checkbox"/> Substantially identical to outfall: 009	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
010	<input checked="" type="checkbox"/> Substantially identical to outfall: 009	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 1.91 hours. Rainfall amount = 0.40 inches.

009: The average concentration of total Iron is mathematically certain to exceed the benchmark value. Adjusted Gross Alpha (I) - NODI 9. Aluminum, total recoverable (I) - NODI 9. Aroclor, total (I) - NODI B. Copper, dissolved (I) - NODI 9. Thallium, dissolved (I) - NODI B.

F. Monitoring Information										
Note: Make additional copies of this form as necessary.										
1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours): 2      2.b. Rainfall amount (inches): 0.4      2.c. Time since previous measurable storm event (days): 1										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
020	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Zinc, dissolved	110	ug/L		10/05/2017	<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 1.91 hours. Rainfall amount = 0.40 inches.

020: Adjusted Gross Alpha (I) - NODI B. Aluminum, total recoverable (QBM) - NODI B. Aluminum, total recoverable (I) - NODI 9. Aroclor, total (I) - NODI B. Copper, dissolved (QBM) - NODI B. Copper, dissolved (I) - NODI 9. Iron, total (QBM) - NODI B. Nitrate plus Nitrite Nitrogen (QBM) - NODI B. Thallium, dissolved (I) - NODI B.

F. Monitoring Information										
Note: Make additional copies of this form as necessary.										
1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours): 2      2.b. Rainfall amount (inches): 0.5      2.c. Time since previous measurable storm event (days): 1										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
043	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	ELG	pH	8.39	SU		10/05/2017	<input type="checkbox"/>	<input type="checkbox"/>
043	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Adjusted Gross Alpha	ND		2.95 pCi/L	10/05/2017	<input type="checkbox"/>	<input type="checkbox"/>
043	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Aluminum, total recoverable	1650	ug/L		10/05/2017	<input type="checkbox"/>	<input type="checkbox"/>
043	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	I	Aroclor, total	ND		0.034 ug/L	10/05/2017	<input type="checkbox"/>	<input type="checkbox"/>
043	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	ELG	Oil and Grease	ND		1.44 mg/L	10/05/2017	<input type="checkbox"/>	<input type="checkbox"/>
043	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	ELG	Total Suspended Solids (TSS)	27.4	mg/L		10/05/2017	<input type="checkbox"/>	<input type="checkbox"/>
043	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Total Suspended Solids (TSS)	27.4	mg/L		10/05/2017	<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 2.16 hours. Rainfall amount = 0.48 inches.

043: The impaired water pollutant Adjusted Gross Alpha was not detected in stormwater discharge from this outfall, therefore annual monitoring will be discontinued per Part 6.2.4.1. The impaired water pollutant total Aroclor was not detected in stormwater discharge from this outfall, therefore annual monitoring will be discontinued per Part 6.2.4.1. The result for Total Suspended Solids exceeds the Daily Maximum Effluent Limitation.

F. Monitoring Information										
Note: Make additional copies of this form as necessary.										
1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours): 2      2.b. Rainfall amount (inches): 0.5      2.c. Time since previous measurable storm event (days): 1										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
047	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Magnesium, total	0.553	mg/L		10/05/2017	<input type="checkbox"/>	<input type="checkbox"/>
046	<input checked="" type="checkbox"/> Substantially identical to outfall: 047	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
045	<input checked="" type="checkbox"/> Substantially identical to outfall: 047	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
048	<input checked="" type="checkbox"/> Substantially identical to outfall: 047	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
044	<input checked="" type="checkbox"/> Substantially identical to outfall: 047	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 2.08 hours. Rainfall amount = 0.53 inches.

047: The average concentration of total Magnesium is mathematically certain to exceed the benchmark value. Adjusted Gross Alpha (I) - NODI B. Aluminum, total recoverable (I) - NODI 9. Ammonia, total (QBM) - NODI B. Aroclor, total (I) - NODI B. Arsenic, dissolved (QBM) - NODI B. Cadmium, dissolved (QBM) - NODI B. Chemical Oxygen Demand (COD) (QBM) - NODI B. Cyanide, total (QBM) - NODI B. Lead, dissolved (QBM) - NODI B. Mercury, total (QBM) - NODI B. Selenium, total (QBM) - NODI B. Silver, dissolved (QBM) - NODI B.

F. Monitoring Information										
Note: Make additional copies of this form as necessary.										
1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours): 4      2.b. Rainfall amount (inches): 0.9      2.c. Time since previous measurable storm event (days): 7										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
053	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Arsenic, dissolved	ND		2.00 ug/L	10/05/2017	<input type="checkbox"/>	<input type="checkbox"/>
053	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Cadmium, dissolved	ND		0.300 ug/L	10/05/2017	<input type="checkbox"/>	<input type="checkbox"/>
053	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Lead, dissolved	BQL		2.00 ug/L	10/05/2017	<input type="checkbox"/>	<input type="checkbox"/>
053	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Silver, dissolved	ND		0.300 ug/L	10/05/2017	<input type="checkbox"/>	<input type="checkbox"/>
065	<input checked="" type="checkbox"/> Substantially identical to outfall: 053	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
066	<input checked="" type="checkbox"/> Substantially identical to outfall: 053	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)



Rainfall duration = 4.50 hours. Rainfall amount = 0.87 inches.

## F. Monitoring Information

Note: Make additional copies of this form as necessary.

1. Nature of Discharge: ☒ Rainfall (Complete line items 2.a., 2.b., & 2.c.) ☐ Snowmelt

2.a. Duration of the rainfall event (hours): 4 2.b. Rainfall amount (inches): 0.9 2.c. Time since previous measurable storm event (days): 7

3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
072	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Ammonia, total	0.449	mg/L		10/05/2017	<input type="checkbox"/>	<input type="checkbox"/>
072	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Ammonia, total	0.196	mg/L		10/05/2017	<input type="checkbox"/>	<input type="checkbox"/>
072	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Arsenic, dissolved	ND		2.00 ug/L	10/05/2017	<input type="checkbox"/>	<input type="checkbox"/>
072	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Arsenic, dissolved	ND		2.00 ug/L	10/05/2017	<input type="checkbox"/>	<input type="checkbox"/>
072	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Cadmium, dissolved	ND		0.300 ug/L	10/05/2017	<input type="checkbox"/>	<input type="checkbox"/>
072	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Cadmium, dissolved	ND		0.300 ug/L	10/05/2017	<input type="checkbox"/>	<input type="checkbox"/>
072	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Chemical Oxygen Demand (COD)	127	mg/L		10/05/2017	<input type="checkbox"/>	<input type="checkbox"/>
072	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Chemical Oxygen Demand (COD)	67.4	mg/L		10/05/2017	<input type="checkbox"/>	<input type="checkbox"/>

072	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Cyanide, total	BQL		0.005 mg/L	10/05/2017	<input type="checkbox"/>	<input type="checkbox"/>
072	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Lead, dissolved	BQL		2.00 ug/L	10/05/2017	<input type="checkbox"/>	<input type="checkbox"/>
072	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Lead, dissolved	ND		0.500 ug/L	10/05/2017	<input type="checkbox"/>	<input type="checkbox"/>
072	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Magnesium, total	15.1	mg/L		10/05/2017	<input type="checkbox"/>	<input type="checkbox"/>
072	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Magnesium, total	7.09	mg/L		10/05/2017	<input type="checkbox"/>	<input type="checkbox"/>
072	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Mercury, total	BQL		0.200 ug/L	10/05/2017	<input type="checkbox"/>	<input type="checkbox"/>
072	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Mercury, total	BQL		0.200 ug/L	10/05/2017	<input type="checkbox"/>	<input type="checkbox"/>
072	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Selenium, total	BQL		5.00 ug/L	10/05/2017	<input type="checkbox"/>	<input type="checkbox"/>
072	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Selenium, total	ND		2.00 ug/L	10/05/2017	<input type="checkbox"/>	<input type="checkbox"/>
072	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Silver, dissolved	ND		0.300 ug/L	10/05/2017	<input type="checkbox"/>	<input type="checkbox"/>

072	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Silver, dissolved	ND		0.300 ug/L	10/05/2017	<input type="checkbox"/>	<input type="checkbox"/>
070	<input checked="" type="checkbox"/> Substantially identical to outfall: 072	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
071	<input checked="" type="checkbox"/> Substantially identical to outfall: 072	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 4.50 hours. Rainfall amount = 0.87 inches.

072: The average of four monitoring values for total Ammonia does not exceed the benchmark value, therefore quarterly monitoring will be discontinued per Part 6.2.1.2. The average of four monitoring values for Chemical Oxygen Demand does not exceed the benchmark value, therefore quarterly monitoring will be discontinued per Part 6.2.1.2. Second Cyanide sample missed analytical holding time; result rejected during validation. The average concentration of total Magnesium is mathematically certain to exceed the benchmark value. The average of four monitoring values for total Mercury does not exceed the benchmark value, therefore quarterly monitoring will be discontinued per Part 6.2.1.2. The average of four monitoring values for total Selenium does not exceed the benchmark value, therefore quarterly monitoring will be discontinued per Part 6.2.1.2.

### G. Certification

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 assure that qualified personnel properly gathered and evaluated 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.

First Name, Middle Initial, Last Name: Taunia S Van Valkenburg

Title: EPC-CP Group Leader

Signature: 

Date

12/13/2012

E-mail: tauniav@lanl.gov



***Environmental Protection & Compliance Division***  
***Los Alamos National Laboratory***  
PO Box 1663, K491  
Los Alamos, New Mexico 87545  
(505) 667-2211

*Date:* DEC 07 2017  
*Symbol:* EPC-DO: 17-518  
*LA-UR:* 17-31023  
*Locates Action No.:* N/A

U.S. EPA Region 6  
NPDES Stormwater Program (WQ-PP)  
1445 Ross Avenue, Suite 1200  
Dallas, TX 75202-2733

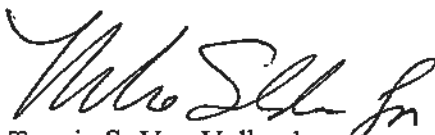
**Subject: National Pollutant Discharge Elimination System (NPDES) Permit Tracking No.  
NMR053195, Multi-Sector General Permit (MSGP) Industrial Discharge Monitoring  
Report (MDMR) for October 04, 2017**

To whom it may concern:

Enclosed is Los Alamos National Laboratory's MDMR (Enclosure 1) for October 04, 2017 as required under MSGP Permit Tracking No. NMR053195. This report is being submitted on behalf of Los Alamos National Security, LLC and contains analytical results for quarterly benchmark monitoring at outfalls 002, 005, 017, 020, 047, 050, 051, 069, and 073.

Please contact Holly Wheeler at (505) 667-1312 or Terrill Lemke at (505) 665-2397 if you have questions regarding this MDMR.

Sincerely,

  
Taunia S. Van Valkenburg  
Group Leader

TSV/TWL/HLW: am



Enclosure(s): 1) NPDES Permit Tracking No. NMR053195, MDMR for October 04, 2017

Copy: Helen Nguyen, EPA Region 6, Dallas TX (E-File)  
Nasim Jahan, EPA Region 6, Dallas TX (E-File)  
Michelle Hunter, NMED/GWQB, Santa Fe, NM (E-File)  
Shelly Lemon, NMED/SWQB, Santa Fe, NM (E-File)  
Karen Armijo, NA-LA, (E-File)  
Arturo Duran, EM-SG, (E-File)  
David Rhodes, EM-SG, (E-File)  
Craig Leasure, PADOPS, (E-File)  
William Mairson, PADOPS, (E-File)  
Michael Brandt, ADESH, (E-File)  
Raeanna Sharp-Geiger, ADESH, (E-File)  
Bruce Robinson, ADEM-PO, (E-File)  
Stephanie Archuleta, DESHF-DO, (E-File)  
Theresa Cull, DESHS-DO, (E-File)  
Stephanie Griego, EWMO-DO, (E-File)  
Clifford Kirkland, STO-DO, (E-File)  
Andrew Erickson, UI-DO, (E-File)  
Robert Stokes, DESHS-EWMS, (E-File)  
Garry Schramm, DESHF-STO, (E-File)  
Russel Stone, DESHS-UIS, (E-File)  
Victoria Baca, DESHS-EWMS, (E-File)  
Marc Gallegos, DESHF-STO, (E-File)  
Jillian Burgin, DESHS-UIS, (E-File)  
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[epc-correspondence@lanl.gov](mailto:epc-correspondence@lanl.gov), (E-File)

# **ENCLOSURE 1**

**NPDES Permit Tracking No. NMR053195, MDMR for  
October 04, 2017**

**EPC-DO: 17-518**

**LA-UR-17-31023**

**DEC 07 2017**

**Date:** \_\_\_\_\_

**A. Approval to User Paper DMR Form**

1. Have you been granted a waiver from electronic reporting from EPA Regional Office\*?
- ☒
- YES
- ☐
- NO

If yes, check which waiver you have been granted, the name of the EPA Regional Office staff person who granted the waiver, and the date of approval:

Waiver granted: ☐ The owner/operator's headquarters is physically located in a geographic area (i.e., ZIP code or census tract) that is identified as under-served for broadband Internet access in the most recent report from the Federal Communications Commission.☒ The owner/operator has issues regarding available computer access or computer capability.Name of EPA staff person that granted the waiver: Everett SpencerDate approval obtained: 06/17/2016**\* Note: You are required to obtain approval from the applicable EPA Regional Office prior to using this paper DMR form. If you have not obtained a waiver, you must file this form electronically using the NetDMR at <http://www.epa.gov/netdmr/>****B. Permit Information**

1. NPDES ID:
- NMR053195

2. Reason(s) for Submission (Check all that apply):

☒ Submitting monitoring data (Fill in all Sections).☐ Reporting no discharge for all outfalls for this monitoring period (Fill in Sections A, B, C, D, E.1, and G).☐ Reporting that your site status has changed to inactive and unstaffed (Fill in Sections A, B, C, D, and F and include date of status change in comment field in Section F.4).☐ Reporting that your site status has changed to active (Fill in all Sections and include date of status change in comment field in Section F.4).☐ Reporting that no further pollutant reductions are achievable for all outfalls and for all pollutants via Part 6.2.1.2 of the MSGP (Fill in Sections A, B, C, D, and G).**C. Facility Operator Information****1. Operator Information**Operator Name: Los Alamos National Security, LLC

Mailing Address:

Street: P.O. Box 1663, MS K490City: Los AlamosState: NM ZIP Code: 87545 - Phone: 505 667 0666E-mail: tauniav@lanl.gov**2. DMR Preparer (Complete if DMR was prepared by someone other than the certifier):**First Name, Middle Initial, Last Name: Holly L. WheelerOrganization: EPC-CPPhone: 505 667 1312Ext. E-mail: hbenson@lanl.gov

#### D. Facility Information

1. Facility Name: Los Alamos National Laboratory

2. Facility Address:

Street/Location Bikini Atoll Rd. SM30 K490

City: Los Alamos State: NM ZIP Code: 87545 -

County or Similar Government Subdivision: Los Alamos

#### E. Discharge Information

1. Identify monitoring period: ☒ Check here if proposing alternative monitoring periods due to irregular stormwater runoff. Identify alternative monitoring schedule and indicate for which alternative monitoring period you are reporting monitoring data:
- |  |  |
|--|--|
| <input type="checkbox"/> Quarter 1 (January 1 - March 31)    | <input type="checkbox"/> Quarter 1: From <u>04</u> / <u>01</u> To <u>05</u> / <u>31</u>            |
| <input type="checkbox"/> Quarter 2 (April 1 - June 30)       | <input type="checkbox"/> Quarter 2: From <u>06</u> / <u>01</u> To <u>07</u> / <u>31</u>            |
| <input type="checkbox"/> Quarter 3 (July 1 - September 30)   | <input type="checkbox"/> Quarter 3: From <u>08</u> / <u>01</u> To <u>09</u> / <u>30</u>            |
| <input type="checkbox"/> Quarter 4 (October 1 - December 31) | <input checked="" type="checkbox"/> Quarter 4: From <u>10</u> / <u>01</u> To <u>11</u> / <u>30</u> |
2. Are you required to monitor for cadmium, copper, chromium, lead, nickel, silver, or zinc in freshwater? ☒ Yes ( Skip to 3) ☐ No ( Skip to 4)
3. What is the hardness level of the receiving water? 57
4. Does your facility discharge into any saltwater receiving waters? ☐ Yes ☒ No

F. Monitoring Information										Note: Make additional copies of this form as necessary.	
1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt											
2.a. Duration of the rainfall event (hours): <b>2</b> 2.b. Rainfall amount (inches): <b>0.9</b> 2.c. Time since previous measurable storm event (days): <b>4</b>											
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?	
002	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Iron, total	1520	ug/L		10/04/2017	<input type="checkbox"/>	<input type="checkbox"/>	
002	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Nitrate plus Nitrite Nitrogen	0.271	mg/L		10/04/2017	<input type="checkbox"/>	<input type="checkbox"/>	
002	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Zinc, dissolved	137	ug/L		10/04/2017	<input type="checkbox"/>	<input type="checkbox"/>	

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 1.75 hours. Rainfall amount = 0.92 inches.

002: Adjusted Gross Alpha (I) - NODI 9. Aluminum, total recoverable (I) - NODI 9. Aroclor, total (I) - NODI B. Copper, dissolved (I) - NODI 9. Thallium, dissolved (I) - NODI B.

<b>F. Monitoring Information</b> <span style="float: right; font-weight: normal; font-size: 0.9em;">Note: Make additional copies of this form as necessary.</span>										
1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours): <b>2</b> 2.b. Rainfall amount (inches): <b>0.9</b> 2.c. Time since previous measurable storm event (days): <b>4</b>										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
005	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Iron, total	2830	ug/L		10/04/2017	<input type="checkbox"/>	<input type="checkbox"/>
006	<input checked="" type="checkbox"/> Substantially identical to outfall: <b>005</b>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 1.75 hours. Rainfall amount = 0.92 inches.

005: Adjusted Gross Alpha (I) - NODI 9. Aluminum, total recoverable (I) - NODI 9. Aroclor, total (I) - NODI B. Copper, dissolved (I) - NODI 9. Thallium, dissolved (I) - NODI B.



## F. Monitoring information

Note: Make additional copies of this form as necessary.

1. Nature of Discharge: ☒ Rainfall (Complete line items 2.a., 2.b., & 2.c.) ☐ Snowmelt

2.a. Duration of the rainfall event (hours): 2 2.b. Rainfall amount (inches): 0.9 2.c. Time since previous measurable storm event (days): 4

3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
017	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Aluminum, total recoverable	72400	ug/L		10/04/2017	<input type="checkbox"/>	<input type="checkbox"/>
017	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Copper, dissolved	68.9	ug/L		10/04/2017	<input type="checkbox"/>	<input type="checkbox"/>
017	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Iron, total	83100	ug/L		10/04/2017	<input type="checkbox"/>	<input type="checkbox"/>
017	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Nitrate plus Nitrite Nitrogen	0.0923	mg/L		10/04/2017	<input type="checkbox"/>	<input type="checkbox"/>
017	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Zinc, dissolved	246	ug/L		10/04/2017	<input type="checkbox"/>	<input type="checkbox"/>
013	<input checked="" type="checkbox"/> Substantially identical to outfall: 017	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
014	<input checked="" type="checkbox"/> Substantially identical to outfall: 017	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
015	<input checked="" type="checkbox"/> Substantially identical to outfall: 017	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

016	<input checked="" type="checkbox"/> Substantially identical to outfall: 017	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
019	<input checked="" type="checkbox"/> Substantially identical to outfall: 017	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 1.75 hours. Rainfall amount = 0.92 inches.

017: The average concentration of total recoverable Aluminum is mathematically certain to exceed the benchmark value. The average concentration of dissolved Copper is mathematically certain to exceed the benchmark value. The average concentration of total Iron is mathematically certain to exceed the benchmark value. The average of four monitoring values for Nitrate plus Nitrite Nitrogen does not exceed the benchmark value, therefore quarterly monitoring will be discontinued per Part 6.2.1.2. The average of four monitoring values for dissolved Zinc exceeds the benchmark value. Adjusted Gross Alpha (I) - NODI 9. Aroclor, total (I) - NODI 9. Thallium, dissolved (I) - NODI B. Aluminum, total recoverable (I) - NODI 9. Copper, dissolved (I) - NODI 9.

**F. Monitoring Information**
**Note: Make additional copies of this form as necessary.**

1. Nature of Discharge: ☒ Rainfall (Complete line items 2.a., 2.b., & 2.c.) ☐ Snowmelt

2.a. Duration of the rainfall event (hours): 2 2.b. Rainfall amount (inches): 0.9 2.c. Time since previous measurable storm event (days): 4

3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
020	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Zinc, dissolved	173	ug/L		10/04/2017	<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 1.75 hours. Rainfall amount = 0.92 inches.

020: The average concentration of dissolved Zinc is mathematically certain to exceed the benchmark value. Adjusted Gross Alpha (I) - NODI B. Aluminum, total recoverable (QBM) - NODI B. Aluminum, total recoverable (I) - NODI 9. Aroclor, total (I) - NODI B. Copper, dissolved (QBM) - NODI B. Copper, dissolved (I) - NODI 9. Iron, total (QBM) - NODI B. Nitrate plus Nitrite Nitrogen (QBM) - NODI B. Thallium, dissolved (I) - NODI B.

**F. Monitoring Information**
**Note: Make additional copies of this form as necessary.**

1. Nature of Discharge: ☒ Rainfall (Complete line items 2.a., 2.b., & 2.c.) ☐ Snowmelt

2.a. Duration of the rainfall event (hours): **2** 2.b. Rainfall amount (inches): **0.8** 2.c. Time since previous measurable storm event (days): **4**

3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
047	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Magnesium, total	0.37	mg/L		10/04/2017	<input type="checkbox"/>	<input type="checkbox"/>
046	<input checked="" type="checkbox"/> Substantially identical to outfall: 047	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
045	<input checked="" type="checkbox"/> Substantially identical to outfall: 047	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
048	<input checked="" type="checkbox"/> Substantially identical to outfall: 047	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
044	<input checked="" type="checkbox"/> Substantially identical to outfall: 047	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 1.83 hours. Rainfall amount = 0.78 inches.

047: The average concentration of total Magnesium is mathematically certain to exceed the benchmark value. Adjusted Gross Alpha (I) - NODI B. Aluminum, total recoverable (I) - NODI 9. Ammonia, total (QBM) - NODI B. Aroclor, total (I) - NODI B. Arsenic, dissolved (QBM) - NODI B. Cadmium, dissolved (QBM) - NODI B. Chemical Oxygen Demand (COD) (QBM) - NODI B. Cyanide, total (QBM) - NODI B. Lead, dissolved (QBM) - NODI B. Mercury, total (QBM) - NODI B. Selenium, total (QBM) - NODI B. Silver, dissolved (QBM) - NODI B.

**F. Monitoring Information**
**Note: Make additional copies of this form as necessary.**

1. Nature of Discharge: ☒ Rainfall (Complete line items 2.a., 2.b., & 2.c.) ☐ Snowmelt

2.a. Duration of the rainfall event (hours): **2** 2.b. Rainfall amount (inches): **0.8** 2.c. Time since previous measurable storm event (days): **4**

3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
050	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Chemical Oxygen Demand (COD)	ND		8.95 mg/L	10/04/2017	<input type="checkbox"/>	<input type="checkbox"/>
050	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Magnesium, total	1.32	mg/L		10/04/2017	<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 1.83 hours. Rainfall amount = 0.78 inches.

050: The average concentration of total Magnesium is mathematically certain to exceed the benchmark value. Adjusted Gross Alpha (I) - NODI 9. Aluminum, total recoverable (I) - NODI 9. Ammonia, total (QBM) - NODI B. Aroclor, total (I) - NODI B. Arsenic, dissolved (QBM) - NODI B. Cadmium, dissolved (QBM) - NODI B. Cyanide, total (QBM) - NODI B. Lead, dissolved (QBM) - NODI B. Mercury, total (QBM) - NODI B. Selenium, total (QBM) - NODI B. Silver, dissolved (QBM) - NODI B.

F. Monitoring Information										
Note: Make additional copies of this form as necessary.										
1. Nature of Discharge: <input checked="" type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours): 2      2.b. Rainfall amount (inches): 0.3      2.c. Time since previous measurable storm event (days): 6										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
051	<input type="checkbox"/> Substantially identical to outfall	<input type="checkbox"/>	QBM	Chemical Oxygen Demand (COD)	ND		8.95 mg/L	10/05/2017	<input type="checkbox"/>	<input type="checkbox"/>
052	<input checked="" type="checkbox"/> Substantially identical to outfall: 051	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 2.50 hours. Rainfall amount = 0.34 inches.

051: Aluminum, total recoverable (I) - NODI 9. The average of four monitoring values for Chemical Oxygen Demand does not exceed the benchmark value, therefore quarterly monitoring will be discontinued per Part 6.2.1.2. Ammonia, total (QBM) - NODI B. Aroclor, total (I) - NODI B. Arsenic, dissolved (QBM) - NODI B. Cadmium, dissolved (QBM) - NODI B. Cyanide, total (QBM) - NODI B. Lead, dissolved (QBM) - NODI B. Mercury, total (QBM) - NODI B. Selenium, total (QBM) - NODI B. Silver, dissolved (QBM) - NODI B.



**F. Monitoring Information**
**Note: Make additional copies of this form as necessary.**

1. Nature of Discharge: ☒ Rainfall (Complete line items 2.a., 2.b., & 2.c.) ☐ Snowmelt

2.a. Duration of the rainfall event (hours): **2**      2.b. Rainfall amount (inches): **0.3**      2.c. Time since previous measurable storm event (days): **4**

3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
069	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Chemical Oxygen Demand (COD)	ND		8.95 mg/L	10/04/2017	<input type="checkbox"/>	<input type="checkbox"/>
069	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Magnesium, total	0.223	mg/L		10/04/2017	<input type="checkbox"/>	<input type="checkbox"/>
059	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
058	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
057	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
056	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
055	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
054	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

067	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
068	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
060	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
061	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
062	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
063	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
064	<input checked="" type="checkbox"/> Substantially identical to outfall: 069	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 2.50 hours. Rainfall amount = 0.34 inches.

069: Aluminum, total recoverable (I) - NODI 9. Ammonia, total (QBM) - NODI B. Aroclor, total (I) - NODI B. Arsenic, dissolved (QBM) - NODI B. Cadmium, dissolved (QBM) - NODI B. Cyanide, total (QBM) - NODI B. Lead, dissolved (QBM) - NODI B. Mercury, total (QBM) - NODI B. Selenium, total (QBM) - NODI B. Silver, dissolved (QBM) - NODI B.

**F. Monitoring Information**
**Note: Make additional copies of this form as necessary.**

1. Nature of Discharge: ☒ Rainfall (Complete line items 2.a., 2.b., & 2.c.) ☐ Snowmelt

2.a. Duration of the rainfall event (hours): **2** 2.b. Rainfall amount (inches): **0.9** 2.c. Time since previous measurable storm event (days): **4**

3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
073	<input type="checkbox"/> Substantially identical to outfall:	<input type="checkbox"/>	QBM	Chemical Oxygen Demand (COD)	ND		8.95 mg/L	10/04/2017	<input type="checkbox"/>	<input type="checkbox"/>
074	<input checked="" type="checkbox"/> Substantially identical to outfall: 073	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Rainfall duration = 1.75 hours. Rainfall amount = 0.92 inches.


073: Aluminum, total recoverable (I) - NODI 9. Copper, dissolved (I) - NODI 9. Thallium, dissolved (I) - NODI 8.

### G. Certification

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 assure that qualified personnel properly gathered and evaluated 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.

First Name, Middle Initial, Last Name: Taunia S Van Valkenburg

Title: EPC-CP Group Leader

Signature: 

Date 12/07/2017

E-mail: tauniav@lanl.gov



***Environmental Protection & Compliance Division***

***Los Alamos National Laboratory***

PO Box 1663, K491

Los Alamos, New Mexico 87545

(505) 667-2211

Date: **OCT 27 2017**

Symbol: EPC-DO: 17-448

LA-UR: 17- 29659

Locates Action No.: N/A

U.S. EPA Region 6

NPDES Stormwater Program (WQ-PP)

1445 Ross Avenue, Suite 1200

Dallas, TX 75202-2733

**Subject: National Pollutant Discharge Elimination System (NPDES) Permit Tracking No. NMR053195, Multi-Sector General Permit (MSGP) Industrial "No Discharge" Monitoring Report (MDMR) for the Third Quarter (August 1 – September 30, 2017)**

To whom it may concern:

Enclosed is Los Alamos National Laboratory's "no discharge" MDMR (Enclosure 1) for the third quarter (August 1, through September 30, 2017), as required under MSGP Permit Tracking No. NMR053195. This report is being submitted on behalf of Los Alamos National Security, LLC.

Please contact Holly Wheeler at (505) 667-1312 or Terrill Lemke at (505) 665-2397 if you have questions regarding this MDMR.

Sincerely,

Taunia S. Van Valkenburg  
Group Leader

TSV:TWL:HLW/am

Enclosure(s): 1) NPDES Permit Tracking No. NMR053195, "No Discharge" MDMR for the Third Quarter (August 1 – September 30, 2017)

Copy: Helen Nguyen, EPA Region 6, Dallas TX (E-File)  
Nasim Jahan, EPA Region 6, Dallas TX (E-File)  
Michelle Hunter, NMED/GWQB, Santa Fe, NM (E-File)  
Shelly Lemon, NMED/SWQB, Santa Fe, NM (E-File)  
Karen Armijo, NA-LA, (E-File)  
Arturo Duran, EM-SG, (E-File)  
David Rhodes, EM-SG, (E-File)  
Craig S. Leasure, PADOPS, (E-File)  
William R. Mairson, PADOPS, (E-File)  
Michael T. Brandt, ADESH, (E-File)  
Raeanna Sharp-Geiger, ADESH, (E-File)  
Bruce Robinson, ADEM-PO, (E-File)  
Stephanie Archuleta, DESHF-DO, (E-File)  
Theresa Cull, DESHS-DO, (E-File)  
Andrew Erickson, UI-DO, (E-File)  
Clifford Kirkland, STO-DO, (E-File)  
Stephanie Griego, EWMO-DO, (E-File)  
Russel Stone, DESHS-UIS, (E-File)  
Garry Schramm, DESHF-STO, (E-File)  
Robert Stokes, DESHS-EWMS, (E-File)  
Jillian Burgin, DESHS-UIS, (E-File)  
Leonard Sandoval, DESHS-UIS, (E-File)  
Marc Gallegos, DESHF-STO, (E-File)  
Courtney Perkins, DESHF-STO, (E-File)  
Terrill W. Lemke, EPC-CP, (E-File)  
Holly L. Wheeler, EPC-CP, (E-File)  
Leslie J. Dale, EPC-CP, (E-File)  
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[Adesh-records@lanl.gov](mailto:Adesh-records@lanl.gov), (E-File)  
[lasomailbox@nnsa.doe.gov](mailto:lasomailbox@nnsa.doe.gov), (E-File)  
[locateteam@lanl.gov](mailto:locateteam@lanl.gov), (E-File)  
[epc-correspondence@lanl.gov](mailto:epc-correspondence@lanl.gov), (E-File)



# **ENCLOSURE 1**

**NPDES Permit Tracking No. NMR053195, “No Discharge”  
MDMR for the Third Quarter  
(August 1 – September 30, 2017)**

**EPC-DO: 17-448**

**LA-UR-17-29659**

**Date: OCT 27 2017** \_\_\_\_\_



## A. Approval to User Paper DMR Form

1. Have you been granted a waiver from electronic reporting from EPA Regional Office? ☒ YES ☐ NO

If yes, check which waiver you have been granted, the name of the EPA Regional Office staff person who granted the waiver, and the date of approval:

Waiver granted: ☐ The owner/operator's headquarters is physically located in a geographic area (i.e., ZIP code or census tract) that is identified as under-served for broadband Internet access in the most recent report from the Federal Communications Commission.☒ The owner/operator has issues regarding available computer access or computer capability.Name of EPA staff person that granted the waiver: Everett SpencerDate approval obtained: 06/17/2016**\* Note: You are required to obtain approval from the applicable EPA Regional Office prior to using this paper DMR form. If you have not obtained a waiver, you must file this form electronically using the NetDMR at <http://www.epa.gov/netdmr/>**

## B. Permit Information

1. NPDES ID: NMR053195

2. Reason(s) for Submission (Check all that apply):

☐ Submitting monitoring data (Fill in all Sections).☒ Reporting no discharge for all outfalls for this monitoring period (Fill in Sections A, B, C, D, E.1, and G).☐ Reporting that your site status has changed to inactive and unstaffed (Fill in Sections A, B, C, D, and F and include date of status change in comment field in Section F.4).☐ Reporting that your site status has changed to active (Fill in all Sections and include date of status change in comment field in Section F.4).☐ Reporting that no further pollutant reductions are achievable for all outfalls and for all pollutants via Part 6.2.1.2 of the MSGP (Fill in Sections A, B, C, D, and G).

## C. Facility Operator Information

1. Operator Information

Operator Name: Los Alamos National Security, LLC

Mailing Address:

Street: P.O. Box 1663, MS K490City: Los AlamosState: NM ZIP Code: 87545 - Phone: 505 667 0666E-mail: tauniav@lanl.gov

2. DMR Preparer (Complete if DMR was prepared by someone other than the certifier):

First Name, Middle Initial, Last Name: Holly L. WheelerOrganization: EPC-CPPhone: 505 667 1312Ext. E-mail: hbenson@lanl.gov

## D. Facility Information

1. Facility Name: Los Alamos National Laboratory

2. Facility Address:

Street/Location Bikini Atoll Rd. SM30 K490

City: Los Alamos State: NM ZIP Code: 87545 -

County or Similar Government Subdivision: Los Alamos

## E. Discharge Information

1. Identify monitoring period: ☒ Check here if proposing alternative monitoring periods due to irregular stormwater runoff. Identify alternative monitoring schedule and indicate for which alternative monitoring period you are reporting monitoring data:
- |  |  |
|--|--|
| <input type="checkbox"/> Quarter 1 (January 1 - March 31)    | <input type="checkbox"/> Quarter 1: From <u>04</u> / <u>01</u> To <u>05</u> / <u>31</u>            |
| <input type="checkbox"/> Quarter 2 (April 1 - June 30)       | <input type="checkbox"/> Quarter 2: From <u>06</u> / <u>01</u> To <u>07</u> / <u>31</u>            |
| <input type="checkbox"/> Quarter 3 (July 1 - September 30)   | <input checked="" type="checkbox"/> Quarter 3: From <u>08</u> / <u>01</u> To <u>09</u> / <u>30</u> |
| <input type="checkbox"/> Quarter 4 (October 1 - December 31) | <input type="checkbox"/> Quarter 4: From <u>10</u> / <u>01</u> To <u>11</u> / <u>30</u>            |
2. Are you required to monitor for cadmium, copper, chromium, lead, nickel, silver, or zinc in freshwater? ☒ Yes ( Skip to 3) ☐ No ( Skip to 4)
3. What is the hardness level of the receiving water? 57
4. Does your facility discharge into any saltwater receiving waters? ☐ Yes ☒ No

**F. Monitoring Information**
**Note: Make additional copies of this form as necessary.**

1. Nature of Discharge: ☐ Rainfall (Complete line items 2.a., 2.b., & 2.c.) ☐ Snowmelt

2.a. Duration of the rainfall event (hours): 2.b. Rainfall amount (inches): 2.c. Time since previous measurable storm event (days):

3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check If Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
002	<input type="checkbox"/> Substantially identical to outfall:	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

002: NODI C

**F. Monitoring Information**
**Note: Make additional copies of this form as necessary.**

1. Nature of Discharge: ☐ Rainfall (Complete line items 2.a., 2.b., & 2.c.) ☐ Snowmelt

2.a. Duration of the rainfall event (hours):

2.b. Rainfall amount (inches):

2.c. Time since previous measurable storm event (days):

3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
012	<input type="checkbox"/> Substantially identical to outfall:	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
011	<input checked="" type="checkbox"/> Substantially identical to outfall: 012	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

012: NODI C

F. Monitoring Information										
Note: Make additional copies of this form as necessary.										
1. Nature of Discharge: <input type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours):			2.b. Rainfall amount (inches):			2.c. Time since previous measurable storm event (days):				
3.a. Outfall ID (List the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
036	<input type="checkbox"/> Substantially identical to outfall	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
037	<input checked="" type="checkbox"/> Substantially identical to outfall: 036	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

036: NODI C

**F. Monitoring Information**
**Note: Make additional copies of this form as necessary.**

1. Nature of Discharge: ☐ Rainfall (Complete line items 2.a., 2.b., & 2.c.) ☐ Snowmelt

2.a. Duration of the rainfall event (hours): 2.b. Rainfall amount (inches): 2.c. Time since previous measurable storm event (days):

3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
073	<input type="checkbox"/> Substantially identical to outfall:	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
074	<input checked="" type="checkbox"/> Substantially identical to outfall 073	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

073: NODI C



## G. Certification

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 assure that qualified personnel properly gathered and evaluated 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.

First Name, Middle Initial, Last Name: Taunia S Van Valkenburg

Title: EPC-CP Group Leader

Signature: 

Date 10 27 20 17

E-mail: tauniav@lanl.gov



***Environmental Protection & Compliance Division***

***Los Alamos National Laboratory***

PO Box 1663, K491

Los Alamos, New Mexico 87545

(505) 667-2211

*Date:* **DEC 21 2017**

*Symbol:* EPC-DO: 17-564

*LA-UR:* 17-31441

*Locates Action No.:* N/A

U.S. EPA Region 6

NPDES Stormwater Program (WQ-PP)

1445 Ross Avenue, Suite 1200

Dallas, TX 75202-2733

**Subject: National Pollutant Discharge Elimination System (NPDES) Permit Tracking No.  
NMR053195, Multi-Sector General Permit (MSGP) Industrial "No Discharge" Monitoring  
Report (MDMR) for the Fourth Quarter (October 1 – November 30, 2017)**

To whom it may concern:

Enclosed is Los Alamos National Laboratory's "no discharge" MDMR (Enclosure 1) for the fourth quarter (October 1, through November 30, 2017), as required under MSGP Permit Tracking No. NMR053195. This report is being submitted on behalf of Los Alamos National Security, LLC.

Please contact Holly Wheeler at (505) 667-1312 or Terrill Lemke at (505) 665-2397 if you have questions regarding this MDMR.

Sincerely,

Taunia S. Van Valkenburg  
Group Leader

**COPY**

TSV:TWL:HLW/am

Enclosure(s): 1) NPDES Permit Tracking No. NMR053195, "No Discharge" MDMR for the Fourth Quarter (October 1 – November 30, 2017)

Copy: Helen Nguyen, EPA Region 6, Dallas TX (E-File)  
Nasim Jahan, EPA Region 6, Dallas TX (E-File)  
Michelle Hunter, NMED/GWQB, Santa Fe, NM (E-File)  
Shelly Lemon, NMED/SWQB, Santa Fe, NM (E-File)  
Karen Armijo, NA-LA, (E-File)  
Arturo Duran, EM-SG, (E-File)  
David Rhodes, EM-SG, (E-File)  
Craig S. Leasure, PADOPS, (E-File)  
William R. Mairson, PADOPS, (E-File)  
Michael T. Brandt, ADESH, (E-File)  
Raeanna Sharp-Geiger, ADESH, (E-File)  
Bruce Robinson, ADEM-PO, (E-File)  
Theresa Cull, DESHS-DO, (E-File)  
Andrew Erickson, UI-DO, (E-File)  
Russel Stone, DESHS-UIS, (E-File)  
Jillian Burgin, DESHS-UIS, (E-File)  
Leonard Sandoval, DESHS-UIS, (E-File)  
Terrill W. Lemke, EPC-CP, (E-File)  
Holly L. Wheeler, EPC-CP, (E-File)  
Leslie J. Dale, EPC-CP, (E-File)  
Ellena I. Martinez, EPC-DP, (E-File)  
[Adesh-records@lanl.gov](mailto:Adesh-records@lanl.gov), (E-File)  
[lasomailbox@nnsa.doe.gov](mailto:lasomailbox@nnsa.doe.gov), (E-File)  
[locatesteam@lanl.gov](mailto:locatesteam@lanl.gov), (E-File)  
[epc-correspondence@lanl.gov](mailto:epc-correspondence@lanl.gov), (E-File)

# **ENCLOSURE 1**

**NPDES Permit Tracking No. NMR053195, “No Discharge”  
MDMR for the Fourth Quarter  
(October 1 – November 30, 2017)**

**EPC-DO: 17-564**

**LA-UR-17-31441**

**Date: DEC 21 2017**

---

**A. Approval to User Paper DMR Form**1. Have you been granted a waiver from electronic reporting from EPA Regional Office\*? ☒ YES ☐ NO

If yes, check which waiver you have been granted, the name of the EPA Regional Office staff person who granted the waiver, and the date of approval:

Waiver granted: ☐ The owner/operator's headquarters is physically located in a geographic area (i.e., ZIP code or census tract) that is identified as under-served for broadband Internet access in the most recent report from the Federal Communications Commission.☒ The owner/operator has issues regarding available computer access or computer capability.Name of EPA staff person that granted the waiver: Everett SpencerDate approval obtained: 06/17/2016**\* Note: You are required to obtain approval from the applicable EPA Regional Office prior to using this paper DMR form. If you have not obtained a waiver, you must file this form electronically using the NetDMR at <http://www.epa.gov/netdmr/>****B. Permit Information**1. NPDES ID: NMR053195

2. Reason(s) for Submission (Check all that apply):

☐ Submitting monitoring data (Fill in all Sections).☒ Reporting no discharge for all outfalls for this monitoring period (Fill in Sections A, B, C, D, E.1, and G).☐ Reporting that your site status has changed to inactive and unstaffed (Fill in Sections A, B, C, D, and F and include date of status change in comment field in Section F.4).☐ Reporting that your site status has changed to active (Fill in all Sections and include date of status change in comment field in Section F.4).☐ Reporting that no further pollutant reductions are achievable for all outfalls and for all pollutants via Part 6.2.1.2 of the MSGP (Fill in Sections A, B, C, D, and G).**C. Facility Operator Information****1. Operator Information**Operator Name: Los Alamos National Security, LLC

Mailing Address:

Street: P.O. Box 1663, MS K490City: Los AlamosState: NM ZIP Code: 87545 -Phone: 505 667 0666E-mail: tauniav@lanl.gov**2. DMR Preparer (Complete if DMR was prepared by someone other than the certifier):**First Name, Middle Initial, Last Name: Holly L. WheelerOrganization: EPC-CPPhone: 505 667 1312

Ext. \_\_\_\_\_

E-mail: hbenson@lanl.gov

#### D. Facility Information

1. Facility Name: Los Alamos National Laboratory

2. Facility Address:

Street/Location Bikini Atoll Rd. SM30 K490

City: Los Alamos State: NM ZIP Code: 87545 -

County or Similar Government Subdivision: Los Alamos

#### E. Discharge Information

1. Identify monitoring period: ☒ Check here if proposing alternative monitoring periods due to irregular stormwater runoff. Identify alternative monitoring schedule and indicate for which alternative monitoring period you are reporting monitoring data:
- |  |  |
|--|--|
| <input type="checkbox"/> Quarter 1 (January 1 - March 31)    | <input type="checkbox"/> Quarter 1: From <u>04</u> / <u>01</u> To <u>05</u> / <u>31</u>            |
| <input type="checkbox"/> Quarter 2 (April 1 - June 30)       | <input type="checkbox"/> Quarter 2: From <u>06</u> / <u>01</u> To <u>07</u> / <u>31</u>            |
| <input type="checkbox"/> Quarter 3 (July 1 - September 30)   | <input type="checkbox"/> Quarter 3: From <u>08</u> / <u>01</u> To <u>09</u> / <u>30</u>            |
| <input type="checkbox"/> Quarter 4 (October 1 - December 31) | <input checked="" type="checkbox"/> Quarter 4: From <u>10</u> / <u>01</u> To <u>11</u> / <u>30</u> |
2. Are you required to monitor for cadmium, copper, chromium, lead, nickel, silver, or zinc in freshwater? ☒ Yes ( Skip to 3) ☐ No ( Skip to 4)
3. What is the hardness level of the receiving water? 57
4. Does your facility discharge into any saltwater receiving waters? ☐ Yes ☒ No

F. Monitoring Information										
Note: Make additional copies of this form as necessary.										
1. Nature of Discharge: <input type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt										
2.a. Duration of the rainfall event (hours):      2.b. Rainfall amount (inches):      2.c. Time since previous measurable storm event (days):										
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
012	<input type="checkbox"/> Substantially identical to outfall:	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
011	<input checked="" type="checkbox"/> Substantially identical to outfall: 012	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

012: NODI: C



F. Monitoring Information				Note: Make additional copies of this form as necessary.						
1. Nature of Discharge: <input type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt:										
2.a. Duration of the rainfall event (hours):			2.b. Rainfall amount (inches):			2.c. Time since previous measurable storm event (days):				
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check if No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?
036	<input type="checkbox"/> Substantially identical to outfall:	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
037	<input checked="" type="checkbox"/> Substantially identical to outfall: 036	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

036: NODI: C

F. Monitoring Information										Note: Make additional copies of this form as necessary.	
1. Nature of Discharge: <input type="checkbox"/> Rainfall (Complete line items 2.a., 2.b., & 2.c.) <input type="checkbox"/> Snowmelt											
2.a. Duration of the rainfall event (hours):			2.b. Rainfall amount (inches):			2.c. Time since previous measurable storm event (days):					
3.a. Outfall ID (list the same 3-digit outfalls identified on the NOI form)	3.b. Check if Any Outfalls are Substantially Identical to Other Outfalls Listed	3.c. Check If No Discharge	3.d. Monitoring Type QBM, ELG, S/T, I, O*	3.e. Parameter	3.f. Quality or Concentration	3.g. Units	3.h. Results Description	3.i. Collection Date	3.j. Exceedance due to natural background pollutant levels	3.k. No further pollutant reductions achievable?	
075	<input type="checkbox"/> Substantially identical to outfall:	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

075: NODI: C

### G. Certification

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 assure that qualified personnel properly gathered and evaluated 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.

First Name, Middle Initial, Last Name: Taunia S Van Valkenburg

Title: EPC-CP Group Leader

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

E-mail: tauniav@lanl.gov

**Signature/Review/Coordination Sheet**

**This form is to accompany all documents requiring review, approval, or signature by the Laboratory Director or Designee.**

<b>Today's Date</b> 6/12/2018	<b>Deadline Date</b> 6/30/2018	<b>Is this a response to an action item?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>From:</b> Holly Wheeler <b>Organization:</b> EPC-CP		<input type="checkbox"/> <b>Call for Pick-up</b> <b>Name:</b> Celina Huerta <b>Phone:</b> 7-0666

**Title:** Identify document, briefly describing subject matter.

ESHID-603048 (LA-UR-18-25255): National Pollutant Discharge Elimination System (NPDES) Permit Tracking No. NMR053195, Multi-Sector General Permit (MSGP) Industrial "No Discharge" Monitoring Reports (MDMRs) for First Quarter (April 1 - May 31, 2018) Monitoring.

**Summary/Detail**

Per the 2015 Multi-Sector General Permit (Permit Tracking #NMR053195), LANL is required to monitor stormwater discharge from industrial sites quarterly (every two months between April and November) during the calendar year. MDMRs must be submitted every quarter to EPA identifying outfalls that did not discharge during that period. Attached are the "No Discharge" MDMRs for first quarter monitoring (April 1 - May 31). This report is due 30 days after the end of the monitoring quarter.

**ACTION requested of Laboratory Director or Designee:**

Other Action: Send pdf file to Adesh-records@lanl.gov




**PAD Endorsement**

<b>Name (print)</b> Craig S. Leasure, PADOPS	<b>Signature</b> N/A	<b>Date</b>
---	-------------------------	-------------

**AD Endorsement**

<b>Name (print)</b> William R. Mairson, ADESH	<b>Signature</b> N/A	<b>Date</b>
--	-------------------------	-------------

**Coordinated With** When signatures on the COORDINATED WITH 2 thru 5 are complete please return to Group Office Admin for further signature process.

<b>1. Name (print)</b> Enrique Torres, EPC-DO	<b>Signature</b> N/A	<b>Date</b>
<b>2. Name (print)</b> Taunia S. Van Valkenburg, EPC-CP	<b>Signature</b> N/A	<b>Date</b>
<b>3. Name (print)</b> Terrill W. Lemke, EPC-CP	<b>Signature</b> 	<b>Date</b> 6/14/18
<b>4. Name (print)</b> Holly L. Wheeler, EPC-CP	<b>Signature</b> 	<b>Date</b> 6/14/2018
<b>5. Name (print)</b>	<b>Signature</b> 	<b>Date</b>

Please ensure appropriate PAD/AD/Division coordination and review prior to submittal to the Director's Office.

2018Q1MSGPNODI

Permit_id	permitted_feature_id	limit_set_txt	mped_txt	form_nodi_cd	comment_txt
NMR053195	002	11	2018-05-31	C	LA-UR-18-25255
NMR053195	009	01	2018-05-31	C	LA-UR-18-25255
NMR053195	012	01	2018-05-31	C	LA-UR-18-25255
NMR053195	043	D1	2018-05-31	C	LA-UR-18-25255
NMR053195	073	A4	2018-05-31	C	LA-UR-18-25255

## DMR Copy of Record

### Permit

<b>Permit #:</b>	NMR053195	<b>Permittee:</b>	LOS ALAMOS NATIONAL LABORATORY	<b>Facility:</b>	LOS ALAMOS NATIONAL LABORATORY
<b>Major:</b>	No	<b>Permittee Address:</b>	PO Box 1663 Los Alamos, NM 87545	<b>Facility Location:</b>	PO BOX 1663 MS K490 LOS ALAMOS, NM 87545
<b>Permitted Feature:</b>	002 External Outfall	<b>Discharge:</b>	002-11 Fabricated Metal Products, except Coating		
<b>Report Dates &amp; Status</b>					
<b>Monitoring Period:</b>	From 04/01/18 to 05/31/18	<b>DMR Due Date:</b>	07/31/18	<b>Status:</b>	NetDMR Validated
<b>Considerations for Form Completion</b>					

### Principal Executive Officer

<b>First Name:</b>	<b>Title:</b>	<b>Telephone:</b>
<b>Last Name:</b>		
<b>No Data Indicator (NODI)</b>		
<b>Form NODI:</b>	--	

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading			Quality or Concentration					# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2			
01045	Iron, total [as Fe]	1 - Effluent Gross	0	--	Sample Permit Req. Value NODI Sample							<=	1000 MAXIMUM C - No Discharge	28 - ug/L	01/60 - Once Every 2 Months	GR - GRAB
01090	Zinc, dissolved [as Zn]	1 - Effluent Gross	0	--	Sample Permit Req. Value NODI Sample							<=	76 MAXIMUM C - No Discharge	28 - ug/L	01/60 - Once Every 2 Months	GR - GRAB
01104	Aluminum, total recoverable	1 - Effluent Gross	0	--	Sample Permit Req. Value NODI Sample							<=	681 MAXIMUM C - No Discharge	28 - ug/L	01/60 - Once Every 2 Months	GR - GRAB
51450	Nitrite Plus Nitrate Total	1 - Effluent Gross	0	--	Sample Permit Req. Value NODI							<=	0.68 MAXIMUM C - No Discharge	19 - mg/L	01/60 - Once Every 2 Months	GR - GRAB

### Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

### Edit Check Errors

No errors.

### Comments

LA-UR-18-25255

### Attachments

No attachments

### Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User: leslie@lanl.gov  
Name: Leslie Dale  
E-Mail: leslie@lanl.gov  
Date/Time: 2018-06-14 15:40 (Time Zone: -05:00)

### Report Last Signed By

User: TERRILLEMKE  
Name: Terrill Lemke  
E-Mail: tlemke@lanl.gov  
Date/Time: 2018-06-14 15:43 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	NMR053195	Permittee:	LOS ALAMOS NATIONAL LABORATORY	Facility:	LOS ALAMOS NATIONAL LABORATORY
Major:	No	Permittee Address:	PO Box 1663 Los Alamos, NM 87545	Facility Location:	PO BOX 1663 MS K490 LOS ALAMOS, NM 87545
Permitted Feature:	009 External Outfall	Discharge:	009-O1 Steam Electric Generating Facilities		

Report Dates & Status

Monitoring Period:	From 04/01/18 to 05/31/18	DMR Due Date:	07/31/18	Status:	NetDMR Validated
--------------------	---------------------------	---------------	----------	---------	------------------

Considerations for Form Completion

Principal Executive Officer

First Name:	Title:	Telephone:
Last Name:		

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading			Quality or Concentration					# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2			
01045	Iron, total [as Fe]	1 - Effluent Gross	0	--	Sample Permit Req. Value NODI											

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

LA-UR-18-25255

Attachments

No attachments.

Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User: leslie@lanl.gov  
Name: Leslie Dale  
E-Mail: leslie@lanl.gov  
Date/Time: 2018-06-14 15:40 (Time Zone: -05:00)

Report Last Signed By

User: TERRILLEMKE  
Name: Terril Lemke  
E-Mail: tlemke@lanl.gov  
Date/Time: 2018-06-14 15:43 (Time Zone: -05:00)



DMR Copy of Record

Permit

Permit #:	NMR053195	Permittee:	LOS ALAMOS NATIONAL LABORATORY	Facility:	LOS ALAMOS NATIONAL LABORATORY
Major:	No	Permittee Address:	PO Box 1663 Los Alamos, NM 87545	Facility Location:	PO BOX 1663 MS K490 LOS ALAMOS, NM 87545
Permitted Feature:	012 External Outfall	Discharge:	012-O1 Steam Electric Generating Facilities		

Report Dates & Status

Monitoring Period:	From 04/01/18 to 05/31/18	DMR Due Date:	07/31/18	Status:	NetDMR Validated
--------------------	---------------------------	---------------	----------	---------	------------------

Considerations for Form Completion

Principal Executive Officer

First Name:	Title:	Telephone:
Last Name:		

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Monitoring Location	Season #	Param. NODI	Sample Permit Req. Value NODI	Quantity or Loading			Quality or Concentration				# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2 Value 2 Units	Qualifier 1	Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Units		
01045 Iron, total [as Fe]	1 - Effluent Gross	0	--											

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

LA-UR-18-25255

Attachments

No attachments.

Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User: leslie@lanl.gov  
Name: Leslie Dale  
E-Mail: leslie@lanl.gov  
Date/Time: 2018-06-14 15:40 (Time Zone: -05:00)

Report Last Signed By

User: TERRILLEMKE  
Name: Terrill Lemke  
E-Mail: tlemke@lanl.gov  
Date/Time: 2018-06-14 15:43 (Time Zone: -05:00)

## DMR Copy of Record

### Permit

<b>Permit #:</b>	NMR053195	<b>Permittee:</b>	LOS ALAMOS NATIONAL LABORATORY	<b>Facility:</b>	LOS ALAMOS NATIONAL LABORATORY
<b>Major:</b>	No	<b>Permittee Address:</b>	PO Box 1663 Los Alamos, NM 87545	<b>Facility Location:</b>	PO BOX 1663 MS K490 LOS ALAMOS, NM 87545
<b>Permitted Feature:</b>	043 External Outfall	<b>Discharge:</b>	043-D1 Asphalt Paving and Roofing Materials and Lubricant Manufacturing		

### Report Dates & Status

<b>Monitoring Period:</b>	From 04/01/18 to 05/31/18	<b>DMR Due Date:</b>	07/31/18	<b>Status:</b>	NetDMR Validated
---------------------------	---------------------------	----------------------	----------	----------------	------------------

### Considerations for Form Completion

### Principal Executive Officer

<b>First Name:</b>	<b>Title:</b>	<b>Telephone:</b>
--------------------	---------------	-------------------

**Last Name:**

### No Data Indicator (NODI)

**Form NODI:** —

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading			Quality or Concentration					# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2			
D0530 Solids, total suspended	1 - Effluent Gross	0	—		Sample Permit Req. Value NODI							<=	100 MAXIMUM	19 - mg/L	01/60 - Once Every 2 Months	GR - GRAB
C - No Discharge																

### Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

### Edit Check Errors

No errors.

### Comments

LA-UR-18-25255

### Attachments

No attachments.

### Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User: leslie@lanl.gov  
Name: Leslie Dale  
E-Mail: leslie@lanl.gov  
Date/Time: 2018-06-14 15:40 (Time Zone: -05:00)

### Report Last Signed By

User: TERRILLEMKE  
Name: Terrill Lemke  
E-Mail: tlemke@lanl.gov  
Date/Time: 2018-06-14 15:43 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:

NMR053195

Major:

No

Permitted Feature:

073  
Exermal Outfall

Report Dates & Status

Monitoring Period:

From 04/01/18 to 05/31/18

Considerations for Form Completion

Permittee:

LOS ALAMOS NATIONAL LABORATORY

Permittee Address:

PO Box 1663  
Los Alamos, NM 87545

Discharge:

073-A4  
Hardwood Dimension and Flooring Mills?

Facility:

LOS ALAMOS NATIONAL LABORATORY

Facility Location:

PO BOX 1663  
MS K490  
LOS ALAMOS, NM 87545

DMR Due Date:

07/31/18

Status:

NetDMR Validated

Principal Executive Officer

First Name:

Last Name:

No Data Indicator (NODI)

Form NODI:

Title:

Telephone:

Parameter	Monitoring Location	Season #	Param. NODI	Sample	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
Code	Name				Qualifier 1 Value 1 Qualifier 2 Value 2 Units	Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Units			
00530 Solids, total suspended	1 - Effluent Gross	0	--	Sample Permit Req. Value NODI		<= 100 MAXIMUM 19 - mg/L C - No Discharge		01/60 - Once Every 2 Months	GR - GRAB
81017 Chemical Oxygen Demand [COD]	1 - Effluent Gross	0	--	Sample Permit Req. Value NODI		<= 120 MAXIMUM 19 - mg/L C - No Discharge		01/60 - Once Every 2 Months	GR - GRAB

Submission Note

Edit Check Errors

No errors.

Comments

LA-UR-18-25255

Attachments

No attachments.

Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User: leslie@lanl.gov

Name: Leslie Dale

E-Mail: leslie@lanl.gov

Date/Time: 2018-06-14 15:40 (Time Zone: -05:00)

Report Last Signed By

User: TERRILLEMKE

Name: Terrill Lemke

E-Mail: tlemke@lanl.gov

Date/Time: 2018-06-14 15:43 (Time Zone: -05:00)

**Signature/Review/Coordination Sheet**

**This form is to accompany all documents requiring review, approval, or signature by the Laboratory Director or Designee.**

Today's Date 7/11/2018	Deadline Date 7/21/2018	Is this a response to an action item? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
From: Holly Wheeler Organization: EPC-CP		<input type="checkbox"/> Call for Pick-up Name: Celina Huerta Phone: 7-0666

**Title:** Identify document, briefly describing subject matter.

ESHID-603049 (LA-UR-18-26318): National Pollutant Discharge Elimination System (NPDES) Permit Tracking No. NMR053195, Multi-Sector General Permit (MSGP) Industrial Discharge Monitoring Reports (MDMRs) for First Quarter (April 1 - May 31, 2018) Monitoring.

**Summary/Detail**

Per the 2015 Multi-Sector General Permit (Permit Tracking #NMR053195), LANL is required to monitor stormwater discharge from industrial sites at monitored outfalls quarterly (every two months between April and November) during the calendar year. Data from quarterly monitoring must be electronically submitted in EPA's electronic reporting system (NctDMR) 30 days after validated data is received. Attached are the MDMRs for first quarter monitoring (April 1 - May 31). These reports are due on July 21, 2018.

**ACTION requested of Laboratory Director or Designee:**

Other Action: Send pdf file to Adesh-records@lanl.gov

**PAD Endorsement**

Name (print)	Signature	Date
Craig S. Leasure, PADOPS	N/A	

**AD Endorsement**

Name (print)	Signature	Date
William R. Mairson, ADESH	N/A	

**Coordinated With** When signatures on the COORDINATED WITH 2 thru 5 are complete please return to Group Office Admin for further signature process.

1. Name (print) Enrique Torres, EPC-DO	Signature N/A	Date
2. Name (print) Taunia S. Van Valkenburg, EPC-CP	Signature N/A	Date
3. Name (print) Terrill W. Lemke, EPC-CP	Signature <i>Terrill W. Lemke</i>	Date 7/20/18
4. Name (print) Holly L. Wheeler, EPC-CP	Signature <i>Holly L. Wheeler</i>	Date 7/20/2018
5. Name (print)	Signature	Date

Please ensure appropriate PAD/AD/Division coordination and review prior to submittal to the Director's Office.



2018Q1MSGPData1

Permit\_id,permitted\_feature\_id,limit\_set\_txt,mped\_txt,form\_nodi\_cd,parameter\_cd,monitoring\_location\_cd,season\_num,quant\_1\_nodi\_cd,quant\_1\_qualifier\_txt,quant\_1\_sample\_num,quant\_1\_effluent\_num,quant\_2\_nodi\_cd,quant\_2\_qualifier\_txt,quant\_2\_sample\_num,quant\_2\_effluent\_num,quant\_uom\_cd,conc\_1\_nodi\_cd,conc\_1\_qualifier\_txt,conc\_1\_sample\_num,conc\_1\_effluent\_num,conc\_2\_nodi\_cd,conc\_2\_qualifier\_txt,conc\_2\_sample\_num,conc\_2\_effluent\_num,conc\_3\_nodi\_cd,conc\_3\_qualifier\_txt,conc\_3\_sample\_num,conc\_3\_effluent\_num,conc\_uom\_cd,excursions\_num,freq\_analysis\_cd,sample\_type\_cd,param\_nodi\_cd,comment\_txt

NMR053195,005,01,2018-05-31,,01045,1,0,,,,,,,,,,,,,,,,,6410.0,,28,1,01/60,GR,,LA-UR-18-26318. The average concentration of Fe is mathematically certain to exceed the benchmark value.

NMR053195,017,11,2018-05-31,,01040,1,0,,,,,,,,,,,,,,,,,25.7,,28,1,01/60,GR,,LA-UR-18-26318. The average concentration of Cu is mathematically certain to exceed the benchmark value.

NMR053195,017,11,2018-05-31,,01045,1,0,,,,,,,,,,,,,,,,,1260.0,,28,1,01/60,GR,,

NMR053195,017,11,2018-05-31,,01090,1,0,,,,,,,,,,,,,,,,,123.0,,28,1,01/60,GR,,

NMR053195,017,11,2018-05-31,,01104,1,0,,,,,,,,,,,,,,,,,787.0,,28,1,01/60,GR,,

NMR053195,017,11,2018-05-31,,51450,1,0,,,,,,,,,,,,,,,,,19,0,01/60,GR,B,

NMR053195,020,11,2018-05-31,,01040,1,0,,,,,,,,,,,,,,,,,28,0,01/60,GR,B,LA-UR-18-26318. The average concentration of Zn is mathematically certain to exceed the benchmark value.

NMR053195,020,11,2018-05-31,,01045,1,0,,,,,,,,,,,,,,,,,28,0,01/60,GR,B,

NMR053195,020,11,2018-05-31,,01090,1,0,,,,,,,,,,,,,,,,,351.0,,28,1,01/60,GR,,

NMR053195,020,11,2018-05-31,,01104,1,0,,,,,,,,,,,,,,,,,28,0,01/60,GR,B,

NMR053195,020,11,2018-05-31,,51450,1,0,,,,,,,,,,,,,,,,,19,0,01/60,GR,B,

## DMR Copy of Record

### Permit

<b>Permit #:</b>	NMR053195	<b>Permittee:</b>	LOS ALAMOS NATIONAL LABORATORY	<b>Facility:</b>	LOS ALAMOS NATIONAL LABORATORY
<b>Major:</b>	No	<b>Permittee Address:</b>	PO Box 1663 Los Alamos, NM 87545	<b>Facility Location:</b>	PO BOX 1663 MS K490 LOS ALAMOS, NM 87545
<b>Permitted Feature:</b>	005 External Outfall	<b>Discharge:</b>	005-01 Steam Electric Generating Facilities		

### Report Dates & Status

<b>Monitoring Period:</b>	From 04/01/18 to 05/31/18	<b>DMR Due Date:</b>	07/31/18	<b>Status:</b>	NetDMR Validated
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### Considerations for Form Completion

### Principal Executive Officer

<b>First Name:</b>	William	<b>Title:</b>	Associate Director	<b>Telephone:</b>	505-667-4218
<b>Last Name:</b>	Mairson				

### No Data Indicator (NODI)

Form NODI: -

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading			Quality or Concentration				# of Ex.	Frequency of Analysis	Sample Type	
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1				Qualifier 2
X 01045	Iron, total [as Fe]	1 - Effluent Gross	0	-	Sample							=	6410	28 - ug/L	01/60 - Once Every 2 Months	GR - GRAB
					Permit Req. Value NODI								<=	1000 MAXIMUM	28 - ug/L	1

### Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

### Edit Check Errors

Parameter		Monitoring Location	Field	Type	Description	Acknowledge
Code	Name					
01045	Iron, total [as Fe]	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	Yes

### Comments

LA-UR-18-26318. The average concentration of Fe is mathematically certain to exceed the benchmark value.

### Attachments

No attachments.

### Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User: leslie@lanl.gov  
Name: Leslie Dale  
E-Mail: leslie@lanl.gov  
Date/Time: 2018-07-12 16:06 (Time Zone: -05:00)

### Report Last Signed By

User: TERRILLEMKE  
Name: Terrill Lemke  
E-Mail: tlemke@lanl.gov  
Date/Time: 2018-07-12 17:23 (Time Zone: -05:00)

## DMR Copy of Record

### Permit

Permit #:	NMR053195	Permittee:	LOS ALAMOS NATIONAL LABORATORY	Facility:	LOS ALAMOS NATIONAL LABORATORY
Major:	No	Permittee Address:	PO Box 1663 Los Alamos, NM 87545	Facility Location:	PO BOX 1663 MS K490 LOS ALAMOS, NM 87545
Permitted Feature:	017 External Outfall	Discharge:	017-11 Fabricated Metal Products, except Coating		

### Report Dates & Status

Monitoring Period:	From 04/01/18 to 05/31/18	DMR Due Date:	07/31/18	Status:	NetDMR Validated
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### Considerations for Form Completion

### Principal Executive Officer

First Name:	William	Title:	Associate Director	Telephone:	505-687-4218
Last Name:	Mairson				

### No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading				Quality or Concentration				# of Ex.	Frequency of Analysis	Sample Type		
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2				Value 2	Qualifier 3
X 01040	Copper, dissolved [as Cu]	1 - Effluent Gross	0	--	Sample							=	25.7			28 - ug/L	01/60 - Once Every 2 Months	GR - GRAB
					Permit Req. Value NODI						<=	6 MAXIMUM			28 - ug/L	1	01/60 - Once Every 2 Months	GR - GRAB
X 01045	Iron, total [as Fe]	1 - Effluent Gross	0	--	Sample							=	1260			28 - ug/L	01/60 - Once Every 2 Months	GR - GRAB
					Permit Req. Value NODI						<=	1000 MAXIMUM			28 - ug/L	1	01/60 - Once Every 2 Months	GR - GRAB
X 01090	Zinc, dissolved [as Zn]	1 - Effluent Gross	0	--	Sample							=	123			28 - ug/L	01/60 - Once Every 2 Months	GR - GRAB
					Permit Req. Value NODI						<=	76 MAXIMUM			28 - ug/L	1	01/60 - Once Every 2 Months	GR - GRAB
X 01104	Aluminum, total recoverable	1 - Effluent Gross	0	--	Sample							=	787			28 - ug/L	01/60 - Once Every 2 Months	GR - GRAB
					Permit Req. Value NODI						<=	681 MAXIMUM			28 - ug/L	1	01/60 - Once Every 2 Months	GR - GRAB
51450	Nitrite Plus Nitrate Total	1 - Effluent Gross	0	--	Sample							<=	0.68 MAXIMUM			19 - mg/L	01/60 - Once Every 2 Months	GR - GRAB
					Permit Req. Value NODI								B - Below Detection Limit/No Detection					

### Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

### Edit Check Errors

Parameter		Monitoring Location	Field	Type	Description	Acknowledge
Code	Name					
01090	Zinc, dissolved [as Zn]	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	Yes
01040	Copper, dissolved [as Cu]	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	Yes
01104	Aluminum, total recoverable	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	Yes
01045	Iron, total [as Fe]	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	Yes

### Comments

LA-UR-18-26318. The average concentration of Cu is mathematically certain to exceed the benchmark value.

### Attachments

No attachments.

### Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User: leslie@lanl.gov  
Name: Leslie Dale  
E-Mail: leslie@lanl.gov  
Date/Time: 2018-07-12 16:01 (Time Zone: -05:00)

### Report Last Signed By

User: TERRILLEMKE  
Name: Terrill Lemke  
E-Mail: tlemke@lanl.gov



Date/Time:

2018-07-12 17:23 (Time Zone: -05:00)

## DMR Copy of Record

### Permit

<b>Permit #:</b>	NMR053196	<b>Permittee:</b>	LOS ALAMOS NATIONAL LABORATORY	<b>Facility:</b>	LOS ALAMOS NATIONAL LABORATORY
<b>Major:</b>	No	<b>Permittee Address:</b>	PO Box 1663 Los Alamos, NM 87545	<b>Facility Location:</b>	PO BOX 1663 MS K490 LOS ALAMOS, NM 87545
<b>Permitted Feature:</b>	020 External Outfall	<b>Discharge:</b>	020-11 Fabricated Metal Products, except Coating		

### Report Dates & Status

<b>Monitoring Period:</b>	From 04/01/18 to 05/31/18	<b>DMR Due Date:</b>	07/31/18	<b>Status:</b>	NetDMR Validated
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### Considerations for Form Completion

### Principal Executive Officer

<b>First Name:</b>	William	<b>Title:</b>	Associate Director	<b>Telephone:</b>	505-667-4218
<b>Last Name:</b>	Mairson				

### No Data Indicator (NODI)

Form NODI: —

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading		Quality or Concentration				# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1			
01040	Copper, dissolved [as Cu]	1 - Effluent Gross	0	—	Sample Permit Req. Value NODI			<=	6 MAXIMUM		28 - ug/L	01/60 - Once Every 2 Months	GR - GRAB	
					Sample Permit Req. Value NODI				B - Below Detection Limit/No Detection					
01045	Iron, total [as Fe]	1 - Effluent Gross	0	—	Sample Permit Req. Value NODI			<=	1000 MAXIMUM		28 - ug/L	01/60 - Once Every 2 Months	GR - GRAB	
					Sample Permit Req. Value NODI				B - Below Detection Limit/No Detection					
X 01090	Zinc, dissolved [as Zn]	1 - Effluent Gross	0	—	Sample Permit Req. Value NODI			=	351		28 - ug/L	01/60 - Once Every 2 Months	GR - GRAB	
					Sample Permit Req. Value NODI			<=	76 MAXIMUM		28 - ug/L 1	01/60 - Once Every 2 Months	GR - GRAB	
					Sample Permit Req. Value NODI									
01104	Aluminum, total recoverable	1 - Effluent Gross	0	—	Sample Permit Req. Value NODI			<=	681 MAXIMUM		28 - ug/L	01/60 - Once Every 2 Months	GR - GRAB	
					Sample Permit Req. Value NODI				B - Below Detection Limit/No Detection					
51450	Nitrite Plus Nitrate Total	1 - Effluent Gross	0	—	Sample Permit Req. Value NODI			<=	0.68 MAXIMUM		19 - mgr/L	01/60 - Once Every 2 Months	GR - GRAB	
					Sample Permit Req. Value NODI				B - Below Detection Limit/No Detection					

### Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

### Edit Check Errors

Parameter		Monitoring Location	Field	Type	Description	Acknowledge
Code	Name					
01090	Zinc, dissolved [as Zn]	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	Yes

### Comments

LA-UR-18-26318. The average concentration of Zn is mathematically certain to exceed the benchmark value.

### Attachments

No attachments.

### Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User: leslie@lanl.gov  
 Name: Leslie Dale  
 E-Mail: leslie@lanl.gov  
 Date/Time: 2018-07-12 16:02 (Time Zone: -05:00)

### Report Last Signed By

User: TERRILLEMKE  
 Name: Terrill Lemke  
 E-Mail: tlemke@lanl.gov  
 Date/Time: 2018-07-12 17:23 (Time Zone: -05:00)

**Signature/Review/Coordination Sheet**

**This form is to accompany all documents requiring review, approval, or signature by the Laboratory Director or Designee.**

Today's Date 8/27/2018	Deadline Date 9/19/2018	Is this a response to an action item? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
From: Holly Wheeler Organization: EPC-CP		<input type="checkbox"/> Call for Pick-up Name: Joline Martinez Phone: 7-0666

**Title:** Identify document, briefly describing subject matter.  
 ESI11D-603051 (LA-UR-18-28316): National Pollutant Discharge Elimination System (NPDES) Permit Tracking No. NMR053195, Multi-Sector General Permit (MSGP) Industrial Discharge Monitoring Reports (MDMRs) for Second Quarter (June 1 - July 31, 2018) Monitoring. +

**Summary/Detail**  
 Per the 2015 Multi-Sector General Permit (Permit Tracking #NMR053195), LANL is required to monitor stormwater discharge from industrial sites at monitored outfalls quarterly (every two months between April and November) during the calendar year. Data from quarterly monitoring must be electronically submitted in EPA's electronic reporting system (NetDMR) 30 days after validated data is received. Attached are the MDMRs for second quarter monitoring (June 1 - July 31). These reports are due on September 19, 2018.

**ACTION requested of Laboratory Director or Designee:**  
 Other Action: Send pdf file to Adesh-records@lanl.gov

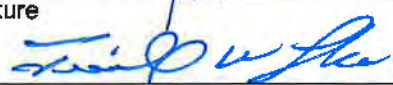
**PAD Endorsement**

Name (print)	Signature	Date
Craig S. Leasure, PADOPS	N/A	

**AD Endorsement**

Name (print)	Signature	Date
William R. Mairson, ADESH	N/A	

**Coordinated With** When signatures on the COORDINATED WITH 2 thru 5 are complete please return to Group Office Admin for further signature process.

1. Name (print) Enrique Torres, EPC-DO	Signature N/A	Date
2. Name (print) Taunia S. Van Valkenburg, EPC-CP	Signature N/A	Date
3. Name (print) Terrill W. Lemke, EPC-CP	Signature 	Date 10/5/18
4. Name (print) Holly L. Wheeler, EPC-CP	Signature 	Date 9/7/2018
5. Name (print)	Signature	Date

Please ensure appropriate PAD/AD/Division coordination and review prior to submittal to the Director's Office.

# 2018Q2MSGPData

Permit\_id,permitted\_feature\_id,limit\_set\_txt,mped\_txt,form\_nodi\_cd,parameter\_cd,monitoring\_location\_cd,season\_num,quant\_1\_nodi\_cd,quant\_1\_qualifier\_txt,quant\_1\_sample\_num,quant\_1\_effluent\_num,quant\_2\_nodi\_cd,quant\_2\_qualifier\_txt,quant\_2\_sample\_num,quant\_2\_effluent\_num,quant\_uom\_cd,conc\_1\_nodi\_cd,conc\_1\_qualifier\_txt,conc\_1\_sample\_num,conc\_1\_effluent\_num,conc\_2\_nodi\_cd,conc\_2\_qualifier\_txt,conc\_2\_sample\_num,conc\_2\_effluent\_num,conc\_3\_nodi\_cd,conc\_3\_qualifier\_txt,conc\_3\_sample\_num,conc\_3\_effluent\_num,conc\_uom\_cd,excursions\_num,freq\_analysis\_cd,sample\_type\_cd,param\_nodi\_cd,comment\_txt

NMR053195,002,11,2018-07-31,,01090,1,0,,,,,,,,,,,,,,,,,285.0,,28,1,01/60,GR,,LA-UR-18-28316. The average concentration of Zn is mathematically certain to exceed the benchmark value.

NMR053195,002,11,2018-07-31,,51450,1,0,,,,,,,,,,,,,,,,,19,,01/60,GR,B,

NMR053195,005,01,2018-07-31,,01045,1,0,,,,,,,,,,,,,,,,,171.0,,28,0,01/60,GR,,LA-UR-18-28316

NMR053195,009,01,2018-07-31,,01045,1,0,,,,,,,,,,,,,,,,,1800.0,,28,1,01/60,GR,,LA-UR-18-28316

NMR053195,012,01,2018-07-31,,01045,1,0,,,,,,,,,,,,,,,,,804.0,,28,0,01/60,GR,,LA-UR-18-28316

NMR053195,020,11,2018-07-31,,01040,1,0,,,,,,,,,,,,,,,,,28,,01/60,GR,B,LA-UR-18-28316

NMR053195,020,11,2018-07-31,,01045,1,0,,,,,,,,,,,,,,,,,28,,01/60,GR,B,

NMR053195,020,11,2018-07-31,,01090,1,0,,,,,,,,,,,,,,,,,161.0,,28,1,01/60,GR,,

NMR053195,020,11,2018-07-31,,01104,1,0,,,,,,,,,,,,,,,,,28,,01/60,GR,B,

NMR053195,020,11,2018-07-31,,51450,1,0,,,,,,,,,,,,,,,,,19,,01/60,GR,B,

NMR053195,073,A4,2018-07-31,,00530,1,0,,,,,,,,,,,,,,,,,188.0,,19,1,01/60,GR,,LA-UR-18-28316

NMR053195,073,A4,2018-07-31,,81017,1,0,,,,,,,,,,,,,,,,,19,,01/60,GR,F,

<b>Permit</b>		<b>Permittee:</b>		<b>Facility:</b>	
<b>Permit #:</b>	NMR053195	<b>Permittee Address:</b>	LOS ALAMOS NATIONAL LABORATORY	<b>Facility Location:</b>	LOS ALAMOS NATIONAL LABORATORY
<b>Major:</b>	No		PO Box 1663 Los Alamos, NM 87545		PO BOX 1663 LOS ALAMOS, NM 87545
<b>Permitted Feature:</b>	002 External Outfall	<b>Discharge:</b>	002-11 Fabricated Metal Products, except Coating		
<b>Report Dates &amp; Status</b>					
<b>Monitoring Period:</b>	From 06/01/18 to 07/31/18	<b>DMR Due Date:</b>	09/30/18	<b>Status:</b>	NetDMR Validated
<b>Considerations for Form Completion</b>					

First Name:	Title:	Telephone:
Last Name:		
No Data Indicator (NODI)		
Form NODI:		

Parameter		Monitoring Location	Season	#	Param. NOD#	Quantity or Loading		Quality or Concentration				# of Ex.	Frequency of Analysis	Sample Type	
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1				Value 1
X	01045 Iron, total [as Fe]	1 - Effluent Gross	0	--	Sample Permit Req. Value NOD#			=	1330			28 - ug/L		01/60 - Once Every 2 Months	GR - GRAB
								<=	1000 MAXIMUM			28 - ug/L	1	01/60 - Once Every 2 Months	GR - GRAB
X	01090 Zinc, dissolved [as Zn]	1 - Effluent Gross	0	--	Sample Permit Req. Value NOD#			=	285			28 - ug/L		01/60 - Once Every 2 Months	GR - GRAB
								<=	76 MAXIMUM			28 - ug/L	1	01/60 - Once Every 2 Months	GR - GRAB
X	01104 Aluminum, total recoverable	1 - Effluent Gross	0	--	Sample Permit Req. Value NOD#			=	1550			28 - ug/L		01/60 - Once Every 2 Months	GR - GRAB
								<=	681 MAXIMUM			28 - ug/L	1	01/60 - Once Every 2 Months	GR - GRAB
51450	Nitrite Plus Nitrate Total	1 - Effluent Gross	0	--	Sample Permit Req. Value NOD#			<=	0.68 MAXIMUM			19 - mg/L		01/60 - Once Every 2 Months	GR - GRAB
									B - Below Detection Limit/No Detection						

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Parameter		Monitoring Location	Field	Type	Description	Acknowledge
Code	Name					
01045	Iron, total [as Fe]	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	Yes
01090	Zinc, dissolved [as Zn]	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	Yes
01104	Aluminum, total recoverable	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	Yes

LA-UR-18-28316. The average concentration of Zn is mathematically certain to exceed the benchmark value.

No attachments.

## LOS ALAMOS NATIONAL LABORATORY

User:	leslie@lanl.gov
Name:	Leslie Dale
E-Mail:	leslie@lanl.gov
Date/Time:	2018-09-13 14:34 (Time Zone: -05:00)

<b>Report Last Signed By</b>	
User:	saladen@lanl.gov
Name:	Michael Saladen
E-Mail:	saladen@lanl.gov
Date/Time:	2018-09-13 14:52 (Time Zone: -05:00)



## Permit

**Permittee:** LOS ALAMOS NATIONAL LABORATORY  
**Permittee Address:** PO Box 1663  
Los Alamos, NM 87545

**Discharge:** 005-O1  
Steam Electric Generating Facilities

**Status:** NetDMR Validated

**Title:**

**Telephone:**

## Form NODI: \_\_\_\_\_

Form NODI: \_\_\_\_\_

### Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

[Edit Check Errors](#)

No errors.

### Comments

LA-UR-18-28316

### Attachments

No attachments.

## Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User: leslie@lanl.gov

Name: Leslie Dale

E-Mail: [leslie@lanl.gov](mailto:leslie@lanl.gov)

Date/Time: 2018-08-30 15:10 (Time Zone: -05:00)

## Report Last Signed By

User: TERRILLEMKE

Name: Terrill Lemke

E-Mail: [tlemke@lanl.gov](mailto:tlemke@lanl.gov)

Date/Time: 2018-08-30 16:18 (Time Zone: -05:00)

## DMR Copy of Record

### Permit

**Permit #:** NMR053195  
**Major:** No  
**Permittee:** LOS ALAMOS NATIONAL LABORATORY  
**Permittee Address:** PO Box 1663  
Los Alamos, NM 87545  
**Facility:** LOS ALAMOS NATIONAL LABORATORY  
**Facility Location:** PO BOX 1663  
MS K490  
LOS ALAMOS, NM 87545

**Permitted Feature:** 009  
External Outfall  
**Discharge:** 009-01  
Steam Electric Generating Facilities

### Report Dates & Status

**Monitoring Period:** From 06/01/18 to 07/31/18  
**DMR Due Date:** 09/30/18  
**Status:** NetDMR Validated

### Considerations for Form Completion

### Principal Executive Officer

**First Name:**  
**Last Name:**  
**Title:**  
**Telephone:**

### No Data Indicator (NODI)

**Form NODI:** --

Parameter Code	Name	Monitoring Location	Season #	Param. NODI	Sample Permit Req. Value NODI	Quantity or Loading			Quality or Concentration				# of Ex.	Frequency of Analysis	Sample Type		
						Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1				Qualifier 2	Value 2
X 01045	Iron, total [as Fe]	1 - Effluent Gross	0	--								1800	28 - ug/L		01/60 - Once Every 2 Months	GR - GRAB	
												<=	1000 MAXIMUM	28 - ug/L	1	01/60 - Once Every 2 Months	GR - GRAB

### Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

### Edit Check Errors

Parameter		Monitoring Location	Field	Type	Description	Acknowledge
Code	Name					
01045	Iron, total [as Fe]	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	Yes

### Comments

LA-UR-18-28316

### Attachments

No attachments.

### Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

**User:** leslie@lanl.gov  
**Name:** Leslie Dale  
**E-Mail:** leslie@lanl.gov  
**Date/Time:** 2018-08-30 15:10 (Time Zone: -05:00)

### Report Last Signed By

**User:** TERRILLEMKE  
**Name:** Terrill Lemke  
**E-Mail:** llemke@lanl.gov  
**Date/Time:** 2018-08-30 16:18 (Time Zone: -05:00)



## DMR Copy of Record

### Permit

<b>Permit #:</b>	<b>NMR053195</b>	<b>Permittee:</b>	LOS ALAMOS NATIONAL LABORATORY	<b>Facility:</b>	LOS ALAMOS NATIONAL LABORATORY
<b>Major:</b>	No	<b>Permittee Address:</b>	PO Box 1663 Los Alamos, NM 87545	<b>Facility Location:</b>	PO BOX 1663 MS K490 LOS ALAMOS, NM 87545

<b>Permitted Feature:</b>	012 External Outfall	<b>Discharge:</b>	<b>012-01</b> Steam Electric Generating Facilities
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### Report Dates & Status

<b>Monitoring Period:</b>	From 06/01/18 to 07/31/18	<b>DMR Due Date:</b>	09/30/18	<b>Status:</b>	NetDMR Validated
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### Considerations for Form Completion

### Principal Executive Officer

<b>First Name:</b>	-	<b>Title:</b>		<b>Telephone:</b>	
--------------------	---	---------------	--	-------------------	--

**Last Name:**

**No Data Indicator (NODI)**

**Form NODI:** --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading			Quality or Concentration					# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2			
01045	Iron, total [as Fe]	1 - Effluent Gross	0	-	Sample Permit Req. Value NODI								804	28 - ug/L	01/60 - Once Every 2 Months	GR - GRAB
														<=	1000 MAXIMUM	28 - ug/L

### Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

### Edit Check Errors

No errors.

### Comments

LA-UR-18-28316

### Attachments

No attachments.

### Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

<b>User:</b>	leslie@lanl.gov
<b>Name:</b>	Leslie Dale
<b>E-Mail:</b>	leslie@lanl.gov
<b>Date/Time:</b>	2018-08-30 15:10 (Time Zone: -05:00)

### Report Last Signed By

<b>User:</b>	TERRILLEMKE
<b>Name:</b>	Terrill Lemke
<b>E-Mail:</b>	tlemke@lanl.gov
<b>Date/Time:</b>	2018-08-30 16:18 (Time Zone: -05:00)

## DMR Copy of Record

### Permit

Permit #: NMR053195  
Major: No

Permittee: LOS ALAMOS NATIONAL LABORATORY  
Permittee Address: PO Box 1663  
Los Alamos, NM 87545

Facility: LOS ALAMOS NATIONAL LABORATORY  
Facility Location: PO BOX 1663  
MS K490  
LOS ALAMOS, NM 87545

Permitted Feature: 020  
External Outfall

Discharge: 020-11  
Fabricated Metal Products, except Coating

### Report Dates & Status

Monitoring Period: From 06/01/18 to 07/31/18

DMR Due Date: 09/30/18

Status: NetDMR Validated

### Considerations for Form Completion

### Principal Executive Officer

First Name:

Title:

Telephone:

Last Name:

No Data Indicator (NODI)

Form NODI:

Code	Parameter	Monitoring Location	Season #	Param. NODI	Sample Permit Req. Value NODI Sample	Quantity or Loading			Quality or Concentration				# of Ex.	Frequency of Analysis	Sample Type
	Qualifier 1					Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2			
01040	Copper, dissolved [as Cu]	1 - Effluent Gross	0	--	Sample Permit Req. Value NODI Sample						<=	6 MAXIMUM	28 - ug/L	01/60 - Once Every 2 Months	GR - GRAB
												B - Below Detection Limit/No Detection			
01045	Iron, total [as Fe]	1 - Effluent Gross	0	--	Sample Permit Req. Value NODI Sample						<=	1000 MAXIMUM	28 - ug/L	01/60 - Once Every 2 Months	GR - GRAB
												B - Below Detection Limit/No Detection			
X 01090	Zinc, dissolved [as Zn]	1 - Effluent Gross	0	--	Sample Permit Req. Value NODI Sample						<=	161	28 - ug/L	01/60 - Once Every 2 Months	GR - GRAB
												<=	76 MAXIMUM	28 - ug/L	1
01104	Aluminum, total recoverable	1 - Effluent Gross	0	--	Sample Permit Req. Value NODI Sample						<=	681 MAXIMUM	26 - ug/L	01/60 - Once Every 2 Months	GR - GRAB
												B - Below Detection Limit/No Detection			
51450	Nitrite Plus Nitrate Total	1 - Effluent Gross	0	--	Sample Permit Req. Value NODI Sample						<=	0.68 MAXIMUM	19 - mg/L	01/60 - Once Every 2 Months	GR - GRAB
												B - Below Detection Limit/No Detection			

### Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

### Edit Check Errors

Parameter		Monitoring Location	Field	Type	Description	Acknowledge
Code	Name					
01090	Zinc, dissolved [as Zn]	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	Yes

### Comments

LA-UR-18-28316

### Attachments

No attachments.

### Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User: leslie@lanl.gov  
Name: Leslie Dale  
E-Mail: leslie@lanl.gov  
Date/Time: 2018-08-30 15:10 (Time Zone: -05:00)

### Report Last Signed By

User: TERRILLEMKE  
Name: Terrill Lemke  
E-Mail: tlemke@lanl.gov  
Date/Time: 2018-08-30 16:18 (Time Zone: -05:00)

## DMR Copy of Record

### Permit

Permit #: NMR053195  
Major: No

Permittee: LOS ALAMOS NATIONAL LABORATORY  
Permittee Address: PO Box 1663  
Los Alamos, NM 87545

Facility: LOS ALAMOS NATIONAL LABORATORY  
Facility Location: PO BOX 1663  
MS K490  
LOS ALAMOS, NM 87545

Permitted Feature: 073  
External Outfall

Discharge: 073-A4  
Hardwood Dimension and Flooring Mills?

### Report Dates & Status

Monitoring Period: From 06/01/18 to 07/31/18

DMR Due Date: 09/30/18

Status: NetDMR Validated

### Considerations for Form Completion

### Principal Executive Officer

First Name: Title:

Last Name: Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading		Quality or Concentration				# of Ex.	Frequency of Analysis	Sample Type		
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1				Value 1	Qualifier 2
X00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample								188	19 - mg/L	01/60 - Once Every 2 Months	GR - GRAB
					Permit Req. Value NODI											19 - mg/L
81017	Chemical Oxygen Demand [COD]	1 - Effluent Gross	0	--	Sample											
					Permit Req. Value NODI											

### Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

### Edit Check Errors

Parameter		Monitoring Location	Field	Type	Description	Acknowledge
Code	Name					
00530	Solids, total suspended	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	Yes

### Comments

LA-UR-18-28318

### Attachments

No attachments.

### Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User: leslie@lanl.gov  
Name: Leslie Dale  
E-Mail: leslie@lanl.gov  
Date/Time: 2018-08-30 15:10 (Time Zone: -05:00)

### Report Last Signed By

User: TERRILLEMKE  
Name: Terrill Lemke  
E-Mail: tlemke@lanl.gov  
Date/Time: 2018-08-30 16:18 (Time Zone: -05:00)

**Signature/Review/Coordination Sheet**

**This form is to accompany all documents requiring review, approval, or signature by the Laboratory Director or Designee.**

Today's Date 11/02/2018	Deadline Date N/A	Is this a response to an action item? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
From: Holly Wheeler Organization: EPC-CP		<input type="checkbox"/> Call for Pick-up Name: Joline Martinez Phone: 7-0666

**Title:** Identify document, briefly describing subject matter.

ESHID-603054 (LA-UR-18-29971): National Pollutant Discharge Elimination System (NPDES) Permit Tracking No. NMR053195, Multi-Sector General Permit (MSGP) Industrial Discharge Monitoring Reports (MDMRs) for Third Quarter (August 1 - September 30, 2018) Monitoring.

**Summary/Detail**

Per the 2015 Multi-Sector General Permit (Permit Tracking #NMR053195), LANL is required to monitor stormwater discharge from industrial sites at monitored outfalls quarterly (every two months between April and November) during the calendar year. Data from quarterly monitoring must be electronically submitted in EPA's electronic reporting system (NetDMR) by October 30, 2018. Attached is the MDMR for third quarter monitoring (August 1 - September 3).


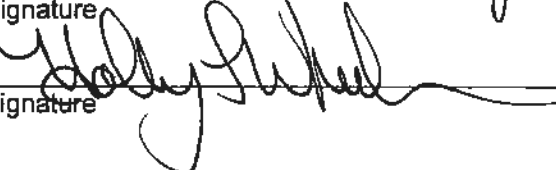
**ACTION requested of Laboratory Director or Designee:**

Other Action: Send pdf file to Adesh-records@lanl.gov

**ALD Endorsement**

Name (print)	Signature	Date
Michael Hazen, ALDESHQSS	N/A	

**Coordinated With** When signatures on the COORDINATED WITH 2 thru 5 are complete please return to Group Office Admin for further signature process.

1. Name (print)	Signature	Date
Enrique Torres, EPC-DO	N/A	
2. Name (print)	Signature	Date
Taunia S. Van Valkenburg, EPC-CP	N/A	
3. Name (print)	Signature	Date
Terrill W. Lemke, EPC-CP		11/2/18
4. Name (print)	Signature	Date
Holly L. Wheeler, EPC-CP		11/2/2018
5. Name (print)	Signature	Date

Please ensure appropriate PAD/D/Division coordination and review prior to submittal to the Director's Office.

Permit\_id,permitted\_feature\_id,limit\_set\_txt,mped\_txt,form\_nodi\_cd,parameter\_cd,monitoring\_location\_cd,season\_num,quant\_1\_nodi\_cd,quant\_1\_qualifier\_txt,quant\_1\_sample\_num,quant\_1\_effluent\_num,quant\_2\_nodi\_cd,quant\_2\_qualifier\_txt,quant\_2\_sample\_num,quant\_2\_effluent\_num,quant\_uom\_cd,conc\_1\_nodi\_cd,conc\_1\_qualifier\_txt,conc\_1\_sample\_num,conc\_1\_effluent\_num,conc\_2\_nodi\_cd,conc\_2\_qualifier\_txt,conc\_2\_sample\_num,conc\_2\_effluent\_num,conc\_3\_nodi\_cd,conc\_3\_qualifier\_txt,conc\_3\_sample\_num,conc\_3\_effluent\_num,conc\_uom\_cd,excursions\_num,freq\_analysis\_cd,sample\_type\_cd,param\_nodi\_cd,comment\_txt

NMR053195,002,11,2018-09-30,,01045,1,0,,,,,,,,,,,,,212.0,,28,0,01/60,GR,,LA-UR-18-29971.

NMR053195,002,11,2018-09-30,,01090,1,0,,,,,,,,,,,,,78.0,,28,1,01/60,GR,,

NMR053195,002,11,2018-09-30,,01104,1,0,,,,,,,,,,,,,243.0,,28,0,01/60,GR,,

NMR053195,002,11,2018-09-30,,51450,1,0,,,,,,,,,,,,,19,,01/60,GR,B,

NMR053195,005,O1,2018-09-30,,01045,1,0,,,,,,,,,,,,,367.0,,28,0,01/60,GR,,LA-UR-18-29971.

NMR053195,009,O1,2018-09-30,,01045,1,0,,,,,,,,,,,,,365.0,,28,0,01/60,GR,,LA-UR-18-29971.

NMR053195,012,O1,2018-09-30,,01045,1,0,,,,,,,,,,,,,616.0,,28,0,01/60,GR,,LA-UR-18-29971. The average of four monitoring values for Fe does not exceed the benchmark value therefore quarterly monitoring will be discontinued per Part 6.2.1.2.

NMR053195,020,11,2018-09-30,,01040,1,0,,,,,,,,,,,,,28,,01/60,GR,B,LA-UR-18-29971. The average concentration of Zn is mathematically certain to exceed the benchmark value.

NMR053195,020,11,2018-09-30,,01045,1,0,,,,,,,,,,,,,28,,01/60,GR,B,

NMR053195,020,11,2018-09-30,,01090,1,0,,,,,,,,,,,,,203.0,,28,1,01/60,GR,,

NMR053195,020,11,2018-09-30,,01104,1,0,,,,,,,,,,,,,28,,01/60,GR,B,

NMR053195,020,11,2018-09-30,,51450,1,0,,,,,,,,,,,,,19,,01/60,GR,B,

NMR053195,073,A4,2018-09-30,,00530,1,0,,,,,,,,,,,,,174.0,,19,1,01/60,GR,,LA-UR-18-29971.

NMR053195,073,A4,2018-09-30,,81017,1,0,,,,,,,,,,,,,202.0,,19,1,01/60,GR,,



DMR Copy of Record

Permit

Permit #:NMR053195

Major:No

Permittee:LOS ALAMOS NATIONAL LABORATORY

Permittee Address:PO Box 1663  
Los Alamos, NM 87545

Facility:LOS ALAMOS NATIONAL LABORATORY

Facility Location:PO BOX 1663  
MS K490  
LOS ALAMOS, NM 87545

Permitted Feature:002  
External Outfall

Discharge:002-11  
Fabricated Metal Products, except Coating

Report Dates & Status

Monitoring Period:From 08/01/18 to 09/30/18

DMR Due Date:11/30/18

Status:NetDMR Validated

Considerations for Form Completion

Principal Executive Officer

First Name:

Title:

Telephone:

Last Name:

No Data Indicator (NODI)

Form NODI:

Code	Parameter	Monitoring Location	Season #	Param. MODI		Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
01045	Iron, total [as Fe]	1 - Effluent Gross	0	--	Sample						212	28 - ug/L	01/60 - Once Every 2 Months	GR - GRAB
					Permit Req. Value NODI						<= 1000 MAXIMUM			
					Value NODI									
X 01090	Zinc, dissolved [as Zn]	1 - Effluent Gross	0	--	Sample						78	28 - ug/L	01/60 - Once Every 2 Months	GR - GRAB
					Permit Req. Value NODI						<= 76 MAXIMUM			
					Value NODI									
01104	Aluminum, total recoverable	1 - Effluent Gross	0	--	Sample						243	28 - ug/L	01/60 - Once Every 2 Months	GR - GRAB
					Permit Req. Value NODI						<= 681 MAXIMUM			
					Value NODI									
51450	Nitrite Plus Nitrate Total	1 - Effluent Gross	0	--	Sample							19 - mg/L	01/60 - Once Every 2 Months	GR - GRAB
					Permit Req. Value NODI						<= 0.68 MAXIMUM			
					Value NODI									

**Submission Note**  
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

**Edit Check Errors**

Parameter		Monitoring Location	Field	Type	Description	Acknowledge
Code	Name					
01090	Zinc, dissolved [as Zn]	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	Yes

**Comments**  
LA-UR-18-29971.

**Attachments**  
No attachments.

**Report Last Saved By**  
LOS ALAMOS NATIONAL LABORATORY

User:leslie@lanl.gov

Name:Leslie Dale

E-Mail:leslie@lanl.gov

Date/Time:2018-10-22 12:50 (Time Zone: -05:00)

**Report Last Signed By**

User:TERRILLEMKE

Name:Terrill Lemke

E-Mail:tlemke@lanl.gov

Date/Time:2018-10-22 12:53 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	NMR053195	Permittee:	LOS ALAMOS NATIONAL LABORATORY	Facility:	LOS ALAMOS NATIONAL LABORATORY
Major:	No	Permittee Address:	PO Box 1663 Los Alamos, NM 87545	Facility Location:	PO BOX 1663 MS K490 LOS ALAMOS, NM 87545
Permitted Feature:	005 External Outfall	Discharge:	005-01 Steam Electric Generating Facilities		

Report Dates & Status

Monitoring Period:	From 08/01/18 to 09/30/18	DMR Due Date:	11/30/18	Status:	NetDMR Validated
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Considerations for Form Completion

Principal Executive Officer

First Name:	Title:	Telephone:
Last Name:		

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration					# of Ex.	Frequency of Analysis	Sample Type					
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3				Value 3	Units			
					Sample Permit Req. Value NODI													367	28 - ug/L	01/60 - Once Every 2 Months	GR - GRAB		
01045 Iron, total [as Fe] 1 - Effluent Gross 0 --																		<=	1000 MAXIMUM	28 - ug/L	0	01/60 - Once Every 2 Months	GR - GRAB

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

LA-UR-18-29971.

Attachments

No attachments.

Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User:	leslie@lanl.gov
Name:	Leslie Dale
E-Mail:	leslie@lanl.gov
Date/Time:	2018-10-22 12:50 (Time Zone: -05:00)

Report Last Signed By

User:	TERRILLEMKE
Name:	Terrill Lemke
E-Mail:	tlemke@lanl.gov
Date/Time:	2018-10-22 12:53 (Time Zone: -05:00)



DMR Copy of Record

Permit

Permit #:	NMR053195	Permittee:	LOS ALAMOS NATIONAL LABORATORY	Facility:	LOS ALAMOS NATIONAL LABORATORY
Major:	No	Permittee Address:	PO Box 1663 Los Alamos, NM 87545	Facility Location:	PO BOX 1663 MS K490 LOS ALAMOS, NM 87545
Permitted Feature:	009 External Outfall	Discharge:	009-01 Steam Electric Generating Facilities		

Report Dates & Status

Monitoring Period:	From 08/01/18 to 09/30/18	DMR Due Date:	11/30/18	Status:	NetDMR Validated
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Considerations for Form Completion

Principal Executive Officer

First Name:	Title:	Telephone:
Last Name:		

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading			Quality or Concentration					# of Ex.	Frequency of Analysis	Sample Type	
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2				Value 2
					Sample Permit Req. Value NODI												
01045 Iron, total [as Fe]		1 - Effluent Gross	0	-									365	28 - ug/L	01/60 - Once Every 2 Months	GR - GRAB	
												<=	1000 MAXIMUM	28 - ug/L	0	01/60 - Once Every 2 Months	GR - GRAB

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

LA-UR-18-29971.

Attachments

No attachments.

Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User:	leslie@lanl.gov
Name:	Leslie Date
E-Mail:	leslie@lanl.gov
Date/Time:	2018-10-22 12:50 (Time Zone: -05:00)

Report Last Signed By

User:	TERRILLEMKE
Name:	Terrill Lemke
E-Mail:	tiemke@lanl.gov
Date/Time:	2018-10-22 12:53 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	NMR053195	Permittee:	LOS ALAMOS NATIONAL LABORATORY	Facility:	LOS ALAMOS NATIONAL LABORATORY
Major:	No	Permittee Address:	PO Box 1663 Los Alamos, NM 87545	Facility Location:	PO BOX 1663 MS K490 LOS ALAMOS, NM 87545
Permitted Feature:	012 External Outfall	Discharge:	012-01 Steam Electric Generating Facilities		

Report Dates & Status

Monitoring Period:	From 08/01/18 to 09/30/18	DMR Due Date:	11/30/18	Status:	NetDMR Validated
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Considerations for Form Completion

Principal Executive Officer

First Name:	Title:	Telephone:
Last Name:		

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading			Quality or Concentration					# of Ex.	Frequency of Analysis	Sample Type	
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2				Value 2
					Sample Permit Req. Value NODI												
01045	Iron, total [as Fe]	1 - Effluent Gross	0	—								616	28 - ug/L	01/60 - Once Every 2 Months	GR - GRAB		
												<=	1000 MAXIMUM	28 - ug/L	01/60 - Once Every 2 Months	GR - GRAB	

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

LA-UR-18-29971. The average of four monitoring values for Fe does not exceed the benchmark value therefore quarterly monitoring will be discontinued per Part 6.2.1.2.

Attachments

No attachments.

Report Last Saved By

LDS ALAMOS NATIONAL LABORATORY

User:	leslie@lanl.gov
Name:	Leslie Dale
E-Mail:	leslie@lanl.gov
Date/Time:	2018-10-22 12:50 (Time Zone: -05:00)

Report Last Signed By

User:	TERRILLEMKE
Name:	Terrill Lemke
E-Mail:	tlemke@lanl.gov
Date/Time:	2018-10-22 12:53 (Time Zone: -05:00)

## DMR Copy of Record

### Permit

Permit #:	NMR053195	Permittee:	LOS ALAMOS NATIONAL LABORATORY	Facility:	LOS ALAMOS NATIONAL LABORATORY
Major:	No	Permittee Address:	PO Box 1663 Los Alamos, NM 87545	Facility Location:	PO BOX 1663 MS K490 LOS ALAMOS, NM 87545
Permitted Feature:	020 External Outfall	Discharge:	020-11 Fabricated Metal Products, except Coating		
Report Dates & Status					
Monitoring Period:	From 08/01/18 to 09/30/18	DMR Due Date:	11/30/18	Status:	NetDMR Validated
Considerations for Form Completion					

### Principal Executive Officer

First Name:	Title:	Telephone:
Last Name:		

### No Data Indicator (NODI)

Form NODI:

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading			Quality or Concentration				# of Ex.	Frequency of Analysis	Sample Type	
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1				Qualifier 2
01040	Copper, dissolved [as Cu]	1 - Effluent Gross	0	--	Sample Permit Req. Value NODI											
					Sample Permit Req. Value NODI											
01045	Iron, total [as Fe]	1 - Effluent Gross	0	--	Sample Permit Req. Value NODI											
					Sample Permit Req. Value NODI											
X 01090	Zinc, dissolved [as Zn]	1 - Effluent Gross	0	--	Sample Permit Req. Value NODI											
					Sample Permit Req. Value NODI											
01104	Aluminum, total recoverable	1 - Effluent Gross	0	--	Sample Permit Req. Value NODI											
					Sample Permit Req. Value NODI											
51450	Nitrite Plus Nitrate Total	1 - Effluent Gross	0	--	Sample Permit Req. Value NODI											
					Sample Permit Req. Value NODI											

### Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

### Edit Check Errors

Parameter		Monitoring Location	Field	Type	Description	Acknowledge
Code	Name					
01090	Zinc, dissolved [as Zn]	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	Yes

### Comments

LA-UR-18-29971. The average concentration of Zn is mathematically certain to exceed the benchmark value.

### Attachments

No attachments.

### Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User: leslie@lanl.gov  
Name: Leslie Dale  
E-Mail: leslie@lanl.gov  
Date/Time: 2018-10-22 12:50 (Time Zone: -05:00)

### Report Last Signed By

User: TERRILLEMKE  
Name: Terill Lemke  
E-Mail: tlemke@lanl.gov  
Date/Time: 2018-10-22 12:53 (Time Zone: -05:00)



DMR Copy of Record

Permit  
Permit #: NMR053195  
Major: No

Permittee:  
Permittee Address: PO Box 1663  
Los Alamos, NM 87545

Facility:  
Facility Location: PO BOX 1663  
MS K490  
LOS ALAMOS, NM 87545

Permitted Feature:  
073  
External Outfall

Discharge:  
073-A4  
Hardwood Dimension and Flooring Mills?

Report Dates & Status  
Monitoring Period: From 08/01/18 to 09/30/18

DMR Due Date: 11/30/18

Status: NetDMR Validated

Considerations for Form Completion

Principal Executive Officer  
First Name:  
Last Name:

Title:

Telephone:

No Data Indicator (NODI)  
Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading			Quality or Concentration					# of Ex.	Frequency of Analysis	Sample Type	
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2				Value 2
X 00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample Permit Req. Value NODI							174	19 - mg/L		01/60 - Once Every 2 Months	GR - GRAB	
												<=	100 MAXIMUM	19 - mg/L	1	01/60 - Once Every 2 Months	GR - GRAB
X 81017	Chemical Oxygen Demand [COD]	1 - Effluent Gross	0	--	Sample Permit Req. Value NODI							202	19 - mg/L		01/60 - Once Every 2 Months	GR - GRAB	
												<=	120 MAXIMUM	19 - mg/L	1	01/60 - Once Every 2 Months	GR - GRAB

Submission Note  
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.  
Edit Check Errors

Parameter		Monitoring Location	Field	Type	Description	Acknowledge
Code	Name					
81017	Chemical Oxygen Demand [COD]	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	Yes
00530	Solids, total suspended	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	Yes

Comments  
LA-UR-18-29971.

Attachments  
No attachments.

Report Last Saved By  
LOS ALAMOS NATIONAL LABORATORY  
User: leslie@lanl.gov  
Name: Leslie Dale  
E-Mail: leslie@lanl.gov  
Date/Time: 2018-10-22 12:50 (Time Zone: -05:00)

Report Last Signed By  
User: TERRILLEMKE  
Name: Terill Lemke  
E-Mail: tlemke@lanl.gov  
Date/Time: 2018-10-22 12:53 (Time Zone: -05:00)

**Signature/Review/Coordination Sheet**

**This form is to accompany all documents requiring review, approval, or signature by the Laboratory Director or Designee.**

Today's Date 11/02/2018	Deadline Date N/A	Is this a response to an action item? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
From: Holly Wheeler Organization: EPC-CP		<input type="checkbox"/> Call for Pick-up Name: Joline Martinez Phone: 7-0666

**Title:** Identify document, briefly describing subject matter.

ESHID-603052 (LA-UR-18-29972): National Pollutant Discharge Elimination System (NPDES) Permit Tracking No. NMR053195, Multi-Sector General Permit (MSGP) Industrial Discharge Monitoring Reports (MDMRs) for 2018 Annual Monitoring.

**Summary/Detail:**

Per the 2015 Multi-Sector General Permit (Permit Tracking #NMR053195), LANL is required to report results for parameters monitored annually. The results must be submitted to EPA in the MSGP NetDMR database. Attached are the MDMRs transmitting all 2018 impaired waters monitoring data.

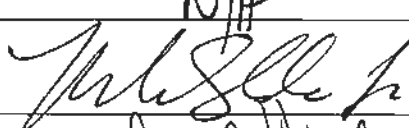
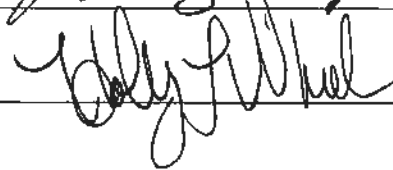
**ACTION requested of Laboratory Director or Designee:**

Other Action: Send pdf file to Adesh-records@lanl.gov

**ALD Endorsement**

Name (print)	Signature	Date
Michael Hazen, ALDESHQSS	N/A	

**Coordinated With** When signatures on the COORDINATED WITH 2 thru 5 are complete please return to Group Office Admin for further signature process.

1. Name (print)	Signature	Date
Enrique Torres, EPC-DO	N/A	
2. Name (print)	Signature	Date
Taunia S. Van Valkenburg, EPC-CP	N/A	
3. Name (print)	Signature	Date
Terrill W. Lemke, EPC-CP		11/2/18
4. Name (print)	Signature	Date
Holly L. Wheeler, EPC-CP		11/02/2018
5. Name (print)	Signature	Date

Please ensure appropriate PAD/AD/Division coordination and review prior to submittal to the Director's Office.

Permit\_id,permitted\_feature\_id,limit\_set\_txt,mped\_txt,form\_nodi\_cd,parameter\_cd,monitoring\_location\_cd,season\_num,quant\_1\_nodi\_cd,quant\_1\_qualifier\_txt,quant\_1\_sample\_num,quant\_1\_effluent\_num,quant\_2\_nodi\_cd,quant\_2\_qualifier\_txt,quant\_2\_sample\_num,quant\_2\_effluent\_num,quant\_uom\_cd,conc\_1\_nodi\_cd,conc\_1\_qualifier\_txt,conc\_1\_sample\_num,conc\_1\_effluent\_num,conc\_2\_nodi\_cd,conc\_2\_qualifier\_txt,conc\_2\_sample\_num,conc\_2\_effluent\_num,conc\_3\_nodi\_cd,conc\_3\_qualifier\_txt,conc\_3\_sample\_num,conc\_3\_effluent\_num,conc\_uom\_cd,excursions\_num,freq\_analysis\_cd,sample\_type\_cd,param\_nodi\_cd,comment\_txt  
 NMR053195,002,IW,2018-11-30,,01040,1,0,,,,,,,,,,,,,40.0,,28,1,01/YR,GR,,LA-UR-18-29972. The impaired water pollutants Cu and Al exceeded the New Mexico Water Quality Standard.  
 NMR053195,002,IW,2018-11-30,,01057,1,0,,,,,,,,,,,,,28,,01/YR,GR,B,  
 NMR053195,002,IW,2018-11-30,,01104,1,0,,,,,,,,,,,,,1550.0,,28,1,01/YR,GR,,  
 NMR053195,002,IW,2018-11-30,,39516,1,0,,,,,,,,,,,,,28,,01/YR,GR,B,  
 NMR053195,002,IW,2018-11-30,,51931,1,0,,,,,,,,,,,,,8.05,,17,0,01/YR,GR,,  
 NMR053195,005,IW,2018-11-30,,01040,1,0,,,,,,,,,,,,,37.8,,28,1,01/YR,GR,,LA-UR-18-29972. The impaired water pollutants Cu and Al and Adjusted Gross Alpha exceeded the New Mexico Water Quality Standard.  
 NMR053195,005,IW,2018-11-30,,01057,1,0,,,,,,,,,,,,,28,,01/YR,GR,B,  
 NMR053195,005,IW,2018-11-30,,01104,1,0,,,,,,,,,,,,,3280.0,,28,1,01/YR,GR,,  
 NMR053195,005,IW,2018-11-30,,39516,1,0,,,,,,,,,,,,,28,,01/YR,GR,B,  
 NMR053195,005,IW,2018-11-30,,51931,1,0,,,,,,,,,,,,,25.3,,17,1,01/YR,GR,,  
 NMR053195,009,IW,2018-11-30,,01040,1,0,,,,,,,,,,,,,40.4,,28,1,01/YR,GR,,LA-UR-18-29972. The impaired water pollutants Cu and Al exceeded the New Mexico Water Quality Standard.  
 NMR053195,009,IW,2018-11-30,,01057,1,0,,,,,,,,,,,,,28,,01/YR,GR,B,  
 NMR053195,009,IW,2018-11-30,,01104,1,0,,,,,,,,,,,,,725.0,,28,1,01/YR,GR,,  
 NMR053195,009,IW,2018-11-30,,39516,1,0,,,,,,,,,,,,,28,,01/YR,GR,B,  
 NMR053195,009,IW,2018-11-30,,51931,1,0,,,,,,,,,,,,,10.6,,17,0,01/YR,GR,,  
 NMR053195,012,IW,2018-11-30,,01040,1,0,,,,,,,,,,,,,3.56,,28,0,01/YR,GR,,LA-UR-18-29972. The impaired water pollutants Al and Adjusted Gross Alpha exceeded the New Mexico Water Quality Standard.  
 NMR053195,012,IW,2018-11-30,,01057,1,0,,,,,,,,,,,,,28,,01/YR,GR,B,  
 NMR053195,012,IW,2018-11-30,,01104,1,0,,,,,,,,,,,,,907.0,,28,1,01/YR,GR,,  
 NMR053195,012,IW,2018-11-30,,39516,1,0,,,,,,,,,,,,,28,,01/YR,GR,B,  
 NMR053195,012,IW,2018-11-30,,51931,1,0,,,,,,,,,,,,,18.4,,17,1,01/YR,GR,,  
 NMR053195,017,IW,2018-11-30,,01040,1,0,,,,,,,,,,,,,25.7,,28,1,01/YR,GR,,LA-UR-18-29972. The impaired water pollutants Cu and Al exceeded the New Mexico Water Quality Standard. The impaired water pollutant total Aroclor was not detected in stormwater discharge from this outfall therefore annual monitoring will be discontinued per Part 6.2.4.1.  
 NMR053195,017,IW,2018-11-30,,01057,1,0,,,,,,,,,,,,,28,,01/YR,GR,B,  
 NMR053195,017,IW,2018-11-30,,01104,1,0,,,,,,,,,,,,,787.0,,28,1,01/YR,GR,,  
 NMR053195,017,IW,2018-11-30,,39516,1,0,,,,,,,,,,,,,<0.0343,,28,0,01/YR,GR,,  
 NMR053195,017,IW,2018-11-30,,51931,1,0,,,,,,,,,,,,,5.49,,17,0,01/YR,GR,,  
 NMR053195,020,IW,2018-11-30,,01040,1,0,,,,,,,,,,,,,13.0,,28,1,01/YR,GR,,LA-UR-18-29972. The impaired water pollutant Cu exceeded the New Mexico Water Quality Standard.  
 NMR053195,020,IW,2018-11-30,,01057,1,0,,,,,,,,,,,,,28,,01/YR,GR,B,  
 NMR053195,020,IW,2018-11-30,,01104,1,0,,,,,,,,,,,,,301.0,,28,0,01/YR,GR,,  
 NMR053195,020,IW,2018-11-30,,39516,1,0,,,,,,,,,,,,,28,,01/YR,GR,B,  
 NMR053195,020,IW,2018-11-30,,51931,1,0,,,,,,,,,,,,,17,,01/YR,GR,B,  
 NMR053195,022,IW,2018-11-30,,01040,1,0,,,,,,,,,,,,,30.1,,28,1,01/YR,GR,,LA-UR-18-29972. The impaired water pollutants Cu and Al exceeded the New Mexico Water Quality Standard.  
 NMR053195,022,IW,2018-11-30,,01057,1,0,,,,,,,,,,,,,28,,01/YR,GR,B,  
 NMR053195,022,IW,2018-11-30,,01104,1,0,,,,,,,,,,,,,2370.0,,28,1,01/YR,GR,,  
 NMR053195,022,IW,2018-11-30,,39516,1,0,,,,,,,,,,,,,28,,01/YR,GR,B,  
 NMR053195,022,IW,2018-11-30,,51931,1,0,,,,,,,,,,,,,11.7,,17,0,01/YR,GR,,  
 NMR053195,026,IW,2018-11-30,,01040,1,0,,,,,,,,,,,,,34.4,,28,1,01/YR,GR,,LA-UR-18-29972. The impaired water pollutant Cu exceeded the New Mexico Water Quality Standard.  
 NMR053195,026,IW,2018-11-30,,01057,1,0,,,,,,,,,,,,,28,,01/YR,GR,B,  
 NMR053195,026,IW,2018-11-30,,01104,1,0,,,,,,,,,,,,,291.0,,28,0,01/YR,GR,,

NMR053195,026,IW,2018-11-30,,39516,1,0,,,,,,,,,,,,,28,,01/YR,GR,B,  
 NMR053195,026,IW,2018-11-30,,51931,1,0,,,,,,,,,,,,,17,,01/YR,GR,B,  
 NMR053195,029,IW,2018-11-30,,01040,1,0,,,,,,,,,,,,,41.3,,28,1,01/YR,GR,,LA-UR-18-29972. The impaired water  
 pollutants Cu and Adjusted Gross Alpha exceeded the New Mexico Water Quality Standard.  
 NMR053195,029,IW,2018-11-30,,01057,1,0,,,,,,,,,,,,,28,,01/YR,GR,B,  
 NMR053195,029,IW,2018-11-30,,01104,1,0,,,,,,,,,,,,,319.0,,28,0,01/YR,GR,,  
 NMR053195,029,IW,2018-11-30,,39516,1,0,,,,,,,,,,,,,28,,01/YR,GR,B,  
 NMR053195,029,IW,2018-11-30,,51931,1,0,,,,,,,,,,,,,52.0,,17,1,01/YR,GR,,  
 NMR053195,031,IW,2018-11-30,,01040,1,0,,,,,,,,,,,,,54.2,,28,1,01/YR,GR,,LA-UR-18-29972. The impaired water  
 pollutant Cu exceeded the New Mexico Water Quality Standard.  
 NMR053195,031,IW,2018-11-30,,01104,1,0,,,,,,,,,,,,,28,,01/YR,GR,F,  
 NMR053195,031,IW,2018-11-30,,39516,1,0,,,,,,,,,,,,,28,,01/YR,GR,B,  
 NMR053195,031,IW,2018-11-30,,51931,1,0,,,,,,,,,,,,,17,,01/YR,GR,F,  
 NMR053195,032,IW,2018-11-30,,01040,1,0,,,,,,,,,,,,,18.6,,28,1,01/YR,GR,,LA-UR-18-29972. The impaired water  
 pollutants Cu and Al and Adjusted Gross Alpha exceeded the New Mexico Water Quality Standard.  
 NMR053195,032,IW,2018-11-30,,01057,1,0,,,,,,,,,,,,,28,,01/YR,GR,B,  
 NMR053195,032,IW,2018-11-30,,01104,1,0,,,,,,,,,,,,,1800.0,,28,1,01/YR,GR,,  
 NMR053195,032,IW,2018-11-30,,39516,1,0,,,,,,,,,,,,,28,,01/YR,GR,B,  
 NMR053195,032,IW,2018-11-30,,51931,1,0,,,,,,,,,,,,,31.7,,17,1,01/YR,GR,,  
 NMR053195,039,IW,2018-11-30,,01040,1,0,,,,,,,,,,,,,3.11,,28,0,01/YR,GR,,LA-UR-18-29972.  
 NMR053195,039,IW,2018-11-30,,01057,1,0,,,,,,,,,,,,,28,,01/YR,GR,B,  
 NMR053195,039,IW,2018-11-30,,01104,1,0,,,,,,,,,,,,,28,,01/YR,GR,F,  
 NMR053195,039,IW,2018-11-30,,39516,1,0,,,,,,,,,,,,,28,,01/YR,GR,B,  
 NMR053195,039,IW,2018-11-30,,51931,1,0,,,,,,,,,,,,,17,,01/YR,GR,F,  
 NMR053195,042,IW,2018-11-30,,01040,1,0,,,,,,,,,,,,,9.06,,28,1,01/YR,GR,,LA-UR-18-29972. The impaired water  
 pollutants Cu and Al and Adjusted Gross Alpha exceeded the New Mexico Water Quality Standard.  
 NMR053195,042,IW,2018-11-30,,01057,1,0,,,,,,,,,,,,,28,,01/YR,GR,B,  
 NMR053195,042,IW,2018-11-30,,01104,1,0,,,,,,,,,,,,,2610.0,,28,1,01/YR,GR,,  
 NMR053195,042,IW,2018-11-30,,39516,1,0,,,,,,,,,,,,,28,,01/YR,GR,B,  
 NMR053195,042,IW,2018-11-30,,51931,1,0,,,,,,,,,,,,,33.5,,17,1,01/YR,GR,,  
 NMR053195,073,IW,2018-11-30,,01040,1,0,,,,,,,,,,,,,17.1,,28,1,01/YR,GR,,LA-UR-18-29972. The impaired water  
 pollutants Cu and Al exceeded the New Mexico Water Quality Standard. The impaired water pollutant total Aroclor was  
 not detected in stormwater discharge from this outfall therefore annual monitoring will be discontinued per Part 6.2.4.1.  
 NMR053195,073,IW,2018-11-30,,01057,1,0,,,,,,,,,,,,,28,,01/YR,GR,B,  
 NMR053195,073,IW,2018-11-30,,01104,1,0,,,,,,,,,,,,,1090.0,,28,1,01/YR,GR,,  
 NMR053195,073,IW,2018-11-30,,39516,1,0,,,,,,,,,,,,,<0.167,,28,0,01/YR,GR,,  
 NMR053195,073,IW,2018-11-30,,51931,1,0,,,,,,,,,,,,,5.89,,17,0,01/YR,GR,,  
 NMR053195,075,IW,2018-11-30,,01040,1,0,,,,,,,,,,,,,99.9,,28,1,01/YR,GR,,LA-UR-18-29972. The impaired water  
 pollutants Cu Al and Adjusted Gross Alpha exceeded the New Mexico Water Quality Standard.  
 NMR053195,075,IW,2018-11-30,,01057,1,0,,,,,,,,,,,,,28,,01/YR,GR,B,  
 NMR053195,075,IW,2018-11-30,,01104,1,0,,,,,,,,,,,,,7590.0,,28,1,01/YR,GR,,  
 NMR053195,075,IW,2018-11-30,,39516,1,0,,,,,,,,,,,,,28,,01/YR,GR,B,  
 NMR053195,075,IW,2018-11-30,,51931,1,0,,,,,,,,,,,,,90.7,,17,1,01/YR,GR,,



## DMR Copy of Record

### Permit

Permit #:	NMR053195	Permittee:	LOS ALAMOS NATIONAL LABORATORY	Facility:	LOS ALAMOS NATIONAL LABORATORY
Major:	No	Permittee Address:	PO Box 1663 Los Alamos, NM 87545	Facility Location:	PO BOX 1663 MS K490 LOS ALAMOS, NM 87545
Permitted Feature:	002 External Outfall	Discharge:	002-IW Impaired Water		

### Report Dates & Status

Monitoring Period:	From 12/01/17 to 11/30/18	DMR Due Date:	01/31/19	Status:	NetDMR Validated
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### Considerations for Form Completion

Yearly based upon the alternate monitoring season of April 1 through November 30.

### Principal Executive Officer

First Name:		Title:		Telephone:	
Last Name:					

### No Data Indicator (NODI)

Form NODI: -

Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading			Quality or Concentration			Units	# of Ex.	Frequency of Analysis	Sample Type
						Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3				
X 01040	Copper, dissolved [as Cu]	1 - Effluent Gross	0	-	Sample Permit Req. Value NODI						40	28 - ug/L		01/YR - Annual	GR - GRAB
					Sample Permit Req. Value NODI						6 MAXIMUM	28 - ug/L	1	01/YR - Annual	GR - GRAB
01057	Thallium, dissolved [as Tl]	1 - Effluent Gross	0	-	Sample Permit Req. Value NODI						0.47 MAXIMUM	28 - ug/L		01/YR - Annual	GR - GRAB
					Sample Permit Req. Value NODI						B - Below Detection Limit/No Detection	28 - ug/L		01/YR - Annual	GR - GRAB
X 01104	Aluminum, total recoverable	1 - Effluent Gross	0	-	Sample Permit Req. Value NODI						1550	28 - ug/L		01/YR - Annual	GR - GRAB
					Sample Permit Req. Value NODI						681 MAXIMUM	28 - ug/L	1	01/YR - Annual	GR - GRAB
39516	Polychlorinated biphenyls (PCBs)	1 - Effluent Gross	0	-	Sample Permit Req. Value NODI						0.2 MAXIMUM	28 - ug/L		01/YR - Annual	GR - GRAB
					Sample Permit Req. Value NODI						B - Below Detection Limit/No Detection	28 - ug/L		01/YR - Annual	GR - GRAB
51931	Alpha, gross adjusted	1 - Effluent Gross	0	-	Sample Permit Req. Value NODI						8.05	17 - pCi/L		01/YR - Annual	GR - GRAB
					Sample Permit Req. Value NODI						15 MAXIMUM	17 - pCi/L	0	01/YR - Annual	GR - GRAB

### Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

### Edit Check Errors

Parameter		Monitoring Location	Field	Type	Description	Acknowledge
Code	Name					
01104	Aluminum, total recoverable	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	Yes
01040	Copper, dissolved [as Cu]	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	Yes

### Comments

LA-UR-18-29972, The impaired water pollutants Cu and Al exceeded the New Mexico Water Quality Standard.

### Attachments

No attachments.

### Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User: leslie@lanl.gov  
 Name: Leslie Dale  
 E-Mail: leslie@lanl.gov  
 Date/Time: 2018-10-22 12:50 (Time Zone: -05:00)

### Report Last Signed By

User: TERRILLEMKE  
 Name: Terrill Lemke  
 E-Mail: tlemke@lanl.gov  
 Date/Time: 2018-10-22 12:53 (Time Zone: -05:00)

## DMR Copy of Record

### Permit

Permit #: NMR053195  
Major: No

Permittee: LOS ALAMOS NATIONAL LABORATORY  
Permittee Address: PO Box 1663  
Los Alamos, NM 87545

Facility: LOS ALAMOS NATIONAL LABORATORY  
Facility Location: PO BOX 1663  
MS K490  
LOS ALAMOS, NM 87545

Permitted Feature: 005  
External Outfall

Discharge: 005-IW  
Impaired Water

### Report Dates & Status

Monitoring Period: From 12/01/17 to 11/30/18

DMR Due Date: 01/31/19

Status: NetDMR Validated

### Considerations for Form Completion

Yearly based upon the alternate monitoring season of April 1 through November 30.

### Principal Executive Officer

First Name:

Title:

Telephone:

Last Name:

No Data Indicator (NODI)

Form NODI:

Code	Parameter Name	Monitoring Location	Season #	Param. MODI	Sample Permit Req. Value NODI Sample	Quantity or Loading			Quality or Concentration			Units	# of Ex.	Frequency of Analysis	Sample Type
						Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3				
X 01040	Copper, dissolved [as Cu]	1 - Effluent Gross	0	--	Sample						37.8	28 - ug/L	1	01/YR - Annual	GR - GRAB
					Permit Req.						6 MAXIMUM	28 - ug/L	1	01/YR - Annual	GR - GRAB
01057	Thallium, dissolved [as Tl]	1 - Effluent Gross	0	--	Sample						0.47 MAXIMUM	28 - ug/L		01/YR - Annual	GR - GRAB
					Permit Req.						B - Below Detection Limit/No Detection	28 - ug/L		01/YR - Annual	GR - GRAB
					Value NODI						3280	28 - ug/L		01/YR - Annual	GR - GRAB
X 01104	Aluminum, total recoverable	1 - Effluent Gross	0	--	Sample						681 MAXIMUM	28 - ug/L	1	01/YR - Annual	GR - GRAB
					Permit Req.							28 - ug/L		01/YR - Annual	GR - GRAB
39516	Polychlorinated biphenyls (PCBs)	1 - Effluent Gross	0	--	Sample						0.2 MAXIMUM	28 - ug/L		01/YR - Annual	GR - GRAB
					Permit Req.						B - Below Detection Limit/No Detection	28 - ug/L		01/YR - Annual	GR - GRAB
					Value NODI						25.3	17 - pCi/L	1	01/YR - Annual	GR - GRAB
X 51931	Alpha, gross adjusted	1 - Effluent Gross	0	--	Sample						15 MAXIMUM	17 - pCi/L	1	01/YR - Annual	GR - GRAB
					Permit Req.							17 - pCi/L	1	01/YR - Annual	GR - GRAB
					Value NODI										

### Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

### Edit Check Errors

Parameter		Monitoring Location	Field	Type	Description	Acknowledge
Code	Name					
01040	Copper, dissolved [as Cu]	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	Yes
51931	Alpha, gross adjusted	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	Yes
01104	Aluminum, total recoverable	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	Yes

### Comments

LA-UR-18-29972. The impaired water pollutants Cu and Al and Adjusted Gross Alpha exceeded the New Mexico Water Quality Standard.

### Attachments

No attachments.

### Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User: leslie@lanl.gov

Name: Leslie Dale

E-Mail: leslie@lanl.gov

Date/Time: 2018-10-22 12:50 (Time Zone: -05:00)

### Report Last Signed By

User: TERRILLEMKE

Name: Terrill Lemke

E-Mail: tlemke@lanl.gov

## DMR Copy of Record

### Permit

Permit #:	NMR053195	Permittee:	LOS ALAMOS NATIONAL LABORATORY	Facility:	LOS ALAMOS NATIONAL LABORATORY
Major:	No	Permittee Address:	PO Box 1863 Los Alamos, NM 87545	Facility Location:	PO BOX 1863 MS K490 LOS ALAMOS, NM 87545

Permitted Feature:	009 External Outfall	Discharge:	009-IW Impaired Water
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### Report Dates & Status

Monitoring Period:	From 12/01/17 to 11/30/18	DMR Due Date:	01/31/19	Status:	NetDMR Validated
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### Considerations for Form Completion

Yearly based upon the alternate monitoring season of April 1 through November 30.

### Principal Executive Officer

First Name:		Title:		Telephone:	
Last Name:					

### No Data Indicator (NODI)

Form NODI:

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Sample Permit Req. Value NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
						Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
X 01040	Copper, dissolved [as Cu]	1 - Effluent Gross	0	--	Sample Permit Req. Value NODI						40.4	28 - ug/L	01/YR - Annual	GR - GRAB
					Sample Permit Req. Value NODI						6 MAXIMUM	28 - ug/L	01/YR - Annual	GR - GRAB
01057	Thallium, dissolved [as Tl]	1 - Effluent Gross	0	--	Sample Permit Req. Value NODI						0.47 MAXIMUM	28 - ug/L	01/YR - Annual	GR - GRAB
					Sample Permit Req. Value NODI						B - Below Detection Limit/No Detection			
X 01104	Aluminum, total recoverable	1 - Effluent Gross	0	--	Sample Permit Req. Value NODI						725	28 - ug/L	01/YR - Annual	GR - GRAB
					Sample Permit Req. Value NODI						681 MAXIMUM	28 - ug/L	01/YR - Annual	GR - GRAB
39516	Polychlorinated biphenyls [PCBs]	1 - Effluent Gross	0	--	Sample Permit Req. Value NODI						0.2 MAXIMUM	28 - ug/L	01/YR - Annual	GR - GRAB
					Sample Permit Req. Value NODI						B - Below Detection Limit/No Detection			
51931	Alpha, gross adjusted	1 - Effluent Gross	0	--	Sample Permit Req. Value NODI						10.6	17 - pCi/L	01/YR - Annual	GR - GRAB
					Sample Permit Req. Value NODI						15 MAXIMUM	17 - pCi/L	01/YR - Annual	GR - GRAB

### Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

### Edit Check Errors

Code	Parameter Name	Monitoring Location	Field	Type	Description	Acknowledge
01104	Aluminum, total recoverable	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	Yes
01040	Copper, dissolved [as Cu]	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	Yes

### Comments

LA-UR-18-29972. The impaired water pollutants Cu and Al exceeded the New Mexico Water Quality Standard.

### Attachments

No attachments.

### Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User: leslie@lanl.gov  
 Name: Leslie Dale  
 E-Mail: leslie@lanl.gov  
 Date/Time: 2018-10-22 12:50 (Time Zone: -05:00)

### Report Last Signed By

User: TERRILLEMKE  
 Name: Terrill Lemke  
 E-Mail: tlemke@lanl.gov  
 Date/Time: 2018-10-22 12:53 (Time Zone: -05:00)



## DMR Copy of Record

### Permit

Permit #:	NMR053195	Permittee:	LOS ALAMOS NATIONAL LABORATORY	Facility:	LOS ALAMOS NATIONAL LABORATORY
Major:	No	Permittee Address:	PO Box 1663 Los Alamos, NM 87545	Facility Location:	PO BOX 1663 MS K490 LOS ALAMOS, NM 87545
Permitted Feature:	012 External Outfall	Discharge:	012-IW Impaired Water		

### Report Dates & Status

Monitoring Period:	From 12/01/17 to 11/30/18	DMR Due Date:	01/31/19	Status:	NetDMR Validated
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### Considerations for Form Completion

Yearly based upon the alternate monitoring season of April 1 through November 30.

### Principal Executive Officer

First Name:	Title:	Telephone:
Last Name:		

### No Data Indicator (NODI)

Form NODI:																	
Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading				Quality or Concentration				# of Ex.	Frequency of Analysis	Sample Type	
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 3	Value 3	Units				
01040	Copper, dissolved [as Cu]	1 - Effluent Gross	0	-	Sample							3.56	28 - ug/L	0	01/YR - Annual	GR - GRAB	
					Permit Req.												
					Value NODI												
01057	Thallium, dissolved [as Tl]	1 - Effluent Gross	0	-	Sample							0.47 MAXIMUM	28 - ug/L		01/YR - Annual	GR - GRAB	
					Permit Req.												
					Value NODI												
X 01104	Aluminum, total recoverable	1 - Effluent Gross	0	-	Sample							907	28 - ug/L	1	01/YR - Annual	GR - GRAB	
					Permit Req.												
					Value NODI												
39516	Polychlorinated biphenyls [PCBs]	1 - Effluent Gross	0	-	Sample							0.2 MAXIMUM	28 - ug/L		01/YR - Annual	GR - GRAB	
					Permit Req.												
					Value NODI												
X 51931	Alpha, gross adjusted	1 - Effluent Gross	0	-	Sample							18.4	17 - pCi/L	1	01/YR - Annual	GR - GRAB	
					Permit Req.												
					Value NODI												

### Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

### Edit Check Errors

Code	Parameter Name	Monitoring Location	Field	Type	Description	Acknowledge
51931	Alpha, gross adjusted	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	Yes
01104	Aluminum, total recoverable	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	Yes

### Comments

LA-UR-18-29972. The impaired water pollutants Al and Adjusted Gross Alpha exceeded the New Mexico Water Quality Standard.

### Attachments

No attachments.

### Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User: leslie@lanl.gov  
 Name: Leslie Dale  
 E-Mail: leslie@lanl.gov  
 Date/Time: 2018-10-22 12:50 (Time Zone: -05:00)

### Report Last Signed By

User: TERRILLEMKE  
 Name: Terrill Lemke  
 E-Mail: tlemke@lanl.gov  
 Date/Time: 2018-10-22 12:53 (Time Zone: -05:00)

## DMR Copy of Record

### Permit

Permit #:	NMR053195	Permittee:	LOS ALAMOS NATIONAL LABORATORY	Facility:	LOS ALAMOS NATIONAL LABORATORY
Major:	No	Permittee Address:	PO Box 1663 Los Alamos, NM 87545	Facility Location:	PO BOX 1663 MS K490 LOS ALAMOS, NM 87545

Permitted Feature:	017 External Outfall	Discharge:	017-IW Impaired Water
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### Report Dates & Status

Monitoring Period:	From 12/01/17 to 11/30/18	DMR Due Date:	01/31/19	Status:	NetDMR Validated
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### Considerations for Form Completion

Yearly based upon the alternate monitoring season of April 1 through November 30.

### Principal Executive Officer

First Name:	Title:	Telephone:
Last Name:		

### No Data Indicator (NODI)

Form NODI: --

Param. NODI					Sample Permit Req. Value NODI	Quantity or Loading				Quality or Concentration				Units	# of Ex.	Frequency of Analysis	Sample Type
Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2				
X 01040	Copper, dissolved [as Cu]	1 - Effluent Gross	0	—	Sample Permit Req. Value NODI							<=	25.7	28 - ug/L	1	01/YR - Annual	GR - GRAB
					Sample Permit Req. Value NODI							<=	6 MAXIMUM	28 - ug/L		01/YR - Annual	GR - GRAB
01057	Thallium, dissolved [as Tl]	1 - Effluent Gross	0	—	Sample Permit Req. Value NODI							<=	0.47 MAXIMUM	28 - ug/L		01/YR - Annual	GR - GRAB
					Sample Permit Req. Value NODI								B - Below Detection Limit/No Detection	28 - ug/L		01/YR - Annual	GR - GRAB
X 01104	Aluminum, total recoverable	1 - Effluent Gross	0	—	Sample Permit Req. Value NODI							<=	787	28 - ug/L	1	01/YR - Annual	GR - GRAB
					Sample Permit Req. Value NODI							<=	681 MAXIMUM	28 - ug/L		01/YR - Annual	GR - GRAB
					Sample Permit Req. Value NODI							<	0.0343	28 - ug/L		01/YR - Annual	GR - GRAB
39516	Polychlorinated biphenyls [PCBs]	1 - Effluent Gross	0	—	Sample Permit Req. Value NODI							<=	0.2 MAXIMUM	28 - ug/L	0	01/YR - Annual	GR - GRAB
					Sample Permit Req. Value NODI								5.49	17 - pCi/L		01/YR - Annual	GR - GRAB
51931	Alpha, gross adjusted	1 - Effluent Gross	0	—	Sample Permit Req. Value NODI							<=	15 MAXIMUM	17 - pCi/L	0	01/YR - Annual	GR - GRAB

### Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

### Edit Check Errors

Code	Parameter Name	Monitoring Location	Field	Type	Description	Acknowledge
01104	Aluminum, total recoverable	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	Yes
01040	Copper, dissolved [as Cu]	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	Yes

### Comments

LA-UR-18-29972. The impaired water pollutants Cu and Al exceeded the New Mexico Water Quality Standard. The impaired water pollutant total Aroclor was not detected in stormwater discharge from this outfall therefore annual monitoring will be discontinued per Part 6.2.4.1.

### Attachments

No attachments.

### Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User: leslie@lanl.gov  
 Name: Leslie Dale  
 E-Mail: leslie@lanl.gov  
 Date/Time: 2018-10-22 12:50 (Time Zone: -05:00)

### Report Last Signed By

User: TERRILLEMKE  
 Name: Terrill Lemke  
 E-Mail: lemke@lanl.gov  
 Date/Time: 2018-10-22 12:53 (Time Zone: -05:00)

## DMR Copy of Record

### Permit

Permit #:	NMR053195	Permittee:	LOS ALAMOS NATIONAL LABORATORY	Facility:	LOS ALAMOS NATIONAL LABORATORY
Major:	No	Permittee Address:	PO Box 1663 Los Alamos, NM 87545	Facility Location:	PO BOX 1663 MS K490 LOS ALAMOS, NM 87545

Permitted Feature:	020 External Outfall	Discharge:	020-IW Impaired Water
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### Report Dates & Status

Monitoring Period:	From 12/01/17 to 11/30/18	DMR Due Date:	01/31/19	Status:	NetDMR Validated
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### Considerations for Form Completion

Yearly based upon the alternate monitoring season of April 1 through November 30.

### Principal Executive Officer

First Name:	Title:	Telephone:
Last Name:		

### No Data Indicator (NODI)

Form NODI: -

Parameter	Monitoring Location	Season #	Param. NODI	Quantity or Loading	Quality or Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
Code	Name			Qualifier 1 Value 1 Qualifier 2 Value 2 Units	Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3				
X 01040	Copper, dissolved [as Cu]	1 - Effluent Gross	0	--	Sample Permit Req. Value NODI	<= 13 6 MAXIMUM	28 - ug/L 28 - ug/L	1 01/YR - Annual	GR - GRAB GR - GRAB
01057	Thallium, dissolved [as Tl]	1 - Effluent Gross	0	--	Sample Permit Req. Value NODI	<= 0.47 MAXIMUM B - Below Detection Limit/No Detection	28 - ug/L 28 - ug/L	01/YR - Annual 01/YR - Annual	GR - GRAB GR - GRAB
01104	Aluminum, total recoverable	1 - Effluent Gross	0	--	Sample Permit Req. Value NODI	<= 301 681 MAXIMUM	28 - ug/L 28 - ug/L	0 01/YR - Annual	GR - GRAB GR - GRAB
39516	Polychlorinated biphenyls [PCBs]	1 - Effluent Gross	0	--	Sample Permit Req. Value NODI	<= 0.2 MAXIMUM B - Below Detection Limit/No Detection	28 - ug/L	01/YR - Annual	GR - GRAB
51931	Alpha, gross adjusted	1 - Effluent Gross	0	--	Sample Permit Req. Value NODI	<= 15 MAXIMUM B - Below Detection Limit/No Detection	17 - pCi/L	01/YR - Annual	GR - GRAB

### Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

### Edit Check Errors

Parameter	Monitoring Location	Field	Type	Description	Acknowledge
Code	Name				
01040	Copper, dissolved [as Cu]	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft The provided sample value is outside the permit limit. (Error Code: 1)	Yes

### Comments

LA-UR-18-29972. The impaired water pollutant Cu exceeded the New Mexico Water Quality Standard.

### Attachments

No attachments.

### Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User: leslie@lanl.gov  
Name: Leslie Dale  
E-Mail: leslie@lanl.gov  
Date/Time: 2018-10-22 12:50 (Time Zone: -05:00)

### Report Last Signed By

User: TERRILLEMKE  
Name: Terril Lemke  
E-Mail: tlemke@lanl.gov  
Date/Time: 2018-10-22 12:53 (Time Zone: -05:00)



## DMR Copy of Record

### Permit

Permit #:	NMR053195	Permittee:	LOS ALAMOS NATIONAL LABORATORY	Facility:	LOS ALAMOS NATIONAL LABORATORY
Major:	No	Permittee Address:	PO Box 1663 Los Alamos, NM 87545	Facility Location:	PO BOX 1663 MS K490 LOS ALAMOS, NM 87545

Permitted Feature:	022 External Outfall	Discharge:	022-IW Impaired Water
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### Report Dates & Status

Monitoring Period:	From 12/01/17 to 11/30/18	DMR Due Date:	01/31/19	Status:	NetDMR Validated
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### Considerations for Form Completion

Yearly based upon the alternate monitoring season of April 1 through November 30.

### Principal Executive Officer

First Name:	Title:	Telephone:
Last Name:		

### No Data Indicator (NODI)

Form NODI:																		
Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading				Quality or Concentration					# of Ex.	Frequency of Analysis	Sample Type	
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	
X 01040	Copper, dissolved [as Cu]	1 - Effluent Gross	0	--	Sample											30.1	28 - ug/L	
					Permit Req.													
					Value NODI													
01057	Thallium, dissolved [as Tl]	1 - Effluent Gross	0	--	Sample											0.47 MAXIMUM	28 - ug/L	
					Permit Req.													
					Value NODI													
X 01104	Aluminum, total recoverable	1 - Effluent Gross	0	--	Sample											2370	28 - ug/L	
					Permit Req.													
					Value NODI													
39516	Polychlorinated biphenyls [PCBs]	1 - Effluent Gross	0	--	Sample											881 MAXIMUM	28 - ug/L	
					Permit Req.													
					Value NODI													
51931	Alpha, gross adjusted	1 - Effluent Gross	0	--	Sample											0.2 MAXIMUM	28 - ug/L	
					Permit Req.													
					Value NODI													

### Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

### Edit Check Errors

Parameter		Monitoring Location	Field	Type	Description	Acknowledge
Code	Name					
01040	Copper, dissolved [as Cu]	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	Yes
01104	Aluminum, total recoverable	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	Yes

### Comments

LA-UR-18-29972. The impaired water pollutants Cu and Al exceeded the New Mexico Water Quality Standard.

### Attachments

No attachments.

### Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User: leslie@lanl.gov  
 Name: Leslie Dale  
 E-Mail: leslie@lanl.gov  
 Date/Time: 2018-10-22 12:50 (Time Zone: -05:00)

### Report Last Signed By

User: TERRILLEMKE  
 Name: Terrill Lemke  
 E-Mail: tlemke@lanl.gov  
 Date/Time: 2018-10-22 12:53 (Time Zone: -05:00)



## DMR Copy of Record

### Permit

Permit #:	NMR053195	Permittee:	LOS ALAMOS NATIONAL LABORATORY	Facility:	LOS ALAMOS NATIONAL LABORATORY
Major:	No	Permittee Address:	PO Box 1663 Los Alamos, NM 87545	Facility Location:	PO BOX 1663 MS K480 LOS ALAMOS, NM 87545

Permitted Feature:	026 External Outfall	Discharge:	026- <del>W</del> Impaired Water
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### Report Dates & Status

Monitoring Period:	From 12/01/17 to 11/30/18	DMR Due Date:	01/31/19	Status:	NetDMR Validated
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### Considerations for Form Completion

Yearly based upon the alternate monitoring season of April 1 through November 30.

### Principal Executive Officer

First Name:	Title:	Telephone:
Last Name:		

### No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading		Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3			
X 01040	Copper, dissolved [as Cu]	1 - Effluent Gross	0	--	Sample				34.4		26 - ug/L	01/YR - Annual	GR - GRAB
					Permit Req. Value NODI				<=	6 MAXIMUM		26 - ug/L	01/YR - Annual
01057	Thallium, dissolved [as Tl]	1 - Effluent Gross	0	--	Sample								
					Permit Req. Value NODI				<=	0.47 MAXIMUM		28 - ug/L	01/YR - Annual
01104	Aluminum, total recoverable	1 - Effluent Gross	0	--	Sample								
					Permit Req. Value NODI				<=	B - Below Detection Limit/No Detection		28 - ug/L	01/YR - Annual
39516	Polychlorinated biphenyls [PCBs]	1 - Effluent Gross	0	--	Sample				291		28 - ug/L	01/YR - Annual	GR - GRAB
					Permit Req. Value NODI				<=	681 MAXIMUM		28 - ug/L	01/YR - Annual
51931	Alpha, gross adjusted	1 - Effluent Gross	0	--	Sample								
					Permit Req. Value NODI				<=	0.2 MAXIMUM		28 - ug/L	01/YR - Annual
									B - Below Detection Limit/No Detection				

### Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

### Edit Check Errors

Code	Parameter Name	Monitoring Location	Field	Type	Description	Acknowledge
01040	Copper, dissolved [as Cu]	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	Yes

### Comments

LA-UR-18-29972. The impaired water pollutant Cu exceeded the New Mexico Water Quality Standard.

### Attachments

No attachments

### Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY  
 User: leslie@lanl.gov  
 Name: Leslie Dale  
 E-Mail: leslie@lanl.gov  
 Date/Time: 2018-10-22 12:50 (Time Zone: -05:00)

### Report Last Signed By

TERRILLEMKE  
 User: Terril Lemke  
 Name: Terril Lemke  
 E-Mail: tlemke@lanl.gov  
 Date/Time: 2018-10-22 12:53 (Time Zone: -05:00)

## DMR Copy of Record

### Permit

Permit #:	NMR053195	Permittee:	LOS ALAMOS NATIONAL LABORATORY	Facility:	LOS ALAMOS NATIONAL LABORATORY
Major:	No	Permittee Address:	PO Box 1663 Los Alamos, NM 87545	Facility Location:	PO BOX 1663 MS K490 LOS ALAMOS, NM 87545

Permitted Feature:	029 External Outfall	Discharge:	029-IW Impaired Water
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### Report Dates & Status

Monitoring Period:	From 12/01/17 to 11/30/18	DMR Due Date:	01/31/19	Status:	NetDMR Validated
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### Considerations for Form Completion

Yearly based upon the alternate monitoring season of April 1 through November 30.

### Principal Executive Officer

First Name:	Title:	Telephone:
Last Name:		

### No Data Indicator (NODI)

Form NODI: --

Param. NODI					Quantity or Loading				Quality or Concentration				# of Ex.	Frequency of Analysis	Sample Type	
Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units
X 01040	Copper, dissolved [as Cu]	1 - Effluent Gross	0	--	Sample										41.3	28 - ug/L
					Permit Req. Value NODI											28 - ug/L 1
01057	Thallium, dissolved [as Tl]	1 - Effluent Gross	0	--	Sample										0.47 MAXIMUM	28 - ug/L
					Permit Req. Value NODI											28 - ug/L
01104	Aluminum, total recoverable	1 - Effluent Gross	0	--	Sample										319	28 - ug/L
					Permit Req. Value NODI											28 - ug/L 0
39516	Polychlorinated biphenyls [PCBs]	1 - Effluent Gross	0	--	Sample										0.2 MAXIMUM	28 - ug/L
					Permit Req. Value NODI											28 - ug/L
X 51931	Alpha, gross adjusted	1 - Effluent Gross	0	--	Sample										52	17 - pCi/L
					Permit Req. Value NODI											17 - pCi/L 1

### Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

### Edit Check Errors

Code	Parameter	Monitoring Location	Field	Type	Description	Acknowledge
	Name					
51931	Alpha, gross adjusted	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	Yes
01040	Copper, dissolved [as Cu]	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	Yes

### Comments

LA-UR-18-29972, The impaired water pollutants Cu and Adjusted Gross Alpha exceeded the New Mexico Water Quality Standard.

### Attachments

No attachments

### Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User: leslie@lanl.gov  
 Name: Leslie Dale  
 E-Mail: leslie@lanl.gov  
 Date/Time: 2018-10-22 12:50 (Time Zone: -05:00)

### Report Last Signed By

User: TERRILLEMKE  
 Name: Terrill Lemke  
 E-Mail: tlemke@lanl.gov  
 Date/Time: 2018-10-22 12:53 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	NMR053195	Permittee:	LOS ALAMOS NATIONAL LABORATORY	Facility:	LOS ALAMOS NATIONAL LABORATORY
Major:	No	Permittee Address:	PO Box 1863 Los Alamos, NM 87545	Facility Location:	PO BOX 1663 MS K490 LOS ALAMOS, NM 87546
Permitted Feature:	031 External Outfall	Discharge:	031-IW Impaired Water		

Report Dates & Status

Monitoring Period:	From 12/01/17 to 11/30/18	DMR Due Date:	01/31/19	Status:	NetDMR Validated
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Considerations for Form Completion

Yearly based upon the alternate monitoring season of April 1 through November 30.

Principal Executive Officer

First Name:		Title:		Telephone:	
-------------	--	--------	--	------------	--

Last Name:					
------------	--	--	--	--	--

No Data Indicator (NODI)

Form NODI:	--				
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Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading				Quality or Concentration					# of Ex.	Frequency of Analysis	Sample Type	
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2				Qualifier 3
X 01040	Copper, dissolved [as Cu]	1 - Effluent Gross	0	--	Sample							54.2				28 - ug/L	01/YR - Annual	GR - GRAB
					Permit Req. Value NODI												28 - ug/L	01/YR - Annual
01104	Aluminum, total recoverable	1 - Effluent Gross	0	--	Sample													
					Permit Req. Value NODI													
39516	Polychlorinated biphenyls [PCBs]	1 - Effluent Gross	0	--	Sample													
					Permit Req. Value NODI													
51931	Alpha gross adjusted	1 - Effluent Gross	0	--	Sample													
					Permit Req. Value NODI													

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

Parameter		Monitoring Location	Field	Type	Description	Acknowledge
Code	Name					
01040	Copper, dissolved [as Cu]	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	Yes

Comments

LA-UR-18-29972. The impaired water pollutant Cu exceeded the New Mexico Water Quality Standard.

Attachments

No attachments

Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User:	leslie@lanl.gov
Name:	Leslie Dale
E-Mail:	leslie@lanl.gov
Date/Time:	2018-10-22 12:50 (Time Zone: -05:00)

Report Last Signed By

User:	TERRILLEMKE
Name:	Terrill Lemke
E-Mail:	tlemke@lanl.gov
Date/Time:	2018-10-22 12:53 (Time Zone: -05:00)



## DMR Copy of Record

### Permit

Permit #:	NMR053195	Permittee:	LOS ALAMOS NATIONAL LABORATORY	Facility:	LOS ALAMOS NATIONAL LABORATORY
Major:	No	Permittee Address:	PO Box 1663 Los Alamos, NM 87545	Facility Location:	PO BOX 1663 MS K490 LOS ALAMOS, NM 87545
Permitted Feature:	032 External Outfall	Discharge:	032-IW Impaired Water		

### Report Dates & Status

Monitoring Period:	From 12/01/17 to 11/30/18	DMR Due Date:	01/31/19	Status:	NetDMR Validated
--------------------	---------------------------	---------------	----------	---------	------------------

### Considerations for Form Completion

Yearly based upon the alternate monitoring season of April 1 through November 30.

### Principal Executive Officer

First Name:		Title:		Telephone:	
Last Name:					

### No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Sample Permit Req. Value NODI	Quantity or Loading			Quality or Concentration			Units	# of Ex.	Frequency of Analysis	Sample Type
						Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3				
X 01040	Copper, dissolved [as Cu]	1 - Effluent Gross	0	--	Sample Permit Req. Value NODI						18.6	28 - ug/L		01/YR - Annual	GR - GRAB
					Sample Permit Req. Value NODI						6 MAXIMUM	28 - ug/L	1	01/YR - Annual	GR - GRAB
01057	Thallium, dissolved [as Tl]	1 - Effluent Gross	0	--	Sample Permit Req. Value NODI						0.47 MAXIMUM	28 - ug/L		01/YR - Annual	GR - GRAB
					Sample Permit Req. Value NODI						B - Below Detection Limit/No Detection	28 - ug/L		01/YR - Annual	GR - GRAB
X 01104	Aluminum, total recoverable	1 - Effluent Gross	0	--	Sample Permit Req. Value NODI						1800	28 - ug/L	1	01/YR - Annual	GR - GRAB
					Sample Permit Req. Value NODI						681 MAXIMUM	28 - ug/L	1	01/YR - Annual	GR - GRAB
39516	Polychlorinated biphenyls [PCBs]	1 - Effluent Gross	0	--	Sample Permit Req. Value NODI						0.2 MAXIMUM	28 - ug/L		01/YR - Annual	GR - GRAB
					Sample Permit Req. Value NODI						B - Below Detection Limit/No Detection	28 - ug/L		01/YR - Annual	GR - GRAB
X 51931	Alpha, gross adjusted	1 - Effluent Gross	0	--	Sample Permit Req. Value NODI						31.7	17 - pCi/L		01/YR - Annual	GR - GRAB
					Sample Permit Req. Value NODI						15 MAXIMUM	17 - pCi/L	1	01/YR - Annual	GR - GRAB

### Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

### Edit Check Errors

Parameter		Monitoring Location	Field	Type	Description	Acknowledge
Code	Name					
01104	Aluminum, total recoverable	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	Yes
51931	Alpha, gross adjusted	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	Yes
01040	Copper, dissolved [as Cu]	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	Yes

### Comments

LA-UR-18-29972. The impaired water pollutants Cu and Al and Adjusted Gross Alpha exceeded the New Mexico Water Quality Standard.

### Attachments

No attachments

### Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User: leslie@lanl.gov  
 Name: Leslie Dale  
 E-Mail: leslie@lanl.gov  
 Date/Time: 2018-10-22 12:50 (Time Zone: -05:00)

### Report Last Signed By

User: TERRILLEMKE  
 Name: Terrill Lemke  
 E-Mail: tlemke@lanl.gov  
 Date/Time: 2018-10-22 12:53 (Time Zone: -05:00)

<b>Permit</b>		<b>Permittee:</b>		<b>Facility:</b>	
<b>Permit #:</b>	NMR053195	<b>Permittee Address:</b>	LOS ALAMOS NATIONAL LABORATORY	<b>Facility Location:</b>	LOS ALAMOS NATIONAL LABORATORY
<b>Major:</b>	No		PO Box 1663		PO BOX 1663
			Los Alamos, NM 87545		MS K490
					LOS ALAMOS, NM 87545
<b>Permitted Feature:</b>		<b>Discharge:</b>			
	039		039-IW		
	External Outfall		Impaired Water		
<b>Report Dates &amp; Status</b>					
<b>Monitoring Period:</b>	From 12/01/17 to 11/30/18	<b>DMR Due Date:</b>	01/31/19	<b>Status:</b>	NetDMR Validated
<b>Considerations for Form Completion</b>					
Yearly based upon the alternate monitoring season of April 1 through November 30.					
<b>Principal Executive Officer</b>					
<b>First Name:</b>		<b>Title:</b>		<b>Telephone:</b>	
<b>Last Name:</b>					
<b>No Data Indicator (NODI)</b>					
<b>Form NODI:</b>	-				

Parameter	Monitoring Location	Season	# Param. MODI		Quantity or Loading		Quality or Concentration				# of Ex.	Frequency of Analysis	Sample Type					
Code	Name				Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units		
01040 Copper, dissolved [as Cu]	1 - Effluent Gross	0	-	Sample											3.11	28 - ug/L		01/YR - Annual
				Permit Req.											<=	8 MAXIMUM	28 - ug/L	0
				Value NODI														01/YR - Annual
01057 Thallium, dissolved [as Tl]	1 - Effluent Gross	0	-	Sample														
				Permit Req.											<=	0.47 MAXIMUM	28 - ug/L	
				Value NODI												B - Below Detection Limit/No Detection		01/YR - Annual
				Sample														
01104 Aluminum, total recoverable	1 - Effluent Gross	0	-	Sample														
				Permit Req.											<=	681 MAXIMUM	28 - ug/L	
				Value NODI												F - Insufficient Flow for Sampling		01/YR - Annual
				Sample														
39516 Polychlorinated biphenyls [PCBs]	1 - Effluent Gross	0	-	Sample														
				Permit Req.											<=	0.2 MAXIMUM	28 - ug/L	
				Value NODI												B - Below Detection Limit/No Detection		01/YR - Annual
				Sample														
51931 Alpha, gross adjusted	1 - Effluent Gross	0	-	Sample														
				Permit Req.											<=	15 MAXIMUM	17 - pCi/L	
				Value NODI												F - Insufficient Flow for Sampling		01/YR - Annual
																		GR - GRAB

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

No errors.

LA-UR-18-29972.

No attachments.

## LOS ALAMOS NATIONAL LABORATORY

User: leslie@lanl.gov  
Name: Leslie Dale  
E-Mail: leslie@lanl.gov  
Date/Time: 2018-10-22 12:50 (Time Zone: -05:00)

User: TERRILLEMKE  
Name: Terrill Lemke  
E-Mail: tlemke@lanl.gov  
Date/Time: 2018-10-22 12:53 (Time Zone: -05:00)

## DMR Copy of Record

### Permit

Permit #:	NMR053195	Permittee:	LOS ALAMOS NATIONAL LABORATORY	Facility:	LOS ALAMOS NATIONAL LABORATORY
Major:	No	Permittee Address:	PO Box 1663 Los Alamos, NM 87545	Facility Location:	PO BOX 1663 MS K490 LOS ALAMOS, NM 87545
Permitted Feature:	042 External Outfall	Discharge:	042-IW Impaired Water		

### Report Dates & Status

Monitoring Period:	From 12/01/17 to 11/30/18	DMR Due Date:	01/31/19	Status:	NetDMR Validated
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### Considerations for Form Completion

Yearly based upon the alternate monitoring season of April 1 through November 30.

### Principal Executive Officer

First Name:	Title:	Telephone:
Last Name:		

### No Data Indicator (NODI)

Form NODI: -

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Sample Permit Req. Value NODI	Quantity or Loading		Quality or Concentration			Units	# of Ex.	Frequency of Analysis	Sample Type
						Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
X 01040	Copper, dissolved [as Cu]	1 - Effluent Gross	0	-	Sample Permit Req. Value NODI						28 - ug/L	1	01/YR - Annual	GR - GRAB
					Sample Permit Req. Value NODI						28 - ug/L	1	01/YR - Annual	GR - GRAB
01057	Thallium, dissolved [as Tl]	1 - Effluent Gross	0	-	Sample Permit Req. Value NODI						28 - ug/L		01/YR - Annual	GR - GRAB
					Sample Permit Req. Value NODI						28 - ug/L		01/YR - Annual	GR - GRAB
X 01104	Aluminum, total recoverable	1 - Effluent Gross	0	-	Sample Permit Req. Value NODI						28 - ug/L	1	01/YR - Annual	GR - GRAB
					Sample Permit Req. Value NODI						28 - ug/L	1	01/YR - Annual	GR - GRAB
39516	Polychlorinated biphenyls (PCBs)	1 - Effluent Gross	0	-	Sample Permit Req. Value NODI						28 - ug/L		01/YR - Annual	GR - GRAB
					Sample Permit Req. Value NODI						28 - ug/L		01/YR - Annual	GR - GRAB
X 51931	Alpha, gross adjusted	1 - Effluent Gross	0	-	Sample Permit Req. Value NODI						17 - pCi/L	1	01/YR - Annual	GR - GRAB
					Sample Permit Req. Value NODI						17 - pCi/L	1	01/YR - Annual	GR - GRAB

### Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

### Edit Check Errors

Code	Parameter Name	Monitoring Location	Field	Type	Description	Acknowledge
51931	Alpha, gross adjusted	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	Yes
01040	Copper, dissolved [as Cu]	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	Yes
01104	Aluminum, total recoverable	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	Yes

### Comments

LA-UR-18-29972. The impaired water pollutants Cu and Al and Adjusted Gross Alpha exceeded the New Mexico Water Quality Standard.

### Attachments

No attachments

### Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User: leslie@lanl.gov  
 Name: Leslie Dale  
 E-Mail: leslie@lanl.gov  
 Date/Time: 2018-10-22 12:50 (Time Zone: -05:00)

### Report Last Signed By

User: TERRILLEMKE  
 Name: Terrill Lemke  
 E-Mail: tlemke@lanl.gov  
 Date/Time: 2018-10-22 12:53 (Time Zone: -05:00)



## DMR Copy of Record

<b>Permit</b>			<b>Permittee:</b>	LOS ALAMOS NATIONAL LABORATORY		<b>Facility:</b>	LOS ALAMOS NATIONAL LABORATORY	
<b>Permit #:</b>	NMR053195		<b>Permittee Address:</b>	PO Box 1663 Los Alamos, NM 87545		<b>Facility Location:</b>	PO BOX 1663 MS K490 LOS ALAMOS, NM 87545	
<b>Major:</b>	No							
<b>Permitted Feature:</b>	073 External Outfall		<b>Discharge:</b>	073-IW Impaired Water				
<b>Report Dates &amp; Status</b>								
<b>Monitoring Period:</b>	From 12/01/17 to 11/30/18		<b>DMR Due Date:</b>	01/31/19		<b>Status:</b>	NetDMR Validated	
<b>Considerations for Form Completion</b>								
Yearly based upon the alternate monitoring season of April 1 through November 30.								
<b>Principal Executive Officer</b>								
<b>First Name:</b>			<b>Title:</b>			<b>Telephone:</b>		
<b>Last Name:</b>								
<b>No Data Indicator (NODI)</b>								
<b>Form NODI:</b>								

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Sample Permit Req. Value NODI	Quantity or Loading		Quality or Concentration			Units	# of Ex.	Frequency of Analysis	Sample Type
						Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
X 01040	Copper, dissolved [as Cu]	1 - Effluent Gross	0	--	Sample Permit Req. Value NODI			<=	17.1	6 MAXIMUM	28 - ug/L	1	01/YR - Annual	GR - GRAB
01057	Thallium, dissolved [as Tl]	1 - Effluent Gross	0	--	Sample Permit Req. Value NODI			<=	0.47 MAXIMUM	B - Below Detection Limit/No Detection	28 - ug/L	1	01/YR - Annual	GR - GRAB
X 01104	Aluminum, total recoverable	1 - Effluent Gross	0	--	Sample Permit Req. Value NODI			<=	1090	681 MAXIMUM	28 - ug/L	1	01/YR - Annual	GR - GRAB
39516	Polychlorinated biphenyls (PCBs)	1 - Effluent Gross	0	--	Sample Permit Req. Value NODI			<	0.167	0.2 MAXIMUM	28 - ug/L	0	01/YR - Annual	GR - GRAB
51931	Alpha, gross adjusted	1 - Effluent Gross	0	--	Sample Permit Req. Value NODI			<=	5.89	15 MAXIMUM	17 - pCi/L	0	01/YR - Annual	GR - GRAB

### Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

### Edit Check Errors

Code	Parameter Name	Monitoring Location	Field	Type	Description	Acknowledge
01040	Copper, dissolved [as Cu]	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	Yes
01104	Aluminum, total recoverable	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	Yes

### Comments

LA-UR-18-29972. The impaired water pollutants Cu and Al exceeded the New Mexico Water Quality Standard. The impaired water pollutant total Arsenic was not detected in stormwater discharge from this outfall therefore annual monitoring will be discontinued per Part 6.2.4.1.

### Attachments

No attachments.

### Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User: leslie@lanl.gov  
 Name: Leslie Dale  
 E-Mail: leslie@lanl.gov  
 Date/Time: 2018-10-22 12:50 (Time Zone: -05:00)

### Report Last Signed By

User: TERRILL LEMKE  
 Name: Terrill Lemke  
 E-Mail: tlemke@lanl.gov  
 Date/Time: 2018-10-22 12:53 (Time Zone: -05:00)

## DMR Copy of Record

### Permit

Permit #:	NMR053195	Permittee:	LOS ALAMOS NATIONAL LABORATORY	Facility:	LOS ALAMOS NATIONAL LABORATORY
Major:	No	Permittee Address:	PO Box 1663 Los Alamos, NM 87545	Facility Location:	PO BOX 1663 MS K490 LOS ALAMOS, NM 87545
Permitted Feature:	075 External Outfall	Discharge:	075-IW Impaired Water		

### Report Dates & Status

Monitoring Period:	From 12/01/17 to 11/30/18	DMR Due Date:	01/31/19	Status:	NetDMR Validated
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### Considerations for Form Completion

Yearly based upon the alternate monitoring season of April 1 through November 30.

### Principal Executive Officer

First Name:		Title:		Telephone:	
Last Name:					

### No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading		Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type	
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units				Qualifier 1
X 01040	Copper, dissolved [as Cu]	1 - Effluent Gross	0	--	Sample				99.9			28 - ug/L	01/YR - Annual	GR - GRAB
					Permit Req. Value NODI				<=	6 MAXIMUM			28 - ug/L	1
01057	Thallium, dissolved [as Tl]	1 - Effluent Gross	0	--	Sample				0.47 MAXIMUM			28 - ug/L	01/YR - Annual	GR - GRAB
					Permit Req. Value NODI				<=	0.47 MAXIMUM			8 - Below Detection Limit/No Detection	
X 01104	Aluminum, total recoverable	1 - Effluent Gross	0	--	Sample				7590			28 - ug/L	01/YR - Annual	GR - GRAB
					Permit Req. Value NODI				<=	681 MAXIMUM			28 - ug/L	1
39516	Polychlorinated biphenyls [PCBs]	1 - Effluent Gross	0	--	Sample									
					Permit Req. Value NODI				<=	0.2 MAXIMUM			8 - Below Detection Limit/No Detection	
X 51931	Alpha, gross adjusted	1 - Effluent Gross	0	--	Sample				90.7			17 - pCi/L	01/YR - Annual	GR - GRAB
					Permit Req. Value NODI				<=	15 MAXIMUM			17 - pCi/L	1

### Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

### Edit Check Errors

Code	Parameter Name	Monitoring Location	Field	Type	Description	Acknowledge
01040	Copper, dissolved [as Cu]	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	Yes
51931	Alpha, gross adjusted	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	Yes
01104	Aluminum, total recoverable	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	Yes

### Comments

LA-UR-18-29972. The impaired water pollutants Cu Al and Adjusted Gross Alpha exceeded the New Mexico Water Quality Standard.

### Attachments

No attachments.

### Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User: leslie@lanl.gov  
 Name: Leslie Dale  
 E-Mail: leslie@lanl.gov  
 Date/Time: 2018-10-22 12:50 (Time Zone: -05:00)

### Report Last Signed By

User: TERRILLEMKE  
 Name: Terril Lemke  
 E-Mail: lemke@lanl.gov  
 Date/Time: 2018-10-22 12:53 (Time Zone: -05:00)

## **APPENDIX H1**

### **Sampling Data from Previous Permit Term (MSGP 2008)**

## Power and Steam Plant Stormwater Sampling Data 2009-2015

Location ID	Date Sampled	Parameter Name	Report Result	Report Units	Detected
03-0022N	06/28/2010	Aroclor-1260	0.0351	ug/L	N
03-0022N	06/28/2010	Aroclor-1254	0.0351	ug/L	N
03-0022N	06/28/2010	Aroclor-1221	0.0351	ug/L	N
03-0022N	06/28/2010	Aroclor-1232	0.0351	ug/L	N
03-0022N	06/28/2010	Aroclor-1248	0.0351	ug/L	N
03-0022N	06/28/2010	Aroclor-1016	0.0351	ug/L	N
03-0022N	06/28/2010	Aroclor-1262	0.0351	ug/L	N
03-0022N	06/28/2010	Aroclor-1242	0.0351	ug/L	N
03-0022N	06/28/2010	Aluminum	5350	ug/L	Y
03-0022N	06/28/2010	Iron	5420	ug/L	Y
03-0022N	06/28/2010	Gross alpha	13.9	pCi/L	Y
03-0022N	06/28/2010	Mercury	0.066	ug/L	N
03-0022N	08/23/2010	Iron	3930	ug/L	Y
03-0022N	09/22/2010	Iron	12600	ug/L	Y
03-0022N	10/20/2010	Iron	4300	ug/L	Y
03-0022N	08/05/2011	Copper	53.3	ug/L	Y
03-0022S	05/14/2010	Iron	10300	ug/L	Y
03-0022S	05/14/2010	Gross alpha	44.6	pCi/L	Y
03-0022S	05/14/2010	Aluminum	13000	ug/L	Y
03-0022S	05/14/2010	Aroclor-1242	0.0378	ug/L	N
03-0022S	05/14/2010	Aroclor-1262	0.0378	ug/L	N
03-0022S	05/14/2010	Aroclor-1016	0.0378	ug/L	N
03-0022S	05/14/2010	Aroclor-1248	0.0378	ug/L	N
03-0022S	05/14/2010	Aroclor-1232	0.0378	ug/L	N
03-0022S	05/14/2010	Aroclor-1221	0.0378	ug/L	N
03-0022S	05/14/2010	Aroclor-1254	0.0378	ug/L	N
03-0022S	05/14/2010	Aroclor-1260	0.0378	ug/L	N
03-0022S	05/14/2010	Mercury	0.087	ug/L	N
03-0022S	06/07/2010	Iron	2220	ug/L	Y
03-0022S	08/04/2010	Iron	1080	ug/L	Y
03-0022S	10/01/2010	Iron	854	ug/L	Y
03-0022S	07/28/2011	Copper	181	ug/L	Y
03-0022S	05/08/2012	Copper	36.4	ug/L	Y
03-0022S	04/26/2015	Thallium	0.45	ug/L	N
Sandia E of Power Plant	04/11/2009	Iron	1090	ug/L	Y

Location ID	Date Sampled	Parameter Name	Report Result	Report Units	Detected
Sandia E of Power Plant	06/03/2009	Iron	6500	ug/L	Y
Sandia E of Power Plant	06/03/2009	Mercury	0.067	ug/L	N
Sandia E of Power Plant	06/03/2009	Gross alpha	12.9	pCi/L	Y
Sandia E of Power Plant	06/03/2009	Aluminum	11500	ug/L	Y
Sandia E of Power Plant	06/10/2009	Aroclor-1262	0.037	ug/L	N
Sandia E of Power Plant	06/10/2009	Aroclor-1016	0.037	ug/L	N
Sandia E of Power Plant	06/10/2009	Aroclor-1221	0.037	ug/L	N
Sandia E of Power Plant	06/10/2009	Aroclor-1254	0.037	ug/L	N
Sandia E of Power Plant	06/10/2009	Aroclor-1260	0.037	ug/L	N
Sandia E of Power Plant	06/10/2009	Aroclor-1248	0.037	ug/L	N
Sandia E of Power Plant	06/10/2009	Aroclor-1232	0.037	ug/L	N
Sandia E of Power Plant	06/10/2009	Aroclor-1242	0.037	ug/L	N
Sandia E of Power Plant	08/14/2009	Iron	1690	ug/L	Y
Sandia E of Power Plant	10/07/2009	Iron	491	ug/L	Y
Sandia E of Power Plant	05/14/2010	Iron	5370	ug/L	Y
Sandia E of Power Plant	05/14/2010	Gross alpha	50.6	pCi/L	Y
Sandia E of Power Plant	05/14/2010	Aluminum	4830	ug/L	Y
Sandia E of Power Plant	06/07/2010	Iron	1560	ug/L	Y
Sandia E of Power Plant	08/04/2010	Iron	1170	ug/L	Y
Sandia E of Power Plant	10/02/2010	Iron	2780	ug/L	Y
Sandia E of Power Plant	04/07/2011	Copper	64.2	ug/L	Y
Sandia E of Power Plant	04/26/2015	Thallium	0.45	ug/L	N

## **APPENDIX I**

### **Records of Employee Training Related to the SWPPP**



# 2015 MSGP Corrective Actions

Presented by  
Terrill Lemke and Holly Wheeler

Environmental Protection Division  
Compliance Programs (ENV-CP)

December 01, 2015

# Agenda

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- Definition of Corrective Action
- What triggers a corrective action
- Examples of issues requiring corrective actions
- Timeframes to address corrective actions
- 45 Day Extension
- Corrective action process
- Results of initial inspection
- Suggestions
- Expectations and questions
- Request for other topics

## Corrective Action

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**Definition:** “Any action taken, or required to be taken, to

- (1) repair, modify, or replace any stormwater control used at the site;
- (2) clean up and dispose of spills, releases, or other deposits found on the site;
- (3) remedy a permit violation.

## What Triggers A Corrective Action?

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- Unauthorized release or discharge
- Discharge that violated a numeric effluent limit
- Control measures that are not stringent enough to ensure stormwater discharges meet Water Quality Standards.
  - These are the threshold values in your SWPPPs
- Visual assessment that shows evidence of stormwater pollution (e.g., color, odor, floating solids, settled solids, suspended solids, foam)
- Failure to meet any permit condition or those specified in the site specific SWPPP

# Examples of Issues Requiring Corrective Action





## Examples of Issues Requiring Corrective Action (continued)



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## Timeframes to address new corrective actions

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- Shall Immediately take action upon identification of an issue
  - Immediately is the **same day a condition is found**
  - If found after 3:00 pm, action must be taken **the next work day**
- If follow-up action is needed – before the next storm event or within 14 calendar days
- If finalization of CA is not feasible within 14 days the following is required
  - Documentation of why it is not feasible to close the CA within this timeframe
  - A formal schedule for completion of the action A.S.A.P. **but no longer than 45 days after discovery**

## 45 Day Extension

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- If a CA is expected to exceed the 45 day timeframe (as identified above) the DEP shall provide ENV-CP the following information
  - Rationale for an extension (e.g., a defensible position that does not put LANS at risk)
  - Provide a realistic completion date
  - Take the minimum additional time necessary to complete the corrective action.
- Where a corrective action results in a change to any control measure or procedure the SWPPP must be modified within 14 calendar days of the day the CA was closed.

# Corrective Action Process

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- Identification of an issue either during routine operations or during an inspection
  - Notify the Deployed Environmental Professional
  - Take immediate action
  - Record the issue and corrective action
    - Enter the issue into the MSGP Corrective Action Report (CAR) Database
    - Propose a completion date
    - System notifies FOD, DSESH Manager, and ENV-CP of new CA
  - Follow-up and completion of corrective action
    - Perform work and record completed activities and date of completion in the database
    - Database automatically sends e-mail notifications to key personnel every 30 days until corrective actions are closed (process may change/compress in the future)

## Corrective Action Process (continued)

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- Follow-up and completion of corrective action (continued)
  - If CA is expected to exceed 14 days, enter a schedule for completion in the database
  - At about day 30, ENV-CP will be contacting the DEP for the following information:
    - Rationale for a 45 day extension
    - Realistic completion date taking the minimum amount of time necessary
  - Letter will be sent to Region 6 EPA **prior** to the 45<sup>th</sup> day.
  - ENV-CP will track progress according to the schedule provided in the 45 day extension letter
  - If timeframes in the letter are exceeded, it is a permit non-compliance.

## Results of initial inspection

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- Started with 40 corrective actions with potential to exceed 45 day timeframe
- Corrective action initiated well into the 45-day period (not started immediately)
- Three CA's reported to Region 6 EPA with rationale and completion dates.
  - Took numerous phone calls and discussions up the management chain to the AD level to accomplish this
  - Not efficient use of resources
  - Must strive for proactivity, not reactivity
- One was closed within identified timeframe
- One has exceeded the completion date reported to EPA
- One must be addressed by this Friday
- EPA will consider the appropriateness and promptness of corrective action in determining enforcement response to permit violations

## Suggestions for Improvements?

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- How does the institution speed up the corrective action process?
  - Improve the FSR system?
    - Flag compliance driven work
    - Allow compliance driven work to move through system without cost code or automatically be assigned a specific cost code
  - Use Maintenance Connection to push out work order to DEPs with deadline and notification to managers
  - What are the barriers you face in taking immediate action and/or completing work within 14 days?
    - How do we improve this? Ideas?



# Expectations

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- Be timely and diligent in implementing 2015 MSGP requirements at your facilities
  - *Plan ahead for budget & resources*
- Look for opportunities to streamline and improve processes
- Ask for help



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# Questions?

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## Requests for Other Topics?

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## ENV-CP

**Training Topic: 2015 MSGP Corrective Action Training**

**Date: December 1, 2015**

**Place: TA-59-116-117**

**Training Called By: Sue Terp, ENV-ES DEP Monthly Meeting**

**Training Given By: Holly Wheeler and Terrill Lemke, ENV-CP**

<u>Name</u>	<u>Z#</u>	<u>Organization</u>	<u>Mail Stop</u>	<u>Phone</u>	<u>Cell</u>	<u>Pager</u>
Stephen Cossey	122057	DSESH-TA55	K571	5-8893	500-6614	4-5791
David Paulson	193689	DSESH-LFO	H418	5-8884	930-7347	—
SMYTH Cohn	296203	ENV-ES		5-8866	231-5385	—
SUSAN TERP	097044	ENV-ES	<del>K478</del> 5978	5-8889	5	—
STEPHANIE RECHAUEN	104588	DSESH-LFO	K481	7-4776	695-0727	
Bill O'Neill	240098	DSESH-UI		412-5705	→	
Pattie Baucom	206967	DSESH-LFO	H418	7-3905		
Lauren Massengill	292621	DSESH-STO		7-2964		
Kari Schoenberg	243198	DSESH-STO		7-1623		
Marc Gallegos	172470	DSESH-STO	<del>K478</del>	5-9050	500-2466	—

[illegible]

Full roster of  
attendees available  
through the  
Log-Div.  
Office

# Agenda

## Logistics Division Craft All Hands

Tuesday, May 3, 2016 8 – 10 am and Wednesday, May 4, 2016 1 -3 pm

- John Merhege, Logistics Division Leader
  - Orlando Griego, Craft Safety Representative 5 minutes
    - Evacuation
    - Directors Video
  - Larry Simmons, Principal Associate Director of Capital Projects (PADCAP) 15 minutes
  - Kim Cassara, Associate Director for Project Management (ADPM) 5 minutes
- 
1. Craft Wellness 20 minutes
    - Orlando Griego, Craft Safety Representative
    - Jamie Aslin and Cynthia Sandin of Occupational Safety and Health-Occupational Health (OSH-OH)
  2. Multi-Sector General Permit (MSGP) 10 minutes
    - Terrill Lemke of Environmental Protection and Compliance – Compliance Programs (EPC-CP)
  3. Radiological Control Awareness 10 minutes
    - Phil Romero of Deployed Environmental , Safety and Health Services –Construction, Projects and Craft Support (DESHS-CPCS)
  4. Materials of Trade Training 15 minutes
    - Phil Romero/Jillian Burgin of Deployed Environmental , Safety and Health Services – Construction, Projects and Craft Support (DESHS-CPCS)
  5. Fall Protection Training 20 minutes
    - Randy Sandoval and Thomas Crespín of Occupational Safety and Health-Industrial Safety & Hygiene (OSH-ISH)





# **Storm Water Multi-Sector General Permit Compliance**

**Terrill Lemke**  
**Environmental Protection & Compliance**

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# Water Quality History

- Cuyahoga River, Ohio
- 40 years ago...
  - Two-thirds of America's lakes, rivers and coastal waters were unsafe for fishing and swimming.





# Water Quality Facts & History

- Approximately 117 million people – one in three Americans – get drinking water from systems relying in part on streams, rivers or lakes.
- Annually approximately 1.2 trillion gallons of household, restaurant, and industrial sewage is dumped into US waters.
- 1 cup of oil can put a sheen on 1 surface acre of water.
- 1970 – Environmental Protection Agency founded
- 1973 – Clean Water Act
  - Restore and maintain quality of America's waters
  - Establish water quality laws & permits



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# Multi-Sector General Permit

- EPA water quality permit
- Objective: minimize the discharge of pollutants to surface waters
- Regulates industrial activity (*Not only at LANL!*)
- At LANL:
  - Machine Shops
  - Asphalt Batch Plant
  - Power Plant
  - Material Recycling Facility
  - Roads & Grounds
  - Heavy Equipment Shop
  - TA-60 Warehouse
  - TA-54
  - Sigma Facility (TA-3-66)
  - Carpenter Shop (TA-3-38)

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Slide 4







# Why Do We Care?

- Federal law
- Protect the environment
- Protect the reputation of LANL
- Potential fines & penalties
  - Los Alamos County (Bayo Canyon WWTP) - \$6000
  - Santa Fe Airport - \$4000
  - Walmart - \$7 million



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# How Does This Impact You?

- MSGP facilities have specific:
  - Engineering controls
  - Administrative controls
  - Plans & procedures
- Be aware of controls and requirements

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# How Does This Impact You?

- Primary work related MSGP issues:
  - Housekeeping
  - Spills
  - Metal use/storage
- Think about how your work impacts storm water
- Your work affects MSGP compliance!

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# Conclusion

- MSGP compliance must be part of your job!
  - Plan for it
  - Think about how your material & activities can affect storm water runoff

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# Los Alamos

## National Laboratory

## Training Course Information/Roster

Course Title <b>TA3-22 SWPPP Training 2017</b>		Course No. <b>MA</b>		Session No. <b>1</b>	New Course? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Course Dates to <b>12/7/17</b>	Time <b>8:30</b>	Contact Hours <b>1.5</b>	Class Location <b>3-22-CR</b>	Cost/Person <b>0</b>	P.O. No. (if any) <b>0</b>
Instructor <b>J Buxsim</b>	Training Specialist		Z# <b>211081</b>	Vendor	
Sponsoring Organization	No. Attendees	Requirement Level Course <input type="checkbox"/> Lab-Wide <input type="checkbox"/> Division <input type="checkbox"/> Group <input checked="" type="checkbox"/> Compliance-based Regulation/Requirement			
Course Description/Comments	<b>Annual SWPPP Training for TA-3-22 Power Plant</b>				
Course Category (check one)		<input type="checkbox"/> (F) Profession Specific & Technical <input type="checkbox"/> (H) Safety <input type="checkbox"/> (I) Health <input type="checkbox"/> (J) Employee Development <input type="checkbox"/> (K) Special Programs & Service		<input type="checkbox"/> (L) Off-site Training <input type="checkbox"/> (N) Environmental <input type="checkbox"/> (O) On-the-job <input type="checkbox"/> (P) Emergency Response	
<input type="checkbox"/> (A) Management/Supervisory Development <input checked="" type="checkbox"/> (C) Facility/Site Specific <input type="checkbox"/> (D) Orientation (Org. or Benefits) <input type="checkbox"/> (E) LANL Processes & Procedures					
Training Method	<input checked="" type="checkbox"/> Live	<input type="checkbox"/> Video	<input type="checkbox"/> Computer-based	<input type="checkbox"/> Distance Learning	<input type="checkbox"/> Self Study <input type="checkbox"/> Test
STUDENT ROSTER (Complete all requested information or use N/A if not applicable) Personally Identifiable Information, i.e., Social Security Number, is not allowed					
Z Number	Name (Last, First, M.I.) Signature	Cost Center/Prog Code	Mail Stop	Group	
		Cost Acct/Work Pkg	Phone	Employer	
999888	Doe, John Q.	460700/ M352 H233/ K123	E538 5-2284	CIC-13 Butler	
1	202748 Cris Gomez	/			
2	089271 MONTANA, PAUL A.	/			
3	090228 Pablo C. V.	/			
4	107162 JAMES WILLIAMS	/			
5	099961 Robert E Gray	/			
6	176653 RAIN F. V. ELL	/			
7	205457 Arnett, Josh	/			
8	191711 Pacheco LEONARD M	/			
9	094113 Parish, Michael E	/			
10	183264 WAR Alex	/			
11	219115 Ligon Patrick	/			
12		/			

For additional names, go to [Form 1651con.](#)



# **Storm Water Multi-Sector General Permit (MSGP) for Industrial Facilities**

TA-3-22 Power & Steam Plant

2017 SWPPP Training

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# 2015 MSGP Permit



- The MSGP is a National Pollutant Discharge Elimination System (NPDES) Permit associated with the Clean Water Act (CWA) of 1973
  - Regulates storm water discharges from industrial facilities/activities
  - Objective is to minimize pollutants to surface waters
  - A new permit (with no.) is issued approx. every 5 years - 2015 MSGP #NMR053915 (LANS)
  - Requires implementation of a Stormwater Pollution Prevention Plan (SWPPP)

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# MSGP - LANL Facilities

## ■ LANL MSGP Regulated Facilities:

- **Metals Fab Shop** – TA-03-38: Sector AA (Fabricated Metal Products)
- **Carpenter Shop** – TA-03-38: Sector A (Timber Products)
- **Asphalt Batch Plant** – TA-60-233: Sector D (Asphalt Paving)
- **Metal Recycling Facility (MRF)** – TA-60-311: Sector N (Scrap Recycling)
- **Roads & Grounds** – TA-60-250: Sector P (Land Transportation/Warehousing)
- **Power & Steam Plant** – TA-03-22: Sector O (Steam Electric Generating)
- **Heavy Equipment** – TA-60-01: Sector P (Land Transportation/Warehousing)
- **Salvage Yard** – TA-60-02: Sector P (Land Transportation/Warehousing)
- **TA-3-39 & 102** – Sector AA (Fabricated Metal Products)
- **Sigma Complex Foundry** – TA-03-66: Sector AA & F (Fabricated & Primary Metals)
- **TA-54** - TA-54-Area G, Area L & Rant: Sector K (Hazardous Waste TSDF)
- **Maint. Facility West** – TA-54-Area L: Sector P (Land Transportation/Warehousing)

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# TA-03-22 Power Plant SWPPP Team Members



- TA-3-22 Power & Steam Plant SWPPP Team:
  - Pablo C de Vaca, Power Plant Ops. Manager, UIS
  - Jillian Burgin, Deployed Environmental Professional (DEP)
  - Russell Stone, ESH Manager DSESH-UIS
  - Holly Wheeler, MSGP Compliance Lead, EPC-CP
  
- UIS Facility Managers/FOD
  - Lawrence Chavez, Operations Manager
  - Andrew Erickson, FOD

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# TA-3-22 Power Plant SWPPP Site Specific Control Measures (BMPs)

- Inlet & Outlet Protection: gravel bags and Metallox wattles provide inlet and outlet protection as well as flow dissipation. Metallox wattles filter out metals in stormwater run-off and can be used at outfalls where sampling is performed.



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## TA-3-22 Power Plant SWPPP Site Specific Control Measures (BMPs)

- Covered Metal/Material Storage: Covered storage racks and roll-off bins minimize storm water contact with materials and pollutants. Prevents releases to the environment.



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# TA-3-22 Power Plant SWPPP

## Site Specific Control Measures (BMPs)

- Site Stabilization: (e.g. vegetation, paving, rip-rap, designated storm drains) provides erosion control, flow dissipation, minimization of pollutant transport.
- Berming: provides run-on/run-off control and flow dissipation.



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## TA-3-22 Power Plant SWPPP Site Specific Control Measures (BMPs)

- Good House-Keeping Practices: Covered and enclosed trash bins minimize debris on site. Periodic sweeping of the facility lot removes accumulated dust and reduces pollutants.  
YOU can help reduce trash as well: keep truck beds clean, properly dispose of food trash and cigarette butts, keep dumpsters closed. Recycle water bottles, cans, plastic bags, etc..



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# TA-3-22 Power Plant SWPPP Site Specific Control Measures (BMPs)

- Spill Protection:
  - Secondary containment units provide extra spill protection for oil-filled equipment, tanks and drums as well as chemicals and waste drums/containers.



- Spill kits, clean-up materials (such as dry absorbents and drip pads) can be used to mitigate spills and prevent releases to the environment.



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# TA-3-22 Power Plant - Spill Reporting

Spill kits for the Power Plant are located outside on the north side of the CGTG control room 03-2424 and inside the plant around oil-filled equipment.



Los Alamos National Laboratory - LOG-MSS Guidance



## Do you know who to call in the event of a spill/leak?



**Spills** and leaks from vehicles, equipment and laboratory operations can accidentally occur. Oil, fuel, hydraulic fluids and other chemicals, once spilled or leaked to the environment are pollutants that require immediate clean-up and spill reporting. It is important to prevent pollutants from entering into a watercourse or storm drain and from coming into contact with storm water. If you have the ability and materials to contain a spill (i.e. spill kit—absorbent pads, booms, etc.) you may do so in order to prevent migration of the spilled material until additional help arrives. You are still required to report the spill and should be aware of who to contact.

**Report a Spill**

**SEO (EM&R):**  
**667-6211**

**EPC-CP:**  
**667-0666**  
or Spill Pager  
**664-7722**

**Roads & Grounds:**  
**667-6111**

**WMCs Spill Pager:**  
**664-5864**

**LOG-MSS DEP:**  
**665-1893**

The appropriate spill contact should be listed in your Integrated Work Document (IWD). This can vary from your PIC to the Security & Emergency Operations Center (SEO), also known as EM&R, to your site access control office. The name and contact information for your Waste Management Coordinator (WMC) should also be listed in the IWD.

When in doubt, contact the SEO. They will respond, assess the situation, determine further actions required and will contact appropriate personnel. The Environmental Protection & Compliance (EPC-CP) group will also be contacted. EPC-CP will ensure a Spill Report is completed to document the spill. If the pollutant has reached a watercourse or storm drain, EPC-CP is responsible for reporting the spill to the state environment department - NMED and EPA.

A WMC will ensure that waste from a spill clean-up is properly managed and disposed. The LOG-MSS or FOD Deployed Environmental Professional (DEP) can help coordinate spill response and clean-up activities and can complete the Spill Report form.

*-Jillian Burgin, Deployed Environmental Professional for LOG-MSS*

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# TA-3-22 Power Plant- Samplers & Outfalls

## ■ Sampler(s)

- Automated collection during storm events
- Monitoring for pollutants
  - Benchmark
  - Impaired Waters (Sandia Canyon)



## ■ Storm Drains (Outfalls)

- Sample/discharge points (automated & visual)
- Evaluated during inspections
- Each numbered for site map
- 3 monitored outfalls on site: Outfalls 005, 009, 012

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## TA-3-22 Power Plant – Sampling (Monitoring)

### *Sampling parameters for TA-3-22 Power Plant*

- There are two types of monitoring:
  - **Benchmark (Quarterly)**
    - Monitors for sector-specific pollutants (i.e. metals)
  - **Impaired Waters (Annual)**
    - Monitors for pollutants associated with receiving water limits or impairments.

Monitoring Type	Location	Parameters	Numeric Limitations	Schedule
<b>Benchmark</b>  Sector O Steam Electric Generating Facilities	<b>Samplers:</b> MSGP00501 Outfall #005 MSGP00901 Outfall #009 MSGP01201 Outfall #012  Sandia Canyon	Iron	1.0 mg/L	Quarterly
<b>Impaired Waters</b>	<b>Samplers:</b> MSGP00501 Outfall #005 MSGP00901 Outfall #009 MSGP01201 Outfall #012  Sandia Canyon	Aluminum	681 ug/L	Annual
		Gross Alpha, adjusted	15 pCi/L	
		Copper	6 ug/L	
		Thallium, dissolved	0.47 ug/L	
		PCB in Water Column	0.00064 mg/L	

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# TA-3-22 Power Plant - SWPPP Inspections



- **Monthly Routine Inspections**

- Performed by DEP with UI personnel, annual with EPC-CP
  - Check for non-compliance issues/identify corrective actions
    - (i.e. housekeeping, uncovered materials, spills/pollutant discharge, BMP integrity)

- **Quarterly Visual Inspections**

- Performed during a storm event each quarter at each outfall (if possible)
  - Storm water sample collected in a clean, clear glass
  - Storm water sample evaluated for potential pollutants
    - (i.e. odor, oil sheen, suspended particles)
  - Additional BMPs may be required if pollutants are evident

- **Additional Reporting Requirements**

- Annual reporting to EPA for corrective action status
- Quarterly Discharge Monitoring Report (DMR) for sample results
- Spill reporting to EPC-CP and potentially NMED if reportable

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# TA-3-22 Power Plant - Corrective Actions

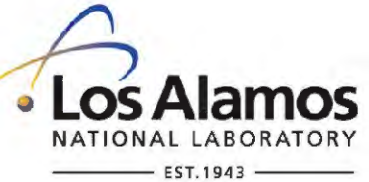


## ■ MSGP Corrective Action Process

- Once identified – immediate reporting to appropriate facility personnel
- Entered into CARs database/main-con. for EPC-CP reporting/tracking
- Specific deadlines for completion:
  - Same day or next day if identified late in the day or after regular business hours (quick fixes)
  - 14 days (order parts, schedule labor) >must provide schedule to EPC-CP
  - 45 days maximum (temporary BMPs required in the meantime)
  - >45 days: Report to EPC-CP for EPA is required (schedule must be provided for completion). EPA must approve schedule.
- FSRs with cost codes may be required
- Anyone can report – not just inspector or EPC-CP
- Exceedances from sampling can trigger corrective actions, applicable to the same deadlines as noted above.

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# TA-3-22 Power Plant - SWPPP Documentation



## ■ Required Documentation for SWPPP Plan

- **Site Maps**
  - Facility Specific
  - Receiving Waters
  - Endangered Species
- **Completed Inspection Forms & Templates**
- **Annual Reporting Data**
- **Notice of Intent (NOI) to EPA**
- **Non-Storm Water Discharge Certification**
- **Spill Tracking Table**
- **Amendment Log**
- **Sampling Results**
- **Training Records**
- **Critical Habitat Documentation/Historic Properties/NEPA**
- **Procedures Referenced in the SWPPP**

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# TA-3-22 Power Plant SWPPP

## Location & Contacts



- The SWPP Plan is updated annually and can be found online on the public reading room at:
  - <http://permalink.lanl.gov/object/tr?what=info:lanl-repo/lareport/LA-UR-17-20808>

- **Environmental Contacts:**

- Jillian Burgin, DESHS-UIS, DEP: 665-1893
- Leonard Sandoval, DESHS-UIS, DEP: 231-1235
- Russell Stone, DESHS-UIS, ESH Mgr.: 606-0017
  - Holly Wheeler, EPC-CP: 667-1312

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## **APPENDIX J**

### **Corrective Action Reports**

**Documentation of Repairs and Maintenance of Control Measures**



CAR #	MSGP Facility Desc	Inspection Date	Specific Location	Inspector Name	Finding Category	Finding Category Description If Other	Problem Description	Inspection Type	Inspection Type Description If Other	Corrective Action Description	SIO	SIO Affected	Provide Action Taken at Affected SIOs	Swppp Modify	CA Initiate Date	CA Complete Date	Completed	CA Status Desc	EPA Notified Date (For ≥ 45 days)
1282	TA-3-22 Power & Steam Plant	12/19/2017 14:15	North of TA-3-1790 at the Power and Steam Plant	WHEELER HOLLY L	Control measures inadequate to meet non-numeric effluent limitations	-	Trash, cardborad,and metal pieces were on the ground north of TA-3-1790 at the Power and Steam Plant.	Routine facility inspection	-	Pick up the trash, cardboard and metal pieces and dispose of it properly.	N	-	-	N	12/20/2017 0:00	12/20/2017 0:00	Y	Pick up the trash, cardboard and metal pieces and dispose of it properly.	-
1281	TA-3-22 Power & Steam Plant	12/19/2017 14:15	South of substation by the fire hydrant at TA-3-22	WHEELER HOLLY L	Control measures inadequate to meet non-numeric effluent limitations	-	Erosion is occuring by the fire hydrant south of the substation at the TA-3-22 Power and Steam Plant.	Routine facility inspection	-	Stabilize the erosion by the fire hydrant.	N	-	-	N	12/21/2017 0:00	12/21/2017 0:00	Y	Stabilize the erosion by the fire hydrant. The area was stabilized with rock 12/21/17.	-
1280	TA-3-22 Power & Steam Plant	12/19/2017 14:15	Southern portion of the TA-3-22 Power and Steam Plant	WHEELER HOLLY L	Change in facility operations necessitated change in control measures	Controls needed for spoils pile	A small spoils pile is located in the southern portion of the TA-3-22 Power and Steam Plant with no stormwater controls in place.	Routine facility inspection	-	Put sediment controls around the spoils pile.	N	-	-	Y	12/21/2017 0:00	12/21/2017 0:00	Y	Put sediment controls around the spoils pile. The base coarse spoils pile was leveled out in place. 12/21/17.	-
1279	TA-3-22 Power & Steam Plant	12/19/2017 14:15	South of the TA-3-22 Power Plant	WHEELER HOLLY L	Control measures not properly operated or maintained	-	Two gravel bags being used as inlet protection at the storm drain south of the TA-3-22 Power and Steam Plant were broken.	Routine facility inspection	-	Replace the broken gravel bags.	N	-	-	Y	12/21/2017 0:00	12/21/2017 0:00	Y	Replace the broken gravel bags. The gravel bags were replaced 12/21/17.	-
1247	TA-3-22 Power & Steam Plant	12/13/2017 11:00	Outfall 009 at TA-3-22 Power & Steam Plant	WHEELER HOLLY L	Average benchmark value exceedance	-	The average concentration of total Iron discharged from outfall 009 at TA-3-22 Power & Steam Plant was mathematically certain to exceed the benchmark value. This average was calculated from monitoring results associated with storm events occurring on 06/26/2017, 08/08/2017, and 10/05/2017. The average was 1573.3 ug/L. The benchmark value is 1000 ug/L.	Benchmark monitoring	-	Facility personnel must immediately take action to minimize off site discharge of total Iron at outfall 009. Personnel shall evaluate potential pollutant sources of total Iron and implement additional controls to ensure discharge of this pollutant source in stormwater is minimized.	Y	007, 008, and 010	Since outfall 009 is associated with substantially identical outfalls (SIOs) 007, 008 and 010, facility personnel must also assess the need for corrective action at these outfalls and document how the corrective action was appropriate for all SIOs, document why the exceedance would not affect these outfalls, or document additional corrective action taken specific to either of these outfalls.	Y	12/13/2017 11:00	12/13/2017 11:00	Y	Facility personnel need to evaluate potential pollutant sources of total Iron and implement additional controls to ensure discharge of this pollutant source in stormwater is minimized. If finalization of corrective action(s) exceeds 14 days, documentation of why it is infeasible to complete the corrective action within the 14 day timeframe must be provided along with a schedule for completion. SWPPP modifications required as a result of this exceedance, if needed, must be implemented within 14 days of completing corrective action work. The primary concrete swale that discharges to Outfall 009 was cleaned out on 10/26/17. This occurred after the exceedance from 10/5/17.	-
1241	TA-3-22 Power & Steam Plant	12/5/2017 0:00	TA-3-1404 Standby Generator	BURGIN JILLIAN E	Unauthorized release or discharge	-	A hose on the generator malfunctioned and released antifreeze into the generator's secondary containment and outside to the concrete pad.	Other (describe) :	-	Approximately 30 gallons of antifreeze was put into a 55 gallon drum for disposal. Absorbent pads and kitty litter were used to clean-up the remaining coolant. Additionally, the impacted concrete pad area outside the generator was Micro-Blazed. There was no release from the site or to an outfall.	N	-	-	Y	12/5/2017 0:00	12/11/2017 0:00	Y	Facility reported release to EPC, DEP & WMC. Spill materials were deployed immediately and disposed of on 12/07/17. Drum of excess antifreeze was removed from the site on 12/08/17. Micro-Blaze was applied 12/11/17.	-

1201	TA-3-22 Power & Steam Plant	10/23/2017 0:00	Concrete Swale 0300404020037	BURGIN JILLIAN E	Control measures not properly operated or maintained	-	There is accumulated sediment and vegetation debris clogging the channel outlet.	Routine facility inspection	-	Clean sediment and vegetation debris out of channel outlet.	N	-	-	N	10/23/2017 0:00	10/26/2017 0:00	Y	CAR reported at the time of inspection. Facility personnel will put in an FSR for Roads and Grounds to perform work. C/A was completed 10/26/17.	-
1200	TA-3-22 Power & Steam Plant	10/23/2017 0:00	SE of Bldg 1682 and E of 2373	BURGIN JILLIAN E	Control measures not properly operated or maintained	-	An open gray trashcan has been left on site (NE of Bldg 1682) from electrical work. Trash is on the east side of the parking lot by 1682. There are rags below the CGTG air compressor 2373.	Routine facility inspection	-	Remove trashcan and trash from 1682 area. Dispose of rags located east of 2373.	N	-	-	N	10/23/2017 0:00	10/24/2017 0:00	Y	CAR reported at the time of inspection. Trash should be picked up by facility personnel within a day. C/A completed 10/24/17.	-
1188	TA-3-22 Power & Steam Plant	10/11/2017 14:33	Outfall 005 at the TA-3-22 Power and Steam Plant	WHEELER HOLLY L	Average benchmark value exceedance	-	The average concentration of total Iron discharged from outfall 005 at the TA-3-22 Power and Steam Plant was mathematically certain to exceed the benchmark value. This average was calculated from monitoring results associated with storm events occurring on 06/01/2017 and 08/07/2017. The average result of these storm events is 3010 ug/L. The permit limit is 1000 ug/L	Benchmark monitoring	-	Facility personnel must immediately take action to minimize off site discharge of total Iron outfall 005. Personnel shall evaluate potential pollutant sources of total Iron and implement additional controls to ensure discharge of this pollutant source in stormwater is minimized.	Y	6	Since outfall 005 is associated with substantially identical outfall (SIO) 006, facility personnel must also assess the need for corrective action at outfall 006 and document how the corrective action was appropriate for both, document why the exceedance would not affect this outfall, or document additional corrective action taken specific to this outfall.	Y	10/12/2017 0:00	10/12/2017 0:00	Y	If finalization of corrective action(s) exceeds 14 days, documentation of why it is infeasible to complete the corrective action within the 14 day timeframe must be provided along with a schedule for completion. SWPPP modifications required as a result of this exceedance, if needed, must be implemented within 14 days of completing corrective action work. *Sediment was removed from the asphalt swale at Outfall 005 on 9/01/17. A new Metallox wattle was installed on 7/15/17.	-
1177	TA-3-22 Power & Steam Plant	9/25/2017 16:07	Outfall 012 at the TA-3-22 Power & Steam Plant	WHEELER HOLLY L	Impaired water quality exceedance	-	Discharge from outfall 012 at the TA-3-22 Power and Steam Plant exceeded the New Mexico water quality standard for Adjusted Gross Alpha. The concentration of Adjusted Gross Alpha discharged during the storm event on 07/26/2017 was 31 pCi/L and the water quality standard is 15 pCi/L.	Impaired waters monitoring	-	Facility personnel must immediately take action to minimize off site discharge of Adjusted Gross Alpha at outfall 012. Personnel shall evaluate potential pollutant sources of Adjusted Gross Alpha and implement additional controls to ensure discharge of this pollutant source in stormwater is minimized.	Y	11	Since outfall 012 is associated with substantially identical outfall (SIO) 011, facility personnel must also assess the need for corrective action at outfall 011 and document how the corrective action was appropriate for both, document why the exceedance would not affect this outfall, or document additional corrective action taken specific to this outfall. *9/26/17 Outfall 011 was evaluated and found not to be impacted by the same conditions as Outfall 012. No corrective action needed at SIO 011.	Y	9/26/2017 0:00	10/17/2017 0:00	Y	If finalization of corrective action(s) exceeds 14 days, documentation of why it is infeasible to complete the corrective action within the 14 day timeframe must be provided along with a schedule for completion. SWPP modifications required as a result of this exceedance must be implemented within 14 days of completing corrective action work. *9/26/17: DEP working to obtain access into the area to evaluate outfall/sampler. The area is blocked in by the new substation construction project and will require special access with a UI Lineman from the current substation. *DEP evaluated area on 9/26 ~2:30 p.m. The culvert at the outfall needs sediment removal. Walkdown is scheduled for 9/28 with Roads & Grounds and escort by UI Linemen. *9/28/17 R&G evaluated work needed for outfall. Will need to wait for ENV work package to perform work. *10/17/2017 the culvert at the outfall was cleaned out. Gravel bags were added to the western fenceline and bottom of the slope north of the outfall to redirect run-on.	-

1176	TA-3-22 Power & Steam Plant	9/25/2017 16:07	Outfall 012 at the TA-3-22 Power and Steam Plant	WHEELER HOLLY L	Impaired water quality exceedance	-	Discharge from outfall 012 at the TA-3-22 Power and Steam Plant exceeded the New Mexico water quality standard for total recoverable Aluminum. The concentration of total recoverable Aluminum discharged during the storm event on 07/26/2017 was 709 ug/L and the water quality standard is 681 ug/L.	Impaired waters monitoring	-	Facility personnel must immediately take action to minimize off site discharge of total recoverable Aluminum at outfall 012. Personnel shall evaluate potential pollutant sources of total recoverable Aluminum and implement additional controls to ensure discharge of this pollutant source in stormwater is minimized.	Y		11	Since outfall 012 is associated with substantially identical outfall (SIO) 011, facility personnel must also assess the need for corrective action at outfall 011 and document how the corrective action was appropriate for both, document why the exceedance would not affect this outfall, or document additional corrective action taken specific to this outfall. *9/26/17 Outfall 011 was evaluated and found not to be impacted by the same conditions as Outfall 012. No corrective action needed at SIO 011.	Y	9/26/2017 0:00	10/17/2017 0:00	Y	If finalization of corrective action(s) exceeds 14 days, documentation of why it is infeasible to complete the corrective action within the 14 day timeframe must be provided along with a schedule for completion. SWPPP modifications required as a result of this exceedance must be implemented within 14 days of completing corrective action work. *9/26/17: DEP working to obtain access into the area to evaluate outfall/sampler. The area is blocked in by the new substation construction project and will require special access with a UI Lineman from the current substation. *DEP evaluated area on 9/26 ~2:30 p.m. The culvert at the outfall needs sediment removal. Walkdown is scheduled for 9/28 with Roads & Grounds and escort by UI Linemen. *9/28/17 R&G evaluated work needed for outfall. Will need to wait for ENV work package to complete work. *10/17/2017 the culvert at the outfall was cleaned out. Gravel bags were added to the western fenceline and bottom of the slope north of the outfall to redirect run-on.	-
1161	TA-3-22 Power & Steam Plant	8/24/2017 0:00	Culverts, Concrete Rundown and Asphalt Swale at Outfall 005	BURGIN JILLIAN E	Control measures not properly operated or maintained	-	Clean out of sediment and debris (from summer rain events) needed at the following locations: Asphalt Swale at Outfall 005 [BMP# 0300404020004]; Grated storm drain and gravel bags at SW corner of building [BMP# 0300404020003, BMP# 0300403100012]; Inlet and outlet of culvert/concrete rundown [BMP# 0300404020037]; At gravel bags at asphalt rundown NE of bldg 1790 [BMP# 0300404020025].	Routine facility inspection	-	BMPs are still functioning, maintenance is needed to maintain BMP functionality.	N	-		All outfalls were evaluated. BMPs are associated with Outfalls 005 and 009.	N	8/24/2017 0:00	9/1/2017 0:00	Y	Corrective action was reported to facility personnel at the time of inspection. The scope of work is beyond what facility personnel can perform immediately. The work will need to be scheduled with a Roads & Grounds crew to be completed. An FSR was placed the same day to request work. *8/30/17 DEP performed walkdown with R&G, work will be scheduled for the week of 9/4/17 after Labor Day holiday. *Work was completed on 9/1/17. Verified by UI email with photos on 9/5 and walkdown with DEP on 9/7.	-
1152	TA-3-22 Power & Steam Plant	7/27/2017 0:00	SE of Loading Dock 2 and NE of Bdg 1682	BURGIN JILLIAN E	Control measures not properly operated or maintained	-	Asphalt piles from trenching and line repair need BMPs.	Routine facility inspection	-	Place gravel bags around asphalt piles.	N	-	-		N	7/27/2017 0:00	7/28/2017 0:00	Y	Reported to facility personnel at the time of inspection. C/A completed 7/28/17.	-
1151	TA-3-22 Power & Steam Plant	7/27/2017 0:00	Parking Lot Area NE of TA-3-1682	BURGIN JILLIAN E	Control measures not properly operated or maintained	-	A line repair was made in the area. Restabilization is needed.	Routine facility inspection	-	Restabilize asphalt lot area and repair portion of berm that is missing.	N	-	-		N	7/27/2017 0:00	8/16/2017 0:00	Y	Reported to facility personnel at the time of inspection. An FSR has been submitted for repairs. Repairs were completed 8/16/17.	-

1119	TA-3-22 Power & Steam Plant	6/15/2017 0:00	Outfalls 005 and 009 at the TA-3-22 Power and Steam Plant	WHEELER HOLLY L	Average benchmark value exceedance	Impaired water quality standard exceedance	Discharge from outfalls 005 and 009 at TA-3-22 exceeded the New Mexico water quality standard. For outfall 005, the exceedance was for Adjusted Gross Alpha, total recoverable Aluminum and dissolved Copper from a storm event on 04/04/2017. In addition, the average concentration of total Iron is mathematically certain to exceed the benchmark value. This average was calculated from monitoring results associated with the storm event occurring on 04/04/2017. For outfall 009, the exceedance was for total recoverable Aluminum and dissolved Copper. The average concentration of total Iron at this outfall is mathematically certain to	Benchmark monitoring	Impaired waters monitoring	Facility personnel must immediately take action to minimize off site discharge of the Adjusted Gross Alpha, total recoverable Aluminum, dissolved Copper, and Iron at outfall 005 and total rocoverable Aluminum, dissolved Copper and total Iron at outfall 009 by implementation of specific follow-up actions within 14 days (if additional action is needed). If finalization of corrective action(s) exceeds 14 days, documentation of why it is infeasible to complete the corrective action within the 14 day timeframe must be provided along with a schedule for completion. Since outfall 005 and 009 both have associated substantially identical outfalls (SIOs), facility personnel must also assess the need for corrective action for all related SIOs. SWPPP modifications required as a result of these exceedances must be	N	-	-	Y	6/15/2017 0:00	7/15/2017 0:00	Y	Facility personnel need to evaluate potential pollutant sources of total recoverable Aluminum, dissolved Copper, Adjusted Gross Alpha, and total Iron and implement additional controls to ensure discharge of these pollutants is minimized. *6/16/17 - Recommendations were made to sweep Power Plant lots. Work was scheduled to be performed the week of 6/19 however, the sweeper broke down and is in the Heavy Equipment Shop awaiting parts for repairs. *7/5 - sweeper is still in HES for parts/repairs. *7/12 - sweeping is scheduled to be performed on Saturday, 7/15/17. *7/17 the sweeper broke down again on 7/14. Alternative BMPs were implemented on 7/15. The sediment at the 005 asphalt swale was cleaned out and the metallox wattle was replaced. At 009 sediment was removed from the sampler station entrance. A metallox wattle was installed at the edge of rip-rap in outfall swale near the sampler. The culverts in the upper lot were cleaned out.	-
1102	TA-3-22 Power & Steam Plant	5/18/2017 0:00	Culvert East of CGTG Air Compressor	BURGIN JILLIAN E	Control measures not properly operated or maintained	-	There is accumulated sediment in the culvert [BMP# 0300409040036].	Routine facility inspection	-	Clean out the accumulated sediment.	N	-	-	N	5/18/2017 0:00	6/6/2017 0:00	Y	C/A was reported to facility personnel at the time of inspection. C/A completed 6/6/17.	-
1101	TA-3-22 Power & Steam Plant	5/18/2017 0:00	Concrete Swale	BURGIN JILLIAN E	Control measures not properly operated or maintained	-	Debris and sediment in concrete swale [BMP# 0300404020037] needs to be cleaned out.	Routine facility inspection	-	Clean out debris and sediment from swale and culvert at top of the connecting trench drain.	N	-	-	N	5/18/2017 0:00	6/6/2017 0:00	Y	C/A was reported to facility personnel at the time of inspection. C/A completed 6/6/17.	-
1091	TA-3-22 Power & Steam Plant	4/19/2017 0:00	Metal Roll-Off Bin and Throughout Facility	BURGIN JILLIAN E	Control measures not properly operated or maintained	-	Housekeeping needed around metal roll-off bin and throughout the facility.	Routine facility inspection	-	Pick up metal shavings and material around roll-off bin, pick up trash throughout facility.	N	-	-	N	4/19/2017 0:00	4/25/2017 0:00	Y	CAR was reported to facility personnel at the time of inspection. Complete 4/25/17.	-
1090	TA-3-22 Power & Steam Plant	4/19/2017 0:00	South of Cooling Towers	BURGIN JILLIAN E	Control measures not properly operated or maintained	-	Bollards with concrete have been discarded in the area south of the cooling tower and near metal pipe racks.	Routine facility inspection	-	Remove bollards and properly dispose or reuse.	N	-	-	N	4/19/2017 0:00	4/21/2017 0:00	Y	CAR was reported to facility personnel at the time of inspection. Bollards were removed and a dump request was put in for the concrete. 4/21/17.	-
1089	TA-3-22 Power & Steam Plant	4/19/2017 0:00	Southwest Section of Facility	BURGIN JILLIAN E	Control measures not properly operated or maintained	-	There are discarded wooden pallets and broken asphalt accumulated along the southwest section of the facility near the asphalt bermed area.	Routine facility inspection	-	Remove wooden pallets and clean up and remove asphalt.	N	-	-	N	4/19/2017 0:00	4/21/2017 0:00	Y	CAR was reported to facility personnel at the time of inspection. Corrective action complete 4/21/17.	-
1088	TA-3-22 Power & Steam Plant	4/12/2017 0:00	TA-3-233 Electrical Switchyard	BURGIN JILLIAN E	Unauthorized release or discharge	-	During switching operation to re-energize 115kV power line a Motor Operated Disconnect (MOD) switch, hydraulics failed, releasing approximately two (2) quarts of oil onto HV equipment and onto the ground.	Other (describe) :	During work being performed.	Electrical equipment was isolated and a Clearance/Priority One (1) was obtained to assess equipment failure and clean up the oil released. Water quality and EOC were notified.	N	-	-	N	4/12/2017 0:00	4/13/2017 0:00	Y	The oil spilled onto the gravel was cleaned up with Microblaze. Rags were used to clean up oil on HV equipment. A spill report was completed by the UI DEP and sent to EPC.	-

1073	TA-3-22 Power & Steam Plant	3/23/2017 0:00	Roadway East of Stabilized Slope	BURGIN JILLIAN E	Control measures not properly operated or maintained	-	There is excess broken up asphalt located east of the slope that was recently stabilized.	Routine facility inspection	-	Clean up and remove excess asphalt from roadway.	N	-	-	N	3/23/2017 0:00	3/24/2017 0:00	Y	CAR reported at the time of inspection and Roads & Grounds notified. *Work completed 3/24/17.	-
1054	TA-3-22 Power & Steam Plant	2/16/2017 0:00	East Side of Metal Roll-Off Bin	BURGIN JILLIAN E	Control measures not properly operated or maintained	-	There was piping and associated materials on the ground underneath the east side of the metal roll-off bin.	Routine facility inspection	-	Pick up and properly dispose of piping and materials.	N	-	-	N	2/16/2017 0:00	2/16/2017 0:00	Y	Piping was picked up and material properly disposed of on 2/16/2017.	-
1034	TA-3-22 Power & Steam Plant	12/19/2016 0:00	South of outfall 008 at the TA-3-22 Power and Steam Plant	WHEELER HOLLY L	Control measures not properly operated or maintained	-	South and a bit west of outfall 008 at the TA-3-22 Power and Steam Plant, there is an asphalt berm that needs repair.	Routine facility inspection	-	Repair the asphalt berm south and a bit west of outfall 008.	N	-	-	N	12/19/2016 0:00	12/22/2016 0:00	Y	Repair the asphalt berm south and a bit west of outfall 008. Gravel bags were installed at the berm until final repairs can be made. 12/22/16.	-
1033	TA-3-22 Power & Steam Plant	12/19/2016 0:00	The welding industrial activity area at the TA-3-22 Power and Steam Plant and other locations throughout the site.	WHEELER HOLLY L	Control measures inadequate to meet non-numeric effluent limitations	-	At the TA-3-22 Power and Steam Plant, there were tiny metal pieces presumable left over from welding or cutting, on the table in the welding area. In addition, there was a piece of cut rusted metal towards the edge of the covered area that needs to be protected. Additional metal was stored to the south the welding area. This also needs to be covered. There is a rusted steel beam that is stored south of the cooling tower that was not covered. There were also small pieces of metal on the ground around the metal for recycle roll off bin.	Routine facility inspection	-	Sweep up the tiny metal pieces and put them in a drum. Move metal stock and other metal under cover so it is better protected from coming in contact with precipitation. Cover the rusted steel beam. Pick up the small metal pieces on the ground around the metal for recycle roll off bin.	N	-	-	N	12/19/2016 0:00	12/20/2016 0:00	Y	Sweep up the tiny metal pieces and put them in a drum. Move metal stock and other metal under cover so it is better protected from coming in contact with precipitation. Cover the rusted steel beam. Pick up the small metal pieces on the ground around the metal for recycle roll off bin. *Corrective action was completed 12/20/16.	-
1032	TA-3-22 Power & Steam Plant	12/19/2016 0:00	BMPS number 0300404020037 and 0300404030026 at the TA-3-22 Power and Steam Plant	WHEELER HOLLY L	Control measures not properly operated or maintained	-	Sediment needs to be cleaned out of two BMPs. The concrete run down (BMP number 0300404020037) and the rock channel/swale (BMP number 0300404030026). See site map in the SWPPP for specific locations.	Routine facility inspection	-	Sediment needs to be cleaned out of two BMPs. The concrete run down (BMP number 0300404020037) and the rock channel/swale (BMP number 0300404030026). See site map in the SWPPP for specific locations.	N	-	-	N	12/19/2016 0:00	2/8/2016 0:00	Y	Sediment needs to be cleaned out of two BMPs. The concrete run down (BMP number 0300404020037) *work complete 12/20/16* and the rock channel/swale (BMP number 0300404030026) *work was scheduled for completion on 1/27/17 however, the linemen escorting workers into the transformer area noticed equipment was not grounded. Work has been potentially rescheduled for the week of 1/30/17. *2/08/17: Work for BMP# 03004030026	-
1031	TA-3-22 Power & Steam Plant	12/19/2016 0:00	Throughout the TA-3-22 Power and Steam Plant site.	WHEELER HOLLY L	Control measures inadequate to meet non-numeric effluent limitations	-	At the TA-3-22 Power and Steam Plant, there are used tarps that need to be thrown away south of the cooling towers. In addition, trash needs to be picked up throughout the site.	Routine facility inspection	-	Throw away the tarps south of the cooling towers that are on the ground. Also, pick up trash throughout the site.	N	-	-	N	12/19/2016 0:00	12/21/2016 0:00	Y	Throw away the tarps south of the cooling towers that are on the ground. Also, pick up trash throughout the site.	-

1030	TA-3-22 Power & Steam Plant	12/19/2016 0:00	East side of the TA-3-22 Power and Steam Plant	WHEELER HOLLY L	Control measures inadequate to meet non-numeric effluent limitations	-	The east slope of the TA-3-22 Power and Steam Plant has been dug up and needs to be stabilized.	Routine facility inspection	-	Stabilize the bare east slope of the TA-3-22 Power and Steam Plant.	N	-	-	N	12/19/2016 0:00	3/8/2017 0:00	Y	Stabilize the bare east slope of the TA-3-22 Power and Steam Plant. *1/27/17: the work cannot be completed under current winter weather conditions. The site is currently snow covered and the ground is frozen. Reseeding is not recommended until April 15th or later per LANL Master Spec for Seeding. A schedule for completion will be provided to EPC-CP for EPA (done 2/2/17 with a requested completion date of 5/15/17). *2/09/17: DEP met with EPC, UI & R&G staff to discuss stabilization options. EX-ID 17X-0096 was submitted to perform work. *3/8/17: Site was stabilized with seeding and coconut matting. An asphalt berm was installed at the bottom of the slope on the east side.	-
1029	TA-3-22 Power & Steam Plant	12/19/2016 0:00	Southwest of Tank 03-0336 and next to outfall 005 on the SW corner of the TA-3-22 Power and Steam Plant.	WHEELER HOLLY L	Control measures not properly operated or maintained	-	Gravel bags at the TA-3-22 Power and Steam Plant were broken and need to be replaced. Once broken bag was located next to outfall 005. The others were southwest of Tank 03-0336.	Routine facility inspection	-	Replace the gravel bags that were broken.	N	-	-	N	12/19/2016 0:00	12/22/2016 0:00	Y	Replace the gravel bags that were broken. *12/20/16 the gravel bag at 005 was replaced. *12/22/16 the gravel bags at 3-336 were replaced.	-
994	TA-3-22 Power & Steam Plant	10/21/2016 0:00	Building 24	BURGIN JILLIAN E	Unauthorized release or discharge	-	Operations was moving a 55 gallon barrel of 7408 Sodium Bisulfite with a barrel dolly, which pierced the barrel, causing a 2-3 gallon chemical leak out onto asphalt.	Other (describe) : During Operations	-	WMC, EM&R/Hazmat and Water Quality responded.	N	-	-	N	10/21/2016 0:00	10/21/2016 0:00	Y	The spill was cleaned up with water and absorbent pads. The WMC disposed of waste. The area was also swept multiple times. Opearions will look at alternative methods to move chemical barrels or purchase a device that won't pierce or damage barrels during transport.	-
991	TA-3-22 Power & Steam Plant	10/25/2016 0:00	Southwest Corner of Building 22 at Grated Outlet	BURGIN JILLIAN E	Control measures not properly operated or maintained	-	Gravel bag at outlet is torn open and needs to be replaced. BMP# [0300403100012]	Routine facility inspection	-	Replace torn gravel bag at outlet. Southwest corner of Bldg. 22.	N	-	-	N	10/25/2016 0:00	10/28/2016 0:00	Y	Reported corrective action required at the time of inspection.	-
986	TA-3-22 Power & Steam Plant	10/7/2016 0:00	Outfall 012 at the TA-3-22 Power and Steam Plant	WHEELER HOLLY L	Average benchmark value exceedance	Impaired water quality standard exceedance	Discharge from outfall 012 at the TA-3-22 Power and Steam Plant exceeded the New Mexico water quality standard for total recoverable Aluminum. This occurred during the storm event on 8/04/2016. In addition, the average concentration of total Iron discharged at the same outfall was mathematically certain to exceed the benchmark value. This occurred during the storm event on 8/04/2016.	Benchmark monitoring	Impaired water monitoring	Facility personnel must immediately take action to minimize off site discharge of total recoverable Aluminum and total Iron at outfall 012 followed by implementation of specific follow-up actions within 14 days (if additional action is needed). If finalization of corrective action(s) exceeds 14 days, documentation of why it is infeasible to complete the corrective action within the 14 day timeframe must be provided along with a schedule for completion. Since outfall 011 is substantially identical to outfall 012, facility personnel must also assess the need for corrective action at outfall 011. SWPPP modifications required as a result of this exceedance must be implemented within 14 days of completing corrective action work.	N	-	-	Y	10/7/2016 0:00	10/11/2016 0:00	Y	Facility personnel need to evaluate potential pollutant sources of total recoverable Aluminum and total Iron and implement additional controls to ensure discharge of these pollutant sources in stormwater is minimized. Metallox wattles were installed at the facility at the end of August 2016. The sampling data from 8/4/16 does not reflect the current control measures in place.	-



968	TA-3-22 Power & Steam Plant	9/23/2016 0:00	Outfall 005 at the TA-3-22 Power and Steam Plant	WHEELER HOLLY L	Average benchmark value exceedance	-	The average concentration of total Iron discharged from outfall 005 at the TA-3-22 Power and Steam Plant was mathematically certain to exceed the benchmark value. This occurred during the storm event on 7/15/2016.	Benchmark monitoring	-	The facility must immediately take action to minimize off site discharge of total Iron at outfall 005 followed by implementation of specific follow-up actions within 14 days (if additional action is needed). If finalization of corrective action(s) exceeds 14 days, documentation of why it is infeasible to complete the corrective action within the 14 day timeframe must be provided along with a schedule for completion. Since outfall 005 is substantially identical to outfall 006, the facility must assess the need for corrective action relative to outfall 006 also. SWPPP modifications required as a result of this exceedance must be implemented within 14 days of completing corrective action work.	N	-	-	Y	9/23/2016 0:00	9/26/2016 0:00	Y	The facility needs to evaluate potential pollutant sources of total Iron and implement additional controls to ensure discharge of this pollutant source in stormwater is minimized. 9/26/16: The sampling data is from 7/15/16 and does not reflect corrective action already taken at the facility. The site was swept and Metallox wattles were installed at the outfall on 8/26/16.	-
966	TA-3-22 Power & Steam Plant	9/20/2016 0:00	NE Side of Bldg 1790	BURGIN JILLIAN E	Control measures not properly operated or maintained	-	The asphalt rundown BMP# [0300404020025] located at the NE side of Bldg. 1790 has eroded.	Routine facility inspection	-	The asphalt rundown needs to be repaved or otherwise repaired to prevent further erosion in the area.	N	-	-	Y	9/20/2016 0:00	9/29/2016 0:00	Y	Repaving of the rundown may not be feasible due to the location. Alternative BMPs may need to be installed. 09/29/16: The rundown was reinforced with gravel bags on sides and within the drainage swale.	-
957	TA-3-22 Power & Steam Plant	8/24/2016 0:00	005 at the TA-3-22 Power and Steam Plant	WHEELER HOLLY L	Average benchmark value exceedance	Impaired water quality standard exceedance	Discharge from outfall 005 at the TA-3-22 Power and Steam Plant exceeded the New Mexico water quality standard for Adjusted Gross Alpha and total recoverable Aluminum. In addition, The average concentration of total Iron is mathematically certain to exceed the benchmark value at the same outfall. This occurred during the storm event on 7/01/2016.	Benchmark monitoring	-	The facility must immediately take action to minimize off site discharge of Adjusted Gross Alpha, total recoverable Aluminum and total Iron at outfall 005 followed by implementation of specific follow-up actions within 14 days (if additional action is needed). If finalization of corrective action(s) exceeds 14 days, documentation of why it is infeasible to complete the corrective action within the 14 day timeframe must be provided along with a schedule for completion. Since outfall 005 has an associated substantially identical outfall (SIO), the facility must assess the need for corrective action for outfall 006 also. SWPPP modifications required as a result of this exceedance must be implemented within 14 days of completing corrective action work.	N	-	-	Y	8/24/2016 0:00	26-AUG-0016 00:00	Y	The facility needs to evaluate potential pollutant sources of Adjusted Gross Alpha, total recoverable Aluminum and total Iron and implement additional controls to ensure discharge of these pollutant sources in stormwater is minimized. Cleaned area, swept area and added waddles.	-

954	TA-3-22 Power & Steam Plant	8/8/2016 0:00	Outfall 009 at the TA-3-22 Power and Steam Plant	WHEELER HOLLY L	Average benchmark value exceedance	-	The average concentration of total Iron discharged from outfall 009 at the TA-3-22 Power and Steam Plant was mathematically certain to exceed the benchmark value.	Benchmark monitoring	-	The facility must immediately take action to minimize off site discharge of total Iron at outfall 009 followed by implementation of specific follow-up actions within 14 days (if additional action is needed). If finalization of corrective action(s) exceeds 14 days, documentation of why it is infeasible to complete the corrective action within the 14 day timeframe must be provided along with a schedule for completion. Since outfall 009 has associated substantially identical outfalls (SIOs), the facility must assess the need for corrective action for all related SIOs (outfalls 007, 008 and 010). SWPPP modifications required as a result of this exceedance must be implemented within 14 days of completing corrective action work.	N	-	-	Y	8/8/2016 0:00	26-AUG-0016 00:00	Y	The facility needs to evaluate potential pollutant sources of total Iron and implement additional controls to ensure discharge of this pollutant source in stormwater is minimized. Cleaned area, swept area and added 2 sets of waddles.	-
936	TA-3-22 Power & Steam Plant	7/14/2016 0:00	Outfall 009 at the TA-3-22 Power and Steam Plant	WHEELER HOLLY L	Other (describe) :	Impaired water quality standard exceedance	Discharge from outfall 009 at the TA-3-22 Power and Steam Plant exceeded the New Mexico water quality standard for total recoverable Aluminum. This occurred during the storm event on 5/19/2016.	Other (describe) :	Impaired waters monitoring	The facility must immediately take action to minimize off site discharge of the total recoverable Aluminum at outfall 009 followed by implementation of specific follow-up actions within 14 days (if additional action is needed). If finalization of corrective action(s) exceeds 14 days, documentation of why it is infeasible to complete the corrective action within the 14 day timeframe must be provided along with a schedule for completion. Since outfall 009 has associated substantially identical outfalls (SIOs), the facility must assess the need for corrective action for all related SIOs (i.e., outfalls 007,008 and 010). SWPPP modifications required as a result of this exceedance must be implemented within 14 days of completing corrective action work.  Discussed with management and	N	-	-	Y	7/14/2016 0:00	8/5/2016 0:00	Y	N/A	-

930	TA-3-22 Power & Steam Plant	7/13/2016 0:00	Outfall 005 at the TA-3-22 Power and Steam Plant	WHEELER HOLLY L	Other (describe) :	Impaired water quality standard exceedance.	Discharge from outfall 005 at the TA-3-22 Power and Steam Plant exceeded the New Mexico water quality standard for Copper. This occurred during the storm event on 4/29/2016.	Other (describe) :	Impaired water monitoring	The facility must immediately take action to minimize off site discharge of the dissolved Copper at outfall 005 followed by implementation of specific follow-up actions within 14 days (if additional action is needed). If finalization of corrective action(s) exceeds 14 days, documentation of why it is infeasible to complete the corrective action within the 14 day timeframe must be provided along with a schedule for completion. Since outfall 005 has an associated substantially identical outfall (SIO), the facility must assess the need for corrective action for the related SIO (outfall 006). SWPPP modifications required as a result of this exceedance must be implemented within 14 days of completing corrective action work.	N	-	-	Y	7/13/2016 0:00	8/5/2016 0:00	Y	N/A	-
929	TA-3-22 Power & Steam Plant	7/11/2016 0:00	Outfall 009 at the TA-3-22 Power and Steam Plant	WHEELER HOLLY L	Other (describe) :	Impaired water quality standard exceedance	Discharge from outfall 009 at the TA-3-22 Power and Steam Plant exceeded the New Mexico water quality standard for dissolved Copper and Thallium. This occurred during the storm event on 4/19/2016.	Other (describe) :	Impaired water monitoring	The facility must immediately take action to minimize off site discharge of the Copper and Thallium at outfall 009 followed by implementation of specific follow-up actions within 14 days (if additional action is needed). If finalization of corrective action(s) exceeds 14 days, documentation of why it is infeasible to complete the corrective action within the 14 day timeframe must be provided along with a schedule for completion. Since outfall 026 has associated substantially identical outfalls (SIOs), the facility must assess the need for corrective action for all related SIOs (outfalls 008 and 010). SWPPP modifications required as a result of this exceedance must be implemented within 14 days of completing corrective action work.  All metals stored outside are	N	-	-	Y	7/11/2016 0:00	8/5/2016 0:00	Y	N/A	-
873	TA-3-22 Power & Steam Plant	2/16/2016 0:00	SE of TA 3-22	HEINTSCH EL CLIFF L	Control measures inadequate to meet applicable water quality standards	-	Snow plows have torn gravel bags and straw waddles	Routine facility inspection	-	Gravel bags were replaced.	N	-	-	N	2/16/2016 0:00	17-FEB-0016 00:00	Y	N/A	-

## **CERTIFICATION FOR CORRECTIVE ACTIONS**

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 assure that qualified personnel properly gathered and evaluated the information contained therein. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information contained 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:** Russell Stone

**Title:** UI ESH Manager 4

**Signature:** Russell Stone

Digitally signed by Russell Stone  
DN: cn=Russell Stone, o=DESHE-UI,  
ou=ADESH, email=rdstone@lanl.gov,  
c=US  
Date: 2018.02.09 10:19:05 -07'00'

**Date:** \_\_\_\_\_



**Environmental Protection & Compliance  
Compliance Programs (EPC-CP)**  
PO Box 1663, K490  
Los Alamos, New Mexico 87545  
(505) 667-0666

Date: **FEB 02 2017**  
Symbol: EPC-DO: 17-089  
LA-UR: 17-20807  
Locates Action No.: N/A

Ms. Nasim Jahan  
Water Quality Protection Division (6WQ)  
U.S. Environmental Protection Agency, Region 6  
1445 Ross Avenue, Suite 1200  
Dallas, TX 75202-2733

Dear Ms. Jahan:

**Subject: National Pollutant Discharge Elimination System (NPDES) Permit Tracking No. NMR053195, Multi-Sector General Permit (MSGP) 45 Day Extension Notification Pursuant to Part 4.3.2**

In accordance with Part 4.3.2 of the 2015 NPDES Multi-Sector General Permit, the purpose of this letter is to notify EPA Region 6 personnel that completion of corrective actions for two items at Los Alamos National Laboratory (LANL) (MSGP Tracking No. NMR053195) will exceed 45 days. This letter is being submitted on behalf of Los Alamos National Security, LLC, the operator of LANL. For each of these items, the rationale for an extension and a proposed completion date are included in the Table 1, below.

**Table 1 – MSGP Corrective Action 45 Day Extensions**

LANL Tracking #	Condition Requiring Corrective Action	Rationale for Extension	Proposed Completion Date
1032	Sediment needs to be cleaned out of two best management practices (BMPs). The concrete run down (BMP number 0300404020037) and the rock channel/swale (BMP	Roads & Grounds crew must be accompanied into the area by Linemen due to the presence of live transformers. Work was scheduled to be completed on 1/27/17. However, the escorting lineman called off work due to a grounding issue with one of the transformers. The	2/24/2017

	number 0300404030026). See the site map in the Storm Water Pollution Prevention Plan for specific locations.	transformer must be grounded before workers can return to the area and complete work. Work is in a high-hazard area and will need to be rescheduled with Roads & Grounds and a Lineman escort. The transformer will need to be grounded and secured, which could take up to 1-2 weeks to schedule and perform. Clean-out should be possible within 1-2 weeks after grounding is complete but by no later than Feb 24, 2017 if no further hazards arise.	
1030	The east slope of the TA-3-22 Power and Steam Plant has been dug up and needs to be stabilized.	Winter conditions currently exist. Per LANL Engineering Standards, Master Specification Section 32-9219 Seeding: seeding is not recommended before April 15, or when topsoil is frozen. Seeding and stabilization (with erosion control blanket) should be complete by May 15, 2017. Rationale for this timing is based on the fact that there may be adverse weather conditions into May. Temporary sediment controls (i.e. gravel bags) will be installed to address any potential erosion until permanent stabilization can be initiated.	5/15/2017

If you have any questions or need additional information, please contact Terrill Lemke at (505) 665-2397.

Sincerely,



Anthony R. Grieggs  
Group Leader  
Environmental Compliance Programs  
Los Alamos National Security, LLC

ARG:TWL/HLW/am



Copy: Shelly Lemon, NMED/SWQB, Santa Fe, NM, (E-File)  
Michelle Hunter, NMED/GWQB, Santa Fe, NM (E-File)  
Karen Armijo, LASO-NS-LP, (E-File)  
Craig S. Leasure, PADOPS, (E-File)  
William R. Mairson, PADOPS, (E-File)  
Michael T. Brandt, ADESH, (E-File)  
Raeanna Sharp-Geiger, ADESH, (E-File)  
John C. Bretzke, EPC-DO, (E-File)  
Michael T. Saladen, EPC-CP, (E-File)  
Terrill W. Lemke, EPC-CP, (E-File)  
Russel Stone, DESHS-UIS, (E-File)  
Jillian E. Burgin, DESHS-UIS, (E-File)  
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[env-correspondence@lanl.gov](mailto:env-correspondence@lanl.gov)



CAR #	MSGP Facility Desc	Inspection Date	Specific Location	Inspector Name	Finding	Finding Other Desc	Problem Description	Inspection Type	Inspection Type Other	Corrective Action Description	SIO	SIO Affected	Provide Action Taken at Affected SIOs	Swppp Modify	CA Initiate Date	CA Complete Date	Completed	CA Expected Date	CA Status Desc	EPA Notified Date	Created By	Load Date	Inspection modified by	Inspection modified date	Finding modified by	Finding modified date
1405	TA-3-22 Power & Steam Plant	10/25/2018 15:00	Primary Drainage Culvert to Outfall 009	BURGIN JILLIAN E	Control measures not properly operated or maintained	-	Culvert is clogged with trash and debris. There is also accumulated sediment in the channel.	Routine facility inspection	-	Clean trash, debris and sediment out of culvert and channel.	N	-	-	N	10/25/2018 16:00	10/25/2018 16:30	Y	-	Notified facility of corrective action needed at the time of inspection. The culvert was cleaned out directly after the inspection.	-	211081	10/25/2018 17:38	211081	10/25/2018 17:38	211081	11/1/2018 15:50
1392	TA-3-22 Power & Steam Plant	8/30/2018 10:00	Main Drainage Culvert to Outfall 009	BURGIN JILLIAN E	Control measures not properly operated or maintained	-	There is sediment and debris (from heavy storms) in the main drainage culvert to Outfall 009.	Routine facility inspection	-	Clean out drainage culvert.	N	-	-	N	8/31/2018 8:00	8/31/2018 17:00	Y	-	-	-	211081	9/6/2018 16:58	211081	9/6/2018 16:58	211081	9/6/2018 16:59
1386	TA-3-22 Power & Steam Plant	8/30/2018 16:18	Outfall 012 at the TA-3-22 Power & Steam Plant	WHEELER HOLLY L	Impaired water quality exceedance	-	Discharge from outfall 012 at the TA-3-22 Power & Steam Plant exceeded the New Mexico water quality standard for Adjusted Gross Alpha . The concentration of Adjusted Gross Alpha discharged during the storm event on 7/17/2018 was 18.4 pCi/L and the water quality standard is 15 pCi/L.	Impaired waters monitoring	-	Personnel shall evaluate potential pollutant sources of Adjusted Gross Alpha and implement additional controls to ensure discharge of this pollutant source in stormwater is minimized. Facility personnel must immediately take action to minimize off site discharge of Adjusted Gross Alpha at outfall 012. *Outfall 12 is in an access controlled area near the transformer banks. Roads & Grounds will install a Metallox Wattle at the main drainage culvert as soon as they can arrange for access into the area. Wattle was installed 9/11/18.	Y		11 Since outfall 012 is associated with substantially identical outfall (SIO) 011, facility personnel must also assess the need for corrective action at outfall 011 and document how the corrective action was appropriate for both, document why the exceedance would not affect this outfall, or document additional corrective action taken specific to this outfall.	Y	9/5/2018 15:00	9/11/2018 11:00	Y	-	Facility personnel shall evaluate potential pollutant sources of Adjusted Gross Alpha and implement additional controls to ensure discharge of this pollutant source in stormwater is minimized. If finalization of corrective action(s) exceeds 14 days, documentation of why it is infeasible to complete the corrective action within the 14 day timeframe must be provided along with a schedule for completion. SWPPP modifications required as a result of this exceedance, if needed, must be implemented within 14 days of completing corrective action work.	-	118432	8/30/2018 17:41	118432	8/30/2018 17:41	211081	9/11/2018 11:09
1385	TA-3-22 Power & Steam Plant	8/30/2018 16:18	Outfall 012 at the TA-3-22 Power & Steam Plant	WHEELER HOLLY L	Impaired water quality exceedance	-	Discharge from outfall 012 at the TA-3-22 Power & Steam Plant exceeded the New Mexico water quality standard for total recoverable Aluminum. The concentration of total recoverable Aluminum discharged during the storm event on 7/17/2018 was 907 ug/L and the water quality standard is 681 ug/L.	Impaired waters monitoring	-	Personnel shall evaluate potential pollutant sources of total recoverable Aluminum and implement additional controls to ensure discharge of this pollutant source in stormwater is minimized. Facility personnel must immediately take action to minimize off site discharge of total recoverable Aluminum at outfall 012. *Outfall 12 is in an access controlled area near the transformer banks. Roads & Grounds will install a Metallox Wattle at the main drainage culvert as soon as they can arrange for access into the area. Wattle was installed 9/11/18.	Y		11 Since outfall 012 is associated with substantially identical outfall (SIO) 011, facility personnel must also assess the need for corrective action at outfall 011 and document how the corrective action was appropriate for both, document why the exceedance would not affect this outfall, or document additional corrective action taken specific to this outfall.	Y	9/5/2018 15:00	9/11/2018 11:00	Y	-	Facility personnel shall evaluate potential pollutant sources of total recoverable Aluminum and implement additional controls to ensure discharge of this pollutant source in stormwater is minimized. If finalization of corrective action(s) exceeds 14 days, documentation of why it is infeasible to complete the corrective action within the 14 day timeframe must be provided along with a schedule for completion. SWPPP modifications required as a result of this exceedance, if needed, must be implemented within 14 days of completing corrective action work.	-	118432	8/30/2018 17:35	118432	8/30/2018 17:35	211081	9/11/2018 11:09
1384	TA-3-22 Power & Steam Plant	8/30/2018 16:18	Outfall 009 at the TA-3-22 Power & Steam Plant	WHEELER HOLLY L	Impaired water quality exceedance	-	Discharge from outfall 009 at the TA-3-22 Power & Steam Plant exceeded the New Mexico water quality standard for dissolved Copper. The concentration of dissolved Copper discharged during the storm event on 7/08/2018 was 40.4 ug/L and the water quality standard is 6 ug/L.	Impaired waters monitoring	-	Personnel shall evaluate potential pollutant sources of dissolved Copper and implement additional controls to ensure discharge of this pollutant source in stormwater is minimized. Facility personnel must immediately take action to minimize off site discharge of dissolved Copper at outfall 009. *Drainage culverts for Outfall 009 were cleaned out on 8/9/18 which post-dates this exceedance.	Y	007, 008, and 010	Since outfall 009 is associated with substantially identical outfalls (SIOs) 007, 008 and 010, facility personnel must also assess the need for corrective action at these outfalls and document how the corrective action was appropriate for all SIOs, document why the exceedance would not affect these outfalls, or document additional corrective action taken specific to either of these outfalls.	Y	8/31/2018 8:00	8/31/2018 9:00	Y	-	Facility personnel shall evaluate potential pollutant sources of dissolved Copper and implement additional controls to ensure discharge of this pollutant source in stormwater is minimized. If finalization of corrective action(s) exceeds 14 days, documentation of why it is infeasible to complete the corrective action within the 14 day timeframe must be provided along with a schedule for completion. SWPPP modifications required as a result of this exceedance, if needed, must be implemented within 14 days of completing corrective action work.	-	118432	8/30/2018 17:29	118432	8/30/2018 17:29	211081	9/6/2018 10:13
1383	TA-3-22 Power & Steam Plant	8/30/2018 16:18	Outfall 009 at the TA-3-22 Power & Steam Plant	WHEELER HOLLY L	Impaired water quality exceedance	-	Discharge from outfall 009 at the TA-3-22 Power and Steam Plant exceeded the New Mexico water quality standard for total recoverable Aluminum. The concentration of total recoverable Aluminum discharged during the storm event on 7/08/2018 was 725 ug/L and the water quality standard is 681 ug/L.	Impaired waters monitoring	-	Personnel shall evaluate potential pollutant sources of total recoverable Aluminum and implement additional controls to ensure discharge of this pollutant source in stormwater is minimized. Facility personnel must immediately take action to minimize off site discharge of total recoverable Aluminum at outfall 009. *Drainage culverts for Outfall 009 were cleaned out on 8/9/18 which post-dates this exceedance.	Y	007, 008 and 010	Since outfall 009 is associated with substantially identical outfalls (SIOs) 007, 008 and 010, facility personnel must also assess the need for corrective action at these outfalls and document how the corrective action was appropriate for all outfalls, document why the exceedance would not affect these outfalls, or document additional corrective actions taken specific to these outfalls.	Y	8/31/2018 8:00	8/31/2018 9:00	Y	-	Facility personnel shall evaluate potential pollutant sources of total recoverable Aluminum and implement additional controls to ensure discharge of this pollutant source in stormwater is minimized. If finalization of corrective action(s) exceeds 14 days, documentation of why it is infeasible to complete the corrective action within the 14 day timeframe must be provided along with a schedule for completion. SWPPP modifications required as a result of this exceedance, if needed, must be implemented within 14 days of completing corrective action work.	-	118432	8/30/2018 17:19	118432	8/30/2018 17:19	211081	9/6/2018 10:14

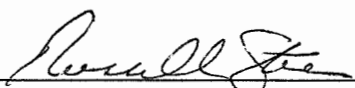
1374 TA-3-22 Power & Steam Plant	7/26/2018 10:00	Southwest Corner of Building 22	BURGIN JILLIAN E	Control measures not properly operated or maintained	-	Two gravel bags were missing around the grated storm drain at the SW corner of Bldg. 22.	Routine facility inspection	-	Two gravel bags need to be placed around the storm drain.	N	-	-	N	8/9/2018 9:00	8/9/2018 11:00	Y	-	Roads & Grounds will schedule. R&G completed work 8/9/18.	-	211081	7/26/2018 15:41	211081	7/26/2018 15:41	211081	8/9/2018 11:56
1373 TA-3-22 Power & Steam Plant	7/26/2018 10:00	South Side of Bldg. 3-22	BURGIN JILLIAN E	Other (describe) :	Uncovered Metals	Metal piping has been left uncovered (by carpenters) along the south side of building 22.	Routine facility inspection	-	Remove metal piping and put into proper storage.	N	-	-	N	8/1/2018 16:00	8/1/2018 17:00	Y	-	C/A was completed on 8/1/18.	-	211081	7/26/2018 15:24	211081	7/26/2018 15:24	211081	8/6/2018 14:14
1372 TA-3-22 Power & Steam Plant	7/26/2018 10:00	-	BURGIN JILLIAN E	Control measures not properly operated or maintained	-	Culverts need clean out (again due to heavy rain events): Culvert outlet/inlet at trench drain [BMP# 030040904036] and at concrete rundown [BMP# 0300404020037].	Routine facility inspection	-	Clean sediment and debris out of culverts (for Outfall 009).	N	-	-	N	8/9/2018 9:00	8/9/2018 11:00	Y	-	Roads and grounds will schedule. R&G completed work 8/9/18.	-	211081	7/26/2018 15:19	211081	7/26/2018 15:19	211081	8/9/2018 11:55
1356 TA-3-22 Power & Steam Plant	7/19/2018 11:15	Outfall 005 at the TA-3-22 Power and Steam Plant	WHEELER HOLLY L	Impaired water quality exceedance	-	Discharge from outfall 005 at the TA-3-22 Power and Steam Plant exceeded the New Mexico water quality standard for Adjusted Gross Alpha. The concentration of Adjusted Gross Alpha discharged during the storm event on 05/21/2018 was 25.3 pCi/L and the water quality standard is 15 pCi/L.	Impaired waters monitoring	-	Personnel shall evaluate potential pollutant sources of Adjusted Gross Alpha and implement additional controls to ensure discharge of this pollutant source in stormwater is minimized. Facility personnel must immediately take action to minimize off site discharge of Adjusted Gross Alpha at outfall 005.	Y		6 Since outfall 005 is associated with substantially identical outfall (SIO) 006, facility personnel must also assess the need for corrective action at outfall 006 and document how the corrective action was appropriate for both, document why the exceedance would not affect this outfall, or document additional corrective action taken specific to this outfall.	Y	7/19/2018 15:00	7/23/2018 11:00	Y	-	Facility personnel shall evaluate potential pollutant sources of Adjusted Gross Alpha and implement additional controls to ensure discharge of this pollutant source in stormwater is minimized. If finalization of corrective action(s) exceeds 14 days, documentation of why it is infeasible to complete the corrective action within the 14 day timeframe must be provided along with a schedule for completion. SWPPP modifications required as a result of this exceedance, if needed, must be implemented within 14 days of completing corrective action work. *Site outfalls were evaluated on 7/19/18 after notification of CAR. Outfall 005 asphalt swale was cleaned out and Metallox wattle replaced 7/23/18.	-	118432	7/19/2018 11:49	118432	7/19/2018 11:49	211081	7/25/2018 10:12
1355 TA-3-22 Power & Steam Plant	7/19/2018 11:15	Outfall 005 at the TA-3-22 Power & Steam Plant	WHEELER HOLLY L	Impaired water quality exceedance	-	Discharge from outfall 005 at the TA-3-22 Power and Steam Plant exceeded the New Mexico water quality standard for dissolved Copper. The concentration of dissolved Copper discharged during the storm event on 05/21/2018 was 37.8 ug/L and the water quality standard is 6 ug/L.	Impaired waters monitoring	-	Personnel shall evaluate potential pollutant sources of dissolved Copper and implement additional controls to ensure discharge of this pollutant source in stormwater is minimized. Facility personnel must immediately take action to minimize off site discharge of dissolved Copper at outfall 005.	Y		6 Since outfall 005 is associated with substantially identical outfall (SIO) 006, facility personnel must also assess the need for corrective action at outfall 006 and document how the corrective action was appropriate for both, document why the exceedance would not affect this outfall, or document additional corrective action taken specific to this outfall.	Y	7/19/2018 15:00	7/23/2018 11:00	Y	-	Facility personnel shall evaluate potential pollutant sources of dissolved Copper and implement additional controls to ensure discharge of this pollutant source in stormwater is minimized. If finalization of corrective action(s) exceeds 14 days, documentation of why it is infeasible to complete the corrective action within the 14 day timeframe must be provided along with a schedule for completion. SWPPP modifications required as a result of this exceedance, if needed, must be implemented within 14 days of completing corrective action work. *Site Outfalls were evaluated on 7/19/18 after notification of CAR. Outfall 005 asphalt swale was cleaned out and Metallox wattle replaced 7/23/18.	-	118432	7/19/2018 11:35	118432	7/19/2018 11:35	211081	7/25/2018 10:11
1354 TA-3-22 Power & Steam Plant	7/19/2018 11:15	Outfall 005 at the TA-3-22 Power & Steam Plant	WHEELER HOLLY L	Impaired water quality exceedance	-	Discharge from outfall 005 at the TA-3-22 Power and Steam Plant exceeded the New Mexico water quality standard for total recoverable Aluminum. The concentration of total recoverable Aluminum discharged during the storm event on 5/21/2018 was 3,280 ug/L and the water quality standard is 681 ug/L.	Impaired waters monitoring	-	Personnel shall evaluate potential pollutant sources of total recoverable Aluminum and implement additional controls to ensure discharge of this pollutant source in stormwater is minimized. Facility personnel must immediately take action to minimize off site discharge of total recoverable Aluminum at outfall 005.	Y		6 Since outfall 005 is associated with substantially identical outfall (SIO) 006, facility personnel must also assess the need for corrective action at outfall 006 and document how the corrective action was appropriate for both, document why the exceedance would not affect this outfall, or document additional corrective action taken specific to this outfall.	Y	7/19/2018 15:00	7/23/2018 11:00	Y	-	Facility personnel need to evaluate potential pollutant sources of total recoverable Aluminum and implement additional controls to ensure discharge of this pollutant source in stormwater is minimized. If finalization of corrective action(s) exceeds 14 days, documentation of why it is infeasible to complete the corrective action within the 14 day timeframe must be provided along with a schedule for completion. SWPPP modifications required as a result of this exceedance, if needed, must be implemented within 14 days of completing corrective action work. *Site outfalls were evaluated on 7/19/18 after notification of CAR. Outfall 005 asphalt swale was cleaned out and Metallox wattle replaced 7/23/18.	-	118432	7/19/2018 11:26	118432	7/19/2018 11:26	211081	7/25/2018 10:11

1351 TA-3-22 Power & Steam Plant	7/13/2018 11:00 Outfall 005	WHEELER HOLLY L	Average benchmark value exceedance	-	The average concentration of total Iron discharged from outfall 005 at the TA-3-22 Power and Steam Plant was mathematically certain to exceed the benchmark value. This average was calculated from monitoring results associated with storm events occurring on 10/04/2017 and 05/21/2018 with individual analytical results of 2830 ug/L and 6410 ug/L. The average was 2310 ug/L. The benchmark value is 1000 ug/L.	Benchmark monitoring	-	Personnel shall evaluate potential pollutant sources of total Iron and implement additional controls to ensure discharge of this pollutant source in stormwater is minimized. Facility personnel must immediately take action to minimize off site discharge of total Iron at outfall 005.	Y	6	Since outfall 005 is associated with substantially identical outfall (SIO) 006, facility personnel must also assess the need for corrective action at outfall 006 and document how the corrective action was appropriate for both, document why the exceedance would not affect this outfall, or document additional corrective action taken specific to this outfall.	Y	-	7/16/2018 8:00	Y	-	Facility personnel need to evaluate potential pollutant sources of total Iron and implement additional controls to ensure discharge of this pollutant source in stormwater is minimized. If finalization of corrective action(s) exceeds 14 days, documentation of why it is infeasible to complete the corrective action within the 14 day timeframe must be provided along with a schedule for completion. SWPPP modifications required as a result of this exceedance, if needed, must be implemented within 14 days of completing corrective action work. *The outfall channel was cleaned out on 7/6/18 (after sampling was performed 5/21/18).	-	118432	7/13/2018 11:17	118432	7/13/2018 11:17	211081	7/17/2018 9:55
1348 TA-3-22 Power & Steam Plant	6/27/2018 10:00 Culverts on East Side of Facility	BURGIN JILLIAN E	Control measures not properly operated or maintained	-	Culvert outlet/inlet at trench drain [BMP# 030040904036] and at concrete rundown [BMP# 0300404020037] need to be cleaned out.	Routine facility inspection	-	Clean sediment and brush out of culverts.	N	-	-	N	-	7/6/2018 15:00	Y	-	Roads and grounds will schedule work. R&G completed work 7/6/18. Outfall 005 cleaned out also.	-	211081	6/28/2018 15:48	211081	6/28/2018 15:48	211081	7/17/2018 10:04
1322 TA-3-22 Power & Steam Plant	3/28/2018 14:00 MSGP Outfall 007 and Fenceline to NPDES Outfall 001	BURGIN JILLIAN E	Control measures not properly operated or maintained	-	Gravel bags are broken at Outfall 007 culvert and fenceline near NPDES Outfall 001 - additional gravel bags are also needed in this area to berm fenceline.	Routine facility inspection	-	Replace torn gravel bags and add gravel bags to fenceline.	N	-	-	N	3/29/2018 13:00	3/29/2018 15:00	Y	-	Notified facility personnel of corrective action required at the time of inspection. Work was completed on 3/29/18.	-	211081	3/28/2018 17:00	211081	3/28/2018 17:04	211081	4/3/2018 8:57
1307 TA-3-22 Power & Steam Plant	2/27/2018 11:00 Drainage Channel and Culverts to Outfall 009	BURGIN JILLIAN E	Control measures not properly operated or maintained	-	The asphalt channel BMP #0300404020037 and trench drain culvert outlet BMP# 0300409040036 need clean-out (sediment & debris removal).	Routine facility inspection	-	Remove sediment and debris from channel and culvert outlet.	N	-	-	N	3/1/2018 14:00	3/2/2018 16:00	Y	-	Walk down with Roads & Grounds performed on 3/1. Work completed 3/2/18.	-	211081	2/28/2018 17:03	211081	3/5/2018 10:18	211081	3/5/2018 10:18
1306 TA-3-22 Power & Steam Plant	2/27/2018 11:00 Areas Near SM-55 & 57	BURGIN JILLIAN E	Control measures not properly operated or maintained	-	Erosion from hydrant leak south of SM-57 and soil disturbance from water line leak/repairs near SM-55 needs stabilization.	Routine facility inspection	-	Stabilize areas to prevent erosion from occurring/worsening.	N	-	-	N	2/28/2018 13:00	3/13/2018 16:00	Y	-	2/28/18: Walked down areas with UI personnel to discuss stabilization methods. The soil around hydrant near SM-55 will be compacted back in place and stabilized with basecourse - this was completed on 3/7/18. The disturbed area behind SM-55 will be stabilized with seeding and matting. Matting had to be ordered and the work will need to be scheduled. 3/7/18: the work will be scheduled for the week of 3/12/18. Work was completed 3/13/18.	-	211081	2/28/2018 16:39	211081	3/5/2018 10:19	211081	3/16/2018 15:00

## **CERTIFICATION FOR CORRECTIVE ACTIONS**

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 assure that qualified personnel properly gathered and evaluated the information contained therein. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information contained 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: Russell Stone Title: GL OESH-UIS

Signature:  Date: 1/22/2019

## **Appendix K**

### **Critical Habitat Documentation for LANL**

K-1, Threatened and Endangered Species Habitat Management Plan (HMP) for LANL

K-2, U.S. Fish & Wildlife Concurrence  
(Biological Assessment of Jemez Mtn Salamander Site Plan)

K-3, TA-3 and TA-60 IPac Trust Resource Report



K-1, Threatened and Endangered Species Habitat Management Plan  
(HMP) for LANL

LA-UR-14-21863

*Approved for public release;  
distribution is unlimited.*

*Title:* **Threatened and Endangered Species  
Habitat Management Plan for  
Los Alamos National Laboratory**

*Author(s):* Environmental Protection Division  
Resources Management Team

*Intended for:* Reference purposes

*Date:* March 2014



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## ACRONYMS

AEI	Area of Environmental Interest
BA	biological assessment
Bd	Batrachochytrium dendrobatidis
BSL-3	Biosafety Level 3
COPCs	chemicals of potential concern
DARHT	Dual-Axis Radiographic Hydrodynamic Test (Facility)
dB	Decibel
DDT	(dichloro-diphenyl-trichloroethane)
DOE	U.S. Department of Energy
EPA	Environmental Protection Agency
ESA	Endangered Species Act of 1973
fc	foot candles
FR	Federal Register
GIS	geographic information system
HMP	Threatened and Endangered Species Habitat Management Plan
HVAC	heating, ventilation, and air conditioning
LANL	Los Alamos National Laboratory
NEPA	National Environmental Policy Act
NMED	New Mexico Environment Department
NPDES	National Pollutant Discharge Eliminations System
PCBs	polychlorinated biphenyls
PR-ID	Permits and Requirements Identification
SME	subject matter expert
USFWS	U.S. Fish and Wildlife Service



## **I. THREATENED AND ENDANGERED SPECIES HABITAT MANAGEMENT PLAN GENERAL OVERVIEW**

### **1.0 INTRODUCTION**

Los Alamos National Laboratory's (LANL) Threatened and Endangered Species Habitat Management Plan (HMP) was prepared to fulfill a commitment made in the U.S. Department of Energy's (DOE) "Final Environmental Impact Statement for the Dual-Axis Radiographic Hydrodynamic Test Facility Mitigation Action Plan" (DOE 1996). The HMP received concurrence from the U.S. Fish and Wildlife Service (USFWS) in 1999 (USFWS consultation numbers 2-22-98-I-336 and 2-22-95-I-108). In this 2014 update, we retained the management guidelines from the 1999 HMP for listed species, updated some descriptive information, and added the Jemez Mountains salamander (*Plethodon neomexicanus*), which was federally listed in September 2013 (USFWS consultation number 02ENNM00-2014-I-0014).

### **2.0 ROLE OF SITE PLANS IN THE HMP**

The purpose of the HMP is to provide a management strategy for the protection of threatened and endangered species and their habitats on LANL property. The HMP consists of site plans for federally listed threatened or endangered species with a moderate or high probability of occurring at LANL. The following federally listed threatened or endangered species currently have site plans at LANL: Mexican Spotted Owl (*Strix occidentalis lucida*), Southwestern Willow Flycatcher (*Empidonax traillii extimus*), and the Jemez Mountains salamander. Site plans provide guidance to ensure that LANL operations do not adversely affect threatened or endangered species or their habitats.

### **3.0 DESCRIPTION OF AREAS OF ENVIRONMENTAL INTEREST**

Suitable habitats for federally listed threatened and endangered species have been designated as Areas of Environmental Interest (AEIs). AEIs are geographical units at LANL that are managed for the protection of federally listed species and consist of core habitat areas and buffer areas. The purpose of the core habitat is to protect areas essential for the existence of the specific threatened or endangered species. This includes the appropriate habitat type for breeding, prey availability, and micro-climate conditions. The purpose of buffer areas is to protect core areas from undue disturbance and habitat degradation.

Site plans identify restrictions on activities within the AEIs. Allowable activities are activities that the USFWS has reviewed and provided concurrence that these activities are not likely to adversely affect federally listed species. Activities discussed in site plans include day-to-day activities causing disturbance (hereafter referred to as "disturbance activities"), such as access into an AEI, and long-term impacts, such as habitat alteration.

#### **3.1 Definition and Role of Developed Areas in AEI Management**

**Summary:** Habitat alteration is not restricted in developed areas unless it impacts undeveloped core areas of an AEI (e.g., noise and light impacts on a core area). Current ongoing disturbance activities are not restricted in developed areas. Disturbance activities not currently ongoing are

restricted when impacts occur to undeveloped core areas of an AEI that are occupied by a threatened or endangered species.

Developed areas include all building structures, paved roads, improved gravel roads, paved and unpaved parking lots, and firing sites. The extent of developed areas in each AEI was determined using two methods. First, LANL geographic information system (GIS) analysts placed a 15 m (49 ft) border around all buildings and parking lots. For paved and improved gravel roads, the developed area was defined as the area to a roadside fence, if one exists within 9 m (30 ft) of the road, or 5 m (15 ft) on each side of the road, if there is no fence within 9 m (30 ft). If an area of highly fragmented habitat was enclosed by roads, a security fence, or connected buildings, that area was also classified as developed. Developed areas at firing sites were defined as a circle with a 91-m (300-ft) radius from the most centrally located firing pad. Second, LANL GIS analysts overlaid scanned orthophotos onto a map of the Los Alamos area and digitized all areas that appeared developed. These two information sources were overlaid and combined, so that areas classified as developed by either method were considered developed in final maps and analyses. Some areas were confirmed by ground surveys, such as the firing sites. Developed areas are contained in the HMP GIS database.

Developed areas are located in the core and/or buffer of some AEIs. However, developed areas do not constitute suitable habitat for federally listed species. Current ongoing activities in developed areas constitute a baseline condition for the AEIs and are not restricted. New activities including further development within already existing developed areas are not restricted unless they impact undeveloped portions of an AEI core. For example, if light or noise from a new office building in a developed area were to raise levels in an undeveloped core area, those light and noise levels would be subject to the guidelines on habitat alterations. If a proposed action within a developed area does not meet site plan guidelines, it must be individually reviewed for compliance with the Endangered Species Act of 1973 (ESA).

Building a new structure or clearing land within a previously designated developed area in an AEI core does not add to the size of the developed area. New structures in core areas will not be given any developed-area border unless they are individually reviewed for ESA compliance.

Development occurring in the developed area in an AEI buffer can be given a 15 m (49 ft) developed-area border at the discretion of the project leader or facility manager. To expand the size of a developed area in a buffer based on new developments, please contact a LANL biological resources subject matter expert (SME) (<http://int.lanl.gov/environment/bio/controls/index.shtml>).

### **3.2 General Description of Buffer Areas and Allowable Buffer Area Development**

**Summary:** Limited future development is allowed in the currently undeveloped DOE-controlled buffer area under the guidelines of this HMP as long as it does not alter habitat in the undeveloped AEI core (including light and noise guidelines). Development beyond the cap established for each AEI, or greater than 2 ha (5 ac) in size including the developed-area border, requires independent review for ESA compliance.

The purpose of buffer areas is to protect core areas from undue disturbance or habitat degradation. The current levels of development in buffer and core areas represent baseline conditions for this

HMP. No further development is allowed in the core area under the guidelines of this HMP. A limited amount of development is allowed in buffer areas. Under the guidelines of this HMP, individual development projects are limited to 2 ha (5 ac) in size, including a 15 m (49 ft) developed-area border around structures and a 5 m (15 ft) developed-area border around paved and improved gravel roads. Projects greater than 2 ha (5 ac) in area require individual review for ESA compliance (see exceptions for fuels management activities and utility corridor maintenance). New development projects in AEI buffer areas must be reported to LANL biological resources SMEs for tracking (<http://int.lanl.gov/environment/bio/controls/index.shtml>). Descriptions of each of the AEIs give the total area in each buffer area available for development.

### 3.3 Emergency Actions

**Summary:** Contact DOE and LANL biological resources SMEs as soon as possible.

If safety and/or property is immediately threatened by something occurring within an AEI (for example, wildfire, water line breakage, etc.) managers may activate emergency actions. Contact a LANL biological resources SME (<http://int.lanl.gov/environment/bio/controls/index.shtml>), the Environmental Stewardship Group (1-505-665-8855), or the DOE Los Alamos Field Office (Field Office; 1-505-667-6819) as soon as possible. If the emergency occurs outside of regular business hours, contact the Emergency Management Office (1-505-667-6211). This office will then communicate with the appropriate LANL and DOE Field Office personnel.

## 4.0 IMPLEMENTATION OF SITE PLANS

### 4.1 Roles and Responsibilities

**Summary:** LANL's facility managers and operational staff are responsible for ensuring that activities are reviewed for compliance with all applicable site plans. Figure 1 illustrates the process for utilizing site plans. If activities follow approved guidance, there is no requirement for additional ESA regulatory compliance. However, additional National Environmental Policy Act (NEPA), cultural resources, wetlands, or other regulatory compliance actions may be required.

If an activity or project occurs outside of all LANL AEIs and will not impact habitat within an AEI, it does not have to be reviewed for ESA compliance, unless it is a large project. Projects that are larger than 2 ha (5 ac) or cost more than \$5 million require an individual ESA compliance review, even if they are not located within an AEI.

LANL's facility managers are responsible for determining if operations within their geographic and/or programmatic area of responsibility comply with the guidelines in these site plans. Submission of a Permits and Requirements Identification (PR-ID) for a new or modified project is required under Program Description 400 (LANL 2013) and allows managers to identify the requirements within their project area. Deployed environmental professionals and core LANL biological resources SMEs are available to support facility managers. If activities follow site plan guidelines, they do not require any additional ESA regulatory compliance action. However, NEPA, cultural resources, wetlands, or other regulatory compliance actions are not addressed in site plans and additional compliance actions may be required. It is the responsibility of the project leader or facility management staff to ensure that all requirements are satisfied. If you have

questions, contact biological, cultural, NEPA, or other environmental SMEs. Contacts can be found at <http://int.lanl.gov/environment/compliance/ier/index.shtml>.

A single facility may have one or more AEIs within its boundary and the AEIs may be for different species. Some AEIs overlap. In areas where overlap occurs, project managers must follow the guidelines for AEIs of all involved species.

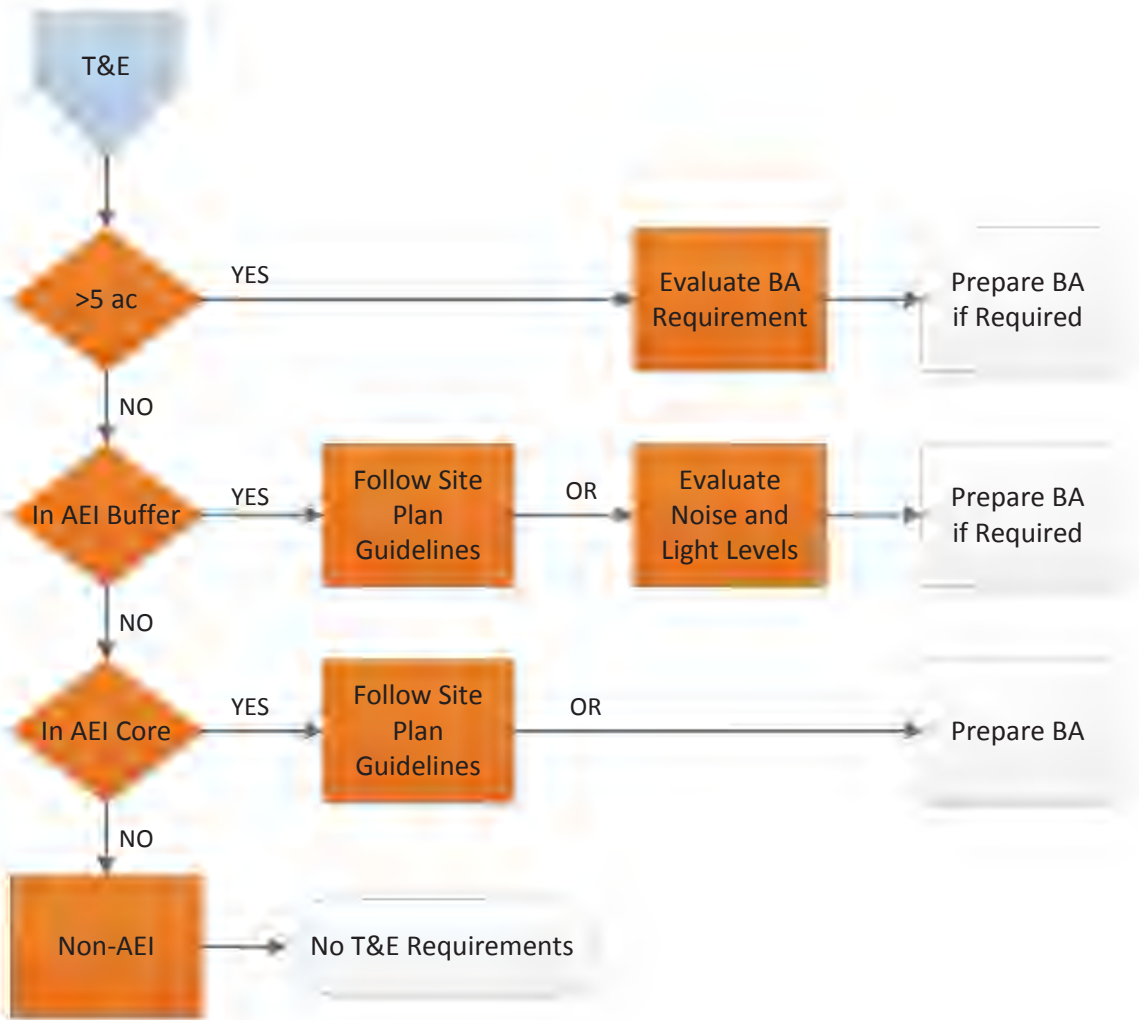


Figure 1. Process flowchart for determining site plan requirements.

## 4.2 If an Activity Does Not Meet Site Plan Guidelines

**Summary:** Activities or projects that do not meet all applicable site plan guidelines must be evaluated individually for compliance with the ESA.

If a project reviewer determines that an activity or project cannot meet the guidelines in applicable site plans, LANL biological resources SMEs evaluate that activity individually for compliance with the ESA. Results of the evaluation of potential impacts allow LANL biological resources SMEs to make recommendations to the DOE Field Office Biological Resources Program Manager



regarding the need for USFWS consultation. An evaluation may result in 1) a DOE Field Office determination that there is no possibility of adverse effects and the activity can proceed, 2) a DOE Field Office suggestion for modifications of the action to avoid adverse effects so that it can proceed, or 3) a DOE Field Office decision to prepare a biological assessment (BA) for the activity and submit it to the USFWS for concurrence. Fieldwork and preparation of a BA can take a few months with an additional 2 to 12 months for DOE Field Office review and then final USFWS concurrence.

#### **4.3 Dissemination of Information**

Although information about threatened and endangered species is not classified, it is considered sensitive information. It is in the best interest of threatened and endangered species to restrict specific knowledge about their locations. Habitat locations of threatened and endangered species are not considered sensitive.

### **5.0 CHANGES IN THE HMP SINCE IMPLEMENTATION**

The HMP received concurrence from USFWS and was first implemented in 1999. Since that time, both the Peregrine Falcon (*Falco peregrinus*) and the Bald Eagle (*Haliaeetus leucocephalus*) have been delisted. Site plans for those species have been removed from LANL's HMP. Both species are protected at LANL under the Migratory Bird Treaty Act, and the Bald Eagle is also protected under the Bald and Golden Eagle Protection Act.

The black-footed ferret (*Mustela nigripes*) is federally listed as endangered. However, no sightings of black-footed ferrets have been reported in Los Alamos County for more than 50 years. In addition, no large prairie dog towns, which are prime habitat for black-footed ferrets, have been observed on DOE property around LANL. Therefore, there is no site plan for this species.

In 2005, the USFWS concurred with DOE's proposal for new Mexican Spotted Owl habitat boundaries based on a revised analysis of Mexican Spotted Owl habitat quality within DOE property around LANL (USFWS consultation number 22420-2006-I-0010).

In 2012, the USFWS concurred with DOE's proposal to modify the habitat boundaries for the Los Alamos Canyon Mexican Spotted Owl AEI due to changes from the fire response activities after the Las Conchas wildfire (USFWS consultation number 02ENNM00-2012-IE-0088).

In 2013, the USFWS concurred with the DOE's new site plan for the Jemez Mountains salamander and its addition to LANL's HMP (USFWS consultation number 02ENNM00-2014-I-0014).

### **6.0 DATA MANAGEMENT**

The data used in the implementation of the HMP is stored in a GIS database at LANL.

## **II. AREA OF ENVIRONMENTAL INTEREST SITE PLAN FOR THE MEXICAN SPOTTED OWL**

### **1.0 SPECIES DESCRIPTION—MEXICAN SPOTTED OWL**

#### **1.1 Status**

In 1993, the USFWS determined the Mexican Spotted Owl to be a threatened species under the authority of the ESA, as amended (58 Federal Register [FR] 14248). In 1995, the USFWS released its final recovery plan for the owl (USFWS 1995), which was revised in 2012 (USFWS 2012). The USFWS most recently designated critical habitat for Mexican Spotted Owl in 2004 (69 FR 53181).

#### **1.2 General Biology**

The Mexican Spotted Owl is found in northern Arizona, southeastern Utah, and southwestern Colorado south through New Mexico, west Texas, and into Mexico. It is the only subspecies of Spotted Owl recognized in New Mexico (USFWS 1995).

The Mexican Spotted Owl generally inhabits mixed conifer and ponderosa pine (*Pinus ponderosa*; Lawson & C. Lawson) - Gambel oak (*Quercus gambelli*; Nutt.) forests in mountains and canyons. High canopy closure, high stand diversity, multilayered canopy resulting from an uneven-aged stand, large, mature trees, downed logs, snags, and stand decadence as indicated by the presence of mistletoe are characteristic of Mexican Spotted Owl habitat. Some owls have been found in second-growth forests (i.e., younger forests that have been logged); however, these areas were found to contain characteristics typical of old-growth forests. Mexican Spotted Owls in the Jemez Mountains seem to prefer cliff faces in canyons for their nest sites (Johnson and Johnson 1985). The recovery plan for the Mexican Spotted Owl recommends that mixed conifer and pine-oak woodland types on slopes greater than 40 percent be protected for the conservation of this owl.

A mated pair of adult Spotted Owls may use the same home range and general nesting areas throughout their lives. A pair of owls requires approximately 800 ha (1,976 ac) of suitable nesting and foraging habitat to ensure reproductive success. Incubation is carried out by the female. The incubation period is approximately 30 days, and most eggs hatch by the end of May. Most owlets fledge in June, 34 to 36 days after hatching (USFWS 1995). The owlets are “semi-independent” by late August or early September, although juvenile begging calls have been heard as late as September 30. Young are fully independent by early October. The non-breeding season runs from September 1 through February 28. Although seasonal movements vary among owls, most adults remain within their summer home ranges throughout the year.

The diet of Mexican Spotted Owls nesting in canyons consists primarily of woodrats (*Neotoma* spp.) and mice (*Peromyscus* spp.) with lesser amounts of rabbits, birds, reptiles, and arthropods (Willey 2013). The relative abundance of prey types in Mexican Spotted Owl pellets collected at LANL are listed in Table A-1 in the Appendix. Ganey and Balda (1994) found core areas of individuals (i.e., where owls spent 60 percent of their time) averaged 134 ha (331 ac), and core areas for pairs averaged 160 ha (395 ac).

### **1.3 Threats**

The Mexican Spotted Owl was listed as threatened because of destruction and modification of habitat caused by timber harvest and fires, increased predation on owls associated with habitat fragmentation, and a lack of adequate protective regulations.

## **2.0 IMPACT OF HUMAN ACTIVITIES**

### **2.1 Introduction**

The primary threats to Mexican Spotted Owls on DOE property around LANL property are 1) impacts to habitat quality from LANL operations and 2) disturbance of nesting owls. This section provides a review and summary of scientific knowledge of the effects of various types of human activities on the Mexican Spotted Owl and provides an overview of the current levels of activities at LANL.

### **2.2 Impacts on Habitat Quality**

#### **2.2.1 Development**

The type of habitat used by Mexican Spotted Owls, late seral stage forests with large trees, are usually not found in large quantities near developed areas or near areas that have had recent agricultural or forest product extraction land uses. Therefore, Mexican Spotted Owls are generally not found near developments. Whether it is the development itself or a lack of suitable habitat that discourages colonization of these areas by Mexican Spotted Owls is unknown.

Areas of LANL vary from remote undeveloped areas to heavily developed and/or industrialized facilities. Most LANL facilities are situated atop mesas, primarily in the northern and western portion of the DOE property. LANL is bounded by developed residential, industrial, and retail areas along its northern boundary (the town of Los Alamos) and by residential and retail development along a portion of its eastern boundary (the town of White Rock). Three major paved roads traverse LANL from northeast to southwest. Sandia, Pajarito, and Los Alamos canyons have paved roads within AEIs, and several AEIs have dirt roads along at least a portion of the canyon bottom. AEIs containing paved or dirt roads in the canyon bottoms have not been occupied at LANL (Hathcock et al. 2010).

#### **2.2.2 Ecological Risk**

There is no specific information on the impact of chemicals on the Mexican Spotted Owl, although experience with other raptor species suggests that exposure to polychlorinated biphenyls (PCBs), dichloro-diphenyl-trichloroethane (DDT) and its derivatives, and other organophosphate or organochlorine pesticides would probably be harmful. Exposure to other chemicals could also be harmful (Cain 1988).

LANL completed three ecological risk assessments that included the Mexican Spotted Owl between 1997 and 2009. The ecological risk assessment process involves using computer modeling to assess potential effects to animals from chemicals of potential concern (COPCs) that have been detected in the environment. All of the following ecological risk assessments concluded that, on average, no appreciable impact is expected to Mexican Spotted Owls from COPCs (Gallegos et al. 1997; Gonzales et al. 2004; Gonzales et al. 2009).

### **2.2.3 Disturbance**

#### **2.2.3.1 Pedestrians and Vehicles**

Based on work with other raptors, LANL biological resources SMEs assume that Mexican Spotted Owls would likely be disturbed by the approach of either pedestrians or vehicles. At an equal distance, pedestrians are frequently more disturbing to raptors than vehicles (Grubb and King 1991). Brown and Stevens (1997) reported that during surveys in Grand Canyon National Park, 22 times more Bald Eagles were found in canyon reaches with low human recreational use compared to reaches with moderate to high human recreational use. Human activity 100 m (328 ft) from Bald Eagle nests in Alaska caused clear and consistent changes in behavior of breeding eagles (Steidl and Anthony 2000).

Swarthout and Steidl (2001) found that both juvenile and adult roosting Mexican Spotted Owls were unlikely to alter their behavior in the presence of a single hiker at distances greater than 55 m (180 ft). Swarthout and Steidl (2003) concluded that cumulative effects of high levels of short-duration recreational hiking near Mexican Spotted Owl nests may be detrimental.

Many canyon bottoms and mesa tops at LANL have dirt roads traversing them. Most of these roads are gated. However, these roads are accessible to LANL employees and some of them are accessible to the public on foot or by bike. LANL biological resources SMEs have found that AEIs are occupied less often if there is recreational access into a canyon (Hathcock et al. 2010).

#### **2.2.3.2 Aircraft**

Ground-based disturbances appear to impact raptor reproductive success more than aerial disturbances (Grubb and King 1991). Grubb and Bowerman (1997) concluded that an exclusion of aircraft within 600 m (1,968 ft) of Bald Eagle nest sites would limit Bald Eagle response frequency to 19 percent.

Delaney et al. (1999) found for Mexican Spotted Owls that chainsaws consistently elicited higher response rates than helicopters at similar distances. Owl flush rates did not differ between nesting and non-nesting seasons. No owls flushed when noise stimuli (helicopter or chainsaws) were at distances greater than 105 m (344 ft). Distance was generally a better predictor of owl response to helicopter overflights than sound level.

LANL is restricted airspace, and planes infrequently fly less than 609 m (2,000 ft) above ground level. The County of Los Alamos operates an airport along the northern edge of LANL. The airport is located on the southern rim of Pueblo Canyon. Most flights approach and depart to the east of the airport, over the Rio Grande.

#### **2.2.3.3 Explosives**

There is no specific information on the reaction of Mexican Spotted Owls to explosives detonation currently available. Explosive blasts set off 120 to 140 m (393 to 459 ft) from active Prairie Falcon (*Falco mexicanus*) nests caused perched Prairie Falcons to flush from perches 79 percent of the time, and, in 26 percent of the cases, caused incubating Prairie Falcons to flush from nests. Measured sound levels at aerie entrances during blasts ranged from 129 to 141 decibel (dB) (Holthuijzen et al. 1990). Explosives blasting for dam construction 560 to 1,000 m (1,837 to 3,280 ft) from active Prairie Falcon nests caused a change in behavior 26 percent of the time, and

birds flushed in 17 percent of all cases. No incubating birds flushed (Holthuijzen et al. 1990). Brown et al. (1999) found little activity change in roosting or nesting Bald Eagles and no population-level impacts from weapons detonations at the Aberdeen Proving Ground. Holthuijzen et al. (1990) found that a 167-g (5.89-oz) charge of Kinestik produced noise levels between 138 and 141 dB at 100 m (328 ft), and that a 500-g (17.6-oz) charge of TNT produced noise levels between 144 and 146 dB at 100 m (328 ft). A 20-kg (44-lb) charge of TNT produced noise levels that measured 163 dB at 100 m (328 ft) (Paakkonen 1991).

Measurements of noise levels during explosives testing were conducted at three locations at LANL using quantities of high explosives ranging from 4.5 to 67.5 kg (10 to 148 lb) of TNT during six shots. Noise levels increased during the test from a background level of 31 dB(A)<sup>1</sup> to a range between 64 and 71 dB(A) during shots at a distance of 1.8 km (1.1 mi). At a distance of 4.3 km (2.67 mi), noise levels rose from a background range of 35 to 64 dB(A) to a range of 60 to 63 dB(A) (Vigil 1995). At a distance of 6.7 km (4.16 mi), noise levels rose from a background range of 38 to 51 dB(A) to a range of 60 to 71 dB(A) (Burns 1995). LANL biological resources SMEs estimated that the noise from a shot at the Dual-Axis Radiographic Hydrodynamic Test (DARHT) Facility would be 150 dB(A) at the source and 80 dB(A) at 400 m (1,312 ft) (Keller and Risberg 1995). LANL biological resources SMEs found that Mexican Spotted Owl AEIs located within the explosives testing buffer area were occupied more frequently than AEIs in other locations (Hathcock et al. 2010). This is likely due to the strict access control in explosives areas which limit human activity and development in the canyon bottoms.

#### **2.2.3.4 Other Sources of Noise**

Major noise-producing activities at LANL include automobile and truck traffic and noise associated with office buildings, construction activities, a live-fire range, and explosives testing. Also, there is noise associated with aircraft traffic at the Los Alamos County airport. Construction and maintenance activities involved with operations at LANL are fairly common. In addition, implementation of the 2005 Compliance Order on Consent (NMED 2005) issued by the New Mexico Environmental Department (NMED) has resulted in an increased frequency of drilling groundwater monitoring wells in protected habitat at LANL. Also, forest fuels management operations use chainsaws, chippers, and other noise-generating equipment. The 2010 National Pollutant Discharge Elimination System (NPDES) Individual Permit (EPA 2010) issued by the Environmental Protection Agency (EPA) requires sediment control features such as berms and small rock check dams to be installed at various sites with stormwater runoff; these are sometimes installed in protected habitat. LANL biological resources SMEs conducted a study of noise levels in canyons and found that the primary sources of noise exceeding 55 dB(A) were cars and trucks. Readings taken near flowing water were up to 11 dB(A) higher than readings taken elsewhere. The average dB(A) in canyons near paved roads ranged from 41 to 62, with maximum values ranging from 62 to 74. Away from paved roads 1.6 km (1 mi) or more, average dB(A) in canyons ranged from 37 to 50, with all but one average below 45. Maximum dB(A) away from paved roads ranged from 38 to 76 [76 dB(A) was measured during a thunder clap] (Huchton et al. 1997).

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<sup>1</sup> Sound can be measured as decibels (dB), C-weighted dB [dB(C)], or A-weighted dB [dB(A)]. The dB(A) measurement best resembles the response of the human ear by filtering out lower and higher frequency sound not normally heard by the human ear.



Noise measurements were conducted by LANL biological resources SMEs at the Los Alamos County airport and in Bayo and Pueblo canyons, including the Los Alamos County Sewage Treatment Facility, in December 1997. Sound levels near the airport runway during the maximum use time (6:30 to 7:30 am) had background values averaging 54 dB(A). Noise during plane arrivals ranged from 47 to 63 dB(A). No measurements were collected during plane take-off. Sound measurements conducted in the bottoms of Pueblo and Bayo canyons ranged from 37 to 40 dB(A) in most areas of the canyon. At the sewage treatment facility parking lot during a working day, the average dB(A) during a three-minute period was 46 (range 45 to 49). At the intersection of the road going into Pueblo Canyon with State Road 502, the average dB(A) during a three-minute period was 60 (range 41 to 70).

LANL biological resources SMEs conducted sound measurements at successive distances from an industrial area near a canyon rim, into the canyon, and to the opposite rim, using a C-weighted decibel scale (Keller and Foxx 1997). Measurements of noise levels using the C-weighted decibel scale are greater than if measured using A-weighted decibels. The average background noise on the mesa was 65.8 dB(C) [with a range of 43–81 dB(C)]. The average background noise in the canyon bottom was 62.3 dB(C) [with a range of 54–78 dB(C)]. The average background noise at the bottom of the north-facing slope was 53.8 dB(C) [with a range of 48–64 dB(C)]. Measurements were taken mid-day.

LANL biological resources SMEs measured sound levels from various pieces of construction equipment used at project sites at LANL over 5-minute intervals at distances of 6 to 31 m (20 to 100 ft) (Knight and Vrooman 1999). Average values ranged from 58.5 dB(A) to 80.9 dB(A). Peak values ranged from 75.7 to 155.4 dB(A). Additional data were collected by other LANL operators on specific pieces of construction equipment and on the Security Computer Complex construction site fence perimeter at Technical Area 3 before and during construction (Knight and Vrooman 1999). The average noise levels before construction began was 56.6 dB(A), and the average during construction was 82.1 dB(A).

LANL biological resources SMEs conducted a series of sound measurements at LANL to investigate background noise levels around AEIs (Vrooman et al. 2000). Background noise levels were significantly higher in daytime than in nighttime. AEIs with greater than 10 percent developed area in their buffers had significantly higher levels of background noise than undeveloped AEIs. Mean background sound levels were 51.3 dB(A) in developed AEIs and 39.6 dB(A) in undeveloped AEIs. The LANL biological resources project review process uses the individual AEI background measurements from Vrooman et al. (2000) to screen project activities for increases more than 6 dB(A) above background.

LANL biological resources SMEs took sound level measurements of heavy equipment use associated with concrete recycling on Sigma Mesa at LANL in 2004 (Hansen 2004). At this location, background noise levels at two different locations were 55.2 and 58.8 dB(A). Operation of a dump truck hauling and dumping concrete increased noise levels above background by a mean of 22.7 dB(A) at 30 m (98 ft) and 2.4 dB(A) at 80 m (262 ft). Additional sound level measurements were taken in the same general area on Sigma Mesa in 2005 as part of a BA for the operation of an asphalt batch plant (Hansen 2005). Measurements were taken on the north rim of Mortandad Canyon (south of the asphalt batch plant at distances of approximately 30 to 122 m (100 to 400 ft), at the bottom of Mortandad Canyon, approximately 183 to 244 m (600 to 800 ft) from the asphalt



batch plant, and on the south rim of Mortandad Canyon approximately 305 m (1,000 ft) from the asphalt batch plant. Background noise levels at the various locations ranged from 41.1 to 48.7 dB(A). The only locations with increases greater than 3 dB(A) during operation of the asphalt batch plant were the locations on the north rim of Mortandad Canyon, within 122 m (400 ft) of the asphalt batch plant. Noise from the operation of the asphalt batch plant was not detected in the bottom of Mortandad Canyon or on the south rim.

LANL biological resources SMEs took sound level measurements around the LANL Biosafety Level 3 (BSL-3) Laboratory with the heating, ventilation, and air conditioning (HVAC) system on and with it off (Hansen 2009). The area to the north of the BSL-3 is developed, the area to the south is not. Background noise levels north of the facility ranged from 53.6 to 57.6 dB(A). Background noise levels south of the facility ranged from 41.6 to 49.7 dB(A). Noise from the HVAC system was detected at 25 m (82 ft) from the facility on both sides, but was not detected at 81 m (266 ft) on the north side, or at 107 m (351 ft) on the south side.

Overall, these studies appear to show that areas adjacent to or within developed areas or paved roads are likely to have daytime average background noise levels between 45 and 63 dB(A). Less disturbed areas are likely to have average background noise levels between 37 and 50 dB(A).

#### **2.2.3.5 Artificially Produced Light**

There is no information available on the effects of artificially produced light on Mexican Spotted Owls. Under the Los Alamos County Code, commercial site development plans are reviewed to ensure that lighting serves the intended use of the site while minimizing adverse impacts to adjacent residential property (Section 16-276). Section 16-276 of the County Code includes light source measurement limitations by zoning district. The code allows off-site light to be 0.5 foot candles (fc) in residential areas. By comparison, full moonlight measures 0.1 fc, and a crescent moon was measured at 0.01 fc. Table A-2 in the Appendix presents preliminary light measurements in fc.

Preliminary surveys were conducted for light levels within Los Alamos Canyon at the Omega Reactor (Keller and Foxx 1997). The Omega Reactor was brightly lit for purposes of security; therefore, total light intensity was greater than the average street lighting. Measurements were conducted at a light pole with an open parking lot at the reactor as the source. Trees did not obscure the area. Using the relationship of light intensity reducing as a square of the distance, calculations using the field data indicated that at 30 m (98 ft) from the source the light levels would be equivalent or nearly equivalent to full moonlight.

### **3.0 AEI GENERAL DESCRIPTION FOR MEXICAN SPOTTED OWL**

An AEI consists of two areas—a core and a buffer. The core of the habitat is defined as suitable canyon habitat from rim to rim and 100 m (328 ft) out from the top of the canyon rim. The buffer area is 400 m (1,312 ft) wide extending outward from the edge of the core area. Although adult Mexican Spotted Owls may be found within their home range anytime throughout the year, the primary threat from disturbance to the owls is during the breeding season when owl pairs are tied to their nest sites. Therefore, management of disturbance in Mexican Spotted Owl AEIs is concentrated on the breeding season.

### **3.1 Method for Identifying a Mexican Spotted Owl AEI**

The original location of each Mexican Spotted Owl AEI was identified using a habitat model developed by Johnson (1998) that classified nesting and roosting habitat for Mexican Spotted Owls using topographic characteristics and vegetative diversity. LANL biological resources SMEs compared the results from the Johnson (1998) model to a different model identifying slopes >40 percent in mixed conifer and ponderosa pine cover types at LANL. Areas identified from the Johnson (1998) model application to LANL that were over five contiguous 30 × 30 m (97 × 98 ft) pixels in size, were above 1,980 m (6,496 ft) in elevation, and that had mixed conifer or ponderosa pine forest cover, were considered suitable Mexican Spotted Owl habitat. Where suitable habitat was identified, AEI core area boundaries were established to include the canyons and 100 m (328 ft) outward from the canyon rims.

A new Mexican Spotted Owl habitat model was developed and refined for application on LANL following the Cerro Grande wildfire (Hathcock and Haarmann 2008). This model incorporated finer-scale vegetation characteristics into the Mexican Spotted Owl habitat quality assessment. This model was used to redelineate the boundaries of the Mexican Spotted Owl AEIs at LANL in 2005 following wildfire, drought, and a regional bark beetle outbreak (USFWS consultation number 22420-2006-I-0010).

The new core boundaries were delineated with an area approximately 0.4 km (0.25 mi) from the edge of the nearest suitable habitat, up and down canyon. Core boundaries were established along readily recognizable geologic features or anthropogenic features in the terrain wherever possible to facilitate the ease of identification of core boundaries when in the field.

### **3.2 Location and Number of Mexican Spotted Owl AEIs**

There are currently five Mexican Spotted Owl AEIs on LANL, each encompassing one or more canyons. In general, the AEI cores are centered in canyons on the western side of LANL. The canyons with AEIs are Cañon de Valle, Water, Pajarito, Los Alamos, Sandia, Mortandad, and Three-Mile. AEI boundaries are maintained in the LANL biological resources program GIS database.

## **4.0 AEI MANAGEMENT**

### **4.1 Overview**

This AEI management section provides guidelines for LANL operations to reduce or eliminate the threats to Mexican Spotted Owls from 1) habitat alterations that reduce habitat quality and 2) disturbance of breeding or potentially breeding owls. Habitat alterations are considered for all AEIs and for both core and buffer areas. Disturbance activities to owls are considered only for occupied AEIs and only for impacts on core areas. Developed areas (see Part I, Section 3.1) that have ongoing baseline levels of activities and are not suitable habitat for Mexican Spotted Owls have different restrictions than undeveloped core or buffer areas. Therefore, the location of the disturbance activity within the AEI, the occupancy status of the AEI, and the type of activity all affect whether or not the activity is allowable. AEIs for different species may overlap, and an activity must meet the guidelines of all applicable site plans to be allowable.

## 4.2 Definition and Role of Occupancy in AEI Management

**Summary:** The occupancy status of an AEI affects what disturbance activities are allowable in different areas (core, buffer, developed) of the AEI. All Mexican Spotted Owl AEIs are considered occupied during March 1 through August 31 or until surveys show the AEI to be unoccupied. See the Activity Table (Table 1, Section 4.5.2) for restrictions on occupied undeveloped core and buffer areas, and Part I, Section 3.1 for restrictions on developed areas.

Occupancy simply refers to whether or not an AEI is occupied during a species' period of sensitivity. For Mexican Spotted Owls, LANL is primarily concerned with protecting the owls from disturbance during the breeding season. Because individuals may colonize suitable habitat, all Mexican Spotted Owl AEIs are treated as though they are occupied from March 1 through August 31 or until surveys show an AEI to be unoccupied. Mexican Spotted Owl surveys are conducted from late March through June. In general, surveys in areas with ongoing or proposed projects are completed by May 15. If a nest is located during surveys, then the AEI can be treated as unoccupied except for the area within a 400 m (1,312 ft) radius of the nest site. Because owls are not as sensitive to disturbance during the non-breeding season, Mexican Spotted Owl AEIs are treated as unoccupied from September 1 to February 28.

The occupancy status of an AEI affects what activities are allowable in the AEI. Although activities causing habitat alterations are restricted in all AEIs, disturbance activities are restricted only in occupied AEIs. The Activity Table (Table 1, Section 4.5.2) provides dates and levels of allowable disturbance activities within occupied Mexican Spotted Owl AEIs under the guidelines of this site plan. Contact a LANL biological resources SME to find out the current occupancy status of an AEI (<http://int.lanl.gov/environment/bio/controls/index.shtml>).

## 4.3 Introduction to AEI Management Guidelines

**Summary:** The habitat alterations section and the activities section give the guidelines for habitat alteration and disturbance activities, respectively, for Mexican Spotted Owl AEIs. The flow chart (see Figure 1) provides a quick reference to determine what, if any, guidelines need to be consulted for a specific activity. Protective measures give management practices that should be applied when working or considering work in AEIs. LANL biological resources SMEs are available to answer questions and provide advice (<http://int.lanl.gov/environment/bio/controls/index.shtml>).

Sections 4.4 and 4.5 provide the guidelines for habitat alterations and allowable activities in AEI core and buffer areas. Section 4.4 describes what and where habitat alterations are allowed under the guidelines of this site plan. Section 4.5 describes what, when, and where disturbance activities are allowed in occupied AEIs under the guidelines of this site plan. If an activity does not meet the restrictions given in the guidelines, the activity must be individually reviewed for ESA compliance. This site plan only provides guidelines for Mexican Spotted Owl AEIs. If an activity is desired in an area with overlapping AEIs, all applicable site plans must be consulted. AEI maps show the location of all AEIs in an area. Section 4.6 describes management practices that should be applied when working or considering work in an AEI. LANL biological resources SMEs are available to answer questions and provide advice (<http://int.lanl.gov/environment/bio/controls/index.shtml>).

## **4.4 Definition of and Restrictions on Habitat Alterations**

### **4.4.1 Definition of Habitat Alterations**

Habitat alteration includes any action that alters the soil structure, vegetative components necessary to the species, prey quality and quantity, water quality, hydrology, or noise or light levels in undeveloped areas of an AEI. Long-term means the alteration lasts for more than one year. For physical disturbances, in general, any activity that can be accomplished by one person with a hand tool is generally not considered habitat alteration; any activity that requires mechanized equipment on a landscape is habitat alteration. An actual activity may take place outside of the AEI and will be considered habitat alteration if consequences of the activity have effects inside the AEI core.

The habitat components most important to Mexican Spotted Owls include vegetative structure, food quality and quantity, and disturbance levels, including noise and light. The forest structure within a canyon designated as a Mexican Spotted Owl AEI is important because it provides roost sites and a suitable habitat for nesting and foraging. Trees along the canyon rim are used for foraging and territorial calling, and they shelter the canyon interior from light and noise disturbances.

A long-term change in light or noise levels within the undeveloped core of an AEI is considered to be a habitat alteration if it increases average noise levels by  $\geq 6$  dB(A) during any portion of the 24-hour day, or it increases average light levels by  $\geq 0.05$  fc at night. Changes in noise and light levels are measured at the core area boundary if the source is outside the core area, or at 10 m (33 ft) from the source if the source is inside the undeveloped core area. Impacts of changes in developed areas on undeveloped cores are measured at the developed area boundary if it is within the core, or at the core area boundary if the developed area is outside of the core.

### **4.4.2 Fuels Management Practices to Reduce Wildfire Risk**

The recovery plan for the Mexican Spotted Owl lists stand-replacing wildfires as a primary threat to their habitat and encourages land managers to reduce fuel levels and abate fire risks in ways compatible with owl presence on the landscape (USFWS 1995). Within undeveloped core areas, on slopes  $>40$  percent, in the bottoms of steep canyons, and within 30 m (100 ft) of a canyon rim, thinning of trees  $<22$  cm (9 in) diameter at breast height, treatment of fuels, and prescribed and natural prescribed fires are allowed. Exceptions allowing trees  $>22$  cm (9 in) to be thinned within 30 m (100 ft) of buildings are granted to protect facilities. Large logs ( $>30$  cm [11.8 in] midpoint diameter) and snags should be retained. Thinning within core areas not meeting the characteristics listed above, and in buffer areas, may include trees of any size to achieve 8 m (25 ft) spacing between tree crowns. However, clear cutting is not allowed in undeveloped core areas.

For health and safety reasons, any trees within 30 m (100 ft) of buildings, but outside a developed area, may be thinned to achieve 8 m (25 ft) spacing between crowns. Habitat alterations including thinning are not restricted in developed areas. However, LANL biological resources SMEs encourage the retention of trees and snags along canyon rims if the rim is in a developed area. Because of the extreme fire danger associated with firing sites and the potential impact of a fire on Mexican Spotted Owl habitat, firing sites and burn areas are treated separately for the purposes of fuels management. Trees within 380 m (1,246 ft) of firing sites and burn areas in both core and

buffer areas may be thinned to a 15 m (49 ft) spacing between trees everywhere except on slopes >40 percent or in the bottoms of steep canyons. Any tree over 22 cm (9 in) diameter at breast height within 380 m (1,246 ft) of a firing site may be delimbed to a height of 2 m (6 ft) to help prevent crown fires.

In historically occupied core areas, fuels treatment may not exceed 10 percent of the undeveloped core area and is not allowed within 400 m (1,312 ft) of nesting areas. In occupied core areas, forest management activities must take place during the nonbreeding season (September 1 to February 28) (USFWS 1995). Fuels management activities that are allowable in core areas have to be reported to LANL biological resources SMEs for tracking.

#### **4.4.3 Utility Corridors**

Habitat alterations such as cutting down trees that threaten power lines are allowed within 8 m (26 ft) of either side of an existing utility line in all areas of an AEI (Trujillo and Racine 1995). New utility lines and utility lines requiring clearance of a right-of-way greater than 16 m (52 ft) total must be individually reviewed for ESA compliance. Disturbance activities must follow the guidelines given in the Activities Table (Table 1, Section 4.5.2) for occupied AEIs.

#### **4.4.4 Restrictions on Habitat Alterations**

**Summary:** Habitat alterations other than fuels management practices and utility corridor maintenance are not allowed in undeveloped core areas. Habitat alterations in buffer areas are restricted to 2 ha (5 ac) per project, with a maximum cap on development in the buffer for each AEI. Habitat alterations other than fuels management and utility corridor maintenance must be reported to LANL biological resources SMEs for tracking (<http://int.lanl.gov/environment/bio/controls/index.shtml>).

Habitat alterations other than the fuels management practices and utility corridor maintenance described above are not allowed in undeveloped core areas under the guidelines of this site plan. If a project or activity is planned that would alter habitat in an undeveloped core area, it must be individually evaluated for ESA compliance. Habitat alterations in undeveloped buffer areas other than the fuels management activities and utility corridor maintenance described above are restricted to 2 ha (5 ac) in area per project and are subject to other restrictions including light and noise effects in the core (see Section 2.2.3). Projects in the buffer over 2 ha (5 ac) in size will require individual ESA compliance review.

Habitat alterations in a buffer area other than the fuels management and utility corridor maintenance described above must be reported to LANL's biological resources SMEs for tracking (<http://int.lanl.gov/environment/bio/controls/index.shtml>). There is a cumulative maximum area that can be developed in each AEI's buffer. Once that cumulative area is reached, all habitat alterations in a buffer will require individual ESA reviews for compliance.

### **4.5 Definition of and Restrictions on Disturbance Activities**

#### **4.5.1 Definitions of Disturbance Activities**

LANL biological resources SMEs considered six categories of activities that might cause disturbance in an AEI. Most of the categories were first identified in the document "Peregrine



Falcon Habitat Management in the National Forests of New Mexico,” prepared for the United States Forest Service (Johnson 1994). LANL biological resources SMEs added explosives detonation, other light production, and other noise production to provide the most comprehensive list of activities possible, thereby reducing the need for individual review of activities for ESA compliance. The categories of activities are people, vehicles, aircraft, other light production, other noise production, and explosives detonation. LANL biological resources SMEs have defined low, medium, and high levels of impact for these activities except for explosives detonation. Activity levels for explosives detonation have been designed to follow the guidelines agreed upon by LANL, DOE, and USFWS in the DARHT BA (Keller and Risberg 1995). Restrictions on explosives detonation are described in the definition of the activity, but are not included in the Activity Table (Table 1, Section 4.5.2). These six categories of activities are restricted only in AEIs that are classified as occupied.

**People**—includes any entry of people into an AEI on foot.

- Low impact is the presence of three or fewer people per project and duration of one day or less during a breeding season.
- Medium impact is the exceedance of either the number of people or the duration criteria.
- High impact is the exceedance of both the number of people and the duration criteria.

**Vehicles**—includes the entry of any two-axle highway vehicle, all-terrain vehicle, or motorized machinery into an AEI by any route other than a paved road or an improved gravel road.

- Low impact is the presence of two or fewer vehicles per project and duration of one day or less during a breeding season.
- Medium impact is the exceedance of either the number of vehicles or the duration criteria.
- High impact is the exceedance of both the number of vehicles and the duration criteria.

**Aircraft**—includes the operation of any aircraft below an elevation of 600 m (2,000 ft) above the highest ground level in the local vicinity.

- Low impact is the presence of one single-engine airplane and the duration of one day or less during a breeding season.
- Medium impact is the exceedance of either the number of aircraft or the duration criteria.
- High impact is the exceedance of both the number of aircraft and the duration criteria.

Any use of helicopters, jet airplanes, and propeller airplanes with two or more engines is classified as medium impact or above, depending on duration.

**Other Light Production**—includes any activity not previously listed that causes additional light to occur in an AEI core area. For example, plans for construction of a new building at the edge of a developed area may call for lighting at night to facilitate nighttime work that impacts an undeveloped core area.



- Low impact is the increase of light intensity by  $\leq 0.05$  fc and a duration of one night or less per project per breeding season.
- Medium impact is the exceedance of either the intensity or duration criteria.
- High impact is the exceedance of both the intensity and duration criteria.

Measurements for increases in light are taken at the AEI core area boundary closest to the light source if the source is outside the core and at 10 m (33 ft) from the source if the source is inside the core. Light measurements for developed areas are taken at the edge of the developed area if the developed area is within an AEI core or at the closest core boundary if the developed area is outside of an AEI core.

**Other Noise Production**—includes any activity not previously listed except for explosives detonation that causes additional noise to occur in an AEI. For example, operation of machinery creates noise.

- Low impact is increasing noise levels in an AEI core by 6 dB(A) or less for one day or less per project per breeding season.
- Medium impact is the exceedance of either the level or the duration criteria.
- High impact is the exceedance of both the level and the duration criteria.

Measurements for increases in noise are taken at the AEI core boundary closest to the noise source if the source is outside the core and at 10 m (33 ft) from the source if the source is inside the core. Noise measurements for developed areas are taken at the edge of the developed area if the developed area is within an AEI core or at the closest core boundary if the developed area is outside of an AEI core.

**Explosives Detonation**—includes the use of high explosives for any purpose. LANL biological resources SMEs did not define low, medium, and high levels of this activity because of the difficulty of determining levels for a shot before actually doing the shot. For the purpose of explosives detonation near Mexican Spotted Owl AEIs, occupied habitat is defined as the area within 400 m (1,312 ft) of the current year's nest/roost sites or the previous year's nest site if a current site has not been identified. No explosives detonation will take place within 400 m (1,312 ft) of nest/roost sites in occupied habitat between March 1 and August 31. Explosives detonation at night at sites within 400 to 800 m (1,312 to 2,624 ft) of a nest site in occupied habitat is restricted to once a month from March 1 and August 31. There are no restrictions on daytime explosives testing between 400 and 800 m (1,312 to 2,624 ft). There are no restrictions between September 1 and February 28 or in unoccupied habitat. Explosives detonation adjacent to AEIs that have not previously been recorded by LANL as occupied will have no restrictions unless surveys detect Mexican Spotted Owls. Explosives tests not allowed under the guidelines of this site plan must be individually reviewed for ESA compliance.

#### **4.5.2 Activity Table**

The dates shown in the Activity Table (Table 1) are the dates between which the activity in the row is restricted under the guidelines of this site plan. All AEIs are considered occupied from March 1 to August 31 or until surveys show an AEI to be unoccupied. If owls are detected, AEIs

are considered occupied until August 31 within 400 m (1,312 ft) of the nest site. Consult with LANL biological resources SMEs to find out occupancy status of AEIs and what locations are within 400 m (1,312 ft) of nest sites (<http://int.lanl.gov/environment/bio/controls/index.shtml>).

**Table 1. Restrictions on Activities in Undeveloped Occupied Mexican Spotted Owl AEIs**

	<b>Core</b>	<b>Buffer</b>
<i>People</i>		
Low	No Restrictions*	No Restrictions
Medium	March 1 to August 31	No Restrictions
High	March 1 to August 31	No Restrictions
<i>Vehicles</i>		
Low	No Restrictions	No Restrictions
Medium	March 1 to August 31	No Restrictions
High	March 1 to August 31	No Restrictions
<i>Aircraft</i>		
Low	March 1 to August 31	No Restrictions
Medium	March 1 to August 31	March 1 to May 15
High	March 1 to August 31	March 1 to August 31
<i>Other Light Production</i>		
Low	March 1 to August 31	No Restrictions**
Medium	March 1 to August 31	No Restrictions**
High	March 1 to August 31	No Restrictions**
<i>Other Noise Production</i>		
Low	March 1 to August 31	No Restrictions**
Medium	March 1 to August 31	No Restrictions**
High	March 1 to August 31	No Restrictions**
<i>Explosives Detonation (see text in Section 4.5.1)</i>		

\*Entry is restricted in core areas that are occupied within 400 m (1,312 ft) of the nest site from March 1 to August 31. If the current nest has not been located, entry is restricted within 400 m (1,312 ft) of the previous year's nest site.

\*\*Noise or light production in the buffer is restricted if the activity would violate core area restrictions on noise or light.

## 4.6 Protective Measures

**Summary:** This section provides a list of management practices to apply in Mexican Spotted Owl AEIs.

- Timing of projects must take into account that projects in core areas or projects that violate restrictions for occupied buffer areas must stop on February 28 each year until occupancy status of the AEI is determined.
- Every reasonable effort should be made to reduce the noise from explosives testing within 800 m (2,624 ft) of occupied habitat. Methods to reduce noise could include contained shots, noise shields in the direction of AEI cores, etc. For night shots, every reasonable effort should be made to limit the amount of light directed into AEI core areas.

- Put signs on dirt roads and trails leading into AEIs labeling them as restricted access areas and providing a number to contact for access restrictions.
- Keep disturbance and noise to a minimum.
- Avoid unnecessary disturbance to vegetation (e.g., excessive parking areas or equipment storage areas, off-road travel, materials storage areas, crossing of streams or washes).
- Avoid removal of vegetation along drainage systems and stream channels.
- Avoid all vegetation removals not absolutely necessary.
- Appropriate erosion and runoff controls should be employed to reduce soil loss. The controls must be put in place and periodically checked throughout the life of projects.
- All exposed soils must be revegetated as soon as feasible after construction to minimize erosion.
- In the Los Alamos Canyon AEI, development should be focused away from undeveloped areas on the western end of the AEI.

## 5.0 LEVELS OF DEVELOPMENT IN AEI CORE AND BUFFERS

### 5.1 Allowable Habitat Alteration in the Buffer Areas

The following quantifications of development and guidance for allowable habitat alteration in buffer areas were published and consulted on in the 1999 version of the HMP. Most AEIs changed in dimensions during the 2005 redelination of the habitats, and many have experienced additional development. Development in buffer habitat was not addressed during the 2005 consultation. Many projects were reviewed and received USFWS concurrence between 1999 and 2014.

LANL biological resources SMEs have provided the current development status for each of the AEIs at the end of each paragraph. The percent developed numbers were derived with the original size of the AEIs.

***Cañon de Valle***—In 1999, 16.3 ha (40.3 ac, 2.9 percent) of the core was developed and 52.2 ha (129 ac, 6.8 percent) of the DOE-controlled buffer was developed. For this AEI, it was recommended that only an additional 25.30 ha (62.5 ac) of the AEI buffer be developed. The 1999 HMP stated that once this cap is reached or a large-scale project is proposed, additional consultation with USFWS would be required. By 2011, 28 ha (69.2 ac) of the core and 84 ha (207.5 ac) of the buffer had been developed.

***Pajarito***—In 1999, there were 6.7 ha (16.5 ac, 5.5 percent) of the core developed and 75.1 ha (186.5 ac, 16.7percent) developed in the buffer. LANL biological resources SMEs recommended only an additional 35 ha (86.4 ac) of the buffer be developed before additional USFWS consultations take place. The 1999 HMP stated that once the cap is reached or a single large-scale project is proposed, additional consultation would be required. By 2011, 27 ha (66.7 ac) of the core and 89 ha (220 ac) of the buffer had been developed.

***Los Alamos***—In 1999, there were 77.16 ha (190 ac) of the core developed and 167.2 ha (413.1 ac) developed in the buffer. For this AEI, LANL biological resources SMEs recommended only an

additional 28.6 ha (70.6 ac, 5.9 percent) of the DOE-owned buffer be developed before additional USFWS consultations take place.

Because this AEI is so heavily developed, additional development was restricted to a few selected areas within the buffer. Development outside of these areas requires individual review for ESA compliance. A large percentage of this AEI was removed in the 2005 and 2013 BAs. By 2011, 94 ha (232.2 ac) of the core and 181 ha (447.3 ac) of the buffer had been developed.

***Sandia-Mortandad***—In 1999, 98.4 ha (243.2 ac) of this AEI on DOE lands were developed, including 29 ha (71.7 ac, 10.7 percent) of the core and 75.1 ha (185.6 ac, 16.7 percent) of the buffer. For this AEI, LANL biological resources SMEs recommended only an additional 38.1 ha (94.1 ac) of the buffer be developed before additional USFWS consultations take place. Once this cap is reached or a single large-scale project is proposed, additional consultation will be required. By 2011, 45 ha (111.2 ac) of the core and 83 ha (205.1 ac) of the buffer had been developed.

***Three Mile***—In 1999, 25.3 ha (62.5 ac) of this AEI on DOE lands were developed, including 3.8 ha (9.4 ac, 2.8 percent) of the core and 21.5 ha (51.1 ac, 7.3 percent) of the buffer. For this AEI, LANL biological resources SMEs recommended only 64.3 ha (158.8 ac) additional area of buffer be developed before additional USFWS consultations take place. Once this cap is reached or a single large-scale project is proposed, additional consultation will be required. By 2011, 12 ha (29.6 ac) of the core and 37 ha (91.4 ac) of the buffer had been developed.

### **III. AREA OF ENVIRONMENTAL INTEREST SITE PLAN FOR THE SOUTHWESTERN WILLOW FLYCATCHER**

#### **1.0 SPECIES DESCRIPTION—SOUTHWESTERN WILLOW FLYCATCHER**

##### **1.1 Status**

In 1995, the USFWS designated the Southwestern Willow Flycatcher as a federally endangered species (60 FR 10693). The USFWS most recently designated critical habitat for the Southwestern Willow Flycatcher in 2005 (70 FR 60885). The most recent recovery plan was published for Southwestern Willow Flycatcher in 2002 (USFWS 2002).

##### **1.2 General Biology**

The Southwestern Willow Flycatcher is one of four subspecies of the Willow Flycatcher. The historic range of the Southwestern Willow Flycatcher included Arizona, California, Colorado, New Mexico, Texas, Utah, and Mexico. Currently, this flycatcher breeds in riparian habitats from southern California to Arizona and New Mexico, plus southern Colorado, Utah, Nevada, and far western Texas. In winter it is found in southern Mexico, Central America, and northern South America (USFWS 2002).

Southwestern Willow Flycatchers are present in New Mexico from early May through mid-September and breed from late May through late July (Finch and Kelly 1999; USFWS 2002; Yong and Finch 1997). The flycatcher's nesting cycle is approximately 28 days. Three or four eggs are laid at one-day intervals, and incubation begins when the clutch is complete. The female incubates eggs for approximately 12 days, and the young fledge about 13 days after hatching.

Southwestern Willow Flycatchers typically raise one brood per year (USFWS 2002). Because arrival dates vary, northbound migrant Willow Flycatchers (of all subspecies) pass through areas where Southwestern Willow Flycatchers have already begun nesting. Similarly, southbound migrants (of all subspecies) in late July and August may occur where Southwestern Willow Flycatchers are still breeding. Therefore, it is only during a short period of the breeding season (approximately June 15 through July 20) that one can assume that a Willow Flycatcher seen within Southwestern Willow Flycatcher range is probably of that subspecies (USFWS 2002).

The Southwestern Willow Flycatcher only nests along rivers, streams, and other wetlands. It is found in close association with dense stands of willows (*Salix* spp.), arrowweed (*Pluchea* spp.), buttonbush (*Cephalanthus* spp.), tamarisk (*Tamarix* spp.), Russian olive (*Eleagnus angustifolia* L.), and other riparian vegetation, often with a scattered overstory of cottonwood (*Populus* spp.) (USFWS 2002). The size of vegetation patches or habitat mosaics used by Southwestern Willow Flycatchers varies considerably and ranges from as small as 0.8 ha (1.9 ac) to several hundred hectares (Hatten and Paradzick 2003). The Southwestern Willow Flycatcher nests in thickets of trees and shrubs approximately 2 to 15 m (6 to 49 ft) tall, with a high percentage of canopy cover and dense foliage from 0 to 4 m (0 to 13 ft) above ground. Regardless of the plant species composition or height, occupied sites always have dense vegetation in the patch interior (Allison et al. 2003; USFWS 2002).

The Southwestern Willow Flycatcher is an insectivore. It forages within and occasionally above dense riparian vegetation, taking insects on the wing and gleaning them from foliage. The flycatcher's prey includes flies, bees, wasps, ants, beetles, moths, butterflies, grasshoppers, crickets, dragonflies, damselflies, and spiders (Durst et al. 2008; Wiesenborn and Heydon 2007).

### **1.3 Threats**

The current population of Southwestern Willow Flycatchers in the United States is estimated at 1,214 territories (Durst et al. 2006). The distribution of breeding groups is highly fragmented, with groups often separated by considerable distances. This subspecies has suffered declines attributed to extensive loss of its cottonwood-willow habitat and to poor productivity resulting from brood parasitism by Brown-headed Cowbirds (*Molothrus ater*) (USFWS 2002).

## **2.0 IMPACT OF HUMAN ACTIVITIES**

### **2.1 Introduction**

The primary threats to the Southwestern Willow Flycatcher on LANL property are 1) impacts on habitat quality from LANL operations and 2) disturbance of nesting flycatchers. This section includes a review and summary of the known effects of various types of human activities to the Southwestern Willow Flycatcher and an overview of the current levels of activities at LANL within species habitat.

### **2.2 Impacts on Habitat Quality**

#### **2.2.1 Development**

Throughout the Southwest, riparian habitats are rare and tend to be small and separated by vast expanses of arid lands. The Southwestern Willow Flycatcher has experienced extensive loss and

modification of its habitat resulting from urban and agricultural development, water diversion and impoundment, channelization of waterways, livestock grazing, off-road vehicle and other recreational uses, and hydrological changes resulting from these and other land uses (USFWS 2002). River and stream impoundments, groundwater pumping, and overuse of riparian areas have altered as much as 90 percent of the Southwestern Willow Flycatcher's habitat (USFWS 2002). Loss of cottonwood-willow riparian forests has had widespread impact on the distribution and abundance of bird species associated with that forest. Development itself may be tolerated if the habitat is left intact.

Because watercourses at LANL tend to be intermittent to ephemeral, riparian habitat is uncommon. There has been extensive degradation of the riparian zone along the Rio Grande caused by feral cattle grazing and flood control operations of Cochiti Lake. There are other riparian/wetland areas on LANL associated with canyon bottoms, the most significant one being Pajarito wetlands in the lower end of Pajarito Canyon. A major paved road traverses the wetlands area in Pajarito Canyon.

### **2.2.2 Ecological Risk**

There is no specific information on the impact of chemicals on Southwestern Willow Flycatcher.

#### **2.2.2.1 Ecorisk Assessment**

LANL completed two ecological risk assessments that included the Southwestern Willow Flycatcher between 1997 and 2009. The ecological risk assessment process involves using computer modeling to assess potential effects to animals from COPCs that have been detected in the environment. The ecological risk assessments concluded that, in general, there is a small potential for effects to Southwestern Willow Flycatcher from COPCs (Gonzales et al. 1998; Gonzales et al. 2009).

An ecotoxicological risk assessment for the Southwestern Willow Flycatcher, centered on the Pajarito wetlands, found that between 7 and 16 percent of 100 hypothetical nest sites examined had hazard indices  $>1.0$  and  $<10.0$ , depending on the foraging scenario (Gonzales et al. 1998). This indicates a small potential for impacts from chemicals. The primary chemicals driving the risk scenario were pentachlorophenol, aluminum, radium-226, calcium, and thorium-228. Aluminum, radium, and thorium are naturally occurring substances in northern New Mexico.

### **2.2.3 Disturbance**

#### **2.2.3.1 Pedestrians and Vehicles**

There is no specific information on the reactions of Southwestern Willow Flycatchers to pedestrians and vehicles available. The recovery plan for the Southwestern Willow Flycatcher recommends providing protected areas, reducing unpredictable activities providing visual barriers, and reducing noise disturbance (USFWS 2002).

#### **2.2.3.2 Aircraft**

There is no specific information on the reaction of Southwestern Willow Flycatchers to aircraft available.



LANL lies within restricted airspace and planes infrequently fly less than 609 m (2,000 ft) above ground level. The County of Los Alamos operates an airport along the northern edge of LANL. The airport is located on the southern rim of Pueblo Canyon. Most flights approach and depart to the east of the airport, over the Rio Grande.

### **2.2.3.3 Explosives**

There is no specific information on the reaction of Southwestern Willow Flycatchers to explosives detonation available. The Southwestern Willow Flycatcher AEI is not located close to any explosives testing sites at LANL.

### **2.2.3.4 Other Sources of Noise**

LANL biological resources SMEs do not have good information on the effects of noise, including machinery operation, on Southwestern Willow Flycatchers. However, Southwestern Willow Flycatchers are probably not as sensitive to disturbance as some other threatened or endangered species (USFWS 2002). For a description of noise levels at LANL, see Part I, Section 2.2.3.

### **2.2.3.5 Artificially Produced Light**

There is no information on the effects of artificially produced light on Southwestern Willow Flycatchers available. Under the Los Alamos County Code, commercial site development plans are reviewed to ensure that lighting serves the intended use of the site while minimizing adverse impacts to adjacent residential property (Section 16-276). Section 16-276 of the County Code includes light source measurement limitations by zoning district. The code allows off-site light to be 0.5 fc in residential areas. By comparison, full moonlight measures 0.1 fc, and a crescent moon was measured at 0.01 fc.

## **3.0 AEI GENERAL DESCRIPTION FOR SOUTHWESTERN WILLOW FLYCATCHER**

The AEI consists of two types of areas—core and buffer. Core areas represent wetland areas with suitable vegetation for nesting, primarily dense willows. The buffer area is the area within 100 m (328 ft) of core areas. The Southwestern Willow Flycatcher AEI on LANL consists of two separate core areas. For purposes of this site plan, both core areas and associated buffers are considered one AEI unit.

### **3.1 Method for Identifying the Southwestern Willow Flycatcher AEI**

The core areas were defined by the presence of riparian habitat and suitable wetland vegetation. These areas were identified in 1994 during a survey of wetlands at LANL and mapped using a global positioning system receiver. Wetlands without stands of dense willows at least 2 m (7 ft) tall and 30 m (98 ft) wide were not included in the AEI. The buffer area is the area within 100 m (328 ft) of the core areas.

### **3.2 Location of the Southwestern Willow Flycatcher AEI**

LANL has one AEI for Southwestern Willow Flycatcher. It is composed of two core areas with associated buffers. The AEI core areas are located in the bottom of Pajarito Canyon, on the eastern side of LANL adjacent to Pajarito Road and State Road 4. The boundaries of the Southwestern

Willow Flycatcher AEI are maintained in the biological resources program GIS database at LANL.

## **4.0 AEI MANAGEMENT**

### **4.1 Overview**

This AEI management section provides guidelines for LANL operations to reduce or eliminate the threats to the Southwestern Willow Flycatcher from 1) habitat alterations that reduce habitat quality and 2) disturbance of breeding or potentially breeding flycatchers. Habitat alterations are considered for all AEIs and for both core and buffer areas. Disturbance activities to flycatchers are considered only for occupied AEIs and only for impacts on core areas. Developed areas (see Part I, Section 2.3) with ongoing baseline levels of activities and are not suitable habitat for Southwestern Willow Flycatchers have different restrictions than undeveloped core or buffer areas. Therefore, the location of the disturbance activity within the AEI, the occupancy status of the AEI, and the type of activity all affect whether or not the activity is allowable. AEIs for different species may overlap, and an activity must meet the guidelines of all applicable site plans to be allowable. Protective measures are described as management practices that should be followed when working in AEIs.

### **4.2 Definition and Role of Occupancy in AEI Management**

**Summary:** The occupancy status of an AEI affects what disturbance activities are allowable in different areas (core, buffer, developed) of the AEI. The Southwestern Willow Flycatcher AEI is considered occupied during May 15 through September 15 or until the surveys show the AEI to be unoccupied. See the Activity Table (Table 2, Section 4.5.2) for restrictions on occupied undeveloped core and buffer areas, and Part I, Section 2.3 for restrictions on developed areas.

Occupancy simply refers to whether or not an AEI is occupied during a species' period of sensitivity. For Southwestern Willow Flycatchers, LANL biological resources SMEs are primarily concerned with protecting the birds from disturbance during the breeding season. Because individuals may colonize suitable habitat, the Southwestern Willow Flycatcher AEI is treated as though it is occupied from May 15 through September 15 or until surveys show an AEI to be unoccupied. Southwestern Willow Flycatcher surveys are conducted during May, June, and July. Because Southwestern Willow Flycatchers migrate south for the winter, the AEI is treated as unoccupied from September 16 to May 14.

The occupancy status of an AEI affects what activities are allowable in the AEI. Although activities causing habitat alterations are always restricted, disturbance activities are restricted only in occupied AEIs. Table 2 provides dates and levels of disturbance activities allowable in the occupied Southwestern Willow Flycatcher AEI under the guidelines of this site plan. The dates in Table 2 indicate the time period during which the activity is restricted. Contact a LANL biological resources SME to find out the current occupancy status of an AEI (<http://int.lanl.gov/environment/bio/controls/index.shtml>).

### **4.3 Introduction to AEI Management Guidelines**

**Summary:** The habitat alterations section (Section 4.4) and the activities section (Section 4.5) gives the guidelines for habitat alteration and disturbance activities, respectively, for the

Southwestern Willow Flycatcher AEI. The flow chart (see Figure 1) provides a quick reference to determine what, if any, guidelines need to be consulted for a specific activity. Protective measures give management practices that should be applied when working or considering work in AEIs. LANL biological resources SMEs are available to answer questions and provide advice (<http://int.lanl.gov/environment/bio/controls/index.shtml>).

Sections 4.4 and 4.5 provide the guidelines for habitat alterations and allowable activities in AEI core and buffer areas. The flow chart (see Figure 1) provides a quick reference that should be used to determine whether a project or activity will affect an AEI and what sections of the site plan need to be consulted. The section on habitat alterations (Section 4.4) describes what and where habitat alterations are allowed under the guidelines of this site plan. The section and table on allowable activities (Section 4.5 and Table 2) describe what, when, and where disturbance activities are allowed in occupied AEIs under the guidelines of this site plan. If an activity does not meet the restrictions given in the guidelines, the activity must be individually reviewed for ESA compliance. This site plan only provides guidelines for the Southwestern Willow Flycatcher AEI. If an activity is desired in an area with overlapping AEIs, all applicable site plans must be consulted. Section 4.6 describes management practices that should be applied when working or considering work in an AEI. LANL biological resources SMEs are available to help interpret site plans and answer questions (<http://int.lanl.gov/environment/bio/controls/index.shtml>).

#### **4.4 Definition of and Restrictions on Habitat Alterations**

##### **4.4.1 Definition of Habitat Alterations**

Habitat alteration includes any action that alters over the long-term the soil structure, vegetative components necessary to the species, prey quality and quantity, water quality, hydrology, or noise or light levels in undeveloped areas of an AEI. Long-term means the alteration lasts for more than one year. Habitat alteration includes any activity that removes vegetative components important to the Southwestern Willow Flycatcher (primarily trees and shrubs). An actual activity may take place outside of the AEI and will be considered habitat alteration if consequences of the activity have effects inside the AEI core.

The habitat components most important to flycatchers include vegetative structure, food quality and quantity, and disturbance levels, including noise and light. The thickets of certain trees and shrubs along wetlands are important because they provide roost sites and a suitable habitat for nesting and foraging.

##### **4.4.2 Fuels Management Practices to Reduce Wildfire Risk**

Thinning within undeveloped buffer areas may include trees of any size to achieve 7.6 m (25 ft) spacing between tree crowns. However, clear cutting is not allowed in undeveloped buffer areas. No fuels management practices are allowed in core areas. Habitat alterations including thinning are not restricted in developed areas. All fuels management activities in developed and buffer areas must follow the guidelines in the Activity Table (Table 2, Section 4.5.2) if the AEI is occupied.

##### **4.4.3 Utility Corridors**

Habitat alterations such as cutting down trees that threaten power lines are allowed within 8 m (26 ft) of either side of an existing utility line in all areas of an AEI (Trujillo and Racine 1995).

New utility lines and utility lines requiring clearance of a right-of-way greater than 16 m (52 ft) total must be individually reviewed for ESA compliance. Disturbance activities must follow the guidelines given in the Activities Table for occupied AEIs.

#### **4.4.4 Restrictions on Habitat Alterations**

**Summary:** Habitat alterations other than the utility corridor maintenance described above are not allowed in undeveloped core areas under the guidelines of this site plan. Habitat alteration in buffers is limited. If a project or activity is planned that would alter habitat in an undeveloped core area, it must be individually evaluated for ESA compliance. Habitat alterations in a buffer area other than fuels management activities or utility corridor maintenance must be reported to a LANL biological resources SME for tracking (<http://int.lanl.gov/environment/bio/controls/index.shtml>).

### **4.5 Definition of and Restrictions on Disturbance Activities**

#### **4.5.1 Definition of Disturbance Activities**

LANL biological resources SMEs considered five categories of activities that might cause disturbance in an AEI. Most of the categories were first identified in the document “Peregrine Falcon Habitat Management in the National Forests of New Mexico” prepared for the U.S. Forest Service (Johnson 1994). Other light production and other noise production were included to provide the most comprehensive list of activities possible, reducing the need for individual review of activities for ESA compliance. The categories of activities are people, vehicles, aircraft, other light production, and other noise production. The impact of explosives detonation on this species is not considered here because there are no explosives testing sites within 2 km (1.25 mi) of potential nesting habitat. Low, medium, and high levels of impact for these activities are considered here. The following categories of activities are restricted only in AEIs that are classified as occupied.

**People**—includes any entry of people into an AEI on foot.

- Low impact is the presence of three or fewer people per project and duration of one day or less during a breeding season.
- Medium impact is the exceedance of either the number of people or the duration criteria.
- High impact is the exceedance of both the number of people and the duration criteria.

**Vehicles**—includes the entry of any two-axle highway vehicle, all-terrain vehicle, or motorized machinery into an AEI by any route other than a paved road or an improved gravel road.

- Low impact is the presence of two or fewer vehicles per project and duration of one day or less during a breeding season.
- Medium impact is the exceedance of either the number of vehicles or the duration criteria.
- High impact is the exceedance of both the number of vehicles and the duration criteria.

**Aircraft**—includes the operation of any aircraft below an elevation of 600 m (2,000 ft) above the highest ground level in the local vicinity.

- Low impact is the presence of one single-engine airplane and duration of one day or less during a breeding season.
- Medium impact is the exceedance of either the number of aircraft or the duration criteria.
- High impact is the exceedance of both the number of aircraft and the duration criteria.

Any use of helicopters, jet airplanes, and propeller airplanes with two or more engines is classified as medium impact or above, depending on duration.

**Other Light Production**—includes any activity not previously listed that causes additional light to occur in an AEI core area (e.g., plans for construction of a new building at the edge of a developed area may call for lighting at night to facilitate nighttime work that impacts an undeveloped core area).

- Low impact is the increase of light intensity by up to 0.05 fc and a duration of one night or less per project per breeding season.
- Medium impact is the exceedance of either the intensity or duration criteria.
- High impact is the exceedance of both the intensity and duration criteria.

Measurements for increases in light are taken at the AEI core area boundary closest to the light source, if the source is outside the core, and at 10 m (33 ft) from the source if the source is inside the core. Light measurements for developed areas are taken at the edge of the developed area if the developed area is within an AEI core, or at the closest core boundary, if the developed area is outside of an AEI core.

**Other Noise Production**—includes any activity not previously listed except for explosives detonation that causes additional noise to occur in an AEI. For example, operation of machinery causes noise.

- Low impact is increasing noise levels in an AEI core by 6 dB(A) or less for one day or less per project per breeding season.
- Medium impact is the exceedance of either the level or the duration criteria.
- High impact is the exceedance of both the level and the duration criteria.

Measurements for increases in noise are taken at the AEI core boundary closest to the noise source if the source is outside the core, and at 10 m (33 ft) from the source if the source is inside the core. Noise measurements for developed areas are taken at the edge of the developed area if the developed area is within an AEI core, or at the closest core boundary if the developed area is outside of an AEI core.

#### **4.5.2 Activity Table**

Disturbance activities are of concern only when Southwestern Willow Flycatchers occupy an AEI. The AEI is always considered occupied between May 15 and September 15, or until surveys show the AEI to be unoccupied. The Southwestern Willow Flycatcher AEI is always considered unoccupied between September 16 and May 14, when flycatchers have migrated for the winter.

For occupancy status of an AEI after completion of surveys, contact a LANL biological resources SME (<http://int.lanl.gov/environment/bio/controls/index.shtml>).

**Table 2. Restrictions on Activities in Undeveloped Occupied Southwestern Willow Flycatcher AEI**

	<b>Core</b>	<b>Buffer</b>
<b><i>Restrictions on Occupied Habitat</i></b>		
<b><i>People</i></b>		
Low	No Restrictions	No Restrictions
Medium	May 15 to August 15	No Restrictions
High	May 15 to September 15	No Restrictions
<b><i>Vehicles</i></b>		
Low	May 15 to September 15	No Restrictions
Medium	May 15 to September 15	No Restrictions
High	May 15 to September 15	No Restrictions
<b><i>Aircraft</i></b>		
Low	No Restrictions	No Restrictions
Medium	May 15 to August 15	May 15 to August 15
High	May 15 to September 15	May 15 to August 15
<b><i>Other Light/Noise Production</i></b>		
Low	May 15 to September 15	No Restrictions*
Medium	May 15 to September 15	No Restrictions*
High	May 15 to September 15	No Restrictions*

\*Noise or light production in the buffer is restricted if the activity would violate core area restriction on noise or light.

## 4.6 Protective Measures

**Summary:** This section provides a list of management practices to apply in the AEI.

- No wetland vegetation will be removed outside of developed areas.
- Appropriate erosion and runoff controls should be employed to reduce soil loss.
- Avoid unnecessary disturbance to vegetation (e.g., excessive parking areas or equipment storage areas, off-road travel, materials storage areas, crossing of streams or washes).
- Avoid removal of vegetation along drainage systems and stream channels.
- Avoid all vegetation removals not absolutely necessary.
- Appropriate erosion controls must be put in place and periodically checked throughout the life of any projects.
- All exposed soils must be revegetated as soon as feasible after disturbance to minimize erosion.



## 5.0 SOUTHWESTERN WILLOW FLYCATCHER AEI DESCRIPTION

### 5.1 Pajarito Canyon Southwestern Willow Flycatcher AEI

#### 5.1.1 Allowable Habitat Alteration in the Buffer Area

Since the purpose of the buffer area is to help maintain the core area as suitable Southwestern Willow Flycatcher habitat, habitat alteration in the buffer area will be extremely limited. There are two areas in which restrictions on habitat alteration are relaxed.

1. The mesa top of Mesita del Buey. This mesa top can be developed as long as restrictions on impacts to the core area are met.
2. Pajarito Road within the AEI. Mowing of upland vegetation is allowed up to 5 m (15 ft) from Pajarito Road, or to the fence, if the fence is within 9 m (30 ft). Vegetation must cover the roadsides to prevent sediment runoff, so mowed plants should be at least 5 cm (2 in) high. LANL biological resources SMEs encourage the growth of willow throughout the AEI—even the area along Pajarito Road—to enhance habitat. If, within this area, it is absolutely necessary to remove new willow growth (i.e., to improve visibility for human safety), LANL biological resources SMEs recommend that only willows at or above the level of the roadway surface be mowed.

## IV. AREA OF ENVIRONMENTAL INTEREST SITE PLAN FOR THE JEMEZ MOUNTAINS SALAMANDER

### 1.0 SPECIES DESCRIPTION—JEMEZ MOUNTAINS SALAMANDER

#### 1.1 Status

The Jemez Mountains Salamander (*Plethodon neomexicanus*) was listed in New Mexico as endangered under the Wildlife Conservation Act of New Mexico in 2006 (NMDGF 2006). In September 2012 the USFWS proposed the Jemez Mountains Salamander as endangered under the ESA (FR 2012) and the final listing as endangered was on 10 September 2013 (FR 2013a)

#### 1.2 General Biology

The Jemez Mountains Salamander is endemic to the Jemez Mountains of north-central New Mexico and is found in Los Alamos, Rio Arriba, and Sandoval counties (Stebbins and Rierner 1950). It is one of two endemic plethodontid salamanders that occur in New Mexico. It occurs predominantly at elevations between 2,130 to 3,430 m (6,988 to 11,254 ft) in mixed-conifer forest with greater than 50 percent canopy cover consisting mainly of Douglas fir (*Pseudotsuga menziesii* [Mirb.] Franco), blue spruce (*Picea pungens* Engelm.), Engelmann spruce (*Picea engelmannii* Parry ex Engelm.), white fir (*Abies concolor* [Gord. & Glend.] Lindl. ex Hildebr.), limber pine (*Pinus flexilis* James), ponderosa pine, and quaking aspen (*Populus tremuloides* Michx.). The ground surface in forest areas has (a) moderate to high volumes of large fallen trees and other woody debris, especially coniferous logs at least 25 cm (10 in) in diameter, particularly Douglas fir, which are in contact with the soil in varying stages of decay from freshly fallen to nearly fully decomposed; or (b) structural features, such as rocks, bark, and moss mats that provide

the species with food and cover. Underground habitat in forest or meadow areas contains interstitial spaces provided by (a) igneous rock with fractures or loose rocky soils, (b) rotted tree root channels, or (c) burrows of rodents or large invertebrates (Degenhardt et al. 1996; FR 2013b).

Plethodontid salamanders, which lack both lungs and gills, breathe through the mucous membranes in their mouth and throat and through their moist skin. The Jemez Mountains Salamander is completely terrestrial and does not use standing surface water for any life stage (FR 2012). Present in its habitat year-round, the Jemez Mountains Salamander spends most of its life underground, but can be found on the surface when conditions are warm and wet, approximately July through October. During this time, the Jemez Mountains Salamander can be found under rocks, bark, and moss mats and inside and under logs (Ramotnik 1986, Everett 2003). The Jemez Mountains Salamander eats invertebrates, including ants, mites, and beetles, and is thought to lay its eggs underground (FR 2013b).

### **1.3 Threats**

Principal threats to habitat include historical fire exclusion and suppression and severe wildland fires; forest composition and structure conversions; post-fire rehabilitation; forest and fire management; roads, trails, and habitat fragmentation; recreation; and disease (FR 2012).

## **2.0 IMPACT OF HUMAN ACTIVITIES**

### **2.1 Introduction**

Primary threats to the Jemez Mountains Salamander on LANL property are impacts to habitat quality or destruction of individual salamanders caused by LANL or Los Alamos County operations. Forested LANL property is also subject to impacts from severe wildland fire and wildfire suppression.

### **2.2 Impacts on Habitat Quality**

#### **2.2.1 Development**

Property at LANL varies from remote isolated land to heavily developed and/or industrialized. Most of the large developed areas at LANL are found on mesa tops, generally in the northern and western portion of LANL. The areas of Jemez Mountains Salamander habitat currently most impacted by development occur in Los Alamos Canyon. There is a secondary paved road (West Road) in the bottom of the canyon that exits the canyon on the north-facing slope through Jemez Mountains Salamander habitat. The canyon bottom also contains a recreational ice rink operated by Los Alamos County on an inholding owned by Los Alamos County. Development that reduces the occurrence of primary constituent elements of Jemez Mountains Salamander in core habitat would likely have a negative impact on the species.

#### **2.2.2 Pedestrians and Vehicles**

Many canyon bottoms and mesa tops at LANL have dirt roads traversing them. Most of these roads are gated; however, many of these roads are accessible to LANL employees and the public on foot or by bike. Some areas, such as Los Alamos Canyon, are frequently used by hikers and dog owners on active and historic trails which traverse the canyon, through Jemez Mountains

Salamander habitat in places. Maintenance of roads and trails in the habitat may have a negative impact on the species.

### **2.2.3 Severe Wildland Fire and Wildfire Suppression**

Stand-replacing wildfires significantly change forest composition and structure, and reduce canopy cover. Even ground wildfires may reduce the volume of fallen logs and large woody debris. Large areas of historic Jemez Mountains Salamander habitat have been impacted by stand-replacing wildfires associated with current forest stocking conditions, drought, and high temperatures (FR 2012). Forested habitats on LANL are also subject to severe wildland fires. To mitigate wildfire risks, some areas of LANL have been treated for fuels reduction and creation of fuel breaks both pre-emptively and during active wildfire suppression. Both wildfires and wildfire suppression activities can negatively impact the primary constituent elements of Jemez Mountains Salamander core habitat.

## **2.3 Impacts on Individual Salamanders**

### **2.3.1 Disease**

The amphibian pathogenic fungus *Batrachochytrium dendrobatidis* (Bd) was found in a wild-caught Jemez Mountains Salamander in 2003 (Cummer et al. 2005) on the east side of the species' range and again in another Jemez Mountains Salamander in 2010 on the west side of the species' range (FR 2012). Bd causes the disease chytridiomycosis, whereby the Bd fungus attacks keratin in amphibians. In adult amphibians, keratin primarily occurs in the skin. The symptoms of chytridiomycosis can include sloughing of skin, lethargy, morbidity, and death. Chytridiomycosis has been linked with worldwide amphibian declines, die-offs, and extinctions, possibly in association with climate change (Pounds et al. 2006). Chytridiomycosis may be a threat to the Jemez Mountains Salamander because this disease is a threat to many other species of amphibians and the pathogen has been detected in the Jemez Mountains Salamander (FR 2012).

As part of a cooperative study with the New Mexico Department of Game and Fish between 2007 and 2013, various amphibian species including the canyon tree frog (*Hyla arenicolor*), western chorus frog (*Pseudacris triseriata*), Woodhouse's toad (*Anaxyrus woodhousii*), tiger salamander (*Ambystoma tigrinum*), and Jemez Mountains Salamander were tested for Bd infection at LANL. To date, all sampling has been negative for Bd infection (Fresquez et al. 2013).

### **2.3.2 Destruction of Individual Salamanders**

During periods of the year when Jemez Mountains Salamander are on the soil surface, when conditions are warm and wet (generally July to October), they are vulnerable to injury and mortality from soil-disturbing activities, including operation of heavy equipment in core habitat. They also are at risk to be found and collected by people.

## **3.0 AEI GENERAL DESCRIPTION FOR JEMEZ MOUNTAINS SALAMANDER**

The AEI consists of two areas, a core area and a buffer area. The core habitat is defined as suitable habitat where the Jemez Mountains Salamander occurs or may occur at LANL. The core habitat consists of sections of north-facing slope that contain the required micro-habitat to support Jemez

Mountains Salamander. The buffer area is 100 m (328 ft) wide extending outward from the edge of the core area.

### 3.1 Method for Identifying a Jemez Mountains Salamander AEI

The first step in identifying potential Jemez Mountains Salamander at LANL was to use a GIS to model habitat. Early modeling efforts by Hathcock (2008) identified areas of potential habitat and that model was further refined. The following parameters were modeled in the GIS:

- Elevation: 7,000 ft (2,150 m) and above
- Slope: Greater than 20 degrees
- Aspect: north-facing +/- 20 degrees
- Land cover: Mixed conifer
- Land use: Undeveloped
- Modeled habitat is only selected if it is greater than five contiguous 30 × 30 m (98 × 98 ft) pixels in size

Once this habitat layer was developed, a second layer was modeled that examined the level of shade in the habitat, also known as an illumination index. Since the Jemez Mountains Salamander needs cool moist conditions, an illumination index model would further highlight areas where this habitat type may occur or further reinforce the areas selected by the GIS modeling. The illumination index describes the amount and extent of solar radiation reaching the Earth's surface at a given point. This takes into account the topography that may cast shadows. The illumination model was developed using the 5 m (16 ft) resolution digital elevation model hillshade and using the Surface toolbox in ArcToolbox (Environmental Science Research Institute, Redlands, California) using the highest height of the sun on June 21 at 1:00 pm, altitude of 74.4 and Azimuth of 178.4, when the sun would be at its maximum height. These procedures were based on work done by Reilly et al. (2009).

Once this modeling was complete, LANL biological resources SMEs performed field validation to verify the suitability of the modeled habitat. The goal was to verify that mixed conifer was still the dominant cover class in the selected area. The GIS analysis used data from a landcover map created by McKown et al. (2003). There have been changes in habitat since this landcover map was published from fire and extreme drought effects. Since LANL is on the extreme edge of Jemez Mountains Salamander lower elevational range, a key component in this part of its range is soil moisture content. During field validation, evidence of a moist mixed conifer habitat versus a dry mixed conifer habitat was noted. One of the key indicators used to delimit areas of moist versus dry mixed conifer during the field validation was the presence of white fir (Evans et al. 2011) combined with a high canopy cover.

Field validation of the model occurred in May 2013, or decisions were based on earlier field visits to the sites from other projects. Each field validation consisted of LANL biological resources SMEs walking down all of the modeled habitat polygons to look for the presence of indicator features. If a polygon of modeled habitat contained white fir, indicating a moist wet conifer type habitat, a high canopy closure, and other signs of high habitat quality such as dead logs, moss or

other areas that could be used as cover by the Jemez Mountains Salamander, then the polygon was marked for retention in the final core habitat. Polygons that did not contain the necessary habitat requirements were omitted.

After the field validation was complete, the final core habitat boundaries that LANL would recognize were hand digitized using ArcGIS (Environmental Science Research Institute, Redlands, California) by LANL biological resources SMEs in and around the validated modeled polygon and areas between polygons if appropriate. The final identified core habitat at LANL occurs on the north-facing slopes of canyons. Toward the rim of the canyon the core boundaries end where the mixed conifer ends. In the canyon bottoms the core boundary extends to the edge of the stream channel. The upstream and downstream core boundaries end where the mixed conifer ends. A buffer habitat was extended around the core to a distance of 100 m (328 ft) outward. The LANL Fenton Hill satellite facility in the Jemez Mountains off of New Mexico Highway 126 is on land leased to DOE by the Santa Fe National Forest. The entire footprint is considered to be developed core habitat for the Jemez Mountains Salamander, since proposed critical habitat is adjacent to the facility.

### **3.2 Location and Number of Jemez Mountains Salamander AEIs**

The identified Jemez Mountains Salamander core habitats were grouped by canyon system into AEIs, which contain contiguous and noncontiguous habitat areas. The largest contiguous section of habitat at LANL is in Los Alamos Canyon. There are two noncontiguous areas of habitat in Two-mile Canyon, four in Pajarito Canyon, one contiguous area in Cañon de Valle, and the entire Fenton Hill facility.

## **4.0 AEI MANAGEMENT**

### **4.1 Overview**

This AEI management section provides guidelines for LANL operations to reduce or eliminate the threats to the Jemez Mountains Salamander from habitat alterations that reduce habitat quality. Habitat alterations are considered for all AEIs and for both core and buffer areas. Developed areas that have ongoing baseline levels of activities and are not suitable habitat for Jemez Mountains Salamander have different restrictions than undeveloped core or buffer areas. AEIs for different species may overlap, and an activity must meet the guidelines of all applicable site plans to be allowable. Protective measures are described as management practices that should be followed when working in AEIs.

### **4.2 Definition and Role of Occupancy in AEI Management**

Occupancy simply refers to whether or not an AEI is occupied by the Jemez Mountains Salamander. The Los Alamos Canyon AEI is known to be occupied based on past surveys. Surveys for the Jemez Mountains Salamander are known to have a very low detection rate for occupied areas, so at LANL all AEIs are assumed to be occupied at all times. If needed, site-specific surveys will be conducted by federally permitted LANL biological resources SMEs.



### **4.3 Definition and Role of Developed Areas in AEI Management**

Developed areas include all building structures, paved roads, improved gravel roads, and paved and unpaved parking lots. The majority of Jemez Mountains Salamander core habitat is in undeveloped areas, except for the satellite facility at Fenton Hill and a small amount of habitat in Los Alamos Canyon where West Road crosses the habitat. Generally, developed areas will not have restrictions; however, some of the undeveloped sections within the footprint of Fenton Hill may have restrictions because they may contain Jemez Mountains Salamanders when they move to the surface between July and October. Any project that occurs within developed core habitat will be evaluated by LANL biological resources SMEs for ESA compliance.

### **4.4 General Description of Core and Buffer Areas and Allowable Area Development**

The purpose of buffer areas is to protect core areas from habitat degradation. The current levels of development in buffer and core areas represent baseline conditions for this site plan. No further development is allowed in the core area under the guidelines of this site plan. Any development in a buffer area will be reviewed by LANL biological resources SMEs to ensure that there are no impacts to the core habitat.

### **4.5 Emergency Actions**

If safety and/or property are immediately threatened by something occurring within an AEI (for example, wildfire, water line breakage, etc.) please contact a LANL biological resources SME (1-505-665-3366) as soon as possible. If the emergency occurs outside of regular business hours, contact the Emergency Management Office (1-505-667-6211). This office will then communicate with the appropriate LANL personnel.

### **4.6 Introduction to AEI Management Guidelines**

Section 4.7 provides the guidelines for habitat alterations and allowable activities in AEI core and buffer areas. It describes what and where habitat alterations are allowed under the guidelines of this site plan. If an activity does not meet the restrictions given in the guidelines, the activity must be individually reviewed for ESA compliance. This site plan only provides guidelines for the Jemez Mountains Salamander AEIs. If an activity is desired in an area with overlapping AEIs, all applicable site plans must be consulted. AEI maps show the location of all AEIs in an area. LANL biological resources SMEs are always available to help interpret site plans and answer questions (<http://int.lanl.gov/environment/bio/controls/index.shtml>).

### **4.7 Definition of and Restrictions on Habitat Alterations**

#### **4.7.1 Definition of Habitat Alterations**

Habitat alteration includes any action that alters the soil structure, vegetative components necessary to the species, water quality, or hydrology in undeveloped areas of an AEI. An actual activity may take place outside of the AEI and will be considered habitat alteration if consequences of the activity have effects inside the AEI core. Habitat alterations would also include soil pits for soil samples deeper than 15 cm (6 in) using either hand or mechanized augers. Any activity that might disturb the soil will need to be reviewed by LANL biological resources SMEs.



The habitat components most important to the Jemez Mountains Salamander include soil structure and vegetative structure. The forest structure within an area designated as a Jemez Mountains Salamander AEI is important because it provides the necessary moist, cool microclimate.

#### ***4.7.2 Fuels Management Practices to Reduce Wildfire Risk***

One of the primary threats to the Jemez Mountains Salamander is wildfire (FR 2012), but they also require habitat with a high canopy cover which makes fuels reduction challenging. Within undeveloped core areas, thinning trees to a level of 80 percent canopy cover or higher is approved. Trees may not be thinned below 80 percent canopy cover without further ESA review by LANL biological resources SMEs. Large logs on the ground should be left in place and not chipped. Understory thinning that does not reduce total canopy cover below 80 percent is permitted. Large trees that are felled should be left as large logs on the ground. Smaller trees and understory shrubs that may be thinned should be dispersed and left on-site to aid in soil moisture retention. Thinning activities should not occur during the rainy season between July to October (or when freezing temperatures begin, whichever comes first) when the Jemez Mountains Salamander is found on the surface.

In buffer areas, thinning of trees can occur to the current LANL-approved prescription level (LAAO 2000). LANL biological resources SMEs are available to provide guidance and mark trees for thinning (<http://int.lanl.gov/environment/bio/controls/index.shtml>).

#### ***4.7.3 Utility Corridors***

Habitat alterations such as cutting down trees that threaten power lines are allowed within 8 m (26 ft) of either side of an existing electrical utility line at LANL under existing guidelines and engineering controls (Hathcock 2013). This level is approved in all areas of an AEI. New utility lines and utility lines requiring clearance of a right-of-way greater than 16 m (52 ft) total in core habitat must be individually reviewed for ESA compliance.

#### ***4.7.4 Restrictions on Habitat Alterations***

Habitat alterations other than the fuels management practices and utility corridor maintenance described above are not allowed in undeveloped core areas under the guidelines of this site plan. If a project or activity is planned that would alter habitat in an undeveloped core area, it must be individually evaluated for ESA compliance. Habitat alterations in buffer areas must be reviewed by LANL biological resources SMEs to ensure that there are no impacts to core habitat.

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## APPENDIX

Table A-1. The percentage of each food type found in Mexican Spotted Owl food remains at LANL

Species	Relative Abundance
<i>Neotoma</i> spp.	26.22
<i>Peromyscus</i> spp.	10.22
<i>Microtus</i> spp.	4.44
Gophers	4.89
Bats	5.78
Chipmunks	0.89
Rabbits	12.89
Shrews	1.33
Small Mammal	1.33
Medium Mammal	1.78
Medium Bird	8.00
Small Bird	4.89
Nocturnal Birds	0.89
Reptiles	4.89
Arthropods	11.56

Table A-2. Preliminary light measurements in ftc for Mexican Spotted Owl site plan

		Distance from Source			
	Source (street light)	5 m	10 m	15 m	20 m
ftc	3.70	2.28	1.20	0.62	0.32

K-2, U.S. Fish & Wildlife Concurrence  
(Biological Assessment of Jemez Mtn Salamander Site Plan)



## United States Department of the Interior

### FISH AND WILDLIFE SERVICE

New Mexico Ecological Services Field Office  
2105 Osuna NE  
Albuquerque, New Mexico 87113  
Phone: (505) 346-2525 Fax: (505) 346-2542

December 9, 2013

Cons. #02ENNM00-2014-I-0014

Geoffrey L. Beausoleil, Acting Manager  
National Nuclear Security Administration, Los Alamos Field Office  
Department of Energy  
Los Alamos, New Mexico 87544

Dear Mr. Beausoleil:

Thank you for your biological assessment entitled, "Biological Assessment of the Effects of Implementing the Jemez Mountains Salamander Site Plan on Federally Listed Threatened and Endangered Species at Los Alamos National Laboratory" (BA); the request for informal consultation and conferencing received on July 25, 2013 and supplemental information supplied in the "Jemez Mountains Salamander (*Plethodon neomexicanus*) Los Alamos National Laboratory (LANL) Site Plan" (Site Plan); and emails dated November 19 and December 3, 2013. The Department of Energy (DOE) requested concurrence with the determination of effects for the endangered Jemez Mountains salamander (*Plethodon neomexicanus*) (salamander) pursuant to Section 7(a)(2) of the Endangered Species Act of 1973 (ESA), as amended (16 U.S.C. § 1531 *et seq.*). Your proposed action consists of implementing the Site Plan, and includes of the incorporation of this Site Plan into LANL's Habitat Management Plan (HMP). The HMP was consulted upon in 1999 (Consultation #2-22-981-336) as the primary mechanism to ensure compliance with the ESA at LANL. The actions described in the Site Plan and analyzed in the BA, and supplemental emails are hereby incorporated by reference. You determined that implementing the Site Plan "may affect, is not likely to adversely affect" the salamander, and includes placing restrictions on certain types of work in areas identified as core habitat for the salamander on LANL property with the purpose of ensuring that effects to the salamander from those actions identified in the Site Plan are insignificant and discountable.

The Site Plan does not include any areas within designated salamander critical habitat, indicating that no critical habitat will be affected. The Site Plan has modeled and field validated the model to identify the areas on LANL property with the highest potential to be occupied by salamanders based on habitat features for the salamander. Each area identified by the modeling is termed "Area of Environmental Interest" (AEI) and consists of a "core area" and a "buffer area". The core area habitat is defined as suitable habitat where the salamander occurs or may occur at LANL. The core area habitat consists of sections of north-facing slope that contain the required

micro-habitat to support salamanders. The buffer area is 328 feet (100 meters) wide extending outward from the edge of the core area. Only the Los Alamos Canyon AEI is known to be occupied based on surveys. Surveys for the salamander are known to have a very low detection rate for occupied areas and DOE has assumed that all AEIs at LANL are occupied at all times by the salamander.

Within the Site Plan, DOE has assessed activities that could cause habitat alteration and includes any action that alters the soil structure, vegetative components necessary to the species, water quality, or hydrology in undeveloped areas of an AEI. If an activity were to take place outside of the AEI the activity will be assessed if it will have effects inside the AEI core. Within the core areas, only activities specified within the Site Plan and those that have no effect in the core areas (e.g. no habitat alterations or effects within the core areas) will be conducted without further consultation with the Service. Habitat alterations also include soil pits for soil samples deeper than 6 inches (15.2 centimeters) using either hand or mechanized augers. Within the Site Plan, DOE is proposing fuels management practices to reduce wildfire risk and maintenance of utility corridors within the AEIs. The likelihood that salamanders may be affected by the actions in the Site Plan is very low. To ensure that effects to the salamander are insignificant and discountable, the Site Plan incorporates the following conservation measures as restrictions to the identified work:

#### Fuels Management Practices to Reduce Wildfire Risk

- a. Within undeveloped core areas, thinning trees to a level of 80% canopy cover or higher may occur; tree thinning below 80% canopy cover is not part of the action under this consultation.
- b. Large logs on the ground will be left in place and not chipped.
- c. Large trees that are felled will be left as large logs on the ground
- d. When appropriate, smaller trees and understory shrubs that may be thinned will be dispersed and left on-site to aid in soil moisture retention.
- e. In buffer areas, thinning of trees may occur to the current LANL-approved prescription level; clear-cutting will not occur.
- f. Thinning activities will not occur during the rainy season when salamanders are surface active, between July 1 – October 31. Thinning activities may occur earlier in October if freezing temperatures are present.
- g. In the unlikely event that a salamander is observed surface active during thinning activities, all activities shall cease, and the Service will be notified.

#### Utility Corridors

- a. Cutting trees that threaten power lines may occur within 26 feet (8 meters) of either side of an existing utility line at LANL
- b. New utility lines and utility lines requiring clearance of a right-of-way greater than 52 feet (16 meters) total in core habitat is not part of the action under this consultation.

Habitat alterations other than the fuels management practices and utility corridor maintenance described above will not occur in undeveloped core areas under the guidelines of the Site Plan or this consultation. The Service concurs with DOE's determination regarding the salamander for the following reasons:

Within the Site Plan, DOE has placed the above detailed restrictions to ensure that any effects to the salamander and its habitat remain insignificant and discountable. Canopy cover will remain at 80% or greater in undeveloped core areas and fire management actions will occur outside of the salamander surface activity period. Maintaining utility line corridors in areas with existing infrastructure (the utility lines) by removing individual hazard trees is not expected to have any measurable effect on salamanders or their potential habitat. Consequently, we concur that potential effects to the salamander from the proposed action will be insignificant and discountable.

This concludes section 7 consultation regarding the proposed action. If monitoring or other information results in modification or the inability to complete all aspects of the proposed action, consultation should be reinitiated. Please contact the Service if: 1) future surveys detect listed, proposed or candidate species in habitats where they have not been previously observed; 2) the proposed action changes or new information reveals effects of the proposal to listed species that have not been considered in this analysis; or 3) a new species is listed or critical habitat designated that may be affected by the action.

Thank you for your concern for endangered and threatened species and New Mexico's wildlife habitats. In future correspondence regarding this project, please refer to consultation #02ENNM00-2014-I-0014. If you have any questions, please contact Michelle Christman of my staff at (505) 761-4715.

Sincerely,

  
Wally Murphy  
Field Supervisor

cc:

Wildlife Biologist, Cuba Ranger District, Cuba, NM (Attn: Ramon Borrego)  
Director, New Mexico Department of Game and Fish, Santa Fe, New Mexico

## K-3, TA-3 and TA-60 IPac Trust Resource Report



# MSGP

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## *IPaC Trust Resource Report*

Generated July 27, 2015 07:29 PM MDT



US Fish &amp; Wildlife Service

# IPaC Trust Resource Report



## Project Description

NAME

MSGP

PROJECT CODE

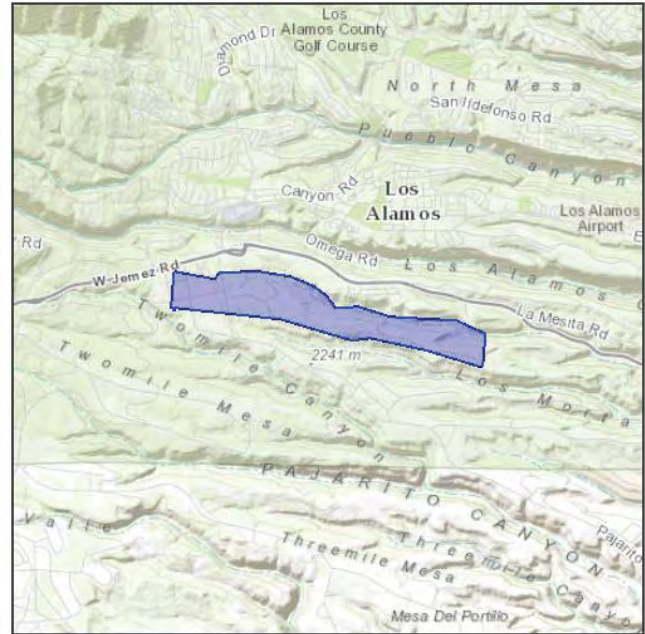
LXATM-TI5EJ-BAJEQ-3NC5E-SOGYTE

LOCATION

Los Alamos County, New Mexico

DESCRIPTION

Facilities that discharge to Sandia Canyon within TA-3 and TA-60. Industrial facilities subject to the MSGP. July, 2015.



## U.S. Fish & Wildlife Contact Information

Species in this report are managed by:

### New Mexico Ecological Services Field Office

2105 Osuna Road Ne

Albuquerque, NM 87113-1001

(505) 346-2525

# Endangered Species

Proposed, candidate, threatened, and endangered species that are managed by the [Endangered Species Program](#) and should be considered as part of an effect analysis for this project.

This unofficial species list is for informational purposes only and does not fulfill the requirements under [Section 7](#) of the Endangered Species Act, which states that Federal agencies are required to "request of the Secretary of Interior information whether any species which is listed or proposed to be listed may be present in the area of a proposed action." This requirement applies to projects which are conducted, permitted or licensed by any Federal agency.

A letter from the local office and a species list which fulfills this requirement can be obtained by returning to this project on the IPaC website and requesting an Official Species List from the regulatory documents section.

## Amphibians

### Jemez Mountains Salamander *Plethodon neomexicanus*

Endangered

#### CRITICAL HABITAT

There is **final** critical habitat designated for this species.

<https://ecos.fws.gov/speciesProfile/profile/speciesProfile.action?spcode=D019>

## Birds

### Mexican Spotted Owl *Strix occidentalis lucida*

Threatened

#### CRITICAL HABITAT

There is **final** critical habitat designated for this species.

<https://ecos.fws.gov/speciesProfile/profile/speciesProfile.action?spcode=B074>

### Southwestern Willow Flycatcher *Empidonax traillii extimus*

Endangered

#### CRITICAL HABITAT

There is **final** critical habitat designated for this species.

<https://ecos.fws.gov/speciesProfile/profile/speciesProfile.action?spcode=B094>

### Yellow-billed Cuckoo *Coccyzus americanus*

Threatened

#### CRITICAL HABITAT

There is **proposed** critical habitat designated for this species.

<https://ecos.fws.gov/speciesProfile/profile/speciesProfile.action?spcode=B06R>

## Mammals

### New Mexico Meadow Jumping Mouse *Zapus hudsonius luteus*

Endangered

#### CRITICAL HABITAT

There is **proposed** critical habitat designated for this species.

<https://ecos.fws.gov/speciesProfile/profile/speciesProfile.action?spcode=A0BX>

## Critical Habitats

Potential effects to critical habitat(s) within the project area must be analyzed along with the endangered species themselves.

There is no critical habitat within this project area

# Migratory Birds

Birds are protected by the [Migratory Bird Treaty Act](#) and the Bald and Golden Eagle Protection Act.

Any activity which results in the take of migratory birds or eagles is prohibited unless authorized by the U.S. Fish and Wildlife Service ([1](#)). There are no provisions for allowing the take of migratory birds that are unintentionally killed or injured.

You are responsible for complying with the appropriate regulations for the protection of birds as part of this project. This involves analyzing potential impacts and implementing appropriate conservation measures for all project activities.

<b>Bald Eagle</b> <i>Haliaeetus leucocephalus</i> Season: Wintering <a href="https://ecos.fws.gov/speciesProfile/profile/speciesProfile.action?scode=B008">https://ecos.fws.gov/speciesProfile/profile/speciesProfile.action?scode=B008</a>	<b>Bird of conservation concern</b>
<b>Bendire's Thrasher</b> <i>Toxostoma bendirei</i> Season: Breeding	<b>Bird of conservation concern</b>
<b>Brewer's Sparrow</b> <i>Spizella breweri</i> Season: Migrating <a href="https://ecos.fws.gov/speciesProfile/profile/speciesProfile.action?scode=B0HA">https://ecos.fws.gov/speciesProfile/profile/speciesProfile.action?scode=B0HA</a>	<b>Bird of conservation concern</b>
<b>Brown-capped Rosy-finch</b> <i>Leucosticte australis</i> Season: Wintering	<b>Bird of conservation concern</b>
<b>Burrowing Owl</b> <i>Athene cunicularia</i> Season: Breeding	<b>Bird of conservation concern</b>
<b>Cassin's Finch</b> <i>Carpodacus cassinii</i> Year-round	<b>Bird of conservation concern</b>
<b>Flammulated Owl</b> <i>Otus flammeolus</i> Season: Breeding <a href="https://ecos.fws.gov/speciesProfile/profile/speciesProfile.action?scode=B0DK">https://ecos.fws.gov/speciesProfile/profile/speciesProfile.action?scode=B0DK</a>	<b>Bird of conservation concern</b>
<b>Fox Sparrow</b> <i>Passerella iliaca</i> Season: Wintering	<b>Bird of conservation concern</b>
<b>Golden Eagle</b> <i>Aquila chrysaetos</i> Year-round <a href="https://ecos.fws.gov/speciesProfile/profile/speciesProfile.action?scode=B0DV">https://ecos.fws.gov/speciesProfile/profile/speciesProfile.action?scode=B0DV</a>	<b>Bird of conservation concern</b>
<b>Grace's Warbler</b> <i>Dendroica graciae</i> Season: Breeding	<b>Bird of conservation concern</b>
<b>Juniper Titmouse</b> <i>Baeolophus ridgwayi</i> Year-round	<b>Bird of conservation concern</b>
<b>Lewis's Woodpecker</b> <i>Melanerpes lewis</i> Year-round	<b>Bird of conservation concern</b>
<b>Loggerhead Shrike</b> <i>Lanius ludovicianus</i> Year-round <a href="https://ecos.fws.gov/speciesProfile/profile/speciesProfile.action?scode=B0FY">https://ecos.fws.gov/speciesProfile/profile/speciesProfile.action?scode=B0FY</a>	<b>Bird of conservation concern</b>

<b>Mountain Plover</b> Charadrius montanus	<b>Bird of conservation concern</b>
Season: Breeding <a href="https://ecos.fws.gov/speciesProfile/profile/speciesProfile.action?spcode=B078">https://ecos.fws.gov/speciesProfile/profile/speciesProfile.action?spcode=B078</a>	
<b>Olive-sided Flycatcher</b> Contopus cooperi	<b>Bird of conservation concern</b>
Season: Breeding <a href="https://ecos.fws.gov/speciesProfile/profile/speciesProfile.action?spcode=B0AN">https://ecos.fws.gov/speciesProfile/profile/speciesProfile.action?spcode=B0AN</a>	
<b>Peregrine Falcon</b> Falco peregrinus	<b>Bird of conservation concern</b>
Season: Breeding <a href="https://ecos.fws.gov/speciesProfile/profile/speciesProfile.action?spcode=B0FU">https://ecos.fws.gov/speciesProfile/profile/speciesProfile.action?spcode=B0FU</a>	
<b>Pinyon Jay</b> Gymnorhinus cyanocephalus	<b>Bird of conservation concern</b>
Year-round	
<b>Prairie Falcon</b> Falco mexicanus	<b>Bird of conservation concern</b>
Year-round <a href="https://ecos.fws.gov/speciesProfile/profile/speciesProfile.action?spcode=B0ER">https://ecos.fws.gov/speciesProfile/profile/speciesProfile.action?spcode=B0ER</a>	
<b>Swainson's Hawk</b> Buteo swainsoni	<b>Bird of conservation concern</b>
Season: Breeding <a href="https://ecos.fws.gov/speciesProfile/profile/speciesProfile.action?spcode=B070">https://ecos.fws.gov/speciesProfile/profile/speciesProfile.action?spcode=B070</a>	
<b>Williamson's Sapsucker</b> Sphyrapicus thyroideus	<b>Bird of conservation concern</b>
Season: Breeding <a href="https://ecos.fws.gov/speciesProfile/profile/speciesProfile.action?spcode=B0FX">https://ecos.fws.gov/speciesProfile/profile/speciesProfile.action?spcode=B0FX</a>	
<b>Willow Flycatcher</b> Empidonax traillii	<b>Bird of conservation concern</b>
Season: Breeding <a href="https://ecos.fws.gov/speciesProfile/profile/speciesProfile.action?spcode=B0F6">https://ecos.fws.gov/speciesProfile/profile/speciesProfile.action?spcode=B0F6</a>	



## Refuges

Any activity proposed on [National Wildlife Refuge](#) lands must undergo a 'Compatibility Determination' conducted by the Refuge. If your project overlaps or otherwise impacts a Refuge, please contact that Refuge to discuss the authorization process.

There are no refuges within this project area

# Wetlands

Impacts to [NWI wetlands](#) and other aquatic habitats from your project may be subject to regulation under Section 404 of the Clean Water Act, or other State/Federal Statutes.

Project proponents should discuss the relationship of these requirements to their project with the Regulatory Program of the appropriate [U.S. Army Corps of Engineers District](#).

## DATA LIMITATIONS

The Service's objective of mapping wetlands and deepwater habitats is to produce reconnaissance level information on the location, type and size of these resources. The maps are prepared from the analysis of high altitude imagery. Wetlands are identified based on vegetation, visible hydrology and geography. A margin of error is inherent in the use of imagery; thus, detailed on-the-ground inspection of any particular site may result in revision of the wetland boundaries or classification established through image analysis.

The accuracy of image interpretation depends on the quality of the imagery, the experience of the image analysts, the amount and quality of the collateral data and the amount of ground truth verification work conducted. Metadata should be consulted to determine the date of the source imagery used and any mapping problems.

Wetlands or other mapped features may have changed since the date of the imagery or field work. There may be occasional differences in polygon boundaries or classifications between the information depicted on the map and the actual conditions on site.

## DATA EXCLUSIONS

Certain wetland habitats are excluded from the National mapping program because of the limitations of aerial imagery as the primary data source used to detect wetlands. These habitats include seagrasses or submerged aquatic vegetation that are found in the intertidal and subtidal zones of estuaries and nearshore coastal waters. Some deepwater reef communities (coral or tubercid worm reefs) have also been excluded from the inventory. These habitats, because of their depth, go undetected by aerial imagery.

## DATA PRECAUTIONS

Federal, state, and local regulatory agencies with jurisdiction over wetlands may define and describe wetlands in a different manner than that used in this inventory. There is no attempt, in either the design or products of this inventory, to define the limits of proprietary jurisdiction of any Federal, state, or local government or to establish the geographical scope of the regulatory programs of government agencies. Persons intending to engage in activities involving modifications within or adjacent to wetland areas should seek the advice of appropriate federal, state, or local agencies concerning specified agency regulatory programs and proprietary jurisdictions that may affect such activities.

There are no wetlands identified in this project area

## **APPENDIX L**

### **Procedures Referenced in the SWPPP**

**ENV-CP-QP-007**

Revision: 10



Effective Date: 09/30/15

Next Review Date: 09/30/18

**Environment, Safety, Health Directorate****Environmental Protection – Compliance Programs****Quality Procedure****Spill Investigations****Reviewers:**

Name: Brian M. Iacona	Organization: ENV-CP	Signature: Signature on File	Date: 08/13/15
Name: Jacob W. Meadows	Organization: ENV-CP	Signature: Signature on File	Date: 08/28/15

**Derivative Classifier:** ☒ **Unclassified** ☐ **DUSA** ENVPRO

Name: Gian A. Bacigalupa	Organization: ENV-CP	Signature: Signature on File	Date: 08/31/15
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**Approval Signatures:**

Subject Matter Expert: Jacob W. Meadows	Organization: ENV-CP, Program Lead	Signature: Signature on File	Date: 08/31/15
Responsible Line Manager: Michael T. Saladen	Organization: ENV-CP, Team Leader	Signature: Signature on File	Date: 08/31/15
Responsible Line Manager: Anthony R. Grieggs	Organization: ENV-CP, Group Leader	Signature: Signature on File	Date: 09/30/15

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<b>Spill Investigations</b>	ENV-CP-QP-007	Page 2 of 12
	Revision: 10	Effective Date: 09/30/15

#### History of Revisions

<b>Document Number</b> <i>[Include revision number, beginning with Revision 0]</i>	<b>Effective Date</b> <i>[Document Control Coordinator inserts effective date]</i>	<b>Description of Changes</b> <i>[List specific changes made since the previous revision]</i>
0	12/98	New Document.
1	06/00	Annual review, added Cerro Grande fire hazards
2	07/01	Annual review
3	06/03	Annual review
4	04/04	Annual review, changes to HCPs
5	02/07	Annual review, changes to reflect organizational restructure
6	07/08	Annual review
7	09/10	Biennial Review and revision
8	04/11	Removed prerequisites, added note re: on-call spill reporting.
9	07/13	Biennial review and revision, implemented new procedure format.
10	09/30/15	Biennial review and revision, implemented new procedure format. Controlled the updated LANL ENV-CP Unplanned Release Report.

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## 1.0 PURPOSE

This Environmental Protection Division – Compliance Programs Group (ENV-CP) procedure describes processes and implements requirements for spill investigations.

## 2.0 SCOPE

This procedure applies to all ENV-CP staff and personnel conducting spill investigations.

### 2.1 HAZARD REVIEW

The work described in this procedure is field work and has a **LOW hazard** rating as documented by submittal of a completed [ENV Low Hazard Verification form](#).

## 3.0 RESPONSIBILITIES

The following personnel require training before implementing this procedure:

- ENV-CP staff and contract personnel who perform spill response and investigation.

Annual re-training to this procedure is required. Specific training requirements will be updated as needed.

The training method for this procedure is required reading and on-the-job training (OJT). The OJT is to be conducted by a Team Leader or person designated as Subject Matter Expert (SME) by the ENV-CP Group Leader. This training will be documented in accordance with [ENV-DO-QP-115, Personnel Training](#).

Actions specified within this procedure, unless proceeded with “should” or “may,” are to be considered mandatory (i.e., “shall”, “will”, “must”).

### 3.1 PREREQUISITES

None

## 4.0 WORK PROCESSES

Responsibility is to assure the immediate mitigation and timely notification of appropriate regulatory organizations in the event of a spill or unplanned discharge that has or may affect the environment. Work requires frequent and unscheduled site visits to any area of the Laboratory during a spill or unplanned release as support staff for the on-scene Security and Emergency Operations (SEO) Incident Commander.

Specific activities associated with Spill Response and Investigation:

- Respond to the spill or unplanned release site;
- Report to the On-Scene SEO Incident Commander and Site Safety Officer;
- Receive site safety requirements;
- Provide decision support;
- Investigate the nature and extent of the spill or unplanned release;

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- Evaluate the potential environmental impact to water quality;
- Report the occurrence to the regulatory agencies, if necessary; and
- Provide support to mitigation plan and implementation.

#### **4.1 FIELD ACTIVITY**

If the spill or unplanned discharge is determined to be a non-emergency event by SEO response, such as a release of potable water, perform the following steps:

<b>Step</b>	<b>Action</b>
1	Perform a site visit in coordination with the Facility Operations Director designee.
2	Assess potential environmental damage.
3	Provide mitigation measures and requirements.
4	Document the event.
5	Notify regulatory agencies and DOE, if necessary.
6	Facilitate collection of samples, if necessary.

For emergency response, perform the following steps:

<b>Step</b>	<b>Action</b>
1	Report to on-scene commander and await instructions.
2	Perform a site visit in coordination with SEO.
3	Adhere to access requirements as developed by the SEO Site Safety Officer and Incident Commander.
4	Identify and document the source and cause of the release.
5	Provide notification and written report if necessary.
6	Facilitate collection of samples if necessary and safe to do so.

If sample collection is required, contact the following sampling personnel:

- ENV-CP
  - NPDES outfall
  - Sanitary treatment solids
- WM-SVS
  - Wastes and chemical spills (liquid, solid, hazardous)
- ADEP Environmental Remediation Division
  - Surface water
  - Storm water runoff
  - Groundwater
  - Sediments

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If WM-SVS will collect the required sample, complete a Request For Analysis (RFA), <http://int.lanl.gov/environment/waste/sampling.shtml>, to schedule sampling. Specify the analytical suite and turn-around time needed for the sample in the RFA.

## **4.2 COMMUNICATION**

Take a cellular phone that will transmit from the location to be visited. Also take a contact pager to receive messages.

If cellular service is unavailable, use a portable radio set to the appropriate radio frequency.

If in a secure area where cell phone use is prohibited, use the radio. Be sure to have radio checked and authorized for use within secure areas or within the boundaries of the WFO FOD or WX Division. Government-owned cellular phones, with batteries removed, may be brought into the secure area but used only if approval is given by the SEO Incident Commander or FOD or designee. Rules of use for Smartphones and other mobile devices (BlackBerry, iPhones, iPads) can be found on the Computing Communications webpage for mobile devices, <http://int.lanl.gov/computing/communications/mobile/index.shtml>.

Radio or cellular contact must be established with a designated contact prior to leaving ENV-CP and upon arrival/departure at the site in accordance with [ENV-DO-QP-100, General Field Safety](#).

The Incident Commander can make special communication exceptions.

All photography at LANL must adhere to [P217, Controlled Articles](#).

Wastes generated from activities described in the procedure will be properly characterized, managed, and disposed in accordance with [P409, LANL Waste Management](#), [P930-1, LANL Waste Acceptance Criteria](#), and [P403, Environmental Risk Identification and Management](#).

## **4.3 FACILITY MANAGEMENT WORK CONTROL REQUIREMENTS FOR FIELD ACTIVITIES**

Most field activities performed by the ENV-CP spill response personnel are impacted by facility management work control requirements. Requirements vary between the respective Facility Operations Divisions (FODs) and therefore necessitate ENV-CP response personnel to acquire FOD approval for site access in advance of starting work activities. The exception to this is in response to emergency situations as support to SEO staff.

Should work be required to stop/pause, reference [P101-18, Procedure for Pause/Stop Work](#), for guidance.

## **4.4 FACILITY MANAGEMENT-SPECIFIC ACCESS REQUIREMENTS**

### **4.4.1 HIGH EXPLOSIVES AREAS**

TA-16 and TA-11 high explosives areas have specific access requirements. Access inside the security gate requires annual site-specific training. Curricula #5243 must be assigned and all the training courses completed before arriving at TA-16. For access, (normal or after hours) contact the WFO FOD to ensure entry requirements are met and the activity is authorized for the Plan of the Day.

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For access to WFO perimeter gates during normal working hours or after hours, contact TA-15 Access Control at 667-6742 and request permission to enter. A perimeter gate key must be picked up at the TA-15 Access Control office. Note that all outdoor firing will be suspended during entry.

For perimeter gates, prior notification for after-hours entry is also required by SOC. Perform the following steps:

<b>Step</b>	<b>Action</b>
1	Call SOC Los Alamos at 667-4437.
2	Identify yourself to the on duty officer or attendant.
3	Provide the following information: Group, color and make of vehicle (s), which perimeter gate you are entering, and approximate time of arrival and finally, length of stay.

Failure to notify security personnel in advance could result in a security violation against the visiting Team Member.

Provide notification to SOC Los Alamos at 667-4437 when leaving area.

For access to WX areas required during normal or after working hours, perform the following steps:

- Ensure the required security clearance (Q clearance) is held, and
- Contact the FOD or designee for entry requirements.

#### **4.4.2 CHEMISTRY METALLURGY RESEARCH FACILITY ACCESS**

For access to the Chemistry Metallurgy Research Facility, perform the following:

- Must have the required L or Q clearance to pass the security gate.
- If access into any of the buildings is necessary, contact CMR Operations Management or the FOD for an escort.
- If responding to an emergency with SEO, ENV-CP staff will be considered part of the SEO response team, met at the access gate, and escorted to the spill site.

#### **4.4.3 TA-3-66 SIGMA FACILITY ACCESS**

For access to the Sigma facility (TA-3-66), perform the following:

- For non-emergency responses, obtain prior site-specific training and authorization or contact the FOD for personnel escort and contact the FOD Deployed Environmental Professional.
- For emergency response with SEO, ENV-CP staff will be considered part of the SEO response team, met at the access gate, and escorted to the spill site. Contact the FOD to ensure they are aware of the incident.

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#### 4.5 REGULATORY SPILL REPORTING

If a spill is determined to be a threat to the environment or human health, regulatory and DOE notification may be necessary. Contacts and telephone numbers can be found on Attachment 1, ENV-CP Release Notification Phone List.

If a spill impacts a Solid Waste Management Unit (SWMU) or Area of Concern (AOC), contact ENV-CP and Environmental Remediation (ER) for possible additional notification requirements.

If ENV Division or designated SME personnel determine after a site inspection or verbal notification that a spill is non-reportable to DOE or applicable regulatory agencies, a LANL ENV-CP Unplanned Release Report must be completed (Attachment 2) and submitted to the ENV-CP SME for required documentation.

For ENV Division designated on-call personnel, follow guidance for spill reporting as described in [ENV-DO-QP-101, \*Environmental Reporting Requirements for Releases or Events\*](#).

**NOTE:** On-call representatives are required to follow up in writing (email is sufficient) with the spills program lead regarding all releases during their on-call schedule. If no spills are reported in off-work hours, please confirm in writing with the spills program lead at the end of your on-call schedule.

For additional information concerning spill and unplanned discharge determination and notification requirements, contact the ENV-CP Water Quality Permitting and Compliance Team Leader.

#### 5.0 DOCUMENT CONTROL/RECORDS MANAGEMENT

The following records generated as a result of this procedure are to be submitted in accordance with [ADESH-AP-006 Records Management Plan](#).

- Field notebook documentation of the release including:
  - Time and date of the release
  - Time and date of ENV-CP notification
  - Location of the release
  - Source of the release(equipment, etc,)
  - Type of material released
  - Quantity of material released
  - If an impact to a watercourse or Potential Release Site occurred
  - Time release was stopped
  - Any immediate mitigating actions implemented to contain or control the release
- Any written report and verbal notification list generated should the release be deemed reportable.
- LANL ENV-CP Unplanned Release Report (Attachment 2) for non-reportable releases.

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## 6.0 DEFINITIONS

AOC: Area of Concern

ER: Environmental Remediation

Field Work: Performance of Laboratory related activities in areas that are removed or isolated from an established populated base of operation (that is, where emergency support and medical assistance is not readily available.)

FOD: Facility Operations Division

NPDES: National Pollutant Discharge Elimination System

OJT : On the job training

PRS: Potential Release Site

SEO: Security and Emergency Operations

SOC Los Alamos: Security contractor for Los Alamos National Laboratory

SWMU: Solid Waste Management Unit

## 7.0 REFERENCES

None

## 8.0 ATTACHMENTS

Attachment 1- ENV-CP Release Notification Phone List

Attachment 2- LANL ENV-CP Unplanned Release Report



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## **ATTACHMENT 1- ENV-CP RELEASE NOTIFICATION PHONE LIST**

Los Alamos National Laboratory

ENV-CP

Release notification phone list

**August 2015**

### **Los Alamos National Laboratory**

- |  |          |
|--|----------|
| (1) Security and Emergency Operations<br>Emergency Management (SEO-EM) | 667-6211 |
| (2) ENV-ES Group Office  | 665-8855 |
| (3) ENV-CP Group Office  | 667-0666 |
| (4) ENV-DO   | 667-2211 |
| (5) LANL Central Alarm Station (SOC-LA)                                | 667-7080 |
| L.A. Fire Department   | 667-4055 |

### **New Mexico Environment Department**

See Web address below

- |  |                 |
|--|-----------------|
| (1) NMED Emergency Hotline (24 hours a day)            | 827-9329        |
| (2) NMED Non-Emergency Hotline (During business hours) | 476-6000        |
| NMED Non-Emergency Hotline (Voicemail; 24 hours a day) | 1(866) 428-6535 |
| (3) NMED Surface Water Quality Bureau                  | 827-0187        |
| Erin Trujillo  | 827-0418        |
| (4) NMED Ground Water Quality Bureau                   | 827-2900        |
| Greg Huey  | 827-6891        |
| Steven Huddleson                                       | 827-2936        |
| Gerald Knutson   | 827-2996        |
| (5) NMED Hazardous Waste Bureau                        | 476-6000        |
| Ruth Horowitz  | 476-6025        |

### **U.S Environmental Protection Agency**

- |   |                 |
|---|-----------------|
| (1) US EPA Region 6 Spill Reporting (During business hours) | 1(800) 887-6063 |
| Emergencies- Contact the NRC                                | 1(800) 424-8802 |
| (2) Gladys Gooden-Jackson                                   | 1(214) 655-7494 |

### **U.S. Department of Energy**

- |                 |          |
|-----------------|----------|
| (1) Gene Turner | 667-5794 |
|-----------------|----------|

### **State Emergency Response Commission (SERC) Notification**

- |   |  |
|---|--|
| New Mexico State Police   | (505) 827-9300 (During business hours) |
| (Immediate Notification)  | (505) 827-3476 (24 hours a day)        |
| New Mexico Department of Homeland Security and Emergency<br>Management (Follow-up Notification) | (505) 476-9600                         |

### **National Response Center**

- |   |                |
|---|----------------|
| U.S. Coast Guard National Response Center | 1-800-424-8802 |
| See NRC web address below for report form |                |

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**New Mexico State Police**

New Mexico State Police

(505)827-9300 (During business hours)

(505) 827-3476 (24 hours a day)

**Local Emergency Planning Committee (LEPC) LAPD**

Philmont Taylor

(505) 663-3511

**On Call Environmental Contact for Releases**  
**Group Representatives for Notifications to External Agencies**

Name	Group	Work Phone	Pager	Cellular Phone	Email address
Jake Meadows	ENV-CP	606-0185	664-1333	231-0460	jmeadows@lanl.gov
Mike Saladen	ENV-CP	665-6085		699-1284	saladen@lanl.gov
Mark Haagenstad	ENV-CP	665-2014		699-1733	mph@lanl.gov
Tim Zimmerly	ENV-CP	664-0105	664-1237	699-7621	tzimmer@lanl.gov
Terrill Lemke	ENV-CP	665-2397		699-0725	tlemke@lanl.gov

Web addresses:

NMED home page <http://www.nmenv.state.nm.us>

National Response Center home page <http://www.nrc.uscg.mil/Default.aspx>

Reportable Quantities web page <http://homer.ornl.gov/rq/>

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## ATTACHMENT 2- LANL ENV-CP UNPLANNED RELEASE REPORT

### Los Alamos National Laboratory Environmental Compliance Programs (ENV-CP) Unplanned Release Report

<b>Form Completed By:</b>		<b>Telephone:</b>		<b>Group:</b>	
<b>Spill Details</b>		Spill Owner (Specify): <input type="checkbox"/> LANS, LLC <input type="checkbox"/> Subcontractor.			
Date of Spill/Date Spill Discovered:					
Location:					
<b>Material Spilled:</b>		<input type="checkbox"/> Anti-freeze/coolant <input type="checkbox"/> Steam Condensate <input type="checkbox"/> Lubricants/oils <input type="checkbox"/> Refrigerant Oil		<input type="checkbox"/> Gasoline <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Hydraulic Fluid <input type="checkbox"/> Potable Water <input type="checkbox"/> Diesel					
<b>Volume Spilled:</b>		<b>Waste Volume Generated:</b>			
Source of Spill: Vehicle ID: _____ Equipment ID: _____		<input type="checkbox"/> Hydraulic Line <input type="checkbox"/> Potable Water Line <input type="checkbox"/> Fire Suppression System <input type="checkbox"/> Fuel Tank		<input type="checkbox"/> Radiator <input type="checkbox"/> Condensate Line <input type="checkbox"/> Other: _____	
Describe the spill response in chronological order. Include response personnel, steps taken to contain the spill, and steps/spill control equipment used to clean it up. Please indicate if corrective actions have been completed and describe actions taken to prevent spill recurrence:					
Date Corrective Actions Completed: _____					
Did the spill enter or impact any of the following? (Check as many as apply)		<input type="checkbox"/> Floor Drain, if so please indicate affected facility <input type="checkbox"/> Watercourse/drainage area, if so please indicate <input type="checkbox"/> Solid Waste Management Unit/Area of Concern, if so please indicate <input type="checkbox"/> None			
<input type="checkbox"/> RCRA Treatment Storage Disposal Facility <input type="checkbox"/> RCRA Satellite Accumulation Area <input type="checkbox"/> RCRA <90 Day Storage Area					
Did the spill occur inside or outside a building?		<input type="checkbox"/> Inside		<input type="checkbox"/> Outside	
Did the spill occur on: (Check as many as apply)		<input type="checkbox"/> Concrete <input type="checkbox"/> Carpeted Floor <input type="checkbox"/> Tile <input type="checkbox"/> Wooden floor/deck		<input type="checkbox"/> Asphalt <input type="checkbox"/> Graveled/Rocky Area <input type="checkbox"/> Soil/Vegetated Area <input type="checkbox"/> Other: _____	
Samples Collected: <input type="checkbox"/> None <input type="checkbox"/> Water		<input type="checkbox"/> Soil <input type="checkbox"/> Air <input type="checkbox"/> Other: _____		If samples were collected, indicate analytical suite:	
<b>Certification</b>					
I certify that I am knowledgeable about the information on this form. The information, to my knowledge, is true, accurate, and complete.					
Name of Certifying Official:		Organization:		Date:	
Certification:					
Completed by ENV-CP Personnel					
Date Received:		Severity Index:		Causal Analysis:	
				<input type="checkbox"/> Non-Reportable <input type="checkbox"/> Reportable	

**EPC-DO-QP-101**Revision: **3**

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Next Review Date: 08/07/2020

**Environment, Safety, and Health Directorate****Environmental Protection and Compliance Division – Compliance Programs****Quality Procedure****Environmental Reporting Requirements for Releases or Events****Document Owner/Subject Matter Expert:**

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To document a required read, Login to [UTrain](#), and go to the Advanced Search.*

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## 1.0 INTRODUCTION

This Environmental Protection and Compliance Division (EPC-DO) procedure describes how to determine whether an unplanned release, spill, fire, or other event needs to be reported under environmental regulations and how to fulfill all immediate reporting requirements (within the first 24 hours). Emergency and abnormal event notification requirements for reporting to Laboratory and DOE management are specified in [PD1200, \*Emergency Management\*](#), and [P322-4, \*Performance Improvement from Abnormal Events\*](#). Environmental reporting requirements regarding releases or other events are included in this procedure.

### 1.1 Purpose

This procedure describes the actions that must be performed within the first 24 hours of the release. This procedure does **not** cover the response procedures for “continuous releases” under Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) and Emergency Planning and Community Right-to-Know Act (EPCRA) (see definitions) nor the follow-up notifications and reports.

### 1.2 Applicability

This procedure applies to EPC-DO on-call representatives and subject matter experts (SMEs) who must respond to any release, spill, or event at the Laboratory that may require immediate notification to local, state or federal regulatory agencies. For notifications to Pueblo Environmental Departments refer to [ENV-DO-QP-111, \*Reporting Environmental Releases to Pueblo Governments\*](#).

## 2.0 PRECAUTIONS AND LIMITATIONS

The work described in this procedure includes field work that does not require an Integrated Work Document (IWD) and is rated as having a **LOW hazard** level.

## 3.0 RESPONSIBILITIES

The following personnel require training before implementing this procedure:

- EPC managers, designated on-call representatives, and SMEs who may be asked to fulfill immediate reporting requirements during release-related exercises or during actual releases

Annual retraining to this procedure is required. This procedure will be reviewed biennially by all affected personnel and updated as necessary.

Training to this procedure will be by “self-study” (reading) and is documented in accordance with the trainee’s organization’s procedure for training.

Actions specified within this procedure, unless preceded with “should” or “may”, are to be considered mandatory (i.e., “shall”, “will”, “must”).

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## 4.0 WORK PROCESSES

Events covered by this procedure include detonation or burns of unstable material, leaking or compromised gas cylinders, puncturing of bulging containers, fires, explosions, chemical or radiological spills, wastewater spills, potable water discharges, and other unplanned releases at the Laboratory.

On a semi-annual basis, EPC-DO will prepare a list of individuals designated as on-call representatives and will designate the week each will be on-call. This list will be distributed to on-call representatives and Laboratory managers including Principal Associate Directorate for Operations (PADOPS), Associate Directorate for Environment, Safety, and Health (ADESH), Associate Directorate for Environmental Management (ADEM), Emergency Operations (SEO-DO), EPC-DO, Environmental Protection and Compliance Division Compliance Programs Group (EPC-CP), and Environmental Protection and Compliance Division Environmental Stewardship Group (EPC-ES). The on-call representative can be reached by pager at 505-664-7722.

### 4.1 Responsibility of On-Call Representative

The EPC on-call representative is the party primarily responsible for:

- determining if the incident will require immediate notification to external agencies in accordance with LANL, state, and federal regulatory reporting requirements
- notifying EPC Division management of immediate reporting requirements
- if needed, coordinating with other on-call SMEs and the Emergency Operations Center (EOC) to ensure the required notifications for environmental reporting and abnormal events are being addressed for the Laboratory

The EPC on-call representative is not responsible for the following and EOC will make these determinations:

- determining if the Resource Conservation Recovery Act (RCRA) Contingency Plan must be implemented
- if a shock-sensitive material or leaking or compromised gas cylinder constitutes an emergency

However, in order to ensure that the appropriate expertise is available for the affected media, the EPC on-call representative may immediately confer with an SME of the EPC group that has programmatic responsibility. If an SME from the responsible group is able to respond to the event, the remaining steps in this procedure may be passed to that person.

A list of contact numbers for on-call representatives and SMEs for EPC-CP and EPC-ES groups is available in the EPC-CP group office. The EPC-DO and SEO-DO may also be contacted to determine the on-call representative for each group.

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## 4.2 Follow-Up Reporting

This procedure describes the initial external notifications (within the first 24 hours) to regulatory agencies. After completion of the steps in this procedure, the EPC group specifically responsible for compliance with the relevant regulations will complete the required notifications and reports, as applicable under the appropriate regulations, according to established procedures.

## 4.3 Summary of Policy Reporting

The EPC on-call representative and spill response SMEs have the authority and responsibility for deciding when to report an event and for making notifications to regulatory agencies within the applicable regulatory deadlines.

LANL management and Department of Energy Los Alamos Field Office (DOE LAFO) must be informed as soon as possible that a report was or will be made, but their approval is not required prior to the report being made to the regulatory agency. LANL management, with input from EPC SMEs, will determine if an ORPS (Occurrence Reporting Processing System) report or other type of Lessons Learned will be necessary.

**NOTE:** SEO-DO maintains a current list of on-call LANL managers.

## 4.4 Using this Procedure

This procedure has seven separate paths (and corresponding sections) to follow for determining if a release or event is reportable. Follow each of these paths to determine if one or more are applicable:

- Resource Conservation and Recovery Act (RCRA)
- Toxic Substances Control Act (TSCA)
- Clean Water Act (CWA), New Mexico Water Quality Act (NMWQA), and New Mexico Water Quality Control Commission (NMWQCC) Regulations
- Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) and Emergency Planning and Community Right-to-Know Act (EPCRA)
- Clean Air Act
- Endangered Species Act
- Bald and Golden Eagle Protection Act
- Migratory Bird Treaty Act
- New Mexico Wildlife Conservation Act
- National Environmental Policy Act
- National Historic Preservation Act
- Native American Graves Protection and Repatriation Act

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- Archaeological Resources Protection Act

Each release needs to be evaluated for all potential reporting requirements. For example, a Reportable Quantity (RQ), defined under CERCLA or EPCRA may not be met, **but the release may be reportable** under RCRA, New Mexico Water Quality Control Commission (NMWQCC), and/or Clean Water Act (CWA) requirements.

**NOTE:** The 24-hour deadline (immediate in some cases) applies regardless of whether it occurs during business hours, after business hours or on non-business days.

#### 4.5 Determining if a Release is Reportable under RCRA

Follow the flow chart in Attachment 1 to determine if an event is reportable under RCRA regulations.

Under the RCRA permit requirements, the SEO-DO manager determines if the “RCRA Contingency Plan” provisions should be implemented. The EPC on-call representative or an EPC-CP SME performs notifications that may be required.

The SEO-DO Manager will normally attempt to contact the EPC-CP SME for guidance in making this decision. If the EPC-CP SME is successfully contacted, the completion of the remainder of this procedure may be passed on to this individual.

The EPC on-call representative makes the determination that one or more of these conditions occurred through consultation with EPC-CP and appropriate SMEs. 24-hour notification can be made by the EPC on-call representative or by an EPC SME.

The Emergency Operations Center (EOC) manager makes the determination that unstable chemicals, leaking or compromised gas cylinders represent an emergency situation and, typically with EPC-CP, how best to respond. 24-hour notification can be made by the on-call representative or EPC-CP SME.

If a release/event is reportable under RCRA rules, determine if the release/event is reportable under other rules and proceed to the Section 4.10 *Reporting a Release or Event*.

#### 4.6 Determining if a Release is Reportable under TSCA

In practice, only spills of Polychlorinated Biphenyls (PCBs) or PCB-suspect untested mineral oil to the environment (generally outdoors or with the potential to reach the outdoors) are reportable. Spills that are contained indoors are generally not reported.

A discharge of PCBs is reportable to the Environmental Protection Agency (EPA) under TSCA if 1 pound of PCBs by weight is released [40 Code of Federal Regulations (CFR) 761.125(a)(1)]. Notify the EPA regional office and proceed with the immediate clean up requirements noted in 40 CFR 761.125(a)(1) in the shortest possible time after discovery, but in no case later than 24 hours after discovery. Additionally, reporting requirements are triggered if over 270 gallons of untested mineral oil suspected of containing PCBs has been spilled.

Follow the steps in *Determining if a Release is Reportable under CERCLA, EPCRA, or Other Regulations* to determine if the RQ for PCBs has also been exceeded.

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There are six items containing PCBs that are out of service at the Chemistry and Metallurgy Research (CMR) Building. All other known PCB equipment at the Laboratory has been taken out of service and disposed of in accordance with TSCA regulations.

If a release is reportable under TSCA, continue through the next sections to determine if the release/event is reportable under other rules and proceed to *Reporting a Release or Event* and determine if additional reporting is necessary.

<b>If the spill is ...</b>	<b>Then...</b>
equal to or over 1 pound by weight of PCBs (TSCA) or greater than 270 gallons of untested mineral oil suspected of containing PCBs	Report to the National Response Center (1-800-242-8802) immediately (within 15 minutes of discovery). Additionally, contact EPA Region 6 (Office of Prevention, Pesticides and Toxic Substances Branch) through EPA's 24-hour spill response number 866-372-7745 as soon as possible after discovery but no later than 24 hours after discovery.

#### **4.7 Determining if a Release is Reportable under the NM Water Quality Act or the CWA**

##### 20.6.2.1203 New Mexico Administrative Code (NMAC) Reporting

The NM Water Quality Act (NMWQA) does not use Reportable Quantities (as described in the next section). Instead the NM Water Quality Control Commission (NMWQCC) regulations state: *"With respect to any discharge from any facility of oil or other water contaminant, in such quantity as may with reasonable probability injure or be detrimental to human health, animal or plant life, or property, or unreasonably interfere with the public welfare or the use of property, notifications (to the New Mexico Environment Department (NMED)) and corrective actions are required."*

The above rule requires the use of professional judgment to determine if reporting is required. No quantifiable metric is available to assist in making this determination. The EPC on-call representative or SME has the authority and responsibility to make this determination.

Additionally, unplanned releases of potable water or steam condensate require reporting pursuant to 20.6.2.1203 NMAC if the release is greater than 5,000 gallons, reaches a watercourse, or if the release adversely impacts a Solid Waste Management Unit (SWMU) or Area of Concern (AOC) as directed in the LANL Liquid Discharge Reporting Guidance (Decision Tree), dated March 10, 2009. Contact ADEM to confirm the location and potential impacts to SWMUs or AOCs from any releases that may occur.

##### Groundwater Discharge Permit Reporting

The Laboratory has four current Groundwater Discharge Permits (DPs) that include notification and reporting requirements in the event of an unpermitted discharge. Spills of **any volume** associated with any of the Groundwater DPs require reporting to NMED pursuant to 20.6.2.1203 NMAC.

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**1. DP-857: Sanitary Waste Water System (SWWS) Plant, Sanitary Effluent Reclamation Facility (SERF), and Sigma Mesa Evaporation Basins. Permit Condition No. 44.**

The unauthorized release of untreated and treated sanitary wastewater, reuse wastewater, blended wastewater, and reject wastewater would be subject to reporting under Condition No. 44.

**2. DP-1589: Septic Tank/Disposal Systems. Permit Condition No. 23.**

The unauthorized release of untreated wastewater, septage, treated wastewater surfacing from failing disposal systems (leach fields), and treated wastewater surfacing from overflowing septic tanks would be subject to reporting under Condition No. 23.

**3. DP-1793: Land Application of Treated Groundwater. Permit Condition No. 17.**

The unauthorized release of untreated or treated groundwater that does not constitute land application, as defined in [EPC-CP-QP-010: Land Application of Groundwater](#), would be subject to reporting under Condition No. 17.

**4. DP-1835: Injection of Treated Groundwater to Class V Underground Injection Control (UIC) Wells. Permit Condition No. 22.**

The unauthorized release of treated or untreated groundwater that does not constitute injection into a Class V UIC well, as defined in Discharge Permit DP-1835, would be subject to reporting under Condition No. 22.

**Clean Water Act Reporting**

Oil discharges (film/sheen/discoloration) to water in stream channels must also be reported to the National Response Center (NRC) immediately (within 15 minutes of discovery) pursuant to 40 CFR §110.6.

**National Pollutant Discharge Elimination System (NPDES) Outfall Reporting**

The EPC-DO on-call SME must provide notification to the NPDES Outfall Permit Program Lead and/or the EPC-CP Water Quality Team Leader in the event of a leak or unplanned release from an NPDES permitted outfall upon discovery in order to meet applicable reporting requirements.

**4.7.1 Reporting Requirement for Petroleum Storage Tanks**

As defined in 20.5.7 NMAC, the NMED requires verbal reporting within 24 hours of a petroleum product release from regulated tanks to the NMED Petroleum Storage Tank Bureau (PSTB) when there is:

- any suspected or confirmed release of regulated substances
- evidence of release of regulated substances
- unusual operational conditions (that would cause concern about a release)
- monitoring results that show loss from the system



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Regulated tanks include those with a capacity between 1,320 gallons and 55,000 gallons. Regulated substances for Aboveground Storage Tanks includes, but is not limited to petroleum and petroleum-based substances comprised of a complex blend of hydrocarbons derived from crude oil through processes of separation, conversion, upgrading and finishing, such as motor fuels (including ethanol-based motor fuels), jet fuels, distillate fuel oils, residual fuel oils, lubricants, petroleum solvents, and used oils.

Notice of any suspected or confirmed release from a storage tank system needs to be completed within 24 hours. Contact the EPC-CP Aboveground Storage Tank (AST) Program Lead and/or the EPC-CP Water Quality Team Leader prior to completing any external notifications. The PSTB can be reached at 476-4397 during business hours and 827-9329 (NMED Emergency Spill Hotline) during non-business hours. A written report describing the spill, release or suspected release and any investigation or follow-up action needs to be submitted to the PSTB within 14 days of the incident.

#### **4.7.2 Additional Reporting Requirements under the NPDES Pesticide General Permit**

Adverse incidents require reporting to the EPA under the NPDES Pesticide General Permit (PGP). An adverse incident is defined as an unusual or unexpected incident resulting from pesticide applications that an Operator has observed upon inspection or of which the Operator otherwise becomes aware, in which:

1. There is evidence that a person or non-target organism has likely been exposed to a pesticide residue, and
2. The person or non-target organism suffered a toxic or adverse effect.

The phrase toxic or adverse effect includes effects that occur within Waters of the United States on non-target plants, fish, or wildlife that are unusual or unexpected (e.g., effects are to organisms not otherwise described on the pesticide product label or otherwise not expected to be present) as a result of exposure to a pesticide residue, and may include:

- Distressed or dead juvenile and small fishes
- Washed up or floating fish
- Fish swimming abnormally or erratically
- Fish lying lethargically at water surface or in shallow water
- Fish that are listless or nonresponsive to disturbance
- Stunting, wilting, or desiccation of non-target submerged or emergent aquatic plants
- Other dead or visibly distressed non-target aquatic organisms (amphibians, turtles, invertebrates, etc.)

The phrase toxic or adverse effects also includes any adverse effects to humans (e.g. skin rashes) or domesticated animals that occur either from direct contact with or as a secondary effect from a discharge (e.g., sickness from consumption of plants or animals containing pesticides) to Waters of the United States that are temporally and spatially related to exposure to a pesticide residue (e.g. vomiting, lethargy).

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If an Operator observes or otherwise becomes aware of an adverse incident due to pesticide application, the Operator must notify the EPA Incident Reporting contact within 24 hours of the Operator becoming aware of the adverse incident. EPA Incident Reporting Contacts are listed at <https://www.epa.gov/npdes/pesticide-permitting>.

If an Operator becomes aware of an adverse incident affecting a federally listed threatened or endangered species or its federally designated critical habitat, which may have resulted from a discharge from the Operator's pesticide application, the Operator must immediately (within 15 minutes of discovery) notify the U. S Fish and Wildlife Service. This notification must be made by phone to the contact listed on the EPA's website (<https://www.epa.gov/npdes/pesticide-permitting>).

#### **4.8 Determining if a Release is Reportable under CERCLA or EPCRA**

Under CERCLA or EPCRA, an RQ is the threshold which requires regulatory notification of a release. An RQ is based on the quantity of chemical released within any 24-hour period. CERCLA RQs of hazardous substances are listed in 40 CFR § 302.4. If an RQ is met or exceeded, an immediate (within 15 minutes of discovery) notification must be made to the NRC (1-800-424-8802) pursuant to 40 CFR §302.6. If a release of an airborne radioactive material exceeds an RQ, the EPA Region 6 Health Physicist (Office-(214) 665-8541; Mobile-(214) 755-1530; Home-(972) 937-1900) must also be verbally notified after the NRC notifications have been completed.

A release is reportable under EPCRA if a release of a hazardous or extremely hazardous substance listed in 40 CFR Part 355 Appendices A and B occurs. The chemicals that have not been assigned RQs by the EPA have been given statutory RQs of one pound by Congress. If an RQ established under EPCRA is met or exceeded, an immediate (within 15 minutes of discovery) notification must be made to the Local Emergency Planning Committee (LEPC) community emergency coordinator and to the State Emergency Response Commission (SERC) (see Attachment 2).

The lists of CERCLA hazardous substances and EPCRA extremely hazardous substances are two separate lists that include a number of common substances. However, not all extremely hazardous substances are listed hazardous substances. In some instances, a release of an extremely hazardous substance may be reportable under EPCRA but not reportable under CERCLA.

Releases that occur within a closed space with no emissions to the ambient environment are exempt from EPCRA and CERCLA reporting requirements.

**NOTE:** Response procedures for "Continuous Releases" are not covered in this procedure.

##### **4.8.1 Regulatory Classification of the Released Material**

The on-call EPC SME will determine the regulatory classification of the substance released with respect to the hazard classifications:

- Extremely Hazardous Substance (EHS) and/or Hazardous Substance (HS)

Often during the course of an emergency, complete information will not be available regarding type and amount of material released. In this case, best professional judgment must be used to establish the level of confidence associated with the estimates. If the uncertainty is high enough that future

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estimates may require reporting, it is best to be conservative and report the release following the reporting requirements detailed in Section 4.10 *Reporting a Release or Event*.

After determining the RQ of a released material, the EPC on-call representative or SME will perform the following steps to determine if an RQ has been released.

Step	Action						
1	Obtain an estimate of the quantity and type of material released (e.g. 4 pounds of chlorine gas or 150 curies of tritium).						
2	Compare this quantity against the RQs provided in 40 CFR Table 302.4 and 40 CFR §355, Appendices A and B.						
3	<p>If this is an airborne release of radioactive materials, immediate (within 15 minutes of discovery) reporting to the NRC and the EPA Region 6, Regional Health Physicist is required if the RQ has been exceeded. Note that for radioactive materials, the RQ is provided in activity units (curies or becquerels). Also note that some materials have an RQ value for both chemical exposure (Table 302.4) and for radiological exposure (Appendix B to §302.4). In these cases, the RQ applying to the smallest quantity of material will apply.</p> <p>For all radioactive material releases, a radiological dose assessment must also be performed within 24 hours of the release. This dose assessment should be made by an environmental health physicist in EPC-CP or EPC-ES. The on-call individual should contact an EPC health physicist for this evaluation.</p> <p><b>Immediate evaluation – RQ comparison (of a radioactive material release)</b></p> <table> <tr> <td><b>If the release...</b></td><td><b>Then...</b></td></tr> <tr> <td>Is equal to or greater than the RQ</td><td>Proceed to section 4.10 <i>Reporting a Release or Event</i>.</td></tr> <tr> <td>Is less than the RQ</td><td>No immediate reporting is required; contact EPC environmental health physicist to complete follow-up dose assessment.</td></tr> </table>	<b>If the release...</b>	<b>Then...</b>	Is equal to or greater than the RQ	Proceed to section 4.10 <i>Reporting a Release or Event</i> .	Is less than the RQ	No immediate reporting is required; contact EPC environmental health physicist to complete follow-up dose assessment.
<b>If the release...</b>	<b>Then...</b>						
Is equal to or greater than the RQ	Proceed to section 4.10 <i>Reporting a Release or Event</i> .						
Is less than the RQ	No immediate reporting is required; contact EPC environmental health physicist to complete follow-up dose assessment.						
4	<p>If this is a release of non-rad material, it is reportable if the RQ is exceeded.</p> <table> <tr> <td><b>If the amount released is..,</b></td><td><b>Then...</b></td></tr> <tr> <td>Equal to or greater than the RQ</td><td>Proceed to Section 4.10 <i>Reporting a Release or Event</i>.</td></tr> <tr> <td>Less than the RQ</td><td>Proceed to Step 5</td></tr> </table>	<b>If the amount released is..,</b>	<b>Then...</b>	Equal to or greater than the RQ	Proceed to Section 4.10 <i>Reporting a Release or Event</i> .	Less than the RQ	Proceed to Step 5
<b>If the amount released is..,</b>	<b>Then...</b>						
Equal to or greater than the RQ	Proceed to Section 4.10 <i>Reporting a Release or Event</i> .						
Less than the RQ	Proceed to Step 5						
5	Continue to re-evaluate the release as new data becomes available. Perform Steps 1 through 4 as necessary.						

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#### **4.9 Determining Release Impacts to Biological or Cultural Resources**

There are laws and regulations related to protection of biological and cultural resources which are applicable to the Laboratory. These laws and regulations include:

- National Environmental Policy Act
- Endangered Species Act
- Bald and Golden Eagle Protection Act
- Migratory Bird Treaty Act
- New Mexico Wildlife Conservation Act
- New Mexico Endangered Species Act
- National Historic Preservation Act
- Native American Graves Protection and Repatriation Act
- Archaeological Resources Protection Act

Reporting of impacts to biological or cultural resources under the preceding federal laws is not specifically defined. However, the EPC on-call SME should utilize the Decision Support Application (DSA) to determine if the release impacted a Biological or Cultural Site. The DSA layer 'Federally Listed Species Habitat' contains Endangered Species habitat boundaries. The DSA 'Cultural Resources-Buffered Sites' layer contains the boundaries of the Cultural Sites (Please note- information contained in these layers is Official Use Only). Notify the respective Biological or Cultural SME within one business day if the release impacted either of these areas. The Biological or Cultural SMEs will handle any additional reporting requirements.

Additionally, if there is a release of contaminants to a wetland or destruction of a wetland, OR if the event could result in the "take" of a threatened or endangered species (i.e., a wildfire), the EPC on-call representative or SME will notify the Biological SME within one business day of the event. The Biological SME will complete any additional reporting requirements.

#### **4.10 Reporting a Release or Event**

If a release or event is reportable (as determined by one or more of the previous sections), the Laboratory is required to meet certain reporting requirements. The emergency notification requirements must be followed upon determination that a release or event is reportable.

For informational purposes, a Summary of Emergency Release or Event Reporting Requirements is provided in Attachment 2. This document summarizes the primary statutes and the associated reporting requirements.

Maintain a notebook to record pertinent information about the release and to document the actions taken (see Section 5.0 *Records*).

Any release to the environment that has been determined to be reportable by the EPC on-call representative or SME shall be reported through the LANL management chain in accordance with [PD1200, Emergency Management](#) and [P322-4, Performance Improvement from Abnormal Events](#).

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Los Alamos National Security (LANS) management and DOE shall be notified if a release notification to state or federal regulatory agencies is required. Management approval is not required prior to completing environmental notifications to the regulatory agencies in order to assure that the deadline for reporting is not exceeded.

Perform the following steps immediately after establishing that reporting is required:

<b>Step</b>	<b>Action</b>
1	Compile release information including : <ul style="list-style-type: none"> <li>• The source, cause, type and quantity of the release</li> <li>• Time and duration of the release</li> <li>• Extent of any protective and corrective actions taken</li> <li>• Name, address, and telephone number of the person to contact for further information</li> <li>• Whether the substance is an HS or EHS</li> <li>• Associated health risks and medical attention necessary for exposed individuals</li> <li>• If available, information concerning the release of any hazardous and/or mixed waste which may endanger public or private drinking water supplies</li> <li>• Assessment of actual or potential hazards to human health or the environment outside the facility</li> <li>• If available, estimated quantity and disposition of recovered material that resulted from the incident</li> <li>• Precautions to take due to the release/event, including, in the case of fire, those associated with special hazards due to hazardous and/or mixed waste</li> <li>• Any other information which may help emergency personnel responding to the incident</li> <li>• Environmental media impacted from the release</li> </ul>
2	Notify LANL management, DOE, and the respective Facilities Operations Division (FOD). Note: Management approval is not required prior to completing environmental notifications to the regulatory agencies in order to assure that the deadline for reporting is not exceeded.
3	Provide notification to the regulatory agency as required by the applicable regulation(s) detailed in Sections 4.5 - 4.9. Reference Attachment 2 for a summary of the applicable reporting requirements.
4	Notify programmatic SMEs that may be impacted or required to complete follow up reporting.

#### **4.10.1 Steps to Notify LANL Management and DOE**

The EPC on-call representative will complete the following steps to provide notification to LANL Management and DOE.

<b>Step</b>	<b>Action</b>
1	Determine that a release to the environment is reportable to state or federal entities as

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	required under applicable regulations.  <b>NOTE:</b> Occurrence Reporting and Procession System (ORPS) reporting is a FOD and Responsible Associate Director (RAD) responsibility and commonly they will seek advisement from EPC SMEs.
2	Provide notification to the EPC-CP Water Quality Team Leader, the EPC-CP Group Leader, the EPC-DO Division Leader, and DOE LAFO program contact of the release and the required external notifications.
3	Complete environmental reporting to state and federal agencies in accordance with all applicable regulations.
4	Notify the appropriate program SME that may be impacted or be required to complete following up release reporting.

After all the above notifications have been made, or when requested, the EPC on-call representative or SME will hand off responsibility for additional actions and follow-up to the affected environmental group. (The group that will be responsible will depend on the type and location of the release and the governing regulations or statutes.)

In order to communicate events at LANL which may impact the public and or the environment, EPC staff may provide a courtesy notification to New Mexico Environment Department of events that may not require formal regulatory notification. Examples of such events in the past have been small wild land fires.

## 5.0 RECORDS

The following records are generated as a result of this procedure and are maintained in accordance with ADESH-AP-006 Records Management Plan and [P1020-1, Laboratory Records Management:](#)

- Field documentation of the release, including:
  - Time and date of the release
  - Time, date, and description of notifications
  - Location and source of the release
  - Type of material released
  - Quantity of material released
  - Impacted media
  - Time release was stopped
  - Any immediate mitigation actions taken to contain or control the release
  - Documentation of any verbal notifications
  - Samples taken
- Copies of any written notifications generated



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- Documentation of any analytical results, and quality assurance of results
- Contingency and / or emergency plan documentation
- Documentation of any RCRA permit non-compliance that threatens human health and environment
- Documentation of treatment of any RCRA unstable chemicals, leaking or compromised gas cylinders

## **6.0 DEFINITIONS AND ACRONYMS**

### **6.1 Definitions**

**ADESH** – Associate Directorate for Environment, Safety, and Health

**ADEM** – Associate Directorate for Environmental Management

**AOC** – Area of Concern

**AST** – Aboveground Storage Tank

**CAA** – Clean Air Act

**CERCLA** – Comprehensive Environmental Response, Compensation, and Liability Act

**CMR** – Chemistry and Metallurgy Research

**CFR** – Code of Federal Regulations

**Continuous Release** – A release is continuous if it “occurs without interruption or abatement or if it is routine, anticipated, intermittent, and incidental to normal operations or treatment processes.” The release must also be “stable in quantity and rate,” which means that it must be predictable and regular in the amount and rate of emission. The response procedures for continuous releases are not covered by this document. See guidance in Reporting Continuous Releases of Hazardous and Extremely Hazardous Substances under CERCLA and EPCRA.

**CWA** – Clean Water Act

**DOE LAFO** – Department of Energy Los Alamos Field Office

**DSA** – Decision Support Application

**Environment** – Includes "water, air, land, and the interrelationship which exists among and between water, air, land, and all living things." (40 CFR 355.20)

**EOC** – Emergency Operations Center

**EPA** – Environmental Protection Agency

**EPC-DO** – Environmental Protection and Compliance Division

**EPCRA** – Emergency Planning and Community Right-to-Know Act

**EPC-CP** – Environmental Protection and Compliance Division Compliance Programs Group

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**EPC-ES** – Environmental Protection and Compliance Division Environmental Stewardship Group

**Extremely Hazardous Substance (EHS)** – EPCRA establishes emergency reporting requirements for extremely hazardous substances in 40 CFR 355, Appendix A. All of these substances are also CWA and CERCLA “hazardous” substances.

**FOD** – Facility Operations Director

**GWDP**-Ground Water Discharge Permit

**Hazardous Substance (HS)** – These substances are summarized in 40 CFR Part 302. As used in this context, refers to: (1) any elements, compounds, mixtures, solutions, or substances specially designated by EPA under Section 311 of the Clean Water Act (CWA) (40 CFR 116.4); (2) any toxic pollutants listed under Section 307(a) of the CWA; (3) any hazardous substances regulated under Section 311 (b)(2)(A) of the CWA; (4) any listed or characteristic RCRA hazardous waste (40 CFR 261), (5) any hazardous air pollutants listed under Section 112 of the Clean Air Act (CAA); or (6) any imminently hazardous chemical substances or mixtures regulated under Section 7 of the Toxic Substances Control Act (TSCA).

**IWD** – Integrated Work Document

**LANL** – Los Alamos National Laboratory

**LANS** – Los Alamos National Security

**LEPC** – Local Emergency Planning Committee

**NMAC** – New Mexico Administrative Code

**NMED** – New Mexico Environment Department

**NMWQA** – New Mexico Water Quality Act

**NMWQCC** – New Mexico Water Quality Control Commission

**NPDES** – National Pollutant Discharge Elimination System

**NRC** – National Response Center

**ORPS** – Occurrence Reporting and Processing System

**OSC** – On-Scene Commander

**PADOPS** – Principal Associate Directorate Operations

**PCBs** – Polychlorinated Biphenyls

**PGP** – Pesticide General Permit

**PST** – Petroleum Storage Tank

**PSTB** – Petroleum Storage Tank Bureau

**RAD** – Responsible Associate Director

**RCRA** – Resource Conservation and Recovery Act

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**Release** – Any unpermitted spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing of contaminants into the environment, excluding: (1) emissions from the engine exhaust of any vehicle, (2) certain releases of source, byproduct, or special nuclear material from a nuclear incident, or (3) normal application of fertilizer.

**RQ** – Reportable Quantity

**SARA** – Superfund Amendments and Reauthorization Act

**SDS** – Safety Data Sheet

**SERC** – State Emergency Response Commission

**SERF** – Sanitary Effluent Reclamation Facility

**SEO-DO** –Security and Emergency Operations Division

**SME** – Subject Matter Expert

**SWMU** – Solid Waste Management Unit

**SWWS** - Sanitary Waste Water System

**TSCA** – Toxic Substances Control Act

**UIC** – Underground Injection Control

## **7.0 REFERENCES**

The following documents are referenced in this procedure:

- 40 CFR 302, Designation, Reportable Quantities, and Notification
- 40 CFR 261, 264 Subpart D 270.30
- DOE guidance document PCB Spill Response and Notification Requirements
- (EH-231-059/1294), available on the EPC-CP web page
- DOE – Office of Environmental Guidance, CERCLA Information Brief, EH-231-001-0490 (April 1990)
- EPA Web Site: <http://www.epa.gov/>
- EPCRA Information Web Site: <http://www.chemicalspill.org/EPCRA-facilities/spill.html>
- Federal Register, Volume 67, No. 47, Notices FRL-7172-4, Guidance on the CERCLA Section 101(10)H, Federally Permitted Release Definition for Certain Air Emissions
- [PD1200, Emergency Management](#)
- P322-3, Performance Improvement from Abnormal Events
- LANL RCRA Permit No. NM0890010515-1
- LANL NPDES Permit No. NM0028355

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- National Response Center (NRC) Web Site: <http://www.nrc.uscg.mil/>
- NMWQCC Regulations, 20.6.2 NMAC, dated December 1, 2001
- P407, Water Quality
- P1020-1, Laboratory Records Management
- ADESH-AP-006, Records Management Plan

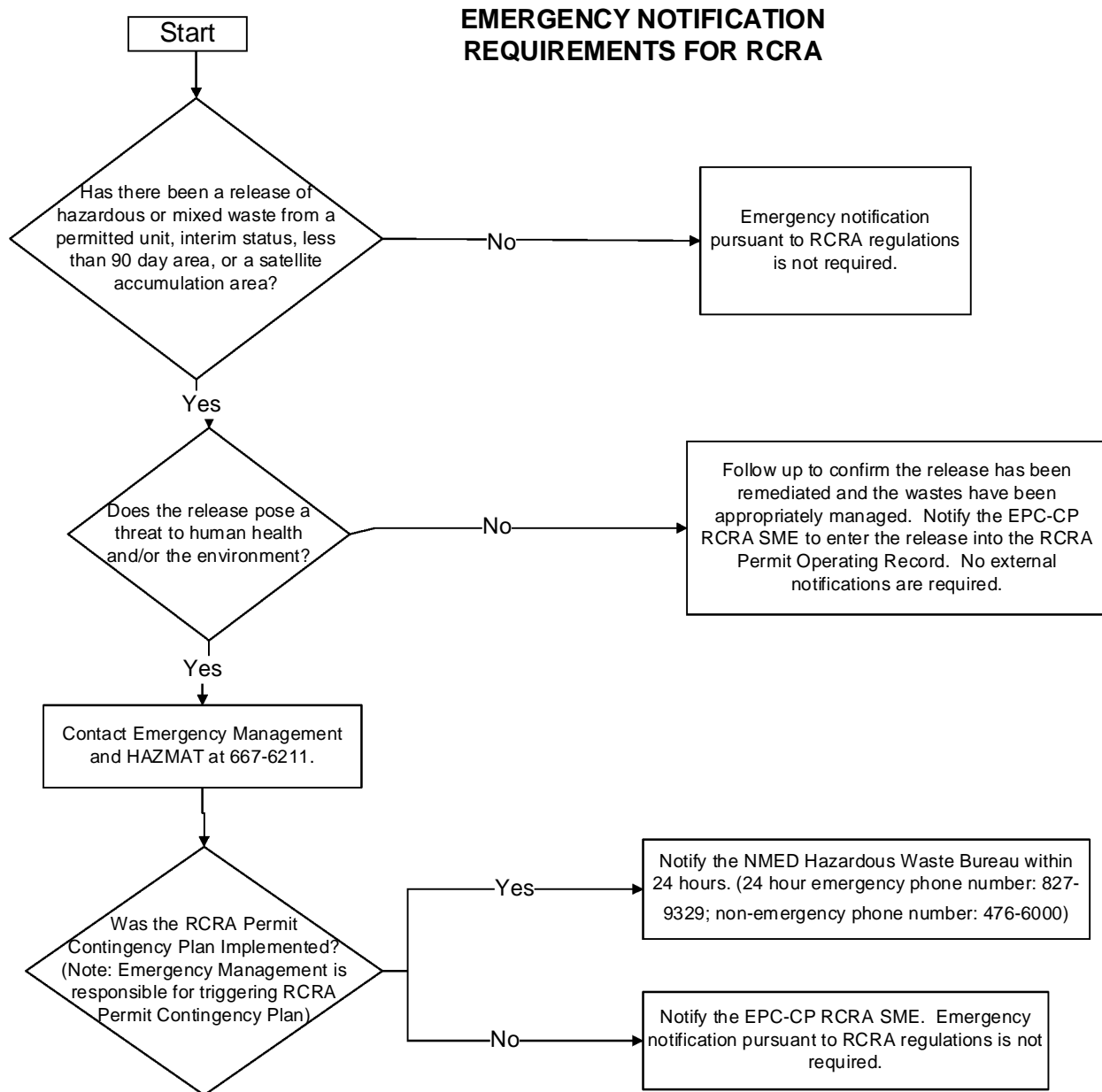
## **8.0 ATTACHMENTS OR APPENDICES**

Attachment 1: Emergency Notification Requirements for RCRA

Attachment 2: Summary of Emergency Release or Event Reporting Requirements

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### Attachment 1: Emergency Notification Requirements for RCRA



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## Attachment 2: Summary of Emergency Release or Event Reporting Requirements

**NOTE:** This is only a guide and does not cover all federal, state, or permit reporting requirements. Refer to the Code of Federal Regulations and the RCRA Permit for more details regarding these regulations.

STATUTE	REGULATIONS	INCIDENT	Immediate Reporting Requirements	Follow Up Reporting Requirements
Clean Water Act	40 CFR §110.6	Oil discharge (film/sheen/discoloration) to water surface or shoreline, or violation of water quality standards.	Immediately (within 15 minutes of discovery) notify the National Response Center.	Follow-up not required.
Clean Water Act	Part III of NPDES Permit No. NM0028355	Leak or unplanned release from an NPDES permitted outfall.	Notify the NPDES Outfall Permit Program Lead and EPC-CP Water Quality Team Leader upon discovery. The program lead or the EPC-CP Water Quality Team Leader will complete initial reporting requirements as required.	Required follow up reporting will be completed by the NPDES Outfall Permit Program Lead and EPC-CP Water Quality Team Leader.
Clean Water Act (CWA)-NPDES Pesticide General Permit	40 CFR §122.28	Adverse incident which includes evidence that a person or non-target organism has been exposed to a pesticide residue or the person or non-target organism suffered a toxic or adverse effect.	Notify the EPA Region 6 Pesticide Permitting contact (214)665-7500 within 24 hours.	Submit a 30 Day Adverse Incident Written Report to the EPA Regional Office.
New Mexico Water Quality Control Commission Regulations (NMWQCC Regulations)	20.6.2.1203 NMAC	Discharge from any facility of oil or other water contaminant, in such quantity as may with reasonable probability injure or be detrimental to human health, animal or plant life, or property, or unreasonably interfere with the public welfare or use of the property.	Notify the New Mexico Environment Department 505-827-9329 within 24 hours.	Submit 7 and 15 Day written follow up Corrective Action Reports (Copy EPA Region 6 on the 7 and 15 Day Reports).



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<b>STATUTE</b>	<b>REGULATIONS</b>	<b>INCIDENT</b>	<b>Immediate Reporting Requirements</b>	<b>Follow Up Reporting Requirements</b>
New Mexico Water Quality Control Commission Regulations (NMWQCC Regulations)	20.6.2.3104 NMAC	Unplanned release of any volume from an activity or facility covered under an active Groundwater DP:  DP-857: SWWS Plant, SERF, and Sigma Mesa Evaporation Basins  DP-1589: Septic Tank/Disposal Systems  DP-1793: Land Application of Treated Groundwater  DP-1835: Injection of Treated Groundwater to Class V UIC Wells	Notify the New Mexico Environment Department 505-827-9329 within 24 hours.	Submit 7 and 15 Day written follow up Corrective Action Reports (Copy EPA Region 6 on the 7 and 15 Day Reports)
New Mexico Environmental Improvement Board Regulation	20.5.7 NMAC	A release of a petroleum product from regulated aboveground storage tank.	Contact the EPC-CP AST Program Lead and/or the EPC-CP Water Quality Team Leader prior to completing any external notifications. If required, the Petroleum Storage Tank Bureau (476-4397) or NMED Emergency Spill Hotline (827-9329) must be contacted within 24 hours.	A written report describing the spill, release or suspected release and any investigation or follow-up action needs to be submitted to the PSTB within 14 days of the incident.
Comprehensive Environmental, Response, Compensation, and Liability Act (CERCLA)	40 CFR §302.6(a)	Hazardous substance (listed in 40 CFR Table 302.4) release (Equal to or greater than an RQ).	Immediately (within 15 minutes of discovery) notify the National Response Center 1-800-424-8802.	Follow-up not required.
Emergency Planning and Community Right- to-Know Act (EPCRA)	40 CFR§ 355.40	Release of an extremely hazardous substance (listed in 40 CFR Part 355 Appendices A and B) or CERCLA hazardous substance (listed in 40 CFR Table 302.4) equal to or greater than RQ.	Immediately (within 15 minutes of discovery) notify the LEPC (505-662-8283) the SERC (505-476-9635). Immediately notify the 911 operator for a release that occurs during transportation or from storage incident to transportation.	A written follow-up emergency notice must be submitted to the LEPC and SERC as soon as practicable after the release.

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<b>STATUTE</b>	<b>REGULATIONS</b>	<b>INCIDENT</b>	<b>Immediate Reporting Requirements</b>	<b>Follow Up Reporting Requirements</b>
Resource Conservation and Recovery Act (RCRA)	40 CFR 262.34, 263.30, 264.51, 264.56 & .196, 265.51, .56 & .196, 270.14, & .30, 273.17, .37 & .54, 279.43 & .53, 280.50, .52, .53, .60, & .61	Release of hazardous or mixed waste from a permitted unit, interim status, less than 90 day area or a satellite accumulation area which the RCRA Permit Contingency Plan was triggered.	Notify NMED Hazardous Waste Bureau within 24 hours (24 hour emergency phone number: 827-9329; Non-emergency phone number: 476-6000) See Attachment 1 for additional details.	Submit written report to NMED HWB within 5 days.
Clean Air Act/ Radionuclide NESHAP	40 CFR 61, Subpart H	Airborne release of radioactive material in excess of an RQ.	Notify the EPA Region 6 Health Physicist (Office- (214) 665-8541; Mobile- (214) 755-1530; Home – (972) 937-1900) immediately after providing notification to the NRC.	Follow-up not required.
Toxic Substance Control Act (TSCA)	40 CFR 761.120, 761.125	Over 1 pound by weight of PCBs (TSCA) or greater than 270 gallons of untested mineral oil suspected of containing PCBs.	Contact the National Response Center (1-800-242-8802) and the EPA Region 6 Office of Prevention, Pesticides, and Toxic Substances Branch (1-866-372-7745) as soon as possible after discovery, but no later than 24 hours after discovery.	Within 24 hours. Follow-up: as required by agency.

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2013Next Review Date: August 5,  
2015**Environment, Safety, Health Directorate****Environmental Protection – Compliance Programs  
Quality Procedure****Installing, Setting Up, and Operating ISCO Samplers  
for the MSGP****Reviewers:**

Name: Melanie Lamb	Organization: ADESH-OIO, QA Specialist	Signature: Signature on file	Date: 8/28/13
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**Derivative Classifier:** ☐ Unclassified ☒ DUSA ENVPRO

Name: Ellena Martinez	Organization: ADESH-OIO	Signature: Signature on file	Date: 8/28/13
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**Approval Signatures:**

Subject Matter Expert: Holly Wheeler	Organization: ENV-CP	Signature: Signature on file	Date: 8/29/13
Responsible Line Manager: Michael Saladen	Organization: ENV-CP Team Lead	Signature: Signature on file	Date: 8/29/13
Responsible Line Manager: Anthony Grieggs	Organization: ENV-CP Group Leader	Signature: Signature on file	Date: 9/5/13

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### History of Revisions

<b>Document Number</b> <i>[Include revision number, beginning with Revision 0]</i>	<b>Effective Date</b> <i>[Document Control Coordinator inserts effective date]</i>	<b>Description of Changes</b> <i>[List specific changes made since the previous revision]</i>
0	03/11	New Document.
1	04/13	Biennial Review and Revision
2	09/13	Biennial Review and Revision

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## 1.0 PURPOSE

This procedure describes the installation, setup, programming, and operation of Teledyne ISCO Avalanche and Model 3700 full-size portable automated samplers used to collect storm water runoff samples for the Multi-Sector General Permit (MSGP).

## 2.0 SCOPE

This procedure applies to all ENV-CP technical staff and contractor personnel conducting installation, operation, maintenance and sampling activities at single stage stations used for monitoring under the MSGP.

### 2.1 HAZARD REVIEW

Hazards in the work described in this procedure are controlled thorough site specific [IWDs](#). The hazard level of the activities in this procedure is moderate.

## 3.0 RESPONSIBILITIES

The following personnel require training before implementing this procedure:

- This procedure applies to all ENV-CP MSGP storm water compliance personnel conducting installation, operation, maintenance and sampling activities at MSGP single stage monitoring stations.

The training method for this procedure is “self-study” (reading). For ENV-CP staff, this is documented in accordance with [ENV-DO-QP-115, Personnel Training](#). Other participating groups may require training documentation pursuant to local procedures.

Actions specified within this procedure, unless proceeded with “should” or “may,” are to be considered mandatory (i.e., “shall”, “will”, “must”).

### 3.1 PREREQUISITES

Personnel performing this procedure will be familiar with the most current versions of the following procedures and operation manuals:

- ENV-CP MSGP Sampling and Analysis Plan for the current monitoring year
- Manual for Teledyne ISCO Sampler Model 3700.
- Manual for Teledyne ISCO Avalanche refrigerated sampler
- Facility/FOD specific IWDs for the MSGP

## 4.0 DOCUMENT CONTROL/RECORDS MANAGEMENT

The following records are generated as a result of this procedure and are maintained in accordance with [ENV-DO-QP-110, Records Management Program](#) with the originals on file at ENV-CP offices:

Completed work orders for:



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- LANL MSGP ISCO Sampler Installation Form 045-1(Attachment 1)
- LANL MSGP ISCO Sampler Activation Form 045-3 (Attachment 6)
- LANL MSGP ISCO Sampler Winter Shutdown 045-5 (Attachment 9)
- LANL MSGP ISCO Sampler Decommission 045-6 (Attachment 10)

## 5.0 WORK PROCESSES

The discharge of storm water from industrial facilities at Los Alamos National Laboratory (LANL, the Laboratory) is regulated under the National Pollutant Discharge Elimination System (NPDES) *Multi-Sector General Permit for Storm Water Discharges Associated with Industrial Activity* (MSGP). The current MSGP became effective on September 29, 2008 pursuant to 73 FR 56572. The Laboratory's MSGP permit coverage (Permit Tracking No. NMR05GB21) requires storm water quality monitoring to evaluate the overall effectiveness of control measures. ISCO samplers coupled with Model 1640 sampler actuators are used at MSGP Program monitoring stations. Refrigerated (Avalanche) and/or non-refrigerated (Model 3700) samplers may be deployed; and may be configured with multi-battery arrays, solar panels, and surge protectors.

### 5.1 EQUIPMENT AND TOOLS

Ensure the following equipment is available in the field vehicle:

- Copy of this procedure
- Copy of the appropriate Integrated Work Document(s) (IWDs)
- Charged spare battery(ies)
- Battery voltage tester
- Spare tubing (pump, suction, discharge types, sampler specific)
- Spare sample bottles
- Shovels
- Wooden stakes
- Plastic wire "zip" ties
- Cell phone (only government cell phones with the battery removed are allowed in secure areas)
- Appropriate tools (including insulated tools for electrical work) in tool box
- Issued Work Orders and associated forms
- Necessary access and station keys
- Ziploc® plastic storage bags
- Tape measure
- Sturdy hiking boots or steel toed shoes with soles that grip

The time on the ISCO sampler clock must be verified upon arrival at the site. The ISCO clocks must be set to Mountain Standard Time (MST) at all times, with no daylight saving time adjustment. Cellular phones can be used to verify the time.

## 5.2 ISCO SAMPLER INSTALLATION

Step	Action
1	Work Orders are issued for all field operations at individual MSGP monitored outfalls. Obtain the Work Order with the LANL MSGP ISCO Sampler Installation Form 045-1 (Attachment 1). The Work Order specifies the MSGP outfall and target date for the work to be performed. An outfall-specific equipment list with specifications and configuration settings is provided on each Work Order.
2	<p>Deploy the ISCO sampler and charged battery on level ground above the flood plain. Often, large tool/storage boxes (Greenlee™) are used for equipment protection in the field.</p> <p><b>NOTE:</b> These boxes are locked. Therefore, a key should be obtained prior to accessing them.</p> <p>The sampler should be as level as possible to allow effective sample collection. Verify/record the ISCO sampler serial number and the battery tracking number(s) on the Work Order.</p>
3	Install the separate protective battery box for the charged battery (follow manufacturer's instructions).
4	<p>Determine the bottle set configuration from the equipment list on the Work Order.</p> <ul style="list-style-type: none"> <li>• If a Model 3700 sampler is indicated, install the correct distributor arm (has either "12" or "24" embossed on bottom at outlet).</li> <li>• For an Avalanche sampler, attach either the discharge tube guide (single bottle configuration) or the distributor arm (multi-bottle configuration) and the appropriate bottle adapter plate. If an adapter plate is not available, the inside of the sampler may need to be configured by hand (i.e., add form) to prevent bottles from moving around during a sampling event.</li> <li>• Install required bottles and retaining devices in the sampler base.</li> <li>• Check that the end of the discharge tubing does not extend below the bottom face of the distributor arm (where it could snag the bottle tops and jam as the arm advances through the bottle sequence).</li> <li>• Remove and place the clean bottle caps in a new Ziploc® plastic bag.</li> </ul>
5	Attach a length (in whole foot increments) of 3/8-inch diameter Teflon suction line to the sampler intake line and anchor as needed for the Outfall location. Measure and record (for later programming steps) the tubing length used. Route the sample tubing downslope from the sampler to the intake point so that there is a continuous slope with no valleys that could retain water between sample intervals.
6	<p>Install the actuator:</p> <ul style="list-style-type: none"> <li>• Anchor a stake to the channel bottom in the main flow of the outfall discharge.</li> <li>• Attach the sampler intake tube and the 1640 liquid level detector (actuator) to the stake.</li> <li>• Position the actuator at least ½ inch above the intake tube to ensure there is enough water to submerge the intake when the sampler is activated.</li> <li>• Connect the actuator to the sampler using the cable connector provided by the manufacturer.</li> <li>• If necessary, use a gravel bag to create a small pooling area for the actuator and sampler intake to sit in.</li> </ul> <p>The actuator height above the channel bottom is established using professional judgment. For example, the intake may be positioned 1 inch or less above the bottom of low-flowing wide channels, but higher than 1 inch in a high-flowing narrow channel.</p>

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7	<p><b>NOTE:</b> You must be a trained electrical worker and have completed all required courses in Training Plan #2876 to conduct this step.</p> <p>Connect the sampler to the power source, either a 12 Volt 110 A-h deep cycle lead acid battery or other power source such as a multi-battery array coupled with a solar panel, as appropriate. Record the battery tracking numbers in the equipment list section of the Work Order. (Refer to Attachments 2 and 3 for the wiring diagram for Avalanche sampler installation.)</p>
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### 5.3 CONFIGURING ISCO 3700 SAMPLERS

Step	Action
1	When a new ISCO 3700 sampler is being installed, configure the sampler in accordance with the steps contained in this section. Follow the project-specific configuration settings as indicated on the Work Order and given in Attachment 4, ISCO 3700 Configuration Settings.
2	Turn on the sampler by pressing the “On” button.
3	Press the “Enter/Program” button.
4	Select “Configuration”.
5	Set the configuration parameters in accordance with the guidance in Attachment 4, ISCO 3700 Configuration Settings. After each selection is made, press the “Enter” button to allow the next configuration parameter to be displayed on the screen.
6	<p>After the programming is complete, select “Run diagnostics” and press “Enter” to run the system diagnostic test. The diagnostic tests include the following:</p> <ul style="list-style-type: none"> <li>• RAM and ROM test</li> <li>• LCD test</li> <li>• Pump test (“OFF/ON” number should be between 50 and 200 for a successful test)</li> <li>• Distributor test -- select “YES” to run test. Test will move the distributor to Position 24 and then return it to Position 1.</li> </ul>
7	Following the diagnostic tests, “Reinitialize Controller” will be displayed. Select “No” and press “Enter.” <u>Do not select “Yes.”</u> If “Yes” is selected, the sampler will reset a number of configuration and program settings to the factory default values.
8	To leave the configuration sequence, use the “Exit configuration” and press “Yes” or press the “Enter/Program” key.

### 5.4 PROGRAMMING ISCO 3700 SAMPLERS

Step	Action
1	Follow the steps in this process to program a new ISCO or to confirm the program settings are correct for a specific location. Follow the project-specific program settings as indicated on the

	work order and given in Attachment 5, ISCO 3700 Program Sequence.
2	Turn on the sampler by pressing the “ON” button
3	Press the “Enter/Program” button.
4	Select “Program”.
5	Set the program parameters in accordance with the guidance on Attachment 5, ISCO 3700 Program Sequence. After each selection is made, press the “Enter” button to allow the next configuration parameter to be displayed on the screen.
6	Set the switch on the actuator to “Latch.”
7	<b>NOTE:</b> You must be a trained electrical worker and have completed all required courses in Training Plan #2876 to conduct this step.
8	Complete the responses for the sampler installation tasks listed on the Work Order. Sign and date the Work Order and ensure all items contained within it have been completed.

## 5.5 ACTIVATING ISCO 3700 SAMPLERS

Step	Action
1	<p>Follow the steps in this section when a Work Order is received to activate a sampler (generally at the beginning of a field season or at the beginning of the next quarter after the last quarterly monitoring sample was obtained).</p> <p>Note: The MSGP monitoring quarters are as follows</p> <ul style="list-style-type: none"> <li>• April 1 through May 31</li> <li>• June 1 through July 31</li> <li>• August 1 through September 30, and</li> <li>• October 1, through November 30.</li> </ul>
2	<p>Obtain the Work Order with the LANL MSGP Sampler Activation Form 045-3 (Attachment 6). The Work Order specifies the MSGP Outfall and target date for the work to be performed. An Outfall-specific equipment list with specifications and configuration settings is provided on each Work Order.</p> <p><b>NOTE:</b> You must be a trained electrical worker and have completed all required courses in Training Plan #2876 to conduct this step.</p> <p>If not already installed, install and hook up the charged battery.</p> <p>If a battery is already in place, use the voltage tester to check for minimum voltage of 11.7 volts. If the voltage is lower, replace the battery with a charged battery.</p>
3	Turn the sampler ON. “Program halted” will be displayed; press the Enter/Program button to enter program/configure sequence.
4	Check the configuration and programming parameters to ensure they are still correct for the specific installation (see Attachment 4 and 5 for the correct parameters).
5	Check integrity and condition of sampler tubing, actuator, wiring, etc., to ensure sampler will properly collect a sample.

6	To test the integrity of the tubing, press “Pump forward” to turn on pump and test for suction at the tubing intake. Press “Stop” to turn off pump. If no suction is felt at the intake, check the integrity of the tubing and replace as necessary.
7	To activate the sampler, press “Start sampling” and “Enter” twice.
8	Ensure the sampler indicates “Sampler Inhibited”.
9	Complete the responses for the sampler activation tasks listed on the Work Order. Sign and date the Work Order and ensure all items contained within it have been completed.

## 5.6 CONFIGURING ISCO AVALANCHE SAMPLERS

Step	Action
1	When a new ISCO Avalanche sampler is being installed, configure the sampler in accordance with the steps contained in this section. Follow the project-specific configuration settings as indicated on the work order and given in Attachment 8, ISCO Avalanche Configuration Settings.
2	Turn on the sampler by pressing the “Standby” key.
3	From the main menu, select Other Functions, to access the menus and select options given in Attachment 8.
4	Set the configuration parameters in accordance with the guidance on Attachment 8, ISCO Avalanche Configuration Settings.
5	After the programming is complete, select “Run diagnostics” and press “Enter” to run the system diagnostic test. These include the following: <ul style="list-style-type: none"> <li>• RAM and ROM test</li> <li>• Pump test (“ON/OFF” ratio should be between 0.80 and 1.25 for a successful test)</li> <li>• Distributor test -- select “YES” to run test. Test will move the distributor to Position 14 and then return it to Position 1.</li> </ul>
6	Following the diagnostic tests, “Reinitialize Controller” will be displayed. Select “No” and press the “Enter” key. (If “Yes” is selected, the sampler will reset a number of configuration and program settings to the factory default values).
7	If a 700 series module (e.g., pH) is to be installed, consult the equipment manufacturer’s manual for installation instructions. <b>NOTE:</b> The pH module is only required at the Asphalt Batch Plant.
8	Complete the responses for the sampler installation tasks listed on the Work Order. Sign and date the Work Order and ensure all items contained within it have been completed.

## 5.7 PROGRAMMING ISCO AVALANCHE SAMPLERS

Step	Action
1	Follow the steps in this process to program a new ISCO or to confirm the program settings are correct for a specific location and bottle configuration. Follow the project-specific program settings as indicated on the work order and given in Attachment 8, ISCO Avalanche Program Sequence.
2	Turn on the sampler by pressing the “Standby” key.
3	Press the “Program” button.
4	Select the current program to review settings, or choose “Select New Program” to create a new program with different settings.
5	Select the current program to review settings, or choose “Select New Program” to create a new program with different settings.
6	At the prompt “Programming complete, run this program now?” , select “Yes” if sampler is scheduled to be active, and “No” if sampler is in stand down.
7	Set switch on actuator to “Latch.”
8	Complete the responses for the sampler installation tasks listed on the Work Order. Sign and date the Work Order and ensure all items within it have been completed.

## 5.8 ACTIVATING ISCO AVALANCHE SAMPLERS

Step	Action
1	<p>Follow the steps in this section when a Work Order is received to activate a sampler (generally at the beginning of a field season or at the beginning of the next quarter after the last quarterly monitoring sample was obtained).</p> <p>Note: The MSGP monitoring quarters are as follows</p> <ul style="list-style-type: none"> <li>• April 1 through May 31</li> <li>• June 1 through July 31</li> <li>• August 1 through September 30, and</li> <li>• October 1, through November 30.</li> </ul>
2	<p><b>NOTE:</b> You must be a trained electrical worker and have completed all required courses in Training Plan #2876 to conduct this step.</p> <p>If not already installed, install and hook up the charged battery(ies).</p> <p>If a battery is already in place, use the voltage tester to check for minimum voltage of 11.7 volts. If the voltage is lower, replace the battery with a charged battery.</p>
3	Turn on sampler power. From the main menu, select “Program” and the “Enter” key to enter programming sequence, and “Other Functions” to enter the configuration settings.
4	Check the programming/configuration parameters to ensure they are still correct for the specific installation – follow the two preceding sections for the steps and see Attachment 7 and 8 for the correct parameters.
5	Check integrity and condition of sampling tubes, actuator, wiring, etc., to ensure sampler



	will properly collect a sample.
6	From the main menu, select “Other Functions” ► “Manual Functions” ► “Operate Pump” to perform a manual suction test. To test the integrity of the tubing, press “Pump forward” to turn on pump and test for suction at the tubing intake. Press “Stop” to turn off pump.  If no suction is felt at the intake, check the integrity of the tubing and replace as necessary.
7	Reset the actuator by toggling the switch to “Reset” then back to “Latch.” To activate the sampler, ensure the correct program name is displayed on the main menu and select “Run”.
8	Ensure the sampler indicates “Program Disabled”.
9	Note: The Avalanche refrigeration system is active any time the controller is powered. This is true for all states (including OFF), except for the time between entering RUN and the completion of the first sample, and when the pump is running. To conserve power, the Avalanche assumes that during this time there is no sample liquid to cool.
10	Ensure that all items on the Work Order have been completed.

## 5.9 STANDING DOWN OR WINTERIZING SAMPLERS

Step	Action
1	Follow the steps in this section when a Work Order is received to turn off (“stand down”) a sampler (generally at the end of a field season, which is November 30, or to disable a sampler for a certain time period after a sample was collected). Fill out the LANL MSGP ISCO Sampler Winter Shut-Down Form in Attachment 9.
2	ISCO 3700: Turn off power.  ISCO Avalanche: The Avalanche refrigeration system is active any time the controller is powered. This is true for all states (including OFF), except for the time between entering RUN and the completion of the first sample, and when the pump is running. To conserve power, the Avalanche assumes that during this time there is no sample liquid to cool. <b>NOTE:</b> To ensure that the refrigeration system does not activate during an intended stand down, disconnect the sampler from the power source.
3	Remove the battery and return it to the storage compound at TA-64 or other specified location identified by ENV-CP MSGP stormwater compliance personnel. Store cables inside the Greenlee™ box. If the actuator and tubing are not contained within conduit, disconnect these and place them in the box. Close sampler.  Avalanche samplers must not be left in place for the winter, and are required to be returned to ENV-CP’s storage shed.
4	Ensure that all items on the Work Order have been completed.

## 5.10 SAMPLER RESET AND RE-INITIALIZATION AFTER SAMPLE COLLECTION

Step	Action
1	Follow <a href="#">ENV-CP-QP-047, Inspecting Storm Water Runoff Samplers and Retrieving Samples for the MSGP</a> for collecting samples from an ISCO and installing new bottles so it is ready to collect new samples.
2	<p>After collecting samples and resetting the sampler, follow instructions on sample collection Work Order, the updated sample tracking log or confer with the MSGP Project Lead regarding whether the sampler should be disabled.</p> <p>If sampler is to be deactivated, follow the steps specific to each sampler provided in the preceding section.</p> <p>If an ISCO 3700 sampler is to be left activated, reset the actuator by toggling the switch to “Reset” then back to “Latch”, and press “Start sampling” and “Enter” twice. Ensure the sampler display indicates “Sampler Inhibited”:</p> <p>If an ISCO Avalanche sampler is to be left activated, reset the actuator by toggling the switch to “Reset” then back to “Latch.” From the main menu, verify the correct program name is displayed and select “Run.” Ensure the sampler display indicates “Program Disabled.”</p>

## 5.11 REMOVING A SAMPLER

Step	Action
1	Follow the steps in this process when a Work Order is received to un-install or remove a sampler. Fill out the LANL MSGP ISCO Sampler Decommission Form in Attachment 10.
2	Disconnect all equipment and remove it from the site. Return the equipment to the ENV-CP Storage Shed or other location specified by MSGP storm water compliance personnel.
3	Dispose of all equipment components that contacted samples (tubing, bottles, etc.) as waste according to applicable waste management procedure. For assistance, contact the Waste Management Coordinator for TA-59.
4	Ensure that all items on the Work Order have been completed.

## 6.0 REFERENCES

[ENV-DO-QP-110, Records Management Program](#)

[ENV-DO-QP-115, Personnel Training](#)

[ENV-CP-QP-047, Inspecting Storm Water Runoff Samplers and Retrieving Samples for the MSGP](#)

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## 7.0 DEFINITIONS

ENV-CP: Environmental Protection Division, Compliance Programs Group

Grab Sample: A single sample collected at an NPDES outfall (using approved EPA methods) at a particular time that represents the composition of the storm water at that time and place.

IWD: Integrated Work Document

MSGP: Multi-Sector General Permit

MST: Mountain Standard Time

NPDES: National Pollutant Discharge Elimination System

## 8.0 ATTACHMENTS

Attachment 1- LANL MSGP ISCO Sampler Installation Form 045-1

Attachment 2- Wiring Diagram for Avalanche Sampler

Attachment 3 – Battery Photovoltaic Connection Wiring

Attachment 4 - ISCO 3700 Configuration Settings

Attachment 5 – ISCO 3700 Program Sequence

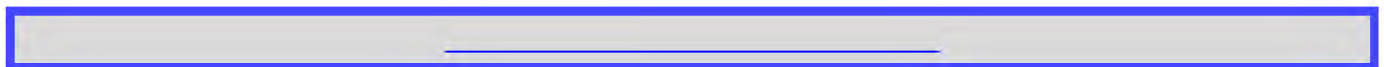
Attachment 6 – LANL MSGP ISCO Sampler Activation Form 045-3

Attachment 7 – ISCO Avalanche Configuration Settings

Attachment 8 – ISCO Avalanche Program Sequence

Attachment 9 – LANL MSGP ISCO Sampler Winter Shut-Down Form 045-5

Attachment 10 – LANL MSGP ISCO Sampler Decommission Form 045-6



## ATTACHMENT 1- LANL MSGP ISCO SAMPLER INSTALLATION FORM 045-1

ENV-QP-045.0

LANL Multi-Sector General Permit  
ISCO Sampler Installation Form

Form 045-1 (3/2011)

Outfall: **54-G-4 : 54-PAD10E**Project ID: **P-MSGP-2443**Work Order ID: **MSGP-31193**Target Date: **4/1/2013**Project: **MSGP 2013 Sampler Install**Reason: **MSGP 2013 Sampler Installation**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name/I# \_\_\_\_\_

Name/I# \_\_\_\_\_

Lead Signature: \_\_\_\_\_

"I confirm the information as recorded is true, accurate and complete."

Verify the equipment list below. Make corrections as required and fill in missing information (e.g., serial numbers).

Equipment	Manufacturer	Model	Serial No.	Specification	Configuration
Actuator	ISCO	1640	210J01660		
Charge Controller	Xantrex	C-12	B20037667		
ISCO 3700 Sampler	Teledyne	3700	198H00978	Bottle Set	12c- 1 1L Glass, 11 1L Poly
ISCO 3700 Sampler	Teledyne	3700	198H00978	Program	Time / Multiplex no delay
ISCO Avalanche Sampler	Teledyne	Avalanche	210J00066	Bottle Set	14 950 mL Poly
ISCO Avalanche Sampler	Teledyne	Avalanche	210J00066	Program	1-Part, 14 Bottles, 950 mL
Pb-Acid Battery	Universal	110 A-h	MSGP-110-0311-07	Voltage	> 11.7 V
Pb-Acid Battery	Universal	110 A-h	MSGP-110-0311-08	Voltage	> 11.7 V
Pb-Acid Battery	Universal	110 A-h	MSGP-110-0311-09	Voltage	> 11.7 V
Solar Panel	SunWize	SW-385P	11004407		

ISCO Sampler Tasks	Note: If "No" provide correct information or explanation.
Deploy battery(ies) if not listed in equipment list above. Record serial numbers of battery(ies) installed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Deploy Avalanche sampler matching serial number listed in equipment list above for installation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Deploy and install pH and Temperature Probe listed in equipment list above and probe saturation reservoir.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Refer to the wiring diagram in ENV-QP-045.0 for the solar panel, battery configuration, and type of sampler being installed. Has wiring been completed according to instructions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the sampler installed according to steps in ENV-QP-045.0?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a Greenlee box used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are electrical connections secure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Record battery voltage(s). Voltage(s) > 11.7 V ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the sampler physically configured for the types and number of bottles specified above (i.e., correct carousel, base, arm)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the sampler programmed correctly per ENV-QP-045.0 for the program / bottle set specified above?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does sampler pass the ISCO diagnostics test ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does sample tubing pass suction test?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is sampler ON upon departure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does ISCO display either "Sampler Inhibited" or "Program Disabled"?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the actuator switch been reset to "Latch"?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If any maintenance completed, check YES and describe.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If any follow-on maintenance is required, check YES and describe.	<input type="checkbox"/> Yes <input type="checkbox"/> No

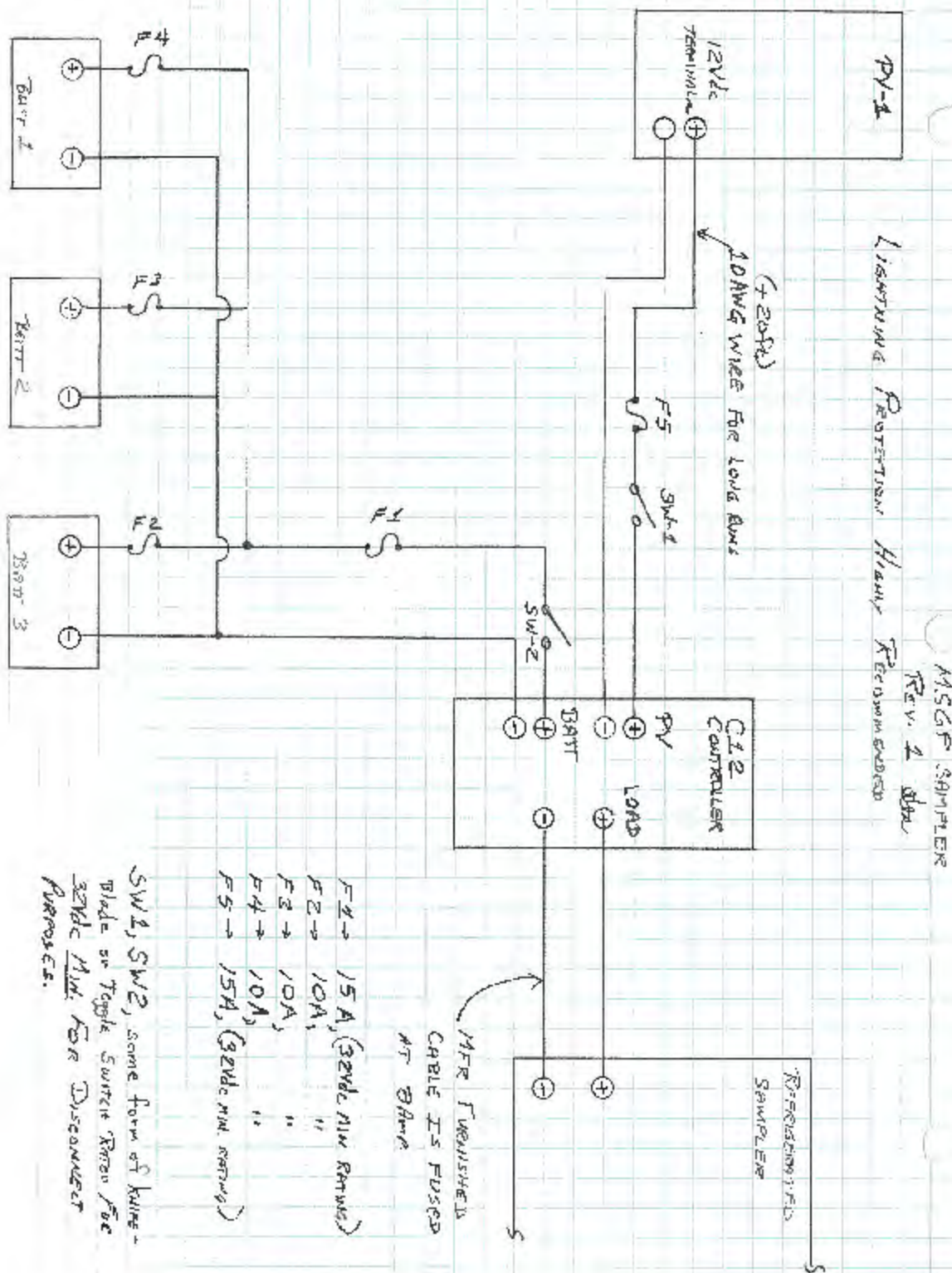
LANL PERSONNEL USE ONLY (Initials and dates)

Accepted \_\_\_\_\_

Tech QC \_\_\_\_\_

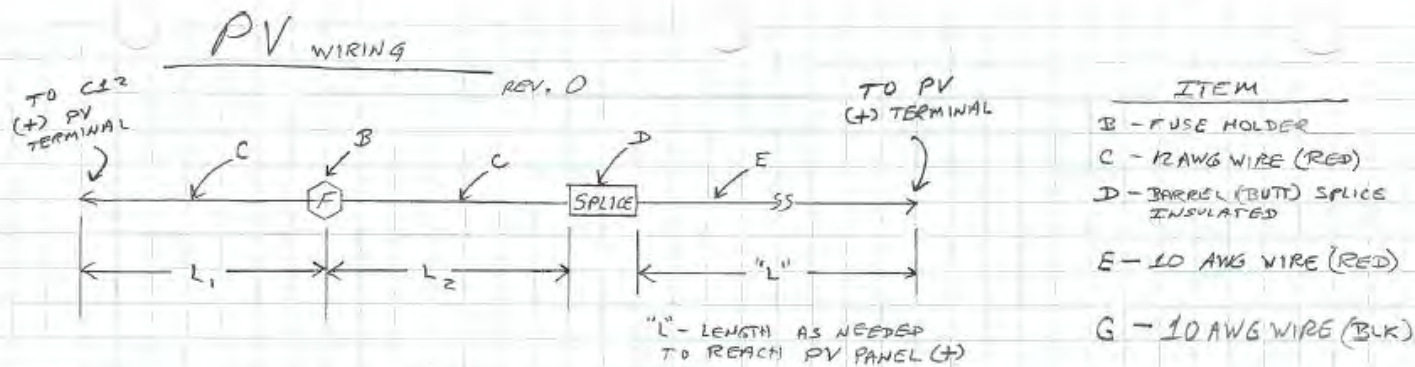
ENV-RCRA Review \_\_\_\_\_

## ATTACHMENT 2- WIRING DIAGRAM FOR AVALANCHE SAMPLER

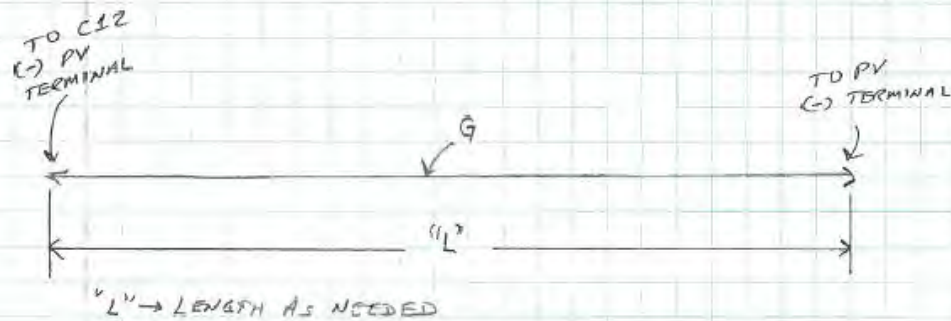




### ATTACHMENT 3 – BATTERY PHOTOVOLTAIC CONNECTION WIRING



NOTE: LENGTHS OF  $L_1$  &  $L_2$  SHOULD BE KEPT AS SHORT AS POSSIBLE BUT NOT LESS THAN 18" TO FACILITATE WORKING DISTANCES.





Effective Date: September 5, 2013

BATTERY CABLE OPIONS

REV. C

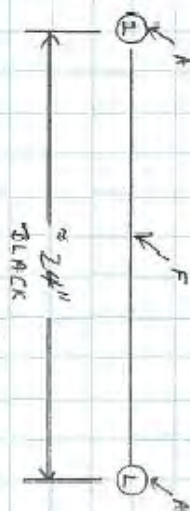


INTERMEDIAL (AD) TERMINAL  
PROTEIN C DISEASE/DMS

ITEM
A - TERMINAL LUGS
B - FUSE HOLDER
C - 12AWG WIRE 12" (RED)
D - BARREL BOND SPICE INVENTRESS
E - 20AWG WIRE (RED)
F - 12AWG WIRE 24" (GREEN)



FROM LAST PAPER (T) THERMAL  
T O (T) BATT INPUT OF C/L2 CHOC CHOCUR



## INTERVIEW (2) TERMINAL BORDER CONNECTIONS



FROM LAST BATTERY (-) TERMINAL  
TO (-) BATT. INPUT OF C12 CHRG CTR

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#### ATTACHMENT 4 - ISCO 3700 CONFIGURATION SETTINGS

<b>Parameter</b>	<b>Storm sampling with multiplex, timed delay</b>	<b>Time sampling with multiplex</b>	<b>Flow sampling with multiplex</b>
Time/ Date	[Set to MST]	[Set to MST]	[Set to MST]
Portable/ Refrig	Portable	Portable	Portable
Bottles	12 or 24	12 or 24	12 or 24
Bottle volume	950 ml	1000 ml	1000 ml
Suction line diameter	3/8 inch	3/8 inch	3/8 inch
Suction line type	Teflon	Teflon	Teflon
Suction line length	X feet	X feet	X feet
Liquid detector	Enable	Enable	Enable
Rinse cycles	0	1	1
Enter Head Manually	No	Yes	Yes
Retry	1	1	1
Program mode	Extended	Basic	Basic
Load program	None	N/A	N/A
Save program as	None	N/A	N/A
Take sample at start time	No	N/A	N/A
Take sample at time switch	No	N/A	N/A
Enter intervals in minutes	1 minute	N/A	N/A
Calibrate sampler	Disable	Enable	Enable
Sampling stop/resume	Disable	N/A	N/A
Start time delay	0 minutes	0 minutes	0 minutes
Master slave	No	No	No
Sample upon Disable	No	No	No
Sample upon enable	No	Yes	Yes
Reset sample interval	Yes	Yes	No
Inhibit countdown	Yes	Yes	No
Event marker	Pulse	Pulse	Pulse
At the beginning of:	Purge	Purge	Purge
Purge counts presample counts	150	100	100
Post sample counts	394	1000	1000
Pump counts	[500,000]	[500,000]	[500,000]
Reset pump counter	No	No	No
Pump counts to warning	500,000	500,000	500,000
Program lock	Disable	Disable	Disable
Sampler ID number is:	[leave blank]	[leave blank]	[leave blank]
Run diagnostics	Yes	Yes	Yes
Test distributor	Yes	Yes	Yes
Re-initialize	No	No	No

## ATTACHMENT 5 – ISCO 3700 PROGRAM SEQUENCE

Parameter	Storm sampling with multiplex, timed delay
[Switch on liquid actuator]	Set to “Latch”
Paced sampling	Storm
Time Mode 1st Bottle Group	X-minute delay
Timed Sample Event	1
Bottle per sample event	11 or 23
Sample volume	950 ml
Bottles available	1
2 <sup>nd</sup> bottle group	Time
2 <sup>nd</sup> group samples	1-minute delay
Sample interval	1 minute
Bottles per sampling event	1
Sample per bottle	1
Sample volume	950 ml
Enter start time	No

*[Programming complete]*

Parameter	Time sampling with multiplex
[Switch on liquid actuator]	Set to “Latch”
Time/Flow	Time
Min/Hr	1 min
Multiplex samples	Yes
Bottles/sample or Samples/Bottle	Bottles/ sample
Number of bottles	12 or 24
Sample volume	1000 ml
Suction head	XX Ft
Calibrate sample vol	No
Enter start time	No

*[Programming complete]*

### Avalanche Program Sequence, cont.

Parameter	Time sampling, single bottle composite sample	Time sampling, 1-part program	Time sampling, 2-part program
<b>Two-Part Program</b>			
<b>Part A</b>	N/A	N/A	Yes
Assign bottle	N/A	N/A	1-X of 4 or 14
Pacing	N/A	N/A	Uniform time paced
Time between samples	N/A	N/A	1 minute
Distribution	N/A	N/A	Sequential
Bottles per event	N/A	N/A	1
Switch bottles on	N/A	N/A	Number of samples
Switch bottles every X samples	N/A	N/A	1
Run continuously	N/A	N/A	No
Sample volumes dependent on flow?	N/A	N/A	No
Sample volume	N/A	N/A	Select between 10 ml and full container volume
Enable programmed	N/A	N/A	None
Once enabled, stay enabled	N/A	N/A	Yes
Sample at enable	N/A	N/A	Yes
Sample at disable	N/A	N/A	No
Pauses and resumes	N/A	N/A	0
<b>Part B</b>	N/A	N/A	Yes
Pacing	N/A	N/A	Uniform time paced
Time between sample events	N/A	N/A	1 minute
Distribution	N/A	N/A	Sequential
Bottles per event	N/A	N/A	1
Switch bottles on	N/A	N/A	Number of samples
Switch bottles every X samples	N/A	N/A	1
Run continuously	N/A	N/A	No
Sample volumes dependent on flow?	N/A	N/A	No
Sample volume	N/A	N/A	Select between 10 ml and full container volume
Enable programmed	N/A	N/A	No

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### Avalanche Program Sequence, cont.

Parameter	Time sampling, single bottle composite sample	Time sampling, 1- part program	Time sampling, 2-part program
Once enabled, stay enabled	N/A	N/A	Yes
Sample at disable	N/A	N/A	No
Sample at enable	N/A	N/A	Yes
Once enabled, stay enabled	N/A	N/A	Yes
Pauses and resumes	N/A	N/A	0
Delay to start	N/A	N/A	No
<b>Reset Sampler</b>			
Switch on liquid actuator	Toggle to “Reset” then back to “Latch”	Toggle to “Reset” then back to “Latch”	Toggle to “Reset” then back to “Latch”
Select Program name	Run	Run	Run

**ATTACHMENT 6 – LANL MSGP ISCO SAMPLER ACTIVATION FORM 045-3**

ENV-QP-045.0

**LANL Multi-Sector General Permit  
ISCO Sampler Activation Form**

Form 045-3 (3/2011)

Outfall: **3-PSP-5 : E121.9-ISCO 12**Project ID: **P-MSGP-830**Work Order ID: **MSGP-12785**Target Date: **4/11/2011**

Project: MSGP Sampler Activation Q1 2011

Reason: MSGP Sampler Activation 2011 Q1

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Name/Z#: \_\_\_\_\_  
Name/Z#: \_\_\_\_\_  
Lead Signature: \_\_\_\_\_  
"I confirm the information as recorded is true, accurate and complete."

Equipment	Manufacturer	Model	Serial No.	Specification	Configuration
Actuator	ISCO	1640		Actuator Height	
ISCO Sampler 12c	Teledyne ISCO	ISCO 3700	198H01553	Bottle Set	12c- 1 1L Poly
ISCO Sampler 12c	Teledyne ISCO	ISCO 3700	198H01553	Program	Time / Multiplex no delay
Pb-Acid Battery				Voltage	> 11.7 V

ISCO Sampler Tasks	Note: If "No" provide correct information or explanation.	
Is the ISCO time delta < 1 min (MST)? If no, record adjustment.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does sampler pass the ISCO diagnostics test?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are electrical connections secure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Record battery voltage(s). Is/are voltage(s) > 11.7 V?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does ISCO display either "Bottle 1 of X after 1" or "Sampler Inhibited"?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is bottle set described above installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is recorded height of actuator above channel bottom correct?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If any maintenance completed, check Yes: Describe.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If any follow-on maintenance is required, check Yes: Describe.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is sampler ON upon departure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional Notes:

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RNV-RCRA Review



## ATTACHMENT 7 – ISCO AVALANCHE CONFIGURATION SETTINGS

### ISCO Avalanche Configuration Settings

Parameter	All programs
<b>Maintenance</b>	
Set Clock	[Set to MST]
Pump Tube Alarm	[1,000,000]
Reset pump counter	No
Run diagnostics	Yes
Re-initialize	No
<b>Software Options</b>	
Liquid detector	Liquid detect on
Target temperature	°C
Measurement interval	1 minute
Dual sampler mode	Off
Bottle full detect	Yes
Event mark	Every sample
Duration	3 second pulse at initial purge
Presample purge counts	100
Post sample counts	Dependent on head
Periodic serial output	No
Interrogator connector power	Alarm dial-outs only
<b>Manual Functions</b>	
Grab Sample	Manual option
Calibrate volume	Manual option
Operate pump	Manual option
Move distributor	Manual option
<b>Other Settings/Misc</b>	
Suction line diameter	3/8 inch
Suction line type	Teflon
Program lock	Disable

## ATTACHMENT 8 – ISCO AVALANCHE PROGRAM SEQUENCE

Parameter	Time sampling, single bottle composite sample	Time sampling, 1-part program	Time sampling, 2-part program
<b>Program</b>			
Program mode	Extended	Extended	Extended
Program name	COMPOSITE	1-PART (# bottles)	2-PART (# bottles)
Site description	Station number	Station number	Station number
Units (length)	ft	ft	ft
Units (temperature)	°C	°C	°C
Data storage interval	1 minute	1 minute	1 minute
Number of bottles	1	4 or 14	4 or 14
Bottle volume	10000 ml, 4000 ml	2000 ml, 950 ml	2000 ml, 950 ml
Suction line length	X feet	X feet	X feet
Enter Head Manually	Yes	Yes	Yes
Rinse cycles	1	1	1
Retries	1	1	1
<b>One-Part Program</b>			
Pacing	Uniform time paced	Uniform time paced	N/A
Time between samples	Every one minute	Every one minute	N/A
Composite	1 sample	N/A	N/A
Run continuously	No	N/A	N/A
Take X sample(s)	1	N/A	N/A
Distribution	N/A	Sequential	N/A
Volume	Select between 10 ml and full container volume	Select between 10 ml and full container volume	N/A
Sample volumes dependent on flow	No	No	N/A
Enable programmed	None	None	N/A
Once enabled, stay enabled	Yes	Yes	N/A
Sample at enable	Yes	Yes	N/A
Sample at disable	No	No	N/A
Pauses and resumes	0	0	N/A
Delay to start	No	No	N/A

**ATTACHMENT 9 – LANL MSGP ISCO SAMPLER WINTER SHUT-DOWN FORM 045-5**

ENV-QP-045.0

**LANL Multi-Sector General Permit  
ISCO Sampler Winter Shutdown Form**

Form 045-5 (3/2011)

Outfall: 3-PSP-5 : E121.9-ISCO 12

Project ID: P-MSGP-833

Work Order ID: MSGP-12803

Target Date: **11/30/2011**

Project: MSGP ISCO Sampler Winter Shutdown

Reason: MSGP Sampler Winter Shutdown 2011

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name/Z#: \_\_\_\_\_

Name/Z#: \_\_\_\_\_

Lead Signature: \_\_\_\_\_

"I confirm the information as recorded is true, accurate and complete."

Verify the equipment list below. Make corrections as required and fill in missing information (e.g., serial numbers).

Equipment	Manufacturer	Model	Serial No.	Specification	Configuration
Actuator	ISCO	1640		Actuator Height	
ISCO Sampler 12c	Teledyne ISCO	ISCO 3700	198H01553	Bottle Set	12c- 1 1L Poly
ISCO Sampler 12c	Teledyne ISCO	ISCO 3700	198H01553	Program	Time / Multiplex no delay
Pb-Acid Battery				Voltage	> 11.7 V

ISCO Sampler Tasks	Note: If "No" provide correct information or explanation.	
Turn ISCO unit "OFF."	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Place caps securely on bottles in the sample carousel.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Verify equipment list above.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>ISCO 3700 Sampler Units</b>		
Disconnect and remove battery. Transport battery to MSGP stockroom for maintenance and storage.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Place battery cables securely inside Greenlee box or ISCO casing.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pull up actuator and tubing and store in Greenlee box or ISCO casing.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Avalanche ISCO Sampler Units:</b>		
Disconnect and remove batteries. Transport batteries to MSGP stockroom for maintenance and storage.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Place battery cables securely inside Greenlee box or ISCO casing.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pull up actuator and tubing and store inside Greenlee box or ISCO casing.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Transport Avalanche sampler to MSGP stockroom for maintenance and storage.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional Notes:

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Accepted \_\_\_\_\_

Tech QC \_\_\_\_\_

ENV-RCRA Review \_\_\_\_\_

**ATTACHMENT 10 – LANL MSGP ISCO SAMPLER DECOMMISSION FORM 045-6**

ENV-QP-045.0

**LANL Multi-Sector General Permit  
ISCO Sampler Decommission Form**

Form 045-6 (3/2011)

Outfall: **3-PSP-5 : E121.9-ISCO 12**Project ID: **P-MSGP-834**Work Order ID: **MSGP-12804**Target Date: **7/27/2011**Project: **MSGP Sampler Station Decommission**Reason: **MSGP Sampler Decommission**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name/Z#: \_\_\_\_\_

Name/Z#: \_\_\_\_\_

Lead Signature: \_\_\_\_\_

"I confirm the information as recorded is true, accurate and complete."

Verify the equipment list below. Make corrections as required and fill in missing information (e.g., serial numbers).

Equipment	Manufacturer	Model	Serial No.	Specification	Configuration
Actuator	ISCO	1640		Actuator Height	
ISCO Sampler 12c	Teledyne ISCO	ISCO 3700	198H01553	Bottle Set	12c- 1 1L Poly
ISCO Sampler 12c	Teledyne ISCO	ISCO 3700	198H01553	Program	Time / Multiplex no delay
Pb-Acid Battery				Voltage	> 11.7 V

ISCO Sampler Tasks	Note: If "No" provide correct information or explanation.	
Is equipment list above complete and accurate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Turn sampler "OFF." Remove bottles from carousel.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Disconnect and remove battery(ies), solar panel, and cables (as applicable).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pull up actuator and tubing. Disconnect from sampler unit.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Uninstall Greenlee box, as applicable.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Transport all removed equipment to the MSGP stockroom for maintenance and storage.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional Notes:

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Accepted

Tech QC

ENV-RCRA Review

Effective Date: September 5,  
2013Next Review Date: August 5,  
2015**Environment, Safety, Health Directorate****Environmental Protection – Compliance Programs  
Quality Procedure****Installing, Setting Up, and Operating ISCO Samplers  
for the MSGP****Reviewers:**

Name: Melanie Lamb	Organization: ADESH-OIO, QA Specialist	Signature: Signature on file	Date: 8/28/13
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**Derivative Classifier:** ☐ Unclassified ☒ DUSA ENVPRO

Name: Ellena Martinez	Organization: ADESH-OIO	Signature: Signature on file	Date: 8/28/13
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**Approval Signatures:**

Subject Matter Expert: Holly Wheeler	Organization: ENV-CP	Signature: Signature on file	Date: 8/29/13
Responsible Line Manager: Michael Saladen	Organization: ENV-CP Team Lead	Signature: Signature on file	Date: 8/29/13
Responsible Line Manager: Anthony Grieggs	Organization: ENV-CP Group Leader	Signature: Signature on file	Date: 9/5/13

**CONTROLLED DOCUMENT**

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Users are responsible for ensuring they work to the latest approved version.

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	Effective Date: September 5, 2013	

### History of Revisions

<b>Document Number</b> <i>[Include revision number, beginning with Revision 0]</i>	<b>Effective Date</b> <i>[Document Control Coordinator inserts effective date]</i>	<b>Description of Changes</b> <i>[List specific changes made since the previous revision]</i>
0	03/11	New Document.
1	04/13	Biennial Review and Revision
2	09/13	Biennial Review and Revision



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## 1.0 PURPOSE

This procedure describes the installation, setup, programming, and operation of Teledyne ISCO Avalanche and Model 3700 full-size portable automated samplers used to collect storm water runoff samples for the Multi-Sector General Permit (MSGP).

## 2.0 SCOPE

This procedure applies to all ENV-CP technical staff and contractor personnel conducting installation, operation, maintenance and sampling activities at single stage stations used for monitoring under the MSGP.

### 2.1 HAZARD REVIEW

Hazards in the work described in this procedure are controlled thorough site specific [IWDs](#). The hazard level of the activities in this procedure is moderate.

## 3.0 RESPONSIBILITIES

The following personnel require training before implementing this procedure:

- This procedure applies to all ENV-CP MSGP storm water compliance personnel conducting installation, operation, maintenance and sampling activities at MSGP single stage monitoring stations.

The training method for this procedure is “self-study” (reading). For ENV-CP staff, this is documented in accordance with [ENV-DO-QP-115, Personnel Training](#). Other participating groups may require training documentation pursuant to local procedures.

Actions specified within this procedure, unless proceeded with “should” or “may,” are to be considered mandatory (i.e., “shall”, “will”, “must”).

### 3.1 PREREQUISITES

Personnel performing this procedure will be familiar with the most current versions of the following procedures and operation manuals:

- ENV-CP MSGP Sampling and Analysis Plan for the current monitoring year
- Manual for Teledyne ISCO Sampler Model 3700.
- Manual for Teledyne ISCO Avalanche refrigerated sampler
- Facility/FOD specific IWDs for the MSGP

## 4.0 DOCUMENT CONTROL/RECORDS MANAGEMENT

The following records are generated as a result of this procedure and are maintained in accordance with [ENV-DO-QP-110, Records Management Program](#) with the originals on file at ENV-CP offices:

Completed work orders for:

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- LANL MSGP ISCO Sampler Installation Form 045-1(Attachment 1)
- LANL MSGP ISCO Sampler Activation Form 045-3 (Attachment 6)
- LANL MSGP ISCO Sampler Winter Shutdown 045-5 (Attachment 9)
- LANL MSGP ISCO Sampler Decommission 045-6 (Attachment 10)

## 5.0 WORK PROCESSES

The discharge of storm water from industrial facilities at Los Alamos National Laboratory (LANL, the Laboratory) is regulated under the National Pollutant Discharge Elimination System (NPDES) *Multi-Sector General Permit for Storm Water Discharges Associated with Industrial Activity* (MSGP). The current MSGP became effective on September 29, 2008 pursuant to 73 FR 56572. The Laboratory's MSGP permit coverage (Permit Tracking No. NMR05GB21) requires storm water quality monitoring to evaluate the overall effectiveness of control measures. ISCO samplers coupled with Model 1640 sampler actuators are used at MSGP Program monitoring stations. Refrigerated (Avalanche) and/or non-refrigerated (Model 3700) samplers may be deployed; and may be configured with multi-battery arrays, solar panels, and surge protectors.

### 5.1 EQUIPMENT AND TOOLS

Ensure the following equipment is available in the field vehicle:

- Copy of this procedure
- Copy of the appropriate Integrated Work Document(s) (IWDs)
- Charged spare battery(ies)
- Battery voltage tester
- Spare tubing (pump, suction, discharge types, sampler specific)
- Spare sample bottles
- Shovels
- Wooden stakes
- Plastic wire "zip" ties
- Cell phone (only government cell phones with the battery removed are allowed in secure areas)
- Appropriate tools (including insulated tools for electrical work) in tool box
- Issued Work Orders and associated forms
- Necessary access and station keys
- Ziploc® plastic storage bags
- Tape measure
- Sturdy hiking boots or steel toed shoes with soles that grip

The time on the ISCO sampler clock must be verified upon arrival at the site. The ISCO clocks must be set to Mountain Standard Time (MST) at all times, with no daylight saving time adjustment. Cellular phones can be used to verify the time.

## 5.2 ISCO SAMPLER INSTALLATION

Step	Action
1	Work Orders are issued for all field operations at individual MSGP monitored outfalls. Obtain the Work Order with the LANL MSGP ISCO Sampler Installation Form 045-1 (Attachment 1). The Work Order specifies the MSGP outfall and target date for the work to be performed. An outfall-specific equipment list with specifications and configuration settings is provided on each Work Order.
2	<p>Deploy the ISCO sampler and charged battery on level ground above the flood plain. Often, large tool/storage boxes (Greenlee™) are used for equipment protection in the field.</p> <p><b>NOTE:</b> These boxes are locked. Therefore, a key should be obtained prior to accessing them.</p> <p>The sampler should be as level as possible to allow effective sample collection. Verify/record the ISCO sampler serial number and the battery tracking number(s) on the Work Order.</p>
3	Install the separate protective battery box for the charged battery (follow manufacturer's instructions).
4	<p>Determine the bottle set configuration from the equipment list on the Work Order.</p> <ul style="list-style-type: none"> <li>• If a Model 3700 sampler is indicated, install the correct distributor arm (has either "12" or "24" embossed on bottom at outlet).</li> <li>• For an Avalanche sampler, attach either the discharge tube guide (single bottle configuration) or the distributor arm (multi-bottle configuration) and the appropriate bottle adapter plate. If an adapter plate is not available, the inside of the sampler may need to be configured by hand (i.e., add form) to prevent bottles from moving around during a sampling event.</li> <li>• Install required bottles and retaining devices in the sampler base.</li> <li>• Check that the end of the discharge tubing does not extend below the bottom face of the distributor arm (where it could snag the bottle tops and jam as the arm advances through the bottle sequence).</li> <li>• Remove and place the clean bottle caps in a new Ziploc® plastic bag.</li> </ul>
5	Attach a length (in whole foot increments) of 3/8-inch diameter Teflon suction line to the sampler intake line and anchor as needed for the Outfall location. Measure and record (for later programming steps) the tubing length used. Route the sample tubing downslope from the sampler to the intake point so that there is a continuous slope with no valleys that could retain water between sample intervals.
6	<p>Install the actuator:</p> <ul style="list-style-type: none"> <li>• Anchor a stake to the channel bottom in the main flow of the outfall discharge.</li> <li>• Attach the sampler intake tube and the 1640 liquid level detector (actuator) to the stake.</li> <li>• Position the actuator at least ½ inch above the intake tube to ensure there is enough water to submerge the intake when the sampler is activated.</li> <li>• Connect the actuator to the sampler using the cable connector provided by the manufacturer.</li> <li>• If necessary, use a gravel bag to create a small pooling area for the actuator and sampler intake to sit in.</li> </ul> <p>The actuator height above the channel bottom is established using professional judgment. For example, the intake may be positioned 1 inch or less above the bottom of low-flowing wide channels, but higher than 1 inch in a high-flowing narrow channel.</p>

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7	<p><b>NOTE:</b> You must be a trained electrical worker and have completed all required courses in Training Plan #2876 to conduct this step.</p> <p>Connect the sampler to the power source, either a 12 Volt 110 A-h deep cycle lead acid battery or other power source such as a multi-battery array coupled with a solar panel, as appropriate. Record the battery tracking numbers in the equipment list section of the Work Order. (Refer to Attachments 2 and 3 for the wiring diagram for Avalanche sampler installation.)</p>
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### 5.3 CONFIGURING ISCO 3700 SAMPLERS

Step	Action
1	When a new ISCO 3700 sampler is being installed, configure the sampler in accordance with the steps contained in this section. Follow the project-specific configuration settings as indicated on the Work Order and given in Attachment 4, ISCO 3700 Configuration Settings.
2	Turn on the sampler by pressing the “On” button.
3	Press the “Enter/Program” button.
4	Select “Configuration”.
5	Set the configuration parameters in accordance with the guidance in Attachment 4, ISCO 3700 Configuration Settings. After each selection is made, press the “Enter” button to allow the next configuration parameter to be displayed on the screen.
6	<p>After the programming is complete, select “Run diagnostics” and press “Enter” to run the system diagnostic test. The diagnostic tests include the following:</p> <ul style="list-style-type: none"> <li>• RAM and ROM test</li> <li>• LCD test</li> <li>• Pump test (“OFF/ON” number should be between 50 and 200 for a successful test)</li> <li>• Distributor test -- select “YES” to run test. Test will move the distributor to Position 24 and then return it to Position 1.</li> </ul>
7	Following the diagnostic tests, “Reinitialize Controller” will be displayed. Select “No” and press “Enter.” <u>Do not select “Yes.”</u> If “Yes” is selected, the sampler will reset a number of configuration and program settings to the factory default values.
8	To leave the configuration sequence, use the “Exit configuration” and press “Yes” or press the “Enter/Program” key.

### 5.4 PROGRAMMING ISCO 3700 SAMPLERS

Step	Action
1	Follow the steps in this process to program a new ISCO or to confirm the program settings are correct for a specific location. Follow the project-specific program settings as indicated on the

	work order and given in Attachment 5, ISCO 3700 Program Sequence.
2	Turn on the sampler by pressing the “ON” button
3	Press the “Enter/Program” button.
4	Select “Program”.
5	Set the program parameters in accordance with the guidance on Attachment 5, ISCO 3700 Program Sequence. After each selection is made, press the “Enter” button to allow the next configuration parameter to be displayed on the screen.
6	Set the switch on the actuator to “Latch.”
7	<b>NOTE:</b> You must be a trained electrical worker and have completed all required courses in Training Plan #2876 to conduct this step.
8	Complete the responses for the sampler installation tasks listed on the Work Order. Sign and date the Work Order and ensure all items contained within it have been completed.

## 5.5 ACTIVATING ISCO 3700 SAMPLERS

Step	Action
1	<p>Follow the steps in this section when a Work Order is received to activate a sampler (generally at the beginning of a field season or at the beginning of the next quarter after the last quarterly monitoring sample was obtained).</p> <p>Note: The MSGP monitoring quarters are as follows</p> <ul style="list-style-type: none"> <li>• April 1 through May 31</li> <li>• June 1 through July 31</li> <li>• August 1 through September 30, and</li> <li>• October 1, through November 30.</li> </ul>
2	<p>Obtain the Work Order with the LANL MSGP Sampler Activation Form 045-3 (Attachment 6). The Work Order specifies the MSGP Outfall and target date for the work to be performed. An Outfall-specific equipment list with specifications and configuration settings is provided on each Work Order.</p> <p><b>NOTE:</b> You must be a trained electrical worker and have completed all required courses in Training Plan #2876 to conduct this step.</p> <p>If not already installed, install and hook up the charged battery.</p> <p>If a battery is already in place, use the voltage tester to check for minimum voltage of 11.7 volts. If the voltage is lower, replace the battery with a charged battery.</p>
3	Turn the sampler ON. “Program halted” will be displayed; press the Enter/Program button to enter program/configure sequence.
4	Check the configuration and programming parameters to ensure they are still correct for the specific installation (see Attachment 4 and 5 for the correct parameters).
5	Check integrity and condition of sampler tubing, actuator, wiring, etc., to ensure sampler will properly collect a sample.



6	To test the integrity of the tubing, press “Pump forward” to turn on pump and test for suction at the tubing intake. Press “Stop” to turn off pump. If no suction is felt at the intake, check the integrity of the tubing and replace as necessary.
7	To activate the sampler, press “Start sampling” and “Enter” twice.
8	Ensure the sampler indicates “Sampler Inhibited”.
9	Complete the responses for the sampler activation tasks listed on the Work Order. Sign and date the Work Order and ensure all items contained within it have been completed.

## 5.6 CONFIGURING ISCO AVALANCHE SAMPLERS

Step	Action
1	When a new ISCO Avalanche sampler is being installed, configure the sampler in accordance with the steps contained in this section. Follow the project-specific configuration settings as indicated on the work order and given in Attachment 8, ISCO Avalanche Configuration Settings.
2	Turn on the sampler by pressing the “Standby” key.
3	From the main menu, select Other Functions, to access the menus and select options given in Attachment 8.
4	Set the configuration parameters in accordance with the guidance on Attachment 8, ISCO Avalanche Configuration Settings.
5	After the programming is complete, select “Run diagnostics” and press “Enter” to run the system diagnostic test. These include the following: <ul style="list-style-type: none"> <li>• RAM and ROM test</li> <li>• Pump test (“ON/OFF” ratio should be between 0.80 and 1.25 for a successful test)</li> <li>• Distributor test -- select “YES” to run test. Test will move the distributor to Position 14 and then return it to Position 1.</li> </ul>
6	Following the diagnostic tests, “Reinitialize Controller” will be displayed. Select “No” and press the “Enter” key. (If “Yes” is selected, the sampler will reset a number of configuration and program settings to the factory default values).
7	If a 700 series module (e.g., pH) is to be installed, consult the equipment manufacturer’s manual for installation instructions. <b>NOTE:</b> The pH module is only required at the Asphalt Batch Plant.
8	Complete the responses for the sampler installation tasks listed on the Work Order. Sign and date the Work Order and ensure all items contained within it have been completed.

## 5.7 PROGRAMMING ISCO AVALANCHE SAMPLERS

Step	Action
1	Follow the steps in this process to program a new ISCO or to confirm the program settings are correct for a specific location and bottle configuration. Follow the project-specific program settings as indicated on the work order and given in Attachment 8, ISCO Avalanche Program Sequence.
2	Turn on the sampler by pressing the “Standby” key.
3	Press the “Program” button.
4	Select the current program to review settings, or choose “Select New Program” to create a new program with different settings.
5	Select the current program to review settings, or choose “Select New Program” to create a new program with different settings.
6	At the prompt “Programming complete, run this program now?” , select “Yes” if sampler is scheduled to be active, and “No” if sampler is in stand down.
7	Set switch on actuator to “Latch.”
8	Complete the responses for the sampler installation tasks listed on the Work Order. Sign and date the Work Order and ensure all items within it have been completed.

## 5.8 ACTIVATING ISCO AVALANCHE SAMPLERS

Step	Action
1	<p>Follow the steps in this section when a Work Order is received to activate a sampler (generally at the beginning of a field season or at the beginning of the next quarter after the last quarterly monitoring sample was obtained).</p> <p>Note: The MSGP monitoring quarters are as follows</p> <ul style="list-style-type: none"> <li>• April 1 through May 31</li> <li>• June 1 through July 31</li> <li>• August 1 through September 30, and</li> <li>• October 1, through November 30.</li> </ul>
2	<p><b>NOTE:</b> You must be a trained electrical worker and have completed all required courses in Training Plan #2876 to conduct this step.</p> <p>If not already installed, install and hook up the charged battery(ies).</p> <p>If a battery is already in place, use the voltage tester to check for minimum voltage of 11.7 volts. If the voltage is lower, replace the battery with a charged battery.</p>
3	Turn on sampler power. From the main menu, select “Program” and the “Enter” key to enter programming sequence, and “Other Functions” to enter the configuration settings.
4	Check the programming/configuration parameters to ensure they are still correct for the specific installation – follow the two preceding sections for the steps and see Attachment 7 and 8 for the correct parameters.
5	Check integrity and condition of sampling tubes, actuator, wiring, etc., to ensure sampler

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	will properly collect a sample.
6	From the main menu, select “Other Functions” ► “Manual Functions” ► “Operate Pump” to perform a manual suction test. To test the integrity of the tubing, press “Pump forward” to turn on pump and test for suction at the tubing intake. Press “Stop” to turn off pump.  If no suction is felt at the intake, check the integrity of the tubing and replace as necessary.
7	Reset the actuator by toggling the switch to “Reset” then back to “Latch.” To activate the sampler, ensure the correct program name is displayed on the main menu and select “Run”.
8	Ensure the sampler indicates “Program Disabled”.
9	Note: The Avalanche refrigeration system is active any time the controller is powered. This is true for all states (including OFF), except for the time between entering RUN and the completion of the first sample, and when the pump is running. To conserve power, the Avalanche assumes that during this time there is no sample liquid to cool.
10	Ensure that all items on the Work Order have been completed.

## 5.9 STANDING DOWN OR WINTERIZING SAMPLERS

Step	Action
1	Follow the steps in this section when a Work Order is received to turn off (“stand down”) a sampler (generally at the end of a field season, which is November 30, or to disable a sampler for a certain time period after a sample was collected). Fill out the LANL MSGP ISCO Sampler Winter Shut-Down Form in Attachment 9.
2	ISCO 3700: Turn off power.  ISCO Avalanche: The Avalanche refrigeration system is active any time the controller is powered. This is true for all states (including OFF), except for the time between entering RUN and the completion of the first sample, and when the pump is running. To conserve power, the Avalanche assumes that during this time there is no sample liquid to cool. <b>NOTE:</b> To ensure that the refrigeration system does not activate during an intended stand down, disconnect the sampler from the power source.
3	Remove the battery and return it to the storage compound at TA-64 or other specified location identified by ENV-CP MSGP stormwater compliance personnel. Store cables inside the Greenlee™ box. If the actuator and tubing are not contained within conduit, disconnect these and place them in the box. Close sampler.  Avalanche samplers must not be left in place for the winter, and are required to be returned to ENV-CP’s storage shed.
4	Ensure that all items on the Work Order have been completed.

## 5.10 SAMPLER RESET AND RE-INITIALIZATION AFTER SAMPLE COLLECTION

Step	Action
1	Follow <a href="#">ENV-CP-QP-047, Inspecting Storm Water Runoff Samplers and Retrieving Samples for the MSGP</a> for collecting samples from an ISCO and installing new bottles so it is ready to collect new samples.
2	<p>After collecting samples and resetting the sampler, follow instructions on sample collection Work Order, the updated sample tracking log or confer with the MSGP Project Lead regarding whether the sampler should be disabled.</p> <p>If sampler is to be deactivated, follow the steps specific to each sampler provided in the preceding section.</p> <p>If an ISCO 3700 sampler is to be left activated, reset the actuator by toggling the switch to “Reset” then back to “Latch”, and press “Start sampling” and “Enter” twice. Ensure the sampler display indicates “Sampler Inhibited”:</p> <p>If an ISCO Avalanche sampler is to be left activated, reset the actuator by toggling the switch to “Reset” then back to “Latch.” From the main menu, verify the correct program name is displayed and select “Run.” Ensure the sampler display indicates “Program Disabled.”</p>

## 5.11 REMOVING A SAMPLER

Step	Action
1	Follow the steps in this process when a Work Order is received to un-install or remove a sampler. Fill out the LANL MSGP ISCO Sampler Decommission Form in Attachment 10.
2	Disconnect all equipment and remove it from the site. Return the equipment to the ENV-CP Storage Shed or other location specified by MSGP storm water compliance personnel.
3	Dispose of all equipment components that contacted samples (tubing, bottles, etc.) as waste according to applicable waste management procedure. For assistance, contact the Waste Management Coordinator for TA-59.
4	Ensure that all items on the Work Order have been completed.

## 6.0 REFERENCES

[ENV-DO-QP-110, Records Management Program](#)

[ENV-DO-QP-115, Personnel Training](#)

[ENV-CP-QP-047, Inspecting Storm Water Runoff Samplers and Retrieving Samples for the MSGP](#)

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## 7.0 DEFINITIONS

ENV-CP: Environmental Protection Division, Compliance Programs Group

Grab Sample: A single sample collected at an NPDES outfall (using approved EPA methods) at a particular time that represents the composition of the storm water at that time and place.

IWD: Integrated Work Document

MSGP: Multi-Sector General Permit

MST: Mountain Standard Time

NPDES: National Pollutant Discharge Elimination System

## 8.0 ATTACHMENTS

Attachment 1- LANL MSGP ISCO Sampler Installation Form 045-1

Attachment 2- Wiring Diagram for Avalanche Sampler

Attachment 3 – Battery Photovoltaic Connection Wiring

Attachment 4 - ISCO 3700 Configuration Settings

Attachment 5 – ISCO 3700 Program Sequence

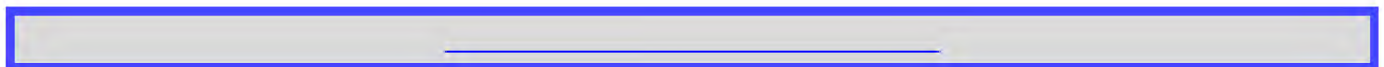
Attachment 6 – LANL MSGP ISCO Sampler Activation Form 045-3

Attachment 7 – ISCO Avalanche Configuration Settings

Attachment 8 – ISCO Avalanche Program Sequence

Attachment 9 – LANL MSGP ISCO Sampler Winter Shut-Down Form 045-5

Attachment 10 – LANL MSGP ISCO Sampler Decommission Form 045-6



## ATTACHMENT 1- LANL MSGP ISCO SAMPLER INSTALLATION FORM 045-1

ENV-QP-045.0

LANL Multi-Sector General Permit  
ISCO Sampler Installation Form

Form 045-1 (3/2011)

Outfall: **54-G-4 : 54-PAD10E**Project ID: **P-MSGP-2443**Work Order ID: **MSGP-31193**Target Date: **4/1/2013**Project: **MSGP 2013 Sampler Install**Reason: **MSGP 2013 Sampler Installation**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name/ID# \_\_\_\_\_

Name/ID# \_\_\_\_\_

Lead Signature: \_\_\_\_\_

"I confirm the information as recorded is true, accurate and complete."

Verify the equipment list below. Make corrections as required and fill in missing information (e.g., serial numbers).

Equipment	Manufacturer	Model	Serial No.	Specification	Configuration
Actuator	ISCO	1640	210J01660		
Charge Controller	Xantrex	C-12	B20037667		
ISCO 3700 Sampler	Teledyne	3700	198H00978	Bottle Set	12c- 1 1L Glass, 11 1L Poly
ISCO 3700 Sampler	Teledyne	3700	198H00978	Program	Time / Multiplex no delay
ISCO Avalanche Sampler	Teledyne	Avalanche	210J00066	Bottle Set	14 950 mL Poly
ISCO Avalanche Sampler	Teledyne	Avalanche	210J00066	Program	1-Part, 14 Bottles, 950 mL
Pb-Acid Battery	Universal	110 A-h	MSGP-110-0311-07	Voltage	> 11.7 V
Pb-Acid Battery	Universal	110 A-h	MSGP-110-0311-08	Voltage	> 11.7 V
Pb-Acid Battery	Universal	110 A-h	MSGP-110-0311-09	Voltage	> 11.7 V
Solar Panel	SunWize	SW-385P	11004407		

ISCO Sampler Tasks	Note: If "No" provide correct information or explanation.
Deploy battery(ies) if not listed in equipment list above. Record serial numbers of battery(ies) installed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Deploy Avalanche sampler matching serial number listed in equipment list above for installation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Deploy and install pH and Temperature Probe listed in equipment list above and probe saturation reservoir.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Refer to the wiring diagram in ENV-QP-045.0 for the solar panel, battery configuration, and type of sampler being installed. Has wiring been completed according to instructions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the sampler installed according to steps in ENV-QP-045.0?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a Greenlee box used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are electrical connections secure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Record battery voltage(s). Voltage(s) > 11.7 V ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the sampler physically configured for the types and number of bottles specified above (i.e., correct carousel, base, arm)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the sampler programmed correctly per ENV-QP-045.0 for the program / bottle set specified above?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does sampler pass the ISCO diagnostics test ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does sample tubing pass suction test?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is sampler ON upon departure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does ISCO display either "Sampler Inhibited" or "Program Disabled"?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the actuator switch been reset to "Latch"?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If any maintenance completed, check YES and describe.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If any follow-on maintenance is required, check YES and describe.	<input type="checkbox"/> Yes <input type="checkbox"/> No

LANL PERSONNEL USE ONLY (Initials and dates)

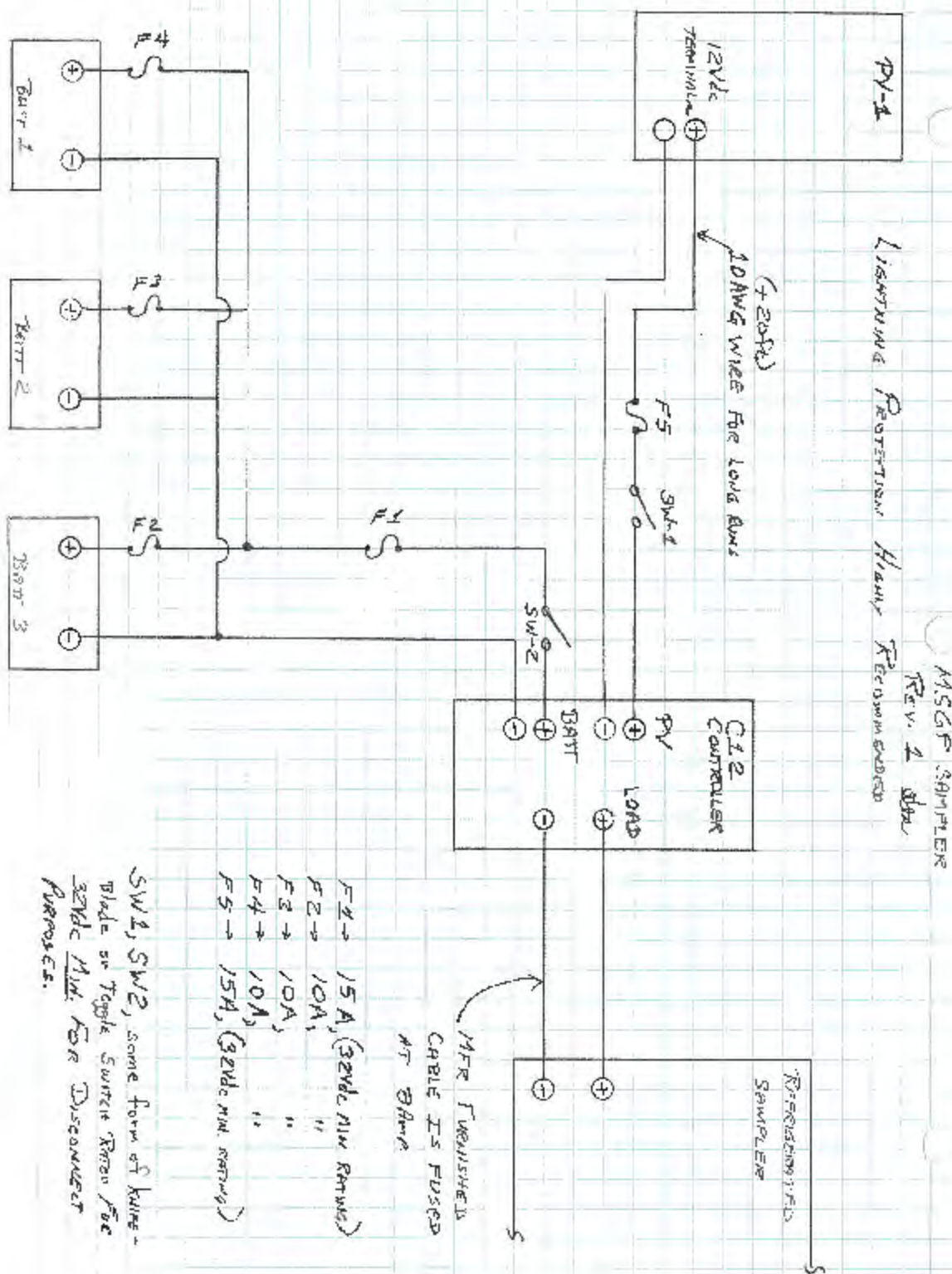
Accepted \_\_\_\_\_

Tech QC \_\_\_\_\_

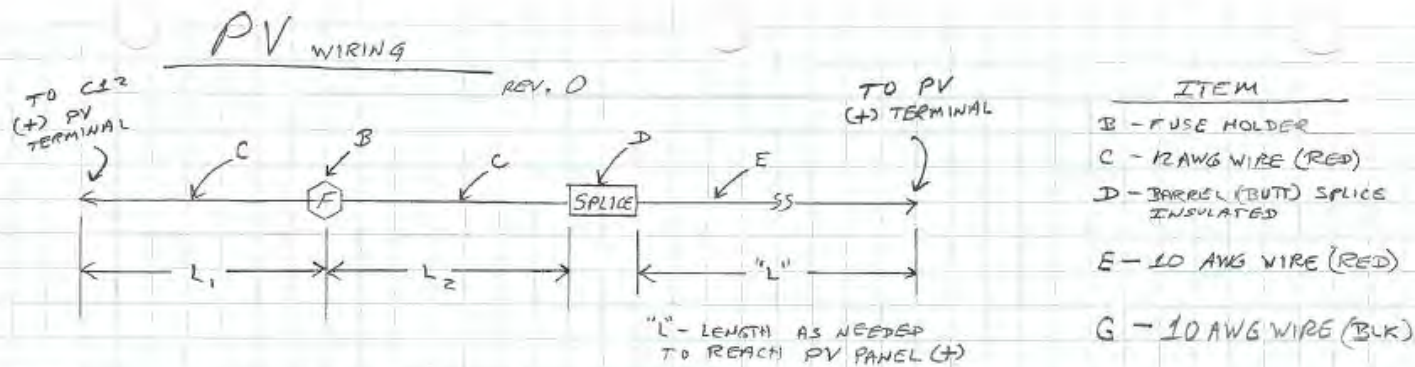
ENV-RCRA Review \_\_\_\_\_



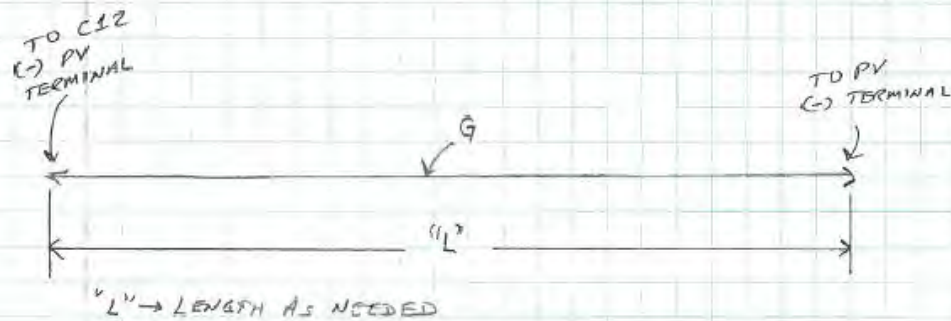
## ATTACHMENT 2- WIRING DIAGRAM FOR AVALANCHE SAMPLER



### ATTACHMENT 3 – BATTERY PHOTOVOLTAIC CONNECTION WIRING



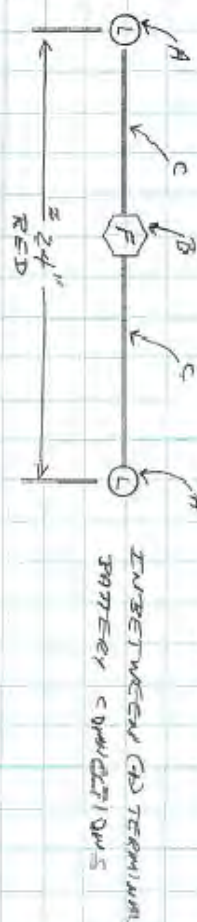
NOTE: LENGTHS OF  $L_1$  &  $L_2$  SHOULD BE KEPT AS SHORT AS POSSIBLE BUT NOT LESS THAN 18" TO FACILITATE WORKING DISTANCES.



Effective Date: September 5, 2013

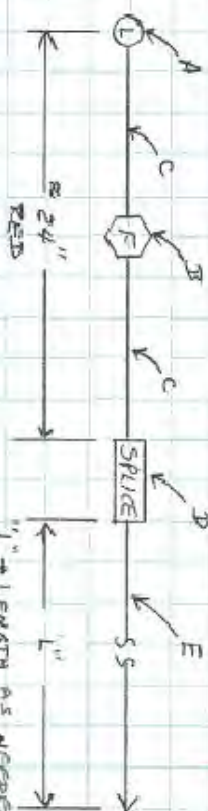
BATTERY CABLE OPIONS

REV. G.



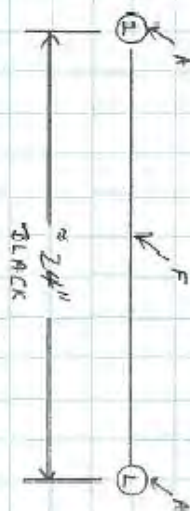
INTERMEDIAL (AD) TERMINAL  
PROTEIN C DISEASE/DMS

ITEM
A - TERMINAL LUGS
B - FUSE HOLDER
C - 12AWG WIRE 12" (RED)
D - BARREL BOND SPlice INVENTOR
E - 20AWG WIRE (RED)
F - 12AWG WIRE 24" (GREEN)



LENGTHS NEEDED  
TO REACH CHARGE CARRIER

FROM LAST BATCH (+) THEREWAS  
TO (+) BATT INPUT OF CEE CHECK CHARGE



## IN BETWEEN (2) TERMINAL BOILER CONNECTIONS



LE → LENGTH AS NEEDED TO REACH CHARGE CENTER

FROM LAST BATTERY (-) TERMINAL  
TO (-) BATT. INPUT OF C12 CHANNEL



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#### ATTACHMENT 4 - ISCO 3700 CONFIGURATION SETTINGS

<b>Parameter</b>	<b>Storm sampling with multiplex, timed delay</b>	<b>Time sampling with multiplex</b>	<b>Flow sampling with multiplex</b>
Time/ Date	[Set to MST]	[Set to MST]	[Set to MST]
Portable/ Refrig	Portable	Portable	Portable
Bottles	12 or 24	12 or 24	12 or 24
Bottle volume	950 ml	1000 ml	1000 ml
Suction line diameter	3/8 inch	3/8 inch	3/8 inch
Suction line type	Teflon	Teflon	Teflon
Suction line length	X feet	X feet	X feet
Liquid detector	Enable	Enable	Enable
Rinse cycles	0	1	1
Enter Head Manually	No	Yes	Yes
Retry	1	1	1
Program mode	Extended	Basic	Basic
Load program	None	N/A	N/A
Save program as	None	N/A	N/A
Take sample at start time	No	N/A	N/A
Take sample at time switch	No	N/A	N/A
Enter intervals in minutes	1 minute	N/A	N/A
Calibrate sampler	Disable	Enable	Enable
Sampling stop/resume	Disable	N/A	N/A
Start time delay	0 minutes	0 minutes	0 minutes
Master slave	No	No	No
Sample upon Disable	No	No	No
Sample upon enable	No	Yes	Yes
Reset sample interval	Yes	Yes	No
Inhibit countdown	Yes	Yes	No
Event marker	Pulse	Pulse	Pulse
At the beginning of:	Purge	Purge	Purge
Purge counts presample counts	150	100	100
Post sample counts	394	1000	1000
Pump counts	[500,000]	[500,000]	[500,000]
Reset pump counter	No	No	No
Pump counts to warning	500,000	500,000	500,000
Program lock	Disable	Disable	Disable
Sampler ID number is:	[leave blank]	[leave blank]	[leave blank]
Run diagnostics	Yes	Yes	Yes
Test distributor	Yes	Yes	Yes
Re-initialize	No	No	No

## ATTACHMENT 5 – ISCO 3700 PROGRAM SEQUENCE

Parameter	Storm sampling with multiplex, timed delay
[Switch on liquid actuator]	Set to “Latch”
Paced sampling	Storm
Time Mode 1st Bottle Group	X-minute delay
Timed Sample Event	1
Bottle per sample event	11 or 23
Sample volume	950 ml
Bottles available	1
2 <sup>nd</sup> bottle group	Time
2 <sup>nd</sup> group samples	1-minute delay
Sample interval	1 minute
Bottles per sampling event	1
Sample per bottle	1
Sample volume	950 ml
Enter start time	No

*[Programming complete]*

Parameter	Time sampling with multiplex
[Switch on liquid actuator]	Set to “Latch”
Time/Flow	Time
Min/Hr	1 min
Multiplex samples	Yes
Bottles/sample or Samples/Bottle	Bottles/ sample
Number of bottles	12 or 24
Sample volume	1000 ml
Suction head	XX Ft
Calibrate sample vol	No
Enter start time	No

*[Programming complete]*

### Avalanche Program Sequence, cont.

Parameter	Time sampling, single bottle composite sample	Time sampling, 1-part program	Time sampling, 2-part program
<b>Two-Part Program</b>			
<b>Part A</b>	N/A	N/A	Yes
Assign bottle	N/A	N/A	1-X of 4 or 14
Pacing	N/A	N/A	Uniform time paced
Time between samples	N/A	N/A	1 minute
Distribution	N/A	N/A	Sequential
Bottles per event	N/A	N/A	1
Switch bottles on	N/A	N/A	Number of samples
Switch bottles every X samples	N/A	N/A	1
Run continuously	N/A	N/A	No
Sample volumes dependent on flow?	N/A	N/A	No
Sample volume	N/A	N/A	Select between 10 ml and full container volume
Enable programmed	N/A	N/A	None
Once enabled, stay enabled	N/A	N/A	Yes
Sample at enable	N/A	N/A	Yes
Sample at disable	N/A	N/A	No
Pauses and resumes	N/A	N/A	0
<b>Part B</b>	N/A	N/A	Yes
Pacing	N/A	N/A	Uniform time paced
Time between sample events	N/A	N/A	1 minute
Distribution	N/A	N/A	Sequential
Bottles per event	N/A	N/A	1
Switch bottles on	N/A	N/A	Number of samples
Switch bottles every X samples	N/A	N/A	1
Run continuously	N/A	N/A	No
Sample volumes dependent on flow?	N/A	N/A	No
Sample volume	N/A	N/A	Select between 10 ml and full container volume
Enable programmed	N/A	N/A	No



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### Avalanche Program Sequence, cont.

Parameter	Time sampling, single bottle composite sample	Time sampling, 1-part program	Time sampling, 2-part program
Once enabled, stay enabled	N/A	N/A	Yes
Sample at disable	N/A	N/A	No
Sample at enable	N/A	N/A	Yes
Once enabled, stay enabled	N/A	N/A	Yes
Pauses and resumes	N/A	N/A	0
Delay to start	N/A	N/A	No
<b>Reset Sampler</b>			
Switch on liquid actuator	Toggle to “Reset” then back to “Latch”	Toggle to “Reset” then back to “Latch”	Toggle to “Reset” then back to “Latch”
Select Program name	Run	Run	Run

**ATTACHMENT 6 – LANL MSGP ISCO SAMPLER ACTIVATION FORM 045-3**

ENV-QP-045.0

**LANL Multi-Sector General Permit  
ISCO Sampler Activation Form**

Form 045-3 (3/2011)

Outfall: **3-PSP-5 : E121.9-ISCO 12**Project ID: **P-MSGP-830**Work Order ID: **MSGP-12785**Target Date: **4/11/2011**

Project: MSGP Sampler Activation Q1 2011

Reason: MSGP Sampler Activation 2011 Q1

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Name/Z#: \_\_\_\_\_  
Name/Z#: \_\_\_\_\_  
Lead Signature: \_\_\_\_\_  
"I confirm the information as recorded is true, accurate and complete."

Equipment	Manufacturer	Model	Serial No.	Specification	Configuration
Actuator	ISCO	1640		Actuator Height	
ISCO Sampler 12c	Teledyne ISCO	ISCO 3700	198H01553	Bottle Set	12c- 1 1L Poly
ISCO Sampler 12c	Teledyne ISCO	ISCO 3700	198H01553	Program	Time / Multiplex no delay
Pb-Acid Battery				Voltage	> 11.7 V

ISCO Sampler Tasks	Note: If "No" provide correct information or explanation.	
Is the ISCO time delta < 1 min (MST)? If no, record adjustment.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does sampler pass the ISCO diagnostics test?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are electrical connections secure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Record battery voltage(s). Is/are voltage(s) > 11.7 V?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does ISCO display either "Bottle 1 of X after 1" or "Sampler Inhibited"?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is bottle set described above installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is recorded height of actuator above channel bottom correct?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If any maintenance completed, check Yes: Describe.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If any follow-on maintenance is required, check Yes: Describe.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is sampler ON upon departure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional Notes:

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## ATTACHMENT 7 – ISCO AVALANCHE CONFIGURATION SETTINGS

### ISCO Avalanche Configuration Settings

Parameter	All programs
<b>Maintenance</b>	
Set Clock	[Set to MST]
Pump Tube Alarm	[1,000,000]
Reset pump counter	No
Run diagnostics	Yes
Re-initialize	No
<b>Software Options</b>	
Liquid detector	Liquid detect on
Target temperature	°C
Measurement interval	1 minute
Dual sampler mode	Off
Bottle full detect	Yes
Event mark	Every sample
Duration	3 second pulse at initial purge
Presample purge counts	100
Post sample counts	Dependent on head
Periodic serial output	No
Interrogator connector power	Alarm dial-outs only
<b>Manual Functions</b>	
Grab Sample	Manual option
Calibrate volume	Manual option
Operate pump	Manual option
Move distributor	Manual option
<b>Other Settings/Misc</b>	
Suction line diameter	3/8 inch
Suction line type	Teflon
Program lock	Disable

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## ATTACHMENT 8 – ISCO AVALANCHE PROGRAM SEQUENCE

Parameter	Time sampling, single bottle composite sample	Time sampling, 1-part program	Time sampling, 2-part program
<b>Program</b>			
Program mode	Extended	Extended	Extended
Program name	COMPOSITE	1-PART (# bottles)	2-PART (# bottles)
Site description	Station number	Station number	Station number
Units (length)	ft	ft	ft
Units (temperature)	°C	°C	°C
Data storage interval	1 minute	1 minute	1 minute
Number of bottles	1	4 or 14	4 or 14
Bottle volume	10000 ml, 4000 ml	2000 ml, 950 ml	2000 ml, 950 ml
Suction line length	X feet	X feet	X feet
Enter Head Manually	Yes	Yes	Yes
Rinse cycles	1	1	1
Retries	1	1	1
<b>One-Part Program</b>			
Pacing	Uniform time paced	Uniform time paced	N/A
Time between samples	Every one minute	Every one minute	N/A
Composite	1 sample	N/A	N/A
Run continuously	No	N/A	N/A
Take X sample(s)	1	N/A	N/A
Distribution	N/A	Sequential	N/A
Volume	Select between 10 ml and full container volume	Select between 10 ml and full container volume	N/A
Sample volumes dependent on flow	No	No	N/A
Enable programmed	None	None	N/A
Once enabled, stay enabled	Yes	Yes	N/A
Sample at enable	Yes	Yes	N/A
Sample at disable	No	No	N/A
Pauses and resumes	0	0	N/A
Delay to start	No	No	N/A

**ATTACHMENT 9 – LANL MSGP ISCO SAMPLER WINTER SHUT-DOWN FORM 045-5**

ENV-QP-045.0

**LANL Multi-Sector General Permit  
ISCO Sampler Winter Shutdown Form**

Form 045-5 (3/2011)

Outfall: **3-PSP-5 : E121.9-ISCO 12**Project ID: **P-MSGP-833**Work Order ID: **MSGP-12803**Target Date: **11/30/2011**

Project: MSGP ISCO Sampler Winter Shutdown

Reason: MSGP Sampler Winter Shutdown 2011

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name/Z#: \_\_\_\_\_

Name/Z#: \_\_\_\_\_

Lead Signature: \_\_\_\_\_

"I confirm the information as recorded is true, accurate and complete."

Verify the equipment list below. Make corrections as required and fill in missing information (e.g., serial numbers).

Equipment	Manufacturer	Model	Serial No.	Specification	Configuration
Actuator	ISCO	1640		Actuator Height	
ISCO Sampler 12c	Teledyne ISCO	ISCO 3700	198H01553	Bottle Set	12c- 1 1L Poly
ISCO Sampler 12c	Teledyne ISCO	ISCO 3700	198H01553	Program	Time / Multiplex no delay
Pb-Acid Battery				Voltage	> 11.7 V

ISCO Sampler Tasks	Note: If "No" provide correct information or explanation.	
Turn ISCO unit "OFF."	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Place caps securely on bottles in the sample carousel.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Verify equipment list above.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>ISCO 3700 Sampler Units</b>		
Disconnect and remove battery. Transport battery to MSGP stockroom for maintenance and storage.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Place battery cables securely inside Greenlee box or ISCO casing.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pull up actuator and tubing and store in Greenlee box or ISCO casing.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Avalanche ISCO Sampler Units:</b>		
Disconnect and remove batteries. Transport batteries to MSGP stockroom for maintenance and storage.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Place battery cables securely inside Greenlee box or ISCO casing.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pull up actuator and tubing and store inside Greenlee box or ISCO casing.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Transport Avalanche sampler to MSGP stockroom for maintenance and storage.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional Notes:

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**ATTACHMENT 10 – LANL MSGP ISCO SAMPLER DECOMMISSION FORM 045-6**

ENV-QP-045.0

**LANL Multi-Sector General Permit  
ISCO Sampler Decommission Form**

Form 045-6 (3/2011)

Outfall: **3-PSP-5 : E121.9-ISCO 12**Project ID: **P-MSGP-834**Work Order ID: **MSGP-12804**Target Date: **7/27/2011**Project: **MSGP Sampler Station Decommission**Reason: **MSGP Sampler Decommission**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name/Z#: \_\_\_\_\_

Name/Z#: \_\_\_\_\_

Lead Signature: \_\_\_\_\_

"I confirm the information as recorded is true, accurate and complete."

Verify the equipment list below. Make corrections as required and fill in missing information (e.g., serial numbers).

Equipment	Manufacturer	Model	Serial No.	Specification	Configuration
Actuator	ISCO	1640		Actuator Height	
ISCO Sampler 12c	Teledyne ISCO	ISCO 3700	198H01553	Bottle Set	12c- 11L Poly
ISCO Sampler 12c	Teledyne ISCO	ISCO 3700	198H01553	Program	Time / Multiplex no delay
Pb-Acid Battery				Voltage	> 11.7 V

ISCO Sampler Tasks	Note: If "No" provide correct information or explanation.	
Is equipment list above complete and accurate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Turn sampler "OFF." Remove bottles from carousel.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Disconnect and remove battery(ies), solar panel, and cables (as applicable).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pull up actuator and tubing. Disconnect from sampler unit.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Uninstall Greenlee box, as applicable.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Transport all removed equipment to the MSGP stockroom for maintenance and storage.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional Notes:

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Tech QC

ENV-RCRA Review



**EPC-CP-QP-048**

Revision: 3



Effective Date: 10/05/2017

Next Review Date: 10/05/2020

## Environment, Safety, and Health Directorate

## Environmental Protection and Compliance—Compliance Programs

## Quality Procedure

### Processing MSGP Stormwater Samples

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**Derivative Classifier:** ☐ Unclassified or ☒ **DUSA ENVPRO**

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<b>Processing MSGP Stormwater Samples</b>	EPC-CP-QP-048	Page 2 of 14
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### REVISION HISTORY

<b>Document Number and Revision</b> <i>[Include revision number, beginning with Revision 0]</i>	<b>Effective Date</b> <i>[Document Control Coordinator inserts effective date]</i>	<b>Description of Changes</b> <i>[List specific changes made since the previous revision]</i>
ENV-RCRA-QP-048, Rev. 0	07/2011	New document
ENV-CP-QP-048, Rev. 1	09/2013	Annual Review and Revision, new format, process change, and new organization name.
EPC-CP-QP-048, Rev. 2	06/05/2017	Review and Revision, new format, and new organization name, clarified steps, updated attachments.
EPC-CP-QP-048 R3	10/05/2017	Updated Sample Collection Log instructions, added step describing evidence of flow, and added section for addressing excess stormwater material.

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## 1.0 INTRODUCTION

Los Alamos National Security, LLC (LANS) through Environmental Protection and Compliance-Compliance Programs (EPC-CP) conducts stormwater monitoring activities required pursuant to the National Pollutant Discharge Elimination System (NPDES), Multi-Sector General Permit (MSGP) at Los Alamos National Laboratory (LANL). The MSGP requires LANL to monitor stormwater runoff from industrial sites relative to potential pollutants.

### 1.1 Purpose

This procedure describes the process for filtering, preserving and preparing stormwater samples for shipment to an analytical laboratory from monitored outfall locations.

### 1.2 Scope

This procedure applies to the EPC-CP technical staff and subcontractor personnel (as applicable) who conduct processing and chemical preservation of stormwater samples either in the TA-59-1 Stormwater Laboratory or in the field.

The MSGP Program Lead is the primary person responsible for developing and updating this procedure. EPC-CP personnel will be appointed with responsibility for a subset of sampling stations.

### 1.3 Applicability

Stormwater samples are collected in the field either with a refrigerated Avalanche® or ISCO 3700 automated sampler, single stage sampler or grab sample. When in-line filtration is not possible, sample filtration along with chemical preservation will be conducted immediately following sample retrieval in the field or in the EPC-CP Stormwater Laboratory (TA-59-01).

Sample collection, submission, and analysis is conducted using EPA and New Mexico Water Quality Control Commission guidelines. Monitoring samples are collected and analyzed according to test procedures approved under Title 40 of the Code of Federal Regulations (40 CFR) Part 136 unless other test procedures have been specified in the MSGP permit. Quantitation limits associated with these test procedures are sufficiently sensitive to meet MSGP permit limits.

## 2.0 PRECAUTIONS AND LIMITATIONS

Hazards in the work described in this procedure are controlled through site specific Integrated Work Documents (IWDs). The hazard level for the activities in this procedure is **moderate**.

Use only sample containers that are documented to meet or exceed "US EPA Specification and Guidance for Contaminant-Free Sample Container" (Publication 9240.05A, EPA/540/R-93/051, December 1992). Never clean or re-use sample containers. Keep containers in a clean, dry place until a sample is ready for processing and transfer to the appropriate container(s).

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### **3.0 PREREQUISITE ACTIONS**

#### **3.1 Planning and Coordination**

Promptly schedule and complete all stormwater processing to meet the analytical holding time requirements identified in the MSGP Sampling and Analysis Plan or as requested by the MSGP Program Lead.

The MSGP Data Manager will generate Sample Collection Log/Field Chain of Custody (SCL) form(s) at the beginning of the MSGP monitoring season and/or the beginning of each MSGP monitoring quarter. The MSGP Data Manager will generate Chain of Custody/Analysis Request(s) from the Environmental Information Management (EIM) database as stormwater is collected. If the MSGP Data Manager is not available, forms may be obtained from the Sample Management Office (SMO).

#### **3.2 Tools and Equipment**

Ensure the following equipment is available:

- Safety glasses with side shields
- Nitrile gloves
- Lab coat
- Eyewash in Stormwater Lab (or portable eyewash in the field)
- Sample Collection Log/Field Chain of Custody Form
- Chain of Custody/Analysis Request
- Copy of the MSGP Sampling and Analysis Plan
- Sample containers (glass and poly bottles)
- Sample container lids
- Acid and base preservatives
- Clean silicon (e.g. Tygon) tubing
- Portable peristaltic pump (e.g. Geopump or equivalent)
- 0.45 micron and/or 0.10 micron cartridge filters (where applicable)
- Paper Towels
- Coolers with ice, Blue Ice<sup>®</sup>, or equivalent
- Ball point pen
- Permanent marker
- Chain-of-custody seals/tape
- Copy of this procedure
- Copy of the Integrated Work Documents (IWDs)
- Cell phone (only government cell phones with batteries removed are allowed in secure areas)

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## 4.0 PROCESSING SAMPLES

In this procedure, sample collection bottles are the bottles in which the sample was collected in the field. Sample containers are containers into which the original sample may be transferred (as necessary) during processing and shipped to the analytical laboratory.

### 4.1 Preparation for Processing Samples

1. Don nitrile gloves, safety glasses with side shields, and lab coat. Long pants are required and no open toed shoes are allowed. Prior to processing samples, confirm eyewash is operational.
2. On the work bench arrange sample collection bottles in order from one MSGP sampling location according to the ISCO carousel number marked on the bottle.

#### **CAUTION**

Process only one sample set (i.e., samples listed on one Sample Collection Log/Field Chain of Custody form) at a time to ensure stormwater from different locations is not co-mingled.

3. Cross check the Location ID (e.g. MSGP00201) on the sample bottles with the requested analysis for that location on the SCL form (see example in Attachment 1).
4. Write the following information on the SCL:
  - Sampler Inspection and Sample Retrieval form (QP-047) identification number (e.g. Work Order: MSGP-xxxx)
  - Date and time the sample was collected in the field (e.g., date/time automated sampler filled sample bottles or a grab sample was taken)
  - pH measurement taken at the time the sample was collected in the field (as necessary)
  - Indicate if evidence of flow was recorded by writing "Y" for Yes or "N" for No
  - Indicate if a visual assessment was performed by writing "Y" for Yes or "N" for No
    - Visual Assessment form (QP-064) identification number (e.g., Visual WO#: MSGP-xxxx) if applicable
    - Date and time the visual assessment was performed if applicable
  - Printed name of person collecting the sample
  - Date and time the sample was RETRIEVED
5. Ensure the sample container type and chemical preservation type is correct for the analysis requested on the SCL (e.g., 500 ML POLY, HNO<sub>3</sub>). Note any deviation from the planned sample container volume or type on the SCL.
6. Indicate if each sample on the SCL was collected by writing Y for Yes or N for No under "Collected Y/N".



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7. Determine which samples require filtration and chemical preservation as requested on the SCL. Refer to Sections 4.2 and 4.3 as needed. Requirements are also identified in the most current revision of the MSGP Sampling and Analysis Plan.
8. Mark on each container lid the 3-digit outfall ID, required analysis, filtration requirement, and preservative requirement."
9. Document any other deviations from "As Planned" conditions in the "As Collected" column on the SCL (e.g., change the Field Matrix code from rain (WT) to snowmelt (WM)).

## **4.2 Filtering Samples**

Filter samples if specified on the SCL or if an in-line filter was not used during sample collection.

1. Don nitrile gloves and safety glasses with side shields. Long pants are required and no open toed shoes are allowed. Prior to filtering samples, confirm eyewash is operational.
2. Ensure the sample container volume and container type (e.g., 1 L GLASS) is correct for the analysis requested on the SCL. Note any deviation from the planned sample container volume or type on the SCL.
3. Select the appropriate sized cartridge filter (e.g., 0.10µm or 0.45µm).
4. Attach an appropriate amount of silicone tubing to both ends of the cartridge filter. Place the filter upstream of the peristaltic pump to prevent over-pressurization. If the sample contains a significant amount of sediment, a pre-filter of the same size or larger micron capacity may be used.
5. For split samples(filtered and unfiltered), turn the sample collection bottle upside down multiple times to ensure all sediment is loose from the bottom of the bottle and move the intake tube up and down through the sample during filtration. A sample collected solely for filtration can be filtered without being homogenized by shaking.
6. Replace the filter if flow diminishes, the pump begins to make a grinding sound, or the tubing is forced off the filter by back pressure.
7. Add a check mark next to the filtered requirement previously marked on the lid to indicate that filtration has been completed.
8. Clean and dry the exterior of sample container and check sample container for leakage and breakage.
9. If no further processing is required (e.g., chemical preservation), apply a chain-of-custody seal/tape around the bottle and lid and sign and date the seal/tape.
10. Remove filter and tubing when filtration of one sample set (location) has been completed. A new filter must be used with each new sample ID.

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### 4.3 Preserving Unfiltered and Filtered Samples

Preservation entails the addition of acid or base to a sample. Acids used include hydrochloric acid (HCl), nitric acid (HNO<sub>3</sub>), and sulfuric acid (H<sub>2</sub>SO<sub>4</sub>). Bases used in preservation include sodium hydroxide (NaOH).

#### CAUTION

The preservatives are strong acids and bases that can cause severe burns. Extreme care should be taken when using these acids and bases. **Review the appropriate Material Safety Data Sheet or Safety Data Sheet for specific guidelines prior to preserving samples.**

1. Don nitrile gloves, safety glasses with side shields, and a lab coat. Long pants are required and no open toed shoes are allowed. Prior to chemically preserving samples, confirm eyewash is operational.
2. Ensure the sample container volume, type, and preservation type is correct for the analysis requested on the SCL or Sampling and Analysis Plan (e.g., 500 ML POLY, HNO<sub>3</sub>). Note any deviation from the planned sample container volume or type on the SCL.
3. Select the pre-measured preservative size that matches the sample container size.

**Note:** If you only have one size pre-measured preservative that does not match the sample container size you may need to use more than one. For example, if you have a 1 liter sample container and 500 ml pre-measured preservative vial, you would need to add two preservative vials to the sample container.

Never "split" a larger volume pre-measured vial to preserve a smaller volume container (e.g., do not pipette from a 1 liter pre-measured preservative vial to preserve a 500 mL sample) as error in measurement precision may lead to a risk of violating Department of Transportation shipping requirements.

4. Add the preservative (acid or base) to the sample and securely affix the lid to the container.
5. Agitate the preserved sample by turning the container upside down two to three times.
6. Add a check mark next to the preservation type previously marked on the lid to indicate that preservation has been completed.
7. Clean and dry the exterior of sample container and check sample container for leakage and breakage.
8. Apply a chain-of-custody seal/tape around the bottle and lid and sign and date the seal/tape.

### 4.4 Handling Excess Stormwater

All efforts will be made to minimize the amount of stormwater sample brought into the TA-59-1 Stormwater Lab. Field personnel will attempt to retrieve only the volumes needed to fulfill the requested analyses from the current MSGP Sampling and Analysis Plan.

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If any excess stormwater sample exists after processing has been completed:

- Ensure the container is labeled with the site of origin, date and time sample was collected, and "Return to Site".
- Place the container in the designated storage location in the MSGP Stormwater Lab,
- Return the sample to the site of origin as soon as possible and discharge at the sampler location.

If the excess stormwater has been altered (e.g. tap water or preservative added) contact the Waste Management Coordinator for TA-59-1 for further instruction.

#### **4.5 Submit Samples for Shipping to Offsite Analytical Laboratory**

1. Deliver completed SCL(s) to the MSGP Data Manager.
2. The MSGP Data Manager will process the sample information in the EIM system, capturing any documented deviations from planned conditions (as noted on the SCLs), and generate Chain of Custody/Analysis Request (COC) form(s) and sample container labels to reflect the "as collected" samples (see examples in Attachments 2 and 3).
3. In the "Received By" section of the SCL, enter the COC number (e.g., 2017-XXXX).
4. Don nitrile gloves and safety glasses.
5. Ensure the sample containers are securely sealed and wiped dry.
6. Cross check that the Sample ID on the SCL matches the Field Sample ID on the COC.
7. Carefully compare the information from the SCL and lid of each container to apply the correct labels to the sample containers.
8. Place the sample(s) in the cooler with sufficient Blue Ice® (or equivalent) to maintain the required preservation temperature ( $\leq 4^{\circ}\text{C}$ ). Cushioning material (e.g., bubble wrap) may be used to separate containers to avoid breakage during transport.
9. Place the SCL(s) and COC(s) in a zip lock type bag, seal, and place in the cooler with samples.
10. Transport samples to the Sample Management Office (SMO) using a government vehicle or approved subcontractor vehicle only. Samples may be delivered during SMO business hours, but must be delivered by 2pm for same day shipping. Coordinate with the SMO for delivery during other times or for delivery of samples that have limited holding times.

**Note:** If submitting samples to the SMO will be delayed, place sample containers with SCL(s) in the Stormwater Laboratory refrigerator and ensure the refrigerator is locked.

11. On the COC, the person submitting the sample(s) will print and sign their name, date, and record the time under "Relinquished By." The SMO personnel accepts the sample(s) by printing and signing their name, dating, and recording the time under "Received By."
12. Retain a copy of the signed Chain of Custody/Analysis Request.

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13. On the SCL, the person submitting the sample(s) will enter the data and time under "Relinquished By" that matches the data and time "Relinquished by" on the COC and write the COC/Lab Request# (e.g., 2017-xxxx) under "Received by."
14. Ensure the SMO makes a copy of the SCL(s) to accompany the COC and samples. Retain the original SCL(s) for the MSGP program.
15. Deliver the copy of the signed COC and original SCL(s) to the MSGP Data Manager.

## **5.0 TRAINING**

The training method for this procedure is "self-study" (reading). The following personnel require training before implementing this procedure:

- EPC-CP technical staff and subcontract or other personnel who process stormwater samples for the MSGP.

Personnel performing this procedure will be familiar with the most current versions of the following procedures and operation manuals:

- EPC-CP MSGP Sampling and Analysis Plan for the current monitoring year
- EPC-CP-QP-047 Inspecting Stormwater Runoff Samplers and Retrieving Samples for the MSGP

## **6.0 RECORDS**

Records generated by this document will be submitted to the ADESH Records Management designated point of contact or document manager in accordance with P1020-1, *Laboratory Records Management* and with ADESH-AP-006, *Records Management Plan*. Below is a list of records generated as a result of implementing this procedure.

- Sample Collection Log/Field Chain of Custody Form
- Copy of the Chain of Custody/Analysis Request
- Copy of log book entry(s) (if a log book is used)
- Other pertinent field or lab notes

## **7.0 DEFINITIONS AND ACRONYMS**

### **7.1 Definitions**

See LANL *Definition of Terms*.

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## 7.2 Acronyms

See LANL *Acronym Master List*.

40 CFR	Title 40 of the Code of Federal Regulations
COC	Chain of Custody/Analysis Request
EIM	Environmental Information Management
EPC-CP	Environmental Protection and Compliance – Compliance Programs
IWD	Integrated Work Document
LANL	Los Alamos National Laboratory
LANS	Los Alamos National Security, LLC
MSGP	Multi-Sector General Permit
NPDES	National Pollutant Discharge Elimination System
SCL	Sample Collection Log/Field Chain of Custody
SMO	Sample Management Office

## 8.0 REFERENCES

None

## 9.0 ATTACHMENTS

**Attachment 1:** Sample Collection Log/Field Chain of Custody Example

**Attachment 2:** Sample Container Labels Example

**Attachment 3:** Chain of Custody/Analysis Request Example

## ATTACHMENT 1: SAMPLE COLLECTION LOG/FIELD CHAIN OF CUSTODY EXAMPLE

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Los Alamos National Laboratory

## MSGP Quarter 3

## SAMPLE COLLECTION LOG/FIELD CHAIN OF CUSTODY

EVENT ID: 11198

EVENT NAME: MSGP 2017

SAMPLE ID: MSGP-17-131989

WORK ORDER: MSGP-59823

	AS PLANNED	AS COLLECTED		AS PLANNED	AS COLLECTED
Date Collected (MM/DD/YYYY):		4/01/17	FIELD MATRIX:	WT	
TIME COLLECTED (HH:MM):		16:03	MEDIA:		
PRS ID:		1	SAMPLE TECH CODE:	APS	
LOCATION ID:	MSGP05301		FIELD PREP:	UF	
LOCATION TYPE:			FIELD QC TYPE:	REG	
TOP DEPTH:			SAMPLE USAGE:	COMP	
BOTTOM DEPTH:			EXCAVATED:		YES / NO / (NA)

PRIORITY	ORDER	CONTAINER	#	PRESERVATIVE	COLLECTED Y/N	SPECIAL INSTRUCTIONS
	MSGP-CN(TOTAL)	500 ML POLY	1	NaOH	y	
	MSGP-COD+NH3	500 ML POLY	1	H2SO4 ICE	y	
	MSGP-Mg+Se+Hg	500 ML POLY	1	HNO3 ICE	y	

SAMPLE COMMENTS:

LOCATION COMMENTS:

FIELD PARAMETERS:

pH 6.7 Flow (Evidence) Y Visual Inspection Y SU Visual performed Date/Time 4/3/17 14:36

COLLECTED BY (PRINT): Jane Doe Retrieved: 4/3/17 14:36

RELINQUISHED BY (Printed Name) (Signature)	Date/Time	RECEIVED BY (Printed Name) (Signature)	Date/Time
		See COC 2017-1326	4/12/17 15:10
RELINQUISHED BY (Printed Name) (Signature)	Date/Time	RECEIVED BY (Printed Name) (Signature)	Date/Time

Report Date: 07/21/2017



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## ATTACHMENT 2: SAMPLE CONTAINER LABELS EXAMPLE

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Los Alamos National Laboratory	
Sample ID: MSGP-17-131786	
Container: 500 ML POLY	1 of 1
Preservative: HNO3 ICE	
Analysis: NPDES-AI-Total Recoverable	
Date: 04/01/2017	Time: 16:03

Los Alamos National Laboratory	
Sample ID: MSGP-17-131787	
Container: 500 ML POLY	1 of 1
Preservative: HNO3 ICE	
Analysis: NPDES-AI-Total Recoverable	
Date: 04/01/2017	Time: 16:03

[illegible]

**EPC-CP-QP-047**

Revision: 2



Effective Date: 09/06/2017

Next Review Date: 09/06/2020

**Environment, Safety, and Health Directorate****Environmental Protection and Compliance Division – Compliance Programs****Quality Procedure****Inspecting Stormwater Runoff Samplers and  
Retrieving Samples for the MSGP****Document Owner/Subject Matter Expert:**

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#### REVISION HISTORY

<b>Document Number and Revision</b> <i>[Include revision number, beginning with Revision 0]</i>	<b>Effective Date</b> <i>[Document Control Coordinator inserts effective date]</i>	<b>Description of Changes</b> <i>[List specific changes made since the previous revision]</i>
ENV-RCRA-QP-047, Rev. 0	03/11	New Document.
ENV-RCRA-QP-047, Rev. 1	02/13	Annual Review and Revision
EPC-CP-QP-047, Rev. 2	09/06//2017	Review and revision. Updated document to new template and new group name. Clarified steps, modified inspection form EPC-CP-Form-1010, and added crosswalk to electronic form in MC Express. This document replaces ENV-RCRA-QP-047 R1.

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## 1.0 INTRODUCTION

Los Alamos National Security, LLC (LANS) through Environmental Protection and Compliance-Compliance Programs (EPC-CP) conducts stormwater monitoring activities required pursuant to the National Pollutant Discharge Elimination System (NPDES), Multi-Sector General Permit (MSGP) at Los Alamos National Laboratory (LANL). The MSGP requires LANL to monitor stormwater runoff from industrial sites relative to potential pollutants.

### 1.1 Purpose

This procedure describes the process for inspecting ISCO stormwater samplers and retrieving stormwater runoff samples from monitored outfall locations where LANS conducts stormwater monitoring activities pursuant to the NPDES, MSGP at LANL.

Inspections and sample retrieval conducted under this procedure should be documented using the Maintenance Connection Express™ (MC Express) web application on a tablet or notebook style computer. (In the event of electronic hardware or web application failure, personnel may use a printed hard copy to conduct inspection and sample retrieval.)

### 1.2 Scope

This procedure applies to the EPC-CP technical staff and subcontractor personnel (as applicable) conducting activities at automated stormwater sampling stations used for monitoring industrial stormwater discharge under the MSGP.

The MSGP Program Lead is the primary person with responsibility for the steps in this procedure. EPC-CP personnel will be appointed with responsibility for a subset of sampling stations.

### 1.3 Applicability

Stormwater runoff samples are collected at MSGP Program stations either with a refrigerated Avalanche® or ISCO 3700 automated sampler, single stage sampler or grab sample. ISCOs are designed to automatically collect water when the water surface is high enough to trigger a liquid level actuator and fill the sample bottles. Field personnel are required to inspect the sampling station while retrieving water samples during MSGP stormwater monitoring periods and at other intervals determined by the program or as directed by program personnel.

## 2.0 PRECAUTIONS AND LIMITATIONS

Hazards in the work described in this procedure are controlled thorough site specific Integrated Work Documents (IWDs). The hazard level of the activities in this procedure is **moderate**.

Personnel performing steps in this procedure that involve electrical equipment **MUST** be trained to LANL electrical safety standards as prescribed in the IWD before performing those steps.

Inspections may be discontinued during periods or conditions that make sites dangerous for worker safety or prevent personnel from safely accessing sites (e.g., weather-related events such as flash

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floods, flooding, lightning, wildfires, hail, icy roads, deep snow, or LANL operations such as firing shots or burns).

Some terminology varies between the MC Express software and the Maintenance Connection desktop software.

- The “Reading” field in MC Express is the same field as “Reading Final” in Maintenance Connection desktop and “Meas.” on a hard copy (printed) work order.
- The “Complete” option in MC Express is the same as a “Yes” answer; the “Failed” option in MC Express is the same as a “No” answer. Maintenance Connection desktop and hard copy (printed) work orders use “Yes” and “No” terminology.

### 3.0 PREREQUISITE ACTIONS

#### 3.1 Planning and Coordination

1. Schedule work to be completed by the target date appearing on the work order(s) or as requested by the MSGP Program Lead if a form is not issued.
2. Inform (e.g., by e-mail) Facility contacts, as specified in the IWD, of the schedule for sampler inspection work and locations up to a week (preferred) before but no later than the day before (for minor changes) to be added to the appropriate plan of the day.

**Note:** For some Facility Operations Divisions (FODs) like the Utilities and Institutional Facilities FOD, MSGP stormwater monitoring activities are on a standing plan of the day. However, this must be requested each year at the beginning of the monitoring season.

3. The IWD Part II (2101 Form) addresses specific requirements and training for FODs.
4. Obtain any necessary additional paperwork before conducting this work, including IWD’s, and excavation permits (as necessary).
5. Gather the required equipment (see section below) for the work to be done.
6. Using the Safari web browser on a tablet or notebook style computer, navigate to <http://express.maintenanceconnection.com> and select English from the available dropdown menu.
7. Log into the MC Express application using your login credentials.
8. Confirm that the work order list displayed in the “My Open Work Orders” section matches your sites (see example in Attachment 1). If work orders are not displayed, click the “Refresh” bar at the bottom of the page. The page will refresh and any work orders issued since you logged in will be loaded to the application. If the work order lists still do not match, contact the MSGP Data Management Team for clarification.
9. Ensure that field personnel have access to accurate time measurement at the Site. When at the site, the clock time on the ISCO sampler must be set to Mountain Standard Time at all times, with no daylight saving time adjustment.



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### 3.2 Tools and Equipment

Ensure the following equipment is available in the field vehicle:

- Safety glasses with side shields
- Sturdy hiking boots or steel toed shoes with soles that grip
- Nitrile gloves
- Cell phone (only government cell phones with batteries removed are allowed in secure areas)
- Copy of this procedure
- Copy of the Integrated Work Documents (IWDs)
- Copy of the MSGP Sampling and Analysis Plan
- Site Map(s) (as needed)
- Current electronic or paper inspection form EPC-CP-Form-1010, MSGP ISCO Sampler Inspection and Sample Retrieval
- Sample Collection Log/Field Chain of Custody (see EPC-CP-QP-048)
- Government issued iPad equipment with Safari web browser and Good™ app.
- Necessary access and station keys
- Charged spare battery(s)
- Battery voltage tester
- Clean spare tubing (pump, suction, discharge types, sampler specific)
- Certified clean replacement sample bottles (glass and poly)
- Spare/replacement sampler parts (liquid level actuator, distributor arm)
- Shovel
- Wooden stakes
- Plastic wire “zip” ties
- Coolers with ice or Blue Ice®
- Paper Towels
- Marker pen (permanent, waterproof)
- Ball point pen
- Zip lock bags
- Chain of custody seals

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- 0.45 micron filter (where applicable)

#### 4.0 INSPECTING STORMWATER SAMPLERS AND RETRIEVING SAMPLES

Throughout this procedure the field inspector should document comments and notations in the “Reading” field of the associated task line. Any additional comments not documented in a “Reading” field can be entered in the “Comments” field of the same task line. If the inspector needs more space additional comments can be entered in the “Labor Report Update” field (see Section 4.3) when the work order is updated to “Complete” status.

#### 4.1 Inspecting the Sampler

1. If conditions prevent a sampler inspection, document the conditions in the “Labor Report Update” field on the work order and notify the Program Lead or designee within 24 hours. Multiple attempts can be documented on the original inspection work order. If the target date cannot be met, the inspector must contact the MSGP Program Lead no less than 24 hours before target date for guidance.
2. In MC Express open the work order issued for the current location by clicking on the appropriate line. If needed, use the expand arrow located on the right side of the display to expand the work order detail information. The work order will open in the display to the work order Summary page.
3. Click on the “Tasks” bar to navigate to the work order Tasks page.
4. Remove the top cover from the sampler.

##### 4.1.1 On Arrival

5. **Item 1:** Verify and document the sampler is ON and its condition upon arrival by clicking the expand arrow located on the right side of the task line and changing the “Complete” or “Failed” line to “Yes” (see example in Attachment 1). Explain any non-functional status (remember to use the “Reading” field unless more space is needed for comments). A hard copy inspection example is provided in Attachment 2 as a crosswalk to the electronic format.  
  
If a sampler has been inactivated (e.g., sample collection completed) prior to this inspection but continues to appear on the inspection form, change the “N/A” line to “Yes”. Subsequent questions regarding this sampler may be left unanswered in this section.

#### CAUTION

Click the “Save” bar after all entries for a task line have been completed and before proceeding to the next question. Failure to “Save” results in lost data entries.

6. **Item 2:** Verify and document the ISCO programming displays the following by clicking the expand arrow located on the right side of the task line and changing the “Complete” or “Failed” line to “Yes”.

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ISCO 3700 sampler display should indicate “Sampler Inhibited”

OR

Avalanche sampler display should indicate “Program Disabled”

If the display does not indicate these messages, describe the messages (e.g., “Done X samples”, “sampler off”, etc.). If there is no indication of flow and the sampler triggered due to a non-flow event (e.g., animal, tumbleweed, etc.), describe this. Document any messages from the ISCO display.

7. **Item 3:** Verify and document the sampler is set to the correct Mountain Standard Time +/- no more than 1 minute by clicking the expand arrow located on the right side of the task line and changing the “Complete” or “Failed” line to “Yes”. If the sampler is set incorrectly, reprogram for the correct Mountain Standard Time. Describe the work performed and correction applied (e.g., “ISCO clock was X minutes slow”).
8. If the location has more than one sampler complete Steps 5 through 7 for each sampler.
9. Don nitrile gloves and safety glasses.
10. Remove the center section from the sampler.

#### **4.1.2 Water Collection Information**

11. **Item 4:** Document any evidence of storm water flow at the sampling location by clicking the expand arrow located on the right side of the task line and changing the “Complete” or “Failed” line to “Yes”. Describe the evidence of flow (e.g. sediment or vegetation movement, erosion, standing water).
  - If the sampler did not trip but there is evidence of flow, document the date and time storm water discharge began from the precipitation report.
  - If the sampler tripped or collected storm water, document the date/time stamp from the sampler if available or from the precipitation report.
12. **Item 5:** Document if any storm water was collected (from either a sampler or by grab sample) by clicking the expand arrow located on the right side of the task line and changing the “Complete” or “Failed” line to “Yes”. If any water was collected, complete the Bottle Information section (**Item 20**). Document if the water is taken by grab sample. Follow the steps in Section 4.2 of this procedure to retrieve samples.
13. **Item 6:** For Avalanche samplers only, verify and document the current refrigerator temperature of the sampler if water was collected by clicking the expand arrow located on the right side of the task line and changing the “Complete” or “Failed” line to “Yes”. Record the temperature. If unable to review temperature, check “No” and describe the condition (e.g. dead battery, electrical short).

If no water was collected the field inspector may change the “N/A” line to “Yes”.

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14. **Item 7:** For Avalanche samplers equipped with an ISCO pH and Temp Module, verify and document a pH measurement was taken on the collected water by clicking the expand arrow located on the right side of the task line and changing the “Complete” or “Failed” line to “Yes”. Record the pH measurement taken at the time of Bottle 1 as “Average: Minimum:Maximum.” If unable to review pH, check “No” and describe the condition (e.g. damaged meter).

If no water was collected the field inspector may change the “N/A” line to “Yes”.

#### **4.1.3 Water Retrieval Information**

15. **Item 8:** Verify and document whether a sample volume was retrieved (from either a sampler or by grab sample) and taken off site by clicking the expand arrow located on the right side of the task line and changing the “Complete” or “Failed” line to “Yes”. If sample volume was retrieved, record the total volume **taken off site**.
16. **Item 9:** Verify and document whether a visual assessment of the water was performed by clicking the expand arrow located on the right side of the task line and changing the “Complete” or “Failed” line to “Yes”. The MSGP program visual assessment form is not included in this procedure (see EPC-CP-QP-064). Ensure this form is submitted with the sampler inspection form. If the sample was filtered, conduct the visual assessment and document “Filtered sample.”

#### **4.1.4 On Departure**

17. **Item 10:** Verify all cable and electrical connections are attached and firmly tightened (not loose) upon departure from the site by clicking the expand arrow located on the right side of the task line and changing the “Complete” or “Failed” line to “Yes”.

Connections may work loose over time due to temperature changes and if there are dissimilar metals at the connection points. The loose connections can introduce voltage spikes which inherently cause current spikes that may result in blown fuses.

If the cables require replacement, connections require tightening, or other maintenance performed, describe the work performed (e.g., “tightened connectors on battery”).

If maintenance cannot be completed at the time of inspection, then describe the condition (e.g. cables chewed through by animal) and follow-up work needed (e.g., replace cables).

18. **Item 11:** Verify and document power supply function. Use a voltage meter to check the voltage of the battery(s) and record the voltage(s). Change the “Complete” or “Failed” line to “Yes” to indicate if battery voltage is acceptable upon departure from the station ( $\geq 11.7$  for non-floating charged batteries at ISCO 3700 samplers and  $\geq 11.0$  for floating-charged batteries at Avalanche samplers).

Check the voltage of the solar panel if access can be gained to the weather protected terminal covers on the back of the panel.

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#### 4.1.5 Equipment Specific Tasks

19. **Item 12:** Verify and document the sampler passes the diagnostic test by clicking the expand arrow located on the right side of the task line and changing the “Complete” or “Failed” line to “Yes”. Directions for running the diagnostics test is provided in ENV-CP-QP-045.

If a sampler has been inactivated (e.g., sample collection completed) prior to this inspection but continues to appear on the inspection form, change the “N/A” line to “Yes” on this task line. Subsequent questions regarding this sampler may be left unanswered in this section.

#### **Warning**

The internal pump tubing must be replaced if the pump tubing life has reached or exceeded the preset pump counts. The internal pump tubing life is set 500,000 pump counts for the 3700 and 1,000,000 for the Avalanche.

Only reset the pump counts after replacing the internal tubing.

If maintenance is necessary and can be performed at the time of inspection, describe the work performed. If maintenance cannot be completed at the time of inspection, then describe the condition and follow up with a description of work needed.

If a sampler has been inactivated (e.g., sample collection completed) prior to this inspection but continues to appear on the inspection form, change the “N/A” line to “Yes” on this task line. Subsequent questions regarding this sampler may be left unanswered in this section.

20. **Item 13:** Verify and document the sample tubing is free or clear of debris by clicking the expand arrow located on the right side of the task line and changing the “Complete” or “Failed” line to “Yes”.

Check the physical condition of the sampler including the actuator and intake line for correct location and height in the channel. The actuator, intake line and strainer (if used) should be placed on the cutting side of the channel to help minimize the possibility of sediment burying the intake line/strainer. Adjust as necessary to capture flow within the channel. The actuator, intake line and strainer must be clear of debris (sediment, pine needles, etc.).

If maintenance (e.g., clearing the tube, reposition tubing intake) is necessary and can be performed at the time of inspection, perform the work and describe. If maintenance cannot be completed at the time of inspection (e.g., can’t clear intake tubing and spare intake tubing not on hand to replace) then describe the condition and follow up with description of work needed.

21. **Item 14:** Verify and document the sample tubing has passed a suction test by clicking the expand arrow located on the right side of the task line and changing the “Complete” or “Failed” line to “Yes”. Check the condition of sample tubing and vent tubing.

If maintenance (e.g., replace internal pump tubing) is necessary and can be performed at the time of inspection, perform the work and describe. If maintenance (e.g., replace sampler

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pump) cannot be completed at the time of inspection then describe the condition and follow up with description of work needed.

22. **Item 15:** Verify and document the sampler is ON prior to departing the site by clicking the expand arrow located on the right side of the task line and changing the “Complete” or “Failed” line to “Yes”.
23. **Item 16:** Verify and document the liquid level actuator has been set to “Latch” prior to departing the site by clicking the expand arrow located on the right side of the task line and changing the “Complete” or “Failed” line to “Yes”. If the sampler tripped and requires reset of the sampling program, reset the actuator by toggling the switch to “Reset” and then back to “Latch”.
24. **Item 17:** Verify and document the ISCO programming displays the following by clicking the expand arrow located on the right side of the task line and changing the “Complete” or “Failed” line to “Yes”.

ISCO 3700 sampler display should indicate “Sampler Inhibited”

OR

Avalanche sampler display should indicate “Program Disabled”

If an error occurs, reconfigure the sampler per EPC-CP-QP-045.

25. If the location has more than one sampler complete Steps 19 through 24 for each sampler.

#### **4.1.6 Maintenance Information**

26. **Item 18:** Verify and document any maintenance completed while on site that is not documented elsewhere on work order by changing the “Complete” or “Failed” line to “Yes”. Describe the work performed.

Maintenance items may include (but are not limited to) site clearing, installing new or additional equipment, removing equipment, animal/pest mitigation, problems with equipment location, etc.

If a battery was replaced record the voltage of the new battery and the battery identification number. If the battery does not have an identification number, contact the MSGP Program Manager to have one assigned. Once assigned, the number must be painted or written in a permanent manner on the battery.

27. **Item 19:** Verify and document any maintenance needed that could not be completed while on site that is not documented elsewhere on work order by changing the “Complete” or “Failed” line to “Yes”. Describe any work needed. Refer to EPC-CP-QP-045 for sampler operation and maintenance.

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#### 4.1.7 Bottle Information

28. **Item 20:** Document water collected by clicking the expand arrow located on the right side of each bottle's task line and change the "Complete" or "Failed" line to 'Yes'. Record the following information for each bottle by position number in the carousel.

- Date (MM/DD/YY or MM-DD-YY) and time the ISCO collected water.
- Volume of water in the bottle
- Type of bottle (e.g. G for glass, P for poly)
- Specific ISCO displayed message, if present

If the sampler(s) did not trigger, change the "N/A" line to 'Yes' for Bottle #1 of each sampler and leave the other Bottle task lines unanswered.

If a sampler has been inactivated (e.g., sample collection completed) prior to this inspection but continues to appear on the inspection form, change the "N/A" line to "Yes" on this task line. Subsequent questions regarding this sampler may be left unanswered in this section.

29. If the location has more than one sampler complete Step 28 for each sampler.
30. Replace and secure the sampler top cover and secure the sampler shelter (if sampler is in a shelter).

#### 4.2 Retrieving Samples

1. Don nitrile gloves and safety glasses.
2. Add up the volume of water collected (see flow chart in Attachment 3) and check that the total volume of water in glass and poly matches the required volume for the specific location identified in the MSGP Sampling and Analysis Plan. The volume of water required to complete analytical may vary by monitored location.
  - If sample volume is sufficient to fulfill all analytical requirements, continue with Step 3.
  - If sample volume is sufficient to fulfill part of the analytical requirements, consult the prioritization order on the MSGP Sampling and Analysis Plan to determine which analytical to fulfill OR contact the MSGP Data Manager, continue with Step 3 but retrieve only the volume needed.
  - If the collected sample will NOT fulfill the minimum required volume for any analytical:
    - Record total volume retrieved as "0" in **Item 8**
    - Complete a Visual Assessment (see EPC-CP-QP-064)
    - Pour out all water on the ground
    - Skip to Step 10 below



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#### **CAUTION**

ISCO Avalanche samplers are programmed to cool samples to 4°C. If water is collected and the refrigerator temperature reads higher than 6°C, **do not** retrieve samples that require ICE preservation. Refer to the MSGP Sampling and Analysis Plan for preservation requirements.

3. Remove filled and partially-filled bottles from the carousel.
4. For samples retrieved, immediately place lids onto the sample bottles and securely seal. Place custody seal tape on each bottle.
5. Write the date and time collected, Sampler Location number, and the corresponding carousel number on each retrieved sample bottle. Retrieve the sample collection date and time from the ISCO sampler.
6. Record total volume retrieved in **Item 8**.
7. Conduct a Visual Assessment (see EPC-CP-QP-064).
8. Place retrieved sample bottles in a cooler with blue ice (or equivalent).
9. Return any excess water or collected volume that exceeded the amount required to the ground at the location collected.
10. Install new certified clean sample bottles in the carousel to replace those bottles that collected stormwater. The number and type of bottles may vary. Ensure bottles match the configuration specified in the MSGP Sampling and Analysis Plan.
11. The 0.45 micron filter may also need to be replaced. Consult the most current revision of the Sampling and Analysis Plan for specifics. If the sampler is turned off for the quarter but new certified clean sample bottles and/or the filter have not been replaced, note this as follow-up maintenance required (see **Item 19**).
12. Replace and secure the center section of the sampler.
13. Return to steps in Section 4.1.

#### **4.3 Completing the Inspection Form**

1. When all task lines have been completed, make sure you have clicked the “Save” bar at the bottom of the page.
2. Click the “Back” arrow button in the upper left hand corner to exit the work order Tasks page and return to the Work Order Summary page.
3. Click the checkered flag in the upper right corner of the work order Summary page.

#### **CAUTION**

MC Express automatically changes the work order status to “Closed” and auto-populates the date and time fields.

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4. **Item 21:** Click on the expand arrow located on the right side of the “New Status” field and select “Completed” from the available dropdown menu. Ensure the date and time auto-populated are the date and time the inspection was completed.

If these fields need to be updated, click the “Date” field to modify it. Make necessary adjustments using the available timestamp application and click “Set” to apply changes.

6. **Item 22:** The inspector must type in his/her name in the “Labor Report Update” field.  
Any additional notes, observations, or site conditions not documented in a task line “Reading” or “Comments” field can also be documented in the “Labor Report Update” field.
7. Scroll down the page to the “Signature” bar and click the expand arrow on the left side of the bar to open the “Signature” field.
8. **Item 23:** Capture an electronic signature by drawing with a finger on the tablet screen. The Lead Inspector is certifying that the information submitted is “true, accurate, and complete” by electronically signing the work order.

**Note:** If using MC Express on a desktop screen (not a tablet), the mouse must be used to sign electronically.

9. Click on the “Save” bar at the bottom of the page to close the “Signature” field.
10. Click on the “Back” button located in the upper left hand corner to return to the “My Open Work Orders” page.
11. Once you have completed an inspection, click on the Menu button again, and then click the “Logout” bar. Close the browser. All work will automatically uploaded from the MC Express application to the MC database.

**Always log out of MC Express when you have finished work OR if work is interrupted.**

#### **4.4 REMOVING STORMWATER SAMPLES FROM THE FIELD**

1. If samples were collected, deliver the samples and corresponding Sample Collection Log/Field Chain of Custody form to the EPC-CP Stormwater Program Laboratory at TA-59-1.
2. Sign the Sample Collection Log/Field Chain of Custody and place it with the sample(s) in the refrigerator. Ensure custody seal tape is intact on each sample bottle. Lock the refrigerator to prevent tampering. Refer to EPC-CP-QP-048, *Processing MSGP Stormwater Samples* for instruction on processing samples and submitting samples for shipping to an analytical laboratory.

#### **5.0 TRAINING**

The following personnel require training before implementing this procedure:

- EPC-CP technical staff and subcontract or other personnel who inspect automated stormwater samplers and retrieve stormwater samples for the MSGP.

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For EPC-CP staff the training method for this procedure is “self-study” (reading). Other participating groups may require training documentation pursuant to local procedures.

Personnel performing this procedure will be familiar with the most current versions of the following procedures and operation manuals:

- EPC-CP MSGP Sampling and Analysis Plan for the current monitoring year
- Manual for Teledyne ISCO Sampler Model 3700
- Manual for Teledyne ISCO Avalanche® sampler
- Manual for Teledyne ISCO 701 pH/Temperature module (if equipped at station)

Personnel performing steps in this procedure that involve electrical equipment **MUST** be trained to LANL electrical safety standards as prescribed in the IWD before performing those steps.

## 6.0 RECORDS

Records generated by this document will be submitted to the EPC-CP Records Management designated point of contact or document manager in accordance with P1020-1, *Laboratory Records Management* and with ADESH-AP-006, *Records Management Plan*.

- Completed ISCO Sampler Inspection and Sample Retrieval form(s)

## 7.0 DEFINITIONS AND ACRONYMS

### 7.1 Definitions

See LANL *Definition of Terms*.

### 7.2 Acronyms

See LANL *Acronym Master List*.

EPC-CP	Environmental Protection and Compliance-Compliance Programs
IWD	Integrated Work Document
LANL	Los Alamos National Laboratory
LANS	Los Alamos National Security, LLC
MC Express	Maintenance Connection MC Express web application
MSGP	Multi-Sector General Permit
NPDES	National Pollutant Discharge Elimination System

## 8.0 REFERENCES

None.

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## 9.0 ATTACHMENTS

**Attachment 1:** Screenshot Examples of EPC-CP-Form-1010.02 in MC Express

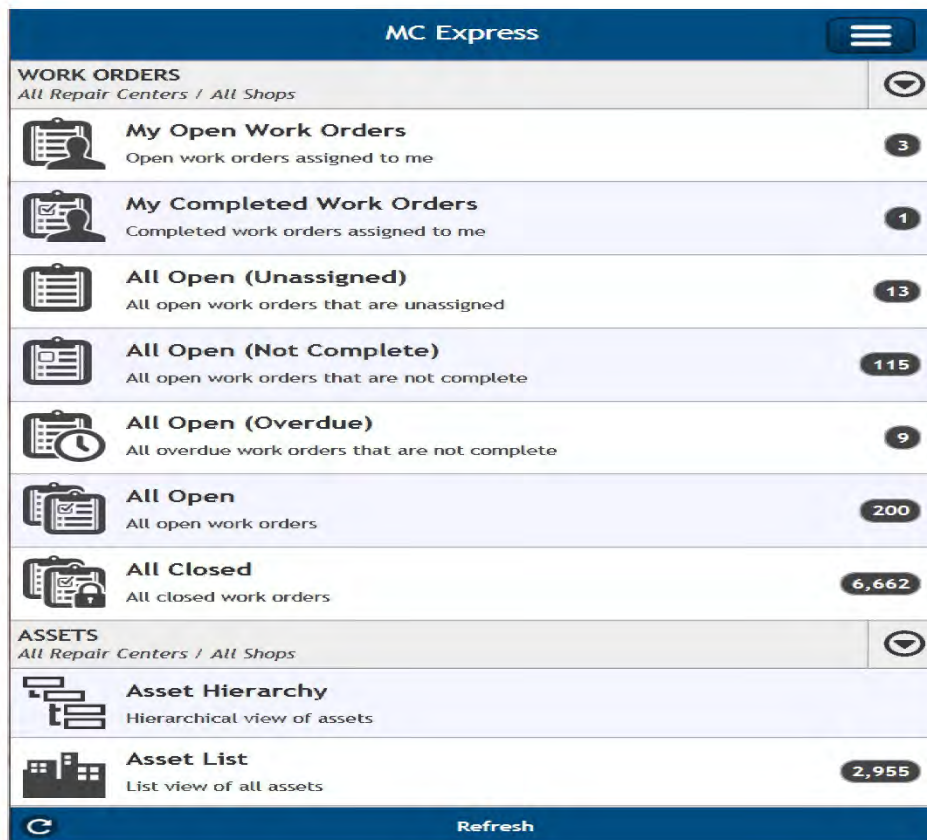
**Attachment 2:** Crosswalk of EPC-CP-Form-1010.02 Hard Copy Format to Electronic Format Example

**Attachment 3:** Flow Chart for Sample Retrieval

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## Attachment 1: Screenshot Examples of EPC-CP-Form-1010.02 in MC Express

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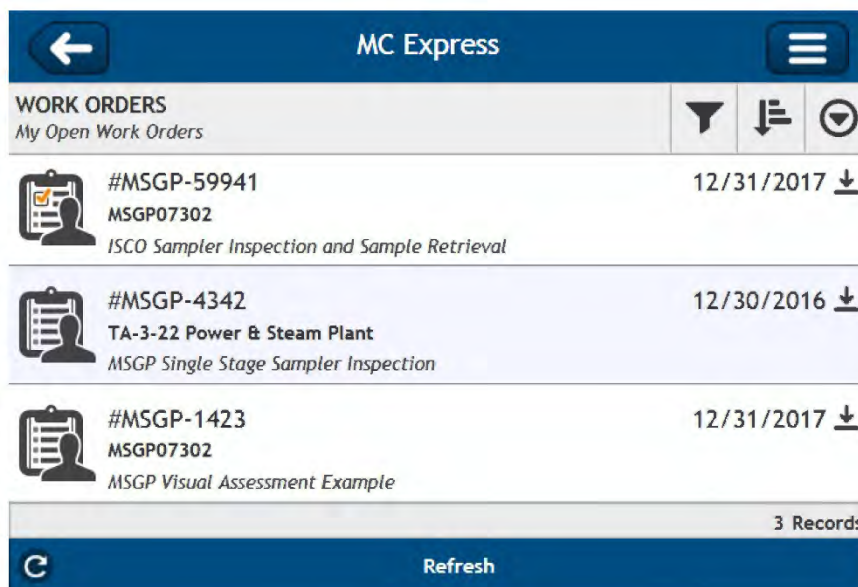
The screenshot shows the 'MC Express' interface with a 'WORK ORDERS' section. The section title is 'All Repair Centers / All Shops'. Below the title, there are several menu items, each with an icon and a count in a blue circle:

- My Open Work Orders**: Open work orders assigned to me (3)
- My Completed Work Orders**: Completed work orders assigned to me (1)
- All Open (Unassigned)**: All open work orders that are unassigned (13)
- All Open (Not Complete)**: All open work orders that are not complete (115)
- All Open (Overdue)**: All overdue work orders that are not complete (9)
- All Open**: All open work orders (200)
- All Closed**: All closed work orders (6,662)

Below the work orders section, there is an 'ASSETS' section with the title 'All Repair Centers / All Shops'. It contains two menu items:

- Asset Hierarchy**: Hierarchical view of assets
- Asset List**: List view of all assets (2,955)

At the bottom of the screen, there is a blue bar with a 'Refresh' button and a circular arrow icon.



The screenshot shows the 'MC Express' interface with a 'WORK ORDERS' section. The section title is 'My Open Work Orders'. Below the title, there are three work order entries, each with an icon, a title, a date, and a download icon:

- #MSGP-59941**: MSGP07302, 12/31/2017. Title: ISCO Sampler Inspection and Sample Retrieval.
- #MSGP-4342**: TA-3-22 Power & Steam Plant, 12/30/2016. Title: MSGP Single Stage Sampler Inspection.
- #MSGP-1423**: MSGP07302, 12/31/2017. Title: MSGP Visual Assessment Example.

At the bottom of the screen, there is a blue bar with a 'Refresh' button and a circular arrow icon. Above the bar, there is a status bar that says '3 Records'.

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## Attachment 1: Screenshot Examples of EPC-CP-Form-1010.02 in MC Express (cont.)

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MC Express

WORK ORDER: MSGP-59941  
Summary

[MSGP07302] MSGP07302  
TA-3-38 Carpenter Shop  
Issued

Hard Copy Inspection Example

Tasks	44
Assignments	1
Labor	0
Parts	0
Other Costs	0
Attachments	2
Asset History	52

More Work Order Detail...

Refresh List

MC Express

WORK ORDER: MSGP-59941  
Tasks

ON ARRIVAL

20	Is sampler ON and functioning properly upon arrival? Asset: [210C01437] ISCO 3700 Sampler	
30	Does the sampler display "Sampler Inhibited"? If No, record specific message(s). Asset: [210C01437] ISCO 3700 Sampler	
40	Is sampler time delta < 1 min (MST)? If No, record adjustment Asset: [210C01437] ISCO 3700 Sampler	
50	Is sampler ON and functioning properly upon arrival? Asset: [210J01522] ISCO Avalanche Sampler	
60	Does the Avalanche display "Program Disabled"? If No, record specific message(s). Asset: [210J01522] ISCO Avalanche Sampler	
70	Is sampler time delta < 1 min (MST)? If No, record adjustment Asset: [210J01522] ISCO Avalanche Sampler	

Refresh List

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## Attachment 1: Screenshot Examples of EPC-CP-Form-1010.02 in MC Express (cont.)

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MC Express

WORK ORDER: MSGP-59941  
Edit Task

20 Is sampler ON and functioning properly upon arrival?  
[210C01437] ISCO 3700 Sampler

Reading

Sampler knocked over by bear, power disconnected

Initials

Failed?

Yes

Not Applicable?

No

Complete?

No

Comments

Cancel Save

MC Express

WORK ORDER: MSGP-59941  
Tasks

Water Collection Information

90 Is there evidence of flow? If YES (but no water collected), describe and record date/time of discharge.

100 Is any water collected? If YES, complete Bottle Information section.

110 If water was collected, record current refrigerator temperature (C).  
Asset: [210J01522] ISCO Avalanche Sampler

120 If water was collected, record the pH measurement corresponding to the sample date/time: AVERAGE...  
Asset: [211C01137] ISCO pH and Temp Module

Water Retrieval Information

140 Was sample volume RETRIEVED? If Yes, record total volume retrieved.

150 Was a Visual Assessment performed? If Yes, complete the MSGP Visual Assessment form (EPC-CP-TP-064).

Refresh List



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## Attachment 1: Screenshot Examples of EPC-CP-Form-1010.02 in MC Express (cont.)

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MC Express

WORK ORDER: MSGP-59941  
Tasks

**ON DEPARTURE**

- 170 Are electrical connections secure?
- 180 Record voltage of battery(ies) powering sampler. Voltage(s) >=11.7V?

Refresh List

MC Express

WORK ORDER: MSGP-59941  
Tasks

**Equipment specific tasks**

- 200 Does the sampler pass the ISCO diagnostics test? Asset: [210C01437] ISCO 3700 Sampler
- 210 Is intake tubing free/clear of debris? Asset: [210C01437] ISCO 3700 Sampler
- 220 Does sample tubing pass suction test? Asset: [210C01437] ISCO 3700 Sampler
- 230 Is sampler on upon departure? Asset: [210C01437] ISCO 3700 Sampler
- 240 Has the actuator switch been reset to "Latch"? Asset: [210C01437] ISCO 3700 Sampler
- 250 Does ISCO display "Sampler Inhibited" on departure? Asset: [210C01437] ISCO 3700 Sampler

Refresh List

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## Attachment 1: Screenshot Examples of EPC-CP-Form-1010.02 in MC Express (cont.)

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The screenshot shows the MC Express mobile application interface. At the top, there is a blue header bar with a back arrow on the left, the text "MC Express" in the center, and a menu icon on the right. Below the header, a white bar displays "WORK ORDER: MSGP-59941" and "Tasks" with a flag icon and a dropdown arrow. A black bar with white text reads "Maintenance information". Below this, two task items are listed:
 

- Item 330: A flag icon with a red box containing the number 18, followed by the text "Is any maintenance not described above completed during inspection? If Yes, describe." and a right-pointing arrow.
- Item 340: A flag icon with a red box containing the number 19, followed by the text "Is any follow-on maintenance not described above required? If Yes, describe." and a right-pointing arrow.

 At the bottom, a blue bar contains an information icon, the text "Refresh", a grid icon, and the text "List".

The screenshot shows the MC Express mobile application interface. At the top, there is a blue header bar with a back arrow on the left, the text "MC Express" in the center, and a menu icon on the right. Below the header, a white bar displays "WORK ORDER: MSGP-59941" and "Tasks" with a flag icon and a dropdown arrow. A black bar with white text reads "Bottle information: IF bottle collected record bottle type (P or G), collection date & time, volume, and/or any ISCO messages". Below this, four task items are listed:
 

- Item 360: A flag icon with a red box containing the number 20, followed by "Bottle #1?", "Asset: [210C01437] ISCO 3700 Sampler", and a right-pointing arrow.
- Item 370: A flag icon, followed by "Bottle #2?", "Asset: [210C01437] ISCO 3700 Sampler", and a right-pointing arrow.
- Item 380: A flag icon, followed by "Bottle #3?", "Asset: [210C01437] ISCO 3700 Sampler", and a right-pointing arrow.
- Item 390: A flag icon, followed by "Bottle #4?", "Asset: [210C01437] ISCO 3700 Sampler", and a right-pointing arrow.

 At the bottom, a blue bar contains an information icon, the text "Refresh", a grid icon, and the text "List".

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## Attachment 1: Screenshot Examples of EPC-CP-Form-1010.02 in MC Express (cont.)

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MC Express

WORK ORDER: MSGP-59941  
Edit Task

360  
Bottle #1?  
[210C01437] ISCO 3700 Sampler

Reading  
2/10/17 14:32; 1L poly; no more liquid detected

Initials

Failed?  
No

Not Applicable?  
No

Complete?  
Yes

Comments

Cancel Save

MC Express

WORK ORDER: MSGP-59941  
Status Update

Issued

New Status 21  
Completed

Date  
03/16/2017 12:03 PM

Percent Complete 100%

Labor Report Update 22  
Select Comments to Add.....  
Jane Admin

Cancel Save

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**Attachment 1: Screenshot Examples of EPC-CP-Form-1010.02 in MC Express (cont.)**

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MC Express

WORK ORDER: MSGP-59941  
Status Update

Signature **23**

[\(Remove\)](#)

James Admin

Cancel Save

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## Attachment 2: Crosswalk of EPC-CP-Form-1010.02 Hard Copy Format to Electronic Format

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Los Alamos National Lab - ADESH

Work Order MSGP-59941

MSGP Monitoring Stations  
Printed 8/10/2017 - 11:25 AM (Duplicate Copy)

### Maintenance Details

**Requested By:** Admin, Jane on  
8/10/2017 11:23:00 AM

**Target:** 12/31/2017


 MSGP Program

**Procedure:** MSGP ISCO Sampler  
Inspection and Sample  
Retrieval (EPC-CP-  
Form-1010.2 2)

**Priority/Type:** / Inspection


 RG121.9

**Department:** Utilities and Infrastructure

 TA-3-38 Carpenter Shop

**Last PM:** 7/20/2017

**Project:** ISCO Inspections wk  
8/7/17 (P-MSGP-5212)

 Monitored Outfall (073)

 MSGP07302

**Contact:** Admin, Jane

**Phone:** 123-4567

**Reason:** Hard Copy ISCO Sampler Inspection and Sample Retrieval

### Tasks


#	Description	Meas.	No	N/A	Yes
<b>ON ARRIVAL</b>					
1 20	ISCO 3700 Sampler [210C01437] Is sampler ON and functioning properly upon arrival?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 30	ISCO 3700 Sampler [210C01437] Does the sampler display "Sampler Inhibited"? If No, record specific message(s).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 40	ISCO 3700 Sampler [210C01437] Is sampler time delta < 1 min (MST)? If No, record adjustment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50	ISCO Avalanche Sampler [210J01522] Is sampler ON and functioning properly upon arrival?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60	ISCO Avalanche Sampler [210J01522] Does the Avalanche display "Program Disabled"? If No, record specific message(s).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70	ISCO Avalanche Sampler [210J01522] Is sampler time delta < 1 min (MST)? If No, record adjustment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Water Collection information</b>					
4 90	Is there evidence of flow? If YES (but no water collected), describe and record date/time of discharge.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 100	Is any water collected? If YES, complete Bottle Information section.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 110	ISCO Avalanche Sampler [210J01522] If water was collected, record current refrigerator temperature (C).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 120	ISCO pH and Temp Module [211C01137] If water was collected, record the pH measurement corresponding to the sample date/time: AVERAGE. MINIMUM. MAXIMUM:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Water Retrieval information</b>					
8 140	Was sample volume RETRIEVED? If Yes, record total volume retrieved.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 150	Was a Visual Assessment performed? If Yes, complete the MSGP Visual Assessment form (EPC-CP-TP-064).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>ON DEPARTURE</b>					
10 170	Are electrical connections secure?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 180	Record voltage of battery(ies) powering sampler. Voltage(s) >= 11.7V?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Equipment specific tasks</b>					
12 200	ISCO 3700 Sampler [210C01437] Does the sampler pass the ISCO diagnostics test?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 210	ISCO 3700 Sampler [210C01437] Is intake tubing free/clear of debris?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 220	ISCO 3700 Sampler [210C01437] Does sample tubing pass suction test?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 230	ISCO 3700 Sampler [210C01437] Is sampler on upon departure?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 240	ISCO 3700 Sampler [210C01437] Has the actuator switch been reset to "Latch"?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 250	ISCO 3700 Sampler [210C01437] Does ISCO display "Sampler Inhibited" on departure?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



<b>Inspecting Storm Water Runoff Samplers &amp; Retrieving Samples for the MSGP</b>	EPC-CP-QP-047	Page 25 of 26
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## Attachment 2: Crosswalk of EPC-CP-Form-1010.02 Hard Copy Format to Electronic Format (cont.)

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260	ISCO Avalanche Sampler [210J01522] Does the sampler pass the ISCO diagnostics test?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
270	ISCO Avalanche Sampler [210J01522] Is intake tubing free/clear of debris?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
280	ISCO Avalanche Sampler [210J01522] Does sample tubing pass suction test?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
290	ISCO Avalanche Sampler [210J01522] Is sampler on upon departure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
300	ISCO Avalanche Sampler [210J01522] Has the actuator switch been reset to "Latch"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
310	ISCO Avalanche Sampler [210J01522] Does Avalanche display "Program Disabled" on departure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Maintenance information</b>				
18	330 Is any maintenance not described above completed during inspection? If Yes, describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	340 Is any follow-on maintenance not described above required? If Yes, describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Bottle information: IF bottle collected record bottle type (P or G), collection date &amp; time, volume, and/or any ISCO messages</b>				
20	360 ISCO 3700 Sampler [210C01437] Bottle #1?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	370 ISCO 3700 Sampler [210C01437] Bottle #2?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	380 ISCO 3700 Sampler [210C01437] Bottle #3?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	390 ISCO 3700 Sampler [210C01437] Bottle #4?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	400 ISCO 3700 Sampler [210C01437] Bottle #5?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	410 ISCO 3700 Sampler [210C01437] Bottle #6?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	420 ISCO 3700 Sampler [210C01437] Bottle #7?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	430 ISCO 3700 Sampler [210C01437] Bottle #8?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	440 ISCO 3700 Sampler [210C01437] Bottle #9?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	450 ISCO 3700 Sampler [210C01437] Bottle #10?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	460 ISCO 3700 Sampler [210C01437] Bottle #11?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	470 ISCO 3700 Sampler [210C01437] Bottle #12?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	480 ISCO Avalanche Sampler [210J01522] Bottle #1?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	490 ISCO Avalanche Sampler [210J01522] Bottle #2?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	500 ISCO Avalanche Sampler [210J01522] Bottle #3?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	510 ISCO Avalanche Sampler [210J01522] Bottle #4?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Labor Report</b>				
Completed: 5/30/2017 4:44:00 PM				
Report: Jane Admin				
 Signature / Name		5/30/2017 Date		Signature / Name
I confirm the information as recorded is true, accurate and complete.				

WO ID: \_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_

21 Date: \_\_\_\_\_ Time: \_\_\_\_\_

22 Name/Z#: \_\_\_\_\_

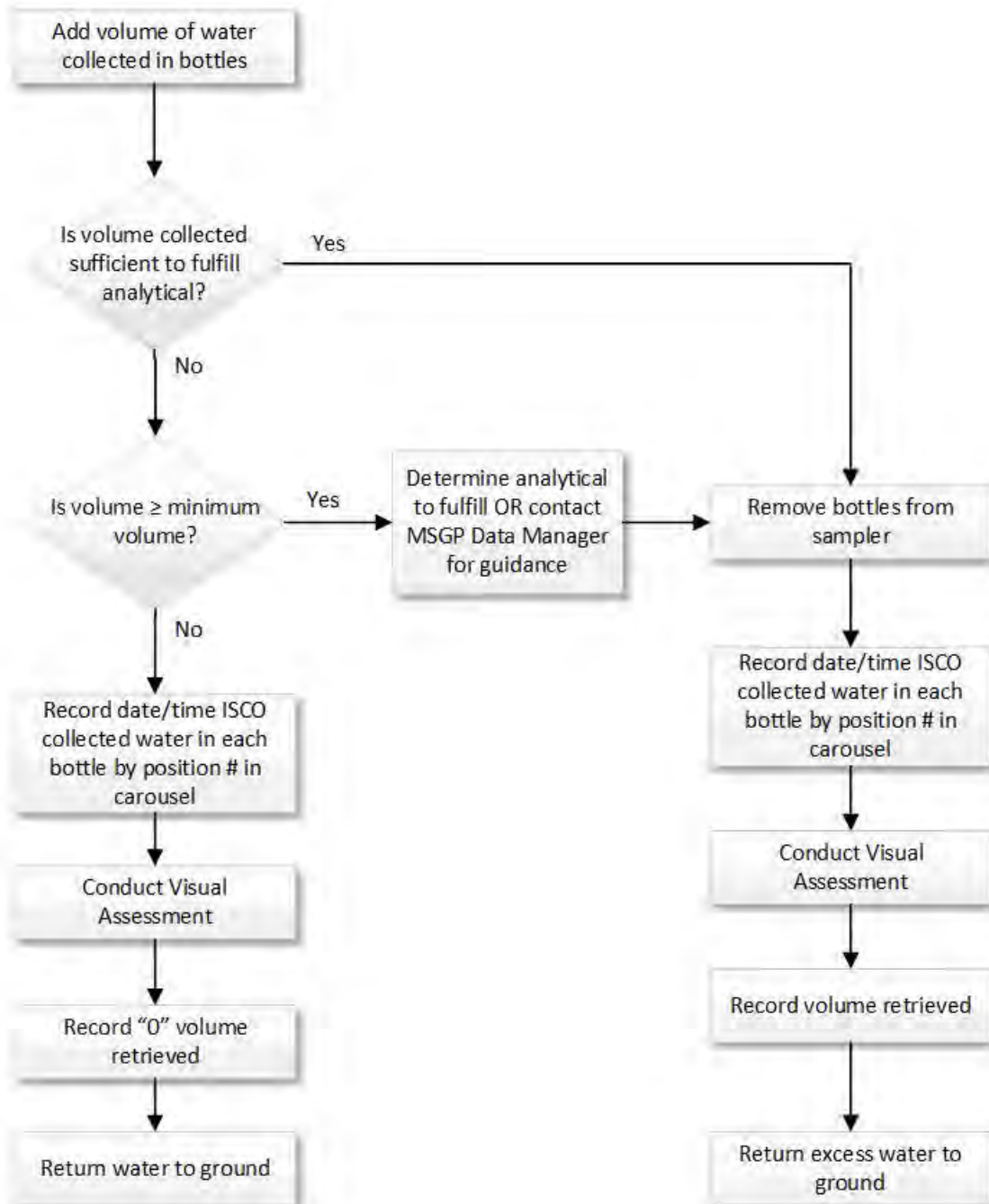
Name/Z#: \_\_\_\_\_

23 Lead Signature: \_\_\_\_\_

"I confirm the information as recorded is true, accurate and complete."

**Attachment 3: Flow Chart for Sample Retrieval**

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Effective Date: 11/04/2013

Next Review Date: 11/04/2015

**Environment, Safety, Health Directorate****Environmental Protection Division – Compliance Programs Group****Quality Assurance Project Plan****Stormwater Multi-Sector General Permit for  
Industrial Activities Program****Reviewers:**

Name: Melanie Lamb	Organization: ADESH-OIO, QA Specialist	Signature: Signature on File	Date:
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**Derivative Classifier:** ☐ Unclassified ☒ DUSA ENVPRO

Name: Ellena Martinez	Organization: ADESH-OIO	Signature: Signature on File	Date:
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**Approval Signatures:**

Subject Matter Expert: Holly Wheeler	Organization: ENV-CP	Signature: Signature on File	Date:
Responsible Line Manager: Mike Saladen	Organization: ENV-CP, Team Lead	Signature: Signature on File	Date:
Responsible Line Manager: Anthony Grieggs	Organization: ENV-CP, Group Leader	Signature: Signature on File	Date:

**CONTROLLED DOCUMENT**

This copy is uncontrolled. The controlled copy can be found on the ENV Division Web page.

Users are responsible for ensuring they work to the latest approved version.

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### History of Revisions

<b>Document Number</b> <i>[Include revision number, beginning with Revision 0]</i>	<b>Effective Date</b> <i>[Document Control Coordinator inserts effective date]</i>	<b>Description of Changes</b> <i>[List specific changes made since the previous revision]</i>
0	06/03	New Document
1	12/05	Annual review and revision
2	07/07	Annual review, incorporated organizational restructure changes.
3	07/09	Biennial Review and Revision
4	07/09	Biennial Review and Revision
5	10/13	Biennial Review and Revision. New format implemented.

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## 1.0 QUALITY PROGRAM

LANL will comply with the monitoring requirements as specified by the 2008 National Pollutant Discharge Elimination System (NPDES) Stormwater Multi-Sector General Permit for Industrial Activities. Compliance will be demonstrated through the successful implementation of this project plan and applicable procedures.

Los Alamos National Laboratory (the Laboratory) has established a comprehensive stormwater program for its industrial activities. Historically, the Laboratory operated under the NPDES Baseline General Permit and then under the NPDES 1995, 2000, and 2008 Multi-Sector General Permits. The Laboratory submitted its NOI for 2008 coverage in December 2008.

The 2008 MSGP was issued on September 22, 2008 and became effective on September 29, 2008.

The purpose of this project plan is to ensure compliance with the following:

- 2008 NPDES Multi-Sector General Permit (MSGP) and the Clean Water Act (CWA)
- DOE Order 450.1, *Environmental Protection Program*, and DOE Order 5400.5, *Radiation Protection of the Public and Environment*, which establish environmental protection program policies, requirements, and responsibilities

The Environmental Protection, Environmental Compliance Programs (ENV-CP) Water Quality Team has been tasked with overseeing institutional stormwater compliance related activities at the Laboratory.

### 1.1 QUALITY PROGRAM PURPOSE

This Quality Assurance Project Plan (QAPP) describes the policies and requirements that ensure MSGP activities are conducted in a consistent, agreed-upon manner.

This QA Project Plan describes the policies and requirements that ensure the MSGP processes are conducted in a consistent, agreed-upon manner. Drivers for the quality plan include:

- DOE Order 414.1C, *Quality Assurance*
- [SD330, LANL Quality Assurance Program](#)

This QA Project Plan (QAPP), including implementing procedures, is a sub-tier document to the [SD330, LANL Quality Assurance Program](#). The following documents provide requirements to ensure that the MSGP Program is operated in accordance with established plans and procedures:

- [SD330, LANL Quality Assurance Program](#)
- QA Project Plan for the MSGP (this document)
- Implementing procedures

### 1.2 ORGANIZATION

ENV-CP is responsible for compliance oversight of the Laboratory's MSGP coverage. The Group is organized by teams under the line management direction of the Group Leader. Teams are cross-functional and focus on specific Laboratory water quality responsibilities, deliverables, or

products. Teams are guided by Team Leaders who have the responsibility to assure the program is completed and properly implemented.

The Team Leader coordinates the project and reports to the ENV-CP Group Leader. The Project Lead implements program oversight, coordinates contractor efforts (if there are any), and reports to the Team Leader. A QA Specialist is assigned to work for the Team Leader to provide quality assurance assistance, advice, and review. In addition, representatives from other groups may participate and contribute to this team as subject matter experts for project activities. The project organization is shown in Attachment 1.

Applicable regulatory drivers include the following:

- Clean Water Act (CWA)
- 2008 NPDES Multi-Sector General Permit (MSGP)
- DOE Order 450.1, *Environmental Protection Program*
- DOE Order 5400.5, *Radiation Protection of Public and Environment*
- [P401, Procedure to Identify, Communicate, and Implement Environmental Requirements](#)

### 1.3 RESPONSIBILITIES

The following table lists specific responsibilities:

Who	What
Group Leader	Assure that qualified staff complies with regulatory requirements associated with the MSGP.
Project Lead	Ensure that MSGP-related activities are performed in accordance with the requirements specified in this plan.
ENV-CP Staff	Perform MSGP-related activities as assigned by the Team Leader or Project Leader

## 2.0 PERSONNEL DEVELOPMENT

Qualified team members will be hired and trained as prescribed in [ENV-DO-QP-115, Personnel Training](#). Minimum training requirements for ENV personnel are described in the ENV Division Qualification Standards. The LANL Human Resources Division maintains documentation of education qualification. Required MSGP qualifications and training plans are listed below.

### 2.1 MSGP CURRICULA

The MSGP Program requires personnel with the following training requirements:

#### MSGP Inspectors

Curricula 10697 ENV-RCRA MSGP Inspector

Item 43337 ENV-CP-QAPP-MSGP

Item 54892 ENV-RCRA-QP-022 MSGP Stormwater Corrective Actions

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Item 42415 ENV-DO-QP-101 *Environmental Reporting Requirements for Releases or Events*  
 Item 42547 ENV-DO-QP-111 *Reporting Environmental Releases to Pueblo Governments*  
 Item 40708 ENV-DO-QP-108 *Preparation of External Correspondence for Review and Approval*  
 Item 43172 ENV-DO-QP-112 *Coordinating Regulatory Inspections*  
 Item 42891 ENV-DO-QP-113 *Tracking Issues and Actions*  
 Item 43805 ENV-DO-QP-114 *Logbook Use and Control*  
 Item 45777 ENV-DO-QP-100 *General Field Safety*

#### Curricula 131 Field Worker Training Requirements

Item 43562 or 3583 or 16585 CPR/AED: LANL Workplace  
 Item 3574 or 13264 First Aid

#### MSGP SWPPP Preparers

##### Curricula 7814 ENV-RCRA MSGP SWPPP Preparer

Item 43337 ENV-CP-QAPP-MSGP  
 Item 56593 ENV-RCRA-QP-044 *Preparing Storm Water Discharge Monitoring Reports (MDMRs) for the NPDES Multi-Sector General Permit*  
 Item 40708 ENV-DO-QP-108 *External Correspondence*  
 Item 43172 ENV-DO-QP-112 *Coordinating Regulatory Inspections*  
 Item 42891 ENV-DO-QP-113 *Tracking Issues and Actions*  
 Item 43805 ENV-DO-QP-114 *Logbook Use and Control*  
 Item 45777 ENV-DO-QP-100 *General Field Safety*

##### Curricula 51 ENV-RCRA Design Engineer

Item 44269, COE Review of LANL Produced Design Documents, AP-341-620  
 Item 44266, COE System Design Descriptions, AP-341-61  
 Item 44263, COE Engineering Drawings and Sketches, AP-341-608  
 Item 44261, COE Calculation, AP-341-605  
 Item 44258, COE Requirements and Criteria Document, AP-341-602  
 Item 44257, COE Functions & Requirements Document, AP-341-601  
 Item 43658, CORE Engineering Overview  
 Item 55428, COE Management Level Determination, AP-341-502  
 Item 54168, P342 Engineering Standards  
 Item 47029, COE LANL Review of Design by External Agencies, AP-341-622  
 Item 43666, Engineering Design Management  
 Item 43663, Engineering Technical Baseline  
 Item 44225, COE Evaluation of Vendor Information, AP-341-701

#### MSGP Visual Assessors

##### Curricula 10698 ENV-RCRA MSGP Visual Assessor

Item 43337 ENV-RCRA-QAPP-MSGP  
 Item 50493 ENV-RCRA-QP-064 *MSGP Storm Water Visual Assessments*  
 Item 42415 ENV-DO-QP-101 *Environmental Reporting Requirements for Releases or Events*  
 Item 42547 ENV-DO-QP-111 *Reporting Environmental Releases to Pueblo Governments.*  
 Item 40708 ENV-DO-QP-108 *External Correspondence*



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Item 43172 ENV-DO-QP-112 *Coordinating Regulatory Inspections*

Item 42891 ENV-DO-QP-113 *Tracking Issues and Actions*

Item 43805 ENV-DO-QP-114 *Logbook Use and Control*

Item 45777 ENV-DO-QP-100 *General Field Safety*

Curricula 131 Field Worker Training Requirements

Item 43562 or 3583 or 16585 CPR/AED: LANL Workplace

Item 3574 or 13264 First Aid

## **2.2 MSGP INSPECTOR QUALIFICATIONS**

### Inspections:

- Post high school education or experience in engineering or environmental science or a related field; or industrial site field experience involving stormwater pollution prevention.
- 2 years experience of completing MSGP inspections or 1 year MSGP inspection experience with the Certified Inspector of Sediment and Erosion Control (CISEC) certification.
- 6 months knowledge of LANL facility operations.
- Demonstrated ability, as determined by the Multi-Sector General Permit Project Lead and/or Water Quality Team Leader, to successfully and effectively evaluate and identify the following at industrial sites:
  - Conditions and activities that could impact stormwater quality at the facility.
  - Inadequate or ineffective BMPs.
  - Required modification or maintenance of existing BMPs.
  - Locations requiring new or additional BMPs.
  - Potential pollutant sources associated with the facility.
  - Appropriate and correct site stabilization measures.
- Demonstrated ability, as determined by the Multi-Sector General Permit Project Lead and/or Water Quality Team Leader, to evaluate the compliance status of each industrial facility and document identified issues during an inspection.
- Demonstrated ability, as determined by the Multi-Sector General Permit Project Lead and/or Water Quality Team Leader, to properly and effectively complete inspection reports, including the ability to perform the following:
  - Prepare reports in a clear, concise manner, identifying site conditions and issues.
  - Write legibly and describe conditions clearly and accurately.
  - Use proper spelling and grammar.
  - Complete the MSGP Routine Inspection Report forms accurately.
  - Accurately enter findings into the Corrective Actions Report database.
- Conduct inspections in a professional manner.
- Be a member of, or contractor supporting, ENV-RCRA or ENV Division.

## **2.3 MSGP SWPPP PREPARER QUALIFICATIONS**

### SWPPP Preparation:

One of the 2 criteria below must be satisfied:

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- BS degree or experience in engineering, environmental science, or related field, with a background involving stormwater pollution prevention and regulatory compliance relating to MSGP sites and a 1 year minimum of LANL facility operations knowledge and 1 year experience of completing MSGP inspections; or
- Certified Professional in Erosion and Sediment Control (CPESC) or Professional Engineer (PE) with a demonstrated background in stormwater management, sediment and erosion control, and regulatory compliance.

In addition to:

- Demonstrated ability, as determined by the Multi-Sector General Permit Project Lead and/or Water Quality Team Leader, to:
  - Prepare SWPPPs per LANL format and in compliance with NPDES MSGP requirements.
  - Identify and specify appropriate BMPs and stabilization measures.
  - Identify potential pollutant sources associated with the facility.
  - Perform necessary calculations to meet regulatory requirements.
  - Prepare a site map.
  - Be a member of, or contractor supporting, ENV-CP or ENV Division.

## 5.4 MSGP VISUAL ASSESSOR QUALIFICATIONS

### Quarterly Visual Assessments:

- Education or experience in engineering, environmental science, or a related field; or industrial site field experience involving stormwater pollution prevention; and
- Completed ENV-RCRA training on how to collect and evaluate visual assessment; and
- Demonstrated ability, as determined by the Multi-Sector General Permit Program Lead and/or Water Quality Team Leader, to:
  - Collect quarterly visual samples at the designated outfall.
  - Complete the applicable portions of the MSGP Quarterly Visual Assessment Form.
  - Have working knowledge of the regulatory requirements in Section 4.2 of the MSGP.

## 5.5 TRAINING RESPONSIBILITIES

All personnel performing MSGP project-related work are required to obtain appropriate training prior to performing work governed by a procedure. Training for all project personnel will be performed and documented in accordance with [ENV-DO-QP-115, Personnel Training](#).

The following table lists specific responsibilities regarding training requirements.

Who	What
Group Leader	Ensure project personnel meet all Laboratory training requirements.
Program Lead	Establish and document job descriptions for each position within the MSGP Project.
	Ensure all project personnel have the appropriate level of education,

	experience, and training.
--	---------------------------

### 3.0 QUALITY IMPROVEMENT

The MSGP Project subscribes to the principles of problem prevention and continuous improvement. The Project Lead is committed to evaluating improvement opportunities identified by trending and reporting.

The Project Lead provides verbal and written updates, as needed, to the Team Leader and Group Leader to keep group management apprised of the focus of the MSGP Project activities and to address any shortcomings that may be identified.

#### 3.1 CORRECTIVE ACTIONS WITHIN ENV-RCRA

Corrective actions for all ENV-RCRA programs and projects are initiated, tracked, corrected, and documented according to *P330-6 Nonconformance Reporting*, *P322-4 Laboratory Performance Feedback and Improvement Process*, *SD330, Los Alamos National Laboratory Quality Assurance Program*, and Division/Group procedures.

#### 3.3 QUALITY IMPROVEMENT RESPONSIBILITIES

The following table lists specific responsibilities for quality improvement:

Who	What
Project Lead	Monitor program performance and ensure issues are corrected in a timely manner.
ENV-CP Staff	<p>Identify opportunities for process improvement, health and safety enhancement, environmental protection, or other improvements of the program's operations.</p> <p>Discuss the identified opportunities with the Project Lead.</p> <p>Ensure issues are reported and corrected in a timely manner.</p>

### 4.0 DOCUMENT CONTROL/RECORDS MANAGEMENT

The program lead, at least one reviewer, and the Group Leader will approve all revisions to this plan. Revisions to the plan will be provided to the QA Specialist. This plan will be reviewed and revised (if necessary) biennially.

This document will be controlled under the organization's document control system (*ENV-DO-QP-106, Document Control*). Controlled copies of ENV documents are located on the Internet: <http://int.lanl.gov/orgs/env/rcra/qa.shtml>, all other copies are uncontrolled.

Procedures will be developed as necessary and in accordance with *ENV-DO-QP-105, Preparation, Review, and Approval of Procedures*.

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Phone calls, email, or fax communications will be documented and controlled if the content provides direction or results in decisions.

#### 4.1 PROGRAM RECORDS

The number, type, and detail of all records to be kept will provide sufficient information to allow an individual with equivalent education and training to verify or reconstruct the results. Implementing procedures specify the records, forms, logbook entries, or other information to be kept as documentation of the performance of the procedure.

Records to be kept in the ENV-CP records system include the following:

- Copy of the Multi-Sector General Permit
- Annual Site Compliance Evaluation reports
- Corrective Action Reports
- Reports and certifications required by MSGP
- Records of all data used to complete MSGP Notice of Intent
- Discharge Monitoring Reports

Records to be kept by the Deployed Environmental Professional assigned to the FOD in which the industrial facility resides includes the following:

- Copies of Stormwater Pollution Prevention Plans
- Reports and certifications required by MSGP
- Routine Inspection Forms
- Supporting analytical data reports including Visual Assessment Forms
- Corrective Action Reports
- Discharge Monitoring Reports
  - Annual Site Compliance Evaluation reports

All ENV-CP records will be maintained and available (after the deadline for submittal as given in applicable procedures) for auditing in the records center at ENV-CP ([ENV-DO-QP-110, Records Management](#)). Records will be archived in compliance with Laboratory and DOE requirements for records retention, storage, and management.

#### 4.2 PROGRAM RECORDS RESPONSIBILITIES

The following table lists specific responsibilities for program records management:

Who	What
Team Leader	Ensure QAPP meets minimum specifications for documentation and records of the <a href="#">SD330, Los Alamos National Laboratory Quality Assurance Program</a>
Program Lead	Conduct annual review of records to ensure compliance with project requirements.

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### 4.3 ELECTRONIC MEDIA

The project will utilize electronic means as necessary to maintain data and perform calculations on these data. Electronic means will not however replace paper copies. All records that must be maintained to meet the requirements of the Permit will be kept in hard copy as the official record.

### 4.4 DATABASES

Analytical data will be maintained in the LANL Water Quality Database (WQDB). Security, verification, and validation of data are maintained in accordance with LANL procedures.

Security -- ENV data will be maintained electronically in a secure manner and will be protected from loss by being maintained as part of an official dataset that is backed up at least weekly.

Verification of data -- All ENV data, either electronic or hardcopy must undergo a verification and validation process that includes the following:

#### Verification

- Paper deliverables match electronic data that are stored in an official dataset. Paper deliverables include:
  - chain of custody for sample data
  - field log, if applicable, for sample data
  - data packages for analytical data
  - documentation packages for supporting data (e.g., geographic information system)
- All hand-entered data have been verified by a person other than the individual performing the entry
- Electronic uploads of data (e.g., electronic data deliverables) have been spot checked (at least 10%) to ensure the upload performed as expected
- Hard copy supporting information (e.g., data packages, chains of custody, validation reports, etc.) is evaluated for completeness, archived, and available for audit

Validation --analytical data validation is the responsibility of the EP Directorate. The process will include the following:

- Validate that sample and quality assurance/quality control data and information meet contract specifications
- Assign validation flags, as appropriate
- Identify the analytical supplier
- Identify the analytical method

Verification of calculations -- A person other than the person who generated the query will review for accuracy all compliance related calculations performed in a database through queries. This review will be documented and forwarded to the appropriate record series.

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### **Spreadsheets:**

Backups -- All spreadsheets used to hold data and generate reports to be used in demonstrating compliance will be maintained in a secure location. The preferred location is on the Group server. Spreadsheets will be backed up at least weekly.

Verification of data -- All compliance-related data uploaded into a spreadsheet will be verified to be accurate against the original paper copy. Data that are uploaded through electronic means will undergo a 10% verification. Data that are uploaded through manual means will undergo a 100% verification. Someone other than the data entry person must perform the 100% review. This review will be documented and forwarded to the appropriate record series.

Verification of calculations -- A person other than the person who generated the spreadsheet will review for accuracy all compliance-related calculations performed in a spreadsheet. This review will be documented and forwarded to the appropriate record series. Modifications to the function of these spreadsheets will also be verified in this manner.

Software control -- The integrity of spreadsheets will be ensured by limiting access to these spreadsheets to only trained, authorized personnel. Additionally, at least once per year, the function of the spreadsheets will be verified by hand calculations. Documentation of this review will be forwarded to the appropriate record series.

## **4.4 IMPLEMENTATION RESPONSIBILITIES**

The following table lists specific responsibilities:

Who	What
Program Lead	Regularly assess data integrity methods used by MSGP personnel.

## **5.0 PLANNING AND PERFORMING WORK**

Work conducted under this program ensures compliance with the 2008 Multi-Sector General Permit; the Clean Water Act; and DOE Orders 450.1, *Environmental Protection Program*, and 5400.5, *Radiation Protection of the Public and Environment*.

Work that contributes to achieving the quality specifications of the MSGP deliverables will be planned and documented as described in this document and implementing procedures.

Work will be performed according to applicable plans and implementing procedures. The team leader will provide first line supervision of personnel assigned to project tasks to ensure work is performed to achieve project quality specifications. Before changing a work process that affects the project quality specifications, the team leader will ensure the same level of planning and review as used in the initial project planning steps.

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## 5.1 WORK PROCESSES

All work should be regarded as a process. Each process consists of a series of actions and is planned and carried out by qualified workers using specified work processes and equipment under administrative, technical, and environmental controls established by management to achieve an end result. Workers are the best resource of contributing ideas for improving work processes and will be involved in work process design, process evaluation, and providing the feedback necessary for improvement.

All work is planned and performed using the principles of Integrated Safety Management and in compliance with [P300, \*Integrated Work Management for Work Activities\*](#).

## 5.3 WORK PERFORMANCE

Management should ensure that the following are clearly identified and conveyed to workers prior to beginning work:

- customer and data requirements for the work and final product;
- acceptance criteria applicable to work and final product;
- hazards associated with the work;
- technical standards applicable to work and final product; and
- safety, administrative, technical, and environmental controls to be employed during the work.

The work processes used to meet the regulatory requirements and the requirements of this plan can be divided as follows:

- Stormwater Pollution Prevention Plans (Multi-Sector General Permit Section 5.0)
- Inspections (Multi-Sector General Permit Section 4.0)
- Monitoring (Multi-Sector General Permit Section 6.0)
- Discharge Monitoring Reports (Multi-Sector General Permit Section 7.1 – Reporting Monitoring Data to EPA)
- Best Management Practices (Multi-Sector General Permit Section 2.0 –Control Measures)
  - Reporting and Recordkeeping (Multi-Sector General Permit Section 7.0)

## 5.4 STORMWATER POLLUTION PREVENTION PLAN

Stormwater Pollution Prevention Plan (SWPPP) development and implementation by the regulated industrial facility is required for MSGP compliance (refer to Section 8.0 of the 2008 MSGP for *Sector-Specific Requirements for Industrial Activity* and Appendix D, *Sectors of Industrial Activity Covered by This Permit*). The SWPPP is intended to document the selection, design, and installation of control measures. Additional documentation requirements are intended to document the implementation (including inspection, maintenance, monitoring, and corrective



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action) requirements identified in the 2008 MSGP permit. The SWPPP is a written assessment of potential sources of pollutants in stormwater runoff and control measures that will be implemented at the specific industrial facility to minimize the discharge of pollutants in runoff from the site. These control measures include site-specific Best Management Practices (BMPs), inspections, employee training, and reporting. The procedures detailed in the SWPPP must be implemented by the facility and updated as necessary, with a copy of the SWPPP kept on-site.

The SWPPP development process involves evaluating regulated industrial activities and requiring Facility Management support in implementation, improvement, and revision of the Plans.

#### **5.4.1 DISCHARGE MONITORING REPORTS**

The Laboratory is required to submit analytical results of stormwater monitoring and to keep the results with the facility specific SWPPP. The Laboratory must certify and submit analytical monitoring results obtained from each facility specific sampling location (i.e., the sampling station located at the monitored outfalls) associated with industrial activity on a Discharge Monitoring Report (DMR) form or use it to report any of the following:

- no discharge for all outfalls for a specific monitoring period;
- the industrial facility status has changed to inactive and unstaffed;
- the facility status has changed to active; or
- no further pollutant reductions are achievable for all outfalls and for all pollutants (see Section 6.2.1.2 of the 2008 MSGP).

#### **5.4.2 ANNUAL SITE COMPLIANCE EVALUATION REPORT**

The Laboratory is required to submit an annual report (Attachment 2) to the Environmental Protection Agency (EPA) that includes the findings from the comprehensive site inspection and any corrective action documentation. The documentation must include the following:

- identification of the condition triggering the need for corrective action review;
- date and description of the problem identified;
- summary of the corrective action taken or to be taken;
- notice of whether SWPPP modifications are required as a result of the discovery or corrective action;
- date corrective action was initiated; and
- date corrective action was completed or is expected to be completed.

The following table lists responsibilities:

<b>Who</b>	<b>What</b>
Project Lead	Ensure that SWPPP requirements are performed in accordance with the MSGP.

Facility Management Support	Implement SWPPP requirements as recommended by the Project Lead.
ENV-CP Staff and Deployed Environmental Professionals (DEPs)	Assure SWPPP implementation as required by MSGP.
DEPs	Develop, modify, and update SWPPPs and assist facility personnel with SWPPP implementation.

## 5.5 INSPECTIONS

The MSGP requires periodic inspection of industrial processes and maintenance of (BMPs) to assure effectiveness of control measures. The Laboratory has implemented a quarterly or monthly inspection process (depending on the industrial facility) to support this determination. A copy of the Routine Inspection Form is provided in Attachment 3.

## 5.6 STORMWATER MONITORING

Benchmark stormwater monitoring is the required mechanism for determining the effectiveness of corrective actions and meeting the requirements of the MSGP. Refer to Attachment 4, *MSGP Facilities and Stormwater Monitored Outfalls Associated with Industrial Activity 2011*, for a list of Laboratory sites that have monitoring requirements. Laboratory management has made an investment in time and materials, in addition to a commitment to comply with the 2008 MSGP Permit. All stormwater monitoring is conducted by ENV-CRP personnel. The MSGP Project currently has a network of 23 monitoring stations. Considerations to be used for MSGP stormwater monitoring development decisions will include MSGP requirements, new state water quality standards, Administrative Authority requests, or new permit requirements. Stormwater monitoring will be conducted as specified in the MSGP.

Effluent Limitations stormwater monitoring is required for the following type of facility of LANL:

Regulated Activity	Parameter	Effluent Limit	Monitoring Frequency	Sample Type
Discharges from asphalt emulsion facilities	Total Suspended Solids	23.0 mg/L daily max.  15.0 mg/L, 30-day avg.	1/year	grab
	pH	6.0-9.0 s.u.	1/year	grab
	Oil and Grease	10.0 mg/L  30-day avg.	1/year	grab

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This determination was made in accordance with Section 1.1.2.4 of the MSGP. The TA-60 Asphalt Batch Plant meets the criteria for effluent limitations monitoring in this section. Exceedances of the effluent limits in this table require immediate action. In addition, if follow-up monitoring after corrective actions also exceeds an effluent limit guideline, an Exceedance Report for Numeric Effluent Limits must be submitted to EPA no later than 30 days after lab results have been received and verified.

Impaired Waters stormwater monitoring is required for discharges made to an impaired water. The canyons within and surrounding Los Alamos National Laboratory are declared as Impaired Waters by the New Mexico Environment Department. The pollutants vary from canyon to canyon and are listed in Attachment 5, *Pollutants Under Impaired Waters Monitoring*. The pollutants may be discontinued in subsequent annual monitoring if the concentration is below background levels in stormwater or if the constituent is not detected.

Visual assessments are also required by the MSGP and are an important tool for collecting information to determine the effectiveness of controls in preventing potential contaminants from migrating off Laboratory property. Accordingly, field personnel must conduct visual assessments for stormwater collected at the monitoring stations or discharged through substantially identical outfalls associated with industrial facilities located throughout the Laboratory. Information recorded will document all observations that are required by the MSGP (see [ENV-RCRA-QP-064, Multi-Sector General Permit Storm Water Visual Inspections](#)).

The Laboratory's MSGP permit requires stormwater quality monitoring to evaluate compliance with water quality standards and evaluation against benchmarks. Parameters sampled at the monitoring stations are selected based on permit requirements and the results of the previous year.

Four stormwater samples per year are required under the 2008 MSGP, but it is not necessary to collect them in consecutive quarters if climatic conditions that prevented quarterly collection are documented (see *Adverse Weather Conditions* in Section 6.1.5 of the MSGP). Sample locations are listed in Attachment 4, *MSGP Facilities and Stormwater Monitored Outfalls Associated with Industrial Activity 2011*, and collection will be conducted in accordance with LANL and NPDES Permit requirements and the current year MSGP Sampling and Analysis Plan.

Stormwater samples are used to demonstrate compliance with water quality standards and requirements to evaluate results against benchmark parameters (Attachments 5 and 6). Any persons involved in the preparation, retrieval, and analysis must maintain positive control of samples at all times until sample disposal. ENV-RCRA personnel will follow guidance in the Associate Directorate for Environmental Programs (ADEP) document [ENV-WQH-QP-029, Creating and Maintaining a Chain of Custody](#), as well as, [ENV-RCRA-QP-047, Inspecting Storm Water Runoff Samplers and Retrieving Samples](#), and [ENV-RCRA-QP-048, Processing MSGP Storm Water Samples](#).

Chain of custody is maintained during:

Activity	Responsibility
Sample collection and preparation	All persons (other than analytical personnel) performing sample preparation and collection will be trained to sample collection procedures and must adhere to the chain of custody requirements therein.
Analysis	Analytical laboratories performing sample analysis will maintain sufficient procedures to ensure positive control of samples as specified in the existing Statement of Work.
Storage/disposal	Analytical laboratories will maintain retained samples and/or sample portions under chain of custody until reanalysis, or ultimate disposal.

The LANL Sample Management Office (SMO) will be the central point for all analytical laboratory selection, evaluations, sample submittal, and data return. The SMO will evaluate potential analytical laboratories, prepare analytical statements of work that include requirements, and arrange contracts with selected laboratories for analysis of all samples. The SMO will accept samples from field collection personnel, process the sample, ship the samples to the off-site analytical laboratories, and receive the data packages from the laboratories.

All analytical data will be received from analytical laboratories in electronic format and uploaded into a database. All received data will be checked for completeness and adherence to contract requirements. After uploading, all data will undergo verification and validation (V&V) for evidence of laboratory contamination, improper analytical method, and other analytical issues which could potentially affect data quality.

Field data collected by sample collection personnel will be verified and validated by the SMO when field personnel deliver samples to the SMO.

If significant V&V issues are identified, results will be forwarded to and discussed with the responsible project leads.

Data issues that result from procedural failures, personnel errors, or other failures to follow requirements will be documented as issues and corrected according to [ENV-DO-QP-113, Tracking Issues and Actions](#).

The following table lists responsibilities:

Who	What
Project Lead	<p>Ensure that all project monitoring requirements are performed in accordance with the MSGP.</p> <p>Review and update the MSGP Sampling and Analysis Plan annually.</p>

	When complete, communicate findings to the team members for implementation. Make appropriate arrangements with the SMO to accept, process, and submit samples to an analytical laboratory for required analyses as specified in the SAP.
MSGP Water Quality Compliance Personnel	<ul style="list-style-type: none"> <li>Implement monitoring program as required by the MSGP Project Lead.</li> <li>Conduct stormwater sampling in accordance with the MSGP Sampling and Analysis Plan and applicable procedures.</li> <li>Ensure procedures for sample handling and control during sample preparation and retrieval are followed.</li> </ul>
Sample Management Office	<ul style="list-style-type: none"> <li>Develop Statements of Work (SOW) for all analytical laboratories that perform analytical work for the MSGP project in accordance with <a href="#">P840-1, Procurement Quality</a>.</li> <li>Ensure analytical laboratories comply with the DOE's SOW. Conduct an annual audit of the laboratory to ensure compliance with the SOW.</li> <li>Approve Statements of Work for analytical laboratories that are contracted to analyze water samples.</li> <li>Approve analytical laboratories that are contracted to analyze water samples for regulatory compliance purposes.</li> <li>Accept samples and submit them to an approved analytical laboratory for analysis.</li> <li>Track progress of samples at the analytical laboratory and resolve issues with sample analysis.</li> <li>Receive data packages from the analytical laboratory and enter data into the database.</li> <li>Provide the MSGP Project Lead with monthly invoice updates.</li> <li>Perform V&amp;V of field data submitted and uploaded from forms when samples are submitted to the SMO.</li> </ul>
Operations Integration Office (OIO), Systems Integration (SI)	Perform V&V of data packages uploaded by the SMO or send data packages to a subcontractor company for independent V&V.

## 5.7 DISCHARGE MONITORING REPORTS

The Laboratory is required to submit analytical results of stormwater monitoring and to keep the results with the specific SWPPP. The Laboratory must submit analytical monitoring results obtained from each monitoring station associated with industrial activity on a MSGP Discharge Monitoring Report (MDMR) form (one form must be submitted for each storm event from which, a sample was collected).

MDMRs shall be written in accordance with [ENV-RCRA-QP-044, Preparing Storm Water Discharge Monitoring Reports \(MDMRs\) for the NPDES Multi-Sector General Permit](#). MDMRs shall be submitted to EPA within 30 calendar days of receiving validated

analytical results. Refer to the DMR language under the SWPPP Section above for additional requirements.

Site analytical requirements are defined by the industrial activity in the MSGP permit. All MSGP analytes applicable to LANL are consistent with the requirements of 40 CFR Part 136, *Guidelines Establishing Test Procedures for the Analysis of Pollutants*.

Sample analytical requirements vary by site depending on the industrial activities performed at the site. Refer to Attachment 5 for a list of analytes by industrial sector. If an insufficient quantity of sample is available, then sample collection will be prioritized at that location for future events. Additional samples may be collected to meet permit requirements.

ENV-RCRA shall refer to the requirements of the 2008 Multi-Sector General Permit, and the most current MSGP Sampling and Analysis Plan to determine the priorities of required analyses.

The following table lists responsibilities:

Who	What
Project Lead	<ul style="list-style-type: none"> <li>Ensure implementing procedures for sample analyses are used.</li> <li>Ensure that MDMRs are submitted to EPA and NMED in accordance with the MSGP.</li> </ul>
MSGP Water Quality Compliance Personnel	Assure MDMRs are completed and certified as required by the MSGP and have received a full quality assurance review.

## 5.8 ADVERSE WEATHER CONDITIONS AND CLIMATES WITH IRREGULAR STORMWATER RUNOFF

Section 4.2.3 of the 2008 MSGP allows the industrial facility to take a substitute sample during the next qualifying storm event when adverse weather conditions prevent the collection of samples during a specific quarter. Adverse weather conditions are those that are dangerous or create inaccessibility for personnel, such as local flooding, high winds, or electrical storms, or situations that otherwise make sampling impractical, such as drought or extended frozen conditions. Documentation of the rationale for no visual assessment for the quarter must be included in the facility specific SWPPP.

Since LANL is located in an area where limited rainfall occurs during parts of the year (i.e., in a semi-arid climate) and has periods of freezing conditions, LANL has identified an alternative monitoring period of four quarters as follows for each calendar year.

- April 1-May 31

- June 1-July 31
- August 1-September 30
- October 1-November 30

The following table lists specific responsibilities.

Who	What
Project Lead	Ensure that the monitoring schedule is documented in facility specific SWPPPs and provided to EPA on the MDMRs.

## 5.9 REPORTING AND RECORDKEEPING

All monitoring data shall be collected in accordance with the requirements specified in the 2008 MSGP. LANL will submit monitoring results to EPA within 30 days of receiving validated laboratory results. The address for submittal of monitoring results is as follows.

U.S. Environmental Protection Agency  
 Office of Water, Water Permits Division  
 Mail Code 4203M, ATTN: MSGP Reports  
 1200 Pennsylvania Avenue, NW  
 Washington, D.C. 20460

LANL shall keep copies of the following documentation for a period of at least 3 years from the date that LANL's coverage under the MSGP expires or is terminated.

- SWPPP (including any modifications made during the term of the 2008 MSGP)
- Additional documentation requirements as identified in Section 5.4 of the MSGP
- All reports and certifications required by the MSGP
- Monitoring data
- Records of all data used to complete the NOI.

The following table lists specific responsibilities:

Who	What
Project Lead	Periodically audit MSGP records to ensure documentation of compliance is being retained.
Deployed Environmental Professionals	Retain records as required by the MSGP for industrial facilities located in their FOD.



## 5.10 BEST MANAGEMENT PRACTICES

It is critical that the Laboratory be able to effectively inspect and maintain the Best Management Practices that have been installed at various locations. Quarterly inspections must be completed and provided to the Project Lead for inclusion into the records system. In addition, the Project Leader conducts a Comprehensive Annual Site Inspection and writes a report to document the status of BMPs and other identified corrective actions. This report is sent to EPA each year. Laboratory management has made an investment in time and materials, in addition to a commitment to minimizing the potential migration of contaminants in stormwater. Report findings are evaluated and in conjunction with facility personnel, BMPs are modified, installed, or removed as necessary.

The following table lists responsibilities.

Who	What
Project Lead	Assist facility personnel and Deployed Environmental Professionals with implementation, inspection, and maintenance of BMPs at MSGP facilities.
Facility Management Support	<ul style="list-style-type: none"> <li>• Coordinate with Project Lead and provide funding as needed to install, inspect, maintain and implement identified BMPs.</li> <li>• Certify the corrective actions identified by the Project Lead and/or facility personnel (or their representatives) for their individual facilities in the Annual Report.</li> </ul>

## 5.11 INFORMATION MANAGEMENT

The Water Quality Database is a database information system designed in part to support the information management (IM) needs of the Laboratory's MSGP. MSGP support includes stormwater discharge monitoring reporting, Geographic Information System (GIS) development, and other IM activities as needed.

The following table lists responsibilities:

Who	What
Project Lead	Coordinate with IM support personnel to meet regulatory requirements.

## 5.12 RESPONDING TO WATER QUALITY EXCEEDANCES

The identification of a pollutant source(s) contributing to a water quality exceedance will be addressed through the creation of a corrective action that is entered into the Corrective Action

Report database in accordance with [ENV-DO-QP-113, \*Tracking Performance Feedback and Actions\*](#) and [ENV-RCRA-QP-022, \*MSGP Stormwater Corrective Actions\*](#). Federal stormwater regulations implemented under the Laboratory's MSGP (40 CFR 122, EPA Administered Permit Programs: The National Pollutant Discharge Elimination System) require that corrective action be taken if exceedances of water quality standards or MSGP numeric effluent limits are identified. Corrective actions are typically accomplished by modifying, as appropriate, existing BMPs and SWPPPs.

When a water quality exceedance occurs, the Laboratory will submit the data on the required MDMRs, investigate the occurrence, and document corrective actions.

When an exceedance of the MSGP benchmark parameters is detected, the Project Lead will assure the analytical data is reviewed, notify appropriate SWPPP owners, and recommend and track corrective actions where required.

The following steps lead to corrective actions:

STEP	Action
1	Establish that an analytical result from a location is valid and has exceeded a standard or MSGP benchmark.
2	Evaluate and demonstrate that the analyte is of LANL origin, if possible.
3	Determine the source and assign responsibility for the corrective action.
4	Develop a corrective action plan.

The following table lists responsibilities:

Who	What
Project Lead	<ul style="list-style-type: none"> <li>Assure that analytical data is reviewed and accurate.</li> <li>Notify appropriate SWPPP owners, Laboratory management, and Deployed Environmental Professionals.</li> <li>Develop a corrective action plan.</li> <li>Follow up with corrective actions if required.</li> <li>Track corrective actions.</li> </ul>
Facility Management and DEP	<ul style="list-style-type: none"> <li>Review analytical data with Project Lead and provide input into a possible corrective action necessary to improve water quality where needed.</li> <li>Evaluate and improve BMPs in accordance with site conditions, industry standards, and manufacturer</li> </ul>

	recommendations.
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### 5.13 INSTRUMENTATION AND EQUIPMENT

Compliance will be tracked by performing inspections of samplers and other associated equipment, inspecting BMPs, and conducting annual site compliance evaluations. Adequate records will be maintained to demonstrate the operating history of essential instrumentation and equipment.

LANL will properly operate and maintain all systems of monitoring and control and related appurtenances which are installed or used to achieve compliance with the MSGP and the SWPPP. Backup instrumentation and equipment will be timely deployed in the event of equipment failure.

Instrument calibration is essential for documenting the quality of data obtained with the instrument. All technical work that depends upon the accuracy of data will be performed using equipment for which the calibration status and limits of accuracy are known and controlled.

Field team personnel will calibrate and perform maintenance procedures on all monitoring and analytical field instruments to ensure accuracy of measurements and will maintain appropriate records of such activities. All field calibrations will be documented as prescribed by procedures or manufacturer's instructions.

The following table lists specific responsibilities.

Who	What
Project Lead	<ul style="list-style-type: none"> <li>Ensure data are collected and equipment is operated and maintained in accordance with project requirements.</li> <li>Provide equipment maintenance and calibration specifications and ensure MSGP Water Quality Compliance Team personnel operate and conduct field activities in accordance with implementing procedures and specific work orders.</li> </ul>

## 6.0 DESIGN

Design activities will be conducted and reviewed in accordance with [PD340, \*Conduct of Engineering\*](#) and [P341, \*Engineering Process Manual\*](#).

Design standards under this program include, but are not limited to temporary and permanent BMPs, corrective action measures, and stormwater monitoring support.

Design inputs will be specified and approved on a timely basis for making design decisions. Inputs will contain the level of detail required to permit the performance of design activities correctly.

Formal design reviews, including design verifications and evaluation of design changes, will be conducted to ensure that the design input is correctly incorporated into the design output. Changes to design will undergo the same review as the original design.

Verification and validation of the adequacy of designs are conducted before relying on the performance of the design function. Verification and validation are conducted in accordance with implementing procedures.

The following table lists responsibilities.

Who	What
Project Lead	<ul style="list-style-type: none"> <li>• Provide input to the design process in accordance with appropriate standards, requirements, and implementing procedures.</li> <li>• Determine the qualifications required to perform a review of design documents.</li> <li>• Identify a resource with skills, knowledge, ability, training, and certifications required to complete the review of the facility engineering design documents.</li> <li>• Communicate the results of the review to the requestor.</li> </ul>
ENV-CP Staff	Review design documents and requests as assigned. Inform the Project Lead of concerns regarding the facility engineering designs.

## 7.0 PROCUREMENT

Items and services required for this process are commercial grade in nature and no special procurement requirements or needs are necessary. All procurements will be made in accordance with [P840-1, Procurement Quality](#). For items and all services for which special requirements are necessary, the Project Lead and project members will identify such items or services.

The following table lists responsibilities:

Who	What
Group Leader	Ensure all procurements are conducted in accordance with P840-1.
Project Lead	Recommend to Group Leader contracting items and services. Develop acceptance criteria.
ENV-CP Staff	Identify potential suppliers of products or services necessary to complete work activities that must be procured from outside ENV-RCRA.

## 8.0 INSPECTION AND ACCEPTANCE TESTING

Any materials or services will be inspected and/or tested prior to acceptance for use in this project in accordance with [P330-8, \*Inspection and Test for Acceptance\*](#). Most supplies used during performance of project activities are commercial grade in nature and require no special acceptance practices or procedures.

The following table lists responsibilities:

Who	What
Group Leader	Ensure procedures for inspection meet <a href="#">SD330, <i>Los Alamos National Laboratory Quality Assurance Program</i></a> requirements.
Project Lead	Verify that all materials and services meet acceptance criteria.
ENV-CP Staff	Follow established procedures for inspection and acceptance testing.

## 9.0 MANAGEMENT ASSESSMENT

The ENV-CP Group conducts internal management assessments of projects and programs in accordance with the requirements in [P328-3, \*Management Assessment\*](#) and [P328-4, \*Management Observation and Verification\*](#). Assessments of the program are documented and filed as records.

When violations of requirements are found during a management assessment, a nonconformance report is initiated in accordance with [P330-6, \*Nonconformance Reporting\*](#) for nonconforming items.

Nonconforming services or processes are tracked and documented in accordance with [P322-4, \*Issues and Corrective Action Management\*](#).

The following table lists responsibilities:

Who	What
Group Leader	Ensure management self-assessments for the MSGP program are conducted as specified in implementing procedures.
Project Lead	Ensure program management self-assessments are conducted.

## 10.0 INDEPENDENT ASSESSMENT

Independent assessments are those assessments conducted by organizations external to ENV-RCRA. As required by the [SD330, Los Alamos National Laboratory Quality Assurance Program](#), this program may be assessed by outside organizations in accordance with [P328-2, Independent Assessment](#).

Periodically audits/assessments will be conducted, with input from the Project Lead identifying one or more areas of the project to be audited.

The following table lists responsibilities:

Who	What
Project Lead	<ul style="list-style-type: none"> <li>• Approve audit schedules.</li> <li>• Provide input to the QA Specialist as to the content of audit.</li> <li>• Review audit reports for factual accuracy. Address all findings and implement corrective actions as appropriate.</li> </ul>
QA Specialist	<ul style="list-style-type: none"> <li>• Identify areas to be addressed during internal audits.</li> <li>• Contract with the Quality Management Group to perform annual internal audits.</li> <li>• Review audit procedures to ensure they meet the requirements in this section.</li> </ul>
Team Members	<p>Cooperate with auditors by providing information, data, etc.</p> <p>Implement corrective actions as directed by the Project Lead.</p>

## 11.0 ATTACHMENTS

Attachment 1- MSGP Program Organization

Attachment 2 – Annual Reporting Form

Attachment 3 – Routine Inspection Form

Attachment 4 – MSGP Facilities and Storm Water Monitored Outfalls Associated with Industrial Activity 2011, Permit NMR05GB21

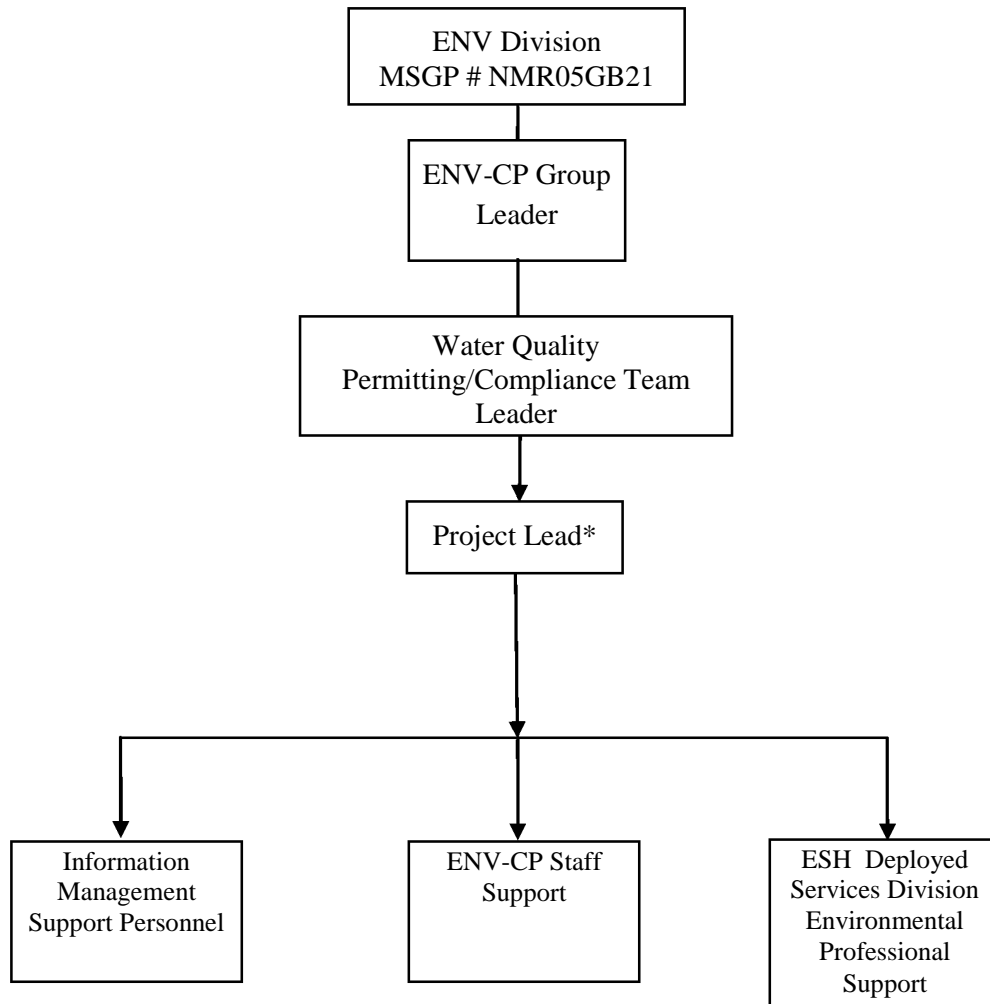
Attachment 5 – Pollutants under Impaired Waters Monitoring

Attachment 6 – Analytes by Industrial Sector

Attachment 7 – References and Guidance Documents

[Click here for “Required Read” credit.](#)

## ATTACHMENT 1- MSGP PROGRAM ORGANIZATION



\*Project Lead acts as liaison and will work directly with Team Leaders for staff assignments.



## ATTACHMENT 2 – ANNUAL REPORTING FORM

NPDES Permit Tracking No.:



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
WASHINGTON, DC 20460

# Annual Reporting Form

### A. GENERAL INFORMATION

[illegible]

<b>2. NPDES Permit Tracking No.:</b>							
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3. Facility Physical Address:

[illegible][illegible]

c. State:   d. Zip Code:    -

4. Lead Inspectors Name:	Title:
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[illegible][illegible][illegible]

6. Inspection Date: | | / | | / | | |

## B. GENERAL INSPECTION FINDINGS

1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to stormwater?  
☐ YES ☐ NO

If NO, describe why not:

**NOTE:** Complete Section C of this form for each industrial activity area inspected and included in your SWPPP or as newly identified in B.2 or B.3 below where pollutants may be exposed to stormwater.

2. Did this inspection identify any stormwater or non-stormwater outfalls not previously identified in your SWPPP? ☐ YES ☐ NO

If YES, for each location, describe the sources of those stormwater and non-stormwater discharges and any associated control measures in place:

NPDES Permit Tracking No.:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3. Did this inspection identify any sources of stormwater or non-stormwater discharges not previously identified in your SWPPP? ☐ YES ☐ NO

If YES, describe these sources of stormwater or non-stormwater pollutants expected to be present in these discharges, and any control measures in place:

4. Did you review stormwater monitoring data as part of this inspection to identify potential pollutant hot spots? ☐ YES ☐ NO ☐ NA, no monitoring performed

If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:

5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measures to prevent scouring:

6. Have you taken or do you plan to take any corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection?

☐ YES ☐ NO

If YES, how many conditions requiring review for correction action as specified in Parts 3.1 and 3.2 were addressed by these corrective actions?

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**NOTE:** Complete the attached Corrective Action Form (Section D) for each condition identified, including any conditions identified as a result of this comprehensive stormwater inspection.

NPDES Permit Tracking No.:

[illegible]

### C. INDUSTRIAL ACTIVITY AREA SPECIFIC FINDINGS

Complete one block for each industrial activity area where pollutants may be exposed to stormwater. Copy this page for additional industrial activity areas.

**In reviewing each area, you should consider:**

- Industrial materials, residue, or trash that may have or could come into contact with stormwater;
- Leaks or spills from industrial equipment, drums, tanks, and other containers;
- Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and
- Tracking or blowing of raw, final, or waste materials from areas of no exposure to exposed areas.

INDUSTRIAL ACTIVITY AREA \_\_\_\_\_:

### 1. Brief Description:

2. Are any control measures in need of maintenance or repair?

☐ YES    ☐ NO

3. Have any control measures failed and require replacement?

☐ YES    ☐ NO

4. Are any additional/revised control measures necessary in this area?

☐ YES    ☐ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA \_\_\_\_\_:

### 1. Brief Description:

2. Are any control measures in need of maintenance or repair?

☐ YES      ☐ NO

**3. Have any control measures failed and require replacement?**

☐ YES      ☐ NO

4. Are any additional/revised c necessary in this area?

☐ YES    ☐ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA \_\_\_\_\_:

**Brief Description:**

2. Are any control measures in need of maintenance or repair?

☐ YES    ☐ NO

3. Have any control measures failed and require replacement?

☐ YES    ☐ NO

4. Are any additional/revised BMPs necessary in this area?

☐ YES    ☐ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

NPDES Permit Tracking No.:

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**NOTE: Copy this page and attach additional pages as necessary**

INDUSTRIAL ACTIVITY AREA \_\_\_\_\_:

1. Brief Description:

2. Are any control measures in need of maintenance or repair? ☐ YES ☐ NO3. Have any control measures failed and require replacement? ☐ YES ☐ NO4. Are any additional/revised BMPs necessary in this area? ☐ YES ☐ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA \_\_\_\_\_:

1. Brief Description:

2. Are any control measures in need of maintenance or repair? ☐ YES ☐ NO3. Have any control measures failed and require replacement? ☐ YES ☐ NO4. Are any additional/revised BMPs necessary in this area? ☐ YES ☐ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA \_\_\_\_\_:

1. Brief Description:

2. Are any control measures in need of maintenance or repair? ☐ YES ☐ NO3. Have any control measures failed and require replacement? ☐ YES ☐ NO4. Are any additional/revised BMPs necessary in this area? ☐ YES ☐ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

NPDES Permit Tracking No.:

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#### D. CORRECTIVE ACTIONS

Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1. Corrective Action #			of			for this reporting period.
------------------------	--	--	----	--	--	----------------------------

2. Is this corrective action:

- ☐ An update on a corrective action from a previous annual report; or
- ☐ A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- ☐ Unauthorized release or discharge
- ☐ Numeric effluent limitation exceedance
- ☐ Control measures inadequate to meet applicable water quality standards
- ☐ Control measures inadequate to meet non-numeric effluent limitations
- ☐ Control measures not properly operated or maintained
- ☐ Change in facility operations necessitated change in control measures
- ☐ Average benchmark value exceedance
- ☐ Other (describe): \_\_\_\_\_

4. Briefly describe the nature of the problem identified:

5. Date problem identified:			1		1			
-----------------------------	--	--	---	--	---	--	--	--

6. How problem was identified:

- ☐ Comprehensive site inspection
- ☐ Quarterly visual assessment
- ☐ Routine facility inspection
- ☐ Benchmark monitoring
- ☐ Notification by EPA or State or local authorities
- ☐ Other (describe): \_\_\_\_\_

7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

8. Did/will this corrective action require modification of your SWPPP? ☐ YES ☐ NO

9. Date corrective action initiated:     /     /     /

10. Date correction action completed:  /  /  or expected to be completed:  /  /

11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

NPDES Permit Tracking No.:

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#### E. ANNUAL REPORT CERTIFICATION

### 1. Compliance Certification

Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit? ☐ YES ☐ NO

If NO, summarize why you are not in compliance with the permit:

## 2. Annual Report Certification

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 assure that qualified personnel properly gathered and evaluated 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.

Authorized Representative  
Printed Name:

\_\_\_\_\_

**Title:**

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840. 84

**Signature:**

**Date Signed:**

|   |                            |               |
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### ATTACHMENT 3 – ROUTINE INSPECTION FORM

| Name of Facility:  |  |             | Responsible FOD (Name & Organization):   |   |  |  |
|--|--|-------------|--|---|--|--|
| Qualified Inspector(s):<br>Others Present:   |  |             | Inspection type: <input type="checkbox"/> Quarterly <input type="checkbox"/> Other |   | Date of inspection (MM/DD/YYYY):<br><br>Time of inspection:  |  |
| Weather: <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snow <input type="checkbox"/> High Winds <input type="checkbox"/> Other:<br>Temperature:            ° F |  |             |  |   |  |  |
| Is Inspection Being Conducted During a Storm Water Discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |             |  |   |  |  |
| #  | Structural Control Measures (BMP)s         | Location    | Operating Effectively (Yes or No)?   | If No, Need to Maintain (M), Repair (R) or Replace (RP)?                  | Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement) |  |
| 1.   |  |             |  |   |  |  |
| 2.   |  |             |  |   |  |  |
| 3.   |  |             |  |   |  |  |
| 4.   |  |             |  |   |  |  |
| 5.   |  |             |  |   |  |  |
| 6.   |  |             |  |   |  |  |
| 7.   |  |             |  |   |  |  |
| 8.   |  |             |  |   |  |  |
| 9.   |  |             |  |   |  |  |
| 10.  |  |             |  |   |  |  |
| 11.  |  |             |  |   |  |  |
| 12.  |  |             |  |   |  |  |
| Were additional BMPs or Control Measures implemented? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:   |  |             |  |   |  |  |
| Were previously identified conditions corrected before the next anticipated storm event? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, describe reason:  |  |             |  |   |  |  |
| Area/Activity<br>(Areas of Industrial Materials or Activities Exposed to Storm Water)  |  | Inspected ? | Controls Adequate?   | Corrective Action Needed and Notes (List area letter with comments below) |  |  |
| A.   | Material loading/unloading & storage areas |             |  |   |  |  |
| B.   | Equipment operations & maintenance areas   |             |  |   |  |  |
| C.   | Fueling Areas                              |             |  |   |  |  |
| D.   | Outdoor vehicle & equipment washing areas  |             |  |   |  |  |
| E.   | Waste Handling & disposal areas            |             |  |   |  |  |
| F.   | Erodible areas / construction              |             |  |   |  |  |
| G.   | Non-storm water / illicit connections      |             |  |   |  |  |



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|  |  |  |  |
|--|--|--|--|
| H. Salt storage piles or pile containing salt  |  |  |  |
| I. Dust generation & vehicle tracking  |  |  |  |
| <b>Are the SWPP Plan maintenance, schedules and procedures being implemented at the facility?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |  |
| <b>Were any Corrective Actions initiated or completed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Describe:</b>   |  |  |  |
| <b>Are there any conditions requiring Corrective Action?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes, List Number of Corrective Actions Required</b> _____<br>(Note – You need enter a Corrective Action in the MSGP Corrective Action Report database for each listed) |  |  |  |

|   |                            |               |
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**ATTACHMENT 4 -- MSGP FACILITIES AND STORM WATER MONITORED OUTFALLS ASSOCIATED WITH INDUSTRIAL ACTIVITY 2011,  
PERMIT NMR05GB21**

| Location  | Permitted Facility                  | Operation                    | Activity                      | Sector      | Monitored Outfall             | • Canyon                            |
|-----------|-------------------------------------|------------------------------|-------------------------------|-------------|-------------------------------|-------------------------------------|
| TA-15-185 | TA-15-185 PHERMEX                   | Vehicle Maintenance Shop     | Vehicle Maintenance           | P           | 15-PHRMX-1                    | • Water                             |
| TA-3-0034 | TA-3-0034 Metal Shop                | Fabricated Metals            | Fabricated Metals             | AA          | 3-MST-1                       | • Mortandad                         |
| TA-3-22   | TA-3-22 Power & Steam Plant         | Power Plant                  | Steam Electric Power          | O           | 3-PSP-1<br>3-PSP-5<br>3-PSP-8 | • Sandia<br>•<br>•                  |
| TA-3-38   | TA-3-38 Metals Fab Shop             | Metal Shop                   | Fabricated Metals             | AA          | 3-MFS-1                       | • Sandia                            |
| TA-3-39   | TA-3-39 & 102 Metal Shop            | Metal Shop                   | Fabricated Metals             | AA          | 3-TS-1                        | • Pajarito                          |
| TA-3-66   | TA-3-66 Sigma Complex               | Sigma Foundry                | Primary Metals                | F           | 3-Sigma-6                     | • Sandia                            |
| TA-54     | TA-54 Area G                        | Area G - South Side          | TSD                           | K           | 54-G-1                        | • Pajarito                          |
| TA-54     | TA-54 Area G                        | Area G -North Side           | TSD                           | K           | 54-G-2                        | • Canada del Buey                   |
| TA-54     | TA-54 Area G                        | Area G - South Side          | TSD                           | K           | 54-G-3                        | • Pajarito                          |
| TA-54     | TA-54 Area G                        | Area G - South Side          | TSD                           | K           | 54-G-4                        | • Pajarito                          |
| TA-54     | TA-54 Area L                        | Area L                       | TSD                           | K           | 54-L-1                        | • Canada del Buey                   |
| TA-54-38  | TA-54 RANT                          | RANT                         | TSD                           | K           | 54-RANT-1                     | • Canada del Buey                   |
| TA-60     | TA-60 Asphalt Batch Plant           | Asphalt Batch Plant          | Asphalt Paving                | D           | 60-ABP-1                      | • Mortandad                         |
| TA-60     | TA-60 MRF                           | Materials Recycling Facility | Scrap Recycling               | N           | 60-MRF-1                      | • Sandia                            |
| TA-60-250 | TA-60 Roads and Grounds             | Roads & Grounds Facility     | Vehicle Maintenance & Storage | P<br>P<br>P | 60-RG-1<br>60-RG-3<br>60-RG-8 | • Mortandad<br>• Sandia<br>• Sandia |
| TA-60-1   | TA-60-1 Heavy Equipment Yard        | Motor pool                   | Vehicle Maintenance           | P           | 60-HEY-2                      | • Sandia                            |
| TA-60-2   | TA-60-2 Warehouse                   | Motor pool                   | Vehicle Maintenance           | P           | 60-WH-1                       | • Sandia                            |
| TA-9-28   | TA-9-28 Heavy Equipment Maintenance | Motor pool                   | Vehicle Maintenance           | P           | 9-HEM-1                       | • Pajarito                          |

|   |                            |               |
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## ATTACHMENT 5 – POLLUTANTS UNDER IMPAIRED WATERS MONITORING

| Permitted Facility  | Monitored Outfall  | Assessment Unit | Canyon   | Pollutant  |
|---|--|-----------------|--|--|
| TA-54 Area G<br>TA-54 Area L<br>TA-54-RANT  | 54-G-2<br>54-L-1<br>54-RANT-1  | NM-128.A_00     | Canada del Buey (within LANL)                          | PCBs<br>Aluminum<br>Gross Alpha                      |
| TA-54 Area G<br>TA-54 Area G<br>TA-54 Area G  | 54-G-1<br>54-G-3<br>54-G-4   | NM-128.A_08     | Pajarito Canyon (within LANL below Arroyo de la Delfe) | PCBs<br>Aluminum<br>Copper<br>Gross Alpha            |
| TA-15-185 PHERMEX   | 15-PHRMX-1   | NM-128.A_13     | Water Canyon (within LANL below Area-A Canyon)         | PCBs<br>Aluminum<br>Gross Alpha                      |
| TA-3-39 & 102 Metal Shop  | 3-TS-1   | NM-128.A_15     | Two Mile Canyon (Pajarito to headwaters)               | PCBs<br>Aluminum<br>Gross Alpha                      |
| TA-9-28 Heavy Equipment Maintenance   | 9-HEM-1  | NM-128.A_16     | Arroyo de la Delfe (Pajarito Canyon to headwaters)     | Aluminum<br>Mercury<br>Gross Alpha                   |
| TA-60 Asphalt Batch Plant<br>TA-3-0034 Metal Shop<br>TA-60 Roads and Grounds  | 60-ABP-1<br>3-MST-1<br>60-RG-1   | NM-9000.A_042   | Mortandad Canyon (within LANL)                         | Aluminum<br>Copper<br>Gross Alpha                    |
| TA-3-38 Metals Fab Shop<br>TA-3-22 Power & Steam Plant<br>TA-3-22 Power & Steam Plant<br>TA-3-22 Power & Steam Plant<br>TA-3-66 Sigma Complex<br>TA-60-1 Heavy Equipment Yard<br>TA-60 MRF<br><br>TA-60 Roads and Grounds<br>TA-60 Roads and Grounds<br>TA-60-2 Warehouse | 3-MFS-1<br>3-PSP-1<br>3-PSP-5<br>3-PSP-8<br>3-Sigma-6<br>60-HEY-2<br>60-MRF-1<br><br>60-RG-3<br>60-RG-8<br>60-WH-1 | NM-9000.A_047   | Sandia Canyon (Sigma Canyon to NPDES outfall 001)      | PCBs<br>Aluminum<br>Copper<br>Gross Alpha<br>Mercury |

|   |                            |               |
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## ATTACHMENT 6 – ANALYTES BY INDUSTRIAL SECTOR

| Permitted Facility   | Monitored Outfall   | Sector | Activity                                      | Analyte  | Monitoring Requirement   |
|--|---|--------|---|--|--|
| TA-3-0034 Metal Shop<br>TA-3-38 Metals Fab Shop<br>TA-3-39 & 102 Metal Shop                | 3-MST-1<br>3-MFS-1<br>3-TS-1                                | AA     | Fabricated Metals                             | Aluminum<br><br>Iron<br>Nitrate plus Nitrite Nitrogen<br>Zinc  | Quarterly Benchmark Monitoring (QBM)<br>QBM<br>QBM<br>QBM              |
| TA-60 Asphalt Batch Plant  | 60-ABP-1  | D      | Asphalt Paving                                | Oil and Grease<br>pH<br>Total Suspended Solids   | Effluent Limitations Guidelines (ELG)<br>ELG<br>QBM and ELG            |
| TA-3-66 Sigma Complex  | 3-Sigma-6   | F      | Primary Metals                                | Copper<br>Zinc   | QBM<br>QBM   |
| TA-54 Area G<br>TA-54 Area G<br>TA-54 Area G<br>TA-54 Area G<br>TA-54 Area L<br>TA-54 RANT | 54-G-1<br>54-G-2<br>54-G-3<br>54-G-4<br>54-L-1<br>54-RANT-1 | K      | Treatment, Storage or Disposal Facility (TSD) | Ammonia<br><br>Arsenic<br>Cadmium<br>Chemical Oxygen Demand<br>Cyanide<br>Lead<br>Magnesium<br>Mercury<br>Selenium<br>Silver | QBM<br><br>QBM<br>QBM<br>QBM<br>QBM<br>QBM<br>QBM<br>QBM<br>QBM<br>QBM |
| TA-60 MRF  | 60-MRF-1  | N      | Scrap Recycling                               | Aluminum<br>Chemical Oxygen Demand<br>Copper<br>Iron<br>Lead<br>Total Suspended Solids<br>Zinc                               | QBM<br>QBM<br>QBM<br>QBM<br>QBM<br>QBM<br>QBM                          |
| TA-3-22 Power & Steam Plant  | 3-PSP-1<br><br>3-PSP-5<br>3-PSP-8                           | O      | Steam Electric Power                          | Iron   | QBM  |

|   |                            |               |
|---|----------------------------|---------------|
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## ATTACHMENT 7 – REFERENCES AND GUIDANCE DOCUMENTS

- 40 CFR 122, *EPA Administered Permit Programs*
- 40 CFR 136, *Guidelines Establishing Test Procedures for the Analysis of Pollutants*.
- Clean Water Act, Title 33 U.S.C. 1251
- DOE O 414.1C, *Quality Assurance*
- DOE Order 450.1, *Environmental Protection Program*
- DOE Order 5400.5, *Radiation Protection of Public and Environment*
- EPA QA/G-4, *Guidance for the Data Quality Objectives Process*

### **LANL Documents:**

- P322-4, *Laboratory Performance, Feedback, and Improvement*
- P328-3, *Management Assessments*
- P328-4, *Management Observation and Verification*
- P330-6, *Nonconformance Reporting*
- P330-8, *Inspection and Test for Acceptance*
- P340, *Conduct of Engineering*
- P341, *Engineering Process Manual*
- P401, *Procedure to Identify, Communicate, and Implement Environmental Requirements*
- P407, *Water Quality*
- P840-1, *Procurement Quality*

### **ENV Documents:**

- ENV-DO-QP-105, *Preparation, Review, and Approval of Procedures*
- ENV-DO-QP-106, *Document Control*
- ENV-DO-QP-113, *Tracking Performance Feedback and Actions*
- ENV-DO-QP-115, *Personnel Training*
- ENV-CP-QP-022, *MSGP Storm Water Corrective Actions*
- ENV-CP-QP-044, *Preparing Storm Water Discharge Monitoring Reports (MDNRs) for NPDES MSGP*
- ENV-CP-QP-047, *Inspecting Storm Water Runoff Samplers and Retrieving Samples*
- ENV-CP-QP-048, *Processing MSGP Storm Water Samples*
- ENV-CP-QP-064, *Multi-Sector General Permit Storm Water Visual Inspections*
- ENV-WQH-QP-029, *Creating and Maintaining a Chain of Custody*
- Surface Water Monitoring Plan, October 2001, Rev. 0.0

Effective Date: February 28, 2013

Next Review Date: January 28,  
2015**Environment, Safety, Health Directorate****Environmental Protection – Water Quality and RCRA  
Quality Procedure****MSGP Storm Water Corrective Actions****Reviewers:**

|                       |  |                                 |                 |
|-----------------------|--|---------------------------------|-----------------|
| Name:<br>Melanie Lamb | Organization:<br>ENV-QPMO QA<br>Specialist | Signature:<br>Signature on file | Date:<br>1/4/13 |
|-----------------------|--|---------------------------------|-----------------|

**Derivative Classifier:** ☒ **Unclassified**

|                          |                           |                                 |                 |
|--------------------------|---------------------------|---------------------------------|-----------------|
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### History of Revisions

| <b>Document Number</b><br><i>[Include revision number, beginning with Revision 0]</i> | <b>Effective Date</b><br><i>[Document Control Coordinator inserts effective date]</i> | <b>Description of Changes</b><br><i>[List specific changes made since the previous revision]</i> |
|---|---|--|
| 0   | 08/10   | New Document.  |
| 1   | 11/10   | Incorporated ENV-RCRA-QP-062 <i>MSGP Routine Inspections</i> into this document.                 |
| 2   | 01/13   | Biennial revision, new template implemented.   |



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## 1.0 PURPOSE

This procedure is written to provide requirements for identifying, documenting and entering corrective actions into the ENV-RCRA MSGP Corrective Action Report Findings database.

## 2.0 SCOPE

Requirements set forth in this document apply to Los Alamos National Laboratory industrial facilities covered by the National Pollutant Discharge Elimination System (NPDES) Storm Water Multi-Sector General Permit (MSGP). This “general permit” requires identification, documentation, tracking and reporting of corrective actions in accordance with sections 2.2.1, 3, 4.1.2, 4.2.2, 4.3.2, 5.0, 5.2, 5.4, 6.2.1, 6.2.1.2, 7.2 and Appendices B and I.

### 2.1 HAZARD REVIEW

The work described in this procedure is office work only and has a **LOW hazard** rating as documented by submittal of a completed [\*ENV Low Hazard Verification form\*](#) to the Quality Assurance Specialist.

## 3.0 RESPONSIBILITIES

The following personnel require training before implementing this procedure:

- Group and Team Leader
- ENV-RCRA MSGP Storm Water compliance personnel
- Deployed Environmental Professionals (DEPs)
- Other LANL or subcontract personnel identified as being required to conduct storm water assessments as part of their job duties.

In addition to training to this procedure, the following training is also required prior to performing this procedure:

- [\*ENV-RCRA QAPP-MSGP Quality Assurance Project Plan for the Storm Water Multi-Sector General Permit for Industrial Activities\*](#)

The training method for this procedure is “self-study” (required read). For ENV-RCRA staff, this is documented in accordance with [\*ENV-DO-QP-115, Personnel Training\*](#). Other participating groups may require training documentation pursuant to local procedures.

Actions specified within this procedure, unless preceded with “should” or “may”, are to be considered mandatory (i.e., “shall”, “will”, “must”).

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### 3.1 ROLES AND RESPONSIBILITIES

#### 3.1.1 ENV-RCRA MSGP STORM WATER TEAM

ENV-RCRA MSGP Storm Water Team members will be fully knowledgeable of the specific regulatory requirements identified in the 2008 MSGP and are responsible for ensuring compliance with these requirements and entering corrective actions. Team members will evaluate corrective actions that the DEPs enter into the ENV-RCRA MSGP Corrective Action Report Findings database and modify them as needed for quality assurance. This team will also periodically review open corrective actions and follow up with the DEPs, ES&H Managers, or Upper Management, as deemed necessary, to ensure close out of the corrective action. The team members will notify upper management of instances of non-compliance with the permit. A team member may also be responsible for responding to the regulatory authority (EPA) regarding identified storm water issues and/or negotiate settlement of any identified issues.

#### 3.1.2 DEPLOYED ENVIRONMENTAL PROFESSIONALS

DEPs will be fully knowledgeable of the site specific Storm Water Pollution Prevention Plan (SWPPP) and corrective action requirements identified in the MSGP for the facilities they are deployed to. In addition, they shall be appropriately trained to meet the job qualifications identified in the *Quality Assurance for Storm Water Multi-Sector General Permit for Industrial Activities Program* (ENV-RCRA-QAPP-MSGP) and shall be familiar with the regulatory requirements identified in the 2008 MSGP. Further, they shall be familiar with facility operations so that potential pollution discharge sources can be determined and corrective actions can be identified.

The DEPs are responsible for identifying and entering corrective actions observed at their industrial facilities into the ENV-RCRA MSGP Corrective Action Report Findings database. They are also responsible for updating corrective actions in a timely manner that cannot be implemented immediately. They will work with the ES&H Manager and ENV-RCRA storm water personnel to ensure identified corrective actions are implemented by overseeing repairs and/or improvements or instituting additional controls. If it is determined that corrective actions are necessary following an assessment, any modification to the control measures must be made before the next storm event if possible, or as soon as practicable following that storm event.

**NOTE:** These time intervals are not grace periods, but are schedules considered reasonable for documenting your finding(s) and for making repairs and improvements. They are included in the MSGP Permit to ensure that the conditions prompting the need for these repairs and improvements are not allowed to persist indefinitely (see Section 3.3 of the 2008 MSGP). In no instance will the corrective action remain open indefinitely.

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### 3.1.3 ENV-RCRA STORM WATER TEAM LEADER

The ENV-RCRA Storm Water Team Leader is responsible for compliance oversight relative to the 2008 MSGP. The Team Leader will ensure costs needed to implement the regulatory requirements identified in the 2008 MSGP are identified and environmental risks are assessed. Upper management will be notified of these costs or environmental risks, as deemed necessary. In the event there is a dispute regarding the regulatory requirements contained in the MSGP, the Team Leader will make the final determination of the required action. The Team Leader will notify upper management of instances of non-compliance with the permit.

### 3.1.4 ENV-RCRA GROUP LEADER

The ENV-RCRA Group Leader or designee is responsible for ensuring there is adequate funding to implement the regulatory requirements identified in the 2008 MSGP. The Group Leader also acts as the duly authorized signatory that certifies the reports. The Group Leader will notify upper management of instances of non-compliance with the permit or other identified environmental risk.

### 3.1.5 ES&H MANAGER

The ES&H manager shall identify funding for their industrial facilities to ensure compliance with the 2008 MSGP. The ES&H Manager is also responsible for ensuring that industrial facilities are complying with the 2008 MSGP permit and notifying upper management of instances of non-compliance with the permit or other identified environmental risk.

### 3.1.6 FACILITIES OPERATIONS DIRECTOR

The Facilities Operations Director (FOD) provides organizational leadership to ensure that all facility and programmatic activities under their authority are performed in compliance with the 2008 MSGP. The FOD is also responsible for establishing an environmental compliance envelope. It is the FOD's responsibility to maintain trained and qualified Environmental Professionals and Waste Management Coordinators on staff.

### 3.1.7 COMPUTER PROGRAMMER

Maintains and updates the ENV-RCRA MSGP Corrective Action Report Findings database as requested by MSGP storm water personnel.

## 3.2 PREREQUISITES

In addition to training to this procedure, the following training is also required prior to performing this procedure:

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- [ENV-RCRA QAPP-MSGP, Quality Assurance Project Plan for the Storm water Multi-Sector General Permit for Industrial Activities Program](#)

## 4.0 DOCUMENT CONTROL/RECORDS MANAGEMENT

The following records generated as a result of this procedure are to be submitted to the designated RM-POC in accordance with [ENV-DO-QP-110, Records Management](#) and filed in project files.

- MSGP Comprehensive Site Inspection Annual Report
- Completed Routine Inspection Forms
- Electronic records within the ENV-RCRA MSGP Corrective Action Report Findings database.
- Copies of automated e-mail notifications

## 5.0 WORK PROCESSES

### 5.1 IDENTIFYING CORRECTIVE ACTIONS

If any of the following conditions occur, the DEP or ENV-RCRA storm water team member must review and revise the selection, design, installation, and implementation of control measures to ensure that the condition is eliminated and will not be repeated in the future:

- An unauthorized release or discharge (e.g., spill, leak, or discharge of non-storm water not authorized by the 2008 MSGP);
- You become aware, or EPA determines, that your control measures are not stringent enough for the discharge to meet applicable water quality standards;
- An inspection or evaluation of the facility by an EPA official and/or local or State entity, determines that modification to the control measures are necessary to meet the non-numeric effluent limits in the 2008 MSGP;
- You find in the routine facility inspection, quarterly visual assessment, or comprehensive site inspection that the control measures are not being properly operated and maintained;
- Construction or a change in design, operation, or maintenance at the facility significantly changes the nature of pollutants discharged in storm water from the facility, or significantly increases the quantity of pollutants discharged; or
- The average of four quarterly sampling results exceeds an applicable benchmark. If less than four benchmark samples have been taken, but the results are such that an exceedence of the four quarter average is mathematically certain, (i.e., if the sum of quarterly sample results to date is more than four times the benchmark level) this is considered a benchmark exceedence, triggering this review;
- If effluent limitation guidelines are exceeded at the Asphalt Batch Plant (Sector D); or
- If impaired water quality standards are exceeded.

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## 5.2 ROUTINE INSPECTIONS

Routine inspections shall be conducted by the DEP (or a qualified member if the DEP is not trained and qualified) at all areas of the facility where industrial materials or activities are exposed to storm water, and of all storm water control measures used to comply with the effluent limits contained in the 2008 MSGP. Routine inspections shall be conducted at least quarterly; however, some facilities conduct monthly inspections (as specified in the facility specific SWPPP). Routine inspections shall be conducted during periods when the facility is in operation. A certified copy of completed Routine Inspection Forms shall be maintained in the facility's SWPPP.

At least once each calendar year, the routine facility inspections must be conducted during a period when a storm water discharge (either rain or snow) is occurring. The DEP(s) or storm water personnel from ENV-RCRA are responsible for identifying and entering corrective actions observed during the routine inspections into the ENV-RCRA MSGP Corrective Action Report Findings database. The database is set up to allow access for all identified DEPs associated with a particular FOD if the FOD has more than one DEP. Contact a member of the ENV-RCRA storm water team if you do not have access to this database and the FOD has assigned you responsibility for MSGP corrective actions.

**NOTE:** If the industrial facility is inactive and unstaffed and there are no industrial materials or activities exposed to storm water, routine inspections may not be required. A determination of whether a facility is inactive or unstaffed shall be made in coordination with storm water personnel from ENV-RCRA as there are specific documentation and certification requirements that have to be met prior to discontinuing routine inspections.

## 5.3 COMPREHENSIVE INSPECTIONS

Qualified ENV-RCRA storm water personnel will conduct one comprehensive inspection of all industrial facilities and those that meet the "no exposure" criteria subject to the 2008 MSGP before September 29<sup>th</sup> of each year. At least one member of the facility's storm water pollution prevention team shall participate in this inspection. This is usually the DEP.

This inspection must cover all areas of the industrial facility affected by the requirements in the 2008 MSGP including the areas identified in the SWPPP as potential pollutant sources where industrial material or activities are exposed to storm water, areas where control measures are used to comply with the effluent limits, and areas where spills and leaks have occurred in the past 3 years. The inspector must include review of the monitoring data (analytical results from benchmark and impaired waters and visual assessments) collected that calendar year as part of the comprehensive inspection. Inspectors must examine the following at a minimum:

- Industrial materials, residue, or trash that may have or could come into contact with storm water;
- Leaks or spills from industrial equipment, drums, tanks, and other containers;

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- Offsite tracking of industrial or waste materials, or sediment where vehicles enter or exit the site;
- Tracking or blowing of raw, final, or waste materials from areas of no exposure to exposed areas; and
- Control measures needing replacement, maintenance, or repair.
- Storm water controls measures required by the 2008 MSGP must be observed to ensure that they are functioning correctly.

**NOTE:** The annual comprehensive site inspection may also be used as one of the routine inspections, as long as all components of both types of inspections are included.

ENV-RCRA will then enter all identified corrective actions into the ENV-RCRA MSGP Corrective Action Report Findings database. It is the responsibility of the DEP to update the database to reflect updates to these corrective actions.

Information compiled during the comprehensive inspection is used to complete the Annual Report. This report shall be submitted to EPA (postmarked) within 45 days of the last facility inspection completed in September of each year. For example, if the last facility was inspected (as part of the comprehensive site inspection) on September 22, the report shall be postmarked before or on November 6<sup>th</sup>. A complete certified copy of the Annual Report shall be maintained in the facility's SWPPP.

## **5.4 SPILLS**

All leaks or spills shall be cleaned up immediately and entered into the ENV-RCRA MSGP Corrective Action Report Findings database. This can be done by either the DEP or an ENV-RCRA MSGP storm water team member. If the spill is immediately cleaned up, and controls are put in place to prevent further leakage, the corrective action can be closed.

## **5.5 ALLOWABLE NON-STORM WATER DISCHARGES**

The following are allowable non-storm water discharges authorized by the 2008 MSGP:

- Discharges from fire-fighting activities;
- Fire hydrant flushing;
- Potable water, including water line flushings;
- Uncontaminated condensate from air conditioners, coolers, and other compressors and from the outside storage of refrigerated gases or liquids;
- Irrigation drainage;
- Landscape watering provided all pesticides, herbicides, and fertilizer have been applied in accordance with the approved labeling;
- Pavement wash waters where no detergents are used and no spills or leaks of toxic or hazardous material have occurred (unless all spilled material has been removed);



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- Routine external building washdown that does not use detergents; and
- Uncontaminated ground water or spring water.

Any person authorized to conduct work at LANL can identify a potential storm water issue. If this occurs, they should contact the DEP or an ENV-RCRA MSGP storm water team member who will determine if a corrective action is needed.

## 5.6 ENTERING CORRECTIVE ACTIONS

To enter a corrective action into the ENV-RCRA MSGP Corrective Action Report Findings database, perform the following steps:

**NOTE:** Be clear and concise, use correct grammar and punctuation, and correct any spelling errors. This information will be used to populate a report that will be submitted to the EPA. Therefore, it is critical that all information entered into the ENV-RCRA MSGP Corrective Action Report Findings database is correct and meets these criteria.

| Step | Action  |
|------|---|
| 1    | <p>From this web page:</p> <p><a href="http://int.lanl.gov/environment/water/guidance/swmgp.shtml">http://int.lanl.gov/environment/water/guidance/swmgp.shtml</a>, under the heading “Compliance Tools”. Click on the link “<a href="#">MSGP Corrective Action Report Findings Database</a>”</p> <p>Click on “Enter New Corrective Action.”</p>   |
| 2    | <p>Under the “Corrective Action Header” tab, enter the following:</p> <ul style="list-style-type: none"> <li>• Facility Name by clicking on the “List” tab and selecting a facility.</li> <li>• Date Problem was Identified (mm/dd/yyyy)</li> <li>• Date of Notification to ENV-RCRA (mm/dd/yyyy)</li> <li>• FOD Responsible for CA (Name &amp; Org) by clicking in the box. FOD designations (for example “STO”) and the associated name will come up. Just select the appropriate FOD.</li> </ul> <p><b>NOTE:</b> Contact the MSGP Project Leader at 667-1312 or <a href="mailto:hbensen@lanl.gov">hbensen@lanl.gov</a> if the FOD name or organization is incorrect, so this can be corrected.</p> <ul style="list-style-type: none"> <li>• Describe Specific Evaluation Location (for example “Northeast corner of Building TA-3-66”)</li> <li>• Inspector Z-Number by clicking in the box, which will populate it with your Z number. In most instances, the DEP should be identified as the inspector. Note: If you are entering the CA and are not the DEP, you will have to enter the DEP’s Z number or they will not have the ability to update the corrective action.</li> </ul> <p>Once all of the above information is entered correctly, click “Save” and go</p> |

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|   | to Step 3. All boxes identified with a red asterisk are “required fields” and shall be filled out. Note: The system will automatically assign a Corrective Action Report ID number.   |
| 3 | <p>Click “Go To Corrective Action Details” in the middle of the screen.</p> <p>Under the “Corrective Action Details” tab, enter the following:</p> <ul style="list-style-type: none"> <li>• Identify the condition triggering the need for this review by clicking on the “List” tab and selecting an option or selecting “Other” and entering a description of the condition.</li> <li>• Briefly describe the nature of the problem identified during the inspection (e.g., erosion, damage to a BMP, trash, spill, etc.) and the specific evaluation location.</li> </ul> <p><b>NOTE:</b> Spills or other emergency situations may identify the need for a corrective action that was not identified during an inspection.</p> <ul style="list-style-type: none"> <li>• How the problem was identified by clicking on the “List” tab and selecting an option or selecting “Other” and entering a description of the problem.</li> <li>• Description of the corrective action taken, or to be taken, to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, the basis for that determination.</li> <li>• Did/will the corrective action require modification of your SWPPP. Type in “Y” for yes and “N” for no.</li> <li>• Date Corrective action was initiated (mm/dd/yyyy)</li> <li>• Date corrective action was completed <b>OR</b> expected completion date (mm/dd/yyyy)</li> </ul> <p><b>NOTE:</b> If the corrective action has not been completed, enter an expected completion date. Do not put a date in both locations.</p> <p>If the corrective action has not been completed, provide the status of the corrective action and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action.</p> <p><b>NOTE:</b> This should only be filled out if the corrective action has not been completed. If the corrective action has been completed, enter “N/A.”</p> <p>Make sure to hit the “save” tab in the bottom right hand corner so the corrective action information is retained. If you want to enter more corrective actions, go back to the “Corrective Action Header” tab and press the “Enter New Corrective Action” button in the lower left hand corner of the screen (see step #2). Hitting the “Exit” button will cause you to exit from the system.</p> |

|  |   |
|--|---|
|  | All boxes identified with a red asterisk are “required fields” and shall be filled out. If a date is not included or identified as an expected completion date, ENV-RCRA storm water compliance personnel will enter a completion date of 30 days after the corrective action was identified. |
|--|---|

## 5.7 UPDATING CORRECTIVE ACTIONS

To update a corrective action in the ENV-RCRA MSGP Corrective Action Report Findings database, perform the following steps:

| Step | Action  |
|------|---|
| 1    | From this web page:<br><a href="http://int.lanl.gov/environment/water/guidance/swmgp.shtml">http://int.lanl.gov/environment/water/guidance/swmgp.shtml</a> , under the heading “Compliance Tools”. Click on the link “ <a href="#">MSGP Corrective Action Report Findings Database</a> ” to access the database and tab down to the corrective action number you want to edit. Click on “Edit.” |
| 2    | Navigate to the blank that you will be changing and input the updated information. It is anticipated that most changes will occur relative to updating the status of corrective actions. Save all changes to the information. Remember, you should only have a date under “Date corrective action completed <b>OR</b> the “expected to be completion,” but not both.                            |

## 5.8 VALIDATING CORRECTIVE ACTIONS

ENV-RCRA storm water personnel will periodically validate the information contained in the ENV-RCRA MSGP Corrective Action Report Findings database. To validate a corrective action in the ENV-RCRA MSGP Corrective Action Report Findings database, perform the following steps:

| Step | Action   |
|------|--|
| 1    | From this web page:<br><a href="http://int.lanl.gov/environment/water/guidance/swmgp.shtml">http://int.lanl.gov/environment/water/guidance/swmgp.shtml</a> , under the heading “Compliance Tools”. Click on the link “ <a href="#">MSGP Corrective Action Report Findings Database</a> ” to access the database. |

|   |  |
|---|--|
| 2 | <p>Check all entered fields for a corrective action to ensure that all information is clear, correct, and concise. If not, correct the information by navigating to the information that needs to be changed and making the change. Save all changes to the information.</p> <p>All information shall be validated before running the final annual report.</p> |
| 3 | <p>For ENV-RCRA storm water personnel only, under “status” select “void” if the corrective action is a repeat of a previous corrective action or if it is determined not to be a corrective action. This will delete the corrective action from the annual report.</p>   |

## 5.9 INSTITUTIONAL PERFORMANCE FEEDBACK AND IMPROVEMENT TRACKING SYSTEM (PFITS)

PFITS is the institutional performance and tracking system for identified issues. A corrective action that meets any of the following criteria will be entered into the PFITS system, as deemed necessary.

- Corrective action was not completed by the expected completion date entered into the database.
- No action was taken to remedy an identified issue with a control measure within 14 days of discovery or before the next storm event or as soon as practicable following that storm event (Section 3.3 of the 2008 MSGP).
- Repeat corrective actions or trends identified by ENV-RCRA MSGP storm water personnel.
- Conditions requiring immediate action, where failure to take action would result in pollutants being released to water of the state or an immediate non-compliance with the 2008 MSGP.
- Violations identified by the regulatory authority.
- Other issues as deemed necessary by MSGP storm water personnel.

Once every month, ENV-RCRA storm water personnel will evaluate a summary of open corrective actions in the ENV-RCRA MSGP Corrective Action Report Findings database and using the above criteria will determine which corrective actions, if any, should be transferred into PFITS. When the monthly notification of outstanding corrective actions is sent out, evaluate whether any of the outstanding corrective actions meet the above conditions. Send those that do to the Environmental Protection Division’s Improvement Management Coordinator (IMC) so that she can enter the information into PFITS. The summary report will contain the following information, at a minimum:

- Date the corrective action was identified;
- Person that identified the corrective action;

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- A description of the nature of the problem identified and what needs to be done to address the corrective action.
- Whether the corrective action was identified internal to LANL or External to LANL.

## 5.10 NOTIFICATIONS FOR NEW AND OVERDUE CORRECTIVE ACTIONS

When a new corrective action is entered into the ENV-RCRA MSGP Corrective Action Report Findings database, the FOD, ESH&Q Manager, Operations Manager, inspector (usually the DEP) and ENV-RCRA MSGP storm water personnel are notified automatically by e-mail (unless the corrective action is closed the same day it is entered). This will assist the FOD, ESH& Q Managers, Operations Managers and the DEPs with keeping track of new corrective actions.

An automatic e-mail is sent the first of each month notifying the FOD, ESH&Q Manager, Operations Manager and DEPs of all overdue corrective actions for their industrial facilities. The Environmental Protection Division Leader and ENV-RCRA Group Leader receive a web link that contains a bar graph showing corrective actions 30 to 60 days overdue, 60 to 90 days overdue, 90 days to 1 year overdue, and those greater than a year overdue. In addition, they receive a link with summary information on each corrective action overdue sorted by FOD.

## 6.0 REFERENCES

- Federal Register: *Final National Pollutant Discharge Elimination System (NPDES) General Permit for Storm Water Discharges from Industrial Activities*. Federal Register: September 29, 2008, Volume 73, Number 189.
- [P300, Integrated Work Management](#)
- [P315, Conduct of Operations Manual](#)
- [PD103, Worker Safety and Health Policy](#)
- [SD100, Integrated Safety Management System Description Document with Embedded 10 CFR 851 Worker Safety and Health Program](#)
- [P101-18, Procedure for Pause/Stop Work](#)
- [PD410, Los Alamos National Laboratory Environmental ALARA Program](#)
- [P121, Radiation Protection](#)
- [ENV-DO QP-106, Document Control](#)
- [ENV-DO-QP-115, Personnel Training](#)
- [ENV-DO-QP-104, Work Safety Review](#)

In addition to these documents, please read any site specific requirements before proceeding with work.

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## 7.0 DEFINITIONS

Best Management Practice (BMP): Schedules of activities, prohibitions of practices, maintenance procedures, and other management practices to prevent or reduce the pollution of “waters of the United States.” BMPs also include treatment requirements, operating procedures, and practices to control plant site runoff, spillage or leaks, sludge or waste disposal, or drainage from raw material storage. (*40 CFR Part 122.2*)

Control Measure: Any BMP or other method (including effluent limitations) used to prevent or reduce the discharge of pollutants to waters of the United States.

CA: Corrective Action

DEP: Deployed Environmental Professional

EPA: Environmental Protection Agency

FOD: Facility Operations Director

MSGP: Multi-Sector General Permit

SWPPP: Storm Water Pollution Prevention Plan

## 8.0 ATTACHMENTS

Attachment 1- Annual Reporting Form

Attachment 2- NPDES Multi-Sector General Permit Routine Inspection Form

[Click here for “Required Read” credit.](#)

## ATTACHMENT 1- ANNUAL REPORTING FORM

| <b>EPA</b><br><small>UNITED STATES ENVIRONMENTAL PROTECTION AGENCY<br/>WASHINGTON, DC 20460</small>   |  | NPDES Permit Tracking No.<br><table border="1" style="float: right; width: 150px; height: 20px; margin-top: -15px;"></table>    |
|---|--|---|
| <b>Annual Reporting Form</b>  |  |   |
| <b>A. GENERAL INFORMATION</b>   |  |   |
| 1 Facility Name   | <table border="1" style="width: 100%; height: 20px;"></table>  |   |
| 2 NPDES Permit Tracking No.   | <table border="1" style="width: 150px; height: 20px;"></table> |   |
| 3 Facility Physical Address:  |  |   |
| a Street  | <table border="1" style="width: 100%; height: 20px;"></table>  |   |
| b City  | <table border="1" style="width: 150px; height: 20px;"></table> | c State     d Zip Code  |
|   |  | <table border="1" style="width: 100px; height: 20px;"></table> - <table border="1" style="width: 100px; height: 20px;"></table> |
| 4 Lead Inspector Name   | <table border="1" style="width: 100%; height: 20px;"></table>  |   |
| Title   | <table border="1" style="width: 100%; height: 20px;"></table>  |   |
| Additional Inspectors Name(s)   | <table border="1" style="width: 100%; height: 20px;"></table>  |   |
| 5 Contact Person  | <table border="1" style="width: 100%; height: 20px;"></table>  |   |
| Title   | <table border="1" style="width: 100%; height: 20px;"></table>  |   |
| Phone:       -       -       Ext.       Mail  |  |   |
| <table border="1" style="width: 100%; height: 20px;"></table>   |  |   |
| 8 Inspection Date     /     /   |  |   |
| <table border="1" style="width: 100px; height: 20px;"></table>  |  |   |
| <b>B. GENERAL INSPECTION FINDINGS</b>   |  |   |
| 1 As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to stormwater?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |  |   |
| If NO, describe why not _____   |  |   |
|   |  |   |
| <i><b>NOTE:</b> Complete Section C of this form for each industrial activity area inspected and included in your SWPPP or as newly identified in B 2 or D 3 below where pollutants may be exposed to stormwater.</i>                  |  |   |
| 2 Did this inspection identify any stormwater or non-stormwater discharges not previously identified in your SWPPP? <input type="checkbox"/> YES <input type="checkbox"/> NO  |  |   |
| If YES, for each location, describe the sources of those stormwater and non-stormwater discharges and any associated control measures in place _____  |  |   |



NPDES Permit Tracking No.:  
| | | | | | | | | |3. Did this inspection identify any sources of stormwater or non-stormwater discharges not previously identified in your SWPPP? ☐ YES ☐ NO

If YES, describe these sources of stormwater or non-stormwater pollutants expected to be present in these discharges, and any control measures in place:

4. Did you review stormwater monitoring data as part of this inspection to identify potential pollutant hot spots? ☐ YES ☐ NO ☐ NA, no monitoring performed

If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:

5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measures to prevent scouring:

6. Have you taken or do you plan to take any corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection?

☐ YES ☐ NO

If YES, how many conditions requiring review for correction action as specified in Parts 3.1 and 3.2 were addressed by these corrective actions?

| |

**NOTE:** Complete the attached Corrective Action Form (Section D) for each condition identified, including any conditions identified as a result of this comprehensive stormwater inspection.

NPDES Permit Tracking No.:

### C. INDUSTRIAL ACTIVITY AREA SPECIFIC FINDINGS

*Complete one block for each industrial activity area where pollutants may be exposed to stormwater. Copy this page for additional industrial activity areas.*

In reviewing each area, you should consider:

- Industrial materials, residue, or trash that may have or could come into contact with stormwater;
- Leaks or spills from industrial equipment, drums, tanks, and other containers;
- Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and
- Tracking or blowing of raw, final, or waste materials from areas of no exposure to exposed areas.

INDUSTRIAL ACTIVITY AREA \_\_\_\_\_:

### 1. Brief Description:

2. Are any control measures in need of maintenance or repair?

☐ YES    ☐ NO

3. Have any control measures failed and require replacement?

☐ YES    ☐ NO

4. Are any additional/revised control measures necessary in this area?

☐ YES      ☐ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA \_\_\_\_\_

### 1. Brief Description:

2. Are any control measures in need of maintenance or repair?

☐ YES      ☐ NO

3. Have any control measures failed and require replacement?

☐ YES      ☐ NO

4. Are any additional/revised c necessary in this area?

☐ YES      ☐ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA \_\_\_\_\_:

**Brief Description:**

2. Are any control measures in need of maintenance or repair?

☐ YES      ☐ NO

3. Have any control measures failed and require replacement?

☐ YES    ☐ NO

4. Are any additional/revised BMPs necessary in this area?

☐ YES    ☐ NO

If YES to any of these three questions, provide a description of the problem. (Any necessary corrective actions should be described on the attached Corrective Action Form)

NPDES Permit Tracking No.:

NOTE: Copy this page and attach additional pages as necessary

INDUSTRIAL ACTIVITY AREA \_\_\_\_\_:

### 1. Brief Description:

2. Are any control measures in need of maintenance or repair? ☐ YES ☐ NO

3. Have any control measures failed and require replacement? ☐ YES ☐ NO

4. Are any additional/revised 8MPs necessary in this area? ☐ YES ☐ NO

IF YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA \_\_\_\_\_

### 1. Brief Description:

2. Are any control measures in need of maintenance or repair? ☐ YES ☐ NO

3. Have any control measures failed and require replacement? ☐ YES ☐ NO

4. Are any additional/revised BMPs necessary in this area? ☐ YES ☐ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA \_\_\_\_\_:

### 1. Brief Description:

2. Are any control measures in need of maintenance or repair? ☐ YES ☐ NO

3. Have any control measures failed and require replacement? ☐ YES ☐ NO

4. Are any additional/revised 8MPs necessary in this area? ☐ YES ☐ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

NPDES Permit Tracking No.:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

**D. CORRECTIVE ACTIONS**

Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1. Corrective Action # 

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

 of 

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

 for this reporting period.

2. Is this corrective action:

- ☐ An update on a corrective action from a previous annual report; or  
☐ A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- ☐ Unauthorized release or discharge  
☐ Numeric effluent limitation exceedance  
☐ Control measures inadequate to meet applicable water quality standards  
☐ Control measures inadequate to meet non-numeric effluent limitations  
☐ Control measures not properly operated or maintained  
☐ Change in facility operations necessitated change in control measures  
☐ Average benchmark value exceedance  
☐ Other (describe): \_\_\_\_\_

4. Briefly describe the nature of the problem identified:

5. Date problem identified: 

|  |  |   |  |  |   |  |  |  |  |  |  |
|--|--|---|--|--|---|--|--|--|--|--|--|
|  |  | / |  |  | / |  |  |  |  |  |  |
|--|--|---|--|--|---|--|--|--|--|--|--|

6. How problem was identified:

- ☐ Comprehensive site inspection  
☐ Quarterly visual assessment  
☐ Routine facility inspection  
☐ Benchmark monitoring  
☐ Notification by EPA or State or local authorities  
☐ Other (describe): \_\_\_\_\_

7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

8. Did/will this corrective action require modification of your SWPPP? ☐ YES ☐ NO

9. Date corrective action initiated: 

|  |  |   |  |  |   |  |  |  |  |  |  |
|--|--|---|--|--|---|--|--|--|--|--|--|
|  |  | / |  |  | / |  |  |  |  |  |  |
|--|--|---|--|--|---|--|--|--|--|--|--|

10. Date corrective action completed: 

|  |  |   |  |  |   |  |  |  |  |  |  |
|--|--|---|--|--|---|--|--|--|--|--|--|
|  |  | / |  |  | / |  |  |  |  |  |  |
|--|--|---|--|--|---|--|--|--|--|--|--|

 or expected to be completed: 

|  |  |   |  |  |   |  |  |  |  |  |  |
|--|--|---|--|--|---|--|--|--|--|--|--|
|  |  | / |  |  | / |  |  |  |  |  |  |
|--|--|---|--|--|---|--|--|--|--|--|--|

11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

NPDES Permit Tracking No.:

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

#### E. ANNUAL REPORT CERTIFICATION

### 1. Compliance Certification

Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit? ☐ YES ☐ NO

If NO, summarize why you are not in compliance with the permit:

## 2. Annual Report Certification

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 assure that qualified personnel properly gathered and evaluated 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.

Authorized Representative  
Printed Name:

Title:

**Signature:**

Date Signed:

---

|  |                                   |               |
|--|-----------------------------------|---------------|
| Title: MSGP Storm Water Corrective Actions | No. ENV-RCRA-QP-022.2             | Page 22 of 23 |
|  | Effective Date: February 28, 2013 |               |

## ATTACHMENT 2- NPDES MULTI-SECTOR GENERAL PERMIT ROUTINE INSPECTION FORM

| Los Alamos National Laboratory<br>ENV-RCRA  |                                    | NPDES Multi-Sector General Permit Routine Inspection Form<br>(rev. 03/2009) Page 1 of ____ (use additional sheets if necessary) |   |  |  |
|---|------------------------------------|---|---|--|--|
| Name of Facility:   |                                    | Responsible FOD (Name & Organization):  |   | Date of Inspection (MM/DD/YYYY):                         |  |
| Qualified Inspector(s):<br>Others Present:  |                                    | Inspection type: <input type="checkbox"/> Quarterly <input type="checkbox"/> Other  |   | Time of Inspection:                                      |  |
| Weather: <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snow <input type="checkbox"/> High Winds <input type="checkbox"/> Other:<br>Temperature: _____ ° F<br>Is Inspection Being Conducted During a Storm Water Discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                    |   |   |  |  |
| #   | Structural Control Measures (BMP)s | Location  | Operating Effectively (Yes or No)?  | If No, Need to Maintain (M), Repair (R) or Replace (RP)? | Corrective Action Needed and Notes (Identify needed maintenance and repairs, or any failed control measures that need replacement) |
| 1.  |                                    |   |   |  |  |
| 2.  |                                    |   |   |  |  |
| 3.  |                                    |   |   |  |  |
| 4.  |                                    |   |   |  |  |
| 5.  |                                    |   |   |  |  |
| 6.  |                                    |   |   |  |  |
| 7.  |                                    |   |   |  |  |
| 8.  |                                    |   |   |  |  |
| 9.  |                                    |   |   |  |  |
| 10.   |                                    |   |   |  |  |
| 11.   |                                    |   |   |  |  |
| 12.   |                                    |   |   |  |  |
| Were additional BMPs or Control Measures Implemented? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:  |                                    |   |   |  |  |
| Were previously identified conditions corrected before the next anticipated storm event? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, describe reason:   |                                    |   |   |  |  |
| Area/Activity<br>(Areas of Potential Material or Activities Exposed to Storm Water)   | Inspected?                         | Controls Adequate?  | Corrective Action Needed and Notes (List area letter with comments below) |  |  |
| A. Material loading/unloading & storage areas   |                                    |   |   |  |  |
| B. Equipment operations & maintenance areas   |                                    |   |   |  |  |
| C. Fueling Areas  |                                    |   |   |  |  |
| D. Outdoor vehicle & equipment washing areas  |                                    |   |   |  |  |
| E. Waste Handling & disposal areas  |                                    |   |   |  |  |
| F. Erodible areas / construction  |                                    |   |   |  |  |
| G. Non-storm water / illicit connections  |                                    |   |   |  |  |
| H. Salt storage piles or pile containing salt   |                                    |   |   |  |  |
| I. Dust generation & vehicle tracking   |                                    |   |   |  |  |
| Are the SWPP Plan maintenance, schedules and procedures being implemented at the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                                    |   |   |  |  |
| Were any Corrective Actions Initiated or completed? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:  |                                    |   |   |  |  |
| Are there any conditions requiring Corrective Action? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, List Number of Corrective Actions Required _____<br>(Note – need a Corrective Action Form for each listed)   |                                    |   |   |  |  |

|  |                                   |               |
|--|-----------------------------------|---------------|
| Title: MSGP Storm Water Corrective Actions | No. ENV-RCRA-QP-022.2             | Page 23 of 23 |
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Los Alamos National Laboratory  
ENV-RCRA

NPDES Multi-Sector General Permit Inspection Form  
(rev. 03/2009) Certification Sheet

#### Non-Compliance

Describe any incidents of non-compliance and/or need for corrective action observed and not described above:

#### Additional Control Measures

Describe any additional control measures needed to comply with the permit requirements:

#### Notes

Use this space for any additional notes or observations from the inspection:

Inspector's Signature and date: \_\_\_\_\_

#### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated 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."

Print name and title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**EPC-CP-QP-064**

Revision: 0



Effective Date: 10/04/2017

Next Review Date: 10/04/2020

## Environment, Safety, and Health Directorate

## Environmental Protection and Compliance-Compliance Programs

## Quality Procedure

### MSGP Stormwater Visual Assessments

**Document Owner:**

|                  |               |                   |         |
|------------------|---------------|-------------------|---------|
| Name:            | Organization: | Signature:        | Date:   |
| Holly L. Wheeler | EPC-CP        | Signature on File | 10-2-17 |

**Derivative Classifier:** ☐ Unclassified or ☒ **DUSA ENVPRO**

|                    |               |                   |         |
|--------------------|---------------|-------------------|---------|
| Name:              | Organization: | Signature:        | Date:   |
| Ellena I. Martinez | EPC-CP        | Signature on File | 10-2-17 |

**Approval Signatures:**

|                           |                            |                   |         |
|---------------------------|----------------------------|-------------------|---------|
| Subject Matter Expert:    | Organization:              | Signature:        | Date:   |
| Holly L. Wheeler          | EPC-CP                     | Signature on File | 10-2-17 |
| Responsible Line Manager: | Organization:              | Signature:        | Date:   |
| Terrill W. Lemke          | EPC-CP Team Leader         | Signature on File | 10-4-17 |
| Responsible Line Manager: | Organization:              | Signature:        | Date:   |
| Michael T. Saladen        | EPC-CP Acting Group Leader | Signature on File | 10-4-17 |

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To document a required read, Login to [UTrain](#), and go to the Advanced Search.*

|   |               |                            |
|---|---------------|----------------------------|
| <b>MSGP Stormwater Visual Assessments</b> | EPC-CP-QP-064 | Page 2 of 20               |
|   | Revision: 0   | Effective Date: 10/04/2017 |

#### REVISION HISTORY

| <b>Document Number and Revision</b><br><i>[Include revision number, beginning with Revision 0]</i> | <b>Effective Date</b><br><i>[Document Control Coordinator inserts effective date]</i> | <b>Description of Changes</b><br><i>[List specific changes made since the previous revision]</i>                                       |
|--|---|--|
| ENV-RCRA-QP-064, R0  | 7/09  | New document <i>MSGP Storm Water Visual Inspections</i> .  |
| ENV-RCRA -QP-064, R1   | 3/10  | Clarifications and added attachments.  |
| ENV-RCRA -QP-064, R2   | 2/12  | Biennial review/revision   |
| EPC-CP-QP-064, R0  | 10/04/2017  | This document replaces ENV-RCRA-QP-064 R2. Converted into new format, and new organization name, clarified steps, updated attachments. |

|   |               |                            |
|---|---------------|----------------------------|
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## 1.0 INTRODUCTION

Los Alamos National Security, LLC (LANL) through Environmental Protection and Compliance-Compliance Programs (EPC-CP) conducts stormwater monitoring activities required pursuant to the National Pollutant Discharge Elimination System (NPDES), Multi-Sector General Permit (MSGP) at Los Alamos National Laboratory (LANL). The MSGP requires LANL to monitor stormwater runoff from industrial sites relative to potential pollutants.

### 1.1 Purpose

This procedure describes the process for conducting visual assessments of stormwater from outfall locations monitored under the MSGP for industrial facilities at LANL.

Assessments conducted under this procedure should be documented using the Maintenance Connection Express™ (MC Express) web application. (In the event of electronic hardware or web application failure, personnel may use a printed hard copy to conduct inspection and sample retrieval.)

### 1.2 Scope

Requirements set forth in this document apply to Los Alamos National Laboratory industrial facilities covered by the MSGP. These facilities include, a warehouse, several metal fabrication areas/shops, a heavy equipment yard, an asphalt batch plant, roads and grounds, a foundry, a power plant, a material recycling facility, a carpenter shop, and several hazardous waste treatment, storage or disposal (TSD) facilities. Inspection waivers may be granted by EPC-CP for adverse weather conditions and unstaffed or inactive sites.

At least once each MSGP monitoring quarter a stormwater sample must be collected from each discharge point covered by the MSGP and site specific SWPPP and visually inspected for water quality characteristics. Stormwater samples can be collected with an automated sampler, single stage sampler, or by taking a grab sample.

### 1.3 Applicability

This procedure applies to the EPC-CP technical staff and subcontractor personnel (as applicable) who conduct stormwater visual assessments during or after measurable storm events at MSGP outfalls.

**Note:** *A measurable storm event is identified as one what results in an actual discharge from your site that follows the preceding measurable storm event by at least 72 hours (3 days).*

## 2.0 PRECAUTIONS AND LIMITATIONS

Hazards in the work described in this procedure are controlled through site specific Integrated Work Documents (IWDs). The hazard level for the activities described in this procedure is **low**, however the cumulative hazard rating for activities described in the IWD is **moderate**.

|   |               |                            |
|---|---------------|----------------------------|
| <b>MSGP Stormwater Visual Assessments</b> | EPC-CP-QP-064 | Page 5 of 20               |
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Assessments may be discontinued during periods or conditions that make sites dangerous for worker safety or prevent personnel from safely accessing sites (e.g., weather-related events such as flash floods, flooding, lightning, wildfires, hail, icy roads, deep snow, or LANL operations such as firing shots or burns).

Click the “Save” bar after all entries for a task line have been completed and before proceeding to the next question. Failure to “Save” results in lost data entries.

Some terminology varies between the MC Express software and the Maintenance Connection desktop software.

- The “Reading” field in MC Express is the same field as “Reading Final” in Maintenance Connection desktop and “Meas.” on a hard copy (printed) work order.
- The “Complete” option in MC Express is the same as a “Yes” answer; the “Failed” option in MC Express is the same as a “No” answer. Maintenance Connection desktop and hard copy (printed) work orders use “Yes” and “No” terminology.

Throughout this procedure the field inspector should document comments and notations in the “Reading” field of the associated task line. Any additional comments not documented in a “Reading” field can be entered in the “Comments” field of the same task line. If the inspector needs more space, additional comments can be entered in the “Labor Report Update” field (see Section 4.3) when the work order is updated to “Complete” status.

### **3.0 PREREQUISITE ACTIONS**

#### **3.1 Planning and Coordination**

1. Schedule work to be completed by the target date appearing on the work order(s) or as requested by the MSGP Program Lead if a form is not issued.
2. Inform (e.g., by e-mail) Facility contacts, as specified in the IWD, of the schedule for inspection work and locations up to a week (preferred) before but no later than the day before (for minor changes) to be added to the appropriate plan of the day.

**Note:** For some Facility Operations Divisions (FODs) like the Utilities and Institutional Facilities FOD, MSGP stormwater monitoring activities are on a standing plan of the day. However, this must be requested each year at the beginning of the monitoring season.

3. The IWD Part II (2101 Form) addresses specific requirements and training for FODs.
4. Obtain any necessary additional paperwork before conducting this work, including IWD’s, and excavation permits (as necessary).
5. Gather the required equipment (see section below) for the work to be done.
6. Using the Safari web browser on a tablet or notebook style computer, navigate to <http://express.maintenanceconnection.com> and select English from the available dropdown menu.

|   |               |                            |
|---|---------------|----------------------------|
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7. Log into the MC Express application using your login credentials. Contact the MSGP Data Management Team if MC Express generates any message stating the field inspector does not have access.
8. Confirm that the work order list displayed in the “My Open Work Orders” section matches your sites. If work orders are not displayed, click the “Refresh” bar at the bottom of the page. The page will refresh and any work orders issued since you logged in will be loaded to the application. If the work order lists still do not match, contact the MSGP Data Management Team for clarification.
9. Ensure that field personnel have access to accurate time measurement at the Site. When at the site, the clock time on the ISCO sampler must be set to Mountain Standard Time at all times, with no daylight saving time adjustment.

### **3.2 Tools and Equipment**

Ensure the following equipment is available in the field vehicle:

- Safety glasses with side shields
- Nitrile gloves
- Sturdy hiking boots or steel toed shoes with soles that grip
- Cell phone (only government cell phones with batteries removed are allowed in secure areas)
- Copy of this procedure
- Copy of the Integrated Work Documents (IWDs)
- Copy of the MSGP Sampling and Analysis Plan
- Site Map(s) (as needed)
- Current electronic or paper inspection form EPC-CP-Form-1021, MSGP Stormwater Visual Assessments
- Necessary access and station keys
- Clean replacement sample bottles (clear glass or clear poly)
- Paper Towels

### **4.0 VISUAL ASSESSMENT OF STORMWATER**

1. Take the sample bottle with water out of automated sampler or single stage jar off the ground, or fill a clear sample bottle with a grab sample and wipe off exterior.

**Note:** If a grab sample is collected it shall be collected during daylight hours in a wide mouth clear glass bottle or plastic container within 30 minutes of discharge from a storm event.

|   |               |                            |
|---|---------------|----------------------------|
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2. In MC Express, open the work order issued for the current location by clicking on the appropriate line. If needed, use the expand arrow located on the right side of the display to expand the work order detail information. The work order will open in the display to the work order Summary page.
3. Click on the “Tasks” bar to navigate to the work order Tasks page. See MC Express screen shot example in Attachment 1 and a hard copy example in Attachment 2.

#### 4.1 Documenting Sample Information

4. **Item 1:** Verify the monitoring period by clicking the expand arrow located on the right side of the task line and changing the “Complete” or “Failed” line to “Yes”. Describe the monitoring period (e.g., Apr-May, Jun-Jul, Aug-Sep, Oct-Nov).

**Note:** If the discharge collected is from a rain event from the previous monitoring period but the visual assessment is made in the following monitoring period, document monitoring period on the inspection to correspond to the period in which the rain event took place.

#### **CAUTION**

Click the “Save” bar after all entries for a task line have been completed and before proceeding to the next question. Failure to “Save” results in lost data entries.

**Note:** Any additional comments not documented in a “Reading” field can be entered in in the “Comments” field of the same task line. If the inspector needs more space additional comments can be entered in the “Labor Report Update” field.

5. **Item 2:** Verify the visual assessment is performed on an unfiltered sample and document by clicking the expand arrow located on the right side of the task line and changing the “Complete” or “Failed” line to “Yes”. If the sample was filtered, conduct the visual assessment and document “Filtered sample”.
6. **Item 3:** Verify the date and time stormwater discharge began and document by clicking the expand arrow located on the right side of the task line and changing the “Complete” or “Failed” line to “Yes”.

Enter the date and time in the following date formats: MM/DD/YY, or MM-DD-YY. Time must be entered in 24-hr format.

**Note: If the discharge date/time is not available (e.g. precipitation report) when the visual is performed in the field, leave this Task Line incomplete and complete when the information is available.**

7. **Item 4:** Verify the date and time the sample was collected and document by clicking the expand arrow located on the right side of the task line and changing the “Complete” or “Failed” line to “Yes”.

Enter the date and time in the following date formats: MM/DD/YY, or MM-DD-YY. Time must be entered in 24-hr format.



|   |               |                            |
|---|---------------|----------------------------|
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**Note: If the collection date/time is not available (e.g. precipitation report) when the visual is performed in the field, leave this Task Line incomplete and complete when the information is available.**

8. **Item 5:** Verify the date and time stormwater was visually assessed and document by clicking on the right side of the task line and changing the “Complete” or “Failed” line to “Yes”.

Enter the date and time in the following date formats: MM/DD/YY, or MM-DD-YY. Time must be entered in 24-hr format.

9. **Item 6:** Verify the nature of the discharge and document by clicking the expand arrow located on the right side of the task line and changing the “Complete” or “Failed” line to “Yes”. Describe the discharge (e.g., rainfall or snowmelt) and the TOTAL amount of precipitation from the event.

**Note:** If the total amount of precipitation is not available (e.g., precipitation report) when the visual is performed in the field, leave this Task Line incomplete and complete when the information is available.

10. **Item 7:** Verify the sample was collected in the first 30 minutes of discharge and document by clicking the expand arrow located on the right side of the task line and changing the “Complete” or “Failed” line to “Yes”. If it is not possible to collect the sample within the first 30 minutes of discharge, the sample must be collected as soon as practicable after the first 30 minutes. The field inspector will document the reason a sample could not be collected within the first 30 minutes.

## 4.2 Assessing Parameters

While conducting the visual examinations, personnel should constantly be attempting to relate any pollutant that is observed in the sample to a pollutant source on the site.

Note if there are any potential sources of pollutants on site. If yes, contact an MSGP representative of EPC-CP and document the following:

- Potential sources;
  - Indicate if there are any BMPs on site and evaluate and note effectiveness; and
  - If no BMPs, determine if installation could correct future pollutant migration.
11. **Item 8:** Verify the color of the discharge in the sample container and document by clicking the expand arrow located on the right side of the task line and changing the “Complete” or “Failed” line to “Yes”. Describe the color.
  12. **Item 9:** Verify any odors detected from sample and document by clicking the expand arrow located on the right side of the task line and changing the “Complete” or “Failed” line to “Yes”. Describe the odor (e.g., musty, sewage, sulfur, sour, solvents, petroleum/gas, etc.).

|   |               |                            |
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13. **Item 10:** Verify the clarity of the discharge and document by clicking the expand arrow located on the right side of the task line and changing the “Complete” or “Failed” line to “Yes”. Describe the clarity (e.g., slightly cloudy, cloudy, opaque).

Clarity can be described as the depth in which you can look into or through water. For example an individual can see through a clear glass of clean water in daylight. Generally the clarity of the water is a good visual indicator of the purity of water. If the water is poor in clarity there is most likely suspended solids throughout the water.

14. **Item 11:** Verify any floating solids and document by clicking the expand arrow located on the right side of the task line and changing the “Complete” or “Failed” line to “Yes”. Careful examination should determine whether the solids are raw materials (e.g., product used to fabricate something, or ingredients used in a formulation) or waste materials (e.g., shavings, woodchips and sawdust, trash). Describe any floating solids observed.
15. **Item 12:** Verify any settled solids in the sample and document by clicking the expand arrow located on the right side of the task line and changing the “Complete” or “Failed” line to “Yes”. Describe any settled solids observed (e.g., fine, coarse).

Settled solids may be an indicator of unstable ground cover combined with a high intensity stormwater runoff event.

16. **Item 13:** Verify any suspended solids in the sample and document by clicking the expand arrow located on the right side of the task line and changing the “Complete” or “Failed” line to “Yes”. Describe any settled solids observed (e.g., fine, coarse).

Most often suspended solids include fine sediment. This may be an indication of an unstable channel that may have eroding banks. Some water appears to be colored because of relatively coarse particulate material in suspension such as sediment.

17. **Item 14:** Verify the sample is free of foam and document by clicking the expand arrow located on the right side of the task line and changing the “Complete” or “Failed” line to “Yes”. Gently shake the sample container. Describe any bubbles in or on the surface of the water and the color of the foam.

#### **CAUTION**

Contact the EPC-CP Project Leader for MSGP **immediately if it is determined that the foam is caused by a pollutant.** Follow-up action is required within 24 hours.

18. **Item 15:** Verify the sample is devoid of any oil sheen and document by clicking the expand arrow located on the right side of the task line and changing the “Complete” or “Failed” line to “Yes”. If an oil sheen is present, describe the thickness and consistency (e.g., flecks, globs).

|   |               |                            |
|---|---------------|----------------------------|
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#### **CAUTION**

Contact the EPC-CP Project Leader for MSGP **immediately**. Then determine the nature of the discharge (rain, snow, hail), the source of the sheen and if existing BMPs are effective in mitigation of potential pollutants or if a new BMP needs to be installed. Follow-up action is required within 24 hours.

19. **Item 16:** Verify the discharge is free of any other indicators of stormwater pollution not described in any other task line above and document by clicking the expand arrow located on the right side of the task line and changing the “Complete” or “Failed” line to “Yes”. Describe any observations.
20. When all task lines have been completed, click the “Back” arrow button in the upper left hand corner to exit the work order Tasks page and return to the work order Summary page.

### **4.3 Completing the Assessment Form**

1. Ensure the inspection form has been filled out completely including information not available during the field inspection (e.g., date/time of discharge, date/time of sample collection, total precipitation amount).
3. Click the checkered flag in the upper right corner of the work order Summary page. MC Express auto-populates the date and time fields.

#### **CAUTION**

MC Express automatically changes the work order status to “Closed.”

4. **Item 17:** Click on the expand arrow located on the right side of the “New Status” field and select “Completed” from the available dropdown menu.

Ensure the “Date” field has the date and time the **form was completed**. The completion date and time may be different from the date and time the visual assessment was performed if precipitation information was added to the form after the on-site field inspection.

If these fields need to be updated, click the “Date” field to modify it. Make necessary adjustments using the available timestamp application and click “Set” to apply changes.

6. **Item 18:** The inspector must type in his/her name in the “Labor Report Update” field.  
Any additional notes, observations, or site conditions not documented in a task line “Reading” or “Comments” field can also be documented in the “Labor Report Update” field.
7. Scroll down the page to the “Signature” bar and click the expand arrow on the left side of the bar to open the “Signature” field.

|   |               |                            |
|---|---------------|----------------------------|
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8. **Item 19:** Capture an electronic signature by drawing with a finger on the tablet screen. The Lead Inspector is certifying that the information submitted is “true, accurate, and complete” by electronically signing the work order.

**Note:** If using MC Express on a desktop screen (not a tablet), the mouse must be used to sign electronically.

9. Click on the “Save” bar at the bottom of the page to close the “Signature” field.
10. Click on the “Back” button located in the upper left hand corner to return to the “My Open Work Orders” page.
11. Once you have completed an inspection, click on the Menu button again, and then click the “Logout” bar. Close the browser. All work will automatically upload from the MC Express application to the MC database.

**Always log out of MC Express when you have finished work OR if work is interrupted.**

#### **4.4 Completing the Certification Statement**

1. Using the Safari web browser on a desktop computer, navigate to <http://www.maintenanceconnection.com>. Log into the MainConn desktop application using your login credentials.
2. Click “Open” in the tool bar at the top of the page to open the MainConn module selections. Click on the “Work Orders” module (see Attachment 3).
3. Click on the “Search” tab at the top left of the page and enter the work order number in the “Search Value” field. Click the arrow to the right of the “Search Value” field to open the work order in the right split screen.
4. Click on the “Report” tab at the top of the page and click the “Work Order Statement” sub-tab.
5. Click the Tools drop down menu in the top right corner of the page and select “Print” from the options. The print dialog box will open. Select the print options as appropriate for your local printer.
6. **Item 20:** Obtain a printed name and title, signature, and date on the certification statement. The visual assessment form must be certified with a signature from a duly authorized representative of the facility as defined in Appendix B of the MSGP Permit, Section B.11.A (e.g., FOD, Operations Manager, DSESH Group Leader, EPC Group Leader). The duly authorized representative of the facility is certifying the information submitted is “true, accurate, and complete” by signing the form.

EPC-CP will send out completed visual assessment forms at the end of each quarter that will contain a certification statement in the cover memorandum. The duly authorized signatory may sign and date this certification statement rather than the certification line associated with each attached form. However, the memorandum and associated completed forms must remain together.

|   |               |                            |
|---|---------------|----------------------------|
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7. Place the completed and signed visual assessment into the facility SWPPP.

## 5.0 EVIDENCE OF STORMWATER POLLUTION

If stormwater contamination is identified through visual assessment personnel should attempt to identify the pollutant source. Personnel should evaluate whether or not BMPs have already been implemented and evaluate whether or not these are working correctly or need maintenance. A design change could also be incorporated into the stormwater pollution prevention plan to eliminate or minimize the contaminant source from occurring in the future. Personnel should evaluate whether or not additional BMPs should be implemented in the pollution prevention plan to address the observed contaminant.

A clean up of the site should be conducted if the pollutant source is known and well defined. The FOD, ESH Manager, and MSGP representative of EPC-CP should also be contacted and made aware of the situation.

Corrective actions **MUST** be taken if BMPs are not performing effectively. Refer to EPC-CP-QP-022, *MSGP Stormwater Routine Facility Inspections and Corrective Actions*.

## 6.0 TRAINING

The following personnel require training before implementing this procedure:

- EPC-CP technical staff and subcontract or other personnel who retrieve stormwater samples and conduct visual assessments at automated or single stage stormwater samplers for the MSGP.

For EPC-CP staff the training method for this procedure is “self-study” (reading). Other participating groups may require training documentation pursuant to local procedures.

Personnel performing this procedure will be familiar with the most current versions of the following procedures and operation manuals:

- EPC-CP MSGP Sampling and Analysis Plan for the current monitoring year

## 7.0 RECORDS

Records generated by this document and signed by the EPC-CP certifier will be submitted to the EPC-CP Records Management designated point of contact or document manager in accordance with P1020-1, *Laboratory Records Management* and with ADESH-AP-006, *Records Management Plan*.

- EPC-CP-Form-1021, *MSGP Quarterly Visual Assessment*

All other MSGP Quarterly Visual Assessment forms generated are forwarded to the duly authorized representative of each facility for submittal to that facility’s Records Management designated point of contact or document manager.

## 8.0 DEFINITIONS AND ACRONYMS

See LANL *Definition of Terms*.

|   |               |                            |
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## 8.1 Definitions

**Adverse weather conditions** – Weather that prohibits collection of samples such as local flooding, high winds, hurricanes, tornadoes, electrical storms, etc. Could also include drought, extended frozen conditions, etc.

**Best Management Practices (BMPs)** – Schedules of activities, practices, prohibitions of practices, structures, vegetation, maintenance procedures, and other management practices to prevent or reduce pollution. BMPs can also include treatment requirements, operating procedures, and practices to control facility site runoff, spillage or leaks, sludge or waste disposal, or drainage from raw material storage.

**Clarity** – Clearness or cleanness of appearance. This includes the visual observation of suspended sediment.

**Color** – Unpolluted water will be clear and colorless. Color should not be confused with clarity.

**Floating solids** – Particulate material floating on the surface of the water. Examples include: raw or waste materials and common trash.

**Foam** – An accumulation of fine frothy bubbles formed in or on the surface of water. A mass of bubbles of air in a matrix of liquid film.

**Odor** – The property or quality of waters that affects or stimulates the sense of smell. Examples of odors that may be present are burnt oil, petroleum hydrocarbon, sewage, diesel, sulfuric, or detergent odors.

**Oil sheen** – The presence of rainbow-like colors glistening on the surface of a liquid. The color of oil sheen will vary dependent on thickness and consistency.

**Settled solids** – Settled particulate material i.e., heavier than water. Examples include sand, gravel, metal turnings, and glass.

**Suspended solids** – Particulate materials that are floating between the bottom of the sample and the surface of the water.

**Unstaffed and Inactive Sites** – A facility maintaining certification with the SWPPP that it is inactive and unstaffed and visual examinations are not required.

## 8.2 Acronyms

See LANL *Acronym Master List*.

|            |   |
|------------|---|
| EPC-CP     | Environmental Protection and Compliance – Compliance Programs |
| IWD        | Integrated Work Document                                      |
| LANL       | Los Alamos National Laboratory                                |
| LANS       | Los Alamos National Security, LLC                             |
| MC Express | Maintenance Connection MC Express web application             |
| MSGP       | Multi-Sector General Permit                                   |

|   |               |                            |
|---|---------------|----------------------------|
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|       |   |
|-------|---|
| NPDES | National Pollutant Discharge Elimination System |
|-------|---|

## 9.0 REFERENCES

P1020-1, Laboratory Records Management

ADESH-AP-006, Records Management Plan

EPC-CP-QP-022, MSGP Stormwater Routine Facility Inspections and Corrective Actions

## 10.0 ATTACHMENTS

**Attachment 1:** *Screenshot Examples of EPC-CP-Form-1021 in MC Express*

**Attachment 2:** *Crosswalk of EPC-CP-Form-1021 Hard Copy Format to Electronic Format*

**Attachment 3:** *Screenshot Examples of Printing from Maintenance Connection*



|                                    |               |                            |
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## Attachment 1: Screenshot Examples of EPC-CP-Form-1021 in MC Express

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MC Express

WORK ORDER: MSGP-1423

Tasks

The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.

Sample information

- 30 Document the monitoring Period (e.g., Apr-May)
- 35 Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)
- 40 Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).
- 50 Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).
- 60 Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).
- 70 Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.
- 80 Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.

Refresh List

MC Express

WORK ORDER: MSGP-1423

Edit Task

30 Document the monitoring Period (e.g., Apr-May)

Reading

Jun-July

Initials

Failed?

No

Not Applicable?

No

Complete?

Yes

Comments

Cancel Save

|                                    |               |                            |
|------------------------------------|---------------|----------------------------|
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## Attachment 1: Screenshot Examples of EPC-CP-Form-1021 in MC Express (cont.)

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MC Express

WORK ORDER: MSGP-1423

Tasks

**Parameters**

- 110 Is sample colorless? If "Failed", describe. (8)
- 120 Is sample odorless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas) (9)
- 130 Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque). (10)
- 140 Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line. (11)
- 150 Is sample free of settled solids? If "Failed", provide description (e.g., fine, coarse). (12)
- 160 Is sample free of suspended solids? If "Failed", provide description (e.g., fine, coarse). (13)
- 170 Is sample foamless after gently shaking? If "Failed" describe foam color and location ('on the surface' or 'in the sample'). (14)
- 180 Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs). (15)
- 190 Is sample free of other obvious indicators of pollution? If "Failed", describe. (16)

Refresh List

MC Express

WORK ORDER: MSGP-58534

Summary

[MSGP Program] MSGP Program  
LANL-STORM  
Requested

MSGP Single Stage Sampler Inspection

- Tasks 11
- Assignments 1
- Labor 0
- Parts 0
- Other Costs 0
- Attachments 1
- Asset History 32

More Work Order Detail...

Refresh List

|                                    |               |                            |
|------------------------------------|---------------|----------------------------|
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## Attachment 1: Screenshot Examples of EPC-CP-Form-1021 in MC Express (cont.)

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MC Express

WORK ORDER: MSGP-1423  
Status Update

Issued

New Status **17**

Completed

Date

6/28/2017 03:12 PM

Percent Complete 100%

Labor Report Update **18**

Select Comments to Add.....

Jane Admin

Cancel Save

MC Express

WORK ORDER: MSGP-1423  
Status Update

Signature **19**

(Remove)

Jane Admin

Cancel Save

|   |               |                            |
|---|---------------|----------------------------|
| <b>MSGP Stormwater Visual Assessments</b> | EPC-CP-QP-064 | Page 18 of 20              |
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## Attachment 2: Crosswalk of EPC-CP-Form-1021 Hard Copy Format to Electronic Format

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Los Alamos National Lab - ADESH






Work Order MSGP-1423

MSGP Monitoring Stations  
Printed 7/12/2017 - 10:57 AM (Duplicate Copy)

### Maintenance Details

**Requested By:** Admin, Jane on 7/11/2017 1:25:00 PM  
**Procedure:** MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.02 3)  
**Last PM:** N/A  
**Reason:** Hard Copy MSGP Visual Assessment Example

**Target:** 12/31/2017  
**Priority/Type:** / Inspection  
**Department:** Utilities and Infrastructure

 MSGP Program  
 RG121.9  
 TA-3-38 Carpenter Shop  
 Monitored Outfall (073)  
 MSGP07302

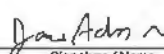
**Contact:** Admin, Jane  
**Phone:** 123-4567

### Tasks

| #   | Description   | Meas. | No                       | N/A                      | Yes                      |
|---|---|-------|--------------------------|--------------------------|--------------------------|
| The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable. |   |       |                          |                          |                          |
| <b>Sample information</b>   |   |       |                          |                          |                          |
| 1 30  | Document the monitoring Period (e.g., Apr-May)  |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 35  | Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)                            |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 40  | Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).                         |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 50  | Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).                        |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 60  | Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).                |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 70  | Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.      |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 80  | Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.                                      |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Parameters</b>   |   |       |                          |                          |                          |
| 8 110   | Is sample colorless? If "Failed", describe.   |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 120   | Is sample odorless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)                   |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 130  | Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).  |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 140  | Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.                |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 150  | Is sample free of settled solids? If "Failed", provide description (e.g., fine, coarse).  |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 160  | Is sample free of suspended solids? If "Failed", provide description (e.g., fine, coarse).  |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 170  | Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g. 'on the surface' or 'in the sample'). |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 180  | Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).                                 |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 190  | Is sample free of other obvious indicators of pollution? If "Failed", describe.   |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Labor Report

17 Completed: 6/28/2017 3:23:00 PM  
 18 Report: Jane Admin

19  6/28/2017  
 Signature / Name Date Signature / Name Date

I confirm the information as recorded is true, accurate and complete.

EPC-CP-Form-1021.1 07/2017

|   |               |                            |
|---|---------------|----------------------------|
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## Attachment 2: Crosswalk of EPC-CP-Form-1021 Hard Copy Format to Electronic Format (cont.)

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### CERTIFICATION STATEMENT

"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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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".

(Signatory must meet definition in Section B.11.A, eg. FOD, Ops Mgr, DSESH Group Leader, EPC Group Leader)

20 Print name and title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



|   |               |                            |
|---|---------------|----------------------------|
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### Attachment 3: Screenshot Examples of Printing from Maintenance Connection

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