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STORM WATER POLLUTION PREVENTION PLAN

TA-60 Roads and Grounds Facility and Associated Sigma Mesa Staging Area

Los Alamos National Laboratory

A requirement of the
NPDES Multi-Sector General Permit
NMR053195
for Storm Water Discharges Associated with Industrial Activities

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TA-60 Roads and Grounds Facility and Associated Sigma Mesa Staging Area
STORM WATER POLLUTION PREVENTION PLAN
TABLE OF CONTENTS

TABLE OF CONTENTS i
PREFACE iii

SECTION 1: FACILITY DESCRIPTION AND CONTACT INFORMATION 1
1.1 Facility Description and Contact Information 1
1.2 Stormwater Pollution Prevention Teams 1
1.3 Site Description/Industrial Activities 2
1.4 General Location Map 3
1.5 Site Maps 4
1.6 Impaired Receiving Waters 5
1.7 Outfalls 5
SECTION 2: POTENTIAL POLLUTANT SOURCES 7
2.1 Industrial Activities and Associated Pollutants 8
2.2 Spills and Leaks 10
2.3 Non-Storm water Discharges 11
2.4 Salt Storage 11
2.5 Sampling Data Summary 12
SECTION 3: STORM WATER CONTROL MEASURES 12
3.1 Minimize Exposure 12
3.2 Good Housekeeping 13
3.3 Maintenance 13
3.4 Spill Prevention and Response 13
3.5 Erosion and Sediment Controls 14
3.6 Management of Runoff 15
3.7 Salt Storage Piles or Piles Containing Salt 16
3.8 Dust Generation and Vehicle Tracking of Industrial Materials 16
3.9 MSGP Sector-Specific Non-Numeric Effluent Limits 16
3.10 Numeric Effluent Limitations Based on Effluent Limitations Guidelines 18
3.11 Water Quality Based Effluent Limitations and Water Quality Standards 18
SECTION 4: SCHEDULES AND PROCEDURES FOR MONITORING 18
4.1 Good Housekeeping 18
4.2 Maintenance 18
4.3 Spill Prevention and Response Procedures 18
4.4 Erosion and Sediment Controls 18
4.5 Employee Training 18
4.6 Storm water Monitoring 19
4.6.1 Monitoring Schedule 20
4.6.2 Substantially Identical Outfalls 20
4.6.3 Monitoring Requirements and Procedures 20
4.6.4 Monitoring Results 23
4.6.5 Recordkeeping 23

SECTION 5: INSPECTIONS AND CORRECTIVE ACTIONS 23
5.1 Routine Facility Inspection Procedures 23
5.2 Quarterly Visual Inspection Procedures 25
5.3 Corrective Actions Process 26
5.4 Conditions Requiring Review to Determine if Modifications Are Necessary 27
SECTION 6: DOCUMENTATION TO SUPPORT ELIGIBILITY CONSIDERATIONS UNDER OTHER FEDERAL LAWS 27
6.1 Documentation Regarding Endangered Species 27
6.2 Documentation Regarding Historic Properties 28
6.3 Documentation Regarding NEPA Review 29
SECTION 7: SWPPP CERTIFICATION 30
SECTION 8: SWPPP MODIFICATIONS 31

APPENDIX A: Stormwater Pollution Prevention Team Members
APPENDIX B: Site Maps
APPENDIX C: NOI and LANS Delegation of Authority Letter
APPENDIX D: Non Storm Water Discharge Certification
APPENDIX E: SWPPP Amendment Log
APPENDIX F: Facility Inspections:
Monthly Routine Inspection Form
Quarterly Visual Assessment Form
Completed Inspection Reports
APPENDIX G: Spill Reports and Spill Log
APPENDIX H: Storm Water Monitoring Records and Results (Current Permit)
APPENDIX H1: Sampling Data from Previous Permit Term (MSGP 2008)
APPENDIX I: Records of Employee Training Related to the SWPPP
APPENDIX J: Corrective Action Reports
APPENDIX J1: Documentation of Repairs and Maintenance of Control Measures
APPENDIX K: Critical Habitat Documentation for LANL
APPENDIX L: Procedures Referenced in the SWPPP

TA-60 Roads and Grounds Facility and Associated Sigma Mesa Staging Area
STORM WATER POLLUTION PREVENTION PLAN
TABLE OF CONTENTS

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 P-Land Transportation and Warehousing* 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

This SWPPP applies to discharges of stormwater from the operational areas of the TA-60 Roads and Grounds and Associated Sigma Mesa Staging Area 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-60 Roads and Grounds and Associated Sigma Mesa Staging Area. The current permit expires at midnight on June 4, 2020.

A copy of the facility NOI and LANS Delegation of Authority Letter are located in Appendix C of this SWPPP.

SECTION 1: FACILITY DESCRIPTION AND CONTACT INFORMATION

1.1 Facility Description and Contact Information

The TA-60 Roads and Grounds Facility/Sigma Mesa Staging Area (RGF/SMSA) is located in Technical Area 60 on the east side of Eniwetok Drive approximately one mile from the intersection of Diamond Rd. and Eniwetok Dr., within Los Alamos National Laboratory, in Los Alamos County, New Mexico.

Facility Operator: Los Alamos National Security, LLC
PO Box 1663 MS K490
Los Alamos, NM 87545
Phone: 505-667-0666

Facility Contacts: Holly Wheeler, MSGP Compliance Project Lead, EPC-CP
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Deployed Environmental Professional (DEP), CISEC
Office: 505-667-3557 or Cell: 505-231-1235
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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 where the SWPPP can be viewed.

1.2 Stormwater Pollution Prevention Teams

The TA-60 Roads and Grounds Facility/Sigma Mesa Staging Area (RGF/SMSA) is part of LANL's Utilities and Institutional (UI) Facilities Operations Directorate (FOD) with day-to-day management provided by the Logistics Division - Heavy Equipment Roads & Grounds (LOG-HERG); 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-60 Roads and Grounds Facility/Sigma Mesa Staging Area (RGF/SMSA) consists of operations and management personnel from UI FOD and the facility, a representative from EPC-CP, and a DEP. The EPC-CP representative is

responsible for providing guidance to ensure 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.

The specific duties of individual team members of the PPT are listed below.

- **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 5.1 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 4.5 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 RGF/SMSA falls under industrial **Sector P, Land Transportation and Warehousing**, of the 2015 MSGP. The facility includes two locations; the main facility where operations personnel, trucks, equipment and materials used for deicing and maintaining roads and grounds are stored and the east location identified in the SWPPP as the TA-60 Sigma Mesa Staging Area, where trucks, equipment and construction materials (sand, gravel,

rock and clean soil) are staged. The SMSA is located 0.9 miles east of the main Roads and Grounds facility. Most of the staging area is located north of Eniwetok Road with a smaller parking and storage area located south of Eniwetok Road. Some miscellaneous equipment parts (loading buckets, blades, etc.) are stored on both sides of the staging area.

Activities at this facility include the following:

- Storage of equipment and supplies used to maintain roads and grounds at LANL,
- Storage of trucks and heavy equipment, used to transport/haul material or move debris,
- Storage of bulk potassium acetate and other liquids applied for deicing,
- Staging of clean soil prior to reuse,
- Potholing and Culvert Cleanout staging area,
- Staging of asphalt millings prior to reuse
- Sediment catchment in the basin,
- Salt retention in the lined retention pond, and
- Storage of sand, gravel, rock, landscaping materials and herbicides related to grounds keeping and road maintenance.

The TA-60 RGF main site covers approximately 8.4 acres including 65% (about 5.35 acres) of impervious surfaces such as roofs and paved areas. The area immediately surrounding the main Roads and Grounds Building (TA-60-250) is paved with asphalt. The entire area within the fence of the pesticide storage shed is covered in asphalt and concrete. The areas immediately to the north and south of the salt shed are paved with asphalt. The entire heavy equipment storage yard is also covered in asphalt. The remainder of the facility with the exception of the storm water basins and drainage swales is covered in gravel and/or recycled asphalt millings. These areas include the employee parking area, truck parking areas, storage sheds and transportainers, sign storage area, and the access roadways.

The TA-60 Sigma Mesa Staging Area covers approximately 10.55 acres including less than 1% impervious asphalt (Eniwetok Road). The remainder is gravel, dirt surface and undisturbed land.

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. About 40% of the main site flows to Sandia Canyon. Runoff from the Sigma Mesa Staging Area goes primarily to Sandia Canyon with a small percentage flowing south to Mortandad Canyon. Sandia canyon is a perennial stream and eventually flows into the Rio Grande approximately 10 miles southeast of the site.

1.5 Site Maps

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 main facility 8.4 acres and the SMSA 10.55 acres.
- **Significant Structures and Impervious Surfaces.** The main site 65 % impervious and the SMSA less than 1 % impervious.
- **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 031, 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 (refueling trucks are kept on site);
    - 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 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 Impaired Receiving Waters

Mortandad Canyon, located south of the TA-60 RG/SMSA, is the primary receiving water body for site drainage. About 40% of the main site flows north to Sandia Canyon. The runoff from the Sigma Mesa Staging Area goes primarily to Sandia Canyon with a small percentage flowing south to Mortandad Canyon. Due to a berm recently installed at the clean soil staging area and another berm installed at the potholing staging area, it is highly unlikely that discharge will occur from these areas. However, the soil staging area does have three constructed weirs with rock run-downs towards the top of the berm to allow stormwater flow to discharge from the staging area if it reaches that high. The canyons have ephemeral or intermittent stream flow and eventually flow into the Rio Grande approximately 10 miles southeast of the TA-60 RGF/SMSA. This facility does not discharge to Tier 2, Tier 2.5, or Tier 3 waters.

Both Mortandad and Sandia Canyons are on the New Mexico Environmental Department's 303d list for non-attainment of their designated uses. EPA has not approved or established a Total Maximum Daily Load (TMDL) for either stream. Potential contaminants leading to the inclusion of Sandia Canyon on the 303d list are Aluminum, Copper, Adjusted Gross Alpha, Dissolved Thallium, and PCBs and for Mortandad Canyon are Aluminum, Copper, Adjusted Gross Alpha, and PCBs. These listings are based primarily on stormwater data. The TA-60 RGF/SMSA operations do not involve the pollutants of concern.

1.7 Outfalls

Roads and Grounds Main Facility (See Appendix B)

Outfall 031: Stormwater flows south of building TA-60-250, the employee parking area, and from the south truck parking area to the sedimentation basin (detention pond). This flow then drains west towards the outfall. Stormwater from the area south of the Salt Shed flows into the drainage channel south of the lined retention pond and then drains east toward the outfall. Drainage then travels through a culvert that runs south under Sigma Mesa road and discharges into Mortandad Canyon.

Outfall 030: Small amounts of stormwater from the Heavy Equipment Storage Yard driveway drains to the southeast corner of the yard where it enters the asphalt drainage swale along Sigma Mesa road, travels through a culvert under the road and discharges into Mortandad Canyon.

Outfall 032: Stormwater flows from the area north of the Salt Shed through the north Heavy Equipment Storage and parking area to a riprap lined channel that discharges via

sampling station E123.4 (which is also known as Monitored Outfall 032) and then to the north towards Sandia Canyon.

Outfall 033: Stormwater flows north from the west side of the small Equipment Storage Area and through the north parking lot where it discharges at a point north of the facility and then drains towards Sandia Canyon.

Outfall 034: Stormwater flows north from the east side of the Small Equipment Storage Area, west side of Bldg. 250 (main Roads and Grounds Facility building) and north vehicle parking area located northwest of Bldg. 250 where it discharges at a point north of the facility and then drains towards Sandia Canyon.

Outfall 035: Stormwater flows north from the east side of Bldg. 250, the north parking area behind the building, and from several transportainers on the northern site boundary. Stormwater discharges at a point on the northwest side of the transportainers and then flows north towards Sandia Canyon.

Sigma Mesa Staging Area (See Appendix B)

Outfall 041: Stormwater flows southeast through a base course equipment staging area and discharges to a vegetated area that flows southeast towards Mortandad Canyon**.**

Monitored Outfall 042: Stormwater flows northeast from the north equipment staging and stockpile area to a pond. Water in the pond discharges to a riprap lined channel that flows northeast towards Sandia Canyon.

Outfalls 040, 039, 038, 037 and 036: These outfalls are identical riprap lined weirs, which serve as discharge points for stormwater runoff that would accumulate along the berm that extends along the north end of the soil staging area. Stormwater, if discharged, would flow to the north, be collected in a swale located along the base of the berm and, if accumulated to an appropriate depth, would discharge through one of the weirs to Sandia Canyon.

Substantially Identical Outfalls The following outfalls at the Roads and Grounds Main Facility and Sigma Mesa Staging Area have been identified as substantially identical based on common potential pollutant sources, drainage areas, activities within the drainage areas and general site topography and characteristics. Information supporting this outfall determination for monitoring requirements is listed in Section 4.3 of this SWPPP and includes outfall locations, facility activities and associated potential pollutants, runoff coefficients and control measures.

Outfalls 031 and 030: Both of these areas receive stormwater runoff to the south of the main facility, discharge stormwater that may come in contact with heavy equipment or trucks, and both have the potential to discharge stormwater runoff to Mortandad Canyon.

Outfalls 032, 033, 034, and 035: All of these outfalls receive stormwater runoff from the central portion of the main facility, discharge to Sandia Canyon, and discharge stormwater that may come in contact with vehicle or heavy equipment parking or storage. All outfalls at the facility are inclusive of monitoring performed at gage station E123.4 located at Monitored Outfall 032. This outfall receives runoff from all central areas of the main facility and is the outfall with the highest runoff coefficient. Therefore, monitoring at this outfall is representative of the remaining outfalls at the main facility discharging to Sandia Canyon.

Outfalls 041 and 042: These outfalls receive stormwater runoff from truck parking and equipment storage area and from construction material staging piles.

- **Outfalls 040, 039, and 038:** All of these outfalls may receive stormwater runoff from the east clean soil staging area. Each of these outfalls is a weir situated towards the top of an earthen berm with riprap to prevent erosion at the discharge point. These three outfalls are identified as substantially identical outfalls because all soil staged within the area is clean, with the potential pollutants being sediment, hydraulic fluids, or diesel fuel should the heavy equipment leak during loading and unloading operations. All stormwater from these outfalls eventually discharges to Sandia Canyon.

- **Outfalls 037 and 036:** All of these outfalls may receive stormwater runoff from the west clean soil staging area. Each of these outfalls is a weir situated towards the top of an earthen berm with riprap to prevent erosion at the discharge point. These two outfalls are identified as substantially identical outfalls because all soil staged within the area is clean, with the potential pollutants being sediment, hydraulic fluids, or diesel fuel should the heavy equipment leak during loading and unloading operations. This yard is separated by a compacted earthen berm from the east Potholing and Culvert Clean-out staging areas. All stormwater from these outfalls would discharge to Sandia Canyon.

SECTION 2: POTENTIAL POLLUTANT SOURCES

The following is a description of site activities and materials that have been, are, or could be exposed to storm water. Controls used for each potential pollutant are described in Section 3.

2.1 Industrial Activities and Associated Pollutants

Industrial activities and associated pollutants for the TA-60-RG/SMSA are identified below.

Storage of equipment and supplies used to maintain roads and grounds at LANL, The main Roads and Grounds facility has a yard to store 4-wheelers, lawn tractors, lawn mowers, snow blowers and miscellaneous small-engine equipment. There are approximately 100 pieces of equipment stored in the area although the inventory will vary depending upon how much equipment is deployed and/or in the shop for repairs or maintenance. Potential pollutants from this activity are fuel and oil from leaking equipment.

Storage of trucks and heavy equipment, used to transport/haul material or move debris.
Large trucks are parked at three locations in the parking lots around the main facility. Dump trucks, van trucks and flatbed trucks are parked outside the south and/or east corner of TA-60-0029 and to the north of the small equipment storage area. Road salt spreading trucks are parked to the north of the Salt Shed. Heavy equipment is stored in the heavy equipment yard identified on the map and as of December 2017 also includes the fenced area that is paved to the north. This yard is west of the lined retention pond. Maintenance is performed off site at the Heavy Equipment shop. In addition, passenger cars are parked in the gravel lot north of the sediment pond. Potential pollutants for this activity include spills of salt from the salt spreading trucks, and leaks or spills of fuel, oil, fluids (transmission and hydraulic) and anti-freeze.

Storage of bulk potassium acetate, GeoMelt ™ and other liquids and road salt applied for deicing.
Two 5000 gallon storage tanks with salt brine (potassium acetate) are located north of Bldg. TA-60-0178. Four 10,000 gallon storage tanks are located south of Bldg. TA-60-0178. They contain potassium acetate, calcium chloride, protein, super mix (anti-icing/pre-wetting solution) and CRYOTECH CF7- Potassium Acetate and Corrosion Inhibitors. The salt shed provides indoor storage for road salt and Ice Slicer™. The potential pollutant sources are leaks or spills during refilling or transfer of liquid or solid product including sodium chloride and Ice Slicer (which is naturally occurring complex chlorides including magnesium, calcium, sodium, and potassium.

Staging of clean soil prior to reuse
Soil pre-screened as originating from uncontaminated areas throughout LANL is transported by dump truck, or end-dumps to the east soil staging area located at the SMSA. One potential pollutant source would be sediment if it was transported with stormwater runoff from the site. The compacted earthen berm, weir and riprap prevent sediment migration from this location. A gravel surface is no longer effective at preventing sediment transport off site from the south central portion of the SMSA and therefore at the end of the day when loading and unloading operations cease the area affected by sediment transport is sweep with a vacuum truck. Other potential pollutants include leaks or spills of fuel, oil, fluids (transmission and hydraulic) and anti-freeze from heavy equipment performing work in the area.

Asphalt Millings Staging Area
Asphalt millings pre-screened as originating from uncontaminated areas throughout LANL is transported by dump truck, or end-dumps to the staging area located at the SMSA. Potential pollutants include leaks or spills of fuel, oil, fluids (transmission and hydraulic) and anti-freeze from heavy equipment performing work in the area.

Potholing and Culvert Cleanout Staging Areas
Soil and mixture of water pre-screened as originating from uncontaminated areas throughout LANL is transported in a potholing machine to the far west staging area located at SMSA. One potential pollutant source would be sediment if it was transported with stormwater runoff from the site. A compacted earth berm and a vegetated buffer strip where water is allowed to evaporate from the mixture preventing sediment migration from this location. Other potential pollutants include leaks or spills of fuel, oil, fluids (transmission and hydraulic) and anti-freeze from heavy equipment performing work in the area.

Heavy Equipment Operator Training Area
Located east of the potholing and culvert cleanout staging areas and used to assess the skill level of newly hired operators on various pieces of heavy equipment. Activities include blading, trenching, and locating mock utilities that have been buried. One potential pollutant source would be sediment if it was transported with stormwater runoff from the site. A compacted earth berm and a vegetated buffer strip where water is allowed to evaporate from the mixture preventing sediment migration from this location. Other potential pollutants include leaks or spills of fuel, oil, fluids (transmission and hydraulic) and anti-freeze from heavy equipment performing work in the area.

Sediment catchment in the detention basin
Soil/sediment from the main facility could travel with stormwater runoff to the detention basin located south of the facility. However, it is unlikely that sediment would discharge from the pond.

Salt retention in the lined retention pond
Road salt and other deicing liquids could migrate to the lined retention pond. However, these pollutants will not migrate off-site since the retention pond was designed to fully contain a 100 year storm event.

Storage of sand, gravel, rock, and other landscaping materials

Other potential pollutant sources

Pesticide Storage Shed (TA-60-29) Outfall 033

Other Sector P Specific Concerns

- On-site waste storage or disposal.
- Parking areas for vehicle awaiting maintenance. None

Solid Waste Management Units (SWMUs)

There are two areas that are either within the boundary of the Roads and Grounds Facility, or that could be potentially affected by storm water runoff from the facility that have been designated as Solid Waste Management Units (SWMU's) in the Los Alamos National Laboratory (Operable Unit 1148) RCRA Facility Investigation (RFI) Work Plan for Environmental Restoration (May 1992).

- **60-001(d)** – Bermed storage area next to the Pesticide Storage Shed. This SWMU was approved for No Further Action (NFA) status in 1994.
- **60-002** – This SWMU is actually comprised of several piles of asphalt, concrete and debris throughout Sigma Mesa. One of the piles was located within the current boundary of the Roads and Grounds Facility. The pile was removed and disposed prior to construction of the Roads and Grounds Facility and confirmation samples were collected from beneath the pile. The data will be included in the report for the final disposition of the entire SWMU once all of the piles comprising the SWMU have been remediated and/or sampled. In the interim, there is no exposure of this SWMU to storm water from the Roads and Grounds Facility since the portion included within the Roads and Grounds Facility Boundary has been removed.

2.2 Spills and Leaks

Past Spills and Leaks

Spills and leaks for the past 3 years (2014-2017) are summarized in a Spill Log found in Appendix G. Completed spill reports can also be found in Appendix G of the SWPPP. Spills and leaks that occurred prior to 2014 will be documented in previous SWPPP revisions.

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

Location	Outfalls (see site maps)
Heavy equipment Storage Yard	032
Heavy equipment Storage Yard	032, 033
Small equipment Storage Yard	032, 033, 034
Craft storage Buildings	032, 033, 034, 035
Vehicle storage at Sigma Mesa	041, 042

In the event of any future spill or leak at any of the facility areas, Appendix G will be revised to reflect the occurrence and the nature of the spill or leak. The revision should be performed immediately upon the completion and documentation of the spill response and cleanup.

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 regularly repairs heavy equipment and vehicles, spill protection is 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

Except for flows from fire hydrant activities, sources of non-storm water that are combined with storm water discharges associated with industrial activity must be identified in the SWPPP. Identified non-storm water discharges are summarized below.

Non-storm water discharges are also identified in the “Non-Storm water Discharge Assessment and Certification” that is located in Appendix D. This certification form certifies that all storm water outfalls have been evaluated for the presence of non-storm water discharges. This form will be updated whenever a change in possible non storm water discharges is determined**.**

- Discharges of water occur during testing of fire hydrants and preventive maintenance flushing of the fire suppression system. The hydrants are tested annually by the Los Alamos County Fire Department. Each test and flushing of a hydrant releases approximately 1,000 gallons of water. Preventive maintenance flushing occurs approximately every six months and releases an estimated 200 gallons of water. The runoff from flushing of fire hydrants and fire suppression system flows off the mesa top through areas in which no potential contaminants are stored or managed. The hydrants and fire suppression system are not tested or flushed during precipitation events.

- Discharges of water from a fire hydrant also occur from residual water left over in a backflow preventer from filling water trucks at the east end of TA-60 building 250. Each release from the backflow preventer is less than 5 gallons of water.

2.4 Salt Storage

Salt Shed, Super Mix Blending Station and Associated Storage Tanks (TA-60-178).

- Salt storage: The Salt Shed provides indoor storage for road salt and Ice Slicer. Bags of Ice Melt on wood pallets are also stored in a closed Transportainer (60-287) SE of TA-60 building 250. Potential Pollutants: Road salt is primarily sodium chloride and Ice Slicer is naturally occurring complex chlorides including magnesium, calcium, sodium, and potassium.

- Salt and brine loading area.

2.5 Sampling Data Summary

Sampling of stormwater runoff from the facility is currently performed by the EPC-CP, Water Quality and Stormwater Group. Samples are collected at several automated monitoring stations (See Site Map for Locations).

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:

During 2016 Aluminum, Copper, and Adjusted Gross Alpha were detected at monitored Outfall 031 and exceeded the New Mexico Water Quality standards. At monitored Outfall 032 Copper and Adjusted Gross Alpha were detected, but did not exceed the New Mexico Water Quality standards. Aluminum was also detected at monitored Outfall 032 during 2016 and exceeded the New Mexico Water Quality standards. At monitored Outfall 042 Aluminum and Adjusted Gross Alpha were detected during 2016 and exceeded the New Mexico Water Quality standards. Copper was also detected at monitored Outfall 042, but did not exceed the New Mexico Water Quality standards.

During 2017 Aluminum and Adjusted Gross Alpha were detected at monitored Outfall 031, but did not exceed the New Mexico Water Quality standards. Copper was also detected at monitored Outfall 031 and exceeded the New Mexico Water Quality standards. At monitored Outfall 032 Adjusted Gross Alpha was detected during 2017, but did not exceed the New Mexico Water Quality standards. Aluminum and copper were also detected at monitored Outfall 032 and exceeded the New Mexico Water Quality standards. During 2017 Aluminum, Copper, and Adjusted Gross Alpha were detected at monitored Outfall 039 and exceeded the New Mexico Water Quality standards. At monitored Outfall 042 Aluminum and Copper were detected during 2017, but did not exceed the New Mexico Water Quality standards. Adjusted Gross Alpha was also detected at monitored Outfall 042 and exceeded the New Mexico Water Quality standards. PCB's (Total Aroclors) were not detected during 2016 or 2017.

SECTION 3: STORM WATER 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.

The Salt Shed provides indoor storage for road salt and Ice Slicer that is protected from coming in contact with storm water by keeping three roll-up doors closed.

Small containers of fuel and oils are stored in a flammable cabinet located just inside the entrance to the small equipment storage area.

Pesticides are stored inside a building.

3.2 Good Housekeeping

Good housekeeping practices that are specifically applicable to the prevention of storm water contamination include:

- Individual mixing operations take place in closed vessels, so that the potential for exposure of storm water to materials is limited to loading and unloading activities. When possible, the road salt is stored inside the Salt Shed to prevent exposure to storm water. The use of a brine solution for deicing operations is also being transitioned in to reduce the use of road salt.
- All storage areas are kept clean and neat. Vehicles and other equipment are stored and maintained in specified areas and heavy equipment repair and maintenance is never performed at this site.
- Garbage and floatables are routinely picked up by facility personnel. All garbage containers are covered to prevent windblown debris.

3.3 Maintenance

Control measures at the facility will be kept in effective operating condition by the implementation of scheduled preventive maintenance, operating procedures, 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 5.3 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 or administrative controls.

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, Micro-Blaze 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

- EPC-DO-QP-101, Environmental Reporting Requirements for Releases or Events: http://int.lanl.gov/training/env-courses/42415/env-do-qp-101.pdf

3.5 Erosion and Sediment Controls

Erosion and sediment are controlled at the Roads and Grounds Facilities by both preventing erosion through the use of pavement and compacted millings and stabilized ditches and by trapping sediment. Velocity dissipation devices are installed at each discharge point.

General structural controls include the following:

- Runoff from the north side of the facility is collected in a drainage swale/base course berm and released to the canyon through rock check dams.

- Sediment traps/check dams: A sediment traps/check dams is located at the northeast corner of SMSA to trap sediment from the stone stockpile area.

Sigma Mesa Staging Area (SMSA)

There are several control measures present at the SMSA. Compacted earthen berms are present on the north, east and west sides of the east and west soil staging areas. The northern berm of each of these staging areas has riprap lined weirs, which serve as discharge points for stormwater runoff that would accumulate along the berm. There is also a berm along the east central portion of the SMSA and on the north side in the same general area. A gravel surface is no longer effective at preventing sediment transport off site from the south central portion of the SMSA and therefore at the end of the day when loading and unloading operations cease the area affected by sediment transport is sweep with a vacuum truck.

To retain stormwater runoff and to minimize the potential for offsite transport of material within the potholing and culvert clean-out staging areas, two primary control measures are implemented: a compacted earth berm and a vegetated buffer strip. The earth berm is approximately 430 ft. in length and extends across the entire length of the north side of the area. It is a minimum of two feet in height with approximately 2:1 side slopes and is 2 feet wide across the top. The berm was sized to retain stormwater runoff from a 25-yr, 2-hr storm event. The vegetated buffer strip, comprised of existing perennial vegetation and woodchips from on-site material, is 50 feet in width and located immediately upslope from the compacted earth berm (see the SMSA map in Appendix B).

North of Eniwetok Road at the far eastern portion of the SMSA, stormwater flows to a retention pond with a riprap lined discharge point located adjacent to the automated stormwater sampler (Outfall 042). Sediment is cleaned out of the retention pond when it's two thirds full.

The south central portion of the SMSA (south of Eniwetok Road) has a riprap lined area and a straw waddle leading to Outfall 041. In addition, there is a berm in the same area to control stormwater runoff velocity and direct stormwater prior to discharge at the outfall.

This area is located 0.9 miles east of the main facility. Most of the staging area is located north of Eniwetok Road with a smaller parking and storage area located south of Eniwetok Road. The area is mainly used as a Teamster vehicle parking area and materials (sand and gravel) storage area. Some miscellaneous equipment parts (loading buckets, blades, etc) are stored on both sides of the staging area.

- Gravel and Sand Piles: TSS
- Soil for use as clean fill and potholing staging area
- Vehicles and Various Miscellaneous Pieces of Equipment: Leaks are contained by drip pans, inspection and routine maintenance.

3.6 Management of Runoff

Runoff from the salt storage area goes to the lined retention pond where up to a 100 year storm is fully contained.

3.7 Salt Storage Piles or Piles Containing Salt

See Section 2.4.

3.8 Dust Generation and Vehicle Tracking of Industrial Materials

Dust is controlled throughout the site by the use of pavement, compacted millings, gravel, speed limits, sweeping with a street sweeper when necessary, and watering for dust suppression when necessary.

3.9 MSGP Sector-Specific Non-Numeric Effluent Limits

Part 8 of the 2015 MSGP identifies sector-specific requirements for **Sector P – Land Transportation and Warehousing** 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 are addressed at this facility:

***Pesticide Storage Shed* (TA-60-0029)**

- Product mixing area: Mixing is performed outside the building in a containment area located north of the shed.
- Pesticide application equipment storage and maintenance: Spill prevention, containment and control and drip pans and good housekeeping.
- Storm water trapped in the secondary containment is usually allowed to evaporate. In order to release storm water from the secondary containment it must have a PH between 6.5 and 7, no odor or visible oily sheen, and the release must be documented on a liquid discharge form and submitted to EPC-CP.

Heavy Equipment Storage Yard The equipment storage yard is located west of the Salt Shed and also includes the fenced area that is paved to the north.

- Storage of heavy equipment: Leaks are contained by drip pans and routine maintenance. Maintenance is performed off-site at the Heavy Equipment shop.

Small Equipment Storage Yard

- Small containers of fuel and oils are stored in a flammable cabinet located just inside the entrance to the small equipment storage area.

Vehicle Parking Lots

- Large trucks are parked at three locations in the parking lots around the facility. Dump trucks, van trucks and flatbed trucks are parked outside the southeast corner of TA-60-29 and to the north of the small equipment storage area. Road salt spreading trucks are parked to the north of the Salt Shed. Leaks are contained by drip pans and routine maintenance.
- Passenger cars are parked on asphalt north of the sediment pond. Leaks are contained by drip pans and routine maintenance.

Clean Fill Yards

- 2.8 acres clean fill yard is located in between the Potholing and Culvert Cleanout and Asphalt Millings staging areas. Equipment will be hauling fill into and out of these areas. There will also be equipment involved in 'working' the fill and soil.

Asphalt Millings Staging Yard

- 0.3 acres asphalt millings staging yard is located east and adjacent to the clean fill yard. Equipment will be hauling asphalt millings into and out of this area. Equipment will also be used to load the asphalt millings.

Potholing and Culvert Cleanout Staging Yard

- 2.6 acres potholing and culvert cleanout staging yard are located west and adjacent to the clean fill yard. The staging area consists of three open pits: the first being 27 feet wide by 25 feet long, the second 14 feet wide by 45 long, and the third pit 15 feet wide by 35 feet long. The pits are between 4 to 8 feet deep. Equipment will be hauling potholing material into this area and will also be used to move the potholing material once it dries out.

Heavy Equipment Operator Training Area

- 2.6 acres and located east of the potholing and culvert cleanout staging areas and used to assess the skill level of newly hired operators on various pieces of heavy equipment. Activities include blading, trenching, and locating mock utilities that have been buried.

Fueling Areas: There are no fueling stations at Roads and Grounds.

Material Storage Areas: Except as detailed under Small Equipment and Salt Storage there are no material storage areas.

Vehicle and Equipment Maintenance Areas: No maintenance of equipment is done at this facility.

Employee Training: See section 4.5 for employee training requirements.

3.10 Numeric Effluent Limitations Based on Effluent Limitations Guidelines

The TA-60 RG/SMSA is classified under **Sector P- Land Transportation and Warehousing** 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 is not required at the facility.

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-60 Roads and Grounds facility 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 FOR MONITORING

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 Controls

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 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

Impaired waters monitoring will be performed on an annual basis with a sample collected in the period between April 1 and November 30. Benchmark monitoring is not applicable for this facility as it is classified as Sector P. 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.

4.6.2 Substantially Identical Outfalls

This facility utilizes substantially identical outfalls for monitoring events. The outfalls have been identified as substantially identical based on common potential pollutant sources, drainage areas, activities within the drainage areas, and general site topography and characteristics. Required information supporting this outfall determination is as follows:

Roads & Grounds Main Facility (See Appendix B)				
Outfall ID	**Outfall Location**	**Activities/Potential Pollutants**	**Runoff Coefficient**	**Control Measures**
031	Southern facility boundary, south of sediment basin (Discharge to: Mortandad Canyon)	Vehicle parking – oil/fuel/hydraulic fluids Salt storage area – road salt	65%	Sediment basin (detention pond) Vegetative buffer, check dams, culvert
030	South facility boundary, south of heavy equipment storage area (Discharge to: Mortandad Canyon)	Heavy equipment storage and parking – oil/fuel/hydraulic fluids	>65%	Asphalt drainage swale, riprap, culvert
032	Northwest corner of facility boundary (Discharge to: Sandia Canyon	Heavy equipment storage and parking – oil/fuel/hydraulic fluids	>80%	Riprap, asphalt berm, TRM (P-300), Jersey barriers
033	Northwest facility boundary (Discharges to: Sandia Canyon)	Heavy equipment storage and parking – oil/fuel/hydraulic fluids	65%	Riprap, asphalt berm, TRM (P-300), Jersey barriers
034	Northwest facility boundary (Discharges to: Sandia Canyon)	Small equipment storage and parking – oil/fuel/hydraulic fluids	65%	Riprap, asphalt berm, TRM (P-300), Jersey barriers
035	Northern facility boundary, north of building 60-0250 (Discharges to: Sandia Canyon	Vehicle parking – oil/fuel/hydraulic fluids	65%	Riprap, asphalt berm, TRM (P-300), Jersey barriers

Sigma Mesa Staging Area (See Appendix B)				
Outfall ID	**Outfall Location**	**Activities/Potential Pollutants**	**Runoff Coefficient**	**Control Measures**
041	Southern facility boundary, south of sediment basin (Discharge to: Mortandad Canyon)	Equipment storage – oil/fuel/hydraulic fluids	45-60%	Base course, riprap, vegetative buffer
042	Northwest facility boundary (Discharges to: Sandia Canyon)	equipment and stockpile storage – oil/fuel/hydraulic fluids	45-60%	Riprap channel

Outfalls 033 thru 035: Monitoring performed at gage station E123.4, which is also known as Monitored Outfall 032, receives runoff from all central areas of the main facility and is the outfall with the highest runoff coefficient. Therefore, monitoring at this outfall is representative of the site as a whole in regard to potential pollutant discharge stormwater runoff. Outfall locations are shown on the site map provided in Appendix B.

4.6.3 Monitoring Requirements and Procedures

Impaired Waters monitoring is required annually for the TA-60 RGF/SMSA. The 2015 MSGP Sampling and Analysis Plan proposes sampling be performed for aluminum, gross alpha, copper, thallium, and PCBs (Aroclors). The 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 2 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 2: Summary of Monitoring Requirements

Monitoring Type	Location	Parameters / Monitoring Concentration		Schedule
Impaired Waters	Outfalls 032, 036, 039, 042	Aluminum	681 ug/L	Annual
		Adjusted Gross Alpha	15 pCi/L	
		Copper	6 ug/L	
		Thallium	0.47 ug/L	
		PCB's (Total Aroclors)	0.2 ug/L	*Copper parameter based on hardness value of 57 mg/L.
Impaired Waters	Outfall 031	Aluminum	1699 ug/L	Annual
		Adjusted Gross Alpha	15 pCi/L	
		Copper	8 ug/L	
		PCB's (Total Aroclors)	0.2 ug/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/env-courses/56595/env-cp-qp-048.pdf
- EPC-CP-QP-047, *Inspecting Stormwater Runoff Samplers and Retrieving Samples for the MSGP:* http://int.lanl.gov/training/env-courses/56594/env-rcra-qp-047.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 annually for constituents associated with impaired waters until that constituent is no longer detected in stormwater samples. 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 your control measures to determine if modifications are necessary to meet the effluent limits,
- Implement the necessary modifications, and
- Continue quarterly monitoring until 4 additional quarters of monitoring have been completed for which the average does not exceed the benchmark.

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 5.3 *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.).

Specific areas of the facility to be inspected include:

- Salt storage area and pond
- Pesticide storage area
- Heavy equipment parking/storage
- Small equipment storage
- Sediment basin and outfalls
- Vehicle parking back lot
- Craft’s storage areas

- Sigma Mesa sediment trap
- Vehicle storage areas
- Stone storage piles
- Clean soil piles
- Potholing and Culvert Cleanout staging areas
- Heavy Equipment Operator Training area
- Asphalt millings staging area
- Outfalls

5.2 Quarterly Visual Inspection Procedures

Visual inspections are conducted in accordance with EPC-CP-QP-064, MSGP Stormwater Visual Inspections: http://int.lanl.gov/training/env-courses/50493/env-rcra-qp-064.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 5.3 *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.

If a review identifies any necessary modifications, they will be performed following the corrective action process identified in Section 5.3 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

STORM WATER POLLUTION PREVENTION PLAN
TA-60 Roads and Grounds Facility and Associated Sigma Mesa Staging Area
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: 2018.01.25 11:34:23 -07'00'

Date: 1/25/2018

Andrew W. Erickson

Facility Operations Director
Utilities and Institutional Facilities, UI-DO

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 5.3 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 5.3 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

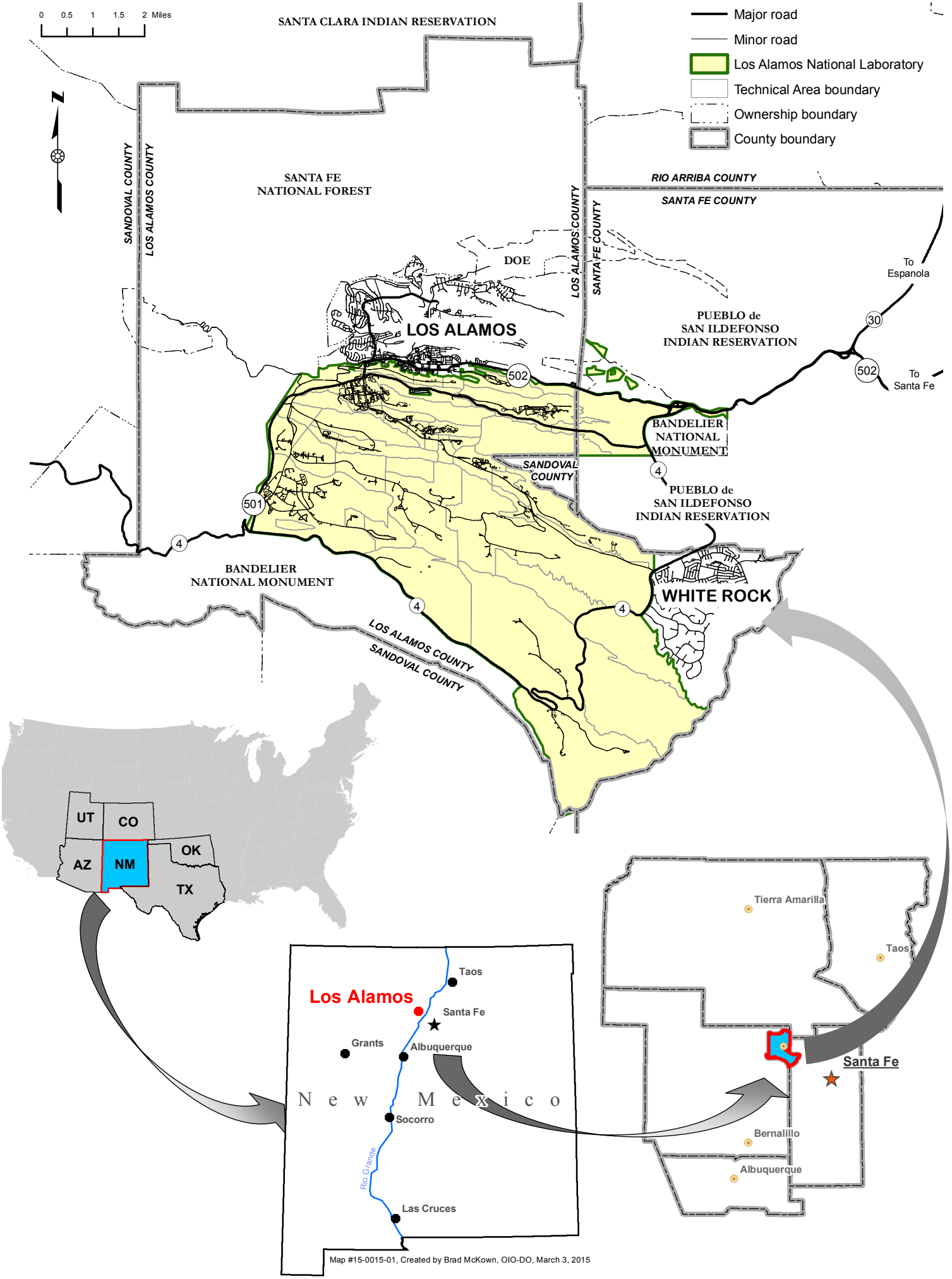
Stormwater Pollution Prevention Team Members

Staff Names	Individual Responsibilities
Team/Group Leader: 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.
DEPs: Leonard F. Sandoval (primary), Jillian Burgin (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.
FOD Manager: 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.
ENV Core: 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.
Facility Staff: Larry Velasquez, Maintenance Manager (LOG-HERG)	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 B

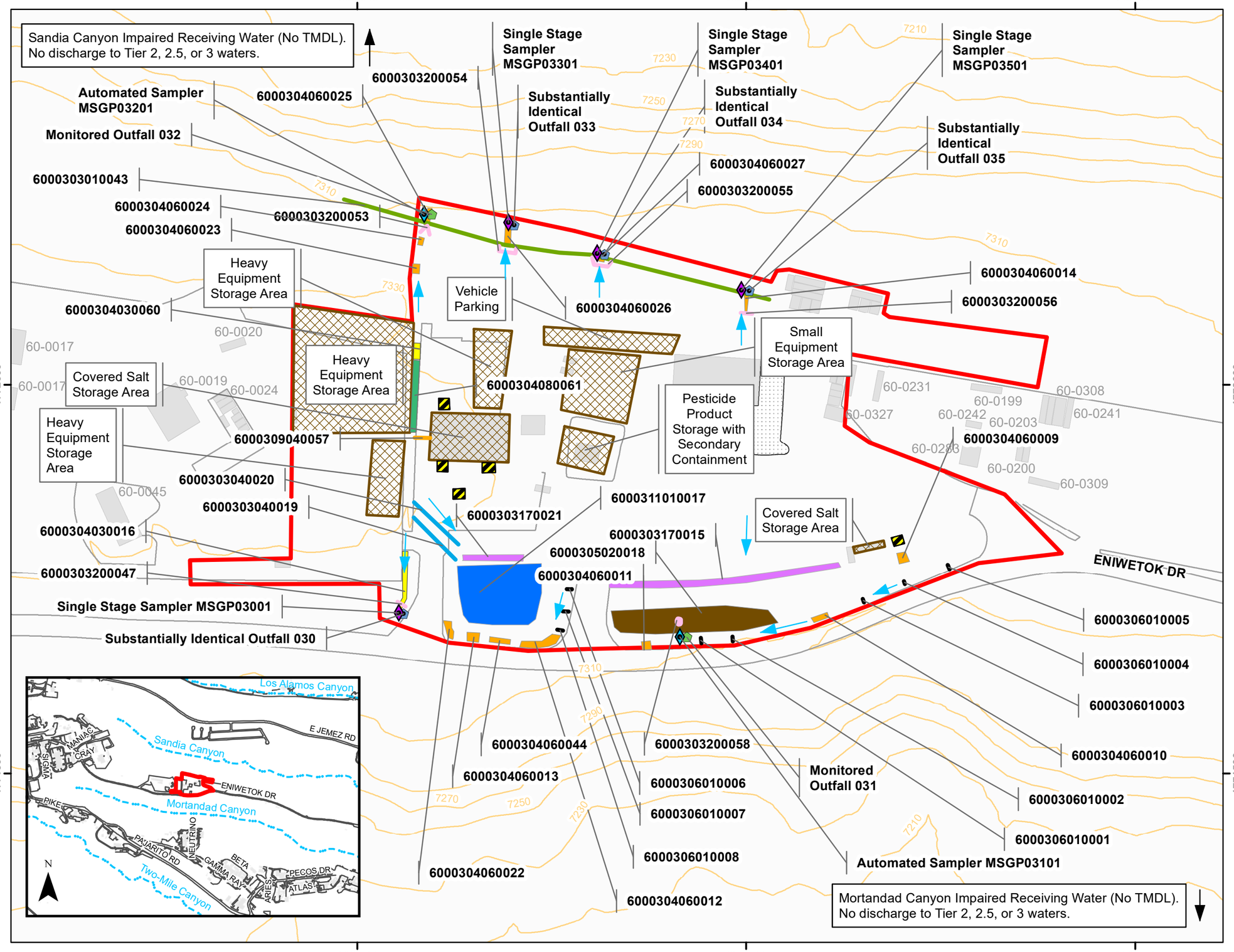
Site Maps

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 With in LANL



Map #15-0015-01, Created by Brad McKown, OIO-DO, March 3, 2015

TA-60 ROADS AND GROUNDS WEST
FIGURE C2 SITE MAP



- Automated Sampler
- Single Stage Samplers
- Monitored Outfall
- Substantially Identical Outfall
- Rock Check Dam
- Trench Drain
- EnviroSoxx w/ MetalLoxx
- Earthen Berm
- Asphalt Berm
- Drainage
- Paved Roads
- 10 ft Contour
- Boundary of Industrial Activity
- Jersey Barrier
- Retention Pond
- Rip Rap
- Rock Channel/Swale
- Sediment Basin
- TRM-Lined Swale
- Industrial Activity Areas
- Loading/Unloading Areas
- LANL Structures
- Paved Parking
- Flow Direction

8.6 Acres, 65% Impervious Surface.
Note - No Critical Habitat Areas.

Map number: 16-0015-TA-60 Roads and Grounds West
Map created by: Ben Sutter, OI-FD
Date: Oct. 4, 2018
Version 4

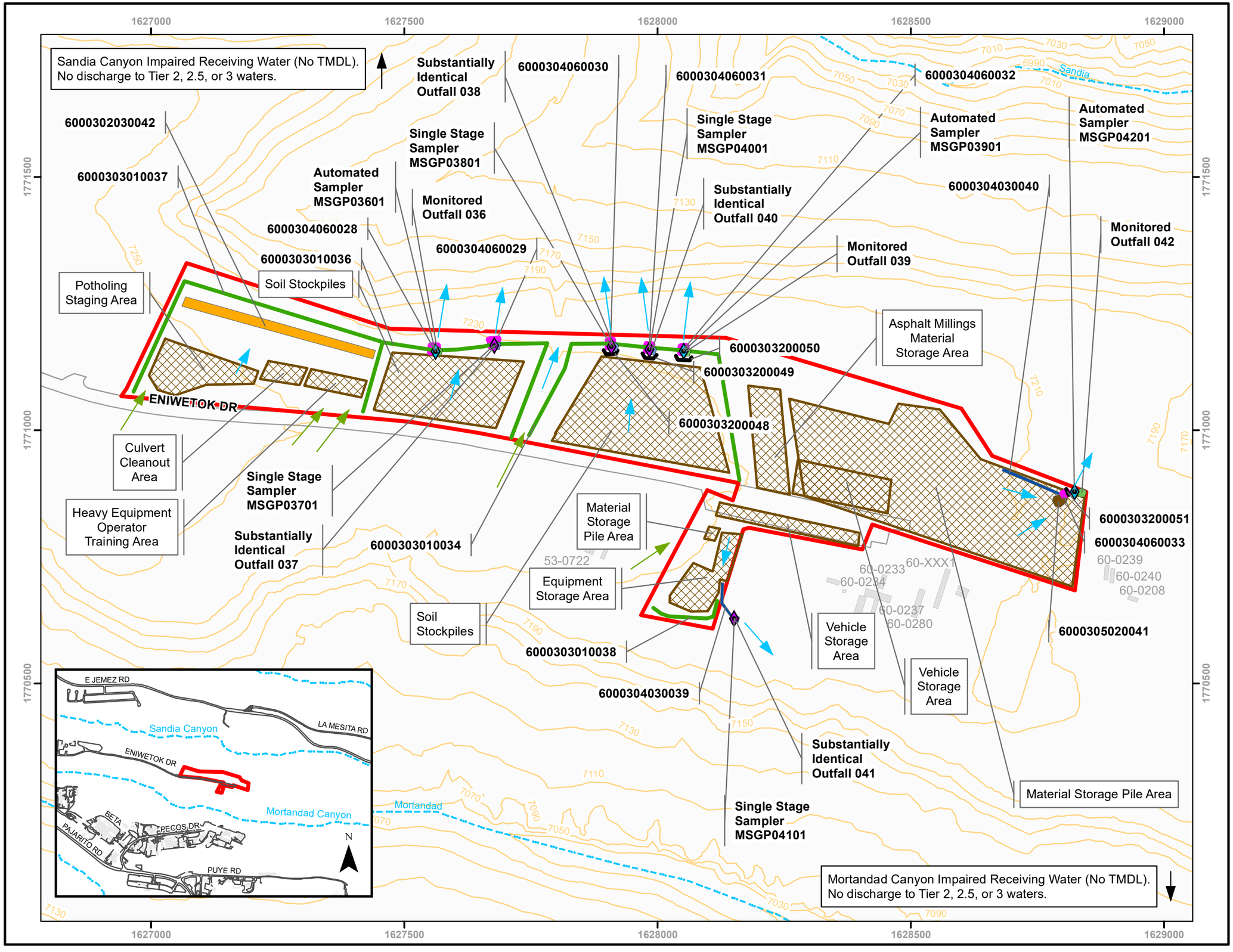
New Mexico State Plane Coordinate System Central Zone (3002)
North American Datum, 1983 (NAD 83)
US Survey Ft

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.

N

0 125 250 Feet

TA-60 ROADS AND GROUNDS EAST
FIGURE C2 SITE MAP



- Automated Sampler
- Single Stage Samplers
- Monitored Outfall
- Substantially Identical Outfall
- EnviroSoxx w/ MetalLoxx
- Earthen Berm
- Drainage
- Paved Roads
- 10 ft Contour
- Boundary of Industrial Activity
- 50 ft Vegetated Buffer Strip
- Rip Rap
- Rock Channel/Swale
- Sediment Basin
- Industrial Activity Areas
- LANL Structures
- Flow Direction
- Runon

11.2 Acres, <1% Impervious Surface.
Note - All Areas Within Developed Buffer Mexican Spotted Owl Habitat

Map number: 16-0015-TA-60 Roads and Grounds East
Map created by: Ben Sutter, OI-FD
Date: May 24, 2018
Version 3

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

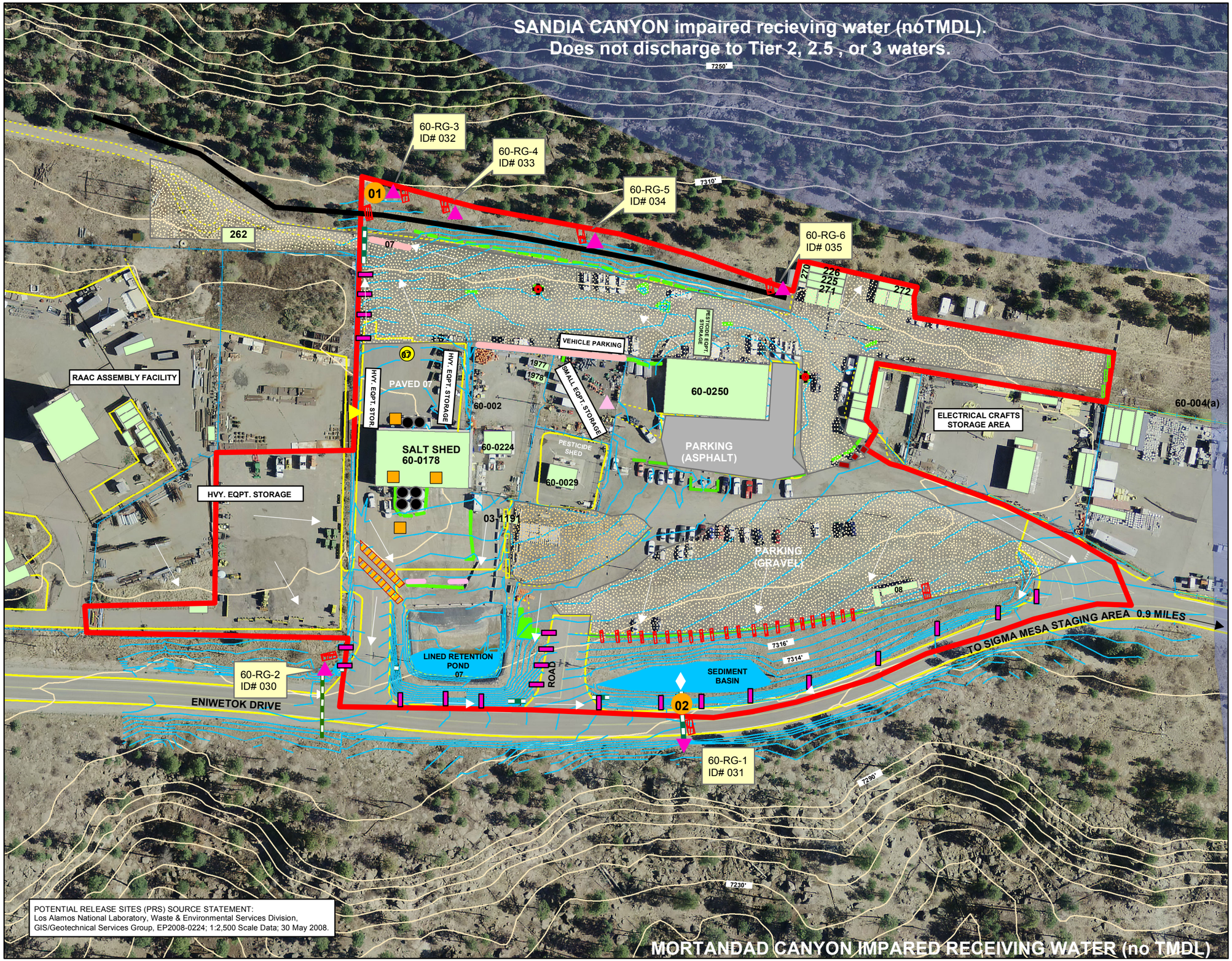
DISCLAIMER: This map was created for work processes associated with the Multi-Sector General Permit. All other uses for this map should be confirmed with LANL EPC-CP staff.

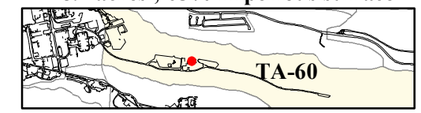
N

0 175 350 Feet

ROADS AND GROUNDS OPERATIONAL SWPPP

8.4 acres ; 65% imperious surface





LEGEND

- DRAINAGE PATTERN
- DIRECTION OF FLOW
- 6-SNOW TRT. MIX TANKS
- PRS
- FIRE HYDRANTS
- FLAMMABLE CONTAINMENT
- STAND PIPE
- DISCHARGE PTS.
- 01 MSGP SAMPLER (E123.4)
- 02 MSGP SAMPLER
- BASE COURSE BERM
- FACILITY BOUNDARY
- MANHOLE
- RUN ON POINT
- PAVED ROADS (ASPHALT)
- FENCES
- 20 FT CONTOURS
- DRAIN PIPE
- CULVERT
- JERSEY BARRIER
- WATTLE (S)
- LOADING AREAS
- SPEED BUMP BERMS
- STRUCTURES
- ROCK CHECK DAM
- GRAVEL
- ROCK RUN DOWN
- DUMPSTER
- DEVELOPED BUFFER MEXICAN SPOTTED OWL HABITAT

0 50 100 200 Feet

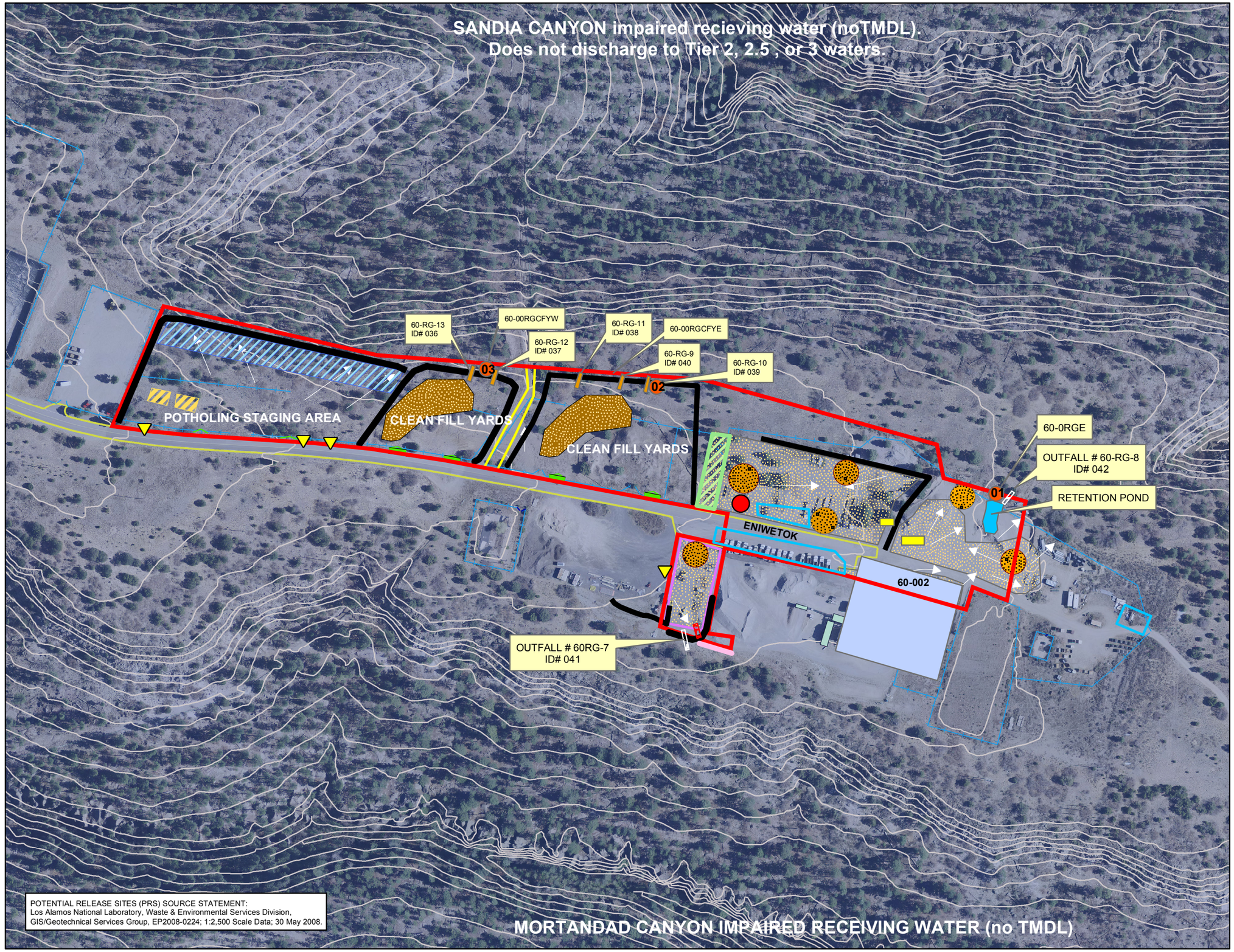
UTILITIES AND INSTITUTIONAL FACILITIES

U07001.rev1

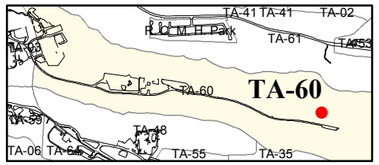
Classification: U Reviewer: H. Salazar Date: 24-AUG-2015

ROADS AND GROUNDS OPERATIONAL SWPPP SIGMA MESA STAGING AREA

10.55 acres, <1% impervious surface



POTENTIAL RELEASE SITES (PRS) SOURCE STATEMENT:
Los Alamos National Laboratory, Waste & Environmental Services Division,
GIS/Geotechnical Services Group, EP2008-0224; 1:2,500 Scale Data; 30 May 2008.



LEGEND

- CONSTRUCTION MATERIAL PILE
- MSGP SAMPLER
- SPILL
- RUN ON POINT
- VEHICLE STORAGE
- FENCE
- DIRECTION OF FLOW
- EQUIPMENT STORAGE
- EARTHEN BERM
- SIGMA MESA STAGING AREA BOUNDARY
- PAVED ROAD
- 20 FT CONTOURS
- WATTLE
- 50' WIDE VEGETATIVE BUFFER STRIP
- DRAIN PIPE
- CLEAN FILL PILE
- SHED
- GRAVEL
- PRS
- OUT FALL
- ROCK RUN DOWN
- WEIR
- ASPHLAT MILLING STAGING AREA
- DEVELOPED BUFFER MEXICAN SPOTTED OWL HABITAT

0 90 180 360
Feet

UTILITIES AND INFRASTRUCTURE FACILITIES

U07001.rev1

Classification: U Reviewer: H. Salazar Date: 24-AUG-2015

APPENDIX C

NOI and LANS Delegation of Authority Letter

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

Date: OCT 2 9 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.

- 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.

- 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.

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 Arnswald, 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, (E-File)
locatesteam@lanl.gov, (E-File)
env-correspondence@lanl.gov

From:	Lemke, Terrill W
To:	Wheeler, Holly Lynn; Grieggs, Tony
Subject:	FW: EPA Multi-Sector General Permit (MSGP) Authorization is Active – Los Alamos National Laboratory, NPDES ID: NMR053195, NeT Submission ID: MSGP-3095
Date:	Monday, October 05, 2015 8:22:15 AM
Attachments:	AcceptedNewNOIReceipt.pdf

Terrill Lemke, PE, CPESC, CISEC
Environmental Compliance Programs
Los Alamos National Laboratory
Los Alamos, NM
Office: 505-665-2397
Cell: 505-699-0725

From: NeT@epa.gov [mailto:NeT@epa.gov]
Sent: Saturday, October 03, 2015 5:48 PM
To: Dorries, Alison Marie
Cc: Lemke, Terrill W; lee.won@epa.gov; lescure.nasrin@epa.gov; emily@avanticorporation.com; farris.erika@epa.gov; Christiane@avanticorporation.com; bius.catherine@epa.gov
Subject: EPA Multi-Sector General Permit (MSGP) Authorization is Active – Los Alamos National Laboratory, NPDES ID: NMR053195, NeT Submission ID: MSGP-3095

2015-10-03

Your Notice of Intent (NOI) requesting coverage for Los Alamos National Laboratory, PO Box 1663 MS K490 Los Alamos NM 87545 under EPA's Multi-Sector General Permit (MSGP) has been accepted and authorization to discharge under the MSGP became effective at the conclusion of your 30-day waiting period, on 2015-10-03.

For tracking purposes, the following NPDES ID has been assigned to your NOI: NMR053195. Attached to this email, you will find a copy of your completed NOI form. To access your NOI in NeT, please visit: https://cdx.epa.gov/epa_home.asp.

As you know, the MSGP requires you to have developed a Stormwater Pollution Prevention Plan (SWPPP) prior to submitting your NOI. The MSGP also includes specific requirements for implementing control measures (e.g., minimize exposure, good housekeeping, maintenance, spill prevention and response), conducting self-inspections and visual assessments of your discharges, taking corrective actions, and conducting staff training. You must comply with any specific requirements applicable to your industrial sector(s) in Part 8 and any state/tribal-specific requirements in Part 9 (see http://water.epa.gov/polwaste/npdes/stormwater/EPA-Multi-Sector-General-Permit-MSGP.cfm). You are also required to submit an Annual Report in accordance with Part 7.5 of the MSGP that will contain the results from your past year's routine facility inspections, quarterly visual assessments, and corrective actions. Annual Reports must be submitted to EPA through NeT.

The MSGP includes five types of required analytical monitoring, one or more of which may apply to your discharge:

- Quarterly benchmark monitoring (see Part 6.2.1 and Part 8);
- Annual effluent limitations guidelines monitoring (see Part 6.2.2 and Part 8);
- State- or tribal-specific monitoring (see Part 6.2.3 and Part 9);
- Impaired waters monitoring (see Part 6.2.4); and
- Other monitoring as required by EPA (see Part 6.2.5).

Monitoring requirements in the MSGP (i.e., parameters required to be monitored and sample frequency) will be prepopulated on your electronic Discharge Monitoring Report (DMR) in EPA's NetDMR system, which is accessed at http://www.epa.gov/netdmr/. Where you have determined that no monitoring requirements apply to your discharge, there is no need to access the NetDMR system. In order to obtain access to this system, you must complete the electronic signature process. Please refer to the following guidance for information about submitting monitoring reports through NetDMR: http://water.epa.gov/polwaste/npdes/stormwater/Stormwater-eNOI-System-for-EPAs-MultiSector-General-Permit.cfm.

Please note that this email does not represent a determination by EPA regarding the validity of the information you provided in your NOI. Your eligibility for coverage under this permit is based on the validity of the certification you provided. Your electronic signature on the NOI form certifies that you have read, understood, and are implementing all of the applicable requirements. An important aspect of this certification requires that you have correctly determined whether you are eligible for coverage under this permit.

The 2014 MSGP and additional guidance are available at: http://water.epa.gov/polwaste/npdes/stormwater/EPA-Multi-Sector-General-Permit-MSGP.cfm. Please contact your EPA Regional permitting authority at lee.won@epa.gov; lescure.nasrin@epa.gov; emily@avanticorporation.com; farris.erika@epa.gov; Christiane@avanticorporation.com; bius.catherine@epa.gov for more information.

This is an automated response; please do not reply to this email.

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

Note: This is a "smart form"; as you fill out the form, additional questions willl appear that you will need to answer.

Permit Information

1. What action would you like to take? *

File a New Notice of Intent Form

Submission of this Notice of Intent (NOI) constitutes notice that the operator identified in the Facility Operator Information section of this form requests authorization to discharge pursuant to the NPDES Stormwater Multi-Sector General Permit (MSGP) permit number identified in the Permit Information section of this form. Submission of this NOI also constitutes notice that the operator identified in the Facility Operator Information section of this form meets the eligibility conditions of Part 1.1 of the MSGP for the facility identified in the Facility Information section 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.

Operator Name (Organization Name) *

LOS ALAMOS NATIONAL LABORATORY

Operator Name as Noted by the NOI Preparer

Los Alamos National Security, LLC

2. Select the state/territory where your facility is located *

NM

3. Is your facility located on Indian Country lands? *

○ Yes ◉ No

4. Are you requesting coverage as a "federal operator" as defined in Appendix A? *

◉ Yes ○ No

5. Are you a new discharger or a new source as defined in Appendix A? * ○ Yes ● No

5a. Have stormwater discharges from your facility been covered previously under an NPDES permit? * ● Yes ○ No

5aa. Provide your most current NPDES ID (i.e., permit tracking number) if you had coverage under EPA's MSGP 2008 or the NPDES permit number if you had coverage under an EPA individual permit *

NMR05GB21

6. Do you directly 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 3 water (Outstanding Natural Resource Water) (See Appendix L)? Your project will be considered to discharge to a Tier 3 water if the first water of the US to which you discharge is identified by a state, tribe, or EPA as a Tier 3 water. For discharges that enter a storm sewer system prior to discharge, the first water of the US to which you discharge is the waterbody that receives the stormwater discharge from the storm sewer system. * ○ Yes ● No

7. Does your facility directly discharge to a Federal CERCLA site listed in Appendix P? For the purposes of this permit, a permittee discharges to a Federal CERCLA site if the discharge flows directly into the site through its own conveyance, or through a conveyance owned by others, such as a municipal separate storm sewer system. * ○ Yes ● No

8. Has the Stormwater Pollution Prevention Plan (SWPPP) been prepared in advance of filing this NOI, as required? * ● Yes ○ No

9. By indicating "Yes", 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 in Part 1.1.3. Any discharges not expressly authorized under the MSGP are not covered by the MSGP and they cannot become authorized by disclosure to EPA and/or a state via this Notice of Intent to be covered by the permit or by any other means (e.g., in the Stormwater Pollution Prevention Plan 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 be covered under another NPDES permit. * ● Yes ○ No

10. Master Permit Number

NMR050000

A: Facility Operator Information

1. Operator Name (Organization Name) *

LOS ALAMOS NATIONAL LABORATORY

2. Street *

PO Box 1663

3. Supplemental Address

MS K490

4. City *	5. State *	6. Zip Code *	7. Facility County or Similar Govt. Subdivision *
Los Alamos	NM	87545	Los Alamos

8. Phone (10-digits, No dashes) *	9. Extension	10. E-Mail *
5056671312		hbenson@lanl.gov

Operator point of contact information

11. First Name *	12. Middle Initial	13. Last Name *	14. Professional Title *
Holly		Wheeler	Environmental Professional

B: Facility Information

1. Facility Name *

Los Alamos National Laboratory

☒ Facility address same as facility operator address

2. Street/Location *

PO Box 1663

3. Supplemental Address

MS K490

4. City *

Los Alamos

5. State *

NM

6. Zip Code *

87545

7. Facility County or Similar Govt. Subdivision *

Los Alamos

Latitude/Longitude for the facility:

	8. Latitude (Decimal Degrees) *		9. Longitude (Decimal Degrees) *	10. Latitude/Longitude Data Source *	11. Horizontal Reference Datum
+	35.872777	-	106.321127	Other	WGS84

12. What is the ownership type of the facility *

Federal Facility (U.S. Government)

13. Estimated area of industrial activity at your facility exposed to stormwater (to the nearest quarter acre) *

126

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

15. Sector *

SECTOR AA: FABRICATED METAL PRODUCTS

16. Primary SIC Code *

3449: Miscellaneous Metal Work

17. Subsector

AA1: Fabricated Metal Products, Except Machinery and Transportation Equipment, and Coating, Engraving, and Allied Services.

18. Identify the applicable sectors(s) of any co-located industrial activity for which you are requesting permit coverage.

Sector	Subsector *	
SECTOR P: LAND TRANSPORTATION AND WAREHOUSING	P1: Motor Freight Transportation and Warehousing	Delete Sector
SECTOR K: HAZARDOUS WASTE TREATMENT, STORAGE, OR DISPOSAL FACILITIES	K1: Hazardous Waste Treatment, Storage, or Disposal Facilities, including those that are operati	Delete Sector
SECTOR A: TIMBER PRODUCTS	A4: Wood Products, Not Elsewhere Classified	Delete Sector
SECTOR D: ASPHALT PAVING AND ROOFING MATERIALS AND LUBRICANTS	D1: Asphalt Paving and Roofing Materials	Delete Sector
SECTOR O: STEAM ELECTRIC GENERATING FACILITIES	O1: Steam Electric Generating Facilities, including coal handling sites	Delete Sector
SECTOR F: PRIMARY METALS	F4: Nonferrous Foundries (Castings)	Delete Sector
SECTOR N: SCRAP RECYCLING FACILITIES	N2: Source-separated Recycling Facility	Delete Sector

Add Sector

22. Is your facility presently inactive and unstaffed? *

○ Yes ◉ No

C: Discharge Information

1. Does your facility discharge into any saltwater receiving waters? *

○ Yes ◉ No

2. What is the hardness of your receiving water(s) (see Appendix J) *

50-74.99 mg/L

3. Identify if the following Effluent Limitation Guideline(s) apply to any of your discharges

40 CFR Part/Subpart: Part 423	Eligible Discharges: Coal pile runoff at steam electric generating facilities	Affected MSGP Sector: O	New Source Date: 11/19/1982, 10/8/1974[1]	Does your facility have any discharges subject to this effluent limitation guideline? * ○ Yes ◉ No
40 CFR Part/Subpart: Part 429, Subpart I	Eligible Discharges: Discharges resulting from spray down or intentional wetting of logs at wet deck storage areas	Affected MSGP Sector: A	New Source Date: 1/26/1981	Does your facility have any discharges subject to this effluent limitation guideline? * ○ Yes ◉ No
40 CFR Part/Subpart: Part 443, Subpart A	Eligible Discharges: Runoff from asphalt emulsion facilities	Affected MSGP Sector: D	New Source Date: 7/28/1975	Does your facility have any discharges subject to this effluent limitation guideline? * ◉ Yes ○ No

Outfalls

4. **List all of the stormwater outfalls from your facility. Each outfall must be identified by a unique 3-digit ID (e.g., 001, 002) or a 4-digit ID. Also provide the latitude and longitude in decimal degrees for each outfall.**

A. Outfall ID *		B. Latitude (Decimal Degrees) *		C. Longitude (Decimal Degrees) *
002	+	35.875801	-	106.327538

Lookup Receiving Waters Information

(This button will prepopulate the receiving water information associated with your outfall on your form. You may edit the information that is returned if you believe it is incorrect)

Delete Outfall

If for any reason the Lookup Receiving Water Information button does not prepopulate your form with receiving waters information, you must manually enter the information on your form.

Outfall Section

1. 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.
(You may edit the name of the water of the U.S. that was returned if incorrect.) *

SANDIA CANYON (SIGMA CANYON TO NPDES OUTFALL 001)

2. Is the receiving water listed as impaired on the 303(d) list and in need of a TMDL? *

(●) Yes ( ) No

4. List the pollutants that are causing the impairment:

Pollutant

Aluminum, total [as Al]

Delete Pollutant

Pollutant

Copper, total [as Cu]

Delete Pollutant

Pollutant

Alpha, total

Delete Pollutant

Pollutant

PCB IN WATER COLUMN

Delete Pollutant

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group *	Pollutant *	
METALS (OTHER THAN MERCURY)	Thallium, total [as Tl]	Delete Pollutant

Add Impairment Pollutant Associated with this Waterbody

3. Has a TMDL been completed for this receiving waterbody? *

○ Yes ◉ No

Outfalls

4. **List all of the stormwater outfalls from your facility. Each outfall must be identified by a unique 3-digit ID (e.g., 001, 002) or a 4-digit ID. Also provide the latitude and longitude in decimal degrees for each outfall.**

A. Outfall ID *		B. Latitude (Decimal Degrees) *		C. Longitude (Decimal Degrees) *
003	+	35.876369	-	106.326492

Lookup Receiving Waters Information

(This button will prepopulate the receiving water information associated with your outfall on your form. You may edit the information that is returned if you believe it is incorrect)

Delete Outfall

D. Substantially Identical to Any Outfalls Listed Above? *

◉ Yes ○ No

E. Substantially identical to outfall ID *

002

If for any reason the Lookup Receiving Water Information button does not prepopulate your form with receiving waters information, you must manually enter the information on your form.

5. Multiple Receiving Waters were returned for your outfall. Please select the receiving water that is associated with your outfall from this list: *

LOS ALAMOS CANYON (DP CANYON TO UPPER LANL BND)

Outfall Section

1. 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.
(You may edit the name of the water of the U.S. that was returned if incorrect.) *

LOS ALAMOS CANYON (DP CANYON TO UPPER LANL BND)

2. Is the receiving water listed as impaired on the 303(d) list and in need of a TMDL? *

◉ Yes ○ No

4. List the pollutants that are causing the impairment:

Pollutant

Aluminum, total [as Al]

Delete Pollutant

Pollutant

Alpha, total

Delete Pollutant

Pollutant

PCB IN WATER COLUMN

Delete Pollutant

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group *

MERCURY

Pollutant *

Mercury, total [as Hg]

Delete Pollutant

Add Impairment Pollutant Associated with this Waterbody

3. Has a TMDL been completed for this receiving waterbody? *

○ Yes ● No

Outfalls

4. **List all of the stormwater outfalls from your facility. Each outfall must be identified by a unique 3-digit ID (e.g., 001, 002) or a 4-digit ID. Also provide the latitude and longitude in decimal degrees for each outfall.**

A. Outfall ID *

005

+

B. Latitude (Decimal Degrees) *

35.873908

-

C. Longitude (Decimal Degrees) *

106.320709

Lookup Receiving Waters Information

(This button will prepopulate the receiving water information associated with your outfall on your form. You may edit the information that is returned if you believe it is incorrect)

Delete Outfall

D. Substantially Identical to Any Outfalls Listed Above? *

○ Yes ● No

If for any reason the Lookup Receiving Water Information button does not prepopulate your form with receiving waters information, you must manually enter the information on your form.

Outfall Section

1. 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.
(You may edit the name of the water of the U.S. that was returned if incorrect.) *

SANDIA CANYON (SIGMA CANYON TO NPDES OUTFALL 001)

2. Is the receiving water listed as impaired on the 303(d) list and in need of a TMDL? *

● Yes ○ No

4. List the pollutants that are causing the impairment:

Pollutant

Aluminum, total [as Al]

Delete Pollutant

Pollutant

Copper, total [as Cu]

Delete Pollutant

Pollutant

Alpha, total

Delete Pollutant

Pollutant

PCB IN WATER COLUMN

Delete Pollutant

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group *

METALS (OTHER THAN MERCURY)

Pollutant *

Thallium, total [as Tl]

Delete Pollutant

Add Impairment Pollutant Associated with this Waterbody

3. Has a TMDL been completed for this receiving waterbody? *

○ Yes ◉ No

Outfalls

4. **List all of the stormwater outfalls from your facility. Each outfall must be identified by a unique 3-digit ID (e.g., 001, 002) or a 4-digit ID. Also provide the latitude and longitude in decimal degrees for each outfall.**

A. Outfall ID *

006

B. Latitude (Decimal Degrees) *

+ 35.874002

C. Longitude (Decimal Degrees) *

- 106.319825

Lookup Receiving Waters Information

(This button will prepopulate the receiving water information associated with your outfall on your form. You may edit the information that is returned if you believe it is incorrect)

Delete Outfall

D. Substantially Identical to Any Outfalls Listed Above? *

◉ Yes ○ No

E. Substantially identical to outfall ID *

005

If for any reason the Lookup Receiving Water Information button does not prepopulate your form with receiving waters information, you must manually enter the information on your form.

Outfall Section

1. 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.
(You may edit the name of the water of the U.S. that was returned if incorrect.) *

SANDIA CANYON (SIGMA CANYON TO NPDES OUTFALL 001)

2. Is the receiving water listed as impaired on the 303(d) list and in need of a TMDL? *

◉ Yes ○ No

4. List the pollutants that are causing the impairment:

Pollutant

Aluminum, total [as Al]

Delete Pollutant

Pollutant

Copper, total [as Cu]

Delete Pollutant

Pollutant

Alpha, total

Delete Pollutant

Pollutant

PCB IN WATER COLUMN

Delete Pollutant

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group *	Pollutant *	
METALS (OTHER THAN MERCURY)	Thallium, total [as Tl]	Delete Pollutant

Add Impairment Pollutant Associated with this Waterbody

3. Has a TMDL been completed for this receiving waterbody? *

○ Yes ◉ No

Outfalls

4. **List all of the stormwater outfalls from your facility. Each outfall must be identified by a unique 3-digit ID (e.g., 001, 002) or a 4-digit ID. Also provide the latitude and longitude in decimal degrees for each outfall.**

A. Outfall ID *		B. Latitude (Decimal Degrees) *		C. Longitude (Decimal Degrees) *		
009	+	35.874951	-	106.319263	Lookup Receiving Waters Information	Delete Outfall

(This button will prepopulate the receiving water information associated with your outfall on your form. You may edit the information that is returned if you believe it is incorrect)

D. Substantially Identical to Any Outfalls Listed Above? *

○ Yes ◉ No

If for any reason the Lookup Receiving Water Information button does not prepopulate your form with receiving waters information, you must manually enter the information on your form.

Outfall Section

1. 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. (You may edit the name of the water of the U.S. that was returned if incorrect.) *

SANDIA CANYON (SIGMA CANYON TO NPDES OUTFALL 001)

2. Is the receiving water listed as impaired on the 303(d) list and in need of a TMDL? *

(●) Yes ( ) No

4. List the pollutants that are causing the impairment:

Pollutant

Aluminum, total [as Al]

Delete Pollutant

Pollutant

Copper, total [as Cu]

Delete Pollutant

Pollutant

Alpha, total

Delete Pollutant

Pollutant

PCB IN WATER COLUMN

Delete Pollutant

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group *	Pollutant *	
METALS (OTHER THAN MERCURY)	Thallium, total [as Tl]	Delete Pollutant

Add Impairment Pollutant Associated with this Waterbody

3. Has a TMDL been completed for this receiving waterbody? *

( ) Yes (●) No

Outfalls

4. **List all of the stormwater outfalls from your facility. Each outfall must be identified by a unique 3-digit ID (e.g., 001, 002) or a 4-digit ID. Also provide the latitude and longitude in decimal degrees for each outfall.**

A. Outfall ID *

007

B. Latitude (Decimal Degrees) *

+ 35.874095

C. Longitude (Decimal Degrees) *

- 106.319009

Lookup Receiving Waters Information

(This button will prepopulate the receiving water information associated with your outfall on your form. You may edit the information that is returned if you believe it is incorrect)

Delete Outfall

D. Substantially Identical to Any Outfalls Listed Above? *

(●) Yes ( ) No

E. Substantially identical to outfall ID *

009

If for any reason the Lookup Receiving Water Information button does not prepopulate your form with receiving waters information, you must manually enter the information on your form.

Outfall Section

1. 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. (You may edit the name of the water of the U.S. that was returned if incorrect.) *

SANDIA CANYON (SIGMA CANYON TO NPDES OUTFALL 001)

2. Is the receiving water listed as impaired on the 303(d) list and in need of a TMDL? *

(●) Yes ( ) No

4. List the pollutants that are causing the impairment:

Pollutant

Aluminum, total [as Al]

Delete Pollutant

Pollutant

Copper, total [as Cu]

Delete Pollutant

Pollutant

Alpha, total

Delete Pollutant

Pollutant

PCB IN WATER COLUMN

Delete Pollutant

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group *

METALS (OTHER THAN MERCURY)

Pollutant *

Thallium, total [as Tl]

Delete Pollutant

Add Impairment Pollutant Associated with this Waterbody

3. Has a TMDL been completed for this receiving waterbody? *

○ Yes ◉ No

Outfalls

4. **List all of the stormwater outfalls from your facility. Each outfall must be identified by a unique 3-digit ID (e.g., 001, 002) or a 4-digit ID. Also provide the latitude and longitude in decimal degrees for each outfall.**

A. Outfall ID * 008

B. Latitude (Decimal Degrees) * + 35.874306

C. Longitude (Decimal Degrees) * - 106.318891

Lookup Receiving Waters Information

(This button will prepopulate the receiving water information associated with your outfall on your form. You may edit the information that is returned if you believe it is incorrect)

Delete Outfall

D. Substantially Identical to Any Outfalls Listed Above? *

◉ Yes ○ No

E. Substantially identical to outfall ID * 009

If for any reason the Lookup Receiving Water Information button does not prepopulate your form with receiving waters information, you must manually enter the information on your form.

Outfall Section

1. 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. (You may edit the name of the water of the U.S. that was returned if incorrect.) *

SANDIA CANYON (SIGMA CANYON TO NPDES OUTFALL 001)

2. Is the receiving water listed as impaired on the 303(d) list and in need of a TMDL? *

◉ Yes ○ No

4. List the pollutants that are causing the impairment:

Pollutant

Aluminum, total [as Al]

Delete Pollutant

Pollutant

Copper, total [as Cu]

Delete Pollutant

Pollutant

Alpha, total

Delete Pollutant

Pollutant

PCB IN WATER COLUMN

Delete Pollutant

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group *

METALS (OTHER THAN MERCURY)

Pollutant *

Thallium, total [as Tl]

Delete Pollutant

Add Impairment Pollutant Associated with this Waterbody

3. Has a TMDL been completed for this receiving waterbody? *

○ Yes ● No

Outfalls

4. **List all of the stormwater outfalls from your facility. Each outfall must be identified by a unique 3-digit ID (e.g., 001, 002) or a 4-digit ID. Also provide the latitude and longitude in decimal degrees for each outfall.**

A. Outfall ID *

010

B. Latitude (Decimal Degrees) *

+ 35.874014

C. Longitude (Decimal Degrees) *

- 106.318428

Lookup Receiving Waters Information

(This button will prepopulate the receiving water information associated with your outfall on your form. You may edit the information that is returned if you believe it is incorrect)

Delete Outfall

D. Substantially Identical to Any Outfalls Listed Above? *

● Yes ○ No

E. Substantially identical to outfall ID *

009

If for any reason the Lookup Receiving Water Information button does not prepopulate your form with receiving waters information, you must manually enter the information on your form.

Outfall Section

1. 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.
(You may edit the name of the water of the U.S. that was returned if incorrect.) *

SANDIA CANYON (SIGMA CANYON TO NPDES OUTFALL 001)

2. Is the receiving water listed as impaired on the 303(d) list and in need of a TMDL? *

● Yes ○ No

4. List the pollutants that are causing the impairment:

Pollutant

Aluminum, total [as Al]

Delete Pollutant

Pollutant

Copper, total [as Cu]

Delete Pollutant

Pollutant

Alpha, total

Delete Pollutant

Pollutant

PCB IN WATER COLUMN

Delete Pollutant

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group *

METALS (OTHER THAN MERCURY)

Pollutant *

Thallium, total [as Tl]

Delete Pollutant

Add Impairment Pollutant Associated with this Waterbody

3. Has a TMDL been completed for this receiving waterbody? *

○ Yes ● No

Outfalls

4. **List all of the stormwater outfalls from your facility. Each outfall must be identified by a unique 3-digit ID (e.g., 001, 002) or a 4-digit ID. Also provide the latitude and longitude in decimal degrees for each outfall.**

A. Outfall ID *

011

B. Latitude (Decimal Degrees) *

+ 35.875560

C. Longitude (Decimal Degrees) *

- 106.320764

Lookup Receiving Waters Information

(This button will prepopulate the receiving water information associated with your outfall on your form. You may edit the information that is returned if you believe it is incorrect)

Delete Outfall

D. Substantially Identical to Any Outfalls Listed Above? *

● Yes ○ No

E. Substantially identical to outfall ID *

012

If for any reason the Lookup Receiving Water Information button does not prepopulate your form with receiving waters information, you must manually enter the information on your form.

Outfall Section

1. 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. (You may edit the name of the water of the U.S. that was returned if incorrect.) *

SANDIA CANYON (SIGMA CANYON TO NPDES OUTFALL 001)

2. Is the receiving water listed as impaired on the 303(d) list and in need of a TMDL? *

● Yes ○ No

4. List the pollutants that are causing the impairment:

Pollutant

Aluminum, total [as Al]

Delete Pollutant

Pollutant

Copper, total [as Cu]

Delete Pollutant

Pollutant

Alpha, total

Delete Pollutant

Pollutant

PCB IN WATER COLUMN

Delete Pollutant

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group *	Pollutant *	
METALS (OTHER THAN MERCURY)	Thallium, total [as Tl]	Delete Pollutant

Add Impairment Pollutant Associated with this Waterbody

3. Has a TMDL been completed for this receiving waterbody? *

○ Yes ◉ No

Outfalls

4. **List all of the stormwater outfalls from your facility. Each outfall must be identified by a unique 3-digit ID (e.g., 001, 002) or a 4-digit ID. Also provide the latitude and longitude in decimal degrees for each outfall.**

A. Outfall ID *		B. Latitude (Decimal Degrees) *		C. Longitude (Decimal Degrees) *		
012	+	35.875506	-	106.320842	Lookup Receiving Waters Information	Delete Outfall

(This button will prepopulate the receiving water information associated with your outfall on your form. You may edit the information that is returned if you believe it is incorrect)

D. Substantially Identical to Any Outfalls Listed Above? *

○ Yes ◉ No

If for any reason the Lookup Receiving Water Information button does not prepopulate your form with receiving waters information, you must manually enter the information on your form.

Outfall Section

1. 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. (You may edit the name of the water of the U.S. that was returned if incorrect.) *

SANDIA CANYON (SIGMA CANYON TO NPDES OUTFALL 001)

2. Is the receiving water listed as impaired on the 303(d) list and in need of a TMDL? *

(●) Yes ( ) No

4. List the pollutants that are causing the impairment:

Pollutant

Aluminum, total [as Al]

Delete Pollutant

Pollutant

Copper, total [as Cu]

Delete Pollutant

Pollutant

Alpha, total

Delete Pollutant

Pollutant

PCB IN WATER COLUMN

Delete Pollutant

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group *	Pollutant *	
METALS (OTHER THAN MERCURY)	Thallium, total [as Tl]	Delete Pollutant

Add Impairment Pollutant Associated with this Waterbody

3. Has a TMDL been completed for this receiving waterbody? *

( ) Yes (●) No

Outfalls

4. **List all of the stormwater outfalls from your facility. Each outfall must be identified by a unique 3-digit ID (e.g., 001, 002) or a 4-digit ID. Also provide the latitude and longitude in decimal degrees for each outfall.**

A. Outfall ID *

004

B. Latitude (Decimal Degrees) *

+ 35.871465

C. Longitude (Decimal Degrees) *

- 106.323844

Lookup Receiving Waters Information

(This button will prepopulate the receiving water information associated with your outfall on your form. You may edit the information that is returned if you believe it is incorrect)

Delete Outfall

D. Substantially Identical to Any Outfalls Listed Above? *

○ Yes ◉ No

If for any reason the Lookup Receiving Water Information button does not prepopulate your form with receiving waters information, you must manually enter the information on your form.

Outfall Section

1. 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. (You may edit the name of the water of the U.S. that was returned if incorrect.) *

TWO MILE CANYON (PAJARITO TO HEADWATERS)

2. Is the receiving water listed as impaired on the 303(d) list and in need of a TMDL? *

◉ Yes ○ No

4. List the pollutants that are causing the impairment:

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group *: METALS (OTHER THAN MERCURY)

Pollutant *: Aluminum, total [as Al]

Delete Pollutant

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group *: RADIATION

Pollutant *: Alpha, total

Delete Pollutant

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group *: POLYCHLORINATED BIPHENYLS (PCBS)

Pollutant *: Polychlorinated biphenyls [PCBs]

Delete Pollutant

Add Impairment Pollutant Associated with this Waterbody

3. Has a TMDL been completed for this receiving waterbody? *

○ Yes ◉ No

Outfalls

4. **List all of the stormwater outfalls from your facility. Each outfall must be identified by a unique 3-digit ID (e.g., 001, 002) or a 4-digit ID. Also provide the latitude and longitude in decimal degrees for each outfall.**

A. Outfall ID *

018

B. Latitude (Decimal Degrees) *

+ 35.872781

C. Longitude (Decimal Degrees) *

- 106.317616

Lookup Receiving Waters Information

(This button will prepopulate the receiving water information associated with your outfall on your form. You may edit the information that is returned if you believe it is incorrect)

Delete Outfall

D. Substantially Identical to Any Outfalls Listed Above? *

○ Yes ◉ No

If for any reason the Lookup Receiving Water Information button does not prepopulate your form with receiving waters information, you must manually enter the information on your form.

Outfall Section

1. 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.
(You may edit the name of the water of the U.S. that was returned if incorrect.) *

SANDIA CANYON (SIGMA CANYON TO NPDES OUTFALL 001)

2. Is the receiving water listed as impaired on the 303(d) list and in need of a TMDL? *

◉ Yes ○ No

4. List the pollutants that are causing the impairment:

Pollutant

Aluminum, total [as Al]

Delete Pollutant

Pollutant

Copper, total [as Cu]

Delete Pollutant

Pollutant

Alpha, total

Delete Pollutant

Pollutant

PCB IN WATER COLUMN

Delete Pollutant

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group *	Pollutant *	
METALS (OTHER THAN MERCURY)	Thallium, total [as Tl]	Delete Pollutant

Add Impairment Pollutant Associated with this Waterbody

3. Has a TMDL been completed for this receiving waterbody? *

○ Yes ◉ No

Outfalls

4. **List all of the stormwater outfalls from your facility. Each outfall must be identified by a unique 3-digit ID (e.g., 001, 002) or a 4-digit ID. Also provide the latitude and longitude in decimal degrees for each outfall.**

A. Outfall ID * 014

B. Latitude (Decimal Degrees) * + 35.870641

C. Longitude (Decimal Degrees) * - 106.316865

Lookup Receiving Waters Information

(This button will prepopulate the receiving water information associated with your outfall on your form. You may edit the information that is returned if you believe it is incorrect)

Delete Outfall

D. Substantially Identical to Any Outfalls Listed Above? *

(●) Yes ( ) No

E. Substantially identical to outfall ID * 018

If for any reason the Lookup Receiving Water Information button does not prepopulate your form with receiving waters information, you must manually enter the information on your form.

Outfall Section

1. 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. (You may edit the name of the water of the U.S. that was returned if incorrect.) *

MORTANDAD CANYON (WITHIN LANL)

2. Is the receiving water listed as impaired on the 303(d) list and in need of a TMDL? *

(●) Yes ( ) No

4. List the pollutants that are causing the impairment:

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group *	Pollutant *	
METALS (OTHER THAN MERCURY)	Aluminum, total [as Al]	Delete Pollutant

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group *	Pollutant *	
METALS (OTHER THAN MERCURY)	Copper, total [as Cu]	Delete Pollutant

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group *	Pollutant *	
POLYCHLORINATED BIPHENYLS (PCBS)	Polychlorinated biphenyls [PCBs]	Delete Pollutant

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group *	Pollutant *	
RADIATION	Alpha, total	Delete Pollutant

Add Impairment Pollutant Associated with this Waterbody

3. Has a TMDL been completed for this receiving waterbody? *

( ) Yes (●) No

Outfalls

4. **List all of the stormwater outfalls from your facility. Each outfall must be identified by a unique 3-digit ID (e.g., 001, 002) or a 4-digit ID. Also provide the latitude and longitude in decimal degrees for each outfall.**

A. Outfall ID * 013

B. Latitude (Decimal Degrees) * + 35.870783

C. Longitude (Decimal Degrees) * - 106.317349

Lookup Receiving Waters Information

(This button will prepopulate the receiving water information associated with your outfall on your form. You may edit the information that is returned if you believe it is incorrect)

Delete Outfall

D. Substantially Identical to Any Outfalls Listed Above? *

(●) Yes ( ) No

E. Substantially identical to outfall ID * 018

If for any reason the Lookup Receiving Water Information button does not prepopulate your form with receiving waters information, you must manually enter the information on your form.

Outfall Section

1. 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. (You may edit the name of the water of the U.S. that was returned if incorrect.) *

MORTANDAD CANYON (WITHIN LANL)

2. Is the receiving water listed as impaired on the 303(d) list and in need of a TMDL? *

(●) Yes ( ) No

4. List the pollutants that are causing the impairment:

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group * METALS (OTHER THAN MERCURY)

Pollutant * Aluminum, total [as Al]

Delete Pollutant

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group * METALS (OTHER THAN MERCURY)

Pollutant * Copper, total [as Cu]

Delete Pollutant

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group * RADIATION

Pollutant * Alpha, total

Delete Pollutant

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group * POLYCHLORINATED BIPHENYLS (PCBS)

Pollutant * Polychlorinated biphenyls [PCBs]

Delete Pollutant

Add Impairment Pollutant Associated with this Waterbody

3. Has a TMDL been completed for this receiving waterbody? *

( ) Yes (●) No

Outfalls

4. **List all of the stormwater outfalls from your facility. Each outfall must be identified by a unique 3-digit ID (e.g., 001, 002) or a 4-digit ID. Also provide the latitude and longitude in decimal degrees for each outfall.**

A. Outfall ID * 015

B. Latitude (Decimal Degrees) * + 35.871403

C. Longitude (Decimal Degrees) * - 106.316276

Lookup Receiving Waters Information

(This button will prepopulate the receiving water information associated with your outfall on your form. You may edit the information that is returned if you believe it is incorrect)

Delete Outfall

D. Substantially Identical to Any Outfalls Listed Above? *

(●) Yes ( ) No

E. Substantially identical to outfall ID * 018

If for any reason the Lookup Receiving Water Information button does not prepopulate your form with receiving waters information, you must manually enter the information on your form.

Outfall Section

1. 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. (You may edit the name of the water of the U.S. that was returned if incorrect.) *

MORTANDAD CANYON (WITHIN LANL)

2. Is the receiving water listed as impaired on the 303(d) list and in need of a TMDL? *

(●) Yes ( ) No

4. List the pollutants that are causing the impairment:

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group * METALS (OTHER THAN MERCURY)

Pollutant * Aluminum, total [as Al]

Delete Pollutant

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group * METALS (OTHER THAN MERCURY)

Pollutant * Copper, total [as Cu]

Delete Pollutant

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group * RADIATION

Pollutant * Alpha, total

Delete Pollutant

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group * POLYCHLORINATED BIPHENYLS (PCBS)

Pollutant * Polychlorinated biphenyls [PCBs]

Delete Pollutant

Add Impairment Pollutant Associated with this Waterbody

3. Has a TMDL been completed for this receiving waterbody? *

( ) Yes (●) No

Outfalls

4. **List all of the stormwater outfalls from your facility. Each outfall must be identified by a unique 3-digit ID (e.g., 001, 002) or a 4-digit ID. Also provide the latitude and longitude in decimal degrees for each outfall.**

A. Outfall ID * 016

B. Latitude (Decimal Degrees) * + 35.872553

C. Longitude (Decimal Degrees) * - 106.316810

Lookup Receiving Waters Information

(This button will prepopulate the receiving water information associated with your outfall on your form. You may edit the information that is returned if you believe it is incorrect)

Delete Outfall

D. Substantially Identical to Any Outfalls Listed Above? *

(●) Yes ( ) No

E. Substantially identical to outfall ID * 018

If for any reason the Lookup Receiving Water Information button does not prepopulate your form with receiving waters information, you must manually enter the information on your form.

Outfall Section

1. 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. (You may edit the name of the water of the U.S. that was returned if incorrect.) *

SANDIA CANYON (SIGMA CANYON TO NPDES OUTFALL 001)

2. Is the receiving water listed as impaired on the 303(d) list and in need of a TMDL? *

(●) Yes ( ) No

4. List the pollutants that are causing the impairment:

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group * METALS (OTHER THAN MERCURY)

Pollutant * Aluminum, total [as Al]

Delete Pollutant

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group * METALS (OTHER THAN MERCURY)

Pollutant * Copper, total [as Cu]

Delete Pollutant

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group * METALS (OTHER THAN MERCURY)

Pollutant * Thallium, total [as Tl]

Delete Pollutant

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group * POLYCHLORINATED BIPHENYLS (PCBS)

Pollutant * Polychlorinated biphenyls [PCBs]

Delete Pollutant

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group * RADIATION

Pollutant * Alpha, total

Delete Pollutant

Add Impairment Pollutant Associated with this Waterbody

3. Has a TMDL been completed for this receiving waterbody? *

○ Yes ◉ No

Outfalls

4. **List all of the stormwater outfalls from your facility. Each outfall must be identified by a unique 3-digit ID (e.g., 001, 002) or a 4-digit ID. Also provide the latitude and longitude in decimal degrees for each outfall.**

A. Outfall ID *		B. Latitude (Decimal Degrees) *		C. Longitude (Decimal Degrees) *	
017	+	35.872752	-	106.317329	Lookup Receiving Waters Information / Delete Outfall

(This button will prepopulate the receiving water information associated with your outfall on your form. You may edit the information that is returned if you believe it is incorrect)

D. Substantially Identical to Any Outfalls Listed Above? *

◉ Yes ○ No

E. Substantially identical to outfall ID *

018

If for any reason the Lookup Receiving Water Information button does not prepopulate your form with receiving waters information, you must manually enter the information on your form.

Outfall Section

1. 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. (You may edit the name of the water of the U.S. that was returned if incorrect.) *

SANDIA CANYON (SIGMA CANYON TO NPDES OUTFALL 001)

2. Is the receiving water listed as impaired on the 303(d) list and in need of a TMDL? *

◉ Yes ○ No

4. List the pollutants that are causing the impairment:

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group *	Pollutant *	
METALS (OTHER THAN MERCURY)	Aluminum, total [as Al]	Delete Pollutant

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group *	Pollutant *	
METALS (OTHER THAN MERCURY)	Copper, total [as Cu]	Delete Pollutant

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group *	Pollutant *	
METALS (OTHER THAN MERCURY)	Thallium, total [as Tl]	Delete Pollutant

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group *	Pollutant *	
POLYCHLORINATED BIPHENYLS (PCBS)	Polychlorinated biphenyls [PCBs]	Delete Pollutant

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group *: RADIATION

Pollutant *: Alpha, total

Delete Pollutant

Add Impairment Pollutant Associated with this Waterbody

3. Has a TMDL been completed for this receiving waterbody? *

○ Yes ◉ No

Outfalls

4. **List all of the stormwater outfalls from your facility. Each outfall must be identified by a unique 3-digit ID (e.g., 001, 002) or a 4-digit ID. Also provide the latitude and longitude in decimal degrees for each outfall.**

A. Outfall ID *: 019

B. Latitude (Decimal Degrees) *: + 35.872668

C. Longitude (Decimal Degrees) *: - 106.318428

Lookup Receiving Waters Information

(This button will prepopulate the receiving water information associated with your outfall on your form. You may edit the information that is returned if you believe it is incorrect)

Delete Outfall

D. Substantially Identical to Any Outfalls Listed Above? *

◉ Yes ○ No

E. Substantially identical to outfall ID *: 018

If for any reason the Lookup Receiving Water Information button does not prepopulate your form with receiving waters information, you must manually enter the information on your form.

Outfall Section

1. 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.
(You may edit the name of the water of the U.S. that was returned if incorrect.) *

SANDIA CANYON (SIGMA CANYON TO NPDES OUTFALL 001)

2. Is the receiving water listed as impaired on the 303(d) list and in need of a TMDL? *

◉ Yes ○ No

4. List the pollutants that are causing the impairment:

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group *: METALS (OTHER THAN MERCURY)

Pollutant *: Aluminum, total [as Al]

Delete Pollutant

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group *: METALS (OTHER THAN MERCURY)

Pollutant *: Copper, total [as Cu]

Delete Pollutant

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group *: POLYCHLORINATED BIPHENYLS (PCBS)

Pollutant *: Polychlorinated biphenyls [PCBs]

Delete Pollutant

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group *: METALS (OTHER THAN MERCURY)

Pollutant *: Thallium, total [as Tl]

Delete Pollutant

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group *: RADIATION

Pollutant *: Alpha, total

Delete Pollutant

Add Impairment Pollutant Associated with this Waterbody

3. Has a TMDL been completed for this receiving waterbody? *

( ) Yes (•) No

Outfalls

4. **List all of the stormwater outfalls from your facility. Each outfall must be identified by a unique 3-digit ID (e.g., 001, 002) or a 4-digit ID. Also provide the latitude and longitude in decimal degrees for each outfall.**

A. Outfall ID *: 051

B. Latitude (Decimal Degrees) *: + 35.830145

C. Longitude (Decimal Degrees) *: - 106.242675

Lookup Receiving Waters Information

(This button will prepopulate the receiving water information associated with your outfall on your form. You may edit the information that is returned if you believe it is incorrect)

Delete Outfall

D. Substantially Identical to Any Outfalls Listed Above? *

( ) Yes (•) No

If for any reason the Lookup Receiving Water Information button does not prepopulate your form with receiving waters information, you must manually enter the information on your form.

Outfall Section

1. 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. (You may edit the name of the water of the U.S. that was returned if incorrect.) *

PAJARITO CANYON (IN LANL BELOW ARROYO DE LA DELFE)

2. Is the receiving water listed as impaired on the 303(d) list and in need of a TMDL? *

(•) Yes ( ) No

4. List the pollutants that are causing the impairment:

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group *: METALS (OTHER THAN MERCURY)

Pollutant *: Aluminum, total [as Al]

Delete Pollutant

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group *: METALS (OTHER THAN MERCURY)

Pollutant *: Copper, total [as Cu]

Delete Pollutant

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group *	Pollutant *	
POLYCHLORINATED BIPHENYLS (PCBS)	Polychlorinated biphenyls [PCBs]	Delete Pollutant

Add Impairment Pollutant Associated with this Waterbody

3. Has a TMDL been completed for this receiving waterbody? *

( ) Yes (•) No

Outfalls

4. **List all of the stormwater outfalls from your facility. Each outfall must be identified by a unique 3-digit ID (e.g., 001, 002) or a 4-digit ID. Also provide the latitude and longitude in decimal degrees for each outfall.**

A. Outfall ID *		B. Latitude (Decimal Degrees) *		C. Longitude (Decimal Degrees) *	
072	+	35.832885	-	106.239443	Lookup Receiving Waters Information

(This button will prepopulate the receiving water information associated with your outfall on your form. You may edit the information that is returned if you believe it is incorrect)

Delete Outfall

D. Substantially Identical to Any Outfalls Listed Above? *

( ) Yes (•) No

If for any reason the Lookup Receiving Water Information button does not prepopulate your form with receiving waters information, you must manually enter the information on your form.

Outfall Section

1. 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.
(You may edit the name of the water of the U.S. that was returned if incorrect.) *

CANADA DEL BUEY (WITHIN LANL)

2. Is the receiving water listed as impaired on the 303(d) list and in need of a TMDL? *

(•) Yes ( ) No

4. List the pollutants that are causing the impairment:

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group *	Pollutant *	
METALS (OTHER THAN MERCURY)	Aluminum, total [as Al]	Delete Pollutant

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group *	Pollutant *	
POLYCHLORINATED BIPHENYLS (PCBS)	Polychlorinated biphenyls [PCBs]	Delete Pollutant

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group *	Pollutant *	
RADIATION	Alpha, total	Delete Pollutant

Add Impairment Pollutant Associated with this Waterbody

3. Has a TMDL been completed for this receiving waterbody? *

○ Yes ◉ No

Outfalls

4. **List all of the stormwater outfalls from your facility. Each outfall must be identified by a unique 3-digit ID (e.g., 001, 002) or a 4-digit ID. Also provide the latitude and longitude in decimal degrees for each outfall.**

A. Outfall ID *		B. Latitude (Decimal Degrees) *		C. Longitude (Decimal Degrees) *	
020	+	35.872251	-	106.316273	Lookup Receiving Waters Information

(This button will prepopulate the receiving water information associated with your outfall on your form. You may edit the information that is returned if you believe it is incorrect)

Delete Outfall

D. Substantially Identical to Any Outfalls Listed Above? *

○ Yes ◉ No

If for any reason the Lookup Receiving Water Information button does not prepopulate your form with receiving waters information, you must manually enter the information on your form.

Outfall Section

1. 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. (You may edit the name of the water of the U.S. that was returned if incorrect.) *

SANDIA CANYON (SIGMA CANYON TO NPDES OUTFALL 001)

2. Is the receiving water listed as impaired on the 303(d) list and in need of a TMDL? *

◉ Yes ○ No

4. List the pollutants that are causing the impairment:

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group *	Pollutant *	
METALS (OTHER THAN MERCURY)	Aluminum, total [as Al]	Delete Pollutant

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group *	Pollutant *	
METALS (OTHER THAN MERCURY)	Copper, total [as Cu]	Delete Pollutant

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group *	Pollutant *	
METALS (OTHER THAN MERCURY)	Thallium, total [as Tl]	Delete Pollutant

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group *	Pollutant *	
POLYCHLORINATED BIPHENYLS (PCBS)	Polychlorinated biphenyls [PCBs]	Delete Pollutant

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group *	Pollutant *	
RADIATION	Alpha, total	Delete Pollutant

Add Impairment Pollutant Associated with this Waterbody

3. Has a TMDL been completed for this receiving waterbody? *

○ Yes ◉ No

Add Another Outfall

Provide the following information about your outfall latitude longitude.

5. Latitude/Longitude Data Source *	6. Horizontal Reference Datum
GPS	NAD83

7. Does your facility discharge into a Municipal Separate Storm Sewer System (MS4)? *

○ Yes ◉ No

8. Do 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) (See Appendix L)? *

○ Yes ◉ No

D: Stormwater Pollution Prevention Plan (SWPPP) Information

SWPPP Contact Information

1. First Name *	2. Middle Initial	3. Last Name *	4. Professional Title *
Holly		Wheeler	Environmental Professional

5. Phone (10-digits, No dashes) *	6. Extension	7. E-Mail *
5056671312		hbenson@lanl.gov

8. 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 *

eprr.lanl.gov

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

E: 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? *

Criterion D – A separate ESA section 7 consultation has been completed

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.

You must attach copies of any letters or other communications with the U.S. Fish and Wildlife Service or National Marine Fisheries Service on the attachments screen after you click "Submit Now"

F: Historic Preservation

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

(●) Yes ( ) No

1a. 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 1.1.4.7 are you eligible for coverage under this permit *

Criterion B - Subsurface stormwater controls will not affect historic properties

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)

Certifier E-Mail *

ADORRIES@LANL.GOV

Form Action *

Approve

Los Alamos
NATIONAL LABORATORY
EST. 1943

Environment Safety & Health
PO Box 1663, MS K491
Los Alamos, New Mexico 87545
(505) 667-4218/Fax (505) 665-3811

Date: MAR 2 2 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 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 Arnswald, 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, (E-File)
locatesteam@lanl.gov, (E-File)
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 2 2 2016

NPDES FORM 3510-6	EPA	UNITED STATES ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, DC 20460 NOTICE OF INTENT (NOI) FOR STORMWATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITY UNDER THE NPDES MULTI-SECTOR GENERAL PERMIT	Form Approved. OMB No. 2040-0004

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: Nasim Jahan

Date approval obtained: 02/09/2016

* **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/polwaste/npdes/stormwater/Stormwater-eNOI-System-for-EPAs-MultiSector-General-Permit.cfm**

B. Permit Information

NPDES ID (EPA Use Only): NMR053195

1. Master Permit Number: NMR05000 (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: NMR05GB21

C. Facility Operator Information

1. Operator Information:

Operator Name: Los Alamos National Security LLC

Mailing Address:

Street: PO Box 1663

City: Los Alamos State: NM ZIP Code: 87545-

County or Similar Government Subdivision: Los Alamos

Phone: 505-665-2397 Ext.

E-mail: tlemke@lanl.gov

2. Operator Point of Contact Information:

First Name, Middle Initial, Last Name: Terrill W Lemke

Title: Environmental Manager

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

First Name, Middle Initial, Last Name: Holly L Wheeler

Organization: Los Alamos National Security LLC

Phone: 505-667-1312 Ext.

E-mail: hbenson@lanl.gov

D. Facility Information

1. Facility Name: Los Alamos National Laboratory

2. Facility Address:

Street/Location: PO Box 1663

City: Los Alamos State: NM ZIP Code: 87545-

County or Similar Government Subdivision: Los Alamos

3. Latitude/Longitude for the facility:

Latitude: 35.872777° N (decimal degrees) Longitude: 106.321127° 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: 3449 OR **Primary Activity Code:**

Sector: AA **Subsector:** AA1

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

Sector: P **Subsector:** P1 **Sector:** K **Subsector:** K1 **Sector:** A **Subsector:** A4 **Sector:** D **Subsector:** D1

Sector: O **Subsector:** O1 **Sector:** F **Subsector:** F4 **Sector:** N **Subsector:** N2 **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	☐
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	☐
Part 423	Coal pile runoff at steam electric generating facilities	O	11/19/1982 10/8/1974[1]	☐
Part 429, Subpart I	Discharges resulting from spray down or intentional wetting of logs at wet deck storage areas	A	1/26/1981	☐
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	☐
Part 443, Subpart A	Runoff from asphalt emulsion facilities	D	7/28/1975	☒
Part 445, Subparts A & B	Runoff from hazardous waste and non-hazardous waste landfills	K, L	2/2/2000	☐
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	☐

[1]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 **Pollutant(s) for which there is a TMDL:** N/A
Latitude	35.873919			
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 **Pollutant(s) for which there is a TMDL:** N/A
Latitude	35.874011			
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 **Pollutant(s) for which there is a TMDL:** N/A
Latitude	35.874843			
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 **Pollutant(s) for which there is a TMDL:** N/A
Latitude	35.874014			
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 **Pollutant(s) for which there is a TMDL:** N/A
Latitude	35.874617			
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 **Pollutant(s) for which there is a TMDL:** N/A
Latitude	35.875402			
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 **Pollutant(s) for which there is a TMDL:** N/A
Latitude	35.875532			
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 **Pollutant(s) for which there is a TMDL:** N/A
Latitude	35.875563			
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 **Pollutant(s) for which there is a TMDL:** N/A
Latitude	35.872834			
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 **Pollutant(s) for which there is a TMDL:** N/A
Latitude	35.870797			
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 **Pollutant(s) for which there is a TMDL:** N/A
Latitude	35.870890			
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 **Pollutant(s) for which there is a TMDL:** N/A
Latitude	35.871389			
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 Pollutant(s) for which there is a TMDL: N/A
Latitude	35.872447			
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 Pollutant(s) for which there is a TMDL: N/A
Latitude	35.872599			
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 Pollutant(s) for which there is a TMDL: N/A
Latitude	35.872682			
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 Pollutant(s) for which there is a TMDL: N/A
Latitude	35.872240			
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 **Pollutant(s) for which there is a TMDL:** N/A
Latitude	35.872661			
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 **Pollutant(s) for which there is a TMDL:** N/A
Latitude	35.872514			
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 **Pollutant(s) for which there is a TMDL:** N/A
Latitude	35.873193			
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 **Pollutant(s) for which there is a TMDL:** N/A
Latitude	35.873046			
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 Pollutant(s) for which there is a TMDL: N/A
Latitude	35.872928			
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 Pollutant(s) for which there is a TMDL: N/A
Latitude	35.872114			
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 Pollutant(s) for which there is a TMDL: N/A
Latitude	35.872401			
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 Pollutant(s) for which there is a TMDL: N/A
Latitude	35.872505			
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 Pollutant(s) for which there is a TMDL: N/A
Latitude	35.873969			
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 Pollutant(s) for which there is a TMDL: N/A
Latitude	35.869227			
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 Pollutant(s) for which there is a TMDL: N/A
Latitude	35.869325			
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 Pollutant(s) for which there is a TMDL: N/A
Latitude	35.870741			
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 **Pollutant(s) for which there is a TMDL:** N/A
Latitude	35.870712			
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 **Pollutant(s) for which there is a TMDL:** N/A
Latitude	35.870603			
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 **Pollutant(s) for which there is a TMDL:** N/A
Latitude	35.870474			
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 **Pollutant(s) for which there is a TMDL:** N/A
Latitude	35.867825			
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 **Pollutant(s) for which there is a TMDL:** N/A
Latitude	35.867859			
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 **Pollutant(s) for which there is a TMDL:** N/A
Latitude	35.867826			
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 **Pollutant(s) for which there is a TMDL:** N/A
Latitude	35.867855			
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 **Pollutant(s) for which there is a TMDL:** N/A
Latitude	35.867839			
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 Pollutant(s) for which there is a TMDL: N/A
Latitude	35.867047			
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 Pollutant(s) for which there is a TMDL: N/A
Latitude	35.866377			
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 Pollutant(s) for which there is a TMDL: N/A
Latitude	35.866084			
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 Pollutant(s) for which there is a TMDL: N/A
Latitude	35.844895			
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 Pollutant(s) for which there is a TMDL: N/A
Latitude	35.874819			
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 Pollutant(s) for which there is a TMDL: N/A
Latitude	35.875034			
Longitude	-106.327328			
If substantially identical to other outfall, list identical outfall ID: 073				
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 Pollutant(s) for which there is a TMDL: N/A
Latitude	35.871154			
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 Muncipal 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 to 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: Holly L Wheeler

Professional Title: Environmental Professional

Phone: 505-667-1312 Ext.

E-mail: hbenson@lanl.gov

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: eprr.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 affects 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: ☐☐☐☐☐☐☐☐☐

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":

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 affects on listed species and critical habitat.

Date your *Criterion C Eligibilty Form* was sent to EPA: ☐☐/☐☐/☐☐☐☐

Describe any EPA-approved measures you will implement to ensure no likely adverse affects 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 affects 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: John P McCann

Title: Division Leader

Signature: [signature] Date: 03/22/2016

E-mail: jmccann@ian1.gov

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 From 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/polwaste/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/polwaste/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/mb/audio/bickel/DDDMMSS-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 stormwaterto 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 (viii); 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.

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.S 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 overage 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 the 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 From 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-EPAs-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 2 2 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-108

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 <u>may affect, but is not likely to adversely affect</u> 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 <u>no effect</u> 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 automobile 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 <u>may affect, but is not likely to adversely affect</u> 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

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-I-336. If we can be of further assistance, please contact Carol Torrez of my staff at (505) 346-2525, ext. 115.

Sincerely,

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, 35th 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,

for 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/

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.

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

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 2 2 2016

Los Alamos
NATIONAL LABORATORY
EST. 1943

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

Date: OCT 2 9 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.

  - 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.

- 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.

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 Arnswald, LASO-NS-PI, (E-File)
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Craig Leasure, PADOPS, (E-File)
Amy E. De Palma, PADOPS, (E-File)
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ENCLOSURE 4

Industrial Sites and Outfalls by Sector

ADESH-16-045

LA-UR-16-21721

Date: MAR 2 2 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

Environmental Protection & Compliance
Los Alamos National Laboratory
PO Box 1663, K490
Los Alamos, New Mexico 87545
(505) 667-0666

Date: **APR 2 3 2018**
Symbol: EPC-DO: 18-165
LA-UR: 18-23181
Locates Action No.: *N/A*

Helen Nguyen
NetDMR & ICIS-NPDES Coordinator
Surface Water Compliance Section (6EN-WC)
U.S. EPA, Region 6
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) Change Notice of Intent (Change NOI) Reporting Pursuant to Part 7.4

Dear Ms. Nguyen:

The purpose of this letter is to submit Change NOI information to modify outfall and monitoring requirements related to MSGP Permit Tracking No. NMR053195. Due to system limitations, Los Alamos National Security (LANS) was previously unable to submit a complete and accurate NOI using the MSGP NeT reporting tool, and was granted a waiver to submit paper NOI forms by Nasim Jahan on February 9, 2016. As LANS submitted a paper NOI, subsequent Change NOIs or Notice of Termination (NOTs) must also be submitted via the paper form.

Additionally, pursuant to MSGP Part 9.6.2, Permittees in New Mexico must also comply with benchmark values that are modified to reflect New Mexico water quality standards based on the Standards for Interstate and Intrastate Surface Waters (20.6.4.900 NMAC). These modified benchmarks, as well as New Mexico impaired waters standards, are currently not incorporated into the electronic reporting tools so as to automatically populate correct monitoring requirements in NetDMR. EPA R6 is aware of this issue and has previously assisted in the resolution of LANS' limit sets in NetDMR. Per discussion during our meeting on March 29, 2018, LANS is requesting the assistance of EPA R6 to facilitate implementation of the enclosed Change NOI to ensure assignment of the correct monitoring requirements in NetDMR. The Change NOI is included in Enclosure 1; correct limit sets for new monitored outfall 017 are included in Enclosure 2. The Change NOI needs to be implemented no later than the end of LANS' monitoring period 1, May 31, 2018, to allow accurate reporting in NetDMR by the DMR due date of July 30, 2018.

Your assistance is appreciated as LANS is committed to maintaining compliance with the MSGP requirements. If you have any questions, please contact Terrill Lemke (505) 665-2397 or Leslie Dale (505) 606-2371.

Sincerely,

Taunia S. Van Valkenburg
Group Leader
Environmental Compliance Programs
Los Alamos National Security, LLC

TSV:TWL:LJD:eim

Enclosures: 1) Change NOI for MSGP Permit Tracking No. NMR053195
2) Limit Sets to Assign to Monitored Outfall 017 in NetDMR for Permit Tracking No. NMR053195

Copy: Karen E. Armijo, NA-LA, (E-File)
Timothy A. Dolan, LC-ESH, (E-File)
William R. Mairson, ADESH, (E-File)
Benjamine B. Roberts, EPC-DO, (E-File)
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ENCLOSURE 1

Change NOI for MSGP Permit Tracking No. NMR053195

EPC-DO: 18-165

LA-UR-18-23181

Date: APR 2 3 2018

NPDES FORM 3510-6	EPA	UNITED STATES ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, DC 20460 NOTICE OF INTENT (NOI) FOR STORMWATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITY UNDER THE NPDES MULTI-SECTOR GENERAL PERMIT	Form Approved. OMB No. 2040-0004

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: Nasim Jahan

Date approval obtained: 02/09/2016

Note: This form is submitting Change NOI information. Modified items/sections are highlighted.

* **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/polwaste/npdes/stormwater/Stormwater-eNOI-System-for-EPAs-MultiSector-General-Permit.cfm**

B. Permit Information

NPDES ID (EPA Use Only): NMR053195

1. Master Permit Number: _____ (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: _____

C. Facility Operator Information

1. Operator Information:

Operator Name: _____

Mailing Address:

Street: _____

City: _____ State: ___ ZIP Code: _____-____

County or Similar Government Subdivision: _____

Phone: ___-___-____ Ext. ____

E-mail: _____

2. Operator Point of Contact Information:

First Name, Middle Initial, Last Name: _____ ___ _____

Title: _____

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

First Name, Middle Initial, Last Name: _____ ___ _____

Organization: _____

Phone: ___-___-____ Ext. ____

E-mail: _____

D. Facility Information

1. Facility Name:

2. Facility Address:

Street/Location:

City: State: ZIP Code: -

County or Similar Government Subdivision:

3. Latitude/Longitude for the facility:

Latitude: ___.___ ___ ___° N (decimal degrees) Longitude: ___ ___ ___ ___° 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: 125.25 (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: OR **Primary Activity Code:**

Sector: **Subsector:**

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

Sector: **Subsector:** **Sector:** **Subsector:** **Sector:** **Subsector:**

Sector: **Subsector:** **Sector:** **Subsector:** **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	☐
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	☐
Part 423	Coal pile runoff at steam electric generating facilities	O	11/19/1982 10/8/1974[1]	☐
Part 429, Subpart I	Discharges resulting from spray down or intentional wetting of logs at wet deck storage areas	A	1/26/1981	☐
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	☐
Part 443, Subpart A	Runoff from asphalt emulsion facilities	D	7/28/1975	☐
Part 445, Subparts A & B	Runoff from hazardous waste and non-hazardous waste landfills	K, L	2/2/2000	☐
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	☐

[1]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	018 (Sector AA, F)	Sandia Canyon (Sigma Canyon to NPDES outfall 001) Note: Remove Outfall 018. Outfall no longer exists and was replaced by Outfall 017 as the monitored outfall effective December 17, 2016.	01040 Copper, dissolved [as Cu]; 01057 Thallium, dissolved [as Tl]; 01104 Aluminum, total recoverable; 39516 Polychlorinated biphenyls [PCBs]; 51931 Alpha, gross adjusted	**TMDL Name and ID:** N/A **Pollutant(s) for which there is a TMDL:** N/A
Latitude	35.872834			
Longitude	-106.317653			
Outfall ID	017 (Sector AA, F)	Sandia Canyon (Sigma Canyon to NPDES outfall 001) Note: Change Outfall 017 from an SIO to a monitored outfall. Outfall 017 replaced Outfall 018 as the monitored outfall effective December 17, 2016 and is associated with the SIOs listed below. In ICIS, please assign the limit sets provided in Enclosure 2 of this submittal.	01040 Copper, dissolved [as Cu]; 01057 Thallium, dissolved [as Tl]; 01104 Aluminum, total recoverable; 39516 Polychlorinated biphenyls [PCBs]; 51931 Alpha, gross adjusted	**TMDL Name and ID:** N/A **Pollutant(s) for which there is a TMDL:** N/A
Latitude	35.872599			
Longitude	-106.317066			

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

Outfall ID	013 (Sector AA, F)	Mortandad Canyon (Within LANL)	01040 Copper, dissolved [as Cu]; 01104 Aluminum, total recoverable; 39516 Polychlorinated biphenyls [PCBs]; 51931 Alpha, gross adjusted	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: 017				
Outfall ID	014 (Sector AA, F)	Mortandad Canyon (Within LANL)	01040 Copper, dissolved [as Cu]; 01104 Aluminum, total recoverable; 39516 Polychlorinated biphenyls [PCBs]; 51931 Alpha, gross adjusted	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: 017				
Outfall ID	015 (Sector AA, F)	Mortandad Canyon (Within LANL)	01040 Copper, dissolved [as Cu]; 01104 Aluminum, total recoverable; 39516 Polychlorinated biphenyls [PCBs]; 51931 Alpha, gross adjusted	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: 017				
Outfall ID	016 (Sector AA, F)	Sandia Canyon (Sigma Canyon to NPDES outfall 001)	01040 Copper, dissolved [as Cu]; 01057 Thallium, dissolved [as Tl]; 01104 Aluminum, total recoverable; 39516 Polychlorinated biphenyls [PCBs]; 51931 Alpha, gross adjusted	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: 017				

Outfall ID	019 (Sector AA, F)	Sandia Canyon (Sigma Canyon to NPDES outfall 001)	01040 Copper, dissolved [as Cu]; 01057 Thallium, dissolved [as Tl]; 01104 Aluminum, total recoverable; 39516 Polychlorinated biphenyls [PCBs]; 51931 Alpha, gross adjusted	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: 017				
Outfall ID	004 (Sector AA)	Two Mile Canyon (Pajarito to headwaters)	01104 Aluminum, total recoverable; 39516 Polychlorinated biphenyls [PCBs]; 51931 Alpha, gross adjusted	TMDL Name and ID: N/A
Latitude	35.8714131	Note: Remove Outfall 004. Site achieved No Exposure status effective July 17, 2017.		Pollutant(s) for which there is a TMDL: N/A
Longitude	-106.323832			
If substantially identical to other outfall, list identical outfall ID:				
Outfall ID	047 (Sector K)	Canada del Buey (within LANL)	01104 Aluminum, total recoverable; 39516 Polychlorinated biphenyls [PCBs]; 51931 Alpha, gross adjusted	TMDL Name and ID: N/A
Latitude	35.844895	Note: Remove Outfall 047 and associated SIOs listed below. Site achieved No Exposure status effective March 20, 2018.		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 (Sector K)	Canada del Buey (within LANL)	01104 Aluminum, total recoverable; 39516 Polychlorinated biphenyls [PCBs]; 51931 Alpha, gross adjusted	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 (Sector K)	Canada del Buey (within LANL)	01104 Aluminum, total recoverable; 39516 Polychlorinated biphenyls [PCBs]; 51931 Alpha, gross adjusted	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 (Sector K)	Canada del Buey (within LANL)	01104 Aluminum, total recoverable; 39516 Polychlorinated biphenyls [PCBs]; 51931 Alpha, gross adjusted	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 (Sector K)	Canada del Buey (within LANL)	01104 Aluminum, total recoverable; 39516 Polychlorinated biphenyls [PCBs]; 51931 Alpha, gross adjusted	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				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 Muncipal Separate Storm Sewer System (MS4)? ☐ YES ☐ NO

If yes, provide the name of the MS4 operator: _____

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)?

_____ (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 to 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: _____ _____

Professional Title: _____

Phone: ___ - ___ - ____ Ext. ____

E-mail: _____

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: _____

☐ **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 affects 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):

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

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":

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 affects on listed species and critical habitat.

Date your *Criterion C Eligibilty Form* was sent to EPA: ☐☐/☐☐/☐☐☐☐

Describe any EPA-approved measures you will implement to ensure no likely adverse affects 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 affects 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:_____

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: Benjamine B Roberts

Title: Division Leader

Signature: [signature] Date: 04/04/2018

E-mail: bbroberts@lanl.gov

ENCLOSURE 2

Limit Sets to Assign to Monitored Outfall 017 in NetDMR for Permit Tracking No. NMR053195

EPC-DO: 18-165

LA-UR-18-23181

Date: APR 2 3 2018

Limit Sets to Assign to Monitored Outfall 017 in NetDMR

Permit ID	Facility	Permitted Feature	Discharge #	Discharge Description	Parameter Code	Parameter Name	Symbol	Quality Value	Limit Type	Units	Freq. of Analysis	Smpl. Type	Monitoring Period Begin Date	Monitoring Period End Date	DMR Due Date
NMR053195	TA-3-66 Sigma Complex	017	017-11	11- Fabricated Metal Products, except Coating	01045 1 0	Iron, total [as Fe]	<=	1000	Maximum	ug/L	1/60	Gr	4/1	5/31	7/31
NMR053195	TA-3-66 Sigma Complex	017	017-11	11- Fabricated Metal Products, except Coating	01104 1 0	Aluminum, total recoverable [as Al]	<=	681	Maximum	ug/L	1/60	Gr	4/1	5/31	7/31
NMR053195	TA-3-66 Sigma Complex	017	017-11	11- Fabricated Metal Products, except Coating	51450 1 0	Nitrite Plus Nitrate Total	<=	0.68	Maximum	mg/L	1/60	Gr	4/1	5/31	7/31
NMR053195	TA-3-66 Sigma Complex	017	017-11	UC - Copper: Water Hardness 50-74.99 mg/L	01040 1 0	Copper, dissolved [as Cu]	<=	6	Maximum	ug/L	1/60	Gr	4/1	5/31	7/31
NMR053195	TA-3-66 Sigma Complex	017	017-11	ZC - Zinc: Water Hardness 50-74.99 mg/L	01090 1 0	Zinc, dissolved [as Zn]	<=	76	Maximum	ug/L	1/60	Gr	4/1	5/31	7/31
NMR053195	TA-3-66 Sigma Complex	017	017-11	11- Fabricated Metal Products, except Coating	01045 1 0	Iron, total [as Fe]	<=	1000	Maximum	ug/L	1/60	Gr	6/1	7/31	9/30
NMR053195	TA-3-66 Sigma Complex	017	017-11	11- Fabricated Metal Products, except Coating	01104 1 0	Aluminum, total recoverable [as Al]	<=	681	Maximum	ug/L	1/60	Gr	6/1	7/31	9/30
NMR053195	TA-3-66 Sigma Complex	017	017-11	11- Fabricated Metal Products, except Coating	51450 1 0	Nitrite Plus Nitrate Total	<=	0.68	Maximum	mg/L	1/60	Gr	6/1	7/31	9/30
NMR053195	TA-3-66 Sigma Complex	017	017-11	UC - Copper: Water Hardness 50-74.99 mg/L	01040 1 0	Copper, dissolved [as Cu]	<=	6	Maximum	ug/L	1/60	Gr	6/1	7/31	9/30
NMR053195	TA-3-66 Sigma Complex	017	017-11	ZC - Zinc: Water Hardness 50-74.99 mg/L	01090 1 0	Zinc, dissolved [as Zn]	<=	76	Maximum	ug/L	1/60	Gr	6/1	7/31	9/30
NMR053195	TA-3-66 Sigma Complex	017	017-11	11- Fabricated Metal Products, except Coating	01045 1 0	Iron, total [as Fe]	<=	1000	Maximum	ug/L	1/60	Gr	8/1	9/30	11/30
NMR053195	TA-3-66 Sigma Complex	017	017-11	11- Fabricated Metal Products, except Coating	01104 1 0	Aluminum, total recoverable [as Al]	<=	681	Maximum	ug/L	1/60	Gr	8/1	9/30	11/30
NMR053195	TA-3-66 Sigma Complex	017	017-11	11- Fabricated Metal Products, except Coating	51450 1 0	Nitrite Plus Nitrate Total	<=	0.68	Maximum	mg/L	1/60	Gr	8/1	9/30	11/30
NMR053195	TA-3-66 Sigma Complex	017	017-11	UC - Copper: Water Hardness 50-74.99 mg/L	01040 1 0	Copper, dissolved [as Cu]	<=	6	Maximum	ug/L	1/60	Gr	8/1	9/30	11/30
NMR053195	TA-3-66 Sigma Complex	017	017-11	ZC - Zinc: Water Hardness 50-74.99 mg/L	01090 1 0	Zinc, dissolved [as Zn]	<=	76	Maximum	ug/L	1/60	Gr	8/1	9/30	11/30
NMR053195	TA-3-66 Sigma Complex	017	017-11	11- Fabricated Metal Products, except Coating	01045 1 0	Iron, total [as Fe]	<=	1000	Maximum	ug/L	1/60	Gr	10/1	11/30	1/31
NMR053195	TA-3-66 Sigma Complex	017	017-11	11- Fabricated Metal Products, except Coating	01104 1 0	Aluminum, total recoverable [as Al]	<=	681	Maximum	ug/L	1/60	Gr	10/1	11/30	1/31
NMR053195	TA-3-66 Sigma Complex	017	017-11	11- Fabricated Metal Products, except Coating	51450 1 0	Nitrite Plus Nitrate Total	<=	0.68	Maximum	mg/L	1/60	Gr	10/1	11/30	1/31
NMR053195	TA-3-66 Sigma Complex	017	017-11	UC - Copper: Water Hardness 50-74.99 mg/L	01040 1 0	Copper, dissolved [as Cu]	<=	6	Maximum	ug/L	1/60	Gr	10/1	11/30	1/31
NMR053195	TA-3-66 Sigma Complex	017	017-11	ZC - Zinc: Water Hardness 50-74.99 mg/L	01090 1 0	Zinc, dissolved [as Zn]	<=	76	Maximum	ug/L	1/60	Gr	10/1	11/30	1/31
NMR053195	TA-3-66 Sigma Complex	017	017-IW	IW - Impaired Water	01040 1 0	Copper, dissolved [as Cu]	<=	6	Maximum	ug/L	1/YR	Gr	4/1	11/30	1/31
NMR053195	TA-3-66 Sigma Complex	017	017-IW	IW - Impaired Water	01057 1 0	Thallium, dissolved [as Tl]	<=	0.47	Maximum	ug/L	1/YR	Gr	4/1	11/30	1/31
NMR053195	TA-3-66 Sigma Complex	017	017-IW	IW - Impaired Water	01104 1 0	Aluminum, total recoverable [as Al]	<=	681	Maximum	ug/L	1/YR	Gr	4/1	11/30	1/31
NMR053195	TA-3-66 Sigma Complex	017	017-IW	IW - Impaired Water	51931 1 0	Adjusted Gross Alpha	<=	15	Maximum	pCi/L	1/YR	Gr	4/1	11/30	1/31
NMR053195	TA-3-66 Sigma Complex	017	017-IW	IW - Impaired Water	39516 1 0	Polychlorinated biphenyls [PCBs]	<=	0.2	Maximum	ug/L	1/YR	Gr	4/1	11/30	1/31

U.S. ENVIRONMENTAL PROTECTION AGENCY (EPA)
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
EPA's NPDES EREPORTING HELP DESK

05/11/2018

Los Alamos National Laboratory
ATTN: Benjamine B Roberts
PO Box 1663
Los Alamos, NM 87545

Facility: Los Alamos National Laboratory
PO Box 1663
Los Alamos, NM 87545

NPDES ID: **NMR053195**

Dear Benjamine B Roberts:

This letter acknowledges that you have submitted a complete Multi Sector General Permit NOI **Modification** form. It has been processed and the information you provided has been updated in EPA's database.

If you have other questions concerning the stormwater program, please contact EPA Region 06:

Name: Nasim Jahan
Phone: (214) 665-7522
Email: jahan.nasim@epa.gov

If you have any questions regarding this letter, please call the EPA NPDES eReporting Help Desk at 1-877-227-8965 (toll free) or send an email to NPDESeReporting@epa.gov.

EPA NPDES eReporting Help Desk
Operated by Avanti Corporation
1200 Pennsylvania Ave., NW
Mail Code: 4203M
Washington, DC 20460
1-877-227-8965

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United States
Environmental Protection Agency
Washington, DC 20460

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07 JUN 2018 PM 2 L

USA FOREVER

(4203M)

LOS ALAMOS NATIONAL LABORATORY
ATTN: BENJAMINE B ROBERTS
PO BOX 1663
LOS ALAMOS, NM 87545

K491

87545-

Environmental Protection & Compliance
Los Alamos National Laboratory
PO Box 1663, K490
Los Alamos, New Mexico 87545
(505) 667-0666

Date: JUL 10 2018
Symbol: EPC-DO: 18-223
LA-UR: 18-25473
Locates Action No.: *N/A*

Stormwater Notice Processing Center
William Jefferson Clinton East Building – Room 7420
ATTN: 2015 MSGP
U.S. Environmental Protection Agency
1201 Constitution Avenue, NW
Washington, DC 20004

Subject: National Pollutant Discharge Elimination System (NPDES) Permit Tracking No. NMR053195, Multi-Sector General Permit (MSGP) Change Notice of Intent (Change NOI) Reporting Pursuant to Part 7.4

To Whom It May Concern:

The purpose of this letter is to submit Change NOI information to remove outfall and monitoring requirements related to MSGP Permit Tracking No. NMR053195. Due to system limitations, Los Alamos National Security (LANS) was previously unable to submit a complete and accurate NOI using the MSGP NeT reporting tool, and was granted a waiver to submit paper NOI forms by Nasim Jahan (EPA Region 6) on February 9, 2016. As LANS submitted a paper NOI, subsequent Change NOIs must also be submitted on the paper form.

Pursuant to MSGP Part B.12.C, three industrial sites within the Los Alamos National Laboratory complex that were formerly managed by LANS have been transferred to a new operator, N3B-Los Alamos, effective April 30, 2018. As such, LANS is submitting a Change NOI to remove these sites from coverage under NPDES Tracking No. NMR035195. Per direction from EPA Region 6 staff on March 29, 2018, LANS is not submitting a Notice of Termination because LANS will continue to manage nine active MSGP industrial facilities under NPDES Tracking No. NMR035195. LANS' required 2018 NetDMR reporting for these three sites is complete. The Change NOI is included as Enclosure 1, and needs to be implemented upon receipt to remove all future "Ready for Data Entry" Discharge Monitoring Reports associated with benchmark and impaired water limit sets at these sites.

Your assistance is appreciated as LANS is committed to maintaining compliance with the MSGP requirements. If you have any questions, please contact Terrill Lemke (505) 665-2397 or Leslie Dale (505) 606-2371.

Sincerely,

Taunia S. Van Valkenburg
Group Leader

TSV:TWL:LJD:cmh

Enclosure: 1) Change NOI for MSGP Permit Tracking No. NMR053195

Copy: Nasim Jahan, EPA Region 6, (E-File),
Helen Nguyen, EPA Region 6, (E-File),
Karen E. Armijo, NA-LA, (E-File)
Timothy A. Dolan, LC-ESH, (E-File)
William R. Mairson, ADESH, (E-File)
Enrique Torres, EPC-DO, (E-File)
Taunia S. Van Valkenburg, EPC-CP, (E-File)
Terrill W. Lemke, EPC-CP (E-File)
Holly L. Wheeler, EPC-CP (E-File)
Leslie J. Dale, EPC-CP (E-File)
Celina M. Huerta, EPC-CP, (E-File)
locatestream@lanl.gov (E-File)
adesh-records@lanl.gov. (E-File)
epc-correspondence@lanl.gov, (E-File)

ENCLOSURE 1

Change NOI for MSGP Permit Tracking No. NMR053195

EPC-DO: 18-223

LA-UR-18-25473

Date: JUL 10 2018

NPDES FORM 3510-6	EPA	UNITED STATES ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, DC 20460 NOTICE OF INTENT (NOI) FOR STORMWATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITY UNDER THE NPDES MULTI-SECTOR GENERAL PERMIT	Form Approved. OMB No. 2040-0004

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: Nasim Jahan

Date approval obtained: 02 / 09 / 2016

Note: This form is submitting Change NOI information. Modified items/sections are highlighted.

* **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/polwaste/npdes/stormwater/Stormwater-eNOI-System-for-EPAs-MultiSector-General-Permit.cfm**

B. Permit Information

NPDES ID (EPA Use Only): NMR0531 95

1. Master Permit Number: (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:

C. Facility Operator Information

1. Operator Information:

Operator Name:

Mailing Address:

Street:

City: State: ZIP Code: -

County or Similar Government Subdivision:

Phone: - - Ext.

E-mail:

2. Operator Point of Contact Information:

First Name, Middle Initial, Last Name:

Title:

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

First Name, Middle Initial, Last Name:

Organization:

Phone: - - Ext.

E-mail:

D. Facility Information

1. Facility Name:

2. Facility Address:

Street/Location:

City: State: ZIP Code: -

County or Similar Government Subdivision:

3. Latitude/Longitude for the facility:

Latitude: ___.___ ___ ___° N (decimal degrees) Longitude: ___ ___ ___. ___ ___ ___° 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: 60.50 (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: OR **Primary Activity Code:**

Sector: **Subsector:** ***Note: REMOVE the following Sector / Subsector from permit coverage.***

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

Sector: K **Subsector:** K 1 **Sector:** **Subsector:** **Sector:** **Subsector:**

Sector: **Subsector:** **Sector:** **Subsector:** **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	☐
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	☐
Part 423	Coal pile runoff at steam electric generating facilities	O	11/19/1982 10/8/1974[1]	☐
Part 429, Subpart I	Discharges resulting from spray down or intentional wetting of logs at wet deck storage areas	A	1/26/1981	☐
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	☐
Part 443, Subpart A	Runoff from asphalt emulsion facilities	D	7/28/1975	☐
Part 445, Subparts A & B	Runoff from hazardous waste and non-hazardous waste landfills	K, L	2/2/2000	☐
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	☐

[1]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	049 (Sector P)	Pajarito Canyon (within LANL below Arroyo de la Delfe) Note: Remove Outfall 049 from NOI and DMRs with a monitoring period end date after 6/1/2018 for limit set 049-IW from NetDMR. Site and outfall transferred to new operator effective 4/30/2018.	01104 Aluminum, total recoverable; 39516 Polychlorinated biphenyls [PCBs]	**TMDL Name and ID:** N/A **Pollutant(s) for which there is a TMDL:** N/A
Latitude	35.837228			
Longitude	-106.254840			
Outfall ID	050 (Sector K)	Canada del Buey (within LANL) Note: Remove Outfall 050 from NOI and DMRs with a monitoring period end date after 6/1/2018 for limit sets 050-K1 and 050-IW from NetDMR. Site and outfall transferred to new operator effective 4/30/2018.	01104 Aluminum, total recoverable; 39516 Polychlorinated biphenyls [PCBs]; 51931 Alpha, gross adjusted	**TMDL Name and ID:** N/A **Pollutant(s) for which there is a TMDL:** N/A
Latitude	35.835746			
Longitude	-106.250832			

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

Outfall ID	051 (Sector K)	Pajarito Canyon (within LANL below Arroyo de la Delfe) Note: Remove Outfall 051 and the associated SIO listed below from NOI and DMRs with a monitoring period end date after 6/1/2018 for limit sets 051-K1 and 051-IW from NetDMR. Site and outfalls transferred to new operator effective 4/30/2018.	01104 Aluminum, total recoverable; 39516 Polychlorinated biphenyls [PCBs]	**TMDL Name and ID:** N/A **Pollutant(s) for which there is a TMDL:** N/A
Latitude	35.830143			
Longitude	-106.242662			
If substantially identical to other outfall, list identical outfall ID: _____				
Outfall ID	052 (Sector K)	Pajarito Canyon (within LANL below Arroyo de la Delfe)	01104 Aluminum, total recoverable; 39516 Polychlorinated biphenyls [PCBs]	**TMDL Name and ID:** N/A **Pollutant(s) for which there is a TMDL:** N/A
Latitude	35.831852			
Longitude	-106.242928			
If substantially identical to other outfall, list identical outfall ID: 051				
Outfall ID	053 (Sector K)	Pajarito Canyon (within LANL below Arroyo de la Delfe) Note: Remove Outfall 053 and the associated SIOs listed below from NOI and DMRs with a monitoring period end date after 6/1/2018 for limit sets 053-K1 and 053-IW from NetDMR. Site and outfalls transferred to new operator effective 4/30/2018.	01104 Aluminum, total recoverable; 39516 Polychlorinated biphenyls [PCBs]	**TMDL Name and ID:** N/A **Pollutant(s) for which there is a TMDL:** N/A
Latitude	35.829232			
Longitude	-106.236793			
If substantially identical to other outfall, list identical outfall ID: _____				
Outfall ID	065 (Sector K)	Pajarito Canyon (within LANL below Arroyo de la Delfe)	01104 Aluminum, total recoverable; 39516 Polychlorinated biphenyls [PCBs]	**TMDL Name and ID:** N/A **Pollutant(s) for which there is a TMDL:** N/A
Latitude	35.829028			
Longitude	-106.236029			
If substantially identical to other outfall, list identical outfall ID: 053				

Outfall ID	066 (Sector K)	Pajarito Canyon (within LANL below Arroyo de la Delfe)	01104 Aluminum, total recoverable; 39516 Polychlorinated biphenyls [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 (Sector K)	Pajarito Canyon (within LANL below Arroyo de la Delfe) Note: Remove Outfall 069 and the associated SIOs listed below from NOI and DMRs with a monitoring period end date after 6/1/2018 for limit sets 069-K1 and 069-IW from NetDMR. Site and outfalls transferred to new operator effective 4/30/2018.	01104 Aluminum, total recoverable; 39516 Polychlorinated biphenyls [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 (Sector K)	Pajarito Canyon (within LANL below Arroyo de la Delfe)	01104 Aluminum, total recoverable; 39516 Polychlorinated biphenyls [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 (Sector K)	Pajarito Canyon (within LANL below Arroyo de la Delfe)	01104 Aluminum, total recoverable; 39516 Polychlorinated biphenyls [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 (Sector K)	Pajarito Canyon (within LANL below Arroyo de la Delfe)	01104 Aluminum, total recoverable; 39516 Polychlorinated biphenyls [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 (Sector K)	Pajarito Canyon (within LANL below Arroyo de la Delfe)	01104 Aluminum, total recoverable; 39516 Polychlorinated biphenyls [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 (Sector K)	Pajarito Canyon (within LANL below Arroyo de la Delfe)	01104 Aluminum, total recoverable; 39516 Polychlorinated biphenyls [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 (Sector K)	Pajarito Canyon (within LANL below Arroyo de la Delfe)	01104 Aluminum, total recoverable; 39516 Polychlorinated biphenyls [PCBs]	**TMDL Name and ID:** N/A
Latitude	35.829711			**Pollutant(s) for which there is a TMDL:** NA
Longitude	-106.235108			
If substantially identical to other outfall, list identical outfall ID: 069				

Outfall ID	060 (Sector K)	Pajarito Canyon (within LANL below Arroyo de la Delfe)	01104 Aluminum, total recoverable; 39516 Polychlorinated biphenyls [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 (Sector K)	Pajarito Canyon (within LANL below Arroyo de la Delfe)	01104 Aluminum, total recoverable; 39516 Polychlorinated biphenyls [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 (Sector K)	Pajarito Canyon (within LANL below Arroyo de la Delfe)	01104 Aluminum, total recoverable; 39516 Polychlorinated biphenyls [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 (Sector K)	Pajarito Canyon (within LANL below Arroyo de la Delfe)	01104 Aluminum, total recoverable; 39516 Polychlorinated biphenyls [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 (Sector K)	Pajarito Canyon (within LANL below Arroyo de la Delfe)	01104 Aluminum, total recoverable; 39516 Polychlorinated biphenyls [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 (Sector K)	Pajarito Canyon (within LANL below Arroyo de la Delfe)	01104 Aluminum, total recoverable; 39516 Polychlorinated biphenyls [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 (Sector K)	Pajarito Canyon (within LANL below Arroyo de la Delfe)	01104 Aluminum, total recoverable; 39516 Polychlorinated biphenyls [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 (Sector K)	Canada del Buey (within LANL) Note: Remove Outfall 072 and the associated SIOs listed below from NOI and DMRs with a monitoring period end date after 6/1/2018 for limit sets 072-K1 and 072-IW from NetDMR. Site and outfalls transferred to new operator effective 4/30/2018.	01104 Aluminum, total recoverable; 39516 Polychlorinated biphenyls [PCBs]; 51931 Alpha, gross adjusted	**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 (Sector K)	Canada del Buey (within LANL)	01104 Aluminum, total recoverable; 39516 Polychlorinated biphenyls [PCBs]; 51931 Alpha, gross adjusted	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 (Sector K)	Canada del Buey (within LANL)	01104 Aluminum, total recoverable; 39516 Polychlorinated biphenyls [PCBs]; 51931 Alpha, gross adjusted	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				TMDL Name and ID:
Latitude				Pollutant(s) for which there is a TMDL:
Longitude				
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 Muncipal Separate Storm Sewer System (MS4)? ☐ YES ☐ NO

If yes, provide the name of the MS4 operator: _____

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)?

_____ (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 to 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: _____ _____

Professional Title: _____

Phone: ___ - ___ - ____ Ext. ____

E-mail: _____

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: _____

☐ **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 affects 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):

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

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":

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 affects on listed species and critical habitat.

Date your *Criterion C Eligibilty Form* was sent to EPA: ☐☐/☐☐/☐☐☐☐

Describe any EPA-approved measures you will implement to ensure no likely adverse affects 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 affects 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:_____

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: Enrique Torres

Title: Division Leader

Signature: [signature] Date: 07/10/2018

E-mail: etorres@lanl.gov

APPENDIX D

Non-Stormwater Discharge Certification

NON-STORMWATER DISCHARGE

ASSESSMENT AND CERTIFICATION

Completed by: Leonard F. Sandoval

Title: Deployed Environmental Professional

Date: 8/17/2015

Date of Evaluation	Outfall Directly Observed During the Test (Location)	Identify Potential Significant Sources of Non-Stormwater	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
8/17/2015	Outfall 60-RG-1 ID # 031	None	Visual assessment of outfall	No	NA	None
8/17/2015	Outfall 60-RG-3 ID # 032	None	Visual assessment of outfall	No	NA	None
8/17/2015	Outfall 60-RG-8 ID # 042	None	Visual assessment of outfall	No	NA	None
8/17/2015	Outfall 60-RG-10 ID # 039	None	Visual assessment of outfall	No	NA	None
8/17/2015	Outfall 60-RG-13 ID # 039	None	Visual assessment of outfall	No	NA	None

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 & Official Title: Russell Stone DSESH-UT ESH Manager

Signature: Russell Stone

Date Signed: 8/24/2015

APPENDIX E

SWPPP Amendment Log

SWPPP AMENDMENT TRACKING LOG

Date	Plan Section	Reason for Amendment	Amendment
Jun-Aug 2015	All	2015 MSGP New Plan	New Plan/incorporation of 2015 MSGP requirements.
Jan 2016	All	Annual Revision	Changed to Rev 1. Minor revisions throughout plan.
Jan 2017	All	Annual Revision	Changed to Rev 2. Minor revisions throughout plan.
Jan 2018	All	Annual Revision	Changed to Rev 3. Reformatted to provide consistency with other UI SWPP Plans.

APPENDIX F

Facility Inspections

Routine Facility Inspection Reports

Stormwater Industrial Routine Facility Inspection Report

General Information			
Facility Name	Insert Name		
NPDES Tracking No.	Insert Tracking No.		
Date of Inspection	Insert Date	**Start/End Time**	Insert Start/End Time
Inspector's Name(s)	Insert Name		
Inspector's Title(s)	Insert Title		
Inspector's Contact Information	Insert Contact Info		
Inspector's Qualifications	Insert qualifications or add reference to the SWPPP		

Weather Information

Weather at time of this inspection?
❑ Clear ❑Cloudy ❑ Rain ❑ Sleet ❑ Fog ❑ Snow ❑ High Winds
❑ Other: Temperature:

Have any previously unidentified discharges of pollutants occurred since the last inspection? ❑Yes ❑No
If yes, describe: Describe

Are there any discharges occurring at the time of inspection? ❑Yes ❑No
If yes, describe: 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	Insert Control Measure Name	❑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	Describe Corrective Actions
2	Insert Control Measure Name	❑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	Describe Corrective Actions
3	Insert Control Measure Name	❑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	Describe Corrective Actions
4	Insert Control Measure Name	❑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	Describe Corrective Actions
5	Insert Control Measure Name	❑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	Describe Corrective Actions
6	Insert Control Measure Name	❑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	Describe Corrective Actions
7	Insert Control Measure	❑Yes ❑No	❑ Maintenance ❑ Repair	Describe Corrective Actions

	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)
	Name		❑ Replacement	
8	Insert Control Measure Name	❑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	Describe Corrective Actions
9	Insert Control Measure Name	❑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	Describe Corrective Actions
10	Insert Control Measure Name	❑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	Describe Corrective Actions

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**	❑Yes ❑No ❑ N/A	❑Yes ❑No	Describe Corrective Actions
2	**Equipment operations and maintenance areas**	❑Yes ❑No ❑ N/A	❑Yes ❑No	Describe Corrective Actions
3	**Fueling areas**	❑Yes ❑No ❑ N/A	❑Yes ❑No	Describe Corrective Actions
4	**Outdoor vehicle and equipment washing areas**	❑Yes ❑No ❑ N/A	❑Yes ❑No	Describe Corrective Actions
5	**Waste handling and disposal areas**	❑Yes ❑No ❑ N/A	❑Yes ❑No	Describe Corrective Actions
6	**Erodible areas/construction**	❑Yes ❑No ❑ N/A	❑Yes ❑No	Describe Corrective Actions
7	**Non-stormwater/ illicit connections**	❑Yes ❑No ❑ N/A	❑Yes ❑No	Describe Corrective Actions
8	**Salt storage piles or pile containing salt**	❑Yes ❑No ❑ N/A	❑Yes ❑No	Describe Corrective Actions
9	**Dust generation and vehicle tracking**	❑Yes ❑No ❑ N/A	❑Yes ❑No	Describe Corrective Actions
10	**(Other)**	❑Yes ❑No ❑ N/A	❑Yes ❑No	Describe Corrective Actions
11	**(Other)**	❑Yes ❑No ❑ N/A	❑Yes ❑No	Describe Corrective Actions

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
12	**(Other)**	❑Yes ❑No ❑ N/A	❑Yes ❑No	Describe Corrective Actions

Non-Compliance

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

Describe Non-compliance

Additional Control Measures

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

Describe Additional Controls Needed

Notes

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

Additional Notes

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:_____

Stormwater Industrial Routine Facility Inspection Report

General Information			
Facility Name	TA-60 Roads and Grounds		
NPDES Tracking No.	NMR05000		
Date of Inspection	**10/26/2015**	**Start/End Time**	**8:45 a.m. to 9:25 a.m.**
Inspector's Name(s)	Leonard F. Sandoval		
Inspector's Title(s)	Deployed Environmental Professional		
Inspector's Contact Information	667-3557 or 231-1235		
Inspector's Qualifications	CISEC		

Weather Information

Weather at time of this inspection?
☐ Clear ☑ Partly Cloudy ☐ Rain ☐ Sleet ☐ Fog ☐ Snow ☐ High Winds
☑ Other: Wind at 5 mph Temperature: 42°F with a high of 62°F 10% Chance of precipitation

Have any previously unidentified discharges of pollutants occurred since the last inspection? ☐Yes ☑No
If yes, describe:

Are there any discharges occurring at the time of inspection? ☐Yes ☑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	Straw Wattles	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
2	Rock Check Dams	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
3	Lined Salt Retention Pond	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
4	Sediment Basin	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
5	Rip Rap/Jersey Barriers	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
6	Sediment Retention Pond	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
7	Base Course/Earthen Berms	☑Yes ☐No	☐ Maintenance ☐ Repair	

	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)
			❑ Replacement	
8	Rock Run Down	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
9	Outfalls 60 RG-1ID # 31, 60 RG-2 ID # 30, 60 RG-3 ID # 32, 60 RG-4 ID # 33, 60 RG-5 ID # 34, & 60 RG-6 ID # 35	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
10	Outfalls 60 RG-7 ID # 41 & 60 RG-8 ID # 42	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
11	Outfalls 60 RG-9 ID # 40, 60 RG-10 ID # 39, 60 RG-11 ID # 38	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
12	Outfalls 60 RG-12 ID # 37 & 60 RG-13 ID # 36	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ 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**	☑Yes ❑No ❑ N/A	❑Yes ❑No	
2	**Equipment operations and maintenance areas**	☑Yes ❑No ❑ N/A	❑Yes ❑No	
3	**Fueling areas**	❑Yes ❑No ☒ N/A	❑Yes ❑No	
4	**Outdoor vehicle and equipment washing areas**	❑Yes ❑No ☒ N/A	❑Yes ❑No	
5	**Waste handling and disposal areas**	❑Yes ❑No ☒ N/A	❑Yes ❑No	
6	**Erodible areas/construction**	❑Yes ❑No ☒ N/A	❑Yes ❑No	
7	**Non-stormwater/ illicit connections**	❑Yes ❑No ☒ N/A	❑Yes ❑No	
8	**Salt storage piles or pile containing salt**	☑Yes ❑No ❑ N/A	❑Yes ❑No	

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
9	**Dust generation and vehicle tracking**	☑Yes ❑No ❑ N/A	❑Yes ❑No	
10	**(Other)**	❑Yes ❑No ❑ N/A	❑Yes ❑No	
11	**(Other)**	❑Yes ❑No ❑ N/A	❑Yes ❑No	
12	**(Other)**	❑Yes ❑No ❑ N/A	❑Yes ❑No	

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: Leonard F. Sandoval Deployed Environmental Professional

Signature: Leonard F. Sandoval **Date:** 10/26/2015

Stormwater Industrial Routine Facility Inspection Report

General Information			
Facility Name	TA-60 Roads and Grounds		
NPDES Tracking No.	NMR05000		
Date of Inspection	**11/16/2015**	**Start/End Time**	**8:33 a.m.to 9:10 a.m.**
Inspector's Name(s)	Leonard F. Sandoval		
Inspector's Title(s)	Deployed Environmental Professional		
Inspector's Contact Information	667-3557 or 231-1235		
Inspector's Qualifications	CISEC		

Weather Information

Weather at time of this inspection?
☐ Clear ☑ Cloudy ☐ Rain ☐ Sleet ☐ Fog ☐ Snow ☐ High Winds
☑ Other: Wind greater than 15mph Temperature: 41°F with a high of 42°F 60% chance of precipitation

Have any previously unidentified discharges of pollutants occurred since the last inspection? ☐Yes ☑No
If yes, describe:

Are there any discharges occurring at the time of inspection? ☐Yes ☑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	Straw Wattles	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
2	Rock Check Dams	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
3	Lined Salt Retention Pond	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
4	Sediment Basin	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
5	Rip Rap/Jersey Barriers	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
6	Sediment Retention Pond	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
7	Base Course/Earthen Berms	☑Yes ☐No	☐ Maintenance ☐ Repair	

	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)
			❑ Replacement	
8	Rock Run Down	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
9	Outfalls 60 RG-1ID # 31, 60 RG-2 ID # 30, 60 RG-3 ID # 32, 60 RG-4 ID # 33, 60 RG-5 ID # 34, & 60 RG-6 ID # 35	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
10	Outfalls 60 RG-7 ID # 41 & 60 RG-8 ID # 42	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
11	Outfalls 60 RG-9 ID # 40, 60 RG-10 ID # 39, 60 RG-11 ID # 38	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
12	Outfalls 60 RG-12 ID # 37 & 60 RG-13 ID # 36	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ 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**	☑Yes ❑No ❑ N/A	❑Yes ❑No	
2	**Equipment operations and maintenance areas**	☑Yes ❑No ❑ N/A	❑Yes ❑No	
3	**Fueling areas**	❑Yes ❑No ☒ N/A	❑Yes ❑No	
4	**Outdoor vehicle and equipment washing areas**	❑Yes ❑No ☒ N/A	❑Yes ❑No	
5	**Waste handling and disposal areas**	❑Yes ❑No ☒ N/A	❑Yes ❑No	
6	**Erodible areas/construction**	❑Yes ❑No ☒ N/A	❑Yes ❑No	
7	**Non-stormwater/ illicit connections**	❑Yes ❑No ☒ N/A	❑Yes ❑No	
8	**Salt storage piles or pile containing salt**	☑Yes ❑No ❑ N/A	❑Yes ❑No	

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
9	**Dust generation and vehicle tracking**	☑Yes ❑No ❑ N/A	❑Yes ❑No	
10	**(Other)**	❑Yes ❑No ❑ N/A	❑Yes ❑No	
11	**(Other)**	❑Yes ❑No ❑ N/A	❑Yes ❑No	
12	**(Other)**	❑Yes ❑No ❑ N/A	❑Yes ❑No	

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: During the inspection the sediment retention pond was full of water with no visible oily sheen.

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: Leonard F. Sandoval Deployed Environmental Professional

Signature: Leonard F. Sandoval **Date:** 11/16/2015

Stormwater Industrial Routine Facility Inspection Report

General Information			
Facility Name	TA-60 Roads and Grounds		
NPDES Tracking No.	NMR05000		
Date of Inspection	**12/17/2015**	**Start/End Time**	**10:15 a.m. to 11:07 a.m.**
Inspector's Name(s)	Leonard F. Sandoval		
Inspector's Title(s)	Deployed Environmental Professional		
Inspector's Contact Information	667-3557 or 231-1235		
Inspector's Qualifications	CISEC		

Weather Information

Weather at time of this inspection?
☑ Clear ☐ Cloudy ☐ Rain ☐ Sleet ☐ Fog ☐ Snow ☐ High Winds
☑ Other: Wind 5 to 10 mph Temperature: 23°F with a high of 29°F

Have any previously unidentified discharges of pollutants occurred since the last inspection? ☐ Yes ☑ No
If yes, describe:

Are there any discharges occurring at the time of inspection? ☐ Yes ☑ 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	Straw Wattles	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
2	Rock Check Dams	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
3	Lined Salt Retention Pond	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
4	Sediment Basin	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
5	Rip Rap/Jersey Barriers	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
6	Sediment Retention Pond	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
7	Base Course/Earthen Berms	☑ Yes ☐ No	☐ Maintenance ☐ Repair	

	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)
			❑ Replacement	
8	Rock Run Down	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
9	Outfalls 60 RG-1ID # 31, 60 RG-2 ID # 30, 60 RG-3 ID # 32, 60 RG-4 ID # 33, 60 RG-5 ID # 34, & 60 RG-6 ID # 35	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
10	Outfalls 60 RG-7 ID # 41 & 60 RG-8 ID # 42	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
11	Outfalls 60 RG-9 ID # 40, 60 RG-10 ID # 39, 60 RG-11 ID # 38	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
12	Outfalls 60 RG-12 ID # 37 & 60 RG-13 ID # 36	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ 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**	☑Yes ❑No ❑ N/A	❑Yes ❑No	
2	**Equipment operations and maintenance areas**	☑Yes ❑No ❑ N/A	❑Yes ❑No	
3	**Fueling areas**	❑Yes ❑No ☒ N/A	❑Yes ❑No	
4	**Outdoor vehicle and equipment washing areas**	❑Yes ❑No ☒ N/A	❑Yes ❑No	
5	**Waste handling and disposal areas**	❑Yes ❑No ☒ N/A	❑Yes ❑No	
6	**Erodible areas/construction**	❑Yes ❑No ☒ N/A	❑Yes ❑No	
7	**Non-stormwater/ illicit connections**	❑Yes ❑No ☒ N/A	❑Yes ❑No	
8	**Salt storage piles or pile containing salt**	❑Yes ☑No ❑ N/A	❑Yes ❑No	Roll-up door to salt shed stuck open. Entered as CAR # 856 in the MSGP tracking database. FSR # 14450 submitted to fix or replace roll-up door.

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
9	**Dust generation and vehicle tracking**	☑Yes ☐No ☐ N/A	☐Yes ☐No	
10	**(Other)**	☐Yes ☐No ☐ N/A	☐Yes ☐No	
11	**(Other)**	☐Yes ☐No ☐ N/A	☐Yes ☐No	
12	**(Other)**	☐Yes ☐No ☐ N/A	☐Yes ☐No	

Non-Compliance

Describe any incidents of non-compliance observed and not described above: On the North end of transportainer 60-287 the are several pallets of ice melt that need to be covered with tarps. There are also several metal cabinets that have either fallen or been blown over onto barrels of ice melt and wood pallets, metal banding, an orange barrel, & other trash that is a housekeeping issue. This was entered into the MSGP tracking database as CAR#855. On the same day of the inspection the pallets of ice melt were covered with tarps, the metal cabinets were stacked out of the way, & the material causing the housekeeping issue was picked up & put in a trash bin. CAR# 855 was closed in the MSGP tracking database on 12/17/2015.

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 lined salt retention pond & Sediment retention pond were both frozen over.

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: Leonard F. Sandoval Deployed Environmental Professional

Signature: Leonard F. Sandoval **Date:** 12/17/2015

Stormwater Industrial Routine Facility Inspection Report

General Information			
Facility Name	TA-60 Roads and Grounds		
NPDES Tracking No.	NMR03195		
Date of Inspection	1/25/2016	**Start/End Time**	8:34 a.m. to 9:30 a.m.
Inspector's Name(s)	Leonard F. Sandoval		
Inspector's Title(s)	Deployed Environmental Professional		
Inspector's Contact Information	667-3557 or 231-1235		
Inspector's Qualifications	CISEC		

Weather Information

Weather at time of this inspection?
☑ Clear ☐ Cloudy ☐ Rain ☐ Sleet ☐ Fog ☐ Snow ☐ High Winds
☑ Other: Wind less 5mph Temperature: 19°F with a high of 37°F
20% Chance of precipitation

Have any previously unidentified discharges of pollutants occurred since the last inspection? ☐ Yes ☑ No
If yes, describe:

Are there any discharges occurring at the time of inspection? ☐ Yes ☑ 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	Straw Wattles	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
2	Rock Check Dams	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
3	Lined Salt Retention Pond	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
4	Sediment Basin	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
5	Rip Rap/Jersey Barriers	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
6	Sediment Retention Pond	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
7	Base Course/Earthen Berms	☑ Yes ☐ No	☐ Maintenance ☐ Repair	

	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)
			❑ Replacement	
8	Rock Run Down	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
9	Outfalls 60 RG-1ID # 31, 60 RG-2 ID # 30, 60 RG-3 ID # 32, 60 RG-4 ID # 33, 60 RG-5 ID # 34, & 60 RG-6 ID # 35	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
10	Outfalls 60 RG-7 ID # 41 & 60 RG-8 ID # 42	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
11	Outfalls 60 RG-9 ID # 40, 60 RG-10 ID # 39, 60 RG-11 ID # 38	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
12	Outfalls 60 RG-12 ID # 37 & 60 RG-13 ID # 36	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ 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**	☑Yes ❑No ❑ N/A	❑Yes ❑No	
2	**Equipment operations and maintenance areas**	☑Yes ❑No ❑ N/A	❑Yes ❑No	
3	**Fueling areas**	❑Yes ❑No ☒ N/A	❑Yes ❑No	
4	**Outdoor vehicle and equipment washing areas**	❑Yes ❑No ☒ N/A	❑Yes ❑No	
5	**Waste handling and disposal areas**	❑Yes ❑No ☒ N/A	❑Yes ❑No	
6	**Erodible areas/construction**	❑Yes ❑No ☒ N/A	❑Yes ❑No	
7	**Non-stormwater/ illicit connections**	❑Yes ❑No ☒ N/A	❑Yes ❑No	
8	**Salt storage piles or pile containing salt**	☑Yes ❑No ❑ N/A	❑Yes ❑No	

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
9	**Dust generation and vehicle tracking**	☑Yes ☐No ☐ N/A	☐Yes ☐No	
10	**(Other)**	☐Yes ☐No ☐ N/A	☐Yes ☐No	
11	**(Other)**	☐Yes ☐No ☐ N/A	☐Yes ☐No	
12	**(Other)**	☐Yes ☐No ☐ N/A	☐Yes ☐No	

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: Water truck: Freightliner #35 License plate # G82-0535B had a small hydraulic fluid leak from a square tank on the passenger side of the vehicle. The vehicle was taken to TA-60 Heavy Equipment to repair the leak. The spill was entered into the MSGP tracking database as CAR# 864.

Notes

Use this space for any additional notes or observations from the inspection: Majority of site covered with frozen snow.

CERTIFICATION STATEMENT

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Print name and title: Leonard F. Sandoval Deployed Environmental Professional

Signature: Leonard F. Sandoval **Date:** 1/25/2016

Russell Stone / DSOSH-UT Group Leader
Russell Stone 2/1/2016

Stormwater Industrial Routine Facility Inspection Report

General Information			
Facility Name	TA-60 Roads and Grounds		
NPDES Tracking No.	NMR03195		
Date of Inspection	2/22/2016	**Start/End Time**	9:15 a.m. to 10:13 a.m.
Inspector's Name(s)	Leonard F. Sandoval		
Inspector's Title(s)	Deployed Environmental Professional		
Inspector's Contact Information	667-3557 or 231-1235		
Inspector's Qualifications	CISEC		

Weather Information

Weather at time of this inspection?
☑ Clear ☐ Cloudy ☐ Rain ☐ Sleet ☐ Fog ☐ Snow ☐ High Winds
☑ Other: Wind less than 5mph Temperature: 30°F with a high of 53°F 50% chance of precipitation

Have any previously unidentified discharges of pollutants occurred since the last inspection? ☐Yes ☑No
If yes, describe:

Are there any discharges occurring at the time of inspection? ☐Yes ☑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	Straw Wattles	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
2	Rock Check Dams	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
3	Lined Salt Retention Pond	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
4	Sediment Basin	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
5	Rip Rap/Jersey Barriers	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
6	Sediment Retention Pond	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
7	Base Course/Earthen Berms	☐Yes ☑No	☐ Maintenance ☑ Repair	Hole through earthen berm that parallels Eniwetok Drive. Entered into MSGP tracking database as CAR #882.

	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)
			❑ Replacement	
8	Rock Run Down	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
9	Outfalls 60 RG-1ID # 31, 60 RG-2 ID # 30, 60 RG-3 ID # 32, 60 RG-4 ID # 33, 60 RG-5 ID # 34, & 60 RG-6 ID # 35	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
10	Outfalls 60 RG-7 ID # 41 & 60 RG-8 ID # 42	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
11	Outfalls 60 RG-9 ID # 40, 60 RG-10 ID # 39, 60 RG-11 ID # 38	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
12	Outfalls 60 RG-12 ID # 37 & 60 RG-13 ID # 36	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ 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**	☑Yes ❑No ❑ N/A	❑Yes ❑No	
2	**Equipment operations and maintenance areas**	☑Yes ❑No ❑ N/A	❑Yes ❑No	
3	**Fueling areas**	❑Yes ❑No ☒ N/A	❑Yes ❑No	
4	**Outdoor vehicle and equipment washing areas**	❑Yes ❑No ☒ N/A	❑Yes ❑No	
5	**Waste handling and disposal areas**	❑Yes ❑No ☒ N/A	❑Yes ❑No	
6	**Erodible areas/construction**	❑Yes ❑No ☒ N/A	❑Yes ❑No	
7	**Non-stormwater/ illicit connections**	❑Yes ❑No ☒ N/A	❑Yes ❑No	
8	**Salt storage piles or pile containing salt**	☑Yes ❑No ❑ N/A	❑Yes ❑No	

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
9	**Dust generation and vehicle tracking**	☑Yes ☐No ☐ N/A	☐Yes ☐No	
10	**(Other)**	☐Yes ☐No ☐ N/A	☐Yes ☐No	
11	**(Other)**	☐Yes ☐No ☐ N/A	☐Yes ☐No	
12	**(Other)**	☐Yes ☐No ☐ N/A	☐Yes ☐No	

Non-Compliance

Describe any incidents of non-compliance observed and not described above: In heavy equipment yard 140G Grader PN#30599 has a small hydraulic fluid leak on right side of blade & was delivered to TA-60 HEY to repair the leak. The affected area on asphalt was sprayed with micro-blaze & entered into the MSGP tracking database as CAR# 881. In the south parking lot of TA-60 building 250 between the concrete Jersey barriers & Eniwetok Drive there's quite a bit of trash as well as North of TA-60 Building 250 between the concrete Jersey barriers & forest. Routine housekeeping needs to be performed, especially during the windy season, to address this issue that was entered into the MSGP tracking database as CAR# 883.

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

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

Signature: Russell Stone **Date:** 2/22/2016

Stormwater Industrial Routine Facility Inspection Report

General Information			
Facility Name	TA-60 Roads and Grounds		
NPDES Tracking No.	NMR03195		
Date of Inspection	3/21/2016	**Start/End Time**	8:38 a.m. to 10:06 a.m.
Inspector's Name(s)	Leonard F. Sandoval		
Inspector's Title(s)	Deployed Environmental Professional		
Inspector's Contact Information	667-3557 or 231-1235		
Inspector's Qualifications	CISEC		

Weather Information

Weather at time of this inspection?
☑ Clear ☐ Cloudy ☐ Rain ☐ Sleet ☐ Fog ☐ Snow ☐ High Winds
☑ Other: No Wind Temperature: 35°F with a high of 69°F

Have any previously unidentified discharges of pollutants occurred since the last inspection? ☐ Yes ☑ No
If yes, describe:

Are there any discharges occurring at the time of inspection? ☐ Yes ☑ 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	Straw Wattles	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
2	Rock Check Dams	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
3	Lined Salt Retention Pond	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
4	Sediment Basin	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
5	Rip Rap/Jersey Barriers	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
6	Sediment Retention Pond	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
7	Base Course/Earthen Berms	☑ Yes ☐ No	☐ Maintenance ☐ Repair	

	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)
			❑ Replacement	
8	Rock Run Down	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
9	Outfalls 60 RG-1ID # 31, 60 RG-2 ID # 30, 60 RG-3 ID # 32, 60 RG-4 ID # 33, 60 RG-5 ID # 34, & 60 RG-6 ID # 35	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
10	Outfalls 60 RG-7 ID # 41 & 60 RG-8 ID # 42	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
11	Outfalls 60 RG-9 ID # 40, 60 RG-10 ID # 39, 60 RG-11 ID # 38	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
12	Outfalls 60 RG-12 ID # 37 & 60 RG-13 ID # 36	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ 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**	☑Yes ❑No ❑ N/A	❑Yes ❑No	
2	**Equipment operations and maintenance areas**	☑Yes ❑No ❑ N/A	❑Yes ❑No	
3	**Fueling areas**	❑Yes ❑No ☒ N/A	❑Yes ❑No	
4	**Outdoor vehicle and equipment washing areas**	❑Yes ❑No ☒ N/A	❑Yes ❑No	
5	**Waste handling and disposal areas**	❑Yes ❑No ☒ N/A	❑Yes ❑No	
6	**Erodible areas/construction**	❑Yes ❑No ☒ N/A	❑Yes ❑No	
7	**Non-stormwater/ illicit connections**	❑Yes ❑No ☒ N/A	❑Yes ❑No	
8	**Salt storage piles or pile containing salt**	☑Yes ❑No ❑ N/A	❑Yes ❑No	

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
9	**Dust generation and vehicle tracking**	☑Yes ❑No ❑ N/A	❑Yes ❑No	
10	**(Other)**	❑Yes ❑No ❑ N/A	❑Yes ❑No	
11	**(Other)**	❑Yes ❑No ❑ N/A	❑Yes ❑No	
12	**(Other)**	❑Yes ❑No ❑ N/A	❑Yes ❑No	

Non-Compliance

Describe any incidents of non-compliance observed and not described above: On the northside of TA-60 building 178 Salt truck G82-0249 F had a small hydraulic leak from an aluminum box behind the passenger door that has entered into the MSGP tracking database as CAR # 891.

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: The sediment retention pond at the far east end of Sigma Mesa had water in it with no visible oily sheen.

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-UTS GL

Signature: Russell Stone **Date:** 3/22/2016

Stormwater Industrial Routine Facility Inspection Report

General Information			
Facility Name	TA-60 Roads and Grounds		
NPDES Tracking No.	NMR03195		
Date of Inspection	4/26/2016	**Start/End Time**	9:12 a.m. to 10:09 a.m.
Inspector's Name(s)	Leonard F. Sandoval		
Inspector's Title(s)	Deployed Environmental Professional		
Inspector's Contact Information	667-3557 or 231-1235		
Inspector's Qualifications	CISEC		

Weather Information

Weather at time of this inspection?
☐ Clear ☑ Cloudy ☐ Rain ☐ Sleet ☐ Fog ☐ Snow ☐ High Winds
☑ Other: Wind 5 to 10 mph Temperature: 38°F with a high of 54°F 20% Chance of precipitation

Have any previously unidentified discharges of pollutants occurred since the last inspection? ☐Yes ☑No
If yes, describe:

Are there any discharges occurring at the time of inspection? ☐Yes ☑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	Straw Wattles	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
2	Rock Check Dams	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
3	Lined Salt Retention Pond	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
4	Sediment Basin	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
5	Rip Rap/Jersey Barriers	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
6	Sediment Retention Pond	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
7	Base Course/Earthen Berms	☑Yes ☐No	☐ Maintenance ☐ Repair	

	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)
			❑ Replacement	
8	Rock Run Down	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
9	Outfalls 60 RG-1ID # 31, 60 RG-2 ID # 30, 60 RG-3 ID # 32, 60 RG-4 ID # 33, 60 RG-5 ID # 34, & 60 RG-6 ID # 35	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
10	Outfalls 60 RG-7 ID # 41 & 60 RG-8 ID # 42	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
11	Outfalls 60 RG-9 ID # 40, 60 RG-10 ID # 39, 60 RG-11 ID # 38	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
12	Outfalls 60 RG-12 ID # 37 & 60 RG-13 ID # 36	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ 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**	☑Yes ❑No ❑ N/A	❑Yes ❑No	
2	**Equipment operations and maintenance areas**	☑Yes ❑No ❑ N/A	❑Yes ❑No	
3	**Fueling areas**	❑Yes ❑No ☒ N/A	❑Yes ❑No	
4	**Outdoor vehicle and equipment washing areas**	❑Yes ❑No ☒ N/A	❑Yes ❑No	
5	**Waste handling and disposal areas**	❑Yes ❑No ☒ N/A	❑Yes ❑No	
6	**Erodible areas/construction**	❑Yes ❑No ☒ N/A	❑Yes ❑No	
7	**Non-stormwater/ illicit connections**	❑Yes ❑No ☒ N/A	❑Yes ❑No	
8	**Salt storage piles or pile containing salt**	☑Yes ❑No ❑ N/A	❑Yes ❑No	

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
9	**Dust generation and vehicle tracking**	☑Yes ❑No ❑ N/A	❑Yes ❑No	
10	**(Other)**	❑Yes ❑No ❑ N/A	❑Yes ❑No	
11	**(Other)**	❑Yes ❑No ❑ N/A	❑Yes ❑No	
12	**(Other)**	❑Yes ❑No ❑ N/A	❑Yes ❑No	

Non-Compliance

Describe any incidents of non-compliance observed and not described above: Housekeeping to address trash throughout Roads & Grounds was entered into the MSGP tracking database as CAR # 900. Bags of ice melt on the north side of transportainer 60-287 to hold down a tarp over a wooden pallet that are exposed to moisture & three metal cabinets on the SW corner of transportainer 60-287 that either need to be put back into one of transportainers or crushed and have the metal recycled were also entered into the MSGP tracking database as CAR # 901.

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: The sediment retention pond at the far east end of Sigma Mesa was full of storm water with no visible sheen.

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 **Date:** 4/27/2016

Stormwater Industrial Routine Facility Inspection Report

General Information			
Facility Name	TA-60 Roads and Grounds		
NPDES Tracking No.	NMR03195		
Date of Inspection	5/25/2016	**Start/End Time**	9:05 a.m. to 9:52 a.m.
Inspector's Name(s)	Leonard F. Sandoval		
Inspector's Title(s)	Deployed Environmental Professional		
Inspector's Contact Information	667-3557 or 231-1235		
Inspector's Qualifications	CISEC		

Weather Information

Weather at time of this inspection?
☑ Clear ☐ Cloudy ☐ Rain ☐ Sleet ☐ Fog ☐ Snow ☐ High Winds
☑ Other: Wind at 5mph Temperature: 53°F with a high of 73°F

Have any previously unidentified discharges of pollutants occurred since the last inspection? ☐ Yes ☑ No
If yes, describe:

Are there any discharges occurring at the time of inspection? ☐ Yes ☑ 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	Straw Wattles	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
2	Rock Check Dams	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
3	Lined Salt Retention Pond	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
4	Sediment Basin	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
5	Rip Rap/Jersey Barriers	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
6	Sediment Retention Pond	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
7	Base Course/Earthen Berms	☑ Yes ☐ No	☐ Maintenance ☐ Repair	

	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)
			❑ Replacement	
8	Rock Run Down	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
9	Outfalls 60 RG-1ID # 31, 60 RG-2 ID # 30, 60 RG-3 ID # 32, 60 RG-4 ID # 33, 60 RG-5 ID # 34, & 60 RG-6 ID # 35	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
10	Outfalls 60 RG-7 ID # 41 & 60 RG-8 ID # 42	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
11	Outfalls 60 RG-9 ID # 40, 60 RG-10 ID # 39, 60 RG-11 ID # 38	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
12	Outfalls 60 RG-12 ID # 37 & 60 RG-13 ID # 36	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ 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**	☑Yes ❑No ❑ N/A	❑Yes ❑No	
2	**Equipment operations and maintenance areas**	☑Yes ❑No ❑ N/A	❑Yes ❑No	
3	**Fueling areas**	❑Yes ❑No ☒ N/A	❑Yes ❑No	
4	**Outdoor vehicle and equipment washing areas**	❑Yes ❑No ☒ N/A	❑Yes ❑No	
5	**Waste handling and disposal areas**	❑Yes ❑No ☒ N/A	❑Yes ❑No	
6	**Erodible areas/construction**	❑Yes ❑No ☒ N/A	❑Yes ❑No	
7	**Non-stormwater/ illicit connections**	❑Yes ❑No ☒ N/A	❑Yes ❑No	
8	**Salt storage piles or pile containing salt**	☑Yes ❑No ❑ N/A	❑Yes ❑No	

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
9	**Dust generation and vehicle tracking**	☑Yes ☐No ☐ N/A	☐Yes ☐No	
10	**(Other)**	☐Yes ☐No ☐ N/A	☐Yes ☐No	
11	**(Other)**	☐Yes ☐No ☐ N/A	☐Yes ☐No	
12	**(Other)**	☐Yes ☐No ☐ N/A	☐Yes ☐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: During the inspection I met with Rick Velasquez of ENV-CP who needed access into the Clean-fill yard & help lifting the samplers out of the Greenlee boxes in order to turn them on for the sampling season. The storm water in the sediment retention pond at the far east end of Sigma Mesa is going down as a result of evaporation, which is also happening with the water in the salt pond by TA-60 bldg 250.

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 GC DSESH-UIS

Signature: Russell Stone **Date:** 5/27/2016

Stormwater Industrial Routine Facility Inspection Report

General Information			
Facility Name	TA-60 Roads and Grounds		
NPDES Tracking No.	NMR03195		
Date of Inspection	6/7/2016	**Start/End Time**	8:29 a.m. to 9:30 a.m.
Inspector's Name(s)	Leonard F. Sandoval		
Inspector's Title(s)	Deployed Environmental Professional		
Inspector's Contact Information	667-3557 or 231-1235		
Inspector's Qualifications	CISEC		

Weather Information

Weather at time of this inspection?
☑ Clear ☐ Cloudy ☐ Rain ☐ Sleet ☐ Fog ☐ Snow ☐ High Winds
☑ Other: Wind 5 to 10 mph Temperature: 59°F with a high of 85°F 20% Chance of precipitation

Have any previously unidentified discharges of pollutants occurred since the last inspection? ☐Yes ☑No
If yes, describe:

Are there any discharges occurring at the time of inspection? ☐Yes ☑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	Straw Wattles	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
2	Rock Check Dams	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
3	Lined Salt Retention Pond	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
4	Sediment Basin	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
5	Rip Rap/Jersey Barriers	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
6	Sediment Retention Pond	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
7	Base Course/Earthen Berms	☑Yes ☐No	☐ Maintenance ☐ Repair	

	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)
			❑ Replacement	
8	Rock Run Down	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
9	Outfalls 60 RG-1ID # 31, 60 RG-2 ID # 30, 60 RG-3 ID # 32, 60 RG-4 ID # 33, 60 RG-5 ID # 34, & 60 RG-6 ID # 35	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
10	Outfalls 60 RG-7 ID # 41 & 60 RG-8 ID # 42	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
11	Outfalls 60 RG-9 ID # 40, 60 RG-10 ID # 39, 60 RG-11 ID # 38	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
12	Outfalls 60 RG-12 ID # 37 & 60 RG-13 ID # 36	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ 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**	☑Yes ❑No ❑ N/A	❑Yes ❑No	
2	**Equipment operations and maintenance areas**	☑Yes ❑No ❑ N/A	❑Yes ❑No	
3	**Fueling areas**	❑Yes ❑No ☒ N/A	❑Yes ❑No	
4	**Outdoor vehicle and equipment washing areas**	❑Yes ❑No ☒ N/A	❑Yes ❑No	
5	**Waste handling and disposal areas**	❑Yes ❑No ☒ N/A	❑Yes ❑No	
6	**Erodible areas/construction**	❑Yes ❑No ☒ N/A	❑Yes ❑No	
7	**Non-stormwater/ illicit connections**	❑Yes ❑No ☒ N/A	❑Yes ❑No	
8	**Salt storage piles or pile containing salt**	☑Yes ❑No ❑ N/A	❑Yes ❑No	

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
9	**Dust generation and vehicle tracking**	☑Yes ❑No ❑ N/A	❑Yes ❑No	
10	**(Other)**	❑Yes ❑No ❑ N/A	❑Yes ❑No	
11	**(Other)**	❑Yes ❑No ❑ N/A	❑Yes ❑No	
12	**(Other)**	❑Yes ❑No ❑ N/A	❑Yes ❑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: The Sediment & Salt ponds both had additional Stormwater in them from recent rain with no visible oily sheen.

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 GBL DESHS-UTS

Signature: Russell Stone **Date:** 6/15/2016

Stormwater Industrial Routine Facility Inspection Report

General Information			
Facility Name	TA-60 Roads and Grounds		
NPDES Tracking No.	NMR03195		
Date of Inspection	7/25/2016	**Start/End Time**	8:04 a.m. to 8:55 a.m.
Inspector's Name(s)	Leonard F. Sandoval		
Inspector's Title(s)	Deployed Environmental Professional		
Inspector's Contact Information	667-3557 or 231-1235		
Inspector's Qualifications	CISEC		

Weather Information

Weather at time of this inspection?
☐ Clear ☑ Cloudy ☐ Rain ☐ Sleet ☐ Fog ☐ Snow ☐ High Winds
☑ Other: No Wind Temperature: 62°F with high of 83°F 50% Chance of precipitation

Have any previously unidentified discharges of pollutants occurred since the last inspection? ☐Yes ☑No
If yes, describe:

Are there any discharges occurring at the time of inspection? ☐Yes ☑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	Straw Wattles	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
2	Rock Check Dams	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
3	Lined Salt Retention Pond	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
4	Sediment Basin	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
5	Rip Rap/Jersey Barriers	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
6	Sediment Retention Pond	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
7	Base Course/Earthen Berms	☑Yes ☐No	☐ Maintenance ☐ Repair	

	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)
			❑ Replacement	
8	Rock Run Down	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
9	Outfalls 60 RG-1ID # 31, 60 RG-2 ID # 30, 60 RG-3 ID # 32, 60 RG-4 ID # 33, 60 RG-5 ID # 34, & 60 RG-6 ID # 35	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
10	Outfalls 60 RG-7 ID # 41 & 60 RG-8 ID # 42	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
11	Outfalls 60 RG-9 ID # 40, 60 RG-10 ID # 39, 60 RG-11 ID # 38	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
12	Outfalls 60 RG-12 ID # 37 & 60 RG-13 ID # 36	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ 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**	☑Yes ❑No ❑ N/A	❑Yes ❑No	
2	**Equipment operations and maintenance areas**	☑Yes ❑No ❑ N/A	❑Yes ❑No	
3	**Fueling areas**	❑Yes ❑No ☒ N/A	❑Yes ❑No	
4	**Outdoor vehicle and equipment washing areas**	❑Yes ❑No ☒ N/A	❑Yes ❑No	
5	**Waste handling and disposal areas**	❑Yes ❑No ☒ N/A	❑Yes ❑No	
6	**Erodible areas/construction**	❑Yes ❑No ☒ N/A	❑Yes ❑No	
7	**Non-stormwater/ illicit connections**	❑Yes ❑No ☒ N/A	❑Yes ❑No	
8	**Salt storage piles or pile containing salt**	☑Yes ❑No ❑ N/A	❑Yes ❑No	

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
9	**Dust generation and vehicle tracking**	☑Yes ❑No ❑ N/A	❑Yes ❑No	
10	**(Other)**	❑Yes ❑No ❑ N/A	❑Yes ❑No	
11	**(Other)**	❑Yes ❑No ❑ N/A	❑Yes ❑No	
12	**(Other)**	❑Yes ❑No ❑ N/A	❑Yes ❑No	

Non-Compliance

Describe any incidents of non-compliance observed and not described above: CAR # 941 for front end loader attachment to John Deere tractor that leaked residual hydraulic fluid on asphalt in the heavy equipment staging area. CAR # 942 for the berm SW of transportainer 60-281 with gopher holes that is allowing storm water through the berm. CAR # 943 for housekeeping associated with straw wattles along N fenceline in the heavy equipment staging area & wooden pallet with torn bags of asphalt milling along fenceline S of 60-283.

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: Sediment retention pond at far east end of Sigma Mesa nearly full of storm water runoff. There's quite a bit of fresh elk sign around the retention pond which they seem to be using for drinking water. Housekeeping around TA-60-250 was performed on 7/19/2016.

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 **Date:** 7/26/2016

Stormwater Industrial Routine Facility Inspection Report

General Information			
Facility Name	TA-60 Roads and Grounds		
NPDES Tracking No.	NMR03195		
Date of Inspection	8/15/2016	**Start/End Time**	8:00 a.m. to 9:07 a.m.
Inspector's Name(s)	Leonard F. Sandoval		
Inspector's Title(s)	Deployed Environmental Professional		
Inspector's Contact Information	667-3557 or 231-1235		
Inspector's Qualifications	CISEC		

Weather Information

Weather at time of this inspection?
☑ Clear ☐ Cloudy ☐ Rain ☐ Sleet ☐ Fog ☐ Snow ☐ High Winds
☑ Other: Wind less than 5mph Temperature: 53°F with a high of 80°F 40% Chance of precipitation

Have any previously unidentified discharges of pollutants occurred since the last inspection? ☐ Yes ☑ No
If yes, describe:

Are there any discharges occurring at the time of inspection? ☐ Yes ☑ 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	Straw Wattles	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
2	Rock Check Dams	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
3	Lined Salt Retention Pond	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
4	Sediment Basin	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
5	Rip Rap/Jersey Barriers	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
6	Sediment Retention Pond	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
7	Base Course/Earthen Berms	☑ Yes ☐ No	☐ Maintenance ☐ Repair	

	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)
			❑ Replacement	
8	Rock Run Down	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
9	Outfalls 60 RG-1ID # 31, 60 RG-2 ID # 30, 60 RG-3 ID # 32, 60 RG-4 ID # 33, 60 RG-5 ID # 34, & 60 RG-6 ID # 35	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
10	Outfalls 60 RG-7 ID # 41 & 60 RG-8 ID # 42	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
11	Outfalls 60 RG-9 ID # 40, 60 RG-10 ID # 39, 60 RG-11 ID # 38	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
12	Outfalls 60 RG-12 ID # 37 & 60 RG-13 ID # 36	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ 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**	☑Yes ❑No ❑ N/A	❑Yes ❑No	
2	**Equipment operations and maintenance areas**	☑Yes ❑No ❑ N/A	❑Yes ❑No	
3	**Fueling areas**	❑Yes ❑No ☒ N/A	❑Yes ❑No	
4	**Outdoor vehicle and equipment washing areas**	❑Yes ❑No ☒ N/A	❑Yes ❑No	
5	**Waste handling and disposal areas**	❑Yes ❑No ☒ N/A	❑Yes ❑No	
6	**Erodible areas/construction**	❑Yes ❑No ☒ N/A	❑Yes ❑No	
7	**Non-stormwater/ illicit connections**	❑Yes ❑No ☒ N/A	❑Yes ❑No	
8	**Salt storage piles or pile containing salt**	❑Yes ❑No ❑ N/A	❑Yes ❑No	

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
9	**Dust generation and vehicle tracking**	☑Yes ❑No ❑ N/A	❑Yes ❑No	
10	**(Other)**	❑Yes ❑No ❑ N/A	❑Yes ❑No	
11	**(Other)**	❑Yes ❑No ❑ N/A	❑Yes ❑No	
12	**(Other)**	❑Yes ❑No ❑ N/A	❑Yes ❑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: The Sediment retention pond @ far east end of Sigma Mesa 3/4 full of water. Lined pond South of the Salt Shed 1/2 full of water.

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-UTS

Signature: Russell Stone **Date:** 8/15/2016

Stormwater Industrial Routine Facility Inspection Report

General Information			
Facility Name	TA-60 Roads and Grounds		
NPDES Tracking No.	NMR03195		
Date of Inspection	9/6/2016	**Start/End Time**	9:05 a.m. to 10:10 a.m.
Inspector's Name(s)	Leonard F. Sandoval		
Inspector's Title(s)	Deployed Environmental Professional		
Inspector's Contact Information	667-3557 or 231-1235		
Inspector's Qualifications	CISEC		

Weather Information

Weather at time of this inspection?
☐ Clear ☑ Cloudy ☐ Rain ☐ Sleet ☐ Fog ☐ Snow ☐ High Winds
☑ Other: Wind 5 to 10 mph Temperature: 64°F with a high of 71°F 40% Chance of precipitation

Have any previously unidentified discharges of pollutants occurred since the last inspection? ☐Yes ☑No
If yes, describe:

Are there any discharges occurring at the time of inspection? ☐Yes ☑No
If yes, describe:

Control Measures

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1	Straw Wattles	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
2	Rock Check Dams	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
3	Lined Salt Retention Pond	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
4	Sediment Basin	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
5	Rip Rap/Jersey Barriers	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
6	Sediment Retention Pond	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
7	Base Course/Earthen Berms	☑Yes ☐No	☐ Maintenance ☐ Repair	

	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)
			❑ Replacement	
8	Rock Run Down	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
9	Outfalls 60 RG-1ID # 31, 60 RG-2 ID # 30, 60 RG-3 ID # 32, 60 RG-4 ID # 33, 60 RG-5 ID # 34, & 60 RG-6 ID # 35	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
10	Outfalls 60 RG-7 ID # 41 & 60 RG-8 ID # 42	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
11	Outfalls 60 RG-9 ID # 40, 60 RG-10 ID # 39, 60 RG-11 ID # 38	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	
12	Outfalls 60 RG-12 ID # 37 & 60 RG-13 ID # 36	☑Yes ❑No	❑ Maintenance ❑ Repair ❑ Replacement	

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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**	☑Yes ❑No ❑ N/A	❑Yes ❑No	
2	**Equipment operations and maintenance areas**	☑Yes ❑No ❑ N/A	❑Yes ❑No	
3	**Fueling areas**	❑Yes ❑No ☒ N/A	❑Yes ❑No	
4	**Outdoor vehicle and equipment washing areas**	❑Yes ❑No ☒ N/A	❑Yes ❑No	
5	**Waste handling and disposal areas**	❑Yes ❑No ☒ N/A	❑Yes ❑No	
6	**Erodible areas/construction**	❑Yes ❑No ☒ N/A	❑Yes ❑No	
7	**Non-stormwater/ illicit connections**	❑Yes ❑No ☒ N/A	❑Yes ❑No	
8	**Salt storage piles or pile containing salt**	❑Yes ❑No ❑ N/A	❑Yes ❑No	

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
9	**Dust generation and vehicle tracking**	☑Yes ❑No ❑ N/A	❑Yes ❑No	
10	**(Other)**	❑Yes ❑No ❑ N/A	❑Yes ❑No	
11	**(Other)**	❑Yes ❑No ❑ N/A	❑Yes ❑No	
12	**(Other)**	❑Yes ❑No ❑ N/A	❑Yes ❑No	

Non-Compliance

Describe any incidents of non-compliance observed and not described above: CAR #962 was entered & closed in the MSGP tracking database for a hose at the fire hydrant East of TA-60 building 250 that had a hole in it & the clamp that attaches to the water truck had a worn O-ring that has been replaced.

Additional Control Measures

Describe any additional control measures needed to comply with the permit requirements: CAR #963 was entered into the MSGP tracking database for a berm with gopher holes SW of transportainer 60-287 that parallels Eniwetok Drive that is still allowing storm water to discharge through the berm after the gopher holes were plugged with gravel bags on 8/1/2016.

Notes

Use this space for any additional notes or observations from the inspection: The sediment retention pond at the far East end of Sigma Mesa is full of Storm Water. The lined salt retention pond is ~~at~~ half full.

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-UES

Signature: Russell Stone **Date:** 9/8/2016

Los Alamos National Lab - ADESH

Work Order MSGP-RI-58643

MSGP Routine Inspection
Printed 9/19/2016 - 11:07 AM

Maintenance Details

Requested By: Banar, Alethea on 9/19/2016 11:00:00 AM
Taken By: Banar, Alethea
Procedure: MSGP Stormwater Industrial Routine Facilty Inspection (EPC-CP-Form-1020.1)
Last PM: N/A
Project: Monthly Routine Inspections 9-6-16 (P-MSGP-RI-5119)

Target: 9/30/2016
Priority/Type: / Routine
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds

Contact: Banar, Alethea
Phone: 699-5836

Reason: MSGP Routine Facility Inspection TA-60 Roads and Grounds

Weather at inspection:

Special Instructions: NMR053195

Tasks

#	Description	Rating	Meas.	Initials	Failed	N/A	Complete
	Weather Information						
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.	Clear Wind 5-10 mph Temp 48°F w/ high of 72°F 8:07 a.m. 10/18/2016			☐	☐	☑
	Within the Facility Boundary						
40	Is the facility free of new discharges of pollutants that have occurred since the last inspection? If "Failed", describe:				☐	☐	☑
50	If "Failed" has a CAR been previously initiated for this new discharge? (Range: 0 - 0)				☐	☑	☐
60	Is the facility free of discharge of pollutants at the time of inspection? If "Failed" describe: (Range: 0 - 0)				☐	☐	☑
70	Is the facility free of evidence of, or the potential for, pollutants entering the drainage system. If "Failed" describe: (Range: 0 - 0)				☐	☐	☑
	Outfall Inspection needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comment)						
90	**Monitored Outfall [031]** DO: Free of Evidence of Erosion? (Range: 0 - 0)				☐	☐	☑
100	**Monitored Outfall [031]** DO: Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)				☐	☐	☑
110	**Monitored Outfall [031]** DO: Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)				☐	☐	☑
120	**Monitored Outfall [032]** Free of Evidence of Erosion? (Range: 0 - 0)				☐	☐	☑
130	**Monitored Outfall [032]** Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)				☐	☐	☑
140					☐	☐	☑

	Monitored Outfall [032] Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)						
150	**Monitored Outfall [036]** Free of Evidence of Erosion? (Range: 0 - 0)				☐	☐	☑
160	**Monitored Outfall [036]** Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)				☐	☐	☑
170	**Monitored Outfall [036]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)				☐	☐	☑
180	**Monitored Outfall [039]** Free of Evidence of Erosion? (Range: 0 - 0)				☐	☐	☑
190	**Monitored Outfall [039]** Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)				☐	☐	☑
200	**Monitored Outfall [039]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)				☐	☐	☑
210	**Monitored Outfall [042]** Free of Evidence of Erosion? (Range: 0 - 0)				☐	☐	☑
220	**Monitored Outfall [042]** Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)				☐	☐	☑
230	**Monitored Outfall [042]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)				☐	☐	☑
240	**Substantially Identical Outfall [030]** Free of Evidence of Erosion? (Range: 0 - 0)				☐	☐	☑
250	**Substantially Identical Outfall [030]** Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)				☐	☐	☑
260	**Substantially Identical Outfall [030]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)				☐	☐	☑
270	**Substantially Identical Outfall [033]** Free of Evidence of Erosion? (Range: 0 - 0)				☐	☐	☑
280	**Substantially Identical Outfall [033]** Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)				☐	☐	☑
290	**Substantially Identical Outfall [033]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)				☐	☐	☑
300	**Substantially Identical Outfall [034]** Free of Evidence of Erosion? (Range: 0 - 0)				☐	☐	☑
310	**Substantially Identical Outfall [034]** Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)				☐	☐	☑
320	**Substantially Identical Outfall [034]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)				☐	☐	☑
330	**Substantially Identical Outfall [035]** Free of Evidence of Erosion? (Range: 0 - 0)				☐	☐	☑
340	**Substantially Identical Outfall [035]** Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)				☐	☐	☑
350	**Substantially Identical Outfall [035]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)				☐	☐	☑
360	**Substantially Identical Outfall [037]** Free of Evidence of Erosion? (Range: 0 - 0)				☐	☐	☑
370	**Substantially Identical Outfall [037]** Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)				☐	☐	☑
380					☐	☐	☑

	Substantially Identical Outfall [037] Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)						
390	**Substantially Identical Outfall [038]** Free of Evidence of Erosion? (Range: 0 - 0)				☐	☐	☑
400	**Substantially Identical Outfall [038]** Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)				☐	☐	☑
410	**Substantially Identical Outfall [038]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)				☐	☐	☑
420	**Substantially Identical Outfall [040]** Free of Evidence of Erosion? (Range: 0 - 0)				☐	☐	☑
430	**Substantially Identical Outfall [040]** Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)				☐	☐	☑
440	**Substantially Identical Outfall [040]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)				☐	☐	☑
450	**Substantially Identical Outfall [041]** Free of Evidence of Erosion? (Range: 0 - 0)				☐	☐	☑
460	**Substantially Identical Outfall [041]** Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)				☐	☐	☑
470	**Substantially Identical Outfall [041]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)				☐	☐	☑

Control Measures (identify needed maintenance and repairs, failed control measures that need replacment, or a description of corrective actions in relevant task comments).

490	**Asphalt Berm [6000303040019]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
500	**Asphalt Berm [6000303040019]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
510	**Asphalt Berm [6000303040020]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
520	**Asphalt Berm [6000303040020]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
530	**Rock Channel/Swale [6000304030016]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
540	**Rock Channel/Swale [6000304030016]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
550	**Rock Channel/Swale [6000304030039]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
560	**Rock Channel/Swale [6000304030039]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
570	**Rock Channel/Swale [6000304030040]** Control Measure is operating effectively? (Range: 0 - 0)				☑	☐	☐
580	**Rock Channel/Swale [6000304030040]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?	Full of Sand CAR# 988			☑	☐	☐
590	**Rock Channel/Swale [6000311010017]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
600	**Rock Channel/Swale [6000311010017]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
610	**Rip Rap [6000304060009]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
620					☐	☑	☐

	Rip Rap [6000304060009] If "Failed", is control measure in need of maintenance, Repair, or Replacement?						
630	**Rip Rap [6000304060010]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
640	**Rip Rap [6000304060010]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
650	**Rip Rap [6000304060011]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
660	**Rip Rap [6000304060011]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
670	**Rip Rap [6000304060012]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
680	**Rip Rap [6000304060012]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
690	**Rip Rap [6000304060013]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
700	**Rip Rap [6000304060013]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
710	**Rip Rap [6000304060014]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
720	**Rip Rap [6000304060014]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
730	**Rip Rap [6000304060022]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
740	**Rip Rap [6000304060022]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
750	**Rip Rap [6000304060023]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
760	**Rip Rap [6000304060023]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
770	**Rip Rap [6000304060024]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
780	**Rip Rap [6000304060024]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
790	**Rip Rap [6000304060025]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
800	**Rip Rap [6000304060025]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
810	**Rip Rap [6000304060026]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
820	**Rip Rap [6000304060026]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
830	**Rip Rap [6000304060027]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
840	**Rip Rap [6000304060027]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
850	**Rip Rap [6000304060028]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
860					☐	☑	☐

	Rip Rap [6000304060028] If "Failed", is control measure in need of maintenance, Repair, or Replacement?						
870	**Rip Rap [6000304060029]** Control Measure is operating effectively? (Range: 0 - 0)						✓
880	**Rip Rap [6000304060029]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?					✓	
890	**Rip Rap [6000304060030]** Control Measure is operating effectively? (Range: 0 - 0)						✓
900	**Rip Rap [6000304060030]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?					✓	
910	**Rip Rap [6000304060031]** Control Measure is operating effectively? (Range: 0 - 0)						✓
920	**Rip Rap [6000304060031]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?					✓	
930	**Rip Rap [6000304060032]** Control Measure is operating effectively? (Range: 0 - 0)						✓
940	**Rip Rap [6000304060032]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?					✓	
950	**Rip Rap [6000304060033]** Control Measure is operating effectively? (Range: 0 - 0)						✓
960	**Rip Rap [6000304060033]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?					✓	
970	**Earthen Berm [6000303010034]** Control Measure is operating effectively? (Range: 0 - 0)						✓
980	**Earthen Berm [6000303010034]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?					✓	
990	**Earthen Berm [6000303010035]** Control Measure is operating effectively? (Range: 0 - 0)	Needed to be removed from farm				✓	
1000	**Earthen Berm [6000303010035]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?					✓	
1010	**Earthen Berm [6000303010036]** Control Measure is operating effectively? (Range: 0 - 0)						✓
1020	**Earthen Berm [6000303010036]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?					✓	
1030	**Earthen Berm [6000303010037]** Control Measure is operating effectively? (Range: 0 - 0)						✓
1040	**Earthen Berm [6000303010037]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?					✓	
1050	**Earthen Berm [6000303010038]** Control Measure is operating effectively? (Range: 0 - 0)						✓
1060	**Earthen Berm [6000303010038]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?					✓	
1070	**Sediment Basin [6000305020018]** Control Measure is operating effectively? (Range: 0 - 0)						✓
1080	**Sediment Basin [6000305020018]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?					✓	
1090	**Sediment Basin [6000305020041]** Control Measure is operating effectively? (Range: 0 - 0)						✓
1100						✓	

	Sediment Basin [6000305020041] If "Failed", is control measure in need of maintenance, Repair, or Replacement?					
1110	**Rock Check Dam [6000306010001]** Control Measure is operating effectively? (Range: 0 - 0)			☐	☐	☑
1120	**Rock Check Dam [6000306010001]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?			☐	☑	☐
1130	**Rock Check Dam [6000306010002]** Control Measure is operating effectively? (Range: 0 - 0)			☐	☐	☑
1140	**Rock Check Dam [6000306010002]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?			☐	☑	☐
1150	**Rock Check Dam [6000306010003]** Control Measure is operating effectively? (Range: 0 - 0)			☐	☐	☑
1160	**Rock Check Dam [6000306010003]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?			☐	☑	☐
1170	**Rock Check Dam [6000306010004]** Control Measure is operating effectively? (Range: 0 - 0)			☐	☐	☑
1180	**Rock Check Dam [6000306010004]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?			☐	☑	☐
1190	**Rock Check Dam [6000306010005]** Control Measure is operating effectively? (Range: 0 - 0)			☐	☐	☑
1200	**Rock Check Dam [6000306010005]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?			☐	☑	☐
1210	**Rock Check Dam [6000306010006]** Control Measure is operating effectively? (Range: 0 - 0)			☐	☐	☑
1220	**Rock Check Dam [6000306010006]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?			☐	☑	☐
1230	**Rock Check Dam [6000306010007]** Control Measure is operating effectively? (Range: 0 - 0)			☐	☐	☑
1240	**Rock Check Dam [6000306010007]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?			☐	☑	☐
1250	**Rock Check Dam [6000306010008]** Control Measure is operating effectively? (Range: 0 - 0)			☐	☐	☑
1260	**Rock Check Dam [6000306010008]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?			☐	☑	☐
1270	**Jersey Barriers [6000303170015]** Control Measure is operating effectively?			☐	☐	☑
1280	**Jersey Barriers [6000303170015]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?			☐	☑	☐
1290	**Jersey Barriers [6000303170021]** Control Measure is operating effectively?			☐	☐	☑
1300	**Jersey Barriers [6000303170021]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?			☐	☑	☐

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

1320	Material loading/unloading and storage areas inspected?			☐	☐	☑
1330	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)			☐	☐	☑
1340	Transfer areas for substances in bulk inspected?			☐	☐	☑
1350				☐	☐	☑

	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)						
1360	Produce/chemical storage areas (raw material) inspected?				☐	☑	☐
1370	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☑	☐
1380	Liquid tank storage/secondary containment inspected?				☐	☐	☑
1390	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☐	☑
1400	Industrial processing and finished product storage areas inspected?				☐	☑	☐
1410	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☑	☐
1420	Equipment operation and maintenance areas inspected?				☐	☐	☑
1430	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☐	☑
1440	Fueling areas inspected?				☐	☑	☐
1450	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☑	☐
1460	Outdoor vehicle and equipment washing areas inspected?				☐	☑	☐
1470	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☑	☐
1480	Machinery inspected?				☐	☐	☑
1490	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☐	☑
1500	Waste handling and disposal areas inspected?				☐	☐	☑
1510	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☐	☑
1520	Erodible areas/construction inspected?f				☐	☑	☐
1530	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☑	☐
1540	Locations and sources of run-on to the site inspected?				☐	☑	☐
1550	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☑	☐
1560	Non-stormwater/illicit connections inspected?				☐	☑	☐
1570	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☑	☐
1580	Salt storage piles or pile containing salt inspected?				☐	☐	☑
1590	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☐	☑
1600	Dust generation and vehicle tracking inspected?				☐	☐	☑
1610	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☐	☑
1620	Housekeeping (Industrial materials/residues/trash in contact with stormwater) inspected?				☐	☐	☑
1630	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☐	☑
1640	Leaks and spills inspected?				☐	☑	☐
1650	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☑	☐
1660	**Sector P [60003-]** Vehicle storage/maintenance areas inspected?				☐	☐	☑
1670	**Sector P [60003-]** Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☐	☑

Non-Compliance

1690	Free of incidents of observed non-compliance not associated with any of the above? (Range: 0 - 0)				☐	☐	☑

Additional Control Measures

1710	Are permit requirements satisfied with existing control measure(s) not associated with any of the above? (Range: 0 - 0)				☐	☐	☑
					☐	☐	☐

Labor

Labor	Assigned	Work Date	Reg Hrs	OT Hrs	Other Hrs
Leonard Sandoval	10/3/2016 / 14				

Labor Report

Completed: _____ **Failure:** _____ **Meter 1:** _____ **Meter 2:** _____

Report:

_____

_____

_____

_____

Signature / Name	Date	Signature / Name	Date

WO ID:_____ Page____ of_____

Signature (lead inspector): Leonard F. Sandard Date and Time: 10/18/2016 9:50 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 GL DESHS-UTS

Signature: Russell Stone Date: 10/19/2016

Los Alamos National Lab - ADESH

Work Order MSGP-RI-59127

MSGP Routine Inspection
Printed 11/1/2016 - 4:58 PM

Maintenance Details

Requested: 11/1/2016 1:15:42 PM
Procedure: MSGP Stormwater Industrial Routine Facilty Inspection (EPC-CP-Form-1020.1)
Last PM: N/A
Project: Routine Facility Inspections Nov 2016 (P-MSGP-5146)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds

Contact:
Phone:

Reason: MSGP Stormwater Industrial Routine Facilty Inspection

Weather at inspection:

Special Instructions: NMR053195

Tasks

#	Description	Rating	Meas.	Initials	Failed	N/A	Complete
	Weather Information		11/21/2016 8:01 a.m. Temp. 38°F & high of 48°F 90% Chance of rain Wind less than 5 mph				
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.				☐	☐	☑
	Within the Facility Boundary						
40	Is the facility free of new discharges of pollutants that have occurred since the last inspection? If "Failed", describe:				☐	☐	☑
50	If "Failed" has a CAR been previously initiated for this new discharge? (Range: 0 - 0)				☐	☑	☐
60	Is the facility free of discharge of pollutants at the time of inspection? If "Failed" describe: (Range: 0 - 0)				☐	☐	☑
70	Is the facility free of evidence of, or the potential for, pollutants entering the drainage system. If "Failed" describe: (Range: 0 - 0)				☐	☐	☑
	Outfall Inspection (needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comment)						
90	**Monitored Outfall [031]** DO: Free of Evidence of Erosion? (Range: 0 - 0)				☐	☐	☑
100	**Monitored Outfall [031]** DO: Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)				☐	☐	☑
110	**Monitored Outfall [031]** DO: Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)				☐	☐	☑
120	**Monitored Outfall [032]** Free of Evidence of Erosion? (Range: 0 - 0)				☐	☐	☑
130	**Monitored Outfall [032]** Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)				☐	☐	☑
140	**Monitored Outfall [032]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)				☐	☐	☑
150	**Monitored Outfall [036]** Free of Evidence of Erosion? (Range: 0 - 0)				☐	☐	☑
160					☐	☐	☑

	Monitored Outfall [036] Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)						
170	**Monitored Outfall [036]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)				☐	☐	☑
180	**Monitored Outfall [039]** Free of Evidence of Erosion? (Range: 0 - 0)				☐	☐	☑
190	**Monitored Outfall [039]** Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)				☐	☐	☑
200	**Monitored Outfall [039]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)				☐	☐	☑
210	**Monitored Outfall [042]** Free of Evidence of Erosion? (Range: 0 - 0)				☐	☐	☑
220	**Monitored Outfall [042]** Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)				☐	☐	☑
230	**Monitored Outfall [042]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)				☐	☐	☑
240	**Substantially Identical Outfall [030]** Free of Evidence of Erosion? (Range: 0 - 0)				☐	☐	☑
250	**Substantially Identical Outfall [030]** Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)				☐	☐	☑
260	**Substantially Identical Outfall [030]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)				☐	☐	☑
270	**Substantially Identical Outfall [033]** Free of Evidence of Erosion? (Range: 0 - 0)				☐	☐	☑
280	**Substantially Identical Outfall [033]** Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)				☐	☐	☑
290	**Substantially Identical Outfall [033]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)				☐	☐	☑
300	**Substantially Identical Outfall [034]** Free of Evidence of Erosion? (Range: 0 - 0)				☐	☐	☑
310	**Substantially Identical Outfall [034]** Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)				☐	☐	☑
320	**Substantially Identical Outfall [034]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)				☐	☐	☑
330	**Substantially Identical Outfall [035]** Free of Evidence of Erosion? (Range: 0 - 0)				☐	☐	☑
340	**Substantially Identical Outfall [035]** Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)				☐	☐	☑
350	**Substantially Identical Outfall [035]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)				☐	☐	☑
360	**Substantially Identical Outfall [037]** Free of Evidence of Erosion? (Range: 0 - 0)				☐	☐	☑
370	**Substantially Identical Outfall [037]** Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)				☐	☐	☑
380	**Substantially Identical Outfall [037]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)				☐	☐	☑
390	**Substantially Identical Outfall [038]** Free of Evidence of Erosion? (Range: 0 - 0)				☐	☐	☑
400					☐	☐	☑

	Substantially Identical Outfall [038] Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)						
410	**Substantially Identical Outfall [038]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)				☐	☐	☑
420	**Substantially Identical Outfall [040]** Free of Evidence of Erosion? (Range: 0 - 0)				☐	☐	☑
430	**Substantially Identical Outfall [040]** Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)				☐	☐	☑
440	**Substantially Identical Outfall [040]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)				☐	☐	☑
450	**Substantially Identical Outfall [041]** Free of Evidence of Erosion? (Range: 0 - 0)				☐	☐	☑
460	**Substantially Identical Outfall [041]** Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)				☐	☐	☑
470	**Substantially Identical Outfall [041]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)				☐	☐	☑

Control Measures (identify needed maintenance and repairs, failed control measures that need replacment, or a description of corrective actions in relevant task comments).

490	**Asphalt Berm [6000303040019]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
500	**Asphalt Berm [6000303040019]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
510	**Asphalt Berm [6000303040020]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
520	**Asphalt Berm [6000303040020]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
530	**Rock Channel/Swale [6000304030016]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
540	**Rock Channel/Swale [6000304030016]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
550	**Rock Channel/Swale [6000304030039]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
560	**Rock Channel/Swale [6000304030039]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
570	**Rock Channel/Swale [6000304030040]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
580	**Rock Channel/Swale [6000304030040]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
590	**Rock Channel/Swale [6000311010017]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
600	**Rock Channel/Swale [6000311010017]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
610	**Rip Rap [6000304060009]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
620	**Rip Rap [6000304060009]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
630	**Rip Rap [6000304060010]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
640					☐	☑	☐

	Rip Rap [6000304060010] If "Failed", is control measure in need of maintenance, Repair, or Replacement?						
650	**Rip Rap [6000304060011]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
660	**Rip Rap [6000304060011]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
670	**Rip Rap [6000304060012]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
680	**Rip Rap [6000304060012]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
690	**Rip Rap [6000304060013]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
700	**Rip Rap [6000304060013]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
710	**Rip Rap [6000304060014]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
720	**Rip Rap [6000304060014]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
730	**Rip Rap [6000304060022]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
740	**Rip Rap [6000304060022]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
750	**Rip Rap [6000304060023]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
760	**Rip Rap [6000304060023]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
770	**Rip Rap [6000304060024]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
780	**Rip Rap [6000304060024]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
790	**Rip Rap [6000304060025]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
800	**Rip Rap [6000304060025]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
810	**Rip Rap [6000304060026]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
820	**Rip Rap [6000304060026]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
830	**Rip Rap [6000304060027]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
840	**Rip Rap [6000304060027]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
850	**Rip Rap [6000304060028]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
860	**Rip Rap [6000304060028]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
870	**Rip Rap [6000304060029]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
880					☐	☑	☐

	Rip Rap [6000304060029] If "Failed", is control measure in need of maintenance, Repair, or Replacement?						
890	**Rip Rap [6000304060030]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
900	**Rip Rap [6000304060030]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
910	**Rip Rap [6000304060031]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
920	**Rip Rap [6000304060031]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
930	**Rip Rap [6000304060032]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
940	**Rip Rap [6000304060032]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
950	**Rip Rap [6000304060033]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
960	**Rip Rap [6000304060033]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
970	**Rip Rap [6000304060044]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
980	**Rip Rap [6000304060044]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
990	**Earthen Berm [6000303010034]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
1000	**Earthen Berm [6000303010034]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
1010	**Earthen Berm [6000303010036]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
1020	**Earthen Berm [6000303010036]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
1030	**Earthen Berm [6000303010037]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
1040	**Earthen Berm [6000303010037]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
1050	**Earthen Berm [6000303010038]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
1060	**Earthen Berm [6000303010038]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
1070	**Earthen Berm [6000303010043]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
1080	**Earthen Berm [6000303010043]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
1090	**Sediment Basin [6000305020018]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
1100	**Sediment Basin [6000305020018]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
1110	**Sediment Basin [6000305020041]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
1120					☐	☑	☐

	Sediment Basin [6000305020041] If "Failed", is control measure in need of maintenance, Repair, or Replacement?						
1130	**Rock Check Dam [6000306010001]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
1140	**Rock Check Dam [6000306010001]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
1150	**Rock Check Dam [6000306010002]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
1160	**Rock Check Dam [6000306010002]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
1170	**Rock Check Dam [6000306010003]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
1180	**Rock Check Dam [6000306010003]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
1190	**Rock Check Dam [6000306010004]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
1200	**Rock Check Dam [6000306010004]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
1210	**Rock Check Dam [6000306010005]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
1220	**Rock Check Dam [6000306010005]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
1230	**Rock Check Dam [6000306010006]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
1240	**Rock Check Dam [6000306010006]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
1250	**Rock Check Dam [6000306010007]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
1260	**Rock Check Dam [6000306010007]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
1270	**Rock Check Dam [6000306010008]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
1280	**Rock Check Dam [6000306010008]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
1290	**Jersey Barriers [6000303170015]** Control Measure is operating effectively?				☐	☐	☑
1300	**Jersey Barriers [6000303170015]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
1310	**Jersey Barriers [6000303170021]** Control Measure is operating effectively?				☐	☐	☑
1320	**Jersey Barriers [6000303170021]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐

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

1340	Material loading/unloading and storage areas inspected?				☐	☐	☑
1350	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☐	☑
1360	Transfer areas for substances in bulk inspected?				☐	☐	☑
1370					☐	☐	☑

	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)						
1380	Produce/chemical storage areas (raw material) inspected?				☐	☑	☐
1390	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☑	☐
1400	Liquid tank storage/secondary containment inspected?				☐	☐	☑
1410	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☐	☑
1420	Industrial processing and finished product storage areas inspected?				☐	☑	☐
1430	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☑	☐
1440	Equipment operation and maintenance areas inspected?				☐	☐	☑
1450	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☐	☑
1460	Fueling areas inspected?				☐	☑	☐
1470	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☑	☐
1480	Outdoor vehicle and equipment washing areas inspected?				☐	☑	☐
1490	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☑	☐
1500	Machinery inspected?				☐	☐	☑
1510	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☐	☑
1520	Waste handling and disposal areas inspected?				☐	☑	☐
1530	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☑	☐
1540	Erodible areas/construction inspected?f				☐	☑	☐
1550	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☑	☐
1560	Locations and sources of run-on to the site inspected?				☐	☑	☐
1570	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☑	☐
1580	Non-stormwater/illicit connections inspected?				☐	☑	☐
1590	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☑	☐
1600	Salt storage piles or pile containing salt inspected?				☐	☐	☑
1610	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☐	☑
1620	Dust generation and vehicle tracking inspected?				☐	☐	☑
1630	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☐	☑
1640	Housekeeping (Industrial materials/residues/trash in contact with stormwater) inspected?				☐	☐	☑
1650	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☐	☑
1660	Leaks and spills inspected?				☐	☑	☐
1670	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☑	☐
1680	**Sector P [60003-]** Vehicle storage/maintenance areas inspected?				☐	☐	☑
1690	**Sector P [60003-]** Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☐	☑

Non-Compliance

1710	Free of incidents of observed non-compliance not associated with any of the above? (Range: 0 - 0)				☐	☐	☑

Additional Control Measures

1730	Are permit requirements satisfied with existing control measure(s) not associated with any of the above? (Range: 0 - 0)				☐	☐	☑
					☐	☐	☐

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 _____

Soft Vegetated Buffer Strip 6000302030042 - Inspected & OK
EnviroSoxx w/ MetalLoxx 600030320004 5
& 600030320004 6 - Inspected & OK

WO ID:_____ Page____ of_____

Signature (lead inspector): Leonard F. Stone Date and Time: 11/21/2016 9:16 a.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, GC DOSHS-LLJS

Signature: Russell Stone Date: 11/21/2016

Los Alamos National Lab - ADESH

Work Order MSGP-RI-59445

MSGP Routine Inspection
Printed 12/21/2016 - 2:51 PM (Duplicate Copy)

Maintenance Details

Requested: 12/6/2016 3:51:00 PM
Procedure: MSGP Stormwater Industrial Routine Facility Inspection (EPC-CP-Form-1020.1)
Last PM: 11/21/2016
Project: Routine Facility Inspections Dec 2016 (P-MSGP-RI-5158)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds

Contact:
Phone:

Reason: MSGP Stormwater Industrial Routine Facility Inspection

Weather at inspection: W1

Special Instructions: NMR053195

Tasks

#	Description	Rating	Meas.	Initials	Failed	N/A	Complete
Weather Information							
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. **Comments: Clear, no wind, 41F**			AKB	☐	☐	☑
Within the Facility Boundary							
40	Is the facility free of new discharges of pollutants that have occurred since the last inspection? If "Failed", describe:			AKB	☐	☐	☑
50	If "Failed" has a CAR been previously initiated for this new discharge? (Range: 0 - 0)			AKB	☐	☑	☐
60	Is the facility free of discharge of pollutants at the time of inspection? If "Failed" describe: (Range: 0 - 0)			AKB	☐	☐	☑
70	Is the facility free of evidence of, or the potential for, pollutants entering the drainage system. If "Failed" describe: (Range: 0 - 0)			AKB	☐	☐	☑
Outfall Inspection (needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comment)							
90	**Monitored Outfall [031]** DO: Free of Evidence of Erosion? (Range: 0 - 0)			AKB	☐	☐	☑
100	**Monitored Outfall [031]** DO: Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)			AKB	☐	☐	☑
110	**Monitored Outfall [031]** DO: Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)			AKB	☐	☐	☑
120	**Monitored Outfall [032]** Free of Evidence of Erosion? (Range: 0 - 0)			AKB	☐	☐	☑
130	**Monitored Outfall [032]** Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)			AKB	☐	☐	☑
140	**Monitored Outfall [032]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)			AKB	☐	☐	☑
150				AKB	☐	☐	☑

	Monitored Outfall [036] Free of Evidence of Erosion? (Range: 0 - 0)						
160	**Monitored Outfall [036]** Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)			AKB	☐	☐	☑
170	**Monitored Outfall [036]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)			AKB	☐	☐	☑
180	**Monitored Outfall [039]** Free of Evidence of Erosion? (Range: 0 - 0)			AKB	☐	☐	☑
190	**Monitored Outfall [039]** Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)			AKB	☐	☐	☑
200	**Monitored Outfall [039]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)			AKB	☐	☐	☑
210	**Monitored Outfall [042]** Free of Evidence of Erosion? (Range: 0 - 0)			AKB	☐	☐	☑
220	**Monitored Outfall [042]** Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)			AKB	☐	☐	☑
230	**Monitored Outfall [042]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)			AKB	☐	☐	☑
240	**Substantially Identical Outfall [030]** Free of Evidence of Erosion? (Range: 0 - 0)			AKB	☐	☐	☑
250	**Substantially Identical Outfall [030]** Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)			AKB	☐	☐	☑
260	**Substantially Identical Outfall [030]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)			AKB	☐	☐	☑
270	**Substantially Identical Outfall [033]** Free of Evidence of Erosion? (Range: 0 - 0)			AKB	☐	☐	☑
280	**Substantially Identical Outfall [033]** Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)			AKB	☐	☐	☑
290	**Substantially Identical Outfall [033]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)			AKB	☐	☐	☑
300	**Substantially Identical Outfall [034]** Free of Evidence of Erosion? (Range: 0 - 0)			AKB	☐	☐	☑
310	**Substantially Identical Outfall [034]** Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)			AKB	☐	☐	☑
320	**Substantially Identical Outfall [034]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)			AKB	☐	☐	☑
330	**Substantially Identical Outfall [035]** Free of Evidence of Erosion? (Range: 0 - 0)			AKB	☐	☐	☑
340	**Substantially Identical Outfall [035]** Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)			AKB	☐	☐	☑
350	**Substantially Identical Outfall [035]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)			AKB	☐	☐	☑
360	**Substantially Identical Outfall [037]** Free of Evidence of Erosion? (Range: 0 - 0)			AKB	☐	☐	☑
370	**Substantially Identical Outfall [037]** Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)			AKB	☐	☐	☑
380	**Substantially Identical Outfall [037]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)			AKB	☐	☐	☑
390				AKB	☐	☐	☑

	Substantially Identical Outfall [038] Free of Evidence of Erosion? (Range: 0 - 0)						
400	**Substantially Identical Outfall [038]** Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)			AKB	☐	☐	☑
410	**Substantially Identical Outfall [038]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)			AKB	☐	☐	☑
420	**Substantially Identical Outfall [040]** Free of Evidence of Erosion? (Range: 0 - 0)			AKB	☐	☐	☑
430	**Substantially Identical Outfall [040]** Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)			AKB	☐	☐	☑
440	**Substantially Identical Outfall [040]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)			AKB	☐	☐	☑
450	**Substantially Identical Outfall [041]** Free of Evidence of Erosion? (Range: 0 - 0)			AKB	☐	☐	☑
460	**Substantially Identical Outfall [041]** Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)			AKB	☐	☐	☑
470	**Substantially Identical Outfall [041]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)			AKB	☐	☐	☑

Control Measures (identify needed maintenance and repairs, failed control measures that need replacment, or a description of corrective actions in relevant task comments).

490	**Asphalt Berm [6000303040019]** Control Measure is operating effectively? (Range: 0 - 0)			AKB	☐	☐	☑
500	**Asphalt Berm [6000303040019]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?			AKB	☐	☑	☐
510	**Asphalt Berm [6000303040020]** Control Measure is operating effectively? (Range: 0 - 0)			AKB	☐	☐	☑
520	**Asphalt Berm [6000303040020]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?			AKB	☐	☑	☐
530	**Rock Channel/Swale [6000304030016]** Control Measure is operating effectively? (Range: 0 - 0)			AKB	☐	☐	☑
540	**Rock Channel/Swale [6000304030016]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?			AKB	☐	☑	☐
550	**Rock Channel/Swale [6000304030039]** Control Measure is operating effectively? (Range: 0 - 0)			AKB	☐	☐	☑
560	**Rock Channel/Swale [6000304030039]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?			AKB	☐	☑	☐
570	**Rock Channel/Swale [6000304030040]** Control Measure is operating effectively? (Range: 0 - 0)			AKB	☐	☐	☑
580	**Rock Channel/Swale [6000304030040]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?			AKB	☐	☑	☐
590	**Rock Channel/Swale [6000311010017]** Control Measure is operating effectively? (Range: 0 - 0)			AKB	☐	☐	☑
600	**Rock Channel/Swale [6000311010017]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?			AKB	☐	☑	☐
610	**Rip Rap [6000304060009]** Control Measure is operating effectively? (Range: 0 - 0)			AKB	☐	☐	☑
620	**Rip Rap [6000304060009]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?			AKB	☐	☑	☐
630				AKB	☐	☐	☑

	Rip Rap [6000304060010] Control Measure is operating effectively? (Range: 0 - 0)						
640	**Rip Rap [6000304060010]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?			AKB	☐	☑	☐
650	**Rip Rap [6000304060011]** Control Measure is operating effectively? (Range: 0 - 0)			AKB	☐	☐	☑
660	**Rip Rap [6000304060011]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?			AKB	☐	☑	☐
670	**Rip Rap [6000304060012]** Control Measure is operating effectively? (Range: 0 - 0)			AKB	☐	☐	☑
680	**Rip Rap [6000304060012]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?			AKB	☐	☑	☐
690	**Rip Rap [6000304060013]** Control Measure is operating effectively? (Range: 0 - 0)			AKB	☐	☐	☑
700	**Rip Rap [6000304060013]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?			AKB	☐	☑	☐
710	**Rip Rap [6000304060014]** Control Measure is operating effectively? (Range: 0 - 0)			AKB	☐	☐	☑
720	**Rip Rap [6000304060014]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?			AKB	☐	☑	☐
730	**Rip Rap [6000304060022]** Control Measure is operating effectively? (Range: 0 - 0)			AKB	☐	☐	☑
740	**Rip Rap [6000304060022]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?			AKB	☐	☑	☐
750	**Rip Rap [6000304060023]** Control Measure is operating effectively? (Range: 0 - 0)			AKB	☐	☐	☑
760	**Rip Rap [6000304060023]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?			AKB	☐	☑	☐
770	**Rip Rap [6000304060024]** Control Measure is operating effectively? (Range: 0 - 0)			AKB	☐	☐	☑
780	**Rip Rap [6000304060024]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?			AKB	☐	☑	☐
790	**Rip Rap [6000304060025]** Control Measure is operating effectively? (Range: 0 - 0)			AKB	☐	☐	☑
800	**Rip Rap [6000304060025]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?			AKB	☐	☑	☐
810	**Rip Rap [6000304060026]** Control Measure is operating effectively? (Range: 0 - 0)			AKB	☐	☐	☑
820	**Rip Rap [6000304060026]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?			AKB	☐	☑	☐
830	**Rip Rap [6000304060027]** Control Measure is operating effectively? (Range: 0 - 0)			AKB	☐	☐	☑
840	**Rip Rap [6000304060027]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?			AKB	☐	☑	☐
850	**Rip Rap [6000304060028]** Control Measure is operating effectively? (Range: 0 - 0)			AKB	☐	☐	☑
860	**Rip Rap [6000304060028]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?			AKB	☐	☑	☐
870	**Rip Rap [6000304060029]** Control Measure is operating effectively? (Range: 0 - 0)			AKB	☐	☐	☑

880	**Rip Rap [6000304060029]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?			AKB	☐	☑	☐
890	**Rip Rap [6000304060030]** Control Measure is operating effectively? (Range: 0 - 0)			AKB	☐	☐	☑
900	**Rip Rap [6000304060030]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?			AKB	☐	☑	☐
910	**Rip Rap [6000304060031]** Control Measure is operating effectively? (Range: 0 - 0)			AKB	☐	☐	☑
920	**Rip Rap [6000304060031]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?			AKB	☐	☑	☐
930	**Rip Rap [6000304060032]** Control Measure is operating effectively? (Range: 0 - 0)			AKB	☐	☐	☑
940	**Rip Rap [6000304060032]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?			AKB	☐	☑	☐
950	**Rip Rap [6000304060033]** Control Measure is operating effectively? (Range: 0 - 0)			AKB	☐	☐	☑
960	**Rip Rap [6000304060033]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?			AKB	☐	☑	☐
970	**Rip Rap [6000304060044]** Control Measure is operating effectively? (Range: 0 - 0)			AKB	☐	☐	☑
980	**Rip Rap [6000304060044]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?			AKB	☐	☑	☐
990	**Earthen Berm [6000303010034]** Control Measure is operating effectively? (Range: 0 - 0)			AKB	☐	☐	☑
1000	**Earthen Berm [6000303010034]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?			AKB	☐	☑	☐
1010	**Earthen Berm [6000303010036]** Control Measure is operating effectively? (Range: 0 - 0)			AKB	☐	☐	☑
1020	**Earthen Berm [6000303010036]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?			AKB	☐	☑	☐
1030	**Earthen Berm [6000303010037]** Control Measure is operating effectively? (Range: 0 - 0)			AKB	☐	☐	☑
1040	**Earthen Berm [6000303010037]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?			AKB	☐	☑	☐
1050	**Earthen Berm [6000303010038]** Control Measure is operating effectively? (Range: 0 - 0)			AKB	☐	☐	☑
1060	**Earthen Berm [6000303010038]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?			AKB	☐	☑	☐
1070	**Earthen Berm [6000303010043]** Control Measure is operating effectively? (Range: 0 - 0)			AKB	☐	☐	☑
1080	**Earthen Berm [6000303010043]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?			AKB	☐	☑	☐
1090	**Sediment Basin [6000305020018]** Control Measure is operating effectively? (Range: 0 - 0)			AKB	☐	☐	☑
1100	**Sediment Basin [6000305020018]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?			AKB	☐	☑	☐
1110	**Sediment Basin [6000305020041]** Control Measure is operating effectively? (Range: 0 - 0)			AKB	☐	☐	☑
1120				AKB	☐	☑	☐

	Sediment Basin [6000305020041] If "Failed", is control measure in need of maintenance, Repair, or Replacement?						
1130	**Rock Check Dam [6000306010001]** Control Measure is operating effectively? (Range: 0 - 0)			AKB	☐	☐	☑
1140	**Rock Check Dam [6000306010001]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?			AKB	☐	☑	☐
1150	**Rock Check Dam [6000306010002]** Control Measure is operating effectively? (Range: 0 - 0)			AKB	☐	☐	☑
1160	**Rock Check Dam [6000306010002]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?			AKB	☐	☑	☐
1170	**Rock Check Dam [6000306010003]** Control Measure is operating effectively? (Range: 0 - 0)			AKB	☐	☐	☑
1180	**Rock Check Dam [6000306010003]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?			AKB	☐	☑	☐
1190	**Rock Check Dam [6000306010004]** Control Measure is operating effectively? (Range: 0 - 0)			AKB	☐	☐	☑
1200	**Rock Check Dam [6000306010004]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?			AKB	☐	☑	☐
1210	**Rock Check Dam [6000306010005]** Control Measure is operating effectively? (Range: 0 - 0)			AKB	☐	☐	☑
1220	**Rock Check Dam [6000306010005]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?			AKB	☐	☑	☐
1230	**Rock Check Dam [6000306010006]** Control Measure is operating effectively? (Range: 0 - 0)			AKB	☐	☐	☑
1240	**Rock Check Dam [6000306010006]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?			AKB	☐	☑	☐
1250	**Rock Check Dam [6000306010007]** Control Measure is operating effectively? (Range: 0 - 0)			AKB	☐	☐	☑
1260	**Rock Check Dam [6000306010007]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?			AKB	☐	☑	☐
1270	**Rock Check Dam [6000306010008]** Control Measure is operating effectively? (Range: 0 - 0)			AKB	☐	☐	☑
1280	**Rock Check Dam [6000306010008]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?			AKB	☐	☑	☐
1290	**Jersey Barriers [6000303170015]** Control Measure is operating effectively?			AKB	☐	☐	☑
1300	**Jersey Barriers [6000303170015]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?			AKB	☐	☑	☐
1310	**Jersey Barriers [6000303170021]** Control Measure is operating effectively?			AKB	☐	☐	☑
1320	**Jersey Barriers [6000303170021]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?			AKB	☐	☑	☐
1330	**EnviroSoxx w/ MetalLoxx [6000303200045]** Control Measure is operating effectively?			AKB	☐	☐	☑
1340	**EnviroSoxx w/ MetalLoxx [6000303200045]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?			AKB	☐	☑	☐
1350	**EnviroSoxx w/ MetalLoxx [6000303200046]** Control Measure is operating effectively?			AKB	☐	☐	☑
1360				AKB	☐	☑	☐

	EnviroSoxx w/ MetalLoxx [6000303200046] If "Failed", is control measure in need of maintenance, Repair, or Replacement?						
1370	**EnviroSoxx w/ MetalLoxx [6000303200047]** Control Measure is operating effectively?			AKB	☐	☐	☑
1380	**EnviroSoxx w/ MetalLoxx [6000303200047]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?			AKB	☐	☑	☐
1390	**Permanent Vegetation Vegetative Buffer Strip [6000302030042]** Control Measure is operating effectively? (Range: 0 - 0)			AKB	☐	☐	☑
1400	**Permanent Vegetation Vegetative Buffer Strip [6000302030042]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?			AKB	☐	☑	☐

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

1420	Material loading/unloading and storage areas inspected?			AKB	☐	☐	☑
1430	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)			AKB	☐	☐	☑
1440	Transfer areas for substances in bulk inspected?			AKB	☐	☐	☑
1450	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)			AKB	☐	☐	☑
1460	Produce/chemical storage areas (raw material) inspected?			AKB	☐	☑	☐
1470	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)			AKB	☐	☑	☐
1480	Liquid tank storage/secondary containment inspected?			AKB	☐	☐	☑
1490	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)			AKB	☐	☐	☑
1500	Industrial processing and finished product storage areas inspected?			AKB	☐	☑	☐
1510	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)			AKB	☐	☑	☐
1520	Equipment operation and maintenance areas inspected?			AKB	☐	☐	☑
1530	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)			AKB	☐	☐	☑
1540	Fueling areas inspected?			AKB	☐	☑	☐
1550	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)			AKB	☐	☑	☐
1560	Outdoor vehicle and equipment washing areas inspected?			AKB	☐	☑	☐
1570	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)			AKB	☐	☑	☐
1580	Machinery inspected?			AKB	☐	☐	☑
1590	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0) **Comments: Small spots of oil drippings from heavy equipment present in vehicle storage area near structure 60-0233; heavy equipment storage area south of SIO 033; heavy equipment storage area southwest of covered salt storage building; and under heavy equipment located along south boundary fence east of structure 336.** Entered into MSGP tracking database as CAR # 1035			AKB	☒	☐	☐
1600	Waste handling and disposal areas inspected?			AKB	☐	☑	☐
1610	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)			AKB	☐	☑	☐
1620	Erodible areas/construction inspected?f			AKB	☐	☐	☑

1630	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0) **Comments: Small area of fire hydrant line work south of SIO 034. Stormwater controls in place around temporary dirt pile (eco-block and gravel bags). Berm -0043 controls potential runoff.**			AKB	☐	☐	☑
1640	Locations and sources of run-on to the site inspected?			AKB	☐	☑	☐
1650	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)			AKB	☐	☑	☐
1660	Non-stormwater/illicit connections inspected?			AKB	☐	☑	☐
1670	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)			AKB	☐	☑	☐
1680	Salt storage piles or pile containing salt inspected?			AKB	☐	☐	☑
1690	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0) **Comments: Exposed bags of salt located north side of transportainer 287 (salt bags being used to hold down tarp covering pallets of bags of salt); exposed bags of salt south side of transportainers 288/289/290; exposed bags of salt in ADEM CAP storage area west of structure 336.**	Entered into MSGP tracking database as CAR# 1036		AKB	☒	☐	☐
1700	Dust generation and vehicle tracking inspected?			AKB	☐	☐	☑
1710	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)			AKB	☐	☐	☑
1720	Housekeeping (Industrial materials/residues/trash in contact with stormwater) inspected?			AKB	☐	☐	☑
1730	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0) **Comments: Exposed rusting metal: bollards on northeast corner of asphalt millings storage area and east end of berm -0038; small items along south and east fence of pesticide storage building; rebar and L metal east & west of structure 336 (ADEM CAP storage area). (See Labor Report for Housekeeping observations)**	Entered into MSGP tracking database as CAR# 1037		AKB	☒	☐	☐
1740	Leaks and spills inspected?			AKB	☐	☑	☐
1750	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)			AKB	☐	☑	☐
1760	**Sector P [60003-]** Vehicle storage/maintenance areas inspected?			AKB	☐	☐	☑
1770	**Sector P [60003-]** Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)			AKB	☐	☐	☑
Non-Compliance							
1790	Free of incidents of observed non-compliance not associated with any of the above? (Range: 0 - 0)			AKB	☐	☐	☑
Additional Control Measures							
1810	Are permit requirements satisfied with existing control measure(s)? If "Failed" describe additional control measures needed. (Range: 0 - 0)			AKB	☐	☐	☑

Labor Report

Completed: 12/21/2016 11:05:00 AM **Failure:** _____ **Meter(s):** 2

Report: Housekeeping needed (e.g. trash pickup): along boundary north and east of asphalt milling storage area; in sediment basin -0041, between transportainers 320/321; & area north of 60-0199. Trash can west side of transportainer 293 needs lid; ADEM CAP storage area has trash, unsecured tarps, deteriorated bags of soil

stabilizer (fiber) and plaster(?) exposing material to stormwater.

Exposed metal plates found at west end of rock channel -0040. These are believed earmarked for recycle pending authorization of work package.

Signature / Name	Date	Signature / Name	Date
[illegible]	12/21/2016		

WO ID:_____ Page____ of_____

Signature (lead inspector): Leonard F. Sandard Date and Time: 12/21/2016 11:00a.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 DESHS-UIS

Signature: Russell Stone Date: 1/5/2017

Los Alamos National Lab - ADESH

Work Order MSGP-RI-59467

MSGP Routine Inspection
Printed 1/23/2017 - 11:03 AM

Maintenance Details

Requested: 1/23/2017 10:55:06 AM
Procedure: MSGP Stormwater Industrial Routine Facility Inspection (EPC-CP-Form-1020.1)
Last PM: 12/21/2016
Project: Routine Facility Inspections Jan 21017 (P-MSGP-RI-5159)
Reason: 2017 January Inspections
Weather at inspection:
Special Instructions: NMR053195

Target: 1/31/2017
Priority/Type: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds

Contact:
Phone:

1/24/2017 8:37 a.m. to 10:05 a.m.
Temp. 27°F w/ high of 30°F; Wind 15-20mph; Cloudy w/ blowing snow; ground covered w/ snow; 40% Chance of precipitation

Tasks

#	Description	Rating	Meas.	Initials	Failed	N/A	Complete
	Weather Information						
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.				☐	☐	☑
	Within the Facility Boundary						
40	Is the facility free of new discharges of pollutants that have occurred since the last inspection? If "Failed", describe:				☐	☐	☑
50	If "Failed" has a CAR been previously initiated for this new discharge? (Range: 0 - 0)				☐	☑	☐
60	Is the facility free of discharge of pollutants at the time of inspection? If "Failed" describe: (Range: 0 - 0)				☐	☐	☑
70	Is the facility free of evidence of, or the potential for, pollutants entering the drainage system. If "Failed" describe: (Range: 0 - 0)				☐	☐	☑
	Outfall Inspection (needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comment)						
90	**Monitored Outfall [031]** DO: Free of Evidence of Erosion? (Range: 0 - 0)				☐	☐	☑
100	**Monitored Outfall [031]** DO: Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)				☐	☐	☑
110	**Monitored Outfall [031]** DO: Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)				☐	☐	☑
120	**Monitored Outfall [032]** Free of Evidence of Erosion? (Range: 0 - 0)				☐	☐	☑
130	**Monitored Outfall [032]** Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)				☐	☐	☑
140	**Monitored Outfall [032]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)				☐	☐	☑
150	**Monitored Outfall [036]** Free of Evidence of Erosion? (Range: 0 - 0)				☐	☐	☑

160	**Monitored Outfall [036]** Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)				☐	☐	☑
170	**Monitored Outfall [036]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)				☐	☐	☑
180	**Monitored Outfall [039]** Free of Evidence of Erosion? (Range: 0 - 0)				☐	☐	☑
190	**Monitored Outfall [039]** Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)				☐	☐	☑
200	**Monitored Outfall [039]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)				☐	☐	☑
210	**Monitored Outfall [042]** Free of Evidence of Erosion? (Range: 0 - 0)				☐	☐	☑
220	**Monitored Outfall [042]** Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)				☐	☐	☑
230	**Monitored Outfall [042]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)				☐	☐	☑
240	**Substantially Identical Outfall [030]** Free of Evidence of Erosion? (Range: 0 - 0)				☐	☐	☑
250	**Substantially Identical Outfall [030]** Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)				☐	☐	☑
260	**Substantially Identical Outfall [030]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)				☐	☐	☑
270	**Substantially Identical Outfall [033]** Free of Evidence of Erosion? (Range: 0 - 0)				☐	☐	☑
280	**Substantially Identical Outfall [033]** Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)				☐	☐	☑
290	**Substantially Identical Outfall [033]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)				☐	☐	☑
300	**Substantially Identical Outfall [034]** Free of Evidence of Erosion? (Range: 0 - 0)				☐	☐	☑
310	**Substantially Identical Outfall [034]** Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)				☐	☐	☑
320	**Substantially Identical Outfall [034]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)				☐	☐	☑
330	**Substantially Identical Outfall [035]** Free of Evidence of Erosion? (Range: 0 - 0)				☐	☐	☑
340	**Substantially Identical Outfall [035]** Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)				☐	☐	☑
350	**Substantially Identical Outfall [035]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)				☐	☐	☑
360	**Substantially Identical Outfall [037]** Free of Evidence of Erosion? (Range: 0 - 0)				☐	☐	☑
370	**Substantially Identical Outfall [037]** Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)				☐	☐	☑
380	**Substantially Identical Outfall [037]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)				☐	☐	☑
390	**Substantially Identical Outfall [038]** Free of Evidence of Erosion? (Range: 0 - 0)				☐	☐	☑
400					☐	☐	☑

	Substantially Identical Outfall [038] Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)						
410	**Substantially Identical Outfall [038]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)				☐	☐	☑
420	**Substantially Identical Outfall [040]** Free of Evidence of Erosion? (Range: 0 - 0)				☐	☐	☑
430	**Substantially Identical Outfall [040]** Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)				☐	☐	☑
440	**Substantially Identical Outfall [040]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)				☐	☐	☑
450	**Substantially Identical Outfall [041]** Free of Evidence of Erosion? (Range: 0 - 0)				☐	☐	☑
460	**Substantially Identical Outfall [041]** Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)				☐	☐	☑
470	**Substantially Identical Outfall [041]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)				☐	☐	☑

Control Measures (identify needed maintenance and repairs, failed control measures that need replacment, or a description of corrective actions in relevant task comments).

490	**Asphalt Berm [6000303040019]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
500	**Asphalt Berm [6000303040019]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
510	**Asphalt Berm [6000303040020]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
520	**Asphalt Berm [6000303040020]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
530	**Rock Channel/Swale [6000304030016]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
540	**Rock Channel/Swale [6000304030016]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
550	**Rock Channel/Swale [6000304030039]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
560	**Rock Channel/Swale [6000304030039]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
570	**Rock Channel/Swale [6000304030040]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
580	**Rock Channel/Swale [6000304030040]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
590	**Rock Channel/Swale [6000311010017]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
600	**Rock Channel/Swale [6000311010017]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
610	**Rip Rap [6000304060009]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
620	**Rip Rap [6000304060009]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
630	**Rip Rap [6000304060010]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
640					☐	☑	☐

	Rip Rap [6000304060010] If "Failed", is control measure in need of maintenance, Repair, or Replacement?						
650	**Rip Rap [6000304060011]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
660	**Rip Rap [6000304060011]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
670	**Rip Rap [6000304060012]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
680	**Rip Rap [6000304060012]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
690	**Rip Rap [6000304060013]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
700	**Rip Rap [6000304060013]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
710	**Rip Rap [6000304060014]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
720	**Rip Rap [6000304060014]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
730	**Rip Rap [6000304060022]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
740	**Rip Rap [6000304060022]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
750	**Rip Rap [6000304060023]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
760	**Rip Rap [6000304060023]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
770	**Rip Rap [6000304060024]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
780	**Rip Rap [6000304060024]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
790	**Rip Rap [6000304060025]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
800	**Rip Rap [6000304060025]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
810	**Rip Rap [6000304060026]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
820	**Rip Rap [6000304060026]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
830	**Rip Rap [6000304060027]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
840	**Rip Rap [6000304060027]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
850	**Rip Rap [6000304060028]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
860	**Rip Rap [6000304060028]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
870	**Rip Rap [6000304060029]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
880					☐	☑	☐

	Rip Rap [6000304060029] If "Failed", is control measure in need of maintenance, Repair, or Replacement?						
890	**Rip Rap [6000304060030]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
900	**Rip Rap [6000304060030]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
910	**Rip Rap [6000304060031]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
920	**Rip Rap [6000304060031]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
930	**Rip Rap [6000304060032]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
940	**Rip Rap [6000304060032]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
950	**Rip Rap [6000304060033]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
960	**Rip Rap [6000304060033]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
970	**Rip Rap [6000304060044]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
980	**Rip Rap [6000304060044]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
990	**Earthen Berm [6000303010034]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
1000	**Earthen Berm [6000303010034]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
1010	**Earthen Berm [6000303010036]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
1020	**Earthen Berm [6000303010036]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
1030	**Earthen Berm [6000303010037]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
1040	**Earthen Berm [6000303010037]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
1050	**Earthen Berm [6000303010038]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
1060	**Earthen Berm [6000303010038]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
1070	**Earthen Berm [6000303010043]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
1080	**Earthen Berm [6000303010043]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
1090	**Sediment Basin [6000305020018]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
1100	**Sediment Basin [6000305020018]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
1110	**Sediment Basin [6000305020041]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
1120					☐	☑	☐

	Sediment Basin [6000305020041] If "Failed", is control measure in need of maintenance, Repair, or Replacement?						
1130	**Rock Check Dam [6000306010001]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
1140	**Rock Check Dam [6000306010001]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
1150	**Rock Check Dam [6000306010002]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
1160	**Rock Check Dam [6000306010002]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
1170	**Rock Check Dam [6000306010003]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
1180	**Rock Check Dam [6000306010003]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
1190	**Rock Check Dam [6000306010004]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
1200	**Rock Check Dam [6000306010004]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
1210	**Rock Check Dam [6000306010005]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
1220	**Rock Check Dam [6000306010005]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
1230	**Rock Check Dam [6000306010006]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
1240	**Rock Check Dam [6000306010006]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
1250	**Rock Check Dam [6000306010007]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
1260	**Rock Check Dam [6000306010007]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
1270	**Rock Check Dam [6000306010008]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
1280	**Rock Check Dam [6000306010008]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
1290	**Jersey Barriers [6000303170015]** Control Measure is operating effectively?				☐	☐	☑
1300	**Jersey Barriers [6000303170015]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
1310	**Jersey Barriers [6000303170021]** Control Measure is operating effectively?				☐	☐	☑
1320	**Jersey Barriers [6000303170021]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
1330	**EnviroSoxx w/ MetalLoxx [6000303200045]** Control Measure is operating effectively?				☐	☐	☑
1340	**EnviroSoxx w/ MetalLoxx [6000303200045]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
1350	**EnviroSoxx w/ MetalLoxx [6000303200046]** Control Measure is operating effectively?				☐	☐	☑
1360					☐	☑	☐

	EnviroSoxx w/ MetalLoxx [6000303200046] If "Failed", is control measure in need of maintenance, Repair, or Replacement?						
1370	**EnviroSoxx w/ MetalLoxx [6000303200047]** Control Measure is operating effectively?				☐	☐	☑
1380	**EnviroSoxx w/ MetalLoxx [6000303200047]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
1390	**Permanent Vegetation Vegetative Buffer Strip [6000302030042]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
1400	**Permanent Vegetation Vegetative Buffer Strip [6000302030042]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐

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

1420	Material loading/unloading and storage areas inspected?				☐	☐	☑
1430	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☐	☑
1440	Transfer areas for substances in bulk inspected?				☐	☐	☑
1450	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☐	☑
1460	Product/chemical storage areas (raw material) inspected?				☐	☑	☐
1470	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☑	☐
1480	Liquid tank storage/secondary containment inspected?				☐	☐	☑
1490	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☐	☑
1500	Industrial processing and finished product storage areas inspected?				☐	☑	☐
1510	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☑	☐
1520	Equipment operation and maintenance areas inspected?				☐	☐	☑
1530	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☐	☑
1540	Fueling areas inspected?				☐	☑	☐
1550	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☑	☐
1560	Outdoor vehicle and equipment washing areas inspected?				☐	☑	☐
1570	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☑	☐
1580	Machinery inspected?				☐	☐	☑
1590	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☐	☑
1600	Waste handling and disposal areas inspected?				☐	☑	☐
1610	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☑	☐
1620	Erodible areas/construction inspected?				☐	☐	☑
1630	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☐	☑
1640	Locations and sources of run-on to the site inspected?				☐	☑	☐
1650	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☑	☐
1660	Non-stormwater/illicit connections inspected?				☐	☑	☐

1670	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☑	☐
1680	Salt storage piles or pile containing salt inspected?				☐	☐	☑
1690	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☐	☑
1700	Dust generation and vehicle tracking inspected?				☐	☐	☑
1710	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☐	☑
1720	Housekeeping (Industrial materials/residues/trash in contact with stormwater) inspected?				☐	☐	☑
1730	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☐	☑
1740	Leaks and spills inspected?				☐	☑	☐
1750	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☑	☐
1760	**Sector P [60003-]** Vehicle storage/maintenance areas inspected?				☐	☐	☑
1770	**Sector P [60003-]** Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☐	☑
Non-Compliance							
1790	Free of incidents of observed non-compliance not associated with any of the above? (Range: 0 - 0)				☐	☐	☑
Additional Control Measures							
1810	Are permit requirements satisfied with existing control measure(s)? If "Failed" describe additional control measures needed. (Range: 0 - 0)				☐	☐	☑
					☐	☐	☐

Labor

Labor	Assigned	Work Date	Reg Hrs	OT Hrs	Other Hrs
Leonard Sandoval	1/30/2017 / 14				

Labor Report

Completed: _____ **Failure:** _____ **Meter 1:** _____ **Meter 2:** _____

Report:

The Sediment retention pond at monitored Outfall 042 was partially frozen & full of snowmelt water which was discharging during the inspection.
The work to relocate a fire hydrant south of Substantial Identical Outfall (SIO) 034 from December has been completed.

WO ID:_____ Page____ of_____

Signature (lead inspector):_____ Date and Time: 1/24/2017 10:05 a.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 DESHS-UIS

Signature: Russell Stone Date: 1/24/2017

Los Alamos National Lab - ADESH

Work Order MSGP-RI-59481

MSGP Routine Inspection
Printed 2/6/2017 - 3:07 PM

Maintenance Details

Requested: 2/6/2017 2:59:29 PM
Procedure: MSGP Stormwater Industrial Routine Facility Inspection (EPC-CP-Form-1020.1)
Last PM: 12/21/2016
Project: RIs Feb 2017 (P-MSGP-RI-5161)

Target: 2/28/2017
Priority/Type: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds

Contact:
Phone:

Reason: MSGP Stormwater Industrial Routine Facility Inspection

Weather at inspection:

Special Instructions: NMR053195

2/17/17 30°F w/high of 54°F Scattered Clouds - Wind less than 5mph; 10% chance of precipitation 8:13 a.m.

Tasks

#	Description	Rating	Meas.	Initials	Failed	N/A	Complete
	Weather Information						
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.				☐	☐	☑
	Within the Facility Boundary						
40	Is the facility free of new discharges of pollutants that have occurred since the last inspection? If "Failed", describe:				☐	☐	☑
50	If "Failed" has a CAR been previously initiated for this new discharge? (Range: 0 - 0)				☐	☑	☐
60	Is the facility free of discharge of pollutants at the time of inspection? If "Failed" describe: (Range: 0 - 0)				☐	☐	☑
70	Is the facility free of evidence of, or the potential for, pollutants entering the drainage system. If "Failed" describe: (Range: 0 - 0)				☐	☐	☑
	Outfall Inspection (needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comment)						
90	**Monitored Outfall [031]** DO: Free of Evidence of Erosion? (Range: 0 - 0)				☐	☐	☑
100	**Monitored Outfall [031]** DO: Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)				☐	☐	☑
110	**Monitored Outfall [031]** DO: Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)				☐	☐	☑
120	**Monitored Outfall [032]** Free of Evidence of Erosion? (Range: 0 - 0)				☐	☐	☑
130	**Monitored Outfall [032]** Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)				☐	☐	☑
140	**Monitored Outfall [032]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)				☐	☐	☑
150	**Monitored Outfall [036]** Free of Evidence of Erosion? (Range: 0 - 0)				☐	☐	☑
160					☐	☐	☑

	Monitored Outfall [036] Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)						
170	**Monitored Outfall [036]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)				☐	☐	☑
180	**Monitored Outfall [039]** Free of Evidence of Erosion? (Range: 0 - 0)				☐	☐	☑
190	**Monitored Outfall [039]** Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)				☐	☐	☑
200	**Monitored Outfall [039]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)				☐	☐	☑
210	**Monitored Outfall [042]** Free of Evidence of Erosion? (Range: 0 - 0)				☐	☐	☑
220	**Monitored Outfall [042]** Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)				☐	☐	☑
230	**Monitored Outfall [042]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)				☐	☐	☑
240	**Substantially Identical Outfall [030]** Free of Evidence of Erosion? (Range: 0 - 0)				☐	☐	☑
250	**Substantially Identical Outfall [030]** Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)				☐	☐	☑
260	**Substantially Identical Outfall [030]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)				☐	☐	☑
270	**Substantially Identical Outfall [033]** Free of Evidence of Erosion? (Range: 0 - 0)				☐	☐	☑
280	**Substantially Identical Outfall [033]** Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)				☐	☐	☑
290	**Substantially Identical Outfall [033]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)				☐	☐	☑
300	**Substantially Identical Outfall [034]** Free of Evidence of Erosion? (Range: 0 - 0)				☐	☐	☑
310	**Substantially Identical Outfall [034]** Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)				☐	☐	☑
320	**Substantially Identical Outfall [034]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)				☐	☐	☑
330	**Substantially Identical Outfall [035]** Free of Evidence of Erosion? (Range: 0 - 0)				☐	☐	☑
340	**Substantially Identical Outfall [035]** Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)				☐	☐	☑
350	**Substantially Identical Outfall [035]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)				☐	☐	☑
360	**Substantially Identical Outfall [037]** Free of Evidence of Erosion? (Range: 0 - 0)				☐	☐	☑
370	**Substantially Identical Outfall [037]** Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)				☐	☐	☑
380	**Substantially Identical Outfall [037]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)				☐	☐	☑
390	**Substantially Identical Outfall [038]** Free of Evidence of Erosion? (Range: 0 - 0)				☐	☐	☑
400					☐	☐	☑

	Substantially Identical Outfall [038] Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)						
410	**Substantially Identical Outfall [038]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)				☐	☐	☑
420	**Substantially Identical Outfall [040]** Free of Evidence of Erosion? (Range: 0 - 0)				☐	☐	☑
430	**Substantially Identical Outfall [040]** Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)				☐	☐	☑
440	**Substantially Identical Outfall [040]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)				☐	☐	☑
450	**Substantially Identical Outfall [041]** Free of Evidence of Erosion? (Range: 0 - 0)				☐	☐	☑
460	**Substantially Identical Outfall [041]** Flow Dissipation Devices Operating Effectively? (Range: 0 - 0)				☐	☐	☑
470	**Substantially Identical Outfall [041]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? (Range: 0 - 0)				☐	☐	☑

Control Measures (identify needed maintenance and repairs, failed control measures that need replacment, or a description of corrective actions in relevant task comments).

490	**Asphalt Berm [6000303040019]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
500	**Asphalt Berm [6000303040019]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
510	**Asphalt Berm [6000303040020]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
520	**Asphalt Berm [6000303040020]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
530	**Rock Channel/Swale [6000304030016]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
540	**Rock Channel/Swale [6000304030016]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
550	**Rock Channel/Swale [6000304030039]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
560	**Rock Channel/Swale [6000304030039]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
570	**Rock Channel/Swale [6000304030040]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
580	**Rock Channel/Swale [6000304030040]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
590	**Rock Channel/Swale [6000311010017]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
600	**Rock Channel/Swale [6000311010017]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
610	**Rip Rap [6000304060009]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
620	**Rip Rap [6000304060009]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
630	**Rip Rap [6000304060010]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
640					☐	☑	☐

	Rip Rap [6000304060010] If "Failed", is control measure in need of maintenance, Repair, or Replacement?						
650	**Rip Rap [6000304060011]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
660	**Rip Rap [6000304060011]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
670	**Rip Rap [6000304060012]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
680	**Rip Rap [6000304060012]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
690	**Rip Rap [6000304060013]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
700	**Rip Rap [6000304060013]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
710	**Rip Rap [6000304060014]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
720	**Rip Rap [6000304060014]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
730	**Rip Rap [6000304060022]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
740	**Rip Rap [6000304060022]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
750	**Rip Rap [6000304060023]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
760	**Rip Rap [6000304060023]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
770	**Rip Rap [6000304060024]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
780	**Rip Rap [6000304060024]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
790	**Rip Rap [6000304060025]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
800	**Rip Rap [6000304060025]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
810	**Rip Rap [6000304060026]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
820	**Rip Rap [6000304060026]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
830	**Rip Rap [6000304060027]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
840	**Rip Rap [6000304060027]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
850	**Rip Rap [6000304060028]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
860	**Rip Rap [6000304060028]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
870	**Rip Rap [6000304060029]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
880					☐	☑	☐

	Rip Rap [6000304060029] If "Failed", is control measure in need of maintenance, Repair, or Replacement?						
890	**Rip Rap [6000304060030]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
900	**Rip Rap [6000304060030]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
910	**Rip Rap [6000304060031]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
920	**Rip Rap [6000304060031]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
930	**Rip Rap [6000304060032]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
940	**Rip Rap [6000304060032]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
950	**Rip Rap [6000304060033]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
960	**Rip Rap [6000304060033]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
970	**Rip Rap [6000304060044]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
980	**Rip Rap [6000304060044]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
990	**Earthen Berm [6000303010034]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
1000	**Earthen Berm [6000303010034]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
1010	**Earthen Berm [6000303010036]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
1020	**Earthen Berm [6000303010036]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
1030	**Earthen Berm [6000303010037]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
1040	**Earthen Berm [6000303010037]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
1050	**Earthen Berm [6000303010038]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
1060	**Earthen Berm [6000303010038]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
1070	**Earthen Berm [6000303010043]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
1080	**Earthen Berm [6000303010043]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
1090	**Sediment Basin [6000305020018]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
1100	**Sediment Basin [6000305020018]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
1110	**Sediment Basin [6000305020041]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
1120					☐	☑	☐

	Sediment Basin [6000305020041] If "Failed", is control measure in need of maintenance, Repair, or Replacement?						
1130	**Rock Check Dam [6000306010001]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
1140	**Rock Check Dam [6000306010001]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
1150	**Rock Check Dam [6000306010002]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
1160	**Rock Check Dam [6000306010002]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
1170	**Rock Check Dam [6000306010003]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
1180	**Rock Check Dam [6000306010003]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
1190	**Rock Check Dam [6000306010004]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
1200	**Rock Check Dam [6000306010004]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
1210	**Rock Check Dam [6000306010005]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
1220	**Rock Check Dam [6000306010005]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
1230	**Rock Check Dam [6000306010006]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
1240	**Rock Check Dam [6000306010006]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
1250	**Rock Check Dam [6000306010007]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
1260	**Rock Check Dam [6000306010007]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
1270	**Rock Check Dam [6000306010008]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
1280	**Rock Check Dam [6000306010008]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
1290	**Jersey Barriers [6000303170015]** Control Measure is operating effectively?				☐	☐	☑
1300	**Jersey Barriers [6000303170015]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
1310	**Jersey Barriers [6000303170021]** Control Measure is operating effectively?				☐	☐	☑
1320	**Jersey Barriers [6000303170021]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
1330	**EnviroSoxx w/ MetalLoxx [6000303200045]** Control Measure is operating effectively?				☐	☐	☑
1340	**EnviroSoxx w/ MetalLoxx [6000303200045]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
1350	**EnviroSoxx w/ MetalLoxx [6000303200046]** Control Measure is operating effectively?				☐	☐	☑
1360					☐	☑	☐

	EnviroSoxx w/ MetalLoxx [6000303200046] If "Failed", is control measure in need of maintenance, Repair, or Replacement?						
1370	**EnviroSoxx w/ MetalLoxx [6000303200047]** Control Measure is operating effectively?				☐	☐	☑
1380	**EnviroSoxx w/ MetalLoxx [6000303200047]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐
1390	**Permanent Vegetation Vegetative Buffer Strip [6000302030042]** Control Measure is operating effectively? (Range: 0 - 0)				☐	☐	☑
1400	**Permanent Vegetation Vegetative Buffer Strip [6000302030042]** If "Failed", is control measure in need of maintenance, Repair, or Replacement?				☐	☑	☐

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

1420	Material loading/unloading and storage areas inspected?				☐	☐	☑
1430	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☐	☑
1440	Transfer areas for substances in bulk inspected?				☐	☐	☑
1450	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☐	☑
1460	Product/chemical storage areas (raw material) inspected?				☐	☑	☐
1470	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☑	☐
1480	Liquid tank storage/secondary containment inspected?				☐	☐	☑
1490	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☐	☑
1500	Industrial processing and finished product storage areas inspected?				☐	☑	☐
1510	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☑	☐
1520	Equipment operation and maintenance areas inspected?	See Labor Report			☑	☐	☐
1530	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☑	☐	☐
1540	Fueling areas inspected?				☐	☑	☐
1550	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☑	☐
1560	Outdoor vehicle and equipment washing areas inspected?				☐	☑	☐
1570	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☑	☐
1580	Machinery inspected?				☐	☐	☑
1590	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☐	☑
1600	Waste handling and disposal areas inspected?				☐	☑	☐
1610	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☑	☐
1620	Erodible areas/construction inspected?				☐	☐	☑
1630	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☐	☑
1640	Locations and sources of run-on to the site inspected?				☐	☑	☐
1650	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☑	☐
1660	Non-stormwater/illicit connections inspected?				☐	☑	☐

1670	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☑	☐
1680	Salt storage piles or pile containing salt inspected?				☐	☐	☑
1690	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	Entered into MSGP tracking database as CAR #1058			☑	☐	☐
1700	Dust generation and vehicle tracking inspected?				☐	☐	☑
1710	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☐	☑
1720	Housekeeping (Industrial materials/residues/trash in contact with stormwater) inspected?				☐	☐	☑
1730	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)	Entered into MSGP tracking database as CAR#1057			☑	☐	☐
1740	Leaks and spills inspected?				☐	☑	☐
1750	Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☑	☐
1760	**Sector P [60003-]** Vehicle storage/maintenance areas inspected?				☐	☐	☑
1770	**Sector P [60003-]** Area/Activity controls adequate (appropriate, effective, and operating)? (Range: 0 - 0)				☐	☐	☑
Non-Compliance							
1790	Free of incidents of observed non-compliance not associated with any of the above? (Range: 0 - 0)				☐	☐	☑
Additional Control Measures							
1810	Are permit requirements satisfied with existing control measure(s)? If "Failed" describe additional control measures needed. (Range: 0 - 0)				☐	☐	☑
					☐	☐	☐

Labor

Labor	Assigned	Work Date	Reg Hrs	OT Hrs	Other Hrs
Leonard Sandoval	2/28/2017 / 14				

Labor Report

Completed: _____ **Failure:** _____ **Meter 1:** _____ **Meter 2:** _____

Report:

The Sediment retention pond at Monitored Outfall 042 was full on water. No visible sheen or trash was observed in the water.
The lined pond south of the salt shed 60-178 is also full of water.
At the far east end of Sigma Mesa dump truck #62 Govt License# G82-0562B has a small hydraulic tank behind the driver's door that is wet from a small leak near the liquid level gage that needs to be fixed.
Entered into the MSGP tracking database as CAR#1056.

WO ID:_____ Page____ of_____

Signature (lead inspector): Leonard F. Stone Date and Time: 2/17/2017 9:34 a.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 GC DESHS-UIS

Signature: Russell Stone Date: 2/21/2017

Los Alamos National Lab - ADESH

Work Order MSGP-RI-59491

MSGP Routine Inspection
Printed 3/7/2017 - 11:22 AM (Duplicate Copy)

Maintenance Details

Requested: 3/7/2017 11:05:00 AM
Procedure: MSGP Stormwater Industrial Routine Facility Inspection (EPC-CP-Form-1020)
Last PM: 1/24/2017
Project: Routine Facility Inspections March 2017 (P-MSGP-RI-5162)
Reason: 2017 March Inspections
Weather at inspection:
Special Instructions: NMR053195

Target: 3/31/2017
Priority/Type: / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds

Contact:
Phone:

3/27/2017
8:18 a.m. Temp. 37°F w/ high of 59°F
Wind Calm w/ Gusts of 5 mph Wind
Clear/Sunny

Tasks

#	Description	Rating	Meas.	Initials	Failed	N/A	Complete
	Weather Information						
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.				☐	☐	☑
	Within the Facility Boundary						
40	Is the facility free of new discharges of pollutants that have occurred since the last inspection? If "No", describe: Small Hydraulic Leak from Dump truck E201180				☑	☐	☐
50	If "No" has a CAR been previously initiated for this new discharge? CAR#1075 entered into MSGP database				☑	☐	☐
60	Is the facility free of discharge of pollutants at the time of inspection? If "No" describe. Small Hydraulic Leak from Dump truck				☑	☐	☐
70	Is the facility free of evidence of, or the potential for, pollutants entering the drainage system. If "No" describe.				☐	☐	☑
	Outfall Inspection (needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comment)						
90	**Monitored Outfall [031]** DO: Free of Evidence of Erosion? If "No", describe.				☐	☐	☑
100	**Monitored Outfall [031]** DO: Flow Dissipation Devices Operating Effectively? If "No", describe.				☐	☐	☑
110	**Monitored Outfall [031]** DO: Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.				☐	☐	☑
120	**Monitored Outfall [032]** Free of Evidence of Erosion? If "No", describe.				☐	☐	☑
130	**Monitored Outfall [032]** Flow Dissipation Devices Operating Effectively? If "No", describe.				☐	☐	☑
140	**Monitored Outfall [032]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.				☐	☐	☑
150	**Monitored Outfall [036]** Free of Evidence of Erosion? If "No", describe.				☐	☐	☑
160					☐	☐	☑

	Monitored Outfall [036] Flow Dissipation Devices Operating Effectively? If "No", describe.						
170	**Monitored Outfall [036]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.				☐	☐	☑
180	**Monitored Outfall [039]** Free of Evidence of Erosion? If "No", describe.				☐	☐	☑
190	**Monitored Outfall [039]** Flow Dissipation Devices Operating Effectively? If "No", describe.				☐	☐	☑
200	**Monitored Outfall [039]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.				☐	☐	☑
210	**Monitored Outfall [042]** Free of Evidence of Erosion? If "No", describe.				☐	☐	☑
220	**Monitored Outfall [042]** Flow Dissipation Devices Operating Effectively? If "No", describe.				☐	☐	☑
230	**Monitored Outfall [042]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.				☐	☐	☑
240	**Substantially Identical Outfall [030]** Free of Evidence of Erosion? If "No", describe.				☐	☐	☑
250	**Substantially Identical Outfall [030]** Flow Dissipation Devices Operating Effectively? If "No", describe.				☐	☐	☑
260	**Substantially Identical Outfall [030]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.				☐	☐	☑
270	**Substantially Identical Outfall [033]** Free of Evidence of Erosion? If "No", describe.				☐	☐	☑
280	**Substantially Identical Outfall [033]** Flow Dissipation Devices Operating Effectively? If "No", describe.				☐	☐	☑
290	**Substantially Identical Outfall [033]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.				☐	☐	☑
300	**Substantially Identical Outfall [034]** Free of Evidence of Erosion? If "No", describe.				☐	☐	☑
310	**Substantially Identical Outfall [034]** Flow Dissipation Devices Operating Effectively? If "No", describe.				☐	☐	☑
320	**Substantially Identical Outfall [034]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.				☐	☐	☑
330	**Substantially Identical Outfall [035]** Free of Evidence of Erosion? If "No", describe.				☐	☐	☑
340	**Substantially Identical Outfall [035]** Flow Dissipation Devices Operating Effectively? If "No", describe.				☐	☐	☑
350	**Substantially Identical Outfall [035]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.				☐	☐	☑
360	**Substantially Identical Outfall [037]** Free of Evidence of Erosion? If "No", describe.				☐	☐	☑
370	**Substantially Identical Outfall [037]** Flow Dissipation Devices Operating Effectively? If "No", describe.				☐	☐	☑
380	**Substantially Identical Outfall [037]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.				☐	☐	☑
390	**Substantially Identical Outfall [038]** Free of Evidence of Erosion? If "No", describe.				☐	☐	☑
400					☐	☐	☑

	Substantially Identical Outfall [038] Flow Dissipation Devices Operating Effectively? If "No", describe.						
410	**Substantially Identical Outfall [038]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.				☐	☐	☑
420	**Substantially Identical Outfall [040]** Free of Evidence of Erosion? If "No", describe.				☐	☐	☑
430	**Substantially Identical Outfall [040]** Flow Dissipation Devices Operating Effectively? If "No", describe.				☐	☐	☑
440	**Substantially Identical Outfall [040]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.				☐	☐	☑
450	**Substantially Identical Outfall [041]** Free of Evidence of Erosion? If "No", describe.				☐	☐	☑
460	**Substantially Identical Outfall [041]** Flow Dissipation Devices Operating Effectively? If "No", describe.				☐	☐	☑
470	**Substantially Identical Outfall [041]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.				☐	☐	☑

Control Measures (identify needed maintenance and repairs, failed control measures that need replacment, or a description of corrective actions in relevant task comments).

490	**Asphalt Berm [6000303040019]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
500	**Asphalt Berm [6000303040020]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
510	**Rock Channel/Swale [6000304030016]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
520	**Rock Channel/Swale [6000304030039]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
530	**Rock Channel/Swale [6000304030040]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
540	**Rock Channel/Swale [6000311010017]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
550	**Rip Rap [6000304060009]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
560	**Rip Rap [6000304060010]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
570	**Rip Rap [6000304060011]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
580	**Rip Rap [6000304060012]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
590	**Rip Rap [6000304060013]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
600					☐	☐	☑

	Rip Rap [6000304060014] Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.						
610	**Rip Rap [6000304060022]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
620	**Rip Rap [6000304060023]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
630	**Rip Rap [6000304060024]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
640	**Rip Rap [6000304060025]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
650	**Rip Rap [6000304060026]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
660	**Rip Rap [6000304060027]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
670	**Rip Rap [6000304060028]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
680	**Rip Rap [6000304060029]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
690	**Rip Rap [6000304060030]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
700	**Rip Rap [6000304060031]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
710	**Rip Rap [6000304060032]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
720	**Rip Rap [6000304060033]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
730	**Rip Rap [6000304060044]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
740	**Earthen Berm [6000303010034]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
750	**Earthen Berm [6000303010036]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
760	**Earthen Berm [6000303010037]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
770	**Earthen Berm [6000303010038]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
780	**Earthen Berm [6000303010043]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
790	**Sediment Basin [6000305020018]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
800	**Sediment Basin [6000305020041]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑

810	**Rock Check Dam [6000306010001]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
820	**Rock Check Dam [6000306010002]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
830	**Rock Check Dam [6000306010003]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
840	**Rock Check Dam [6000306010004]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
850	**Rock Check Dam [6000306010005]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
860	**Rock Check Dam [6000306010006]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
870	**Rock Check Dam [6000306010007]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
880	**Rock Check Dam [6000306010008]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
890	**Jersey Barriers [6000303170015]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
900	**Jersey Barriers [6000303170021]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
910	**EnviroSoxx w/ MetalLoxx [6000303200045]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
920	**EnviroSoxx w/ MetalLoxx [6000303200046]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
930	**EnviroSoxx w/ MetalLoxx [6000303200047]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
940	**Permanent Vegetation Vegetative Buffer Strip [6000302030042]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑

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

960	Material loading/unloading and storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.				☐	☐	☑
970	Transfer areas for substances in bulk: controls adequate (appropriate, effective, and operating)? If "No" describe.				☐	☐	☑
980					☐	☑	☐

	Product/chemical storage areas (raw material): controls adequate (appropriate, effective, and operating)? If "No" describe.						
990	Liquid tank storage/secondary containment: controls adequate (appropriate, effective, and operating)? If "No" describe.				☐	☐	☑
1000	Industrial processing and finished product storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.				☐	☑	☐
1010	Equipment operation and maintenance areas: controls adequate (appropriate, effective, and operating)? If "No" describe.				☐	☐	☑
1020	Fueling areas: controls adequate (appropriate, effective, and operating)? If "No" describe.				☐	☑	☐
1030	Outdoor vehicle and equipment washing areas: controls adequate (appropriate, effective, and operating)? If "No" describe.				☐	☑	☐
1040	Machinery: controls adequate (appropriate, effective, and operating)? If "No" describe.				☐	☐	☑
1050	Waste handling and disposal areas: controls adequate (appropriate, effective, and operating)? If "No" describe.				☐	☑	☐
1060	Erodible areas/construction: controls adequate (appropriate, effective, and operating)? If "No" describe.				☐	☑	☐
1070	Locations and sources of run-on to the site: controls adequate (appropriate, effective, and operating)? If "No" describe.				☐	☑	☐
1080	Non-stormwater/illicit connections: controls adequate (appropriate, effective, and operating)? If "No" describe.				☐	☑	☐
1090	Salt storage piles or pile containing salt: controls adequate (appropriate, effective, and operating)? If "No" describe.				☐	☐	☑
1100	Dust generation and vehicle tracking: controls adequate (appropriate, effective, and operating)? If "No" describe.				☐	☐	☑
1110	Housekeeping (Industrial materials/residues/trash in contact with stormwater): controls adequate (appropriate, effective, and operating)? If "No" describe.	CAR#1077 entered into MSGP database.			☑	☐	☐
1120	Leaks and spills: controls adequate (appropriate, effective, and operating)? If "No" describe.	CAR#1076 entered into MSGP database for small stain on soil south of Cleanfill yard.			☑	☐	☐
1130	**Sector P [60003-]** Vehicle storage/maintenance areas: controls adequate (appropriate, effective, and operating)? If "No" describe.				☐	☐	☑
Non-Compliance							
1150	Free of incidents of observed non-compliance not already identified above? If "No" describe.				☐	☐	☑
Additional Control Measures							
1170	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
Leonard Sandoval	3/31/2017 / 14				

Labor Report

Completed: _____ **Failure:** _____ **Meter 1:** _____ **Meter 2:** _____

Report:

_____

_____

_____

_____

WO ID:_____ Page____ of____

Name/Z#: Leonard F. Sandoval 114326

Signature (lead inspector): Leonard F. Sandoval Date and Time: 3/27/2017 9:40 a.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 DESHS-UIS

Signature: Russell Stone Date: 3/28/2017

Los Alamos National Lab - ADESH

Work Order MSGP-RI-59719

MSGP Routine Inspection
Printed 4/5/2017 - 10:06 AM

Maintenance Details

Requested: 4/4/2017 5:48:25 PM
Procedure: MSGP Stormwater Industrial Routine Facility Inspection (EPC-CP-Form-1020)
Last PM: 1/24/2017
Project: Routine Facility Inspections April 2017 (P-MSGP-RI-5170)
Reason: 2017 April Inspections
Weather at inspection:
Special Instructions: NMR053195

Target: 4/30/2017
Priority/Type: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds

Contact:
Phone:

4/28/2017 7:58 a.m.
Temp. 31°F w/ high of 42°F
Wind less than 5 mph
50% Chance of precipitation
Snowing during inspection

Tasks

#	Description	Rating	Meas.	Initials	Failed	N/A	Complete
	Weather Information						
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.				☐	☐	☑
	Within the Facility Boundary						
40	Is the facility free of new discharges of pollutants that have occurred since the last inspection? If "No", describe:				☐	☐	☑
50	If "No" has a CAR been previously initiated for this new discharge?				☐	☑	☐
60	Is the facility free of discharge of pollutants at the time of inspection? If "No" describe.				☐	☐	☑
70	Is the facility free of evidence of, or the potential for, pollutants entering the drainage system. If "No" describe.				☐	☐	☑
	Outfall Inspection (needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comment)						
90	**Monitored Outfall [031]** DO: Free of Evidence of Erosion? If "No", describe.				☐	☐	☑
100	**Monitored Outfall [031]** DO: Flow Dissipation Devices Operating Effectively? If "No", describe.				☐	☐	☑
110	**Monitored Outfall [031]** DO: Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.				☐	☐	☑
120	**Monitored Outfall [032]** Free of Evidence of Erosion? If "No", describe.				☐	☐	☑
130	**Monitored Outfall [032]** Flow Dissipation Devices Operating Effectively? If "No", describe.				☐	☐	☑
140	**Monitored Outfall [032]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.				☐	☐	☑
150	**Monitored Outfall [036]** Free of Evidence of Erosion? If "No", describe.				☐	☐	☑
160					☐	☐	☑

	Monitored Outfall [036] Flow Dissipation Devices Operating Effectively? If "No", describe.						
170	**Monitored Outfall [036]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.				☐	☐	☑
180	**Monitored Outfall [039]** Free of Evidence of Erosion? If "No", describe.				☐	☐	☑
190	**Monitored Outfall [039]** Flow Dissipation Devices Operating Effectively? If "No", describe.				☐	☐	☑
200	**Monitored Outfall [039]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.				☐	☐	☑
210	**Monitored Outfall [042]** Free of Evidence of Erosion? If "No", describe.				☐	☐	☑
220	**Monitored Outfall [042]** Flow Dissipation Devices Operating Effectively? If "No", describe.				☐	☐	☑
230	**Monitored Outfall [042]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.				☐	☐	☑
240	**Substantially Identical Outfall [030]** Free of Evidence of Erosion? If "No", describe.				☐	☐	☑
250	**Substantially Identical Outfall [030]** Flow Dissipation Devices Operating Effectively? If "No", describe.				☐	☐	☑
260	**Substantially Identical Outfall [030]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.				☐	☐	☑
270	**Substantially Identical Outfall [033]** Free of Evidence of Erosion? If "No", describe.				☐	☐	☑
280	**Substantially Identical Outfall [033]** Flow Dissipation Devices Operating Effectively? If "No", describe.				☐	☐	☑
290	**Substantially Identical Outfall [033]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.				☐	☐	☑
300	**Substantially Identical Outfall [034]** Free of Evidence of Erosion? If "No", describe.				☐	☐	☑
310	**Substantially Identical Outfall [034]** Flow Dissipation Devices Operating Effectively? If "No", describe.				☐	☐	☑
320	**Substantially Identical Outfall [034]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.				☐	☐	☑
330	**Substantially Identical Outfall [035]** Free of Evidence of Erosion? If "No", describe.				☐	☐	☑
340	**Substantially Identical Outfall [035]** Flow Dissipation Devices Operating Effectively? If "No", describe.				☐	☐	☑
350	**Substantially Identical Outfall [035]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.				☐	☐	☑
360	**Substantially Identical Outfall [037]** Free of Evidence of Erosion? If "No", describe.				☐	☐	☑
370	**Substantially Identical Outfall [037]** Flow Dissipation Devices Operating Effectively? If "No", describe.				☐	☐	☑
380	**Substantially Identical Outfall [037]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.				☐	☐	☑
390	**Substantially Identical Outfall [038]** Free of Evidence of Erosion? If "No", describe.				☐	☐	☑
400					☐	☐	☑

	Substantially Identical Outfall [038] Flow Dissipation Devices Operating Effectively? If "No", describe.						
410	**Substantially Identical Outfall [038]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.				☐	☐	☑
420	**Substantially Identical Outfall [040]** Free of Evidence of Erosion? If "No", describe.				☐	☐	☑
430	**Substantially Identical Outfall [040]** Flow Dissipation Devices Operating Effectively? If "No", describe.				☐	☐	☑
440	**Substantially Identical Outfall [040]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.				☐	☐	☑
450	**Substantially Identical Outfall [041]** Free of Evidence of Erosion? If "No", describe.				☐	☐	☑
460	**Substantially Identical Outfall [041]** Flow Dissipation Devices Operating Effectively? If "No", describe.				☐	☐	☑
470	**Substantially Identical Outfall [041]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.				☐	☐	☑

Control Measures (identify needed maintenance and repairs, failed control measures that need replacment, or a description of corrective actions in relevant task comments).

490	**Asphalt Berm [6000303040019]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
500	**Asphalt Berm [6000303040020]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
510	**Rock Channel/Swale [6000304030016]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
520	**Rock Channel/Swale [6000304030039]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
530	**Rock Channel/Swale [6000304030040]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
540	**Rock Channel/Swale [6000311010017]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
550	**Rip Rap [6000304060009]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
560	**Rip Rap [6000304060010]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
570	**Rip Rap [6000304060011]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
580	**Rip Rap [6000304060012]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
590	**Rip Rap [6000304060013]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
600					☐	☐	☑

	Rip Rap [6000304060014] Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.						
610	**Rip Rap [6000304060022]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
620	**Rip Rap [6000304060023]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
630	**Rip Rap [6000304060024]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
640	**Rip Rap [6000304060025]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
650	**Rip Rap [6000304060026]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
660	**Rip Rap [6000304060027]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
670	**Rip Rap [6000304060028]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
680	**Rip Rap [6000304060029]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
690	**Rip Rap [6000304060030]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
700	**Rip Rap [6000304060031]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
710	**Rip Rap [6000304060032]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
720	**Rip Rap [6000304060033]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
730	**Rip Rap [6000304060044]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
740	**Earthen Berm [6000303010034]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
750	**Earthen Berm [6000303010036]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
760	**Earthen Berm [6000303010037]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
770	**Earthen Berm [6000303010038]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
780	**Earthen Berm [6000303010043]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
790	**Sediment Basin [6000305020018]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
800	**Sediment Basin [6000305020041]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑

810	**Rock Check Dam [6000306010001]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
820	**Rock Check Dam [6000306010002]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
830	**Rock Check Dam [6000306010003]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
840	**Rock Check Dam [6000306010004]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
850	**Rock Check Dam [6000306010005]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
860	**Rock Check Dam [6000306010006]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
870	**Rock Check Dam [6000306010007]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
880	**Rock Check Dam [6000306010008]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
890	**Jersey Barriers [6000303170015]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
900	**Jersey Barriers [6000303170021]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
910	**EnviroSoxx w/ MetalLoxx [6000303200045]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
920	**EnviroSoxx w/ MetalLoxx [6000303200046]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
930	**EnviroSoxx w/ MetalLoxx [6000303200047]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑
940	**Permanent Vegetation Vegetative Buffer Strip [6000302030042]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				☐	☐	☑

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

960	Material loading/unloading and storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.				☐	☐	☑
970	Transfer areas for substances in bulk: controls adequate (appropriate, effective, and operating)? If "No" describe.				☐	☑	☑
980					☐	☑	☐

	Product/chemical storage areas (raw material): controls adequate (appropriate, effective, and operating)? If "No" describe.						
990	Liquid tank storage/secondary containment: controls adequate (appropriate, effective, and operating)? If "No" describe.				☐	☐	☑
1000	Industrial processing and finished product storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.				☐	☑	☐
1010	Equipment operation and maintenance areas: controls adequate (appropriate, effective, and operating)? If "No" describe.				☐	☐	☑
1020	Fueling areas: controls adequate (appropriate, effective, and operating)? If "No" describe.				☐	☑	☐
1030	Outdoor vehicle and equipment washing areas: controls adequate (appropriate, effective, and operating)? If "No" describe.				☐	☑	☐
1040	Machinery: controls adequate (appropriate, effective, and operating)? If "No" describe.				☐	☐	☑
1050	Waste handling and disposal areas: controls adequate (appropriate, effective, and operating)? If "No" describe.				☐	☑	☐
1060	Erodible areas/construction: controls adequate (appropriate, effective, and operating)? If "No" describe.				☐	☑	☐
1070	Locations and sources of run-on to the site: controls adequate (appropriate, effective, and operating)? If "No" describe.				☐	☑	☐
1080	Non-stormwater/illicit connections: controls adequate (appropriate, effective, and operating)? If "No" describe.				☐	☑	☐
1090	Salt storage piles or pile containing salt: controls adequate (appropriate, effective, and operating)? If "No" describe.	Refer to Labor Report			☑	☐	☐
1100	Dust generation and vehicle tracking: controls adequate (appropriate, effective, and operating)? If "No" describe.				☐	☐	☑
1110	Housekeeping (Industrial materials/residues/trash in contact with stormwater): controls adequate (appropriate, effective, and operating)? If "No" describe.	Refer to Labor Report			☑	☐	☐
1120	Leaks and spills: controls adequate (appropriate, effective, and operating)? If "No" describe.				☐	☐	☑
1130	**Sector P [60003-]** Vehicle storage/maintenance areas: controls adequate (appropriate, effective, and operating)? If "No" describe.				☐	☐	☑
Non-Compliance							
1150	Free of incidents of observed non-compliance not already identified above? If "No" describe.				☐	☐	☑
Additional Control Measures							
1170	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
Leonard Sandoval	4/30/2017 / 14				

Labor Report

Completed: _____ **Failure:** _____ **Meter 1:** _____ **Meter 2:** _____

Report:

- Pile of salt outside West roll-up door of salt shed 60-178 that was pushed into the salt shed. Was entered & closed in MSGP tracking database as CAR # 1095.
- Pallet of ice melt on North side of transportainer 60-287 that needed to be covered with a tarp. Was entered & closed in MSGP tracking database as CAR # 1096.
- Pile with several broken wooden pallets, cardboard, & metal banding in heavy equipment staging area that is a housekeeping issue. Was entered into the MSGP tracking database as CAR # 1097.
- A concrete Jersey barrier [redacted] of 60-250 that serves as a storm water BMP has moved & needs to be put back in place. Was entered into the MSGP tracking database as CAR # 1098.

WO ID:_____ Page____ of_____

Name/Z#: Leonard F. Sandoval 114326

Signature (lead inspector): Leonard F. Sandoval Date and Time: 4/28/2017 9:15 a.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 GC DOSHS-LLTS

Signature: Russell Stone Date: 5/1/2017

Los Alamos National Lab - ADESH

Work Order MSGP-RI-59915

MSGP Routine Inspection
Printed 5/3/2017 - 1:01 PM

Maintenance Details

Requested: 5/1/2017 11:12:00 AM
Procedure: MSGP Stormwater Industrial Routine Facility Inspection (EPC-CP-Form-1020)
Last PM: 3/27/2017
Project: Routine Facility Inspections May 2017 (P-MSGP-RI-5180)
Reason: 2017 May Inspections
Special Instructions: NMR053195

Target: 5/31/2017
Priority/Type: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds

Contact:
Phone:

5/30/2017 8:27 a.m.
Temp. 46°F with high of 72°F
Wind less than 5 mph
50% Chance of precipitation
Clear/Sunny

Tasks

#	Description	Meas.	No	N/A	Yes
	Weather Information				
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.		☐	☐	☑
	Within the Facility Boundary				
40	Is the facility free of new discharges of pollutants that have occurred since the last inspection? If "No", describe:		☐	☐	☑
50	If "No" has a CAR been previously initiated for this new discharge?		☐	☑	☐
60	Is the facility free of discharge of pollutants at the time of inspection? If "No" describe.		☐	☐	☑
70	Is the facility free of evidence of, or the potential for, pollutants entering the drainage system. If "No" describe.		☐	☐	☑
	Outfall Inspection (needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comment)				
90	**Monitored Outfall [031]** DO: Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
100	**Monitored Outfall [031]** DO: Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
110	**Monitored Outfall [031]** DO: Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
120	**Monitored Outfall [032]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
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150	**Monitored Outfall [036]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
160	**Monitored Outfall [036]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
170	**Monitored Outfall [036]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
180	**Monitored Outfall [039]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
190	**Monitored Outfall [039]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
200	**Monitored Outfall [039]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
210	**Monitored Outfall [042]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
			☐	☐	☑

220	**Monitored Outfall [042]** Flow Dissipation Devices Operating Effectively? If "No", describe.				
230	**Monitored Outfall [042]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
240	**Substantially Identical Outfall [030]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
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330	**Substantially Identical Outfall [035]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
340	**Substantially Identical Outfall [035]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
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390	**Substantially Identical Outfall [038]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
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420	**Substantially Identical Outfall [040]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
430	**Substantially Identical Outfall [040]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
440	**Substantially Identical Outfall [040]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
450	**Substantially Identical Outfall [041]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
460	**Substantially Identical Outfall [041]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
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Control Measures (identify needed maintenance and repairs, failed control measures that need replacment, or a description of corrective actions in relevant task comments).

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520	**Rock Channel/Swale [6000304030039]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
530	**Rock Channel/Swale [6000304030040]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
540	**Rock Channel/Swale [6000311010017]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
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560	**Rip Rap [6000304060010]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
570	**Rip Rap [6000304060011]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
580	**Rip Rap [6000304060012]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
590	**Rip Rap [6000304060013]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
600	**Rip Rap [6000304060014]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
610	**Rip Rap [6000304060022]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
620	**Rip Rap [6000304060023]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
630	**Rip Rap [6000304060024]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
640	**Rip Rap [6000304060025]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
650	**Rip Rap [6000304060026]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
660	**Rip Rap [6000304060027]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
670	**Rip Rap [6000304060028]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
680	**Rip Rap [6000304060029]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
690	**Rip Rap [6000304060030]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
700	**Rip Rap [6000304060031]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
710	**Rip Rap [6000304060032]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
720	**Rip Rap [6000304060033]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
730	**Rip Rap [6000304060044]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
740	**Earthen Berm [6000303010034]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
750	**Earthen Berm [6000303010036]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
760	**Earthen Berm [6000303010037]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
770	**Earthen Berm [6000303010038]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
780	**Earthen Berm [6000303010043]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
790	**Sediment Basin [6000305020018]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
800	**Sediment Basin [6000305020041]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
810	**Rock Check Dam [6000306010001]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
			☐	☐	☑

820	**Rock Check Dam [6000306010002]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.				
830	**Rock Check Dam [6000306010003]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
840	**Rock Check Dam [6000306010004]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
850	**Rock Check Dam [6000306010005]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
860	**Rock Check Dam [6000306010006]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
870	**Rock Check Dam [6000306010007]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
880	**Rock Check Dam [6000306010008]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
890	**Jersey Barriers [6000303170015]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
900	**Jersey Barriers [6000303170021]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
910	**EnviroSoxx w/ MetalLoxx [6000303200045]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
920	**EnviroSoxx w/ MetalLoxx [6000303200046]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
930	**EnviroSoxx w/ MetalLoxx [6000303200047]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
940	**Permanent Vegetation Vegetative Buffer Strip [6000302030042]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑

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

960	Material loading/unloading and storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
970	Transfer areas for substances in bulk: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
980	Product/chemical storage areas (raw material): controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
990	Liquid tank storage/secondary containment: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1000	Industrial processing and finished product storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1010	Equipment operation and maintenance areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1020	Fueling areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1030	Outdoor vehicle and equipment washing areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1040	Machinery: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1050	Waste handling and disposal areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1060	Erodible areas/construction: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1070	Locations and sources of run-on to the site: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1080	Non-stormwater/illicit connections: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1090	Salt storage piles or pile containing salt: controls adequate (appropriate, effective, and operating)? If "No" describe. Refer to Labor Report		☑	☐	☐
			☐	☐	☑

1100	Dust generation and vehicle tracking: controls adequate (appropriate, effective, and operating)? If "No" describe.			
1110	Housekeeping (Industrial materials/residues/trash in contact with stormwater): controls adequate (appropriate, effective, and operating)? If "No" describe. Refer to Labor Report	☐	☐	☐
1120	Leaks and spills: controls adequate (appropriate, effective, and operating)? If "No" describe.	☐	☐	☑
1130	**Sector P [60003-]** Vehicle storage/maintenance areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	☐	☐	☑
Non-Compliance				
1150	Free of incidents of observed non-compliance not already identified above? If "No" describe.	☐	☐	☑
Additional Control Measures				
1170	Are permit requirements satisfied with existing control measure(s)? If "No" describe additional control measures needed.	☐	☐	☑

Labor Report

Completed: _____

Report: Housekeeping issue with plastic bottles and gravel bags at the far east end of Sigma Mesa entered into the MSGP tracking database as CAR# 1111.

WO ID: _____ Page____ of____

Name/Z#: Leonard F. Sandoval 114326

Signature (lead inspector): Leonard F. Sandoval Date and Time: 5/30/2017 9:44a.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 DSHS-UIS

Signature: Russell Stone Date: 5/31/2017

Housekeeping issue with plastic, cardboard, & wood pallet inside heavy equipment staging area West of 60-178 entered into the MSGP tracking database as CAR# 1112. Housekeeping issue north & east of TA-60 building 250 with wind blown trash & trash between 2 transportainers enter into the MSGP database as CAR# 1113. Improper storage of salt because bags of ice melt were being used to hold down tarps covering pallets of ice melt on the north end of transportainer 60-278 was entered into the MSGP tracking database as CAR# 1114.

Los Alamos National Lab - ADESH

Work Order MSGP-RI-60214

MSGP Routine Inspection
Printed 5/26/2017 - 4:30 PM

Maintenance Details

Requested: 5/26/2017 4:14:37 PM
Procedure: MSGP Stormwater Industrial Routine Facility Inspection (EPC-CP-Form-1020)
Last PM: 4/28/2017
Project: Routine Facility Inspections June 2017 (P-MSGP-RI-5187)
Reason: 2017 June Inspections
Special Instructions: NMR053195

Target: 6/30/2017
Priority/Type: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds

Contact:
Phone:

6/13/2017
7:47 a.m. Temp. 53°F & high of 76°F
Clear/Sunny
Wind S to 10 mph

Tasks

#	Description	Meas.	No	N/A	Yes
	Weather Information				
20	Describe the weather at time of inspection. Document the temperature (F°) in the "Reading" field of this line.		☐	☐	☑
	Within the Facility Boundary				
40	Is the facility free of new discharges of pollutants that have occurred since the last inspection? If "No", describe:		☐	☐	☑
50	If "No" has a CAR been previously initiated for this new discharge?		☐	☑	☐
60	Is the facility free of discharge of pollutants at the time of inspection? If "No" describe.		☐	☐	☑
70	Is the facility free of evidence of, or the potential for, pollutants entering the drainage system. If "No" describe.		☐	☐	☑
	Outfall Inspection (needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comment)				
90	**Monitored Outfall [031]** DO: Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
100	**Monitored Outfall [031]** DO: Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
110	**Monitored Outfall [031]** DO: Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
120	**Monitored Outfall [032]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
130	**Monitored Outfall [032]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
140	**Monitored Outfall [032]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
150	**Monitored Outfall [036]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
160	**Monitored Outfall [036]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
170	**Monitored Outfall [036]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
180	**Monitored Outfall [039]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
190	**Monitored Outfall [039]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
200	**Monitored Outfall [039]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
210	**Monitored Outfall [042]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
220	**Monitored Outfall [042]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑

230	**Monitored Outfall [042]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
240	**Substantially Identical Outfall [030]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
250	**Substantially Identical Outfall [030]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
260	**Substantially Identical Outfall [030]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
270	**Substantially Identical Outfall [033]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
280	**Substantially Identical Outfall [033]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
290	**Substantially Identical Outfall [033]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
300	**Substantially Identical Outfall [034]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
310	**Substantially Identical Outfall [034]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
320	**Substantially Identical Outfall [034]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
330	**Substantially Identical Outfall [035]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
340	**Substantially Identical Outfall [035]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
350	**Substantially Identical Outfall [035]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
360	**Substantially Identical Outfall [037]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
370	**Substantially Identical Outfall [037]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
380	**Substantially Identical Outfall [037]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
390	**Substantially Identical Outfall [038]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
400	**Substantially Identical Outfall [038]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
410	**Substantially Identical Outfall [038]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
420	**Substantially Identical Outfall [040]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
430	**Substantially Identical Outfall [040]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
440	**Substantially Identical Outfall [040]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
450	**Substantially Identical Outfall [041]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
460	**Substantially Identical Outfall [041]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
470	**Substantially Identical Outfall [041]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑

Control Measures (identify needed maintenance and repairs, failed control measures that need replacment, or a description of corrective actions in relevant task comments).

490	**Asphalt Berm [6000303040019]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
500	**Asphalt Berm [6000303040020]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
510	**Rock Channel/Swale [6000304030016]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
520	**Rock Channel/Swale [6000304030039]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑

530	**Rock Channel/Swale [6000304030040]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
540	**Rock Channel/Swale [6000311010017]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
550	**Rip Rap [6000304060009]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
560	**Rip Rap [6000304060010]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
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920	**EnviroSoxx w/ MetalLoxx [6000303200046]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
930	**EnviroSoxx w/ MetalLoxx [6000303200047]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
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Area/Activity exposed to stormwater (identify needed mainteance or a description of corrective actions in relevant task comment).

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970	Transfer areas for substances in bulk: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
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1010	Equipment operation and maintenance areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
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1050	Waste handling and disposal areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1060	Erodible areas/construction: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1070	Locations and sources of run-on to the site: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1080	Non-stormwater/illicit connections: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1090	Salt storage piles or pile containing salt: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1100	Dust generation and vehicle tracking: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
			☐	☐	☑

1110	Housekeeping (Industrial materials/residues/trash in contact with stormwater): controls adequate (appropriate, effective, and operating)? If "No" describe.				
1120	Leaks and spills: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1130	**Sector P [60003-]** Vehicle storage/maintenance areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
Non-Compliance					
1150	Free of incidents of observed non-compliance not already identified above? If "No" describe.		☐	☐	☑
Additional Control Measures					
1170	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
Leonard Sandoval	5/26/2017 / 1				

Labor Report

Completed: _____

Report:

WO ID:_____ Page____ of____

Name/Z#: Leonard F. Sandoval 114326

Signature (lead inspector): Leonard F. Sandoval Date and Time: 6/13/2017 8:57 a.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 DESHS - UIS

Signature: Russell Stone Date: 6/13/2017

Los Alamos National Lab - ADESH

Work Order MSGP-RI-60712

MSGP Routine Inspection
Printed 7/10/2017 - 11:05 AM

Maintenance Details

Requested: 7/10/2017 8:54:26 AM
Procedure: MSGP Stormwater Industrial Routine Facility Inspection (EPC-CP-Form-1020)
Last PM: 6/13/2017
Project: Routine Facility Inspections July 2017 (P-MSGP-RI-5199)
Reason: 2017 July Inspections
Special Instructions: NMR053195

Target: 7/31/2017
Priority/Type: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds

Contact:
Phone:

7/24/2017
8:08 a.m.
Temp. 60°F w/ high of 80°F
Partly Cloudy / 20% Chance of precipitation
Wind less than 5 mph

Tasks

#	Description	Meas.	No	N/A	Yes
	Weather Information				
20	Describe the weather at time of inspection. Document the temperature (F°) in the "Reading" field of this line.		☐	☐	☑
	Within the Facility Boundary				
40	Is the facility free of new discharges of pollutants that have occurred since the last inspection? If "No", describe: Refer to Labor Report		☑	☐	☐
50	If "No" has a CAR been previously initiated for this new discharge?		☑	☐	☐
60	Is the facility free of discharge of pollutants at the time of inspection? If "No" describe.		☐	☐	☑
70	Is the facility free of evidence of, or the potential for, pollutants entering the drainage system. If "No" describe.		☐	☐	☑
	Outfall Inspection (needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comment)				
90	**Monitored Outfall [031]** DO: Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
100	**Monitored Outfall [031]** DO: Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
110	**Monitored Outfall [031]** DO: Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
120	**Monitored Outfall [032]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
130	**Monitored Outfall [032]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
140	**Monitored Outfall [032]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
150	**Monitored Outfall [036]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
160	**Monitored Outfall [036]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
170	**Monitored Outfall [036]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
180	**Monitored Outfall [039]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
190	**Monitored Outfall [039]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
200	**Monitored Outfall [039]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
210	**Monitored Outfall [042]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
220	**Monitored Outfall [042]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
230	**Monitored Outfall [042]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
240	**Substantially Identical Outfall [030]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑

250	**Substantially Identical Outfall [030]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
260	**Substantially Identical Outfall [030]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
270	**Substantially Identical Outfall [033]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
280	**Substantially Identical Outfall [033]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
290	**Substantially Identical Outfall [033]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
300	**Substantially Identical Outfall [034]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
310	**Substantially Identical Outfall [034]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
320	**Substantially Identical Outfall [034]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
330	**Substantially Identical Outfall [035]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
340	**Substantially Identical Outfall [035]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
350	**Substantially Identical Outfall [035]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
360	**Substantially Identical Outfall [037]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
370	**Substantially Identical Outfall [037]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
380	**Substantially Identical Outfall [037]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
390	**Substantially Identical Outfall [038]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
400	**Substantially Identical Outfall [038]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
410	**Substantially Identical Outfall [038]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
420	**Substantially Identical Outfall [040]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
430	**Substantially Identical Outfall [040]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
440	**Substantially Identical Outfall [040]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
450	**Substantially Identical Outfall [041]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
460	**Substantially Identical Outfall [041]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
470	**Substantially Identical Outfall [041]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑

Control Measures (identify needed maintenance and repairs, failed control measures that need replacment, or a description of corrective actions in relevant task comments).

490	**Asphalt Berm [6000303040019]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
500	**Asphalt Berm [6000303040020]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
510	**Rock Channel/Swale [6000304030016]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
520	**Rock Channel/Swale [6000304030039]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
530	**Rock Channel/Swale [6000304030040]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
540	**Rock Channel/Swale [6000311010017]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
550	**Rip Rap [6000304060009]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
560	**Rip Rap [6000304060010]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
570	**Rip Rap [6000304060011]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑

580	**Rip Rap [6000304060012]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
590	**Rip Rap [6000304060013]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
600	**Rip Rap [6000304060014]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
610	**Rip Rap [6000304060022]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
620	**Rip Rap [6000304060023]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
630	**Rip Rap [6000304060024]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
640	**Rip Rap [6000304060025]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
650	**Rip Rap [6000304060026]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
660	**Rip Rap [6000304060027]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
670	**Rip Rap [6000304060028]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
680	**Rip Rap [6000304060029]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
690	**Rip Rap [6000304060030]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
700	**Rip Rap [6000304060031]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
710	**Rip Rap [6000304060032]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
720	**Rip Rap [6000304060033]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
730	**Rip Rap [6000304060044]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
740	**Earthen Berm [6000303010034]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
750	**Earthen Berm [6000303010036]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
760	**Earthen Berm [6000303010037]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
770	**Earthen Berm [6000303010038]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
780	**Earthen Berm [6000303010043]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
790	**Sediment Basin [6000305020018]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
800	**Sediment Basin [6000305020041]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
810	**Rock Check Dam [6000306010001]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
820	**Rock Check Dam [6000306010002]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
830	**Rock Check Dam [6000306010003]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
840	**Rock Check Dam [6000306010004]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
850	**Rock Check Dam [6000306010005]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
860	**Rock Check Dam [6000306010006]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
870	**Rock Check Dam [6000306010007]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
880	**Rock Check Dam [6000306010008]** Control Measure is operating effectively? If "No"		☐	☐	☑

	describe condition & need for Maintenance, Repair, or Replacement.				
890	**Jersey Barriers [6000303170015]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
900	**Jersey Barriers [6000303170021]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
910	**EnviroSoxx w/ MetalLoxx [6000303200045]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
920	**EnviroSoxx w/ MetalLoxx [6000303200046]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
930	**EnviroSoxx w/ MetalLoxx [6000303200047]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
940	**Permanent Vegetation Vegetative Buffer Strip [6000302030042]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑

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

960	Material loading/unloading and storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
970	Transfer areas for substances in bulk: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
980	Product/chemical storage areas (raw material): controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
990	Liquid tank storage/secondary containment: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1000	Industrial processing and finished product storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1010	Equipment operation and maintenance areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1020	Fueling areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1030	Outdoor vehicle and equipment washing areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1040	Machinery: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1050	Waste handling and disposal areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1060	Erodible areas/construction: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1070	Locations and sources of run-on to the site: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1080	Non-stormwater/illicit connections: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1090	Salt storage piles or pile containing salt: controls adequate (appropriate, effective, and operating)? If "No" describe. Refer to Labor Report		☑	☐	☐
1100	Dust generation and vehicle tracking: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1110	Housekeeping (Industrial materials/residues/trash in contact with stormwater): controls adequate (appropriate, effective, and operating)? If "No" describe. Refer to Labor		☑	☐	☐
1120	Leaks and spills: controls adequate (appropriate, effective, and operating)? If "No" describe. Report		☐	☐	☑
1130	**Sector P [60003-]** Vehicle storage/maintenance areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑

Non-Compliance

1150	Free of incidents of observed non-compliance not already identified above? If "No" describe.		☐	☐	☑

Additional Control Measures

1170	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
Leonard Sandoval	7/10/2017 / 1				

Labor Report

Completed: _____

Report: On the North Side of transportainer 60-287 there's 3 pallets of ice melt that need to be covered with a tarp entered into the MSGP tracking database as CAR# 1140.

WO ID: _____ Page____ of____

Name/Z#: Leonard F. Sandoval 114326

Signature (lead inspector): Leonard F. Sandoval Date and Time: 7/24/2017 9:20 a.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 DESHS-LETS

Signature: Russell Stone Date: 7/25/2017

South of Salt Shed 60-178 & adjacent to Concrete jersey barriers there's a used roll-up door, large cardboard box, & pile of tin metal that is a housekeeping issue entered into the MSGP tracking database as CAR# 1141.

In the staging area North of the TA-60 Asphalt Batch Plant there's a small hydraulic oil stain on base course that was cleaned up & entered and closed in the MSGP tracking database as CAR# 1142.

Los Alamos National Lab - ADESH

Work Order MSGP-RI-61011

MSGP Routine Inspection
Printed 8/2/2017 - 9:32 AM

Maintenance Details

Requested: 8/2/2017 9:15:25 AM
Procedure: MSGP Stormwater Industrial Routine Facility Inspection (EPC-CP-Form-1020)
Last PM: 6/13/2017
Project: Routine Facility Inspections August 2017 (P-MSGP-RI-5207)

Target: 8/31/2017
Priority/Type: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds

8/14/2017
8:04 a.m.

Contact:
Phone:

Temp. 64°F / high of 79°F
Partly Cloudy
20% Chance of Rain
No Wind

Reason: MSGP Stormwater Industrial Routine Facility Inspection

Special Instructions: NMR053195

Tasks

#	Description	Meas.	No	N/A	Yes
	Weather Information				
20	Describe the weather at time of inspection. Document the temperature (F°) in the "Reading" field of this line.		☐	☐	☑
	Within the Facility Boundary				
40	Is the facility free of new discharges of pollutants that have occurred since the last inspection? If "No", describe:		☑	☐	☐
50	If "No" has a CAR been previously initiated for this new discharge?		☑	☐	☐
60	Is the facility free of discharge of pollutants at the time of inspection? If "No" describe.		☐	☐	☑
70	Is the facility free of evidence of, or the potential for, pollutants entering the drainage system. If "No" describe.		☐	☐	☑
	Outfall Inspection (needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comment)				
90	**Monitored Outfall [031]** DO: Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
100	**Monitored Outfall [031]** DO: Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
110	**Monitored Outfall [031]** DO: Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
120	**Monitored Outfall [032]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
130	**Monitored Outfall [032]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
140	**Monitored Outfall [032]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
150	**Monitored Outfall [036]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
160	**Monitored Outfall [036]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
170	**Monitored Outfall [036]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
180	**Monitored Outfall [039]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
190	**Monitored Outfall [039]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
200	**Monitored Outfall [039]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
210	**Monitored Outfall [042]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
220	**Monitored Outfall [042]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
230	**Monitored Outfall [042]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑

240	**Substantially Identical Outfall [030]** Free of Evidence of Erosion? If "No", describe.		☐	☑
250	**Substantially Identical Outfall [030]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☑
260	**Substantially Identical Outfall [030]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☑
270	**Substantially Identical Outfall [033]** Free of Evidence of Erosion? If "No", describe.		☐	☑
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350	**Substantially Identical Outfall [035]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☑
360	**Substantially Identical Outfall [037]** Free of Evidence of Erosion? If "No", describe.		☐	☑
370	**Substantially Identical Outfall [037]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☑
380	**Substantially Identical Outfall [037]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☑
390	**Substantially Identical Outfall [038]** Free of Evidence of Erosion? If "No", describe.		☐	☑
400	**Substantially Identical Outfall [038]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☑
410	**Substantially Identical Outfall [038]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☑
420	**Substantially Identical Outfall [040]** Free of Evidence of Erosion? If "No", describe.		☐	☑
430	**Substantially Identical Outfall [040]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☑
440	**Substantially Identical Outfall [040]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☑
450	**Substantially Identical Outfall [041]** Free of Evidence of Erosion? If "No", describe.		☐	☑
460	**Substantially Identical Outfall [041]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☑
470	**Substantially Identical Outfall [041]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☑

Control Measures (identify needed maintenance and repairs, failed control measures that need replacment, or a description of corrective actions in relevant task comments).

490	**Asphalt Berm [6000303040019]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☑
500	**Asphalt Berm [6000303040020]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☑
510	**Rock Channel/Swale [6000304030016]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☑
520	**Rock Channel/Swale [6000304030039]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☑
530	**Rock Channel/Swale [6000304030040]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	Refer to Labor Report ☑	☐	☐
540	**Rock Channel/Swale [6000311010017]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☑
550	**Rip Rap [6000304060009]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☑
560	**Rip Rap [6000304060010]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☑
570	**Rip Rap [6000304060011]** Control Measure is operating effectively? If "No" describe		☐	☑

	condition & need for Maintenance, Repair, or Replacement.				
580	**Rip Rap [6000304060012]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
590	**Rip Rap [6000304060013]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
600	**Rip Rap [6000304060014]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
610	**Rip Rap [6000304060022]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
620	**Rip Rap [6000304060023]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
630	**Rip Rap [6000304060024]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
640	**Rip Rap [6000304060025]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
650	**Rip Rap [6000304060026]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
660	**Rip Rap [6000304060027]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
670	**Rip Rap [6000304060028]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
680	**Rip Rap [6000304060029]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
690	**Rip Rap [6000304060030]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
700	**Rip Rap [6000304060031]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
710	**Rip Rap [6000304060032]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
720	**Rip Rap [6000304060033]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
730	**Rip Rap [6000304060044]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
740	**Earthen Berm [6000303010034]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
750	**Earthen Berm [6000303010036]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
760	**Earthen Berm [6000303010037]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
770	**Earthen Berm [6000303010038]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
780	**Earthen Berm [6000303010043]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
790	**Sediment Basin [6000305020018]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
800	**Sediment Basin [6000305020041]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
810	**Rock Check Dam [6000306010001]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
820	**Rock Check Dam [6000306010002]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
830	**Rock Check Dam [6000306010003]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
840	**Rock Check Dam [6000306010004]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
850	**Rock Check Dam [6000306010005]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
860	**Rock Check Dam [6000306010006]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
870	**Rock Check Dam [6000306010007]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑

880	**Rock Check Dam [6000306010008]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
890	**Jersey Barriers [6000303170015]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
900	**Jersey Barriers [6000303170021]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
910	**EnviroSoxx w/ MetalLoxx [6000303200045]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
920	**EnviroSoxx w/ MetalLoxx [6000303200046]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
930	**EnviroSoxx w/ MetalLoxx [6000303200047]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
940	**Permanent Vegetation Vegetative Buffer Strip [6000302030042]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑

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

960	Material loading/unloading and storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
970	Transfer areas for substances in bulk: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
980	Product/chemical storage areas (raw material): controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
990	Liquid tank storage/secondary containment: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1000	Industrial processing and finished product storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1010	Equipment operation and maintenance areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1020	Fueling areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1030	Outdoor vehicle and equipment washing areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1040	Machinery: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1050	Waste handling and disposal areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1060	Erodible areas/construction: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1070	Locations and sources of run-on to the site: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1080	Non-stormwater/illicit connections: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1090	Salt storage piles or pile containing salt: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1100	Dust generation and vehicle tracking: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1110	Housekeeping (Industrial materials/residues/trash in contact with stormwater): controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1120	Leaks and spills: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1130	**Sector P [60003-]** Vehicle storage/maintenance areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑

Non-Compliance

1150	Free of incidents of observed non-compliance not already identified above? If "No" describe.		☐	☐	☑

Additional Control Measures

1170	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
Leonard Sandoval	8/2/2017 / 1				

Labor Report

Completed: _____

Report:
Rock Channel/Swale Storm Water Control # 6000304030040 at the far East end of Sigma Mesa that feeds into Monitored Outfall # 042 needs maintenance work because of erosion caused by Storm Water runoff. Entered into the MSGP tracking database as CAR # 1156.

Signature / Name _____ Date _____ Signature / Name _____ Date _____

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

WO ID:_____ Page____ of____

Name/Z#: Leonard F. Sandoval 114326

Signature (lead inspector): Leonard F. Sandoval Date and Time: 8/14/2017 10:00 a.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 DESHS-UIS

Signature: Russell Stone Date: 8/15/2017

Los Alamos National Lab - ADESH

Work Order MSGP-RI-61379

MSGP Routine Inspection
Printed 9/7/2017 - 12:40 PM

Maintenance Details

Requested: 9/7/2017 12:25:44 PM
Target: 9/30/2017
MSGP Program
Procedure: MSGP Stormwater Industrial Routine Facility Inspection (EPC-CP-Form-1020)
Priority/Type: Normal / Inspection
RG200.5
Department: Utilities and Infrastructure
TA-60 Roads and Grounds
Last PM: 7/24/2017
9/19/2017 8:04 a.m.
Contact:
Project: Routine Facility Inspections Sept 2017 (P-MSGP-RI-5219)
Phone:
Temp. 53°F w/ high of 77°F
Clear/Sunny
Reason: MSGP Stormwater Industrial Routine Facility Inspection
Special Instructions: NMR053195
Wind 5 to 10 mph

Tasks

#	Description	Meas.	No	N/A	Yes
	Weather Information				
20	Describe the weather at time of inspection. Document the temperature (F°) in the "Reading" field of this line.		☐	☐	☑
	Within the Facility Boundary				
40	Is the facility free of new discharges of pollutants that have occurred since the last inspection? If "No", describe:		☑	☐	☐
50	If "No" has a CAR been previously initiated for this new discharge?		☑	☐	☐
60	Is the facility free of discharge of pollutants at the time of inspection? If "No" describe. Refer		☑	☐	☐
70	Is the facility free of evidence of, or the potential for, pollutants entering the drainage system. If "No" describe. to Labor Report		☐	☐	☑
	Outfall Inspection (needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comment)				
90	**Monitored Outfall [031]** DO: Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
100	**Monitored Outfall [031]** DO: Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
110	**Monitored Outfall [031]** DO: Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
120	**Monitored Outfall [032]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
130	**Monitored Outfall [032]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
140	**Monitored Outfall [032]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
150	**Monitored Outfall [036]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
160	**Monitored Outfall [036]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
170	**Monitored Outfall [036]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
180	**Monitored Outfall [039]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
190	**Monitored Outfall [039]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
200	**Monitored Outfall [039]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
210	**Monitored Outfall [042]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
220	**Monitored Outfall [042]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
230	**Monitored Outfall [042]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑

240	**Substantially Identical Outfall [030]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
250	**Substantially Identical Outfall [030]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
260	**Substantially Identical Outfall [030]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
270	**Substantially Identical Outfall [033]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
280	**Substantially Identical Outfall [033]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
290	**Substantially Identical Outfall [033]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
300	**Substantially Identical Outfall [034]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
310	**Substantially Identical Outfall [034]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
320	**Substantially Identical Outfall [034]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
330	**Substantially Identical Outfall [035]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
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390	**Substantially Identical Outfall [038]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
400	**Substantially Identical Outfall [038]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
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420	**Substantially Identical Outfall [040]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
430	**Substantially Identical Outfall [040]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
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450	**Substantially Identical Outfall [041]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
460	**Substantially Identical Outfall [041]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
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Control Measures (identify needed maintenance and repairs, failed control measures that need replacment, or a description of corrective actions in relevant task comments).

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840	**Rock Check Dam [6000306010004]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
850	**Rock Check Dam [6000306010005]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
860	**Rock Check Dam [6000306010006]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
870	**Rock Check Dam [6000306010007]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
880	**Rock Check Dam [6000306010008]** Control Measure is operating effectively? If "No"		☐	☐	☑

	describe condition & need for Maintenance, Repair, or Replacement.				
890	**Jersey Barriers [6000303170015]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
900	**Jersey Barriers [6000303170021]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
910	**EnviroSoxx w/ MetalLoxx [6000303200045]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
920	**EnviroSoxx w/ MetalLoxx [6000303200046]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
930	**EnviroSoxx w/ MetalLoxx [6000303200047]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
940	**Permanent Vegetation Vegetative Buffer Strip [6000302030042]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑

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

960	Material loading/unloading and storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
970	Transfer areas for substances in bulk: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
980	Product/chemical storage areas (raw material): controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
990	Liquid tank storage/secondary containment: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1000	Industrial processing and finished product storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1010	Equipment operation and maintenance areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1020	Fueling areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1030	Outdoor vehicle and equipment washing areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1040	Machinery: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1050	Waste handling and disposal areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1060	Erodible areas/construction: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1070	Locations and sources of run-on to the site: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1080	Non-stormwater/illicit connections: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1090	Salt storage piles or pile containing salt: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1100	Dust generation and vehicle tracking: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1110	Housekeeping (Industrial materials/residues/trash in contact with stormwater): controls adequate (appropriate, effective, and operating)? If "No" describe.	Refer to Labor Report	☑	☐	☐
1120	Leaks and spills: controls adequate (appropriate, effective, and operating)? If "No" describe.	Refer to Labor Report	☑	☐	☐
1130	**Sector P [60003-]** Vehicle storage/maintenance areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑

Non-Compliance

1150	Free of incidents of observed non-compliance not already identified above? If "No" describe.		☐	☐	☑

Additional Control Measures

1170	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
Leonard Sandoval	9/7/2017 / 1				

Labor Report

Completed: _____

Report:
A yellow Techan Snowmelter 20-PD in the staging area South of the Clean-fill yard has a slow leak at the base of the dip stick to the engine and was entered into the MSGP tracking database as CAR # 1170.

WO ID:_____ Page____ of____

Name/Z#: Leonard F. Sandoval 114326

Signature (lead inspector): Leonard F. Sandoval Date and Time: 9/19/2017 9:46 a.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 DESHS-USS

Signature: Russell Stone Date: 9/29/2017

In the staging area North of the Asphalt Batch Plant there's hydraulic fluid stains underneath several of the snow plows and was entered into the MSGP tracking database as CAR # 1171.

Chunks and small blocks of concrete mixed in with a pile of river rock South of the Clean-fill yard and was entered into the MSGP tracking database as CAR # 1172.

At the East corner of transportainer 60-287 there's two stacks of wood pallets and broken pieces of wood that are a housekeeping issue and was entered into the MSGP tracking database as CAR # 1173.

In the staging area east of transportainers 60-320 and 60-321 there's a small hydraulic fluid stain on soil and was entered into the MSGP tracking database as CAR # 1174.

Los Alamos National Lab - ADESH

Work Order MSGP-RI-61514

MSGP Routine Inspection
Printed 9/28/2017 - 1:58 PM

Maintenance Details

Requested: 9/28/2017 1:48:18 PM
Procedure: MSGP Stormwater Industrial Routine Facility Inspection (EPC-CP-Form-1020)
Last PM: 8/14/2017
Project: Routine Facility Inspections Oct 2017 (P-MSGP-RI-5225)

Target: 10/28/2017
Priority/Type: Normal / Inspection
Department: Utilities and Infrastructure

10/23/2017
7:48 a.m.

MSGP Program
RG200.5
TA-60 Roads and Grounds

Contact:
Phone:

Reason: MSGP Stormwater Industrial Routine Facility Inspection

Special Instructions: NMR053195

Temp. 41°F w/ high of 68°F
Clear / Sunny
Wind less than 5 mph

Tasks

#	Description	Meas.	No	N/A	Yes
	Weather Information				
20	Describe the weather at time of inspection. Document the temperature (F°) in the "Reading" field of this line.		☐	☐	☑
	Within the Facility Boundary				
40	Is the facility free of new discharges of pollutants that have occurred since the last inspection? If "No", describe:		☑	☐	☐
50	If "No" has a CAR been previously initiated for this new discharge?		☑	☐	☐
60	Is the facility free of discharge of pollutants at the time of inspection? If "No" describe.	Refer to Labor Report	☑	☐	☐
70	Is the facility free of evidence of, or the potential for, pollutants entering the drainage system. If "No" describe.		☐	☐	☑
	Outfall Inspection (needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comment)				
90	**Monitored Outfall [031]** DO: Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
100	**Monitored Outfall [031]** DO: Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
110	**Monitored Outfall [031]** DO: Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
120	**Monitored Outfall [032]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
130	**Monitored Outfall [032]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
140	**Monitored Outfall [032]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
150	**Monitored Outfall [036]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
160	**Monitored Outfall [036]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
170	**Monitored Outfall [036]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
180	**Monitored Outfall [039]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
190	**Monitored Outfall [039]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
200	**Monitored Outfall [039]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
210	**Monitored Outfall [042]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
220	**Monitored Outfall [042]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
230	**Monitored Outfall [042]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
240	**Substantially Identical Outfall [030]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑

250	**Substantially Identical Outfall [030]** Flow Dissipation Devices Operating Effectively? If "No", describe.	☐	☐	☑
260	**Substantially Identical Outfall [030]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	☐	☐	☑
270	**Substantially Identical Outfall [033]** Free of Evidence of Erosion? If "No", describe.	☐	☐	☑
280	**Substantially Identical Outfall [033]** Flow Dissipation Devices Operating Effectively? If "No", describe.	☐	☐	☑
290	**Substantially Identical Outfall [033]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	☐	☐	☑
300	**Substantially Identical Outfall [034]** Free of Evidence of Erosion? If "No", describe.	☐	☐	☑
310	**Substantially Identical Outfall [034]** Flow Dissipation Devices Operating Effectively? If "No", describe.	☐	☐	☑
320	**Substantially Identical Outfall [034]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	☐	☐	☑
330	**Substantially Identical Outfall [035]** Free of Evidence of Erosion? If "No", describe.	☐	☐	☑
340	**Substantially Identical Outfall [035]** Flow Dissipation Devices Operating Effectively? If "No", describe.	☐	☐	☑
350	**Substantially Identical Outfall [035]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	☐	☐	☑
360	**Substantially Identical Outfall [037]** Free of Evidence of Erosion? If "No", describe.	☐	☐	☑
370	**Substantially Identical Outfall [037]** Flow Dissipation Devices Operating Effectively? If "No", describe.	☐	☐	☑
380	**Substantially Identical Outfall [037]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	☐	☐	☑
390	**Substantially Identical Outfall [038]** Free of Evidence of Erosion? If "No", describe.	☐	☐	☑
400	**Substantially Identical Outfall [038]** Flow Dissipation Devices Operating Effectively? If "No", describe.	☐	☐	☑
410	**Substantially Identical Outfall [038]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	☐	☐	☑
420	**Substantially Identical Outfall [040]** Free of Evidence of Erosion? If "No", describe.	☐	☐	☑
430	**Substantially Identical Outfall [040]** Flow Dissipation Devices Operating Effectively? If "No", describe.	☐	☐	☑
440	**Substantially Identical Outfall [040]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	☐	☐	☑
450	**Substantially Identical Outfall [041]** Free of Evidence of Erosion? If "No", describe.	☐	☐	☑
460	**Substantially Identical Outfall [041]** Flow Dissipation Devices Operating Effectively? If "No", describe.	☐	☐	☑
470	**Substantially Identical Outfall [041]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	☐	☐	☑

Control Measures (identify needed maintenance and repairs, failed control measures that need replacment, or a description of corrective actions in relevant task comments).

490	**Asphalt Berm [6000303040019]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	☐	☐	☑
500	**Asphalt Berm [6000303040020]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	☐	☐	☑
510	**Rock Channel/Swale [6000304030016]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	☐	☐	☑
520	**Rock Channel/Swale [6000304030039]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	☐	☐	☑
530	**Rock Channel/Swale [6000304030040]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	☐	☐	☑
540	**Rock Channel/Swale [6000311010017]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	☐	☐	☑
550	**Rip Rap [6000304060009]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	☐	☐	☑
560	**Rip Rap [6000304060010]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	☐	☐	☑
570	**Rip Rap [6000304060011]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	☐	☐	☑
580	**Rip Rap [6000304060012]** Control Measure is operating effectively? If "No" describe	☐	☐	☑

	condition & need for Maintenance, Repair, or Replacement.				
590	**Rip Rap [6000304060013]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
600	**Rip Rap [6000304060014]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
610	**Rip Rap [6000304060022]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
620	**Rip Rap [6000304060023]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
630	**Rip Rap [6000304060024]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
640	**Rip Rap [6000304060025]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
650	**Rip Rap [6000304060026]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
660	**Rip Rap [6000304060027]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
670	**Rip Rap [6000304060028]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
680	**Rip Rap [6000304060029]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
690	**Rip Rap [6000304060030]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
700	**Rip Rap [6000304060031]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
710	**Rip Rap [6000304060032]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
720	**Rip Rap [6000304060033]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
730	**Rip Rap [6000304060044]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
740	**Earthen Berm [6000303010034]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
750	**Earthen Berm [6000303010036]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
760	**Earthen Berm [6000303010037]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
770	**Earthen Berm [6000303010038]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
780	**Earthen Berm [6000303010043]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
790	**Sediment Basin [6000305020018]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
800	**Sediment Basin [6000305020041]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
810	**Rock Check Dam [6000306010001]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
820	**Rock Check Dam [6000306010002]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
830	**Rock Check Dam [6000306010003]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
840	**Rock Check Dam [6000306010004]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
850	**Rock Check Dam [6000306010005]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
860	**Rock Check Dam [6000306010006]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
870	**Rock Check Dam [6000306010007]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
880	**Rock Check Dam [6000306010008]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑

890	**Jersey Barriers [6000303170015]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
900	**Jersey Barriers [6000303170021]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
910	**EnviroSoxx w/ MetalLoxx [6000303200045]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
920	**EnviroSoxx w/ MetalLoxx [6000303200046]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
930	**EnviroSoxx w/ MetalLoxx [6000303200047]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
940	**Permanent Vegetation Vegetative Buffer Strip [6000302030042]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑

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

960	Material loading/unloading and storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
970	Transfer areas for substances in bulk: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
980	Product/chemical storage areas (raw material): controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
990	Liquid tank storage/secondary containment: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1000	Industrial processing and finished product storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1010	Equipment operation and maintenance areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1020	Fueling areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1030	Outdoor vehicle and equipment washing areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1040	Machinery: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1050	Waste handling and disposal areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1060	Erodible areas/construction: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1070	Locations and sources of run-on to the site: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1080	Non-stormwater/illicit connections: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1090	Salt storage piles or pile containing salt: controls adequate (appropriate, effective, and operating)? If "No" describe.	Refer to Labor Report	☑	☐	☐
1100	Dust generation and vehicle tracking: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1110	Housekeeping (Industrial materials/residues/trash in contact with stormwater): controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1120	Leaks and spills: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1130	**Sector P [60003-]** Vehicle storage/maintenance areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑

Non-Compliance

1150	Free of incidents of observed non-compliance not already identified above? If "No" describe.		☐	☐	☑

Additional Control Measures

1170	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
Leonard Sandoval	9/28/2017 / 1				

Labor Report

Completed: _____

Report:
- South of Salt Shed 60-178 there is hydraulic fluid staining on asphalt and entered into the MSGP tracking database as CAR # 1194.
- North side of transportainer 60-287 there is a pallet of ice melt uncovered and entered into the MSGP tracking database as CAR # 1195.

WO ID:_____ Page____ of_____

Name/Z#: Leonard F. Sandoval 114326

Signature (lead inspector): Leonard F. Sandoval Date and Time: 10/23/2017 9:00 a.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 DESHS-WIS

Signature: [signature] Date: 10/24/2017

- East of Storage Shed 60-290 there is 8 bags of ice melt under a tree and entered into the MSGP tracking database as CAR # 1196.
- There is storm water erosion West of rock channel/Swale 60003040300040 that is allowing storm water runoff to discharge away from sediment basin 60003050200041 and entered into the MSGP tracking database as CAR # 1197.

Note: EnviroSoxx w/ Metal Loxx wattles installed at Outfall 039 & SIOIs 038 and 040 to address CAR#s 1179 & 1180 need to be updated on the SWPPP map.

Los Alamos National Lab - ADESH

Work Order MSGP-RI-61886

MSGP Routine Inspection
Printed 11/1/2017 - 8:47 AM

Maintenance Details

Requested: 10/31/2017 2:43:25 PM
Procedure: MSGP Stormwater Industrial Routine Facility Inspection (EPC-CP-Form-1020)
Last PM: 9/19/2017
Project: Routine Facility Inspections Nov 2017 (P-MSGP-RI-5238)
Reason: 2017 November Inspections
Special Instructions: NMR053195

Target: 11/30/2017
Priority/Type: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds

11/14/2017 7:43 a.m.
Temp. 42°F L/high of 64°F
Clear/Sunny
Wind 5 mph

Contact:
Phone:

Tasks

#	Description	Meas.	No	N/A	Yes
	Weather Information				
20	Describe the weather at time of inspection and document the temperature (F°).		☐	☐	☑
	Within the Facility Boundary				
40	Is the facility free of new discharges of pollutants that have occurred since the last inspection? If "Failed" describe.		☐	☐	☑
50	If "No" has a CAR been previously initiated for this new discharge?		☐	☑	☐
60	Is the facility free of discharge of pollutants at the time of inspection? If "No" describe.		☐	☐	☑
70	Is the facility free of evidence of, or the potential for, pollutants entering the drainage system. If "No" describe.		☐	☐	☑
	Outfall Inspection (identify needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comment)				
90	**Monitored Outfall [031]** DO: Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
100	**Monitored Outfall [031]** DO: Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
110	**Monitored Outfall [031]** DO: Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
120	**Monitored Outfall [032]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
130	**Monitored Outfall [032]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
140	**Monitored Outfall [032]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
150	**Monitored Outfall [036]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
160	**Monitored Outfall [036]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
170	**Monitored Outfall [036]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
180	**Monitored Outfall [039]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
190	**Monitored Outfall [039]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
200	**Monitored Outfall [039]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
210	**Monitored Outfall [042]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
220	**Monitored Outfall [042]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
230	**Monitored Outfall [042]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
240	**Substantially Identical Outfall [030]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
250	**Substantially Identical Outfall [030]** Flow Dissipation Devices Operating Effectively? If		☐	☐	☑

	"No", describe.				
260	**Substantially Identical Outfall [030]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
270	**Substantially Identical Outfall [033]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
280	**Substantially Identical Outfall [033]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
290	**Substantially Identical Outfall [033]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
300	**Substantially Identical Outfall [034]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
310	**Substantially Identical Outfall [034]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
320	**Substantially Identical Outfall [034]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
330	**Substantially Identical Outfall [035]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
340	**Substantially Identical Outfall [035]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
350	**Substantially Identical Outfall [035]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
360	**Substantially Identical Outfall [037]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
370	**Substantially Identical Outfall [037]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
380	**Substantially Identical Outfall [037]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
390	**Substantially Identical Outfall [038]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
400	**Substantially Identical Outfall [038]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
410	**Substantially Identical Outfall [038]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
420	**Substantially Identical Outfall [040]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
430	**Substantially Identical Outfall [040]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
440	**Substantially Identical Outfall [040]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
450	**Substantially Identical Outfall [041]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
460	**Substantially Identical Outfall [041]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
470	**Substantially Identical Outfall [041]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑

Control Measures (identify needed maintenance and repairs, failed control measures that need replacment, or a description of corrective actions in relevant task comments).

490	**Asphalt Berm [6000303040019]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
500	**Asphalt Berm [6000303040020]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
510	**Rock Channel/Swale [6000304030016]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
520	**Rock Channel/Swale [6000304030039]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
530	**Rock Channel/Swale [6000304030040]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
540	**Rock Channel/Swale [6000311010017]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
550	**Rip Rap [6000304060009]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
560	**Rip Rap [6000304060010]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
570	**Rip Rap [6000304060011]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
580	**Rip Rap [6000304060012]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑

590	**Rip Rap [6000304060013]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
600	**Rip Rap [6000304060014]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
610	**Rip Rap [6000304060022]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
620	**Rip Rap [6000304060023]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
630	**Rip Rap [6000304060024]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
640	**Rip Rap [6000304060025]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
650	**Rip Rap [6000304060026]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
660	**Rip Rap [6000304060027]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
670	**Rip Rap [6000304060028]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
680	**Rip Rap [6000304060029]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
690	**Rip Rap [6000304060030]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
700	**Rip Rap [6000304060031]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
710	**Rip Rap [6000304060032]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
720	**Rip Rap [6000304060033]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
730	**Rip Rap [6000304060044]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
740	**Earthen Berm [6000303010034]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
750	**Earthen Berm [6000303010036]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
760	**Earthen Berm [6000303010037]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
770	**Earthen Berm [6000303010038]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
780	**Earthen Berm [6000303010043]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
790	**Sediment Basin [6000305020018]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
800	**Sediment Basin [6000305020041]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
810	**Rock Check Dam [6000306010001]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
820	**Rock Check Dam [6000306010002]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
830	**Rock Check Dam [6000306010003]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
840	**Rock Check Dam [6000306010004]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
850	**Rock Check Dam [6000306010005]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
860	**Rock Check Dam [6000306010006]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
870	**Rock Check Dam [6000306010007]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
880	**Rock Check Dam [6000306010008]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
890	**Jersey Barriers [6000303170015]** Control Measure is operating effectively? If "No"		☐	☐	☑

	describe condition & need for Maintenance, Repair, or Replacement.				
900	**Jersey Barriers [6000303170021]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
910	**EnviroSoxx w/ MetalLoxx [6000303200045]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
920	**EnviroSoxx w/ MetalLoxx [6000303200046]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
930	**EnviroSoxx w/ MetalLoxx [6000303200047]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
940	**Permanent Vegetation Vegetative Buffer Strip [6000302030042]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑

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

960	Material loading/unloading and storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
970	Transfer areas for substances in bulk: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
980	Product/chemical storage areas (raw material): controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
990	Liquid tank storage/secondary containment: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1000	Industrial processing and finished product storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1010	Equipment operation and maintenance areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1020	Fueling areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1030	Outdoor vehicle and equipment washing areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1040	Machinery: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1050	Waste handling and disposal areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1060	Erodible areas/construction: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1070	Locations and sources of run-on to the site: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1080	Non-stormwater/illicit connections: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1090	Salt storage piles or pile containing salt: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1100	Dust generation and vehicle tracking: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1110	Housekeeping (Industrial materials/residues/trash in contact with stormwater): controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1120	Leaks and spills: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1130	**Sector P [60003-]** Vehicle storage/maintenance areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑

Non-Compliance

1150	Free of incidents of observed non-compliance not already identified above? If "No" describe.		☐	☐	☑

Additional Control Measures

1170	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
Leonard Sandoval	11/1/2017 / 1				

Labor Report

Completed: _____

Report:
There is erosion on the earth berm South of transportainer 60-0338 along Ehiwetak Drive that needs to be repaired & entered into the MSGP tracking database as CAR# 1209.

WO ID:_____ Page____ of____

Name/Z#: Leonard F. Sandoval 114326

Signature (lead inspector): Leonard F. Sandoval Date and Time: 11/14/2017 8:57 a.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 DESHS-UIS

Signature: Russell Stone Date: 11/16/2017

Los Alamos National Lab - ADESH

Work Order MSGP-RI-62073

MSGP Routine Inspection
Printed 12/4/2017 - 8:33 AM (Duplicate Copy)

Maintenance Details

Requested: 11/30/2017 1:54:37 PM
Procedure: MSGP Stormwater Industrial Routine Facility Inspection (EPC-CP-Form-1020)
Last PM: 10/23/2017
Project: Routine Facility Inspections Dec 2017 (P-MSGP-RI-5246)
Reason: 2017 December Inspections
Special Instructions: NMR053195

Target: 12/31/2017
Priority/Type: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds

Contact:
Phone:

12/20/2017 11:05 a.m.
Temp. 53°F
Clear/Sunny
Wind less than 5 mph

Tasks

#	Description	Meas.	No	N/A	Yes
	Weather Information				
20	Describe the weather at time of inspection and document the temperature (F°).		☐	☐	☑
	Within the Facility Boundary Refer to Labor Report				
40	Is the facility free of new discharges of pollutants that have occurred since the last inspection? If "Failed" describe.		☑	☐	☐
50	If "No" has a CAR been previously initiated for this new discharge?		☑	☐	☐
60	Is the facility free of discharge of pollutants at the time of inspection? If "No" describe.		☐	☐	☑
70	Is the facility free of evidence of, or the potential for, pollutants entering the drainage system. If "No" describe.		☐	☐	☑
	Outfall Inspection (identify needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comment)				
90	**Monitored Outfall [031]** DO: Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
100	**Monitored Outfall [031]** DO: Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
110	**Monitored Outfall [031]** DO: Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
120	**Monitored Outfall [032]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
130	**Monitored Outfall [032]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
140	**Monitored Outfall [032]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
150	**Monitored Outfall [036]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
160	**Monitored Outfall [036]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
170	**Monitored Outfall [036]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
180	**Monitored Outfall [039]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
190	**Monitored Outfall [039]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
200	**Monitored Outfall [039]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
210	**Monitored Outfall [042]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
220	**Monitored Outfall [042]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
230	**Monitored Outfall [042]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
240	**Substantially Identical Outfall [030]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
250	**Substantially Identical Outfall [030]** Flow Dissipation Devices Operating Effectively? If		☐	☐	☑

	"No", describe.				
260	**Substantially Identical Outfall [030]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
270	**Substantially Identical Outfall [033]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
280	**Substantially Identical Outfall [033]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
290	**Substantially Identical Outfall [033]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
300	**Substantially Identical Outfall [034]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
310	**Substantially Identical Outfall [034]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
320	**Substantially Identical Outfall [034]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
330	**Substantially Identical Outfall [035]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
340	**Substantially Identical Outfall [035]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
350	**Substantially Identical Outfall [035]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
360	**Substantially Identical Outfall [037]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
370	**Substantially Identical Outfall [037]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
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390	**Substantially Identical Outfall [038]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
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420	**Substantially Identical Outfall [040]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
430	**Substantially Identical Outfall [040]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
440	**Substantially Identical Outfall [040]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
450	**Substantially Identical Outfall [041]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
460	**Substantially Identical Outfall [041]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
470	**Substantially Identical Outfall [041]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑

Control Measures (identify needed maintenance and repairs, failed control measures that need replacment, or a description of corrective actions in relevant task comments).

490	**Asphalt Berm [6000303040019]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
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510	**Rock Channel/Swale [6000304030016]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
520	**Rock Channel/Swale [6000304030039]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
530	**Rock Channel/Swale [6000304030040]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
540	**Rock Channel/Swale [6000311010017]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
550	**Rip Rap [6000304060009]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
560	**Rip Rap [6000304060010]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
570	**Rip Rap [6000304060011]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
580	**Rip Rap [6000304060012]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑

590	**Rip Rap [6000304060013]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
600	**Rip Rap [6000304060014]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
610	**Rip Rap [6000304060022]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
620	**Rip Rap [6000304060023]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
630	**Rip Rap [6000304060024]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
640	**Rip Rap [6000304060025]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
650	**Rip Rap [6000304060026]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
660	**Rip Rap [6000304060027]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
670	**Rip Rap [6000304060028]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
680	**Rip Rap [6000304060029]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
690	**Rip Rap [6000304060030]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
700	**Rip Rap [6000304060031]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
710	**Rip Rap [6000304060032]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
720	**Rip Rap [6000304060033]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
730	**Rip Rap [6000304060044]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
740	**Earthen Berm [6000303010034]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
750	**Earthen Berm [6000303010036]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
760	**Earthen Berm [6000303010037]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
770	**Earthen Berm [6000303010038]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
780	**Earthen Berm [6000303010043]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	Refer to Labor Report	☐	☐	
790	**Sediment Basin [6000305020018]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
800	**Sediment Basin [6000305020041]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
810	**Rock Check Dam [6000306010001]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
820	**Rock Check Dam [6000306010002]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
830	**Rock Check Dam [6000306010003]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
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860	**Rock Check Dam [6000306010006]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
870	**Rock Check Dam [6000306010007]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
880	**Rock Check Dam [6000306010008]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
890	**Jersey Barriers [6000303170015]** Control Measure is operating effectively? If "No"		☐	☐	☑

	describe condition & need for Maintenance, Repair, or Replacement.				
900	**Jersey Barriers [6000303170021]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
910	**EnviroSoxx w/ MetalLoxx [6000303200045]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
920	**EnviroSoxx w/ MetalLoxx [6000303200046]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
930	**EnviroSoxx w/ MetalLoxx [6000303200047]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
940	**Permanent Vegetation Vegetative Buffer Strip [6000302030042]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑

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

960	Material loading/unloading and storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
970	Transfer areas for substances in bulk: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
980	Product/chemical storage areas (raw material): controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
990	Liquid tank storage/secondary containment: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1000	Industrial processing and finished product storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1010	Equipment operation and maintenance areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1020	Fueling areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1030	Outdoor vehicle and equipment washing areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1040	Machinery: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1050	Waste handling and disposal areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1060	Erodible areas/construction: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1070	Locations and sources of run-on to the site: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1080	Non-stormwater/illicit connections: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1090	Salt storage piles or pile containing salt: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1100	Dust generation and vehicle tracking: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1110	Housekeeping (Industrial materials/residues/trash in contact with stormwater): controls adequate (appropriate, effective, and operating)? If "No" describe.	Refer to Labor Report	☑	☐	☐
1120	Leaks and spills: controls adequate (appropriate, effective, and operating)? If "No" describe.	Refer to Labor Report	☑	☐	☐
1130	**Sector P [60003-]** Vehicle storage/maintenance areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	Refer to Labor Report	☑	☐	☐

Non-Compliance

1150	Free of incidents of observed non-compliance not already identified above? If "No" describe.		☐	☐	☑

Additional Control Measures

1170	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
Leonard Sandoval	12/31/2017 / 1				

Labor Report

Completed: _____

Report:
There are small oil stains present throughout TA-60 R&G West entered & closed in the MSGP tracking database as CAR# 1283.
A rusted metal grate is being stored along with steel boxes outside in the newly expanded heavy equipment staging area entered & closed in the MSGP tracking database as CAR# 1284.

WO ID:_____ Page____ of____

Holly Wheeler & a student from EPC-CP helped perform the inspection which is considered an annual inspection.

Name/Z#: Leonard F. Sandoval 114326

Signature (lead inspector): Leonard F. Sandoval Date and Time: 12/20/2017 1:00 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 DESHS-UCIS

Signature: Russell Stone Date: 1/02/2018

Bobcat PN#30400 has been stored for an extended period of time in the heavy equipment staging area & the liquids have not been drained from it entered & closed in the MSGP tracking database as CAR# 1285.
Two inch & 1 inch slabs of rusted steel are being stored in the newly expanded heavy equipment staging area entered & closed in the MSGP tracking database as CAR# 1286.
There is erosion NE of the salt pond entered & closed in the MSGP tracking database as CAR# 1287.
A portion of the berm North of TA-60 R&G is eroding entered & closed in the MSGP tracking database as CAR# 1288.
Housekeeping issue at the East end of TA-60 bldg 250 with an old mattress, table, chain link fence, & fabric entered & closed in the MSGP tracking database as CAR# 1289.
Small diesel spill inside Clean-fill yard entered & closed in the MSGP tracking database as CAR# 1290.
There is erosion at the entrance East of the salt pond entered & closed in the MSGP tracking database as CAR# 1291.
There is an oil stain under the side of dump truck #27 @ TA-60 R&G East entered & closed in the MSGP tracking database as CAR# 1292.

over

Inside the clean-fill yard there is a small pile of concrete & asphalt mixed with soil entered & closed in the MSGP tracking database as CAR # 1293.

Los Alamos National Lab - ADESH

Work Order MSGP-RI-62087

MSGP Routine Inspection
Printed 1/2/2018 - 5:03 PM

Maintenance Details

Requested: 1/2/2018 3:57:19 PM
Procedure: MSGP Stormwater Industrial Routine Facility Inspection (EPC-CP-Form-1020)
Last PM: 11/14/2017
Project: Routine Facility Inspections Jan 2018 (P-MSGP-RI-5248)
Reason: 2018 January Inspections
Special Instructions: NMR053195

Target: 1/31/2018
Priority/Type: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds

Contact:
Phone:

1/22/2018 8:35 a.m.
Temp. 11°F w/ high of 36°F
Clear, Sunny, & Cold
Wind Less than 5 mph

Tasks

#	Description	Meas.	No	N/A	Yes
	Weather Information				
20	Describe the weather at time of inspection and document the temperature (F°).		☐	☐	☑
	Within the Facility Boundary				
40	Is the facility free of new discharges of pollutants that have occurred since the last inspection? If "Failed" describe.		☐	☐	☑
50	If "No" has a CAR been previously initiated for this new discharge?		☐	☑	☐
60	Is the facility free of discharge of pollutants at the time of inspection? If "No" describe.		☐	☐	☑
70	Is the facility free of evidence of, or the potential for, pollutants entering the drainage system. If "No" describe.		☐	☐	☑
	Outfall Inspection (identify needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comment)				
90	**Monitored Outfall [031]** DO: Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
100	**Monitored Outfall [031]** DO: Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
110	**Monitored Outfall [031]** DO: Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
120	**Monitored Outfall [032]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
130	**Monitored Outfall [032]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
140	**Monitored Outfall [032]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
150	**Monitored Outfall [036]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
160	**Monitored Outfall [036]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
170	**Monitored Outfall [036]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
180	**Monitored Outfall [039]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
190	**Monitored Outfall [039]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
200	**Monitored Outfall [039]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
210	**Monitored Outfall [042]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
220	**Monitored Outfall [042]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
230	**Monitored Outfall [042]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
240	**Substantially Identical Outfall [030]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
250	**Substantially Identical Outfall [030]** Flow Dissipation Devices Operating Effectively? If		☐	☐	☑

	"No", describe.				
260	**Substantially Identical Outfall [030]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
270	**Substantially Identical Outfall [033]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
280	**Substantially Identical Outfall [033]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
290	**Substantially Identical Outfall [033]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
300	**Substantially Identical Outfall [034]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
310	**Substantially Identical Outfall [034]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
320	**Substantially Identical Outfall [034]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
330	**Substantially Identical Outfall [035]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
340	**Substantially Identical Outfall [035]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
350	**Substantially Identical Outfall [035]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
360	**Substantially Identical Outfall [037]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
370	**Substantially Identical Outfall [037]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
380	**Substantially Identical Outfall [037]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
390	**Substantially Identical Outfall [038]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
400	**Substantially Identical Outfall [038]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
410	**Substantially Identical Outfall [038]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
420	**Substantially Identical Outfall [040]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
430	**Substantially Identical Outfall [040]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
440	**Substantially Identical Outfall [040]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
450	**Substantially Identical Outfall [041]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
460	**Substantially Identical Outfall [041]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
470	**Substantially Identical Outfall [041]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑

Control Measures (identify needed maintenance and repairs, failed control measures that need replacment, or a description of corrective actions in relevant task comments).

490	**Asphalt Berm [6000303040019]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
500	**Asphalt Berm [6000303040020]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
510	**Rock Channel/Swale [6000304030016]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
520	**Rock Channel/Swale [6000304030039]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
530	**Rock Channel/Swale [6000304030040]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
540	**Rock Channel/Swale [6000311010017]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
550	**Rip Rap [6000304060009]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
560	**Rip Rap [6000304060010]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
570	**Rip Rap [6000304060011]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
580	**Rip Rap [6000304060012]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑

590	**Rip Rap [6000304060013]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
600	**Rip Rap [6000304060014]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
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700	**Rip Rap [6000304060031]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
710	**Rip Rap [6000304060032]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
720	**Rip Rap [6000304060033]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
730	**Rip Rap [6000304060044]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
740	**Earthen Berm [6000303010034]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
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760	**Earthen Berm [6000303010037]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
770	**Earthen Berm [6000303010038]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
780	**Earthen Berm [6000303010043]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
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830	**Rock Check Dam [6000306010003]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
840	**Rock Check Dam [6000306010004]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
850	**Rock Check Dam [6000306010005]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
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880	**Rock Check Dam [6000306010008]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
890	**Jersey Barriers [6000303170015]** Control Measure is operating effectively? If "No"		☐	☐	☑

	describe condition & need for Maintenance, Repair, or Replacement.				
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920	**EnviroSoxx w/ MetalLoxx [6000303200046]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
930	**EnviroSoxx w/ MetalLoxx [6000303200047]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
940	**EnviroSoxx w/ MetalLoxx [6000303200048]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
950	**EnviroSoxx w/ MetalLoxx [6000303200049]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
960	**EnviroSoxx w/ MetalLoxx [6000303200050]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
970	**Permanent Vegetation Vegetative Buffer Strip [6000302030042]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑

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

990	Material loading/unloading and storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1000	Transfer areas for substances in bulk: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1010	Product/chemical storage areas (raw material): controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1020	Liquid tank storage/secondary containment: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1030	Industrial processing and finished product storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1040	Equipment operation and maintenance areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1050	Fueling areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1060	Outdoor vehicle and equipment washing areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1070	Machinery: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1080	Waste handling and disposal areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1090	Erodible areas/construction: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1100	Locations and sources of run-on to the site: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1110	Non-stormwater/illicit connections: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1120	Salt storage piles or pile containing salt: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1130	Dust generation and vehicle tracking: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1140	Housekeeping (Industrial materials/residues/trash in contact with stormwater): controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1150	Leaks and spills: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1160	**Sector P [60003-]** Vehicle storage/maintenance areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑

Non-Compliance

1180	Free of incidents of observed non-compliance not already identified above? If "No" describe.		☐	☐	☑

Additional Control Measures

1200	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
Leonard Sandoval	1/31/2018 / 1				

Labor Report

Completed: _____

Report:

WO ID:_____ Page____ of____

Name/Z#: Leonard F. Sandoval 114326

Signature (lead inspector): Leonard F. Sandoval Date and Time: 1/22/2018 9:50 a.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 DESHS-UIS

Signature: Russell Stone Date: 1/24/2018

Los Alamos National Lab - ADESH

Work Order MSGP-62100

MSGP Monitoring Stations
Printed 2/5/2018 - 4:16 PM

Maintenance Details

Requested: 2/5/2018 4:00:02 PM
Procedure: MSGP Stormwater Industrial Routine Facility Inspection (EPC-CP-Form-1020)
Last PM: 1/22/2018
Project: Routine Facility Inspections Feb 2018 (P-MSGP-RI-5250)
Reason: 2018 February Inspections
Special Instructions: NMR053195

Target: 2/28/2018
Priority/Type: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds

Contact:
Phone:

2/26/2018 7:50 am.
Temp. 19°F w/ high of 46°F
Clear / Sunny / Cold
Wind less than 5 mph

Tasks

#	Description	Meas.	No	N/A	Yes
	Weather Information				
20	Describe the weather at time of inspection and document the temperature (F°).		☐	☐	☑
	Within the Facility Boundary				
40	Is the facility free of new discharges of pollutants that have occurred since the last inspection? If "Failed" describe.		☐	☐	☑
50	If "No" has a CAR been previously initiated for this new discharge?		☐	☑	☐
60	Is the facility free of discharge of pollutants at the time of inspection? If "No" describe.		☐	☐	☑
70	Is the facility free of evidence of, or the potential for, pollutants entering the drainage system. If "No" describe.		☐	☐	☑
	Outfall Inspection (identify needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comment)				
90	**Monitored Outfall [031]** DO: Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
100	**Monitored Outfall [031]** DO: Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
110	**Monitored Outfall [031]** DO: Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
120	**Monitored Outfall [032]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
130	**Monitored Outfall [032]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
140	**Monitored Outfall [032]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
150	**Monitored Outfall [036]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
160	**Monitored Outfall [036]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
170	**Monitored Outfall [036]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
180	**Monitored Outfall [039]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
190	**Monitored Outfall [039]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
200	**Monitored Outfall [039]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
210	**Monitored Outfall [042]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
220	**Monitored Outfall [042]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
230	**Monitored Outfall [042]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
240	**Substantially Identical Outfall [030]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
250	**Substantially Identical Outfall [030]** Flow Dissipation Devices Operating Effectively? If		☐	☐	☑

	"No", describe.				
260	**Substantially Identical Outfall [030]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
270	**Substantially Identical Outfall [033]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
280	**Substantially Identical Outfall [033]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
290	**Substantially Identical Outfall [033]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
300	**Substantially Identical Outfall [034]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
310	**Substantially Identical Outfall [034]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
320	**Substantially Identical Outfall [034]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
330	**Substantially Identical Outfall [035]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
340	**Substantially Identical Outfall [035]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
350	**Substantially Identical Outfall [035]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
360	**Substantially Identical Outfall [037]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
370	**Substantially Identical Outfall [037]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
380	**Substantially Identical Outfall [037]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
390	**Substantially Identical Outfall [038]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
400	**Substantially Identical Outfall [038]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
410	**Substantially Identical Outfall [038]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
420	**Substantially Identical Outfall [040]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
430	**Substantially Identical Outfall [040]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
440	**Substantially Identical Outfall [040]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
450	**Substantially Identical Outfall [041]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
460	**Substantially Identical Outfall [041]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
470	**Substantially Identical Outfall [041]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑

Control Measures (identify needed maintenance and repairs, failed control measures that need replacment, or a description of corrective actions in relevant task comments).

490	**Asphalt Berm [6000303040019]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
500	**Asphalt Berm [6000303040020]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
510	**Rock Channel/Swale [6000304030016]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
520	**Rock Channel/Swale [6000304030039]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
530	**Rock Channel/Swale [6000304030040]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
540	**Rock Channel/Swale [6000311010017]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
550	**Rip Rap [6000304060009]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
560	**Rip Rap [6000304060010]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
570	**Rip Rap [6000304060011]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
580	**Rip Rap [6000304060012]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑

590	**Rip Rap [6000304060013]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
600	**Rip Rap [6000304060014]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
610	**Rip Rap [6000304060022]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
620	**Rip Rap [6000304060023]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
630	**Rip Rap [6000304060024]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
640	**Rip Rap [6000304060025]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
650	**Rip Rap [6000304060026]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
660	**Rip Rap [6000304060027]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
670	**Rip Rap [6000304060028]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
680	**Rip Rap [6000304060029]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
690	**Rip Rap [6000304060030]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
700	**Rip Rap [6000304060031]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
710	**Rip Rap [6000304060032]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
720	**Rip Rap [6000304060033]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
730	**Rip Rap [6000304060044]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
740	**Earthen Berm [6000303010034]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
750	**Earthen Berm [6000303010036]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
760	**Earthen Berm [6000303010037]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
770	**Earthen Berm [6000303010038]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
780	**Earthen Berm [6000303010043]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
790	**Sediment Basin [6000305020018]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
800	**Sediment Basin [6000305020041]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
810	**Rock Check Dam [6000306010001]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
820	**Rock Check Dam [6000306010002]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
830	**Rock Check Dam [6000306010003]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
840	**Rock Check Dam [6000306010004]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
850	**Rock Check Dam [6000306010005]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
860	**Rock Check Dam [6000306010006]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
870	**Rock Check Dam [6000306010007]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
880	**Rock Check Dam [6000306010008]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
890	**Jersey Barriers [6000303170015]** Control Measure is operating effectively? If "No"		☐	☐	☑

	describe condition & need for Maintenance, Repair, or Replacement.			
900	**Jersey Barriers [6000303170021]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	☐	☐	☑
910	**EnviroSoxx w/ MetalLoxx [6000303200045]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	☐	☐	☑
920	**EnviroSoxx w/ MetalLoxx [6000303200046]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	☐	☐	☑
930	**EnviroSoxx w/ MetalLoxx [6000303200047]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	☐	☐	☑
940	**EnviroSoxx w/ MetalLoxx [6000303200048]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	☐	☐	☑
950	**EnviroSoxx w/ MetalLoxx [6000303200049]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	☐	☐	☑
960	**EnviroSoxx w/ MetalLoxx [6000303200050]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	☐	☐	☑
970	**Permanent Vegetation Vegetative Buffer Strip [6000302030042]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	☐	☐	☑

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

990	Material loading/unloading and storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	☐	☐	☑
1000	Transfer areas for substances in bulk: controls adequate (appropriate, effective, and operating)? If "No" describe.	☐	☐	☑
1010	Product/chemical storage areas (raw material): controls adequate (appropriate, effective, and operating)? If "No" describe.	☐	☑	☐
1020	Liquid tank storage/secondary containment: controls adequate (appropriate, effective, and operating)? If "No" describe.	☐	☐	☑
1030	Industrial processing and finished product storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	☐	☑	☐
1040	Equipment operation and maintenance areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	☐	☐	☑
1050	Fueling areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	☐	☑	☐
1060	Outdoor vehicle and equipment washing areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	☐	☑	☐
1070	Machinery: controls adequate (appropriate, effective, and operating)? If "No" describe.	☐	☐	☑
1080	Waste handling and disposal areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	☐	☑	☐
1090	Erodible areas/construction: controls adequate (appropriate, effective, and operating)? If "No" describe.	☐	☑	☐
1100	Locations and sources of run-on to the site: controls adequate (appropriate, effective, and operating)? If "No" describe.	☐	☑	☐
1110	Non-stormwater/illicit connections: controls adequate (appropriate, effective, and operating)? If "No" describe.	☐	☑	☐
1120	Salt storage piles or pile containing salt: controls adequate (appropriate, effective, and operating)? If "No" describe. Refer to Labor Report	☑	☐	☐
1130	Dust generation and vehicle tracking: controls adequate (appropriate, effective, and operating)? If "No" describe.	☐	☐	☑
1140	Housekeeping (Industrial materials/residues/trash in contact with stormwater): controls adequate (appropriate, effective, and operating)? If "No" describe. Refer to Labor Report	☑	☐	☐
1150	Leaks and spills: controls adequate (appropriate, effective, and operating)? If "No" describe.	☐	☐	☑
1160	**Sector P [60003-]** Vehicle storage/maintenance areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	☐	☐	☑

Non-Compliance

1180	Free of incidents of observed non-compliance not already identified above? If "No" describe.	☐	☐	☑

Additional Control Measures

1200	Are permit requirements satisfied with existing control measure(s)? If "No" describe additional control measures needed.	☐	☐	☑

Labor

Labor	Work Date	Reg Hrs	OT Hrs	Other Hrs

Labor Report

Completed: _____

Report:
Torn gravel bags, plastic, & broken wood pallets East of asphalt millings staging area that is a housekeeping issue entered into the MSGP tracking database as CAR # 1302.
On both sides of transportainer 60-287 there's pieces of plastic, cardboard, & wood pallets that is a housekeeping issue entered into the MSGP tracking database as CAR# 1303.

WO ID:_____ Page____ of_____

Name/Z#: Leonard F. Sandoval 114326

Signature (lead inspector): [signature] Date and Time: 2/26/2018 9:05 a.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 DESHS-WIS

Signature: [signature] Date: 2/27/2018

At the roll-up doors to salt shed 60-178 there's salt on asphalt that needs to be swept into the salt shed entered into the MSGP tracking database as CAR # 1304.

Los Alamos National Lab - ADESH

Work Order MSGP-RI-62108

MSGP Routine Inspection
Printed 3/5/2018 - 11:02 AM

Maintenance Details

Requested: 3/5/2018 10:57:02 AM
Procedure: MSGP Routine Facility Inspection (EPC-CP-Form-1020.1)
Last PM: 1/22/2018
Project: Routine Facility Inspections March 2018 (P-MSGP-RI-5251)
Reason: MSGP Routine Facility Inspection
Special Instructions: NMR053195

Target: 3/31/2018
Priority/Type: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds

Contact:
Phone:

3/19/2018 8:06 a.m.
Temp 34°F w/ high of 43°F
Partly Cloudy, Cold
Wind less than 5 mph

Tasks

#	Description	Meas.	No	N/A	Yes
	Weather Information				
20	Describe the weather at time of inspection and document the temperature (F°).		☐	☐	☑
	Within the Facility Boundary				
40	Is the facility free of new discharges of pollutants that have occurred since the last inspection? If "Failed" describe.		☐	☐	☑
50	If "No" has a CAR been previously initiated for this new discharge?		☐	☑	☐
60	Is the facility free of discharge of pollutants at the time of inspection? If "No" describe.		☐	☐	☑
70	Is the facility free of evidence of, or the potential for, pollutants entering the drainage system. If "No" describe.		☐	☐	☑
	Outfall Inspection (identify needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comment)				
90	**Monitored Outfall [031]** DO: Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
100	**Monitored Outfall [031]** DO: Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
110	**Monitored Outfall [031]** DO: Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
120	**Monitored Outfall [032]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
130	**Monitored Outfall [032]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
140	**Monitored Outfall [032]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
150	**Monitored Outfall [036]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
160	**Monitored Outfall [036]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
170	**Monitored Outfall [036]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
180	**Monitored Outfall [039]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
190	**Monitored Outfall [039]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
200	**Monitored Outfall [039]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
210	**Monitored Outfall [042]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
220	**Monitored Outfall [042]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
230	**Monitored Outfall [042]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
240	**Substantially Identical Outfall [030]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑

250	**Substantially Identical Outfall [030]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
260	**Substantially Identical Outfall [030]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
270	**Substantially Identical Outfall [033]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
280	**Substantially Identical Outfall [033]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
290	**Substantially Identical Outfall [033]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
300	**Substantially Identical Outfall [034]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
310	**Substantially Identical Outfall [034]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
320	**Substantially Identical Outfall [034]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
330	**Substantially Identical Outfall [035]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
340	**Substantially Identical Outfall [035]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
350	**Substantially Identical Outfall [035]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
360	**Substantially Identical Outfall [037]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
370	**Substantially Identical Outfall [037]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
380	**Substantially Identical Outfall [037]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
390	**Substantially Identical Outfall [038]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
400	**Substantially Identical Outfall [038]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
410	**Substantially Identical Outfall [038]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
420	**Substantially Identical Outfall [040]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
430	**Substantially Identical Outfall [040]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
440	**Substantially Identical Outfall [040]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
450	**Substantially Identical Outfall [041]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
460	**Substantially Identical Outfall [041]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
470	**Substantially Identical Outfall [041]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑

Control Measures (identify needed maintenance and repairs, failed control measures that need replacment, or a description of corrective actions in relevant task comments).

490	**Asphalt Berm [6000303040019]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
500	**Asphalt Berm [6000303040020]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
510	**Rock Channel/Swale [6000304030016]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
520	**Rock Channel/Swale [6000304030039]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
530	**Rock Channel/Swale [6000304030040]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
540	**Rock Channel/Swale [6000311010017]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
550	**Rip Rap [6000304060009]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
560	**Rip Rap [6000304060010]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
570	**Rip Rap [6000304060011]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
580	**Rip Rap [6000304060012]** Control Measure is operating effectively? If "No" describe		☐	☐	☑

	condition & need for Maintenance, Repair, or Replacement.				
590	**Rip Rap [6000304060013]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
600	**Rip Rap [6000304060014]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
610	**Rip Rap [6000304060022]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
620	**Rip Rap [6000304060023]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
630	**Rip Rap [6000304060024]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
640	**Rip Rap [6000304060025]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
650	**Rip Rap [6000304060026]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
660	**Rip Rap [6000304060027]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
670	**Rip Rap [6000304060028]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
680	**Rip Rap [6000304060029]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
690	**Rip Rap [6000304060030]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
700	**Rip Rap [6000304060031]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
710	**Rip Rap [6000304060032]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
720	**Rip Rap [6000304060033]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
730	**Rip Rap [6000304060044]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
740	**Earthen Berm [6000303010034]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
750	**Earthen Berm [6000303010036]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
760	**Earthen Berm [6000303010037]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
770	**Earthen Berm [6000303010038]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
780	**Earthen Berm [6000303010043]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
790	**Sediment Basin [6000305020018]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
800	**Sediment Basin [6000305020041]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
810	**Rock Check Dam [6000306010001]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
820	**Rock Check Dam [6000306010002]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
830	**Rock Check Dam [6000306010003]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
840	**Rock Check Dam [6000306010004]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
850	**Rock Check Dam [6000306010005]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
860	**Rock Check Dam [6000306010006]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
870	**Rock Check Dam [6000306010007]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
880	**Rock Check Dam [6000306010008]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑

890	**Jersey Barriers [6000303170015]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	☐	☐	☑
900	**Jersey Barriers [6000303170021]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	☐	☐	☑
910	**EnviroSoxx w/ MetalLoxx [6000303200045]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	☐	☐	☑
920	**EnviroSoxx w/ MetalLoxx [6000303200046]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	☐	☐	☑
930	**EnviroSoxx w/ MetalLoxx [6000303200047]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	☐	☐	☑
940	**EnviroSoxx w/ MetalLoxx [6000303200048]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	☐	☐	☑
950	**EnviroSoxx w/ MetalLoxx [6000303200049]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	☐	☐	☑
960	**EnviroSoxx w/ MetalLoxx [6000303200050]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	☐	☐	☑
970	**Permanent Vegetation Vegetative Buffer Strip [6000302030042]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	☐	☐	☑

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

990	Material loading/unloading and storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	☐	☐	☑
1000	Transfer areas for substances in bulk: controls adequate (appropriate, effective, and operating)? If "No" describe.	☐	☐	☑
1010	Product/chemical storage areas (raw material): controls adequate (appropriate, effective, and operating)? If "No" describe.	☐	☑	☐
1020	Liquid tank storage/secondary containment: controls adequate (appropriate, effective, and operating)? If "No" describe.	☐	☐	☑
1030	Industrial processing and finished product storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	☐	☑	☐
1040	Equipment operation and maintenance areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	☐	☐	☑
1050	Fueling areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	☐	☑	☐
1060	Outdoor vehicle and equipment washing areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	☐	☑	☐
1070	Machinery: controls adequate (appropriate, effective, and operating)? If "No" describe.	☐	☐	☑
1080	Waste handling and disposal areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	☐	☑	☐
1090	Erodible areas/construction: controls adequate (appropriate, effective, and operating)? If "No" describe.	☐	☑	☐
1100	Locations and sources of run-on to the site: controls adequate (appropriate, effective, and operating)? If "No" describe.	☐	☑	☐
1110	Non-stormwater/illicit connections: controls adequate (appropriate, effective, and operating)? If "No" describe.	☐	☑	☐
1120	Salt storage piles or pile containing salt: controls adequate (appropriate, effective, and operating)? If "No" describe. Refer to Labor Report	☑	☐	☐
1130	Dust generation and vehicle tracking: controls adequate (appropriate, effective, and operating)? If "No" describe.	☐	☐	☑
1140	Housekeeping (Industrial materials/residues/trash in contact with stormwater): controls adequate (appropriate, effective, and operating)? If "No" describe. Refer to Labor Report	☑	☐	☐
1150	Leaks and spills: controls adequate (appropriate, effective, and operating)? If "No" describe.	☐	☐	☑
1160	**Sector P [60003-]** Vehicle storage/maintenance areas: controls adequate (appropriate, effective, and operating)? If "No" describe.	☐	☐	☑

Non-Compliance

1180	Free of incidents of observed non-compliance not already identified above? If "No" describe.	☐	☐	☑

Additional Control Measures

1200	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
Leonard Sandoval	3/5/2018 / 1				

Labor Report

Completed: _____

Report:
Two used tires inside the asphalt milling staging area entered as a housekeeping issue into the MSGP tracking database as CAR# 1315.
Broken PVC pipe inside the heavy equipment Operator training area entered as a housekeeping issue into the MSGP tracking database as CAR# 1316.

WO ID:_____ Page____ of____

Name/Z#: Leonard F. Sandoval 114326

Signature (lead inspector): Leonard F. Sandoval Date and Time: 3/19/2018 9:24 a.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 DESHS-UIS

Signature: Russell Stone Date: 3/20/2018

Pieces of wood, an old wood pallet, & 2 metal reserved parking signs w/ concrete bases inside the heavy equipment staging area entered as a housekeeping issue into the MSGP tracking database as CAR# 1317.
Broken rubber stops & old metal sign along the concrete jersey barriers NW of TA-60 bldg 250 entered as a housekeeping issue into the MSGP tracking database as CAR# 1318.
At the east corner of storage shed 60-290 there's a bag of ice melter on the ground entered as improper storage of salt into the MSGP tracking database as CAR# 1319.
Next to the trash bins there's several broken wood pallets entered as a housekeeping issue into the MSGP tracking database as CAR# 1320.

Los Alamos National Lab - ADESH

Work Order MSGP-RI-62337

MSGP Routine Inspection
Printed 4/5/2018 - 11:47 AM

Maintenance Details

Requested: 4/5/2018 11:38:03 AM
Procedure: MSGP Routine Facility Inspection (EPC-CP-Form-1020.1)
Last PM: 2/26/2018
Project: Routine Facility Inspections April 2018 (P-MSGP-RI-5262)
Reason: 2018 April Inspections
Special Instructions: NMR053195

Target: 4/30/2018
Priority/Type: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds

Contact:
Phone:

4/11/2018 8:00 a.m.
Temp. 53°F w/ high of 73°F
Clear/Sunny
Wind 5-10 mph

Tasks

#	Description	Meas.	No	N/A	Yes
	Weather Information				
20	Describe the weather at time of inspection and document the temperature (F°).				✓
	Within the Facility Boundary				
40	Is the facility free of new discharges of pollutants that have occurred since the last inspection? If "Failed" describe.				✓
50	If "No" has a CAR been previously initiated for this new discharge?			✓	
60	Is the facility free of discharge of pollutants at the time of inspection? If "No" describe.				✓
70	Is the facility free of evidence of, or the potential for, pollutants entering the drainage system. If "No" describe.				✓
	Outfall Inspection (identify needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comment)				
90	**Monitored Outfall [031]** DO: Free of Evidence of Erosion? If "No", describe.				✓
100	**Monitored Outfall [031]** DO: Flow Dissipation Devices Operating Effectively? If "No", describe.				✓
110	**Monitored Outfall [031]** DO: Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.				✓
120	**Monitored Outfall [032]** Free of Evidence of Erosion? If "No", describe.				✓
130	**Monitored Outfall [032]** Flow Dissipation Devices Operating Effectively? If "No", describe.				✓
140	**Monitored Outfall [032]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.				✓
150	**Monitored Outfall [036]** Free of Evidence of Erosion? If "No", describe.				✓
160	**Monitored Outfall [036]** Flow Dissipation Devices Operating Effectively? If "No", describe.				✓
170	**Monitored Outfall [036]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.				✓
180	**Monitored Outfall [039]** Free of Evidence of Erosion? If "No", describe.				✓
190	**Monitored Outfall [039]** Flow Dissipation Devices Operating Effectively? If "No", describe.				✓
200	**Monitored Outfall [039]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.				✓
210	**Monitored Outfall [042]** Free of Evidence of Erosion? If "No", describe.				✓
220	**Monitored Outfall [042]** Flow Dissipation Devices Operating Effectively? If "No", describe.				✓
230	**Monitored Outfall [042]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.				✓
240	**Substantially Identical Outfall [030]** Free of Evidence of Erosion? If "No", describe.				✓

250	**Substantially Identical Outfall [030]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
260	**Substantially Identical Outfall [030]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
270	**Substantially Identical Outfall [033]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
280	**Substantially Identical Outfall [033]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
290	**Substantially Identical Outfall [033]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
300	**Substantially Identical Outfall [034]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
310	**Substantially Identical Outfall [034]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
320	**Substantially Identical Outfall [034]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
330	**Substantially Identical Outfall [035]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
340	**Substantially Identical Outfall [035]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
350	**Substantially Identical Outfall [035]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
360	**Substantially Identical Outfall [037]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
370	**Substantially Identical Outfall [037]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
380	**Substantially Identical Outfall [037]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
390	**Substantially Identical Outfall [038]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
400	**Substantially Identical Outfall [038]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
410	**Substantially Identical Outfall [038]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
420	**Substantially Identical Outfall [040]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
430	**Substantially Identical Outfall [040]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
440	**Substantially Identical Outfall [040]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
450	**Substantially Identical Outfall [041]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
460	**Substantially Identical Outfall [041]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
470	**Substantially Identical Outfall [041]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑

Control Measures (identify needed maintenance and repairs, failed control measures that need replacment, or a description of corrective actions in relevant task comments).

490	**Asphalt Berm [6000303040019]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
500	**Asphalt Berm [6000303040020]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
510	**Rock Channel/Swale [6000304030016]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
520	**Rock Channel/Swale [6000304030039]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
530	**Rock Channel/Swale [6000304030040]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
540	**Rock Channel/Swale [6000311010017]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
550	**Rip Rap [6000304060009]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
560	**Rip Rap [6000304060010]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
570	**Rip Rap [6000304060011]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
580	**Rip Rap [6000304060012]** Control Measure is operating effectively? If "No" describe		☐	☐	☑

	condition & need for Maintenance, Repair, or Replacement.				
590	**Rip Rap [6000304060013]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
600	**Rip Rap [6000304060014]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
610	**Rip Rap [6000304060022]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
620	**Rip Rap [6000304060023]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
630	**Rip Rap [6000304060024]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
640	**Rip Rap [6000304060025]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
650	**Rip Rap [6000304060026]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
660	**Rip Rap [6000304060027]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
670	**Rip Rap [6000304060028]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
680	**Rip Rap [6000304060029]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
690	**Rip Rap [6000304060030]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
700	**Rip Rap [6000304060031]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
710	**Rip Rap [6000304060032]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
720	**Rip Rap [6000304060033]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
730	**Rip Rap [6000304060044]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
740	**Earthen Berm [6000303010034]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
750	**Earthen Berm [6000303010036]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
760	**Earthen Berm [6000303010037]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
770	**Earthen Berm [6000303010038]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
780	**Earthen Berm [6000303010043]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
790	**Sediment Basin [6000305020018]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
800	**Sediment Basin [6000305020041]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
810	**Rock Check Dam [6000306010001]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
820	**Rock Check Dam [6000306010002]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
830	**Rock Check Dam [6000306010003]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
840	**Rock Check Dam [6000306010004]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
850	**Rock Check Dam [6000306010005]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
860	**Rock Check Dam [6000306010006]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
870	**Rock Check Dam [6000306010007]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
880	**Rock Check Dam [6000306010008]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑

890	**Jersey Barriers [6000303170015]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
900	**Jersey Barriers [6000303170021]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
910	**EnviroSoxx w/ MetalLoxx [6000303200045]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
920	**EnviroSoxx w/ MetalLoxx [6000303200046]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
930	**EnviroSoxx w/ MetalLoxx [6000303200047]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
940	**EnviroSoxx w/ MetalLoxx [6000303200048]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
950	**EnviroSoxx w/ MetalLoxx [6000303200049]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
960	**EnviroSoxx w/ MetalLoxx [6000303200050]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
970	**Permanent Vegetation Vegetative Buffer Strip [6000302030042]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑

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

990	Material loading/unloading and storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1000	Transfer areas for substances in bulk: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1010	Product/chemical storage areas (raw material): controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1020	Liquid tank storage/secondary containment: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1030	Industrial processing and finished product storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1040	Equipment operation and maintenance areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1050	Fueling areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1060	Outdoor vehicle and equipment washing areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1070	Machinery: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1080	Waste handling and disposal areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1090	Erodible areas/construction: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1100	Locations and sources of run-on to the site: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1110	Non-stormwater/illicit connections: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1120	Salt storage piles or pile containing salt: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1130	Dust generation and vehicle tracking: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1140	Housekeeping (Industrial materials/residues/trash in contact with stormwater): controls adequate (appropriate, effective, and operating)? If "No" describe.	Refer to Labor Report	☑	☐	☐
1150	Leaks and spills: controls adequate (appropriate, effective, and operating)? If "No" describe.	Refer to Labor Report	☑	☐	☐
1160	**Sector P [60003-]** Vehicle storage/maintenance areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑

Non-Compliance

1180	Free of incidents of observed non-compliance not already identified above? If "No" describe.		☐	☐	☑

Additional Control Measures

1200	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
Leonard Sandoval	4/30/2018 / 14				

Labor Report

Completed: _____

Report:
Pile of wood pallets next trash only bins East of TA-60 bldg 250 that are a housekeeping issue entered into the MSGP tracking database as CAR # 1323.
Salt on asphalt outside the roll-up doors to salt shed 60-178 is a housekeeping issue entered into the MSGP tracking database as CAR # 1324.

WO ID:_____ Page____ of____

Name/Z#: Leonard F. Sandoval 114326

Signature (lead inspector): Leonard F. Sandoval Date and Time: 4/11/2018 9:34 a.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 DESHS-CTS

Signature: [signature] Date: 8/16/2018

Crushed aerosol Can of penetrating oil in the staging area North of the TA-60 Asphalt Batch Plant causing a stain on asphalt that was entered and closed in the MSGP tracking database as CAR # 1325.
In the staging area North of the TA-60 Asphalt Batch Plant there are several stains on base course from diesel spills & a Hydro-Seeder with license # E47932 that has a small diesel leak entered into the MSGP tracking database as CAR # 1326.

Los Alamos National Lab - ADESH

Work Order MSGP-RI-62586

MSGP Routine Inspection
Printed 5/24/2018 - 11:01 AM

Maintenance Details

Requested: 5/24/2018 10:44:01 AM
Procedure: MSGP Routine Facility Inspection (EPC-CP-Form-1020.1)
Last PM: 4/11/2018
Project: Routine Facility Inspections May 2018 (P-MSGP-RI-5276)
Reason: MSGP Routine Facility Inspection
Special Instructions: NMR053195

Target: 5/31/2018
Priority/Type: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds

5/23/2018 8 a.m.
Temp. 57°F w/ high of 75°F
Broken Cloud Cover
Wind - Less than 5 mph

Contact:
Phone:

Tasks

#	Description	Meas.	No	N/A	Yes
	Weather Information				
20	Describe the weather at time of inspection and document the temperature (F°).		☐	☐	☑
	Within the Facility Boundary				
40	Is the facility free of new discharges of pollutants that have occurred since the last inspection? If "Failed" describe.		☐	☐	☑
50	If "No" has a CAR been previously initiated for this new discharge?		☐	☑	☐
60	Is the facility free of discharge of pollutants at the time of inspection? If "No" describe.		☐	☐	☑
70	Is the facility free of evidence of, or the potential for, pollutants entering the drainage system. If "No" describe.		☐	☐	☑
	Outfall Inspection (identify needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comment)				
90	**Monitored Outfall [031]** DO: Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
100	**Monitored Outfall [031]** DO: Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
110	**Monitored Outfall [031]** DO: Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
120	**Monitored Outfall [032]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
130	**Monitored Outfall [032]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
140	**Monitored Outfall [032]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
150	**Monitored Outfall [036]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
160	**Monitored Outfall [036]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
170	**Monitored Outfall [036]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
180	**Monitored Outfall [039]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
190	**Monitored Outfall [039]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
200	**Monitored Outfall [039]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
210	**Monitored Outfall [042]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
220	**Monitored Outfall [042]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
230	**Monitored Outfall [042]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
240	**Substantially Identical Outfall [030]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑

250	**Substantially Identical Outfall [030]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
260	**Substantially Identical Outfall [030]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
270	**Substantially Identical Outfall [033]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
280	**Substantially Identical Outfall [033]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
290	**Substantially Identical Outfall [033]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
300	**Substantially Identical Outfall [034]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
310	**Substantially Identical Outfall [034]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
320	**Substantially Identical Outfall [034]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
330	**Substantially Identical Outfall [035]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
340	**Substantially Identical Outfall [035]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
350	**Substantially Identical Outfall [035]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
360	**Substantially Identical Outfall [037]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
370	**Substantially Identical Outfall [037]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
380	**Substantially Identical Outfall [037]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
390	**Substantially Identical Outfall [038]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
400	**Substantially Identical Outfall [038]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
410	**Substantially Identical Outfall [038]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
420	**Substantially Identical Outfall [040]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
430	**Substantially Identical Outfall [040]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
440	**Substantially Identical Outfall [040]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
450	**Substantially Identical Outfall [041]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
460	**Substantially Identical Outfall [041]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
470	**Substantially Identical Outfall [041]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑

Control Measures (identify needed maintenance and repairs, failed control measures that need replacment, or a description of corrective actions in relevant task comments).

490	**Asphalt Berm [6000303040019]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
500	**Asphalt Berm [6000303040020]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
510	**Rock Channel/Swale [6000304030016]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
520	**Rock Channel/Swale [6000304030039]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
530	**Rock Channel/Swale [6000304030040]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
540	**Rock Channel/Swale [6000311010017]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
550	**Rip Rap [6000304060009]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
560	**Rip Rap [6000304060010]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
570	**Rip Rap [6000304060011]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
580	**Rip Rap [6000304060012]** Control Measure is operating effectively? If "No" describe		☐	☐	☑

	condition & need for Maintenance, Repair, or Replacement.				
590	**Rip Rap [6000304060013]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
600	**Rip Rap [6000304060014]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
610	**Rip Rap [6000304060022]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
620	**Rip Rap [6000304060023]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
630	**Rip Rap [6000304060024]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
640	**Rip Rap [6000304060025]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
650	**Rip Rap [6000304060026]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
660	**Rip Rap [6000304060027]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
670	**Rip Rap [6000304060028]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
680	**Rip Rap [6000304060029]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
690	**Rip Rap [6000304060030]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
700	**Rip Rap [6000304060031]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
710	**Rip Rap [6000304060032]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
720	**Rip Rap [6000304060033]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
730	**Rip Rap [6000304060044]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
740	**Earthen Berm [6000303010034]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
750	**Earthen Berm [6000303010036]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
760	**Earthen Berm [6000303010037]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
770	**Earthen Berm [6000303010038]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
780	**Earthen Berm [6000303010043]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
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830	**Rock Check Dam [6000306010003]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
840	**Rock Check Dam [6000306010004]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
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920	**EnviroSoxx w/ MetalLoxx [6000303200046]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
930	**EnviroSoxx w/ MetalLoxx [6000303200047]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
940	**EnviroSoxx w/ MetalLoxx [6000303200048]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
950	**EnviroSoxx w/ MetalLoxx [6000303200049]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
960	**EnviroSoxx w/ MetalLoxx [6000303200050]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
970	**Permanent Vegetation Vegetative Buffer Strip [6000302030042]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑

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

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1000	Transfer areas for substances in bulk: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1010	Product/chemical storage areas (raw material): controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1020	Liquid tank storage/secondary containment: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1030	Industrial processing and finished product storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
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1100	Locations and sources of run-on to the site: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
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1160	**Sector P [60003-]** Vehicle storage/maintenance areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑

Non-Compliance

1180	Free of incidents of observed non-compliance not already identified above? If "No" describe.		☐	☐	☑

Additional Control Measures

1200	Are permit requirements satisfied with existing control measure(s)? If "No" describe additional control measures needed.		☐	☐	☑

Labor

Labor	Work Date	Reg Hrs	OT Hrs	Other Hrs

Labor Report

Completed: _____

Report: EnviroSoxx w/ MetalLoxx wattle @ Outfall 042 that is torn & needs to be replaced entered into the MSGP tracking database as CAR # 1335. Windblown trash from the Asphalt Millings staging area East to the Sediment Retention Pond entered as a housekeeping issue into the MSGP tracking database as CAR # 1336.

WO ID:_____ Page____ of____

Name/Z#: Leonard F. Sandoval 114326

Signature (lead inspector): Leonard F. Sandoval Date and Time: 5/23/2018 9:34 a.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 DESX5-UGS

Signature: Russell Stone Date: 5/29/2018

Metal flashing/tin along East wall of Salt shed 60-178 that needs to be put into a metal for recycle bin entered into the MSGP tracking database as CAR # 1337.

Torn bags of Quick Crete Cement & Quick Crete blacktop repair next to storage shed 60-0327 that need to be disposed entered into the MSGP tracking database as CAR # 1338.

Windblown trash along Concrete Jersey Barriers North of 60-250 entered as a housekeeping issue into the MSGP tracking database as CAR # 1339.

Los Alamos National Lab - ADESH

Work Order MSGP-RI-62648

MSGP Routine Inspection
Printed 6/14/2018 - 4:03 PM

Maintenance Details

Requested: 6/14/2018 3:59:00 PM
Procedure: MSGP Routine Facility Inspection (EPC-CP-Form-1020.1)
Last PM: 5/23/2018
Project: Routine Facility Inspections June 2018 (P-MSGP-RI-5282)
Reason: 2018 June Inspections
Special Instructions: NMR053195

Target: 6/30/2018
Priority/Type: / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds

6/18/2018 7:56 a.m.
Temp. 57°F w/ high of 81°F
Clear/Sunny
Wind - Less than 5 mph

Contact:
Phone:

Tasks

#	Description	Meas.	No	N/A	Yes
	Weather Information				
20	Describe the weather at time of inspection and document the temperature (F°).		☐	☐	☑
	Within the Facility Boundary				
40	Is the facility free of new discharges of pollutants that have occurred since the last inspection? If "Failed" describe.		☐	☐	☑
50	If "No" has a CAR been previously initiated for this new discharge?		☐	☑	☐
60	Is the facility free of discharge of pollutants at the time of inspection? If "No" describe.		☐	☐	☑
70	Is the facility free of evidence of, or the potential for, pollutants entering the drainage system. If "No" describe.		☐	☐	☑
	Outfall Inspection (identify needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comment)				
90	**Monitored Outfall [031]** DO: Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
100	**Monitored Outfall [031]** DO: Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
110	**Monitored Outfall [031]** DO: Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
120	**Monitored Outfall [032]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
130	**Monitored Outfall [032]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
140	**Monitored Outfall [032]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
150	**Monitored Outfall [036]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
160	**Monitored Outfall [036]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
170	**Monitored Outfall [036]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
180	**Monitored Outfall [039]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
190	**Monitored Outfall [039]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
200	**Monitored Outfall [039]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
210	**Monitored Outfall [042]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
220	**Monitored Outfall [042]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
230	**Monitored Outfall [042]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
240	**Substantially Identical Outfall [030]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑

250	**Substantially Identical Outfall [030]** Flow Dissipation Devices Operating Effectively? If "No", describe.	☐	☐	☑
260	**Substantially Identical Outfall [030]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	☐	☐	☑
270	**Substantially Identical Outfall [033]** Free of Evidence of Erosion? If "No", describe.	☐	☐	☑
280	**Substantially Identical Outfall [033]** Flow Dissipation Devices Operating Effectively? If "No", describe.	☐	☐	☑
290	**Substantially Identical Outfall [033]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	☐	☐	☑
300	**Substantially Identical Outfall [034]** Free of Evidence of Erosion? If "No", describe.	☐	☐	☑
310	**Substantially Identical Outfall [034]** Flow Dissipation Devices Operating Effectively? If "No", describe.	☐	☐	☑
320	**Substantially Identical Outfall [034]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	☐	☐	☑
330	**Substantially Identical Outfall [035]** Free of Evidence of Erosion? If "No", describe.	☐	☐	☑
340	**Substantially Identical Outfall [035]** Flow Dissipation Devices Operating Effectively? If "No", describe.	☐	☐	☑
350	**Substantially Identical Outfall [035]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	☐	☐	☑
360	**Substantially Identical Outfall [037]** Free of Evidence of Erosion? If "No", describe.	☐	☐	☑
370	**Substantially Identical Outfall [037]** Flow Dissipation Devices Operating Effectively? If "No", describe.	☐	☐	☑
380	**Substantially Identical Outfall [037]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	☐	☐	☑
390	**Substantially Identical Outfall [038]** Free of Evidence of Erosion? If "No", describe.	☐	☐	☑
400	**Substantially Identical Outfall [038]** Flow Dissipation Devices Operating Effectively? If "No", describe.	☐	☐	☑
410	**Substantially Identical Outfall [038]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	☐	☐	☑
420	**Substantially Identical Outfall [040]** Free of Evidence of Erosion? If "No", describe.	☐	☐	☑
430	**Substantially Identical Outfall [040]** Flow Dissipation Devices Operating Effectively? If "No", describe.	☐	☐	☑
440	**Substantially Identical Outfall [040]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	☐	☐	☑
450	**Substantially Identical Outfall [041]** Free of Evidence of Erosion? If "No", describe.	☐	☐	☑
460	**Substantially Identical Outfall [041]** Flow Dissipation Devices Operating Effectively? If "No", describe.	☐	☐	☑
470	**Substantially Identical Outfall [041]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	☐	☐	☑

Control Measures (identify needed maintenance and repairs, failed control measures that need replacment, or a description of corrective actions in relevant task comments).

490	**Asphalt Berm [6000303040019]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	☐	☐	☑
500	**Asphalt Berm [6000303040020]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	☐	☐	☑
510	**Asphalt Berm [6000303040052]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	☐	☐	☑
520	**Rock Channel/Swale [6000304030016]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	☐	☐	☑
530	**Rock Channel/Swale [6000304030039]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	☐	☐	☑
540	**Rock Channel/Swale [6000304030040]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	☐	☐	☑
550	**Rock Channel/Swale [6000311010017]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	☐	☐	☑
560	**Rip Rap [6000304060009]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	☐	☐	☑
570	**Rip Rap [6000304060010]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	☐	☐	☑
580	**Rip Rap [6000304060011]** Control Measure is operating effectively? If "No" describe	☐	☐	☑

	condition & need for Maintenance, Repair, or Replacement.				
590	**Rip Rap [6000304060012]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
600	**Rip Rap [6000304060013]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
610	**Rip Rap [6000304060014]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
620	**Rip Rap [6000304060022]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
630	**Rip Rap [6000304060023]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
640	**Rip Rap [6000304060024]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
650	**Rip Rap [6000304060025]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
660	**Rip Rap [6000304060026]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
670	**Rip Rap [6000304060027]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
680	**Rip Rap [6000304060028]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
690	**Rip Rap [6000304060029]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
700	**Rip Rap [6000304060030]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
710	**Rip Rap [6000304060031]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
720	**Rip Rap [6000304060032]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
730	**Rip Rap [6000304060033]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
740	**Rip Rap [6000304060044]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
750	**Earthen Berm [6000303010034]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
760	**Earthen Berm [6000303010036]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
770	**Earthen Berm [6000303010037]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
780	**Earthen Berm [6000303010038]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
790	**Earthen Berm [6000303010043]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
800	**Sediment Basin [6000305020018]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
810	**Sediment Basin [6000305020041]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
820	**Rock Check Dam [6000306010001]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
830	**Rock Check Dam [6000306010002]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
840	**Rock Check Dam [6000306010003]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
850	**Rock Check Dam [6000306010004]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
860	**Rock Check Dam [6000306010005]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
870	**Rock Check Dam [6000306010006]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
880	**Rock Check Dam [6000306010007]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑

890	**Rock Check Dam [6000306010008]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
900	**Jersey Barriers [6000303170015]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
910	**Jersey Barriers [6000303170021]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
920	**EnviroSoxx w/ MetalLoxx [6000303200046]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
930	**EnviroSoxx w/ MetalLoxx [6000303200047]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
940	**EnviroSoxx w/ MetalLoxx [6000303200048]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
950	**EnviroSoxx w/ MetalLoxx [6000303200049]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
960	**EnviroSoxx w/ MetalLoxx [6000303200050]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
970	**EnviroSoxx w/ MetalLoxx [6000303200051]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
980	**Permanent Vegetation Vegetative Buffer Strip [6000302030042]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑

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

1000	Material loading/unloading and storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1010	Transfer areas for substances in bulk: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1020	Product/chemical storage areas (raw material): controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1030	Liquid tank storage/secondary containment: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1040	Industrial processing and finished product storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1050	Equipment operation and maintenance areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1060	Fueling areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1070	Outdoor vehicle and equipment washing areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1080	Machinery: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1090	Waste handling and disposal areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1100	Erodible areas/construction: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1110	Locations and sources of run-on to the site: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1120	Non-stormwater/illicit connections: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1130	Salt storage piles or pile containing salt: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1140	Dust generation and vehicle tracking: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1150	Housekeeping (Industrial materials/residues/trash in contact with stormwater): controls adequate (appropriate, effective, and operating)? If "No" describe.	Refer to Labor Report	☑	☐	☐
1160	Leaks and spills: controls adequate (appropriate, effective, and operating)? If "No" describe.	Refer to Labor Report	☑	☐	☐
1170	**Sector P [60003-]** Vehicle storage/maintenance areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑

Non-Compliance

1190	Free of incidents of observed non-compliance not already identified above? If "No"		☐	☐	☑

describe.

Additional Control Measures

1210 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
Leonard Sandoval	6/4/2018 / 1				

Labor Report

Completed:

Report:
Extendo Pettibone Yellow Lift in heavy equipment staging area West of 60-178 with PN# 1246357 has a very slow leak/on the drain plug to the hydraulic fluid tank and entered into the MSGP tracking database as CAR# 1343.

WO ID: Page ____ of ____

Name/Z#: Leonard F. Sandoval 114326

Signature (lead inspector): Leonard F. Sandoval Date and Time: 6/18/2018 9:47 a.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, DESHS-WIS

Signature: Russell Stone Date: 6/20/2018

Note: 6/1/2018 Stage 3 Fire Restrictions in the Jemez Mtns & Los Alamos because of severe drought conditions.
936E CAT Frontend Loader with PN# 30600 in heavy equipment staging area West of 60-178 has a small leak on rear axle and entered into the MSGP tracking database as CAR# 1344.
There is pieces of wood & a wood pallet along the concrete Jersey barriers North of 60-250 that is a housekeeping issue and entered into the MSGP tracking database as CAR# 1345.

over ↑

There is a pallet with tarn bags of wood chips that is a housekeeping issue in the small equipment staging area West of 60-250 and entered into the MSGP tracking database as CAR #1346.

Los Alamos National Lab - ADESH

Work Order MSGP-RI-62787

MSGP Routine Inspection
Printed 7/2/2018 - 5:13 PM

Maintenance Details

Requested: 7/2/2018 5:00:40 PM
Target: 7/31/2018
MSGP Program
Procedure: MSGP Routine Facility Inspection (EPC-CP-Form-1020.1)
Priority/Type: Normal / Inspection
RG200.5
Department: Utilities and Infrastructure
TA-60 Roads and Grounds
Last PM: 5/23/2018
7/24/2018 7:43a.m.
Project: Routine Facility Inspections July 2018 (P-MSGP-RI-5293)
Contact:
Phone:
Temp. 60°F w/high of 83°F
Reason: MSGP Routine Facility Inspection
50% Chance of precipitation
Special Instructions: NMR053195
Wind - Less than 5 mph

Tasks

#	Description	Meas.	No	N/A	Yes
	Weather Information				
20	Describe the weather at time of inspection and document the temperature (F°).		☐	☐	☑
	Within the Facility Boundary				
40	Is the facility free of new discharges of pollutants that have occurred since the last inspection? If "Failed" describe.		☐	☑	☐
50	If "No" has a CAR been previously initiated for this new discharge?		☐	☐	☑
60	Is the facility free of discharge of pollutants at the time of inspection? If "No" describe.		☐	☐	☑
70	Is the facility free of evidence of, or the potential for, pollutants entering the drainage system. If "No" describe.		☐	☐	☑
	Outfall Inspection (identify needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comment)				
90	**Monitored Outfall [031]** DO: Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
100	**Monitored Outfall [031]** DO: Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
110	**Monitored Outfall [031]** DO: Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
120	**Monitored Outfall [032]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
130	**Monitored Outfall [032]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
140	**Monitored Outfall [032]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
150	**Monitored Outfall [036]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
160	**Monitored Outfall [036]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
170	**Monitored Outfall [036]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
180	**Monitored Outfall [039]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
190	**Monitored Outfall [039]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
200	**Monitored Outfall [039]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
210	**Monitored Outfall [042]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
220	**Monitored Outfall [042]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
230	**Monitored Outfall [042]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
240	**Substantially Identical Outfall [030]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
250	**Substantially Identical Outfall [030]** Flow Dissipation Devices Operating Effectively? If		☐	☐	☑

	"No", describe.				
260	**Substantially Identical Outfall [030]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
270	**Substantially Identical Outfall [033]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
280	**Substantially Identical Outfall [033]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
290	**Substantially Identical Outfall [033]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
300	**Substantially Identical Outfall [034]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
310	**Substantially Identical Outfall [034]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
320	**Substantially Identical Outfall [034]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
330	**Substantially Identical Outfall [035]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
340	**Substantially Identical Outfall [035]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
350	**Substantially Identical Outfall [035]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
360	**Substantially Identical Outfall [037]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
370	**Substantially Identical Outfall [037]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
380	**Substantially Identical Outfall [037]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
390	**Substantially Identical Outfall [038]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
400	**Substantially Identical Outfall [038]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
410	**Substantially Identical Outfall [038]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
420	**Substantially Identical Outfall [040]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
430	**Substantially Identical Outfall [040]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
440	**Substantially Identical Outfall [040]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
450	**Substantially Identical Outfall [041]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
460	**Substantially Identical Outfall [041]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
470	**Substantially Identical Outfall [041]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑

Control Measures (identify needed maintenance and repairs, failed control measures that need replacment, or a description of corrective actions in relevant task comments).

490	**Asphalt Berm [6000303040019]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
500	**Asphalt Berm [6000303040020]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
510	**Asphalt Berm [6000303040052]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
520	**Rock Channel/Swale [6000304030016]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
530	**Rock Channel/Swale [6000304030039]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
540	**Rock Channel/Swale [6000304030040]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
550	**Rock Channel/Swale [6000311010017]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
560	**Rip Rap [6000304060009]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
570	**Rip Rap [6000304060010]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
580	**Rip Rap [6000304060011]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑

590	**Rip Rap [6000304060012]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
600	**Rip Rap [6000304060013]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
610	**Rip Rap [6000304060014]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
620	**Rip Rap [6000304060022]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
630	**Rip Rap [6000304060023]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
640	**Rip Rap [6000304060024]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
650	**Rip Rap [6000304060025]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
660	**Rip Rap [6000304060026]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
670	**Rip Rap [6000304060027]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
680	**Rip Rap [6000304060028]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
690	**Rip Rap [6000304060029]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
700	**Rip Rap [6000304060030]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
710	**Rip Rap [6000304060031]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
720	**Rip Rap [6000304060032]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
730	**Rip Rap [6000304060033]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
740	**Rip Rap [6000304060044]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
750	**Earthen Berm [6000303010034]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
760	**Earthen Berm [6000303010036]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
770	**Earthen Berm [6000303010037]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
780	**Earthen Berm [6000303010038]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
790	**Earthen Berm [6000303010043]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
800	**Sediment Basin [6000305020018]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
810	**Sediment Basin [6000305020041]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
820	**Rock Check Dam [6000306010001]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
830	**Rock Check Dam [6000306010002]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
840	**Rock Check Dam [6000306010003]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
850	**Rock Check Dam [6000306010004]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
860	**Rock Check Dam [6000306010005]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
870	**Rock Check Dam [6000306010006]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
880	**Rock Check Dam [6000306010007]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
890	**Rock Check Dam [6000306010008]** Control Measure is operating effectively? If "No"		☐	☐	☑

	describe condition & need for Maintenance, Repair, or Replacement.				
900	**Jersey Barriers [6000303170015]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
910	**Jersey Barriers [6000303170021]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
920	**EnviroSoxx w/ MetalLoxx [6000303200046]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
930	**EnviroSoxx w/ MetalLoxx [6000303200047]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
940	**EnviroSoxx w/ MetalLoxx [6000303200048]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
950	**EnviroSoxx w/ MetalLoxx [6000303200049]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
960	**EnviroSoxx w/ MetalLoxx [6000303200050]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
970	**EnviroSoxx w/ MetalLoxx [6000303200051]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
980	**Permanent Vegetation Vegetative Buffer Strip [6000302030042]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑

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

1000	Material loading/unloading and storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1010	Transfer areas for substances in bulk: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1020	Product/chemical storage areas (raw material): controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1030	Liquid tank storage/secondary containment: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1040	Industrial processing and finished product storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1050	Equipment operation and maintenance areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1060	Fueling areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1070	Outdoor vehicle and equipment washing areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1080	Machinery: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1090	Waste handling and disposal areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1100	Erodible areas/construction: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1110	Locations and sources of run-on to the site: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1120	Non-stormwater/illicit connections: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1130	Salt storage piles or pile containing salt: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1140	Dust generation and vehicle tracking: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1150	Housekeeping (Industrial materials/residues/trash in contact with stormwater): controls adequate (appropriate, effective, and operating)? If "No" describe.	Refer to Labor Report	☑	☐	☐
1160	Leaks and spills: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1170	**Sector P [60003-]** Vehicle storage/maintenance areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑

Non-Compliance

1190	Free of incidents of observed non-compliance not already identified above? If "No" describe.		☐	☐	☑

Additional Control Measures

1210	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
Leonard Sandoval	7/31/2018 / 1				

Labor Report

Completed: _____

Report:
On the north side of transportainer 60-0357 there is a torn bag of asphalt patch mix that is a housekeeping issue & entered into the MSGP tracking database as CAR# 1370.
On the north side of transportainer 60-0357 there is five 55 gallon drums of asphalt patch binder that need to be put onto wood pallets and moved under a covered area & entered into the MSGP tracking database as CAR# 1371.

WO ID: _____ Page____ of____

Name/Z#: Leonard F. Sandoval 114326

Signature (lead inspector): Leonard F. Sandoval Date and Time: 7/24/2018 9:18 a.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 Stones GK DESHS · UIS

Signature: Russell Stones Date: 8/1/2018

Control measure 60003030400052 EnviroSoxx w/ MetalLoxx wattle for the TA-61 Asphalt Millings Staging area needs to be added to the inspection form.
On 7/24/2018 EnviroSoxx w/ MetalLoxx wattles were installed at Outfall 032 & associated SID 033, 034, and 035 as Corrective Actions to address exceedances entered into the MSGP tracking database as CAR #'s 1363, 1364, & 1365.
These Control measures also need to be added to the inspection form & the SWPPP map will need to be updated.

Los Alamos National Lab - ADESH

Work Order MSGP-RI-62871

MSGP Routine Inspection
Printed 8/2/2018 - 9:05 AM

Maintenance Details

Requested: 7/17/2018 12:20:13 PM
Procedure: MSGP Routine Facility Inspection (EPC-CP-Form-1020.1)
Last PM: 6/18/2018 8/27/2018 Temp. 59°F w/high of 81°F 7:51 a.m.
Project: Routine Facility Inspections Aug 2018 (P-MSGP-RI-5301)
Clear/Sunny
Wind - 5 to 10 mph
Reason: 2018 August Inspections
Special Instructions: NMR053195

Target: 8/31/2018
Priority/Type: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds

Contact:
Phone:

Tasks

#	Description	Meas.	No	N/A	Yes
	Weather Information				
20	Describe the weather at time of inspection and document the temperature (F°).		☐	☐	☑
	Within the Facility Boundary				
40	Is the facility free of new discharges of pollutants that have occurred since the last inspection? If "Failed" describe.		☐	☑	☐
50	If "No" has a CAR been previously initiated for this new discharge?		☐	☐	☑
60	Is the facility free of discharge of pollutants at the time of inspection? If "No" describe.		☐	☐	☑
70	Is the facility free of evidence of, or the potential for, pollutants entering the drainage system. If "No" describe.		☐	☐	☑
	Outfall Inspection (identify needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comment)				
90	**Monitored Outfall [031]** DO: Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
100	**Monitored Outfall [031]** DO: Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
110	**Monitored Outfall [031]** DO: Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
120	**Monitored Outfall [032]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
130	**Monitored Outfall [032]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
140	**Monitored Outfall [032]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
150	**Monitored Outfall [036]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
160	**Monitored Outfall [036]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
170	**Monitored Outfall [036]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
180	**Monitored Outfall [039]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
190	**Monitored Outfall [039]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
200	**Monitored Outfall [039]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
210	**Monitored Outfall [042]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
220	**Monitored Outfall [042]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
230	**Monitored Outfall [042]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
240	**Substantially Identical Outfall [030]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
250	**Substantially Identical Outfall [030]** Flow Dissipation Devices Operating Effectively? If		☐	☐	☑

	"No", describe.				
260	**Substantially Identical Outfall [030]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
270	**Substantially Identical Outfall [033]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
280	**Substantially Identical Outfall [033]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
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300	**Substantially Identical Outfall [034]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
310	**Substantially Identical Outfall [034]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
320	**Substantially Identical Outfall [034]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
330	**Substantially Identical Outfall [035]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
340	**Substantially Identical Outfall [035]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
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360	**Substantially Identical Outfall [037]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
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420	**Substantially Identical Outfall [040]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
430	**Substantially Identical Outfall [040]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
440	**Substantially Identical Outfall [040]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
450	**Substantially Identical Outfall [041]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
460	**Substantially Identical Outfall [041]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
470	**Substantially Identical Outfall [041]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑

Control Measures (identify needed maintenance and repairs, failed control measures that need replacment, or a description of corrective actions in relevant task comments).

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500	**Asphalt Berm [6000303040020]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
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530	**Rock Channel/Swale [6000304030039]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
540	**Rock Channel/Swale [6000304030040]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
550	**Rock Channel/Swale [6000311010017]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
560	**Rip Rap [6000304060009]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
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580	**Rip Rap [6000304060011]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑

590	**Rip Rap [6000304060012]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
600	**Rip Rap [6000304060013]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
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700	**Rip Rap [6000304060030]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
710	**Rip Rap [6000304060031]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
720	**Rip Rap [6000304060032]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
730	**Rip Rap [6000304060033]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
740	**Rip Rap [6000304060044]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
750	**Earthen Berm [6000303010034]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
760	**Earthen Berm [6000303010036]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
770	**Earthen Berm [6000303010037]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
780	**Earthen Berm [6000303010038]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
790	**Earthen Berm [6000303010043]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
800	**Sediment Basin [6000305020018]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
810	**Sediment Basin [6000305020041]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
820	**Rock Check Dam [6000306010001]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
830	**Rock Check Dam [6000306010002]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
840	**Rock Check Dam [6000306010003]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
850	**Rock Check Dam [6000306010004]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
860	**Rock Check Dam [6000306010005]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
870	**Rock Check Dam [6000306010006]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
880	**Rock Check Dam [6000306010007]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
890	**Rock Check Dam [6000306010008]** Control Measure is operating effectively? If "No"		☐	☐	☑

	describe condition & need for Maintenance, Repair, or Replacement.			
900	**Jersey Barriers [6000303170015]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.			✓
910	**Jersey Barriers [6000303170021]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.			✓
920	**EnviroSoxx w/ MetalLoxx [6000303200046]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.			✓
930	**EnviroSoxx w/ MetalLoxx [6000303200047]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.			✓
940	**EnviroSoxx w/ MetalLoxx [6000303200048]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.			✓
950	**EnviroSoxx w/ MetalLoxx [6000303200049]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.			✓
960	**EnviroSoxx w/ MetalLoxx [6000303200050]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.			✓
970	**EnviroSoxx w/ MetalLoxx [6000303200051]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.			✓
980	**Permanent Vegetation Vegetative Buffer Strip [6000302030042]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.			✓

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

1000	Material loading/unloading and storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.			✓
1010	Transfer areas for substances in bulk: controls adequate (appropriate, effective, and operating)? If "No" describe.			✓
1020	Product/chemical storage areas (raw material): controls adequate (appropriate, effective, and operating)? If "No" describe.		✓	
1030	Liquid tank storage/secondary containment: controls adequate (appropriate, effective, and operating)? If "No" describe.			✓
1040	Industrial processing and finished product storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		✓	
1050	Equipment operation and maintenance areas: controls adequate (appropriate, effective, and operating)? If "No" describe.			✓
1060	Fueling areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		✓	
1070	Outdoor vehicle and equipment washing areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		✓	
1080	Machinery: controls adequate (appropriate, effective, and operating)? If "No" describe.			✓
1090	Waste handling and disposal areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		✓	
1100	Erodible areas/construction: controls adequate (appropriate, effective, and operating)? If "No" describe.		✓	
1110	Locations and sources of run-on to the site: controls adequate (appropriate, effective, and operating)? If "No" describe.		✓	
1120	Non-stormwater/illicit connections: controls adequate (appropriate, effective, and operating)? If "No" describe.		✓	
1130	Salt storage piles or pile containing salt: controls adequate (appropriate, effective, and operating)? If "No" describe.			✓
1140	Dust generation and vehicle tracking: controls adequate (appropriate, effective, and operating)? If "No" describe.			✓
1150	Housekeeping (Industrial materials/residues/trash in contact with stormwater): controls adequate (appropriate, effective, and operating)? If "No" describe. Refer to Labor Report	✓		
1160	Leaks and spills: controls adequate (appropriate, effective, and operating)? If "No" describe. Refer to Labor Report	✓		
1170	**Sector P [60003-]** Vehicle storage/maintenance areas: controls adequate (appropriate, effective, and operating)? If "No" describe.			✓

Non-Compliance

1190	Free of incidents of observed non-compliance not already identified above? If "No" describe.			✓

Additional Control Measures

1210	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
Leonard Sandoval	8/1/2018 / 1				

Labor Report

Completed: _____

Report: At the far east end of Sigma Mesa there's a snowplow with a disconnected hydraulic line that leaked residual hydraulic fluid onto base course entered into the MSGP tracking database as CAR #1378.

WO ID:_____ Page____ of____

Name/Z#: Leonard F. Sandoval 114326

Signature (lead inspector): [signature] Date and Time: 8/27/2018 9:14 a.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 GC DESHS-UES

Signature: [signature] Date: 8/28/2018

Next to storage shed 60-0288 there's 6 round pieces of metal one to two inches thick with notches on the ground that need to be moved to a covered area to keep them from coming in contact with moisture & entered into the MSGP tracking database as CAR #1379.

EnviroSoxx w/ MetalLoxx wattles at Monitored Outfall 032 & Substantially Identical Outfalls 033, 034, & 035 were inspected with no issues to report.

Los Alamos National Lab - ADESH

Work Order MSGP-RI-63011

MSGP Routine Inspection
Printed 9/4/2018 - 3:25 PM

Maintenance Details

Requested: 8/22/2018 4:52:00 PM
Procedure: MSGP Routine Facility Inspection (EPC-CP-Form-1020.1)
Last PM: 7/24/2018
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
RG200.5
TA-60 Roads and Grounds

Contact:
Phone:

9/24/2018 Temp. 54°F w/ high of 76°F
Partly Cloudy
Breezy - Wind 10-15 mph
7:50 a.m.

Tasks

#	Description	Meas.	No	N/A	Yes
	Weather Information				
20	Describe the weather at time of inspection and document the temperature (F°).		☐	☐	☑
	Within the Facility Boundary				
40	Is the facility free of new discharges of pollutants that have occurred since the last inspection? If "Failed" describe.		☐	☑	☐
50	If "No" has a CAR been previously initiated for this new discharge?		☐	☐	☑
60	Is the facility free of discharge of pollutants at the time of inspection? If "No" describe.		☐	☐	☑
70	Is the facility free of evidence of, or the potential for, pollutants entering the drainage system. If "No" describe.		☐	☐	☑
	Outfall Inspection (identify needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comment)				
90	**Monitored Outfall [031]** DO: Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
100	**Monitored Outfall [031]** DO: Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
110	**Monitored Outfall [031]** DO: Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
120	**Monitored Outfall [032]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
130	**Monitored Outfall [032]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
140	**Monitored Outfall [032]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
150	**Monitored Outfall [036]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
160	**Monitored Outfall [036]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
170	**Monitored Outfall [036]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
180	**Monitored Outfall [039]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
190	**Monitored Outfall [039]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
200	**Monitored Outfall [039]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
210	**Monitored Outfall [042]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
220	**Monitored Outfall [042]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
230	**Monitored Outfall [042]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
240	**Substantially Identical Outfall [030]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑

250	**Substantially Identical Outfall [030]** Flow Dissipation Devices Operating Effectively? If "No", describe.	☐	☐	☑
260	**Substantially Identical Outfall [030]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	☐	☐	☑
270	**Substantially Identical Outfall [033]** Free of Evidence of Erosion? If "No", describe.	☐	☐	☑
280	**Substantially Identical Outfall [033]** Flow Dissipation Devices Operating Effectively? If "No", describe.	☐	☐	☑
290	**Substantially Identical Outfall [033]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	☐	☐	☑
300	**Substantially Identical Outfall [034]** Free of Evidence of Erosion? If "No", describe.	☐	☐	☑
310	**Substantially Identical Outfall [034]** Flow Dissipation Devices Operating Effectively? If "No", describe.	☐	☐	☑
320	**Substantially Identical Outfall [034]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	☐	☐	☑
330	**Substantially Identical Outfall [035]** Free of Evidence of Erosion? If "No", describe.	☐	☐	☑
340	**Substantially Identical Outfall [035]** Flow Dissipation Devices Operating Effectively? If "No", describe.	☐	☐	☑
350	**Substantially Identical Outfall [035]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	☐	☐	☑
360	**Substantially Identical Outfall [037]** Free of Evidence of Erosion? If "No", describe.	☐	☐	☑
370	**Substantially Identical Outfall [037]** Flow Dissipation Devices Operating Effectively? If "No", describe.	☐	☐	☑
380	**Substantially Identical Outfall [037]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	☐	☐	☑
390	**Substantially Identical Outfall [038]** Free of Evidence of Erosion? If "No", describe.	☐	☐	☑
400	**Substantially Identical Outfall [038]** Flow Dissipation Devices Operating Effectively? If "No", describe.	☐	☐	☑
410	**Substantially Identical Outfall [038]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	☐	☐	☑
420	**Substantially Identical Outfall [040]** Free of Evidence of Erosion? If "No", describe.	☐	☐	☑
430	**Substantially Identical Outfall [040]** Flow Dissipation Devices Operating Effectively? If "No", describe.	☐	☐	☑
440	**Substantially Identical Outfall [040]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	☐	☐	☑
450	**Substantially Identical Outfall [041]** Free of Evidence of Erosion? If "No", describe.	☐	☐	☑
460	**Substantially Identical Outfall [041]** Flow Dissipation Devices Operating Effectively? If "No", describe.	☐	☐	☑
470	**Substantially Identical Outfall [041]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.	☐	☐	☑

Control Measures (identify needed maintenance and repairs, failed control measures that need replacment, or a description of corrective actions in relevant task comments).

490	**Asphalt Berm [6000303040019]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	☐	☐	☑
500	**Asphalt Berm [6000303040020]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	☐	☐	☑
510	**Asphalt Berm [6000303040052]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	☐	☐	☑
520	**Rock Channel/Swale [6000304030016]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	☐	☐	☑
530	**Rock Channel/Swale [6000304030039]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	☐	☐	☑
540	**Rock Channel/Swale [6000304030040]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	☐	☐	☑
550	**Rock Channel/Swale [6000311010017]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	☐	☐	☑
560	**Rip Rap [6000304060009]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	☐	☐	☑
570	**Rip Rap [6000304060010]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	☐	☐	☑
580	**Rip Rap [6000304060011]** Control Measure is operating effectively? If "No" describe	☐	☐	☑

	condition & need for Maintenance, Repair, or Replacement.				
590	**Rip Rap [6000304060012]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
600	**Rip Rap [6000304060013]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
610	**Rip Rap [6000304060014]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
620	**Rip Rap [6000304060022]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
630	**Rip Rap [6000304060023]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
640	**Rip Rap [6000304060024]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
650	**Rip Rap [6000304060025]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
660	**Rip Rap [6000304060026]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
670	**Rip Rap [6000304060027]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
680	**Rip Rap [6000304060028]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
690	**Rip Rap [6000304060029]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
700	**Rip Rap [6000304060030]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
710	**Rip Rap [6000304060031]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
720	**Rip Rap [6000304060032]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
730	**Rip Rap [6000304060033]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
740	**Rip Rap [6000304060044]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
750	**Earthen Berm [6000303010034]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
760	**Earthen Berm [6000303010036]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
770	**Earthen Berm [6000303010037]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
780	**Earthen Berm [6000303010038]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
790	**Earthen Berm [6000303010043]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
800	**Sediment Basin [6000305020018]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
810	**Sediment Basin [6000305020041]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
820	**Rock Check Dam [6000306010001]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
830	**Rock Check Dam [6000306010002]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
840	**Rock Check Dam [6000306010003]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
850	**Rock Check Dam [6000306010004]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
860	**Rock Check Dam [6000306010005]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
870	**Rock Check Dam [6000306010006]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
880	**Rock Check Dam [6000306010007]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑

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900	**Jersey Barriers [6000303170015]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
910	**Jersey Barriers [6000303170021]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
920	**EnviroSoxx w/ MetalLoxx [6000303200046]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
930	**EnviroSoxx w/ MetalLoxx [6000303200047]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
940	**EnviroSoxx w/ MetalLoxx [6000303200048]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
950	**EnviroSoxx w/ MetalLoxx [6000303200049]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
960	**EnviroSoxx w/ MetalLoxx [6000303200050]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
970	**EnviroSoxx w/ MetalLoxx [6000303200051]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
980	**EnviroSoxx w/ MetalLoxx [6000303200053]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
990	**EnviroSoxx w/ MetalLoxx [6000303200054]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
1000	**EnviroSoxx w/ MetalLoxx [6000303200055]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
1010	**EnviroSoxx w/ MetalLoxx [6000303200056]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
1020	**Permanent Vegetation Vegetative Buffer Strip [6000302030042]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑

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

1040	Material loading/unloading and storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1050	Transfer areas for substances in bulk: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
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1070	Liquid tank storage/secondary containment: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1080	Industrial processing and finished product storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1090	Equipment operation and maintenance areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1100	Fueling areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1110	Outdoor vehicle and equipment washing areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1120	Machinery: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1130	Waste handling and disposal areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1140	Erodible areas/construction: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1150	Locations and sources of run-on to the site: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1160	Non-stormwater/illicit connections: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1170	Salt storage piles or pile containing salt: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1180	Dust generation and vehicle tracking: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
			☐	☐	☑

1190	Housekeeping (Industrial materials/residues/trash in contact with stormwater): controls adequate (appropriate, effective, and operating)? If "No" describe.				
1200	Leaks and spills: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1210	**Sector P [60003-]** Vehicle storage/maintenance areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
Non-Compliance					
1230	Free of incidents of observed non-compliance not already identified above? If "No" describe.		☐	☐	☑
Additional Control Measures					
1250	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
Leonard Sandoval	9/30/2018 / 14				

Labor Report

Completed: _____

Report:

WO ID:_____ Page____ of____

Name/Z#: Leonard F. Sandoval 114326

Signature (lead inspector): Leonard F. Sandoval Date and Time: 9/24/2018 9:25 a.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 DESHS-UIS

Signature: [signature] Date: 9/28/2018

Los Alamos National Lab - ADESH

Work Order MSGP-RI-63206

MSGP Routine Inspection
Printed 10/1/2018 - 12:15 PM

Maintenance Details

Requested: 10/1/2018 12:09:39 PM
Procedure: MSGP Routine Facility Inspection (EPC-CP-Form-1020.1)
Last PM: 8/27/2018 10/16/2018
Project: Routine Facility Inspections Oct. 2018 (P-MSGP-RI-5333)
Reason: 2018 October Inspections
Special Instructions: NMR053195

Target: 10/31/2018
Priority/Type: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds

Contact:
Phone:

Temp. 32°F w/high of 50°F
Cloudy w/30% chance of precipitation
Wind Less than 5 mph
8:05 a.m.

Tasks

#	Description	Meas.	No	N/A	Yes
	Weather Information				
20	Describe the weather at time of inspection and document the temperature (F°).		☐	☐	☑
	Within the Facility Boundary				
40	Is the facility free of new discharges of pollutants that have occurred since the last inspection? If "Failed" describe.		☐	☑	☐
50	If "No" has a CAR been previously initiated for this new discharge?		☐	☐	☑
60	Is the facility free of discharge of pollutants at the time of inspection? If "No" describe.		☐	☐	☑
70	Is the facility free of evidence of, or the potential for, pollutants entering the drainage system. If "No" describe.		☐	☐	☑
	Outfall Inspection (identify needed maintenance and repairs, failed control measures that need replacement, or a description of corrective actions in relevant task comment)				
90	**Monitored Outfall [031]** DO: Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
100	**Monitored Outfall [031]** DO: Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
110	**Monitored Outfall [031]** DO: Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
120	**Monitored Outfall [032]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
130	**Monitored Outfall [032]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
140	**Monitored Outfall [032]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
150	**Monitored Outfall [036]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
160	**Monitored Outfall [036]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
170	**Monitored Outfall [036]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
180	**Monitored Outfall [039]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
190	**Monitored Outfall [039]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
200	**Monitored Outfall [039]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
210	**Monitored Outfall [042]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
220	**Monitored Outfall [042]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
230	**Monitored Outfall [042]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
240	**Substantially Identical Outfall [030]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑

250	**Substantially Identical Outfall [030]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
260	**Substantially Identical Outfall [030]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
270	**Substantially Identical Outfall [033]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
280	**Substantially Identical Outfall [033]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
290	**Substantially Identical Outfall [033]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
300	**Substantially Identical Outfall [034]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
310	**Substantially Identical Outfall [034]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
320	**Substantially Identical Outfall [034]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
330	**Substantially Identical Outfall [035]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
340	**Substantially Identical Outfall [035]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
350	**Substantially Identical Outfall [035]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
360	**Substantially Identical Outfall [037]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
370	**Substantially Identical Outfall [037]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
380	**Substantially Identical Outfall [037]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
390	**Substantially Identical Outfall [038]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
400	**Substantially Identical Outfall [038]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
410	**Substantially Identical Outfall [038]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
420	**Substantially Identical Outfall [040]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
430	**Substantially Identical Outfall [040]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
440	**Substantially Identical Outfall [040]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑
450	**Substantially Identical Outfall [041]** Free of Evidence of Erosion? If "No", describe.		☐	☐	☑
460	**Substantially Identical Outfall [041]** Flow Dissipation Devices Operating Effectively? If "No", describe.		☐	☐	☑
470	**Substantially Identical Outfall [041]** Free of Evidence of Pollutants in Discharges and/or Receiving Water? If "No", describe.		☐	☐	☑

Control Measures (identify needed maintenance and repairs, failed control measures that need replacment, or a description of corrective actions in relevant task comments).

490	**Asphalt Berm [6000303040019]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
500	**Asphalt Berm [6000303040020]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
510	**Asphalt Berm [6000303040052]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
520	**Rock Channel/Swale [6000304030016]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
530	**Rock Channel/Swale [6000304030039]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
540	**Rock Channel/Swale [6000304030040]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.	Refer to Labor Report	☑	☐	☐
550	**Rock Channel/Swale [6000311010017]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
560	**Rip Rap [6000304060009]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
570	**Rip Rap [6000304060010]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
580	**Rip Rap [6000304060011]** Control Measure is operating effectively? If "No" describe		☐	☐	☑

	condition & need for Maintenance, Repair, or Replacement.				
590	**Rip Rap [6000304060012]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
600	**Rip Rap [6000304060013]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
610	**Rip Rap [6000304060014]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
620	**Rip Rap [6000304060022]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
630	**Rip Rap [6000304060023]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
640	**Rip Rap [6000304060024]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
650	**Rip Rap [6000304060025]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
660	**Rip Rap [6000304060026]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
670	**Rip Rap [6000304060027]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
680	**Rip Rap [6000304060028]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
690	**Rip Rap [6000304060029]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
700	**Rip Rap [6000304060030]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
710	**Rip Rap [6000304060031]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
720	**Rip Rap [6000304060032]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
730	**Rip Rap [6000304060033]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
740	**Rip Rap [6000304060044]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
750	**Earthen Berm [6000303010034]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
760	**Earthen Berm [6000303010036]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
770	**Earthen Berm [6000303010037]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
780	**Earthen Berm [6000303010038]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
790	**Earthen Berm [6000303010043]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
800	**Sediment Basin [6000305020018]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
810	**Sediment Basin [6000305020041]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
820	**Rock Check Dam [6000306010001]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
830	**Rock Check Dam [6000306010002]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
840	**Rock Check Dam [6000306010003]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
850	**Rock Check Dam [6000306010004]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
860	**Rock Check Dam [6000306010005]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
870	**Rock Check Dam [6000306010006]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
880	**Rock Check Dam [6000306010007]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑

890	**Rock Check Dam [6000306010008]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
900	**Jersey Barriers [6000303170015]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
910	**Jersey Barriers [6000303170021]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
920	**EnviroSoxx w/ MetalLoxx [6000303200046]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
930	**EnviroSoxx w/ MetalLoxx [6000303200047]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
940	**EnviroSoxx w/ MetalLoxx [6000303200048]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
950	**EnviroSoxx w/ MetalLoxx [6000303200049]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
960	**EnviroSoxx w/ MetalLoxx [6000303200050]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
970	**EnviroSoxx w/ MetalLoxx [6000303200051]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
980	**EnviroSoxx w/ MetalLoxx [6000303200053]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
990	**EnviroSoxx w/ MetalLoxx [6000303200054]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
1000	**EnviroSoxx w/ MetalLoxx [6000303200055]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
1010	**EnviroSoxx w/ MetalLoxx [6000303200056]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑
1020	**Permanent Vegetation Vegetative Buffer Strip [6000302030042]** Control Measure is operating effectively? If "No" describe condition & need for Maintenance, Repair, or Replacement.		☐	☐	☑

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

1040	Material loading/unloading and storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1050	Transfer areas for substances in bulk: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1060	Product/chemical storage areas (raw material): controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1070	Liquid tank storage/secondary containment: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1080	Industrial processing and finished product storage areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1090	Equipment operation and maintenance areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1100	Fueling areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1110	Outdoor vehicle and equipment washing areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1120	Machinery: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1130	Waste handling and disposal areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1140	Erodible areas/construction: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1150	Locations and sources of run-on to the site: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1160	Non-stormwater/illicit connections: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☑	☐
1170	Salt storage piles or pile containing salt: controls adequate (appropriate, effective, and operating)? If "No" describe.	Refer to Labor Report	☑	☐	☐
1180	Dust generation and vehicle tracking: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
			☑	☐	☐

1190	Housekeeping (Industrial materials/residues/trash in contact with stormwater): controls adequate (appropriate, effective, and operating)? If "No" describe.	Refer to Labor Report			
1200	Leaks and spills: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
1210	**Sector P [60003-]** Vehicle storage/maintenance areas: controls adequate (appropriate, effective, and operating)? If "No" describe.		☐	☐	☑
Non-Compliance					
1230	Free of incidents of observed non-compliance not already identified above? If "No" describe.		☐	☐	☑
Additional Control Measures					
1250	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
Leonard Sandoval	10/1/2018 / 1				

Labor Report

Completed: _____

Report:
Erosion at Rock Channel/Sump at far east end of Sigma Mesa that discharges to retention pond that needs to be repaired & entered into the MSGP tracking database as CAR # 1400.
Trash North & East of 60-250 entered as a housekeeping issue into the MSGP tracking database as CAR # 1401.

WO ID:_____ Page____ of_____

Name/Z#: Leonard F. Sandoval 114326

Signature (lead inspector): Leonard F. Sandoval Date and Time: 10/16/2018 9:30 a.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, DESH Group Leader, EPC Group Leader)

Print name and title: Russell Stone GL DESH-UIS

Signature: Russell Stone Date: 10/17/2018

Pallet of ice melt north of 60-287 that needs to be covered w/ a tarp entered as a housekeeping issue into the MSGP tracking database as CAR # 1402.
Two bags of ice melt between storage sheds 60-289 & 60-290 that need to be put on a pallet covered w/ a tarp entered as a housekeeping issue into the MSGP tracking database as CAR # 1403.

Quarterly Visual Assessments

MSGP Quarterly Visual Assessment Form

Complete a separate form for each outfall you assess. When adverse weather conditions prevent the collection of a sample during the quarter, a substitute sample must be taken during the next qualifying storm event. Maintain this document in your SWPPP).

Name/Location of Facility:	Permit Number: NMR05GB21	Inspection Quarter: ☐ Apr-May ☐ Jun-July ☐ Aug-Sep ☐ Oct-Nov
Outfall ID:	"Substantially Identical Outfall"? ☐ Yes ☐ No	If YES identify other Outfalls in the Group:

Person(s) collecting sample (PRINT): Signature :
PPT Member? ☐ Yes ☐ No

Person(s) examining sample (PRINT): Signature :
PPT Member? ☐ Yes ☐ No

Date & Time Discharge Began:	Date & Time Sample Collected:	Date & Time Sample Examined:
Substitute Sample? ☐ Yes ☐ No	If YES, identify quarter/year when sample was originally scheduled to be collected:	

Was the sample collected in the first 30 minutes? ☐ Yes ☐ No If No, explain why not:

Nature of Discharge: ☐ Rainfall. Amount_____inches ☐ Snowmelt. Amount_____inches

Previous Storm Ended > 72 hours Before Start of This Storm? ☐ Yes ☐ No	If No, Explain: *

PARAMETERS

Color ☐ None ☐ Other	If Other describe:
Odor ☐ None ☐ Musty ☐ Sewage ☐ Sulfur ☐ Sour ☐ Solvents ☐ Petroleum/Gas ☐ Other	If Other, describe the odor:
Clarity: ☐ Clear ☐ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐ Other (describe):	
Floating Solids: ☐ Yes ☐ No	If YES, describe if raw or waste materials(s):
Settled Solids:** ☐ Yes ☐ No	If YES, are solids Fine ☐ Coarse ☐ If Other describe:
Suspended Solids: ☐ Yes ☐ No	If YES, are solids Fine ☐ Coarse ☐ If Other describe:
Foam (gently shake sample): ☐ Yes ☐ No	If YES, on the surface ☐ or ☐ in the water. Describe color:
Oil Sheen ☐ Yes ☐ No Color of Sheen:	Thickness: Flecks ☐ Globs ☐ Describe if other:
Other Obvious Indicators of Pollution Present in the sample? Yes ☐ No ☐	If YES describe:

SITE OBSERVATIONS

Potential pollutants found during visual examination? ☐ Yes ☐ No If Yes, list pollutant(s)and if possible indicate the source: If source is identified during collection of sample, please notify Holly Wheeler @ 667-1312

Pollutant	Source	Pollutant	Source

NOTE: A clean up of the site should be conducted if the pollutant source is known. Was proper Notification made? ☐ Yes ☐ No
If Yes, indicate who was notified:

CORRECTIVE ACTION

If storm water contamination was identified in this sample through visual assessment, was a Corrective Action Form filled out within 24 hrs of observation? Yes ☐ No ☐ If No, explain why not:

Was a Corrective Action Plan identified within 14 days of the observation? Yes ☐ No ☐ If No, explain why not:

Other Relevant Information: Yes ☐ No ☐
Use the back of this form to list any concerns, comments, and/or descriptions of pictures taken, (attach additional sheets as necessary).

* The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.

** Observe for settled solids after allowing the sample to sit for approximately one-half hour.

Los Alamos
NATIONAL LABORATORY
EST. 1943

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)
From/MS: Holly Wheeler, EPC-CP, (E-File)
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)

Los Alamos National Lab

Work Order MSGP-53594

MSGP Monitoring Stations
Printed 4/18/2016 - 7:24 PM

Maintenance Details

Requested: 4/18/2016 6:16:00 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 5/1/2013
Project: MSGP VISUALS- SNOW EVENT 4-18-16 (P-MSGP-4708)
Reason: MSGP Q1 Visual Assessment
Special Instructions: NMR053195

Target: 4/20/2016
Priority/Type: Normal / Preventive

MSGP Program
RG121.9
TA-3-22 Power & Steam Plant
Monitored Outfall (009)
MSGP00901

Contact:
Phone:

Tasks

#	Description	Rating	Meas.	Initials	Failed	N/A	Complete
	Outfall Information						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP1			☐	☐	☑
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	☐	☐	☑
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	☐	☐	☑
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		☐	☐	☑
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. ~~0.09 in 30 min max~~ ~~began 4/18/16 15:15~~ AKO 4/20/16		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If no or unknown, provide reason in comments of this line.	Snowmelt		ongoing	☐	☑	☐
90	Previous storm ended >72 hours before start of storm? If no, provide reason in comments of this line.	Prev. ~~storm of snow 30 min max~~ ~~began 4/17/16 23:35~~ AKO 4/20/16			☑	☐	AKO 4/20/16 ☑
	Parameters						
110	Is sample colorless? If no, describe.	Filtered		MS 4/19/16	☑	☐	☑
120	Is sample oderless? If no, document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	O1			☑	☐	☐
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.				☐	☐	☑
140	Is sample free of floating solids? If no, describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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.				☐	☐	☑
160					☐	☐	☑

	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	☑	☐	☐
180	Is sample devoid of an oil sheen? If no, describe color and thickness (e.g. flecks, globs) in the comments of this line.		MS 4/8/10 ☑	☐	☑
190	Is sample free of other obvious indicators of pollution? If no, describe in the comments of this line.		MS ☑	☐	☑
			☐	☐	☑

Documents

ID	Document Name	Type	Location
MSGP VA signature	MSGP Visual Assessment Signature	Signature page	View

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: MSGP-53594 Page 3 of 3

Signature (collecting sample): MSL Date and Time: 4/19/16 15:22

Signature (conducting visual assessment): MSL 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. Greggs, EPC-CP Group Leader

Signature: A R Greggs Date: 6/9/2016

Los Alamos National Lab

Work Order MSGP-53786

MSGP Monitoring Stations
Printed 5/2/2016 - 11:43 AM

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 (008)
MSGP00801

Reason: MSGP Quarterly Visual Assessment

Special Instructions: NMR053195

Contact: Lolly Wheeler
Phone: 667-1312

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.				☐	☒	☐
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 using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.				☐	☒	☐
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☒	☐
90	Previous storm ended >72 hours before start of storm? If "Failed", provide reason in comments of this line.				☐	☒	☐
	Parameters						
110	Is sample colorless? If "Failed", describe.				☐	☒	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☒	☐
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.				☐	☒	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☒	☐
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.						
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.				☐	☒	☐
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.				☐	☒	☐
					☐	☒	☐

Documents

ID	Document Name	Type	Location
MSGP VA signature	MSGP Visual Assessment Signature	Signature page	View

Labor Report

Completed: _____ **Failure:** _____

Report:

No flow. No sample collected. No visual assessment performed.

WO ID: MSGP-53786 Page 3 of 3

Signature (collecting sample): [illegible] Date and Time: 05/04/16 @ 1:30 pm

Signature (conducting visual assessment): N/A 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

Los Alamos National Lab

Work Order MSGP-53787

MSGP Monitoring Stations
Printed 5/2/2016 - 11:43 AM

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

Special Instructions: NMR053195

Contact: Holly Wheeler
Phone: 667-1312

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.		April 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).		* HLW 05/05/16 (est. mulch)	05/04/16 ~~01:00~~ 13:50 (see comment below)	☐	☐	☒
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).		Personnel were not present during non-work hours (over the week-end). Likely sampled ~~collected between 01:00 & 04:45 on 05/01/16.~~ * Precipitation data at RG121.9 (est. mulch) based on well logs HLW 05/05/16		☐	☐	☒
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		☐	☐	☒
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.		Snow ~~Rain~~ * ~~0.22 (inches)~~	05/06/16 0.36 in. total precip. AKD 5/11/16	☐	☐	☒
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.		Sample jars were placed at outfall late afternoon on 04/29/16. Personnel were not present during non-work hours over the week-end. Multiple storm events occurred over the weekend.		☒	☐	☐
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.				☒	☐	☐
	Parameters						
110	Is sample colorless? If "Failed", describe.		light tan		☒	☐	☐
120	Is sample oderless? If "Failed" document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☐	☒
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.				☐	☐	☒
140	Is sample free of floating solids? If "Failed" describe if raw or waste material(s) in the comments of this line.				☐	☐	☒
150	Is sample free of settled solids? If "Failed" document observation using the Settled Solids lookup table. If		Coarse		☒	☐	☐

* Changes due to closer station data & snow melt. HLW 05/05/16

	"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.	Fine	☒	☐	☐
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.		☐	☐	☒
			☐	☐	☐ ?

Documents

ID	Document Name	Type	Location
MSGP VA signature	MSGP Visual Assessment Signature	Signature page	View

Labor Report

Completed: _____ **Failure:** _____

Report:

WO ID: MSCP-53787 Page 3 of 3

Signature (collecting sample): [illegible] Date and Time: 05/04/16 16:37

Signature (conducting visual assessment): [illegible] Date and Time: 05/04/16 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. Grieggs, EPC-CP Group Leader

Signature: A R Grieggs Date: 6/9/2016

Los Alamos National Lab

Work Order MSGP-53788

MSGP Monitoring Stations
Printed 5/2/2016 - 11:43 AM

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

Special Instructions: NMR053195

Contact: Holly Wheeler
Phone: 667-1312

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.		April 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). *(estimated) 13:50 HSW 05/05/16		05/01/16 ~~01:00 (see comment below)~~		☐	☐	☒
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format). ~~between 01:00 & 04:45 on~~ Personnel were not present during non-work hours. ~~Likely sample was collected~~ Based on week-end precip total data at E121.9		05/01/16 *13:50 (estimated)		☐	☐	☒
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 16:05		☐	☐	☒
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.		Snow ~~Rain~~ 0.36 in. total precip. AKB 5/10/16 ~~0.22 (24-hour)~~		☐	☐	☒
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				☒	☐	☐
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) starting on 4/29/16 Multiple storm events occurred over the weekend. Personnel were not present during non-work hours.				☒	☐	☐
	Parameters						
110	Is sample colorless? If "Failed", describe.				☐	☐	☒
120	Is sample oderless? 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		☒	☐	☐
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.				☐	☐	☒
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☒
150	Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If		Fine		☒	☐	☐

* Changes due to closer station data & snow melt. HSW 05/05/16

	"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.				☐	☐	☒
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.				☐	☐	☒
					☐	☐	☐

Documents

ID	Document Name	Type	Location
MSGP VA signature	MSGP Visual Assessment Signature	Signature page	View

Labor Report

Completed: _____ **Failure:** _____

Report:

WO ID: MSCP-53788 Page 3 of 3

Signature (collecting sample): [illegible] Date and Time: 5/4/16 16:14

Signature (conducting visual assessment): [illegible] 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

Los Alamos National Lab

Work Order MSGP-53789

MSGP Monitoring Stations
Printed 5/2/2016 - 11:43 AM

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

Special Instructions: NMR053195

Contact: Holly Wheeler
Phone: 667-1312

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.		April 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).	HLW 05/05/16 *(estimated)	05/01/16 ~~01:00 (see comment below)~~ 13:50		☐	☐	☒
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format). Personnel were not present during non-work hours (over the week-end), Likely sample was collected between 01:00 and 01:45 on 05/01/16 *05/01/16 13:50 (estimated)				☐	☐	☒
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	HLW 05/04/16 16:25			☐	☐	☒
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	*	Snow ~~Rain~~ ~~0.22 (24-hour)~~	0.36 in. total precip. AKB 5/10/16	☐	☐	☒
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line. Sample jar was placed late in the afternoon on 04/29/16. Personnel were not present when sample was collected during non-work hours. Multiple storm events occured over the weekend				☒	☐	☐
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				☒	☐	☐
	Parameters						
110	Is sample colorless? If "Failed", describe.				☐	☐	☒
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☐	☒
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.				☐	☐	☒
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☒
150	Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If		Coarse		☒	☐	☐

05/05/16 HLW

Based on week-end precipitation data at E121.9

* Changes due to closer station data & snow melt, HLW 05/05/16

	"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.				☐	☐	☒
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.				☐	☐	☒
					☐	☐	☐ ?

Documents

ID	Document Name	Type	Location
MSGP VA signature	MSGP Visual Assessment Signature	Signature page	View

Labor Report

Completed: _____ **Failure:** _____

Report:

WO ID: M56P-53789 Page 3 of 3

Signature (collecting sample): Holly Wheel Date and Time: 05/04/16 16:28

Signature (conducting visual assessment): Holly Wheel 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. Grieggs, EPC-CQ Group Leader

Signature: A R Grieggs Date: 6/9/2016

Los Alamos National Lab

Work Order MSGP-53804

MSGP Monitoring Stations
Printed 5/2/2016 - 1:22 PM

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			☐	☐	☑
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).	5/19/16	16:26		☐	☐	☑
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		☐	☐	☑
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	5/20/16	9:12		☐	☐	☑
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.			☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
90	Previous storm ended >72 hours before start of storm? If "Failed", provide reason in comments of this line.	Previous storm occured 5/17/16 0.22 in.			☒	☐	~~[illegible]~~ AKB 5/24/16
	Parameters						
110	Is sample colorless? If "Failed", describe.	Grey			☑	☐	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☐	☑
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			☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
150	Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If	Fine			☑	☐	☐

	"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.				☐	☐	☑
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.				☐	☐	☑
					☐	☐	☐

Documents

ID	Document Name	Type	Location
MSGP VA signature	MSGP Visual Assessment Signature	Signature page	View

Labor Report

Completed: _____ Failure: _____ Meter 1: _____ Meter 2: _____

Report:

WO ID: MSGP-~~53804~~ 53804 AKB 5/24/16

Signature (collecting sample): MSW. Date and Time: 5/19/16 16:24

Signature (conducting visual assessment): MSW. 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

Los Alamos National Lab

Work Order MSGP-54176

MSGP Monitoring Stations
Printed 5/16/2016 - 11:03 AM

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 (009)
Substantially Identical Outfall (008)
MSGP00801

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.				☐	☒	☐
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 using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.				☐	☒	☐
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☒	☐
	Parameters						
110	Is sample colorless? If "Failed", describe.				☐	☒	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☒	☐
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.				☐	☒	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☒	☐
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.				☐	☒	☐
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.						
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:

No flow. No sample collected. No visual assessment performed.

WO ID: MSGP-54176 Page 3 of 3

Signature (collecting sample): [illegible] 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: A R Grieggs Date: 6/9/2016

Los Alamos National Lab

Work Order MSGP-54177

MSGP Monitoring Stations
Printed 5/16/2016 - 11:03 AM

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 (009)
Substantially Identical Outfall (010)
MSGP01001

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.				☐	☒	☐
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 using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.				☐	☒	☐
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☒	☐
	Parameters						
110	Is sample colorless? If "Failed", describe.				☐	☒	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☒	☐
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.				☐	☒	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☒	☐
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.				☐	☒	☐
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.					
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:

No flow. No sample collected. No visual assessment performed.

WO ID: MSGP-54177 Page 3 of 3

Signature (collecting sample): [illegible] Date and Time: 05/16/15 1:57

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-CO Group Leader

Signature: A R Grieggs Date: 6/9/2016

Los Alamos National Lab

Work Order MSGP-54178

MSGP Monitoring Stations
Printed 5/16/2016 - 11:03 AM

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

Special Instructions: NMR053195

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.		~~April~~ 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).	Apx	05/15/16 10:00		☐	☐	☒
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	Apx	05/15/16 10:00		☐	☐	☒
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).		05/16/16 16:36		☐	☐	☒
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" ~~0.11"~~ AKB 5/20/16		☐	☐	☒
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 weekend when personnel were not present.				☒	☐	☐
	Parameters						
110	Is sample colorless? If "Failed", describe.		medium tan		☒	☐	☐
120	Is sample oderless? 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		☒	☐	☐
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		☒	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☒
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		☒	☐	☐
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.		Fish				
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:

WO ID: SC2-54178 Page 3 of 3

Signature (collecting sample): [illegible] Date and Time: 05/16/16 16:44

Signature (conducting visual assessment): [illegible] 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. Grieggs, EPC-CP Group Leader

Signature: A R Grieggs Date: 6/9/2016

Los Alamos National Lab

Work Order MSGP-54179

MSGP Monitoring Stations
Printed 5/16/2016 - 11:03 AM

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 (012)
Substantially Identical Outfall (011)
MSGP01101

Reason: MSGP Quarterly Visual Assessment

Special Instructions: NMR053195

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.				☐	☒	☐
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 using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.				☐	☒	☐
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☒	☐
	Parameters						
110	Is sample colorless? If "Failed", describe.				☐	☒	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☒	☐
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.				☐	☒	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☒	☐
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.				☐	☒	☐
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.						
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:

No flow. No sample collected. No visual assessment conducted.

WO ID: MSGP-54179 Page 3 of 3

Signature (collecting sample): Holly Wheeler 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 Grieggs EPC-CP Group Leader

Signature: A R Grieggs Date: 6/9/2016

Los Alamos National Lab

Work Order MSGP-53601

MSGP Monitoring Stations
Printed 5/2/2016 - 10:33 AM (Duplicate Copy)

Maintenance Details

Requested: 4/28/2016 12:51:00 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 4/20/2016
Project: MSGP Visual Assessments Q1 2016 (P-MSGP-4708)
Reason: MSGP Q1 2016 Visual Assessment
Special Instructions: NMR053195

Target: 5/31/2016
Priority/Type: / Inspection

MSGP Program
RG121.9
TA-60-1 Heavy Equipment Yard
Monitored Outfall (022)
MSGP02201

Contact:
Phone:

Tasks

The result of this VA applies to associated SIOs as defined in the SWPPP, where applicable.

#	Description	Rating	Meas.	Initials	Failed	N/A	Complete
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.	~~[illegible]~~ MP1			☐	☐	☑
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)	Filtered			☑	☐	☐
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	5/15/16	1436		☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	5/15/16	1436		☐	☐	☑
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	5/18/16	1428		☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.15 in.		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
90	Previous storm ended >72 hours before start of storm? If "Failed", provide reason in comments of this line. Previous storm occurred [illegible] 5/20/16				☒	☐	☑ [illegible] 5/21/16
	Parameters						
110	Is sample colorless? If "Failed", describe.				☒	☐	☑ [illegible] 5/20/16
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☐	☑
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.				☐	☐	☑
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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.						
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.				☐	☐	☑
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:** _____ **Meter 1:** _____ **Meter 2:** _____

Report:

WO ID: MSGP-53601 Page 3 of 3

Signature (collecting sample): MSL Date and Time: 5/15/16 1436

Signature (conducting visual assessment): MSL Date and Time: 5/18/16 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. Grieggs, EPC-CP Group Leader

Signature: A R Grieggs Date: 6/9/2016

Los Alamos National Lab

Work Order MSGP-53795

MSGP Monitoring Stations
Printed 5/2/2016 - 11:43 AM

Maintenance Details

Requested: 5/2/2016 11:41:01 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-60-1 Heavy Equipment Yard
Monitored Outfall (022)
Substantially Identical Outfall (021)
MSGP02101

Reason: MSGP Quarterly Visual Assessment

Special Instructions: NMR053195

Contact: Holly Wheeler
Phone: 667-1312

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.		April 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).		05/01/16 13:50		☐	☐	☒
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).		05/01/16 1350		☐	☐	☒
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).		05/05/16 12:49		☐	☐	☒
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 ~~0.06"~~ 0.36 in. total precip. AKDS/FLK ~~30 minutes max.~~		☐	☐	☒
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line. Personnel not present during non-work hours. Multiple storm events occurred over the weekend. AKDS/FLK				☒	☐	☐
90	Previous storm ended >72 hours before start of storm? If "Failed", provide reason in comments of this line. Previous storm event occurred 4/30/16, 0.22 in total precip. AKDS/FLK				☒	☐	☐
	Parameters						
110	Is sample colorless? If "Failed", describe.		dark tan ~~Light~~ 05/05/16		☒	☐	~~☒~~
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☐	☒
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		☒	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.		Vegetation		☒	☐	☐
150	Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If		Fine		☒	☐	☐

	"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.		Fine		☒	☐	☐
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.				☐	☐	☒ ?
					☐	☐	☐

Documents

ID	Document Name	Type	Location
MSGP VA signature	MSGP Visual Assessment Signature	Signature page	View

Labor Report

Completed: _____ **Failure:** _____

Report:

WO ID: MS6P-

Signature (collecting sample): Holly Wheeler Date and Time: 05/05/16 12:52

Signature (conducting visual assessment): Holly Wheeler Date and Time: 05/05/16 12:52

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: 6/9/2016

Los Alamos National Lab

Work Order MSGP-53796

MSGP Monitoring Stations
Printed 5/2/2016 - 11:43 AM

Maintenance Details

Requested: 5/2/2016 11:41:02 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-60-1 Heavy Equipment Yard
Monitored Outfall (022)
Substantially Identical Outfall (023)
MSGP02301

Reason: MSGP Quarterly Visual Assessment

Special Instructions: NMR053195

Contact: Holly Wheeler
Phone: 667-1312

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.				☐	☒	☐
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 using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.				☐	☒	☐
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☒	☐
90	Previous storm ended >72 hours before start of storm? If "Failed", provide reason in comments of this line.				☐	☒	☐
	Parameters						
110	Is sample colorless? If "Failed", describe.				☐	☒	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☒	☐
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.				☐	☒	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☒	☐
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.						
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.				☐	☒	☐
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.				☐	☒	☐
					☐	☒	☐

Documents

ID	Document Name	Type	Location
MSGP VA signature	MSGP Visual Assessment Signature	Signature page	View

Labor Report

Completed: _____ Failure: _____

Report:

Appears outfall flowed, however no precipitation was collected in the job. No visual assessment was performed.

WO ID: MSGP-53796 Page 3 of 3

Signature (collecting sample): [illegible] Date and Time: 5/5/16 12:58

Signature (conducting visual assessment): N/A 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

Los Alamos National Lab

Work Order MSGP-54185

MSGP Monitoring Stations
Printed 5/16/2016 - 11:03 AM

Maintenance Details

Requested: 5/16/2016 10:53:00 AM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 5/5/2016
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-60-1 Heavy Equipment Yard
Monitored Outfall (022)
Substantially Identical Outfall (021)
MSGP02101

Reason: MSGP Quarterly Visual Assessment

Special Instructions: NMR053195

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.				☐	☐	☑
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).		05/19/16 16:10		☐	☐	☒
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).		05/19/16 16:10		☐	☐	☒
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).		05/19/16 16:42		☐	☐	☒
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"		☐	☐	☐
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☒
	Parameters						
110	Is sample colorless? If "Failed", describe.		Light Tan		☒	☐	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☐	☒
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.				☐	☐	☒
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☒
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		☒	☐	☐
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.						
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: ~~Data logger was installed on 05/19/16 at 17:05~~ ~~Serial #~~ ~~10934299~~

[illegible] 05/19/16

WO ID: MSGP-54185 Page 3 of 3

Signature (collecting sample): [signature] Date and Time: 05/19/16 16:47

Signature (conducting visual assessment): [signature] Date and Time: 05/19/16 16:47

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

Los Alamos National Lab

Work Order MSGP-54212

MSGP Monitoring Stations
Printed 5/16/2016 - 12:23 PM

Maintenance Details

Requested: 5/16/2016 11:58:00 AM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: N/A
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-60-1 Heavy Equipment Yard
Monitored Outfall (022)
Substantially Identical Outfall (024)
MSGP02401

Reason: MSGP Quarterly Visual Assessment

Special Instructions: NMR053195

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.		MPI				✓
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).	Approx. 5/19/16 @ 16:10					✓
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	Approx. 5/19/16 @ 16:10					✓
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	5/20/16	2:37				✓
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"				✓
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.						✓
	Parameters						
110	Is sample colorless? If "Failed", describe.	Gray			✓		
120	Is sample oderless? 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			✓		
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			✓		
140	Is sample free of floating solids? If "Failed" describe if raw or waste material(s) in the comments of this line.						✓
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			✓		
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.						
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:

WO ID: MSGP. 54212 Page 3 of 3

Signature (collecting sample): [signature] Date and Time: 5/20/16 2:38

Signature (conducting visual assessment): [signature] Date and Time: 5/20/16 2:37

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 Greggs, EPC-CP Group Leader

Signature: A R Greggs Date: 6/9/2016

Los Alamos National Lab

Work Order MSGP-54213

MSGP Monitoring Stations
Printed 5/16/2016 - 12:23 PM

Maintenance Details

Requested: 5/16/2016 11:58:00 AM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: N/A
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-60-1 Heavy Equipment Yard
Monitored Outfall (022)
Substantially Identical Outfall (025)
MSGP02501

Reason: MSGP Quarterly Visual Assessment

Special Instructions: NMR053195

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.	MP1			☐	☐	☑
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).	approx. 5/19/16 @ 16:10			☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	approx. 5/19/16 @ 16:10			☐	☐	☑
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	Appx. 5/20/16 ~~5/19/16~~ 2:37			☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	BKS 5/20/16 Rain water 0.08"			☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.	Clear			☐	☐	☑
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☐	☑
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.				☐	☐	☑
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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.	fines			☑	☐	☐
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.						
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:

WO ID: 54213 Page 3 of 3

Signature (collecting sample): Brad Schilling Date and Time: 5/20/2016 2:37

Signature (conducting visual assessment): Brad Schilling Date and Time: 5/20/16 2:37

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. Grieggs, EPC-CP Group Leader

Signature: A R Grieggs Date: 6/9/2016

Los Alamos National Lab

Work Order MSGP-53602

MSGP Monitoring Stations
Printed 4/18/2016 - 7:27 PM

Maintenance Details

Requested: 4/18/2016 6:16:00 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 4/12/2016
Project: MSGP Visuals- snow event 4-18-16 (P-MSGP-4708)
Reason: MSGP Q1 Visual Assessment
Special Instructions: NMR053195

Target: 4/20/2016
Priority/Type: Normal / Preventive

MSGP Program
RG121.9
TA-60-2 Warehouse
Monitored Outfall (026)
MSGP02601

Contact:
Phone:

Tasks

#	Description	Rating	Meas.	Initials	Failed	N/A	Complete
	Outfall Information						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP1			☐	☐	☑
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	4/15/19	22:18		☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	4/15/19	22:18		☐	☐	☑
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	4/19/19	17:36		☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR2	0.24in ~~0.09in~~ AKB 4/20/16		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If no or unknown, provide reason in comments of this line.				☐	☐	☑
90	Previous storm ended >72 hours before start of storm? If no, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If no, describe.				☐	☐	☑
120	Is sample oderless? If no, document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	O1			☑	☐	☐
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.	Filtered			☐	☐	☑
140	Is sample free of floating solids? If no, describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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.				☐	☐	☑
160	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	☑	☐	☐
180	Is sample devoid of an oil sheen? If no, describe color and thickness (e.g. flecks, globs) in the comments of this line.	MS 4/19/16	☐	☐	☑
190	Is sample free of other obvious indicators of pollution? If no, describe in the comments of this line.		☐	☐	☑
			☐	☐	☑

Documents

ID	Document Name	Type	Location
MSGP VA signature	MSGP Visual Assessment Signature	Signature page	View

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: MSGP-53602 Page 3 of 3

Signature (collecting sample): MSL Date and Time: 4/15/1 22:12

Signature (conducting visual assessment): MSL Date and Time: 4/19/14 17:36

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. Grieggs

Signature: A R Grieggs Date: 6/9/2016

Los Alamos National Lab

Work Order MSGP-53797

MSGP Monitoring Stations
Printed 5/2/2016 - 11:43 AM

Maintenance Details

Requested: 5/2/2016 11:41:02 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-60-2 Warehouse
Monitored Outfall (026)
Substantially Identical Outfall (027)
MSGP02701

Reason: MSGP Quarterly Visual Assessment

Special Instructions: NMR053195

Contact: Holly Wheeler
Phone: 667-1312

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.				☐	☒	☐
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 using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.				☐	☒	☐
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☒	☐
90	Previous storm ended >72 hours before start of storm? If "Failed", provide reason in comments of this line.				☐	☒	☐
	Parameters						
110	Is sample colorless? If "Failed", describe.				☐	☒	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☒	☐
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.				☐	☒	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☒	☐
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.						
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.				☐	☒	☐
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.				☐	☒	☐
					☐	☒	☐

Documents

ID	Document Name	Type	Location
MSGP VA signature	MSGP Visual Assessment Signature	Signature page	View

Labor Report

Completed: _____ **Failure:** _____

Report:

There was evidence that the out fall had flowed.
Not enough liquid in the jar to conduct a visual assessment.

WO ID: MSGP-53797 Page 3 of 3

Signature (collecting sample): [illegible] Date and Time: 05/05/2016 12:50pm

Signature (conducting visual assessment): N/A 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

Los Alamos National Lab

Work Order MSGP-53798

MSGP Monitoring Stations
Printed 5/2/2016 - 11:43 AM

Maintenance Details

Requested: 5/2/2016 11:41:03 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-60-2 Warehouse
Monitored Outfall (026)
Substantially Identical Outfall (028)
MSGP02801

Reason: MSGP Quarterly Visual Assessment

Special Instructions: NMR053195

Contact: Holly Wheeler
Phone: 667-1312

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.		April ~~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).		05/01/16 13:50 (estimated)		☐	☐	☒
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).		05/01/16 13:50 (estimated)		☐	☐	☒
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).		05/05/16 12:41		☐	☐	☒
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 0.36" 0.36 in. AWS 5/6/16 ~~30 minute max intensity~~		☐	☐	☒
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line. Personnel not present during non-work hours. ~~Multiple storm events occurred over the weekend.~~				☒	☐	☐
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.~~ Previous storm events occurred 4/30/16, 0.22 in. total precip. AKB 5/6/16 and 4/29/16, 0.24 in. total precip.				☒	☐	☐
	Parameters						
110	Is sample colorless? If "Failed", describe.				☐	☐	☒
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☐	☒
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.				☐	☐	☒
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☒
150	Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If		Fine		☒	☐	☐

	"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.		Fine		☒	☐	☐
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.				☐	☐	☒
					☐	☐	☐

Documents

ID	Document Name	Type	Location
MSGP VA signature	MSGP Visual Assessment Signature	Signature page	View

Labor Report

Completed: _____ **Failure:** _____

Report:

WO ID: MSGP-53798 Page 3 of 3

Signature (collecting sample): Holly Wheeler Date and Time: 05/05/16 12:45

Signature (conducting visual assessment): Holly Wheeler Date and Time: 05/05/16 12:45

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. Greeggs, EPC-CP Group Leader

Signature: A R Greeggs Date: 6/9/2016

Los Alamos National Lab

Work Order MSGP-54187

MSGP Monitoring Stations
Printed 5/16/2016 - 11:03 AM

Maintenance Details

Requested: 5/16/2016 10:53:00 AM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 5/5/2016
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-60-2 Warehouse
Monitored Outfall (026)
Substantially Identical Outfall (027)
MSGP02701

Reason: MSGP Quarterly Visual Assessment

Special Instructions: NMR053195

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.				☐	☒	☐
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 using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.				☐	☒	☐
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☒	☐
	Parameters						
110	Is sample colorless? If "Failed", describe.				☐	☒	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☒	☐
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.				☐	☒	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☒	☐
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.				☐	☒	☐
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.						
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:

Evidence that outfall flowed. No water in jar. Puddling & moisture at outfall.

WO ID: MS6R-54187 Page 3 of 3

Signature (collecting sample): [illegible] Date and Time: 05/19/16 16:28

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

Los Alamos National Lab

Work Order MSGP-54188

MSGP Monitoring Stations
Printed 5/16/2016 - 11:03 AM

Maintenance Details

Requested: 5/16/2016 10:53:00 AM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 5/5/2016
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-60-2 Warehouse
Monitored Outfall (026)
Substantially Identical Outfall (028)
MSGP02801

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.		April/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).		05/19/16 16:10		☐	☐	☒
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).		05/19/16 16:10		☐	☐	☒
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).		05/19/16 16:35		☐	☐	☒
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"		☐	☐	☒
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☒
	Parameters						
110	Is sample colorless? If "Failed", describe.		Medium tan		☒	☐	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☐	☒
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.				☒	☐	☒
140	Is sample free of floating solids? If "Failed" describe if raw or waste material(s) in the comments of this line.		Waste debris		☒	☐	☐
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		☒	☐	☐
160					☒	☐	☐

MSW 5/24/16

	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			
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:

Done

WO ID: MS6A-54188 Page 3 of 3

Signature (collecting sample): [illegible] Date and Time: 05/19/16 16:30

Signature (conducting visual assessment): [illegible] Date and Time: 05/19/16 16:30

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: Anthony R. Grieggs, EPC-CP Group Leader

Signature: A R Grieggs Date: 6/9/2016

Los Alamos National Lab

Work Order MSGP-53612

MSGP Monitoring Stations
Printed 4/18/2016 - 7:30 PM

Maintenance Details

Requested: 4/18/2016 6:16:00 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 7/29/2013
Project: MSGP VISUALS- SNOW EVENT 4-18-16 (P-MSGP-4708)
Reason: MSGP Q1 Visual Assessment
Special Instructions: NMR053195

Target: 4/20/2016
Priority/Type: Normal / Preventive

MSGP Program
RG121.9
TA-60 MRF
Monitored Outfall (029)
MSGP02901

Contact:
Phone:

Tasks

#	Description	Rating	Meas.	Initials	Failed	N/A	Complete
	Outfall Information						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP1			☐	☐	☑
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	4/15/16	11:21		☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	4/15/16	11:21		☐	☐	☑
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	17:46		☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR2	0.24in ~~2.09 in~~ AKD 4/20/16		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If no or unknown, provide reason in comments of this line.				☐	☐	☑
90	Previous storm ended >72 hours before start of storm? If no, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If no, describe.	Yellowish			☑	☐	☐
120	Is sample oderless? If no, document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	O1			☑	☐	☐
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.	C1			☑	☐	☐
140	Is sample free of floating solids? If no, describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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.				☐	☐	☑
160					☐	☐	☑

	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.				☐	☐	☑
180	Is sample devoid of an oil sheen? If no, 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 no, describe in the comments of this line.				☐	☐	☑
					☐	☐	☐

Documents

ID	Document Name	Type	Location
MSGP VA signature	MSGP Visual Assessment Signature	Signature page	View

Labor Report

Completed: _____ **Failure:** _____ **Meter 1:** _____ **Meter 2:** _____

Report:

WO ID: MSGP-53612 Page 3 of 3

Signature (collecting sample): MSL Date and Time: 4/15/16 11:21

Signature (conducting visual assessment): MSL Date and Time: 4/19/16 17:46

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. Grieggs, EPC-CP Group leader

Signature: A R Grieggs Date: 6/9/2016

Los Alamos National Lab

Work Order MSGP-53808

MSGP Monitoring Stations
Printed 5/2/2016 - 1:22 PM

Maintenance Details

Requested: 5/2/2016 12:19:32 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-60 MRF
Monitored Outfall (029)
MSGP02901

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					✓
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)			RS 5/5/16			✓
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	4/29/16	04:40				✓
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	4/29/16	04:40				✓
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	5/5/16	12:58				✓
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.24 in.				✓
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.						✓
90	Previous storm ended >72 hours before start of storm? If "Failed", provide reason in comments of this line.						✓
	Parameters						
110	Is sample colorless? If "Failed", describe.						✓
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	O1			✓		
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			✓		
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.						✓
150	Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If	SUSSOL1			✓		

	"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.				☐	☐	☑
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.	White foam on the Surface			☑	☐	☐
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.				☐	☐	☑
					☐	☐	☐

Documents

ID	Document Name	Type	Location
MSGP VA signature	MSGP Visual Assessment Signature	Signature page	View

Labor Report

Completed: _____ **Failure:** _____ **Meter 1:** _____ **Meter 2:** _____

Report: See attached email from Leonard Sandoval dated 4/5/13/16 explaining observed foam
MJS 5/12/16

WO ID: MSGP-53808 Page 3 of 3

Signature (collecting sample): Marwin Shendo Date and Time: 4/29/16 04:40

Signature (conducting visual assessment): Marwin Shendo Date and Time: 5/5/16 12:58

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. Grieggs, EPC-CP Group leader

Signature: A R Grieggs Date: 6/9/2016

From: Sandoval, Leonard Frank
To: Wheeler, Holly Lynn; Shendo, Marwin Patrick
Cc: Banar, Alethea K; Stone, Russell
Subject: MSGP visual assessment performed at outfall 029 on 4/29/2016.....
Date: Friday, May 13, 2016 10:02:43 AM

Hydro-grass Technologies helped put together the combination of floc logs that were installed at the 4 drop inlets that discharge to the MSGP sampler in late March before the sampler was turned on in April to begin the 2016 sampling season. Hydro-grass Technologies requested a sediment sample for analysis, which I collected from the concrete retention pond in October 2015, and they used to recommend the floc logs the we installed in an effort to address an exceedance for TSS. I spoke with them yesterday and they believe what was observed in the sample collected on 4/29/2016 was flocculant. Jerry Gallegos and I looked at the water that is in the concrete retention pond yesterday afternoon and there was no visible oily sheen or any white foam.

Leonard

From: Wheeler, Holly Lynn
Sent: Thursday, May 12, 2016 10:44 AM
To: Shendo, Marwin Patrick
Cc: Sandoval, Leonard Frank; Banar, Alethea K
Subject: FW: MSGP visual assessment performed at outfall 029 on 4/29/2016
Importance: High

Marwin,
Leonard indicated he sent you a follow-up e-mail regarding this issue. Can you please forward it to Alethea and I. This issue is documented in Maintenance Connection and needs to be addressed. Anytime foam or a sheen is identified, it requires immediate action so it is critical we address these issues as soon as possible. The 2015 MSGP requires immediate action for pollutants discharged to a watercourse.

Leonard is going to follow-up with a technical representative from Floc-Log company and confirm whether it is typical of the logs to cause a white foam. He will try to get back to us tomorrow. When this issue is resolved, please let Alethea know how it was resolved so it can be closed in Maintenance Connection. There is no corrective action in the Corrective Action Reporting database. If you have any questions, just let me know.
Thanks,
Holly

From: Wheeler, Holly Lynn
Sent: Thursday, May 12, 2016 10:23 AM
To: Sandoval, Leonard Frank
Cc: Banar, Alethea K; Shendo, Marwin Patrick
Subject: FW: MSGP visual assessment performed at outfall 029 on 4/29/2016
Importance: High

Leonard,

What did you find out about the foam identified below? Was a corrective action written up?
Thanks,
Holly

From: Wheeler, Holly Lynn
Sent: Thursday, May 05, 2016 3:59 PM
To: Sandoval, Leonard Frank
Cc: Shendo, Marwin Patrick; Banar, Alethea K; Meadows, Jacob William; Dale, Leslie J; Schilling, Bradley Kirk
Subject: MSGP visual assessment performed at outfall 029 on 4/29/2016

Leonard,
Marwin conducted a visual assessment at TA-60 MRF on a sample that was collected on 4/29/2016 at 04:00. It was identified that it had white foam in the sample. Please evaluate potential cause for this observation and determine what the source is. Immediate action must be taken relative to discharges of potential pollutants from outfalls. Enter a corrective action as follow up in the Oracle Corrective Action Reporting database if it is determined that a pollutant source was released. Please keep Marwin and I informed on the progress of this evaluation as we need to document this information in Maintenance Connection as follow-up to the visual assessment. I am not in tomorrow but Marwin and Brad Schilling will be in if you have any question.
Thanks,
Holly Wheeler

Los Alamos National Lab

Work Order MSGP-53606

MSGP Monitoring Stations
Printed 4/18/2016 - 7:29 PM

Maintenance Details

Requested: 4/18/2016 6:16:00 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 7/29/2013
Project: MSGP VISUALS- SNOW EVENT 4-18-16 (P-MSGP-4708)
Reason: MSGP Q1 Visual Assessment
Special Instructions: NMR053195

Target: 4/20/2016
Priority/Type: Normal / Preventive

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
MSGP03201

Contact:
Phone:

Tasks

#	Description	Rating	Meas.	Initials	Failed	N/A	Complete
	Outfall Information						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP1			☐	☐	☑
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	4/18/16	10:57		☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	4/18/16	10:57		☐	☐	☑
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	4/20/16	15:40		☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR2	0.21in total precip from 4/17/16 event. ~~0.09" 30 min max~~ AKB 4/22/16		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If no or unknown, provide reason in comments of this line.				☐	☐	☑
90	Previous storm ended >72 hours before start of storm? If no, provide reason in comments of this line.	Prev. storm ~~began 4/15/16 22:40~~	4/15/16 ~~30 min. max~~ AKB 4/22/16		☒	☐ AKB 5/12/16	☑
	Parameters						
110	Is sample colorless? If no, describe.				☐	☐	☑
120	Is sample oderless? If no, document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☐	☑
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.				☐	☐	☑
140	Is sample free of floating solids? If no, describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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.				☐	☐	☑
160					☐	☐	☑

	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.				☐	☐	☑
180	Is sample devoid of an oil sheen? If no, 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 no, describe in the comments of this line.				☐	☐	☑
					☐	☐	☐

Documents

ID	Document Name	Type	Location
MSGP VA signature	MSGP Visual Assessment Signature	Signature page	View

Labor Report

Completed: _____ **Failure:** _____ **Meter 1:** _____ **Meter 2:** _____

Report:

WO ID: MSGP-53606 Page 3 of 3

Signature (collecting sample): MSL. Date and Time: 4/18/16 10:57

Signature (conducting visual assessment): MSL. Date and Time: 4/20/16 15:40

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. Grieggs, EPC-CP Group Leader

Signature: A R Grieggs Date: 6/9/2016

Los Alamos National Lab

Work Order MSGP-53810

MSGP Monitoring Stations
Printed 5/2/2016 - 1:22 PM

Maintenance Details

Requested: 5/2/2016 12:19:33 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 4/20/2016
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
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
MSGP03201

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			☐	☐	☐
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).	4/29/16	7:25		☐	☐	☐
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	4/29/16	7:25		☐	☐	☐
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	15:26		☐	☐	☐
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1		0.17 in. [illegible]	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
90	Previous storm ended >72 hours before start of storm? If "Failed", provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.	Yellowish			☑	☐	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☐	☑
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			☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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.						
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.				☐	☐	☑
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.				☐	☐	☑
					☐	☐	☐

Documents

ID	Document Name	Type	Location
MSGP VA signature	MSGP Visual Assessment Signature	Signature page	View

Labor Report

Completed: _____ **Failure:** _____ **Meter 1:** _____ **Meter 2:** _____

Report:

WO ID: MSGP-53810 Page 3 of 3

Signature (collecting sample): MSLP Date and Time: 4/29/16 7:25

Signature (conducting visual assessment): MSLP. Date and Time: 5/4/16 15:26

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: Anthony R. Grieggs EPC-CP Group Leader

Signature: A R Grieggs Date: 6/9/2016

Los Alamos
NATIONAL LABORATORY
EST. 1943

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) TL
From/MS: Holly Wheeler, EPC-CP, (E-File) HW
Phone/Fax: 667-1312
Symbol: EPC-DO: 17-027
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 TA-60 Roads and Grounds

Please find attached completed MSGP QVA Forms documenting visual assessments performed during the second quarter of monitoring at TA-60 Roads and Grounds. 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

Facility Name	Sampling Station	Work Order #
TA-60 Roads and Grounds	MSGP03101	MSGP-53605
TA-60 Roads and Grounds	MSGP03301	MSGP-54214
TA-60 Roads and Grounds	MSGP03401	MSGP-54215
TA-60 Roads and Grounds	MSGP03501	MSGP-54216
TA-60 Roads and Grounds	MSGP03001	MSGP-54217
TA-60 Roads and Grounds	MSGP04101	MSGP-54218
TA-60 Roads and Grounds	MSGP03701	MSGP-54219
TA-60 Roads and Grounds	MSGP04001	MSGP-54220
TA-60 Roads and Grounds	MSGP03801	MSGP-54221
TA-60 Roads and Grounds	MSGP03201	MSGP-54681
TA-60 Roads and Grounds	MSGP03301	MSGP-54920
TA-60 Roads and Grounds	MSGP03401	MSGP-54921
TA-60 Roads and Grounds	MSGP03001	MSGP-54922
TA-60 Roads and Grounds	MSGP04101	MSGP-54923
TA-60 Roads and Grounds	MSGP03301	MSGP-56125
TA-60 Roads and Grounds	MSGP03401	MSGP-56126
TA-60 Roads and Grounds	MSGP03001	MSGP-56127
TA-60 Roads and Grounds	MSGP03301	MSGP-56616
TA-60 Roads and Grounds	MSGP03401	MSGP-56617
TA-60 Roads and Grounds	MSGP03301	MSGP-57141
TA-60 Roads and Grounds	MSGP03401	MSGP-57142

Copy: Russell Stone, DESHS-UIS, (E-File)
Adesh-records@lanl.gov, (E-File)
lasomailbox@nnsa.doe.gov, (E-File)
locatesteam@lanl.gov, (E-File)
epc-correspondence@lanl.gov, (E-File)

ENCLOSURE 1

Quarterly Visual Assessment Forms
Second Quarter, 2016 Monitoring Year

EPC-DO-17-027

Date: JAN 1 2 2017

Los Alamos National Lab

Work Order MSGP-53605

MSGP Monitoring Stations
Printed 5/31/2016 - 6:18 PM (Duplicate Copy)

Maintenance Details

Requested: 5/31/2016 5:30:00 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 4/19/2016
Project: MSGP Visual Assessments wk 5/30/16 (P-MSGP-4804)

Target: 7/31/2016
Priority/Type: / Inspection

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (031)
MSGP03101

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					✓
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).	7/21/16	12:33				✓
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/21/16	12:33				✓
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/26/16	1537				✓
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.36 in. AKB 7/27/16				✓
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.						✓
	Parameters						
110	Is sample colorless? If "Failed", describe.	Brown			✓		
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	O1			✓		
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			✓		
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.						✓
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.	SETSOL1			✓		
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.						
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:** _____ **Meter 1:** _____ **Meter 2:** _____

Report:

WO ID: MSGP-53605 Page 3 of 3

Signature (collecting sample): MPSnl. Date and Time: 7/21/16 12:33

Signature (conducting visual assessment): MPSnl. Date and Time: 7/26/16 1537

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. Griggs, EPC-CP Group Leader

Signature: A R Griggs Date: 9/14/2016

Los Alamos National Lab

Work Order MSGP-54214

MSGP Monitoring Stations
Printed 6/1/2016 - 2:03 PM

Maintenance Details

Requested: 5/16/2016 11:58:00 AM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: N/A
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
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (033)
MSGP03301

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.		Q2				✓
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).		06/01/16 at apx 14:32	MGW 06/03/16			✓
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).		06/01/16 at apx 14:32	MGW 06/03/16			✓
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	6/3/16	1340				✓
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	Rain	0.02"				✓
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.						✓
	Parameters						
110	Is sample colorless? If "Failed", describe.	Brown			✓		
120	Is sample oderless? 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			✓		
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			✓		
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	Veg			✓		
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			✓		
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.		Veq				
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:

WO ID: 54214 Page 3 of 3

Signature (collecting sample): MSL. Date and Time: 6/1/16 1432

Signature (conducting visual assessment): MSL Date and Time: 6/3/16 1346

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. Cortegoso, EPC-CP Group Leader

Signature: A R Cortegoso Date: 9/14/2016

Los Alamos National Lab

Work Order MSGP-54215

MSGP Monitoring Stations
Printed 6/1/2016 - 2:03 PM

Maintenance Details

Requested: 5/16/2016 11:58:00 AM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: N/A
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
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (034)
MSGP03401

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.	Q2			☐	☐	☑
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).	06/01/16 @apx 14:[redacted]33		HSW 06/03/16	☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	06/01/16 @apx 14:[redacted]33		HSW 06/03/16	☐	☐	☑
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	6/3/16 1340			☐	☐	☐
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	Rain 0.02"		HSW 06/03/16	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.	Brown			☑	☐	☐
120	Is sample oderless? 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			☑	☐	☐
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			☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	Neg			☑	☐	☐
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			☑	☐	☐
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.		VLg				
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:

WO ID: 54215 Page 3 of 3

Signature (collecting sample): MSLL Date and Time: 6/1/16 1433

Signature (conducting visual assessment): MSLL Date and Time: 6/3/16 1348

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. Griegop, EPC-CP Group Leader

Signature: A R Grieggs Date: 9/14/2016

Los Alamos National Lab

Work Order MSGP-54216

MSGP Monitoring Stations
Printed 6/1/2016 - 2:03 PM

Maintenance Details

Requested: 5/16/2016 11:58:00 AM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: N/A
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
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (035)
MSGP03501

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.	MP2					✓
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).	7/31/16	1349 approx				✓
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/31/16	1349 approx				✓
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	1611				✓
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.59 in. 7/31/16				✓
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.						✓
	Parameters						
110	Is sample colorless? If "Failed", describe.	Brown			✓		
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.						✓
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			✓		
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.						✓
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.	SETSOL1			✓		
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.						
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:

WO ID: MSGP-54216 Page 3 of 3

Signature (collecting sample): MSL. Date and Time: 7/31/16 1749

Signature (conducting visual assessment): MSL. Date and Time: 8/1/16 1611

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. Gonzeggs, EPC-CP Group Leader

Signature: AR Gonzeggs Date: 9/14/2016

Los Alamos National Lab

Work Order MSGP-54217

MSGP Monitoring Stations
Printed 6/1/2016 - 2:03 PM

Maintenance Details

Requested: 5/16/2016 11:58:00 AM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: N/A
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
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (031)
Substantially Identical Outfall (030)
MSGP03001

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.	Q2			☐	☐	☑
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).	06/01/16 at approx. 14:46		HGW 06/03/16	☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	06/01/16 at approx. 14:46		HGW 06/03/16	☐	☐	☑
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	6/3/16	1334		☐	☐	☐
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	Rain	0.02"		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.	Brown			☑	☐	☐
120	Is sample oderless? 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			☑	☐	☐
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			☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	Veg			☑	☐	☐
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			☑	☐	☐
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.	Veg					
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:

WO ID: 5427 Page 3 of 3

Signature (collecting sample): MSH Date and Time: 6/1/16 1446

Signature (conducting visual assessment): MSH Date and Time: 6/3/16 1334

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. Gorieggs, EPC-CP Group Leader

Signature: A R Gorieggs Date: 9/14/2016

Los Alamos National Lab

Work Order MSGP-54218

MSGP Monitoring Stations
Printed 6/1/2016 - 2:03 PM

Maintenance Details

Requested: 5/16/2016 11:58:00 AM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: N/A
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
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (042)
Substantially Identical Outfall (041)
MSGP04101

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.				☐	☒	☐
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 using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.				☐	☒	☐
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☒	☐
	Parameters						
110	Is sample colorless? If "Failed", describe.				☐	☒	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☒	☐
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.				☐	☒	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☒	☐
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.				☐	☒	☐
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.						
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:
No flow. No sample. No visual assessment conducted.

WO ID: MSCP-5428 Page 3 of 3

Signature (collecting sample): [illegible] Date and Time: 06/03/2016 15:59

Signature (conducting visual assessment): [illegible] Date and Time: 06/03/2016 15:59

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. Gorreggs, EPC-CP Group Leader

Signature: A R Gorreggs Date: 9/14/2016

Los Alamos National Lab

Work Order MSGP-54219

MSGP Monitoring Stations
Printed 6/1/2016 - 2:03 PM

Maintenance Details

Requested: 5/16/2016 11:58:00 AM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: N/A
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
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (036)
Substantially Identical Outfall (037)
MSGP03701

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.				☐	☒	☐
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 using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.				☐	☒	☐
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☒	☐
	Parameters						
110	Is sample colorless? If "Failed", describe.				☐	☒	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☒	☐
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.				☐	☒	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☒	☐
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.				☐	☒	☐
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.						
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:

No flow, No sample collected, No visual assessment conducted

WO ID: MSGP-~~54673~~ 54219 AKB 10/28/16 Page 2 of 2

Signature (collecting sample): [signature] Date and Time: 06/03/16 15:25

Signature (conducting visual assessment): [signature] Date and Time: 06/03/16 15:25

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. Griegg, EPC-CP Group Leader

Signature: A R Griegg Date: 9/14/2016

Los Alamos National Lab

Work Order MSGP-54220

MSGP Monitoring Stations
Printed 6/1/2016 - 2:03 PM

Maintenance Details

Requested: 5/16/2016 11:58:00 AM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: N/A
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
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (039)
Substantially Identical Outfall (040)
MSGP04001

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.				☐	☒	☐
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 using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.				☐	☒	☐
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☒	☐
	Parameters						
110	Is sample colorless? If "Failed", describe.				☐	☒	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☒	☐
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.				☐	☒	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☒	☐
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.				☐	☒	☐
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.						
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:

Jar not in position to catch flow.
Repositioned prior to leaving the site.

WO ID: MSCP-54220 Page 2 of 2

Signature (collecting sample): Holly Wheel Date and Time: 06/03/16 15:38

Signature (conducting visual assessment): Holly Wheel Date and Time: 06/03/16 15:38

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

Los Alamos National Lab

Work Order MSGP-54221

MSGP Monitoring Stations
Printed 6/1/2016 - 2:03 PM

Maintenance Details

Requested: 5/16/2016 11:58:00 AM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: N/A
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
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (039)
Substantially Identical Outfall (038)
MSGP03801

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.				☐	☒	☐
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 using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.				☐	☒	☐
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☒	☐
	Parameters						
110	Is sample colorless? If "Failed", describe.				☐	☒	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☒	☐
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.				☐	☒	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☒	☐
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.				☐	☒	☐
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.						
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:

No Flow. No sample collected. No visual assessment conducted.

WO ID: MSGP-54221 Page 3 of 3

Signature (collecting sample): Holly Wheeler Date and Time: 06/03/2016 15:30

Signature (conducting visual assessment): Holly Wheeler Date and Time: 06/03/2016 15:30

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: Anthony R. Grieggs, EPC-CP Group Leader

Signature: A R Grieggs Date: 9/14/2016

Los Alamos National Lab

Work Order MSGP-54681

MSGP Monitoring Stations
Printed 5/31/2016 - 6:18 PM

Maintenance Details

Requested: 5/31/2016 6:06:00 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 5/16/2016
Project: MSGP Visual Assessments wk 5/30/16 (P-MSGP-4804)

Target: 7/31/2016
Priority/Type: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
MSGP03201

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			☐	☐	☑
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).	7/1/16	1358		☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/1/16	1358		☐	☐	☑
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	1609		☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PRL	0.16 in. AKB 7/1/16		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.	Brownish			☑	☐	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☐	☑
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)			☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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 (SETSOL1)			☑	☐	☐
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.						
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:** _____ **Meter 1:** _____ **Meter 2:** _____

Report:

WO ID: MSGP-54681 Page 3 of 3

Signature (collecting sample): [illegible] Date and Time: 7/1/16 1358

Signature (conducting visual assessment): [illegible] Date and Time: 7/6/16 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: Anthony R. Gariegge, EPC-CP Group Leader

Signature: A R Gariegge Date: 9/14/2016

Los Alamos National Lab

Work Order MSGP-54920

MSGP Monitoring Stations
Printed 6/6/2016 - 1:04 PM

Maintenance Details

Requested: 6/6/2016 1:02:33 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: N/A
Project: SIO Visual Assessments wk 6/6/16 (P-MSGP-4823)

Target: 7/31/2016
Priority/Type: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (033)
MSGP03301

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.		Q2		☐	☐	☑
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).	7/1/16	1345		☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/1/16	1345		☐	☐	☑
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/5/16		3:27	☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	Rain		0.16 in. AKD 7/14/16	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.	light tan			☑	☐	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☐	☑
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			☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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			☑	☐	☐
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			
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:

WO ID: 54920 Page 3 of 3

Signature (collecting sample): Audry Smith Date and Time: 3:27 7/5/16

Signature (conducting visual assessment): Audry Smith Date and Time: 3:27 7/5/16

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. Griegop, EPC-CP Group Leader

Signature: A R Grieggs Date: 9/14/2016

Los Alamos National Lab

Work Order MSGP-54921

MSGP Monitoring Stations
Printed 6/6/2016 - 1:04 PM

Maintenance Details

Requested: 6/6/2016 1:02:34 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: N/A
Project: SIO Visual Assessments wk 6/6/16 (P-MSGP-4823)

Target: 7/31/2016
Priority/Type: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (034)
MSGP03401

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.	Q2			☐	☐	☑
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).	7/1/16 @ 1345			☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/1/16 @ 1345			☐	☐	☑
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/5/16 3:29			☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	Rain	0.16 in.	AEG 7/14/16	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.	light tan			☑	☐	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☐	☑
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			☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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		☑	☐	☐
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				
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:

WO ID: 54921 Page 3 of 3

Signature (collecting sample): Audrey Smith Date and Time: 7/5/16 3:29

Signature (conducting visual assessment): Audrey Smith Date and Time: 3:29 7/5/16

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. Conegge, EPC-CP Group Leader

Signature: A R Conegge Date: 9/14/2016

Los Alamos National Lab

Work Order MSGP-54922

MSGP Monitoring Stations
Printed 6/6/2016 - 1:04 PM

Maintenance Details

Requested: 6/6/2016 1:02:35 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: N/A
Project: SIO Visual Assessments wk 6/6/16 (P-MSGP-4823)

Target: 7/31/2016
Priority/Type: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (031)
Substantially Identical Outfall (030)
MSGP03001

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.	Q2			☐	☐	☑
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).	7/1/16 1345			☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/1/16 1345 ~~7/5/16 3:17~~ AD 7/6/16			☐	☐	☑
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/5/16 3:17			☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	Rain	0.16 in. AD 7/6/16		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.	light tan			☑	☐	☑ AD
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☐	☑
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			☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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		☑	☐	☑ AS
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				
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:

WO ID: 54922 Page 3 of 3

Signature (collecting sample): Andrew Smith Date and Time: 7/5/16 3:17

Signature (conducting visual assessment): Andrew Smith Date and Time: 7/5/16 3:17

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: Anthony R. Griggs, EPC-CP Group Leader

Signature: A R Griggs Date: 9/14/2016

Los Alamos National Lab

Work Order MSGP-54923

MSGP Monitoring Stations
Printed 6/6/2016 - 1:04 PM

Maintenance Details

Requested: 6/6/2016 1:02:35 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: N/A
Project: SIO Visual Assessments wk 6/6/16 (P-MSGP-4823)

Target: 7/31/2016
Priority/Type: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (042)
Substantially Identical Outfall (041)
MSGP04101

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.	MP3			☐	☐	☑
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).	7/31/16	1352	approx	☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/31/16	1352	approx.	☐	☐	☑
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	1635		☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.59 in. AND 8/6/16		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.	Brown			☑	☐	~~☑~~
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	O1			☑	☐	☐
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			☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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.	SETSOL1			☑	☐	☐
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.						
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:

WO ID: MSGP-54923 Page 3 of 3

Signature (collecting sample): MSL Date and Time: 7/31/16 1352

Signature (conducting visual assessment): MSL Date and Time: 8/1/16 1635

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. Griggs, EPC-CP Group Leader

Signature: A R Griggs Date: 9/14/2016

Los Alamos National Lab

Work Order MSGP-56125

MSGP Monitoring Stations
Printed 7/14/2016 - 5:58 PM

Maintenance Details

Requested: 7/14/2016 5:55:59 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 7/5/2016
Project: SIO Visual Assessments 7-14-16 (P-MSGP-4944)

Target: 7/31/2016
Priority/Type: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (033)
MSGP03301

Reason: MSGP Quarterly Visual Assessment

Special Instructions: NMR053195

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			☐	☐	☑
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).	7/21/16		12:20	☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/21/16		12:20	☐	☐	☑
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/21/16		1505	☐	☐	☑
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. AKS 7/27/16		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.	Brown			☑	☐	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	O1			☑	☐	☐
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			☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	Veg			☑	☐	☐
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.	SeTSOL1			☑	☐	☐
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.	SuSSoL2					
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 Report

Completed: _____ **Failure:** _____

Report:

WO ID: 56125 Page 3 of 3

Signature (collecting sample): MSL. Date and Time: 7/21/16

Signature (conducting visual assessment): MSL. Date and Time: 7/21/16 1505

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. Conieggs, EPC-CP Group Leader

Signature: A R Conieggs Date: 9/14/2016

Los Alamos National Lab

Work Order MSGP-56126

MSGP Monitoring Stations
Printed 7/14/2016 - 5:58 PM

Maintenance Details

Requested: 7/14/2016 5:55:59 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 7/5/2016
Project: SIO Visual Assessments 7-14-16 (P-MSGP-4944)

Target: 7/31/2016
Priority/Type: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (034)
MSGP03401

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.	MP2			☐	☐	☑
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).	7/21/16	12:20		☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/21/16	12:20		☐	☐	☑
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/21/16	1506		☐	☐	☑
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. Aug 7/27/16		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.	Brown			☑	☐	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	O1			☑	☐	☐
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			☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	Veg			☑	☐	☐
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.	SETSOL 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.	SUSSOL 2					
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 Report

Completed: _____ **Failure:** _____

Report:

WO ID: 56126 Page 3 of 3

Signature (collecting sample): MSL. Date and Time: 7/21/14

Signature (conducting visual assessment): MSL. Date and Time: 7/21/14 1506

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. Griggs, EPC-CP Group Leader

Signature: A R Griggs Date: 9/14/2016

Los Alamos National Lab

Work Order MSGP-56127

MSGP Monitoring Stations
Printed 7/14/2016 - 5:58 PM

Maintenance Details

Requested: 7/14/2016 5:56:00 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 7/5/2016
Project: SIO Visual Assessments 7-14-16 (P-MSGP-4944)

Target: 7/31/2016
Priority/Type: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (031)
Substantially Identical Outfall (030)
MSGP03001

Reason: MSGP Quarterly Visual Assessment

Special Instructions: NMR053195

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			☐	☐	☑
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).	7/21/16		12:20	☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/21/16		12:20	☐	☐	☑
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/21/16		1459	☐	☐	☑
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. AMB 7/27/16		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.	Brownish			☑	☐	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☐	☑
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			☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	Veg			☑	☐	☐
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.				☐	☐	☑
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.	SUSSOL2				
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 Report

Completed: _____ **Failure:** _____

Report:

WO ID: 56127 Page 3 of 3

Signature (collecting sample): MSL. Date and Time: 7/21/16

Signature (conducting visual assessment): MSL. Date and Time: 7/21/16 1459

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. Gonzaga, EPC-CP Group Leader

Signature: A R Gonzaga Date: 9/14/2016

Los Alamos National Lab

Work Order MSGP-56616

MSGP Monitoring Stations
Printed 7/26/2016 - 10:18 AM

Maintenance Details

Requested: 7/26/2016 10:13:40 AM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 7/20/2016
Project: SIO Visual Assessments 7-25-16 (P-MSGP-4983)

Target: 7/31/2016
Priority/Type: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (033)
MSGP03301

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.	MP2			☐	☐	☑
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).	7/25/16	13:40	approx.	☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/25/16	13:40	approx.	☐	☐	☑
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/26/16	11:23		☐	☐	☑
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. ~~0.08 in.~~ AND 7/28/16		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.				☐	☐	☑
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☐	☑
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		Cl	☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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 Sediment		SETSOL2	☑	☐	☐
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.						
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 Report

Completed: _____ **Failure:** _____

Report:

WO ID: MSGP-5/6/16 Page 3 of 3

Signature (collecting sample): MSLP. Date and Time: 7/25/16 13:40

Signature (conducting visual assessment): MSLP. Date and Time: 7/26/16 1123

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. Gonzaga, EPC-CP Group Leader

Signature: A R Gonzaga Date: 9/14/2016

Los Alamos National Lab

Work Order MSGP-56617

MSGP Monitoring Stations
Printed 7/26/2016 - 10:18 AM

Maintenance Details

Requested: 7/26/2016 10:13:40 AM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 7/20/2016
Project: SIO Visual Assessments 7-25-16 (P-MSGP-4983)

Target: 7/31/2016
Priority/Type: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (034)
MSGP03401

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.	MP2			☐	☐	☑
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).	7/25/16	13:40 approx.		☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/25/16	13:40 approx.		☐	☐	☑
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/26/16	1127		☐	☐	☑
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. ~~0.03 in.~~ AKS 7/26/16		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.				☐	☐	☑
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☐	☑
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		C1	☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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 Sediment		S1TS012	☑	☐	☐
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.						
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 Report

Completed: _____ **Failure:** _____

Report:

WO ID: MSGP-56617 Page 3 of 3

Signature (collecting sample): MSL Date and Time: 7/25/16 13:40

Signature (conducting visual assessment): MSL. Date and Time: 7/26/16 1127

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. Corriegan, EPC-CP Group Leader

Signature: A R Corriegan Date: 9/14/2016

Los Alamos National Lab

Work Order MSGP-57141

MSGP Monitoring Stations
Printed 8/3/2016 - 9:55 AM

Maintenance Details

Requested: 8/3/2016 9:44:00 AM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 7/26/2016
Project: SIO Visual Assessments 8/1/16 (P-MSGP-5014)

Target: 7/31/2016
Priority/Type: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (033)
MSGP03301

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			☐	☐	☑
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).	7/31/16		1332	☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/31/16		1332	☐	☐	☑
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		1604	☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1		0.59 in. [illegible]	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.	Brown			☑	☐	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☐	☑
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			☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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.	SETSOL1			☑	☐	☐
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.						
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 Report

Completed: _____ **Failure:** _____

Report:

WO ID: MSGP.57141 Page 3 of 3

Signature (collecting sample): MSL Date and Time: 7/31/16 1332

Signature (conducting visual assessment): MSL Date and Time: 8/01/16 1604

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

Los Alamos National Lab

Work Order MSGP-57142

MSGP Monitoring Stations
Printed 8/3/2016 - 9:55 AM

Maintenance Details

Requested: 8/3/2016 9:44:01 AM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 7/26/2016
Project: SIO Visual Assessments 8/1/16 (P-MSGP-5014)

Target: 7/31/2016
Priority/Type: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (034)
MSGP03401

Reason: MSGP Quarterly Visual Assessment

Special Instructions: NMR053195

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			☐	☐	☑
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).	7/31/16	1333	approx	☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/31/16	1333	approx	☐	☐	☑
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	1608		☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.59 in. ADD 8/16/16		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.	Brown			☑	☐	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☐	☑
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			☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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.	SETSOL2			☑	☐	☐
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.						
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 Report

Completed: _____ **Failure:** _____

Report:

WO ID: MSGP-57142 Page 3 of 3

Signature (collecting sample): MSR Date and Time: 7/31/16 1333

Signature (conducting visual assessment): MSR. Date and Time: 8/01/16 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: Anthony R. Griggs, EPC-CP Group Leade

Signature: A R Griggs Date: 9/14/2016

Los Alamos
NATIONAL LABORATORY
EST. 1943

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)
From/MS: Holly Wheeler, EPC-CP, (E-File)
Phone/Fax: 667-1312
Symbol: EPC-DO: 17-041

Date: JAN 17 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 TA-60 Roads and Grounds

Please find attached completed MSGP QVA Forms documenting visual assessments performed during the third quarter of monitoring at TA-60 Roads and Grounds. 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 Date 1-17-17

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-60 Roads and Grounds	MSGP04201	MSGP-53600
TA-60 Roads and Grounds	MSGP03801	MSGP-54926
TA-60 Roads and Grounds	MSGP03001	MSGP-56618
TA-60 Roads and Grounds	MSGP03101	MSGP-56956
TA-60 Roads and Grounds	MSGP03201	MSGP-56958
TA-60 Roads and Grounds	MSGP03301	MSGP-57549
TA-60 Roads and Grounds	MSGP03401	MSGP-57550
TA-60 Roads and Grounds	MSGP03501	MSGP-57551
TA-60 Roads and Grounds	MSGP03001	MSGP-57552
TA-60 Roads and Grounds	MSGP04101	MSGP-57553
TA-60 Roads and Grounds	MSGP03401	MSGP-57566
TA-60 Roads and Grounds	MSGP04201	MSGP-57868
TA-60 Roads and Grounds	MSGP04201	MSGP-57869
TA-60 Roads and Grounds	MSGP03301	MSGP-57994
TA-60 Roads and Grounds	MSGP03401	MSGP-57995
TA-60 Roads and Grounds	MSGP03501	MSGP-57996
TA-60 Roads and Grounds	MSGP03001	MSGP-57997
TA-60 Roads and Grounds	MSGP04101	MSGP-57998
TA-60 Roads and Grounds	MSGP03301	MSGP-58327
TA-60 Roads and Grounds	MSGP03401	MSGP-58328
TA-60 Roads and Grounds	MSGP03501	MSGP-58329
TA-60 Roads and Grounds	MSGP03001	MSGP-58330
TA-60 Roads and Grounds	MSGP04101	MSGP-58331
TA-60 Roads and Grounds	MSGP03101	MSGP-58332
TA-60 Roads and Grounds	MSGP03301	MSGP-58417
TA-60 Roads and Grounds	MSGP03401	MSGP-58418
TA-60 Roads and Grounds	MSGP03501	MSGP-58419
TA-60 Roads and Grounds	MSGP03001	MSGP-58420
TA-60 Roads and Grounds	MSGP03301	MSGP-58505
TA-60 Roads and Grounds	MSGP03401	MSGP-58506
TA-60 Roads and Grounds	MSGP03001	MSGP-58507
TA-60 Roads and Grounds	MSGP04101	MSGP-58508
TA-60 Roads and Grounds	MSGP03301	MSGP-58516
TA-60 Roads and Grounds	MSGP03401	MSGP-58517
TA-60 Roads and Grounds	MSGP03001	MSGP-58518
TA-60 Roads and Grounds	MSGP03501	MSGP-58537

TA-60 Roads and Grounds	MSGP04101	MSGP-58538
TA-60 Roads and Grounds	MSGP03801	MSGP-58539
TA-60 Roads and Grounds	MSGP03301	MSGP-58552
TA-60 Roads and Grounds	MSGP03401	MSGP-58553
TA-60 Roads and Grounds	MSGP03001	MSGP-58554

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ENCLOSURE 1

Quarterly Visual Assessment Forms Requiring a Certification Statement Signature

Third Quarter, 2016 Monitoring Year

EPC-DO:17-041

Date: JAN 1 7 2017

Los Alamos National Lab

Work Order MSGP-53600

MSGP Monitoring Stations
Printed 5/31/2016 - 6:18 PM

Maintenance Details

Requested: 5/31/2016 5:28:00 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 4/20/2016
Project: MSGP Visual Assessments wk 5/30/16 (P-MSGP-4804)

Target: ~~7/31/2016~~ 9/30/16 AKO 8/9/16
Priority/Type: / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (042)
MSGP04201

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			☐	☐	☑
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)	Filtered			☑	☐	☐
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/01/16	0026		☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/01/16	0026		☐	☐	☑
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	1629		☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	7/31/16 AKO 8/9/16	0.59 in.	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.				☐	☐	☑
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☐	☑
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.				☐	☐	☑
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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.				☐	☐	☑
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.						
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:** _____ **Meter 1:** _____ **Meter 2:** _____

Report:

WO ID: 53600 Page 3 of 3

Signature (collecting sample): MSL Date and Time: 8/01/16 0026

Signature (conducting visual assessment): MSL Date and Time: 8/01/16 1629

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:_____

Los Alamos National Lab

Work Order MSGP-54926

MSGP Monitoring Stations
Printed 6/6/2016 - 1:04 PM

Maintenance Details

Requested: 6/6/2016 1:02:37 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: N/A
Project: SIO Visual Assessments
~~wk 8/8/16 (P-MSGP-4820)~~
8/1/16 (P-MSGP-5014) AKB 8/30/16
Reason: MSGP Quarterly Visual Assessment
Special Instructions: NMR053195

Target: ~~7/31/2016~~ 9/30/2016 AKB 8/30/16
Priority/Type: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (039)
Substantially Identical Outfall (038)
MSGP03801

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.	MP3					✓
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).	8/24/16	1332 approx				✓
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/24/16	1332 Approx				✓
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	1534				✓
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.56 in. AKB 8/30/16				✓
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.						✓
	Parameters						
110	Is sample colorless? If "Failed", describe.	Brown			✓		
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	O1			✓		
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			✓		
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.						✓
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.	SETSOL1			✓		
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.						
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:

WO ID: MSGP-54926 Page 3 of 3

Signature (collecting sample): MSL Date and Time: 8/24/16 1332

Signature (conducting visual assessment): MSL Date and Time: 8/25/16 1534

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:_____

Los Alamos National Lab

Work Order MSGP-56618

MSGP Monitoring Stations
Printed 7/26/2016 - 10:18 AM

Maintenance Details

Requested: 7/26/2016 10:13:41 AM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 7/20/2016
Project: SIO Visual Assessments 7-25-16 (P-MSGP-4983)

Target: ~~7/31/2016~~ 9/30/2016
Priority/Type: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (031)
Substantially Identical Outfall (030)
MSGP03001

Reason: MSGP Quarterly Visual Assessment

Special Instructions: NMR053195

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.	MP3					✓
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).	8/2/16	2:00 approx				✓
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/2/16	2:00 approx				✓
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/3/16	8/3/16 1644				✓
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.15 in.				✓
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.						✓
	Parameters						
110	Is sample colorless? If "Failed", describe.						✓
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.						✓
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.						✓
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	Veg			✓		
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.	SETSOL2			✓		
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.	SNSSOL2				
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 Report

Completed: _____ **Failure:** _____

Report:

WO ID: MSGP-56618 Page 3 of 3

Signature (collecting sample): MPSnl. Date and Time: 8/2/16 2:00

Signature (conducting visual assessment): MPSnl. Date and Time: 8/3/16 1644

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:_____

Los Alamos National Lab

Work Order MSGP-56956

MSGP Monitoring Stations
Printed 8/1/2016 - 9:45 AM

Maintenance Details

Requested: 8/1/2016 9:43:53 AM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 7/6/2016
Project: Visual Assessments wk 8/1/16 (P-MSGP-5007)
Reason: MSGP Quarterly Visual Assessment
Special Instructions: NMR053195

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
MSGP03201

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.	MP3			☐	☐	☑
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).	8/3/16	1834		☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/3/16	1834		☐	☐	☑
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	1216		☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.42 in. [illegible]		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.	light	Brown		☑	☐	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☐	☑
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			☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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 [illegible]	☐	☑
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.						
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 Report

Completed: _____ **Failure:** _____ **Meter 1:** _____ **Meter 2:** _____

Report:

WO ID: 569556 Page 3 of 3

Signature (collecting sample): MSL. Date and Time: 8/3/16 1834

Signature (conducting visual assessment): MSL. Date and Time: 8/4/16 1216

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:_____

Los Alamos National Lab

Work Order MSGP-56658

MSGP Monitoring Stations
Printed 7/27/2016 - 1:43 PM

Maintenance Details

Requested By: Banar, Alethea on 7/27/2016 9:44:00 AM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 7/26/2016
Project: MSGP Visual Assessments 7/13/16 (P-MSGP-4934)

Target: ~~7/31/2016~~ 9/30/16 AKB 8/1/16
Priority/Type: / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (031)
MSGP03101

Contact: Banar, Alethea
Phone: 665-0454

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			☐	☐	☑
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).	8/3/16	1836		☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/3/16	1836		☐	☐	☑
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	1232		☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.42 in. AKB 8/4/16		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.	Brown			☑	☐	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		O1		☑	☐	☐
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		☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	MS ~~SETSOL1~~		MS	☑	☐	☑
150	Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If	SETSOL1			☑	☐	☐

	"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.				☐	☐	☑
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 Report

Completed: _____ **Failure:** _____ **Meter 1:** _____ **Meter 2:** _____

Report:

WO ID: 56658 Page 3 of 3

Signature (collecting sample): MSW. Date and Time: 8/3/16 1636

Signature (conducting visual assessment): MSW. Date and Time: 8/4/16 1232

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:_____

Los Alamos National Lab

Work Order MSGP-57549

MSGP Monitoring Stations
Printed 8/4/2016 - 7:14 PM

Maintenance Details

Requested: 8/4/2016 7:06:05 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 7/26/2016
Project: SIO Visual Assessments 8-4-16 (P-MSGP-5054)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (033)
MSGP03301

Reason: MSGP Quarterly Visual Assessment

Contact:
Phone:

Weather at inspection:
Finding Descprition:
Inspection Type:
Monitoring Period:
Precipitation Type:
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			☐	☐	☑
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).	8/3/16	1820	approx	☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/3/16	1820	approx	☐	☐	☑
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	1218		☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.42 in. ~~0.15 in.~~ MAB 8/16/16 ~~0.42 in.~~ MAB 8/16/16		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.	light brown			☑	☐	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☐	☑
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			☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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.	SETSOL1				
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.			☐	☐	☑
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 Report

Completed: _____ **Failure:** _____

Report:

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Signature / Name	Date	Signature / Name	Date

WO ID: MSGP.57549 Page 3 of 3

Signature (collecting sample): MSL. Date and Time: 8/3/16 1820

Signature (conducting visual assessment): MSL. Date and Time: 8/4/16 1218

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: _____

Los Alamos National Lab

Work Order MSGP-57550

MSGP Monitoring Stations
Printed 8/4/2016 - 7:14 PM

Maintenance Details

Requested: 8/4/2016 7:06:06 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 7/26/2016
Project: SIO Visual Assessments 8-4-16 (P-MSGP-5054)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (034)
MSGP03401

Reason: MSGP Quarterly Visual Assessment

Contact:
Phone:

Weather at inspection:
Finding Descprition:
Inspection Type:
Monitoring Period:
Precipitation Type:
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.	MPB			☐	☐	☑
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).	8/2/16	2:00 approx		☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/2/16	2:00 approx		☐	☐	☑
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/3/16	1651		☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.15 in. AWB 8/16/16		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.				☐	☐	☑
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☐	☑
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.				☐	☐	☑
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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.	SETSOL2			
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.		☐	☐	☑
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 Report

Completed: _____ **Failure:** _____

Report:

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Signature / Name	Date	Signature / Name	Date

WO ID: MSGP-57550 Page 3 of 3

Signature (collecting sample): MSL. Date and Time: 8/2/16 2:00

Signature (conducting visual assessment): MSL. Date and Time: 8/3/16 1651

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:_____

Los Alamos National Lab

Work Order MSGP-57551

MSGP Monitoring Stations
Printed 8/4/2016 - 7:14 PM

Maintenance Details

Requested: 8/4/2016 7:06:06 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 7/20/2016
Project: SIO Visual Assessments 8-4-16 (P-MSGP-5054)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (035)
MSGP03501

Reason: MSGP Quarterly Visual Assessment

Contact:
Phone:

Weather at inspection:
Finding Descprition:
Inspection Type:
Monitoring Period:
Precipitation Type:
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			☐	☐	☑
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).	8/3/16	1820 approx		☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/3/16	1820 approx		☐	☐	☑
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	1222		☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.42 in. DKS 8/16/16		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.	light brown			☑	☐	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☐	☑
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			☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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.	SETSOL2				
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.			☐	☐	☑
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 Report

Completed: _____ **Failure:** _____

Report:

_____ Signature / Name _____ Date _____ Signature / Name _____ Date

WO ID: MSGP. 57651 Page 3 of 3

Signature (collecting sample): MSL. Date and Time: 8/3/16 1820

Signature (conducting visual assessment): MSL. Date and Time: 8/4/16 1222

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:_____

Los Alamos National Lab

Work Order MSGP-57552

MSGP Monitoring Stations
Printed 8/4/2016 - 7:14 PM

Maintenance Details

Requested: 8/4/2016 7:06:07 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 7/26/2016
Project: SIO Visual Assessments 8-4-16 (P-MSGP-5054)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (031)
Substantially Identical Outfall (030)
MSGP03001

Reason: MSGP Quarterly Visual Assessment

Contact:
Phone:

Weather at inspection:
Finding Descprition:
Inspection Type:
Monitoring Period:
Precipitation Type:
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			☐	☐	☑
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).	8/3/16	1820 approx		☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/3/16	1820 approx		☐	☐	☑
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	1228		☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.42 in. AKS 8/16/16		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.				☐	☐	☑
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☐	☑
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.				☐	☐	☑
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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.	SETSOL2				
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.			☐	☐	☑
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 Report

Completed: _____ **Failure:** _____

Report:

_____ Signature / Name _____ Date _____ Signature / Name _____ Date

WO ID: ARMSGP-57552 Page 3 of 3

Signature (collecting sample): MSLP. Date and Time: 8/3/16 1830

Signature (conducting visual assessment): MSLP. Date and Time: 8/4/16 1228

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:_____

Los Alamos National Lab

Work Order MSGP-57553

MSGP Monitoring Stations
Printed 8/4/2016 - 7:14 PM

Maintenance Details

Requested: 8/4/2016 7:06:08 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 7/21/2016
Project: SIO Visual Assessments 8-4-16 (P-MSGP-5054)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (042)
Substantially Identical Outfall (041)
MSGP04101

Reason: MSGP Quarterly Visual Assessment

Contact:
Phone:

Weather at inspection:
Finding Descprition:
Inspection Type:
Monitoring Period:
Precipitation Type:
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			☐	☐	☑
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).	8/3/16	1820 approx		☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/3/16	1820 approx		☐	☐	☑
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	1515		☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.42 in.		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.	Brown			☑	☐	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	O1			☑	☐	☐
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			☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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.	SETSOL1				
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.			☐	☐	☑
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 Report

Completed: _____ **Failure:** _____

Report:

_____ Signature / Name _____ Date _____ Signature / Name _____ Date

WO ID: MSGP-57553 Page 3 of 3

Signature (collecting sample): MSL Date and Time: 8/3/16 1820

Signature (conducting visual assessment): MSL Date and Time: 8/4/16 1515

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:_____

Los Alamos National Lab

Work Order MSGP-57566

MSGP Monitoring Stations
Printed 8/4/2016 - 7:14 PM

Maintenance Details

Requested: 8/4/2016 7:11:15 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 7/26/2016
Project: SIO Visual Assessments 8-4-16 (P-MSGP-5054)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (034)
MSGP03401

Reason: MSGP Quarterly Visual Assessment

Contact:
Phone:

Weather at inspection:
Finding Descprition:
Inspection Type:
Monitoring Period:
Precipitation Type:
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					✓
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).	8/3/16	1820 approx				✓
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/3/16	1820 approx				✓
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	1220				✓
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.42 in AND 8/4/16				✓
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.						✓
	Parameters						
110	Is sample colorless? If "Failed", describe.	light brown			✓		
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.						✓
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			✓		
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.						✓
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.	SETSOL2					
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.				☐	☐	☑
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 Report

Completed: _____ **Failure:** _____

Report:

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Signature / Name	Date	Signature / Name	Date

WO ID: MSGP-57566 Page 3 of 3

Signature (collecting sample): MSL Date and Time: 8/3/16 1820

Signature (conducting visual assessment): MSL Date and Time: 8/4/16 1220

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:_____

Los Alamos National Lab

Work Order MSGP-57868

MSGP Monitoring Stations
Printed 8/8/2016 - 4:56 PM

Maintenance Details

Requested By: Banar, Alethea on 8/8/2016 4:54:00 PM
Taken By: Banar, Alethea
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 8/1/2016
Project: Visual Assessments 8-8-16 (P-MSGP-5074)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (042)
MSGP04201

Contact: Banar, Alethea
Phone: 699-5836

Reason: MSGP Quarterly Visual Assessment

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP3					✓
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).	8/3/16	1829				✓
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/3/16	1829				✓
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	1505				✓
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.42 in. ~~0.61 in.~~ AW 8/4/16				✓
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.						✓
	Parameters						
110	Is sample colorless? If "Failed", describe.	Brown			✓		
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	O1			✓		
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			✓		
140							✓

	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				
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.	SETSOL 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.		☐	☐	☑
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:** _____ **Meter 1:** _____ **Meter 2:** _____

Report:

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Signature / Name _____ Date _____ Signature / Name _____ Date _____

WO ID: MSGP-578168 Page 3 of 3

Signature (collecting sample): MSL Date and Time: 8/3/14 1829

Signature (conducting visual assessment): MSL. Date and Time: 8/4/14 1505

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:_____

Los Alamos National Lab

Work Order MSGP-57869

MSGP Monitoring Stations
Printed 8/8/2016 - 4:56 PM

Maintenance Details

Requested By: Banar, Alethea on 8/8/2016 4:55:00 PM
Taken By: Banar, Alethea
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 8/1/2016
Project: Visual Assessments 8-8-16 (P-MSGP-5074)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (042)
MSGP04201

Contact: Banar, Alethea
Phone: 699-5836

Reason: MSGP Quarterly Visual Assessment

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP3			☐	☐	☑
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).	8/4/16	1939		☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/4/16	1939		☐	☐	☑
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	1449		☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.27 in. AMB 8/9/16		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.	Brown			☑	☐	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☐	☑
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			☑	☐	☐
140				MS	☐	☐	☑

	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	MS			
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.	SETSOL1	☑	☐	☐
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.		☐	☐	☑
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:** _____ **Meter 1:** _____ **Meter 2:** _____

Report:

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Signature / Name _____ Date _____ Signature / Name _____ Date _____

WO ID: MSGP.57869 Page 3 of 3

Signature (collecting sample): MSL. Date and Time: 8/4/16 1939

Signature (conducting visual assessment): MSL. Date and Time: 8/8/16 1449

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:_____

Los Alamos National Lab

Work Order MSGP-57994

MSGP Monitoring Stations
Printed 8/10/2016 - 1:23 PM

Maintenance Details

Requested: 8/10/2016 1:18:12 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 8/1/2016
Project: SIO Visual Assessments 8/8/16 (P-MSGP-5073)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (033)
MSGP03301

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP3					✓
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).	8/8/16	1140 approx				✓
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/8/16	1140 approx				✓
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/9/16	1606				✓
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.13 in. AND 8/17/16				✓
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.						✓
	Parameters						
110	Is sample colorless? If "Failed", describe.	light brown			✓		
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	O1			✓		
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			✓		
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	Veg			✓		
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.	SETSOL2			
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.	SUSSOL2	☑	☐	☐
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:

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Signature / Name	Date	Signature / Name	Date

WO ID: MSGP-57994 Page 3 of 3

Signature (collecting sample): MSL Date and Time: 8/8/16 1140

Signature (conducting visual assessment): MSL Date and Time: 8/9/16 1606

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:_____

Los Alamos National Lab

Work Order MSGP-57995

MSGP Monitoring Stations
Printed 8/10/2016 - 1:23 PM

Maintenance Details

Requested: 8/10/2016 1:18:13 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 8/1/2016
Project: SIO Visual Assessments 8/8/16 (P-MSGP-5073)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (034)
MSGP03401

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP3			☐	☐	☑
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).	8/8/16	1140 approx		☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/8/16	1140 approx		☐	☐	☑
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	1608		☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.13 in.		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.	light brown			☑	☐	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	O1			☑	☐	☐
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			☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	Veg			☑	☐	☐
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.	SETSOL1			
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.	SUSSOL2	☑	☐	☐
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:

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Signature / Name	Date	Signature / Name	Date

WO ID: MSGP-57995 Page 3 of 3

Signature (collecting sample): MSH Date and Time: 8/10/16 1140

Signature (conducting visual assessment): MSH Date and Time: 8/9/16 1608

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:_____

Los Alamos National Lab

Work Order MSGP-57996

MSGP Monitoring Stations
Printed 8/10/2016 - 1:23 PM

Maintenance Details

Requested: 8/10/2016 1:18:14 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 8/1/2016
Project: SIO Visual Assessments 8/8/16 (P-MSGP-5073)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (035)
MSGP03501

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP3					✓
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).	8/8/16	1140 approx				✓
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/8/16	1140 approx				✓
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/9/16	1610				✓
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.13 in. AWD 8/17/16				✓
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.						✓
	Parameters						
110	Is sample colorless? If "Failed", describe.	light brown			✓		
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.						✓
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			✓		
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	Veg			✓		
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.	SETSOL2				
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.	SUSSOL2		☑	☐	☐
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:

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Signature / Name	Date	Signature / Name	Date

WO ID: MSGP-57996 Page 3 of 3

Signature (collecting sample): MSL Date and Time: 8/8/16 1140

Signature (conducting visual assessment): MSL Date and Time: 8/9/16 1610

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:_____

Los Alamos National Lab

Work Order MSGP-57997

MSGP Monitoring Stations
Printed 8/10/2016 - 1:23 PM

Maintenance Details

Requested: 8/10/2016 1:18:14 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 8/1/2016
Project: SIO Visual Assessments 8/8/16 (P-MSGP-5073)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (031)
Substantially Identical Outfall (030)
MSGP03001

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP3					✓
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).	8/8/16	1140 approx				✓
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/8/16	1140 approx				✓
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/9/16	1603				✓
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.13 in. AS 8/11/16				✓
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.						✓
	Parameters						
110	Is sample colorless? If "Failed", describe.	light brown			✓		
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.						✓
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			✓		
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	Veg			✓		
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.	SETSOL 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.	SNSSOL 2		☑	☐	☐
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:

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Signature / Name	Date	Signature / Name	Date

WO ID: MSGP.57997 Page 3 of 3

Signature (collecting sample): MSL Date and Time: 8/8/16 1140

Signature (conducting visual assessment): MSL Date and Time: 8/9/16 1603

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:_____

Los Alamos National Lab

Work Order MSGP-57998

MSGP Monitoring Stations
Printed 8/10/2016 - 1:23 PM

Maintenance Details

Requested: 8/10/2016 1:18:15 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 8/1/2016
Project: SIO Visual Assessments 8/8/16 (P-MSGP-5073)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (042)
Substantially Identical Outfall (041)
MSGP04101

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP3					✓
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).	8/8/16	1140 approx				✓
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/8/16	1140 approx				✓
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/9/16	1620				✓
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.13 in. MCD 8/17/16				✓
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.						✓
	Parameters						
110	Is sample colorless? If "Failed", describe.	Brown			✓		
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	O1			✓		
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			✓		
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.						✓
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.	SETSOL				
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.				☐	☐	☑
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:

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Signature / Name	Date	Signature / Name	Date

WO ID: MSGP-57998 Page 3 of 3

Signature (collecting sample): MSH. Date and Time: 8/8/16 1140

Signature (conducting visual assessment): MSH. Date and Time: 8/9/16 1620

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: _____

Los Alamos National Lab - ADESH

Work Order MSGP-58327

MSGP Monitoring Stations
Printed 8/17/2016 - 2:27 PM

Maintenance Details

Requested: 8/17/2016 2:21:03 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 8/9/2016
Project: SIO Visuals 8-16-16 (P-MSGP-5099)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (033)
MSGP03301

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP3			☐	☐	☑
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).	8/13/16	1316 approx		☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/13/16	1316 approx		☐	☐	☑
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/14/16	1604		☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.05 in. and elapsed		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.				☐	☐	☑
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☐	☑
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.				☐	☐	☑
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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.	SETSOL2				
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.			☐	☐	☑
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:

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Signature / Name	Date	Signature / Name	Date

WO ID: MSGP-58327 Page 3 of 3

Signature (collecting sample): MSL. Date and Time: 8/13/16 1316

Signature (conducting visual assessment): MSL. Date and Time: 8/16/16 1604

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:_____

Los Alamos National Lab - ADESH

Work Order MSGP-58328

MSGP Monitoring Stations
Printed 8/17/2016 - 2:27 PM

Maintenance Details

Requested: 8/17/2016 2:21:05 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 8/9/2016
Project: SIO Visuals 8-16-16 (P-MSGP-5099)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (034)
MSGP03401

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP3			☐	☐	☑
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).	8/13/16	1317 approx		☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/13/16	1317 approx		☐	☐	☑
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/16/16	1607		☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.05 in ACB 8/24/16		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.				☐	☐	☑
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☐	☑
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.				☐	☐	☑
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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.	SETSOL2				
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.			☐	☐	☑
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:

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Signature / Name	Date	Signature / Name	Date

WO ID: MSGP-58328 Page 3 of 3

Signature (collecting sample): MSU. Date and Time: 8/13/16 1317

Signature (conducting visual assessment): MSU. Date and Time: 8/16/16 1607

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: _____

Los Alamos National Lab - ADESH

Work Order MSGP-58329

MSGP Monitoring Stations
Printed 8/17/2016 - 2:27 PM

Maintenance Details

Requested: 8/17/2016 2:21:05 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 8/9/2016
Project: SIO Visuals 8-16-16 (P-MSGP-5099)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (035)
MSGP03501

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.		MP3		☐	☐	☑
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).	8/21/16	1939		☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/21/16	1939		☐	☐	☑
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	11:53		☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.20in. AMB 8/21/16		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.				☐	☐	☑
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☐	☑
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		☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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			
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.			☐	☐	☑
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:

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Signature / Name	Date	Signature / Name	Date

WO ID: MSGP-58329 Page 3 of 3

Signature (collecting sample): [signature] Date and Time: 8/21/16 1939

Signature (conducting visual assessment): [signature] Date and Time: 8/22/16 11:53

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:_____

Los Alamos National Lab - ADESH

Work Order MSGP-58330

MSGP Monitoring Stations
Printed 8/17/2016 - 2:27 PM

Maintenance Details

Requested: 8/17/2016 2:21:06 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 8/9/2016
Project: SIO Visuals 8-16-16 (P-MSGP-5099)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (031)
Substantially Identical Outfall (030)
MSGP03001

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.	MPB			☐	☐	☑
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).	8/13/16	1313 approx		☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/13/16	1313 approx		☐	☐	☑
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/16/16	1601		☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.05 in. 8/24/16		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.	light brown			☑	☐	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	O1			☑	☐	☐
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			☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	Very			☑	☐	☐
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.	SETSOL2				
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.	SUSSOL2		☑	☐	☐
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:

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Signature / Name	Date	Signature / Name	Date

WO ID: MSGP-58330 Page 3 of 3

Signature (collecting sample): MSH. Date and Time: 8/13/16 1313

Signature (conducting visual assessment): MSH. Date and Time: 8/16/16 1601

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:_____

Los Alamos National Lab - ADESH

Work Order MSGP-58331

MSGP Monitoring Stations
Printed 8/17/2016 - 2:27 PM

Maintenance Details

Requested: 8/17/2016 2:21:07 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 8/9/2016
Project: SIO Visuals 8-16-16 (P-MSGP-5099)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (042)
Substantially Identical Outfall (041)
MSGP04101

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP3			☐	☐	☑
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).	8/21/16	1939 approx		☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/21/16	1939 approx		☐	☐	☑
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		☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PRI	0.20 in. AWD 8/21/16		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.	Brown			☑	☐	☐
120	Is sample oderless? 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			☑	☐	☐
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			☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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			
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.		☐	☐	☑
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:

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Signature / Name	Date	Signature / Name	Date

WO ID: MSGP-58331 Page 3 of 3

Signature (collecting sample): _____ Date and Time: 8-21-2016 19:39

Signature (conducting visual assessment): _____ Date and Time: 8-22-2016 12:10

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: _____

Los Alamos National Lab - ADESH

Work Order MSGP-58332

MSGP Monitoring Stations
Printed 8/17/2016 - 2:24 PM

Maintenance Details

Requested By: Banar, Alethea on 8/17/2016 2:23:00 PM
Taken By: Banar, Alethea
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 8/8/2016
Project: Visual Assessments 8-8-16 (P-MSGP-5074)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (031)
MSGP03101

Contact: Banar, Alethea
Phone: 699-5836

Reason: MSGP Quarterly Visual Assessment
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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP3			☐	☐	☑
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).	8/13/16	1428		☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/13/16	1428		☐	☐	☑
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/16/16	1414		☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.05 in. NKB 8/24/16		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.	Brown			☑	☐	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	D1			☑	☐	☐
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			☑	☐	☐
140					☐	☐	☑

	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.						
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.	SETSDL2			☑	☐	☐
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.				☐	☐	☑
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	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-58332 Page 3 of 3

Signature (collecting sample): MSL. Date and Time: 8/13/16 1428

Signature (conducting visual assessment): MSL. Date and Time: 8/16/16 1614

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:_____

Los Alamos National Lab - ADESH

Work Order MSGP-58417

MSGP Monitoring Stations
Printed 8/23/2016 - 3:43 PM

Maintenance Details

Requested: 8/23/2016 3:44:01 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 8/9/2016
Project: SIO Visuals 8/23/16 (P-MSGP-5107)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (033)
MSGP03301

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.		MP3		☐	☐	☑
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).		8/21/16	1932	☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).		8/21/16	1932	☐	☐	☑
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	11:45		☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.		PR1	0.20 in. AWO 8/21/16	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.		Light Brown		☑	☐	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☐	☑
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		☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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			
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.			☐	☐	☑
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	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- 68417 Page 3 of 3

Signature (collecting sample): [signature] Date and Time: 8/24/16 1432

Signature (conducting visual assessment): [signature] Date and Time: 8/22/16 11:45

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:_____

Los Alamos National Lab - ADESH

Work Order MSGP-58418

MSGP Monitoring Stations
Printed 8/23/2016 - 3:43 PM

Maintenance Details

Requested: 8/23/2016 3:44:02 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 8/9/2016
Project: SIO Visuals 8/23/16 (P-MSGP-5107)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (034)
MSGP03401

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.		MP3		☐	☐	☑
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).	8/21/16	1932		☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/21/16	1932		☐	☐	☑
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	11:50		☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.		PR1	0.20 in. AMB 8/21/16	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.				☐	☐	☑
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☐	☑
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.				☐	☐	☑
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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.						
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.				☐	☐	☑
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	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- 58418 Page 3 of 3

Signature (collecting sample): [signature] Date and Time: 8/22/16 1932

Signature (conducting visual assessment): [signature] Date and Time: 8/22/16 11:50

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:_____

Los Alamos National Lab - ADESH

Work Order MSGP-58419

MSGP Monitoring Stations
Printed 8/23/2016 - 3:43 PM

Maintenance Details

Requested: 8/23/2016 3:44:03 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 8/9/2016
Project: SIO Visuals 8/23/16 (P-MSGP-5107)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (035)
MSGP03501

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP3			☐	☐	☑
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).	8/24/16		1324	☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/24/16		1324	☐	☐	☑
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		1525	☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.56 in. AES 8/30/16		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.				☐	☐	☑
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	O1			☑	☐	☐
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			☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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.	SETSOL2					
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.				☐	☐	☑
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	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-58419 Page 3 of 3

Signature (collecting sample): MSL Date and Time: 8/24/16 1324

Signature (conducting visual assessment): MSL. Date and Time: 8/25/16 1525

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:_____

Los Alamos National Lab - ADESH

Work Order MSGP-58420

MSGP Monitoring Stations
Printed 8/23/2016 - 3:43 PM

Maintenance Details

Requested: 8/23/2016 3:44:03 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 8/9/2016
Project: SIO Visuals 8/23/16 (P-MSGP-5107)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (031)
Substantially Identical Outfall (030)
MSGP03001

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.		MP3		☐	☐	☑
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).	8/21/16		1932 approx	☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh.mm format).	8/21/16		1932 approx	☐	☐	☑
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		10:20	☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.		PR1	0.20 in. 8/21/16	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.				☐	☐	☑
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☐	☑
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			☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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				
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.			☐	☐	☑
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	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- 58420 Page 3 of 3

Signature (collecting sample): [signature] Date and Time: 8/21/16 1932

Signature (conducting visual assessment): [signature] Date and Time: 8/22/16 10:20

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:_____

Signature:_____ Date:_____

Los Alamos National Lab - ADESH

Work Order MSGP-58505

MSGP Monitoring Stations
Printed 8/31/2016 - 3:46 PM

Maintenance Details

Requested: 8/31/2016 2:36:03 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 8/22/2016
Project: SIO Visuals 8/31/16 (P-MSGP-5113)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (033)
MSGP03301

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP3			☐	☐	☑
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).	8/27/16	1147		☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/27/16	1147		☐	☐	☑
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/30/16	1527		☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.15 in.		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.	light Brown			☑	☐	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☐	☑
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			☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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.	SETBOL					
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.				☐	☐	☑
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	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-58505 Page 3 of 3

Signature (collecting sample): MSLP. Date and Time: 8/27/16 1147

Signature (conducting visual assessment): MSLP. Date and Time: 8/30/16 1527

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:_____

Los Alamos National Lab - ADESH

Work Order MSGP-58506

MSGP Monitoring Stations
Printed 8/31/2016 - 3:46 PM

Maintenance Details

Requested: 8/31/2016 2:36:04 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 8/22/2016
Project: SIO Visuals 8/31/16 (P-MSGP-5113)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (034)
MSGP03401

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP3			☐	☐	☑
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).	8/27/16	1147		☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/27/16	1147		☐	☐	☑
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/30/16	1529		☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.15 in. AMS 9/6/16		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.				☐	☐	☑
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☐	☑
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.				☐	☐	☑
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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.	SETSOL2					
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.				☐	☐	☑
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	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

WO ID: MSGP-68508 Page 3 of 3

Signature (collecting sample): MPSL. Date and Time: 8/27/16 1147

Signature (conducting visual assessment): MPSL. Date and Time: 8/30/16 1529

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:_____

Los Alamos National Lab - ADESH

Work Order MSGP-58507

MSGP Monitoring Stations
Printed 8/31/2016 - 3:46 PM

Maintenance Details

Requested: 8/31/2016 2:36:04 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 8/22/2016
Project: SIO Visuals 8/31/16 (P-MSGP-5113)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (031)
Substantially Identical Outfall (030)
MSGP03001

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP3			☐	☐	☑
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).	8/27/16	1147		☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/27/16	1147		☐	☐	☑
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/30/16	1524		☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.15 in.	AKD 9/6/16	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.				☐	☐	☑
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		O1		☑	☐	☐
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.				☐	☐	☑
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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.	SETSOL1				
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.			☐	☐	☑
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	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-58507 Page 3 of 3

Signature (collecting sample): [signature] Date and Time: 8/27/16 1147

Signature (conducting visual assessment): [signature] Date and Time: 8/30/16 1524

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:_____

Los Alamos National Lab - ADESH

Work Order MSGP-58508

MSGP Monitoring Stations
Printed 8/31/2016 - 3:46 PM

Maintenance Details

Requested: 8/31/2016 2:36:05 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 8/22/2016
Project: SIO Visuals 8/31/16 (P-MSGP-5113)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (042)
Substantially Identical Outfall (041)
MSGP04101

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP3			☐	☐	☑
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).	8/24/16	1321		☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/24/16	1321		☐	☐	☑
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	1539		☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1		0.56 in. ~~0.15 in.~~ AKD 9/6/16	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.	Brown			☑	☐	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	O1			☑	☐	☐
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			☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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.	SETSOL)					
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.				☐	☐	☑
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	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.58508 Page 3 of 3

Signature (collecting sample): MSL Date and Time: 8/24/16 1321

Signature (conducting visual assessment): MSL Date and Time: 8/25/16 1539

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:_____

Los Alamos National Lab - ADESH

Work Order MSGP-58516

MSGP Monitoring Stations
Printed 8/31/2016 - 3:42 PM

Maintenance Details

Requested: 8/31/2016 2:57:52 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 8/22/2016
Project: SIO Visuals 9/1/16 (P-MSGP-5114)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (033)
MSGP03301

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP3			☐	☐	☑
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).	8/24/16	1317		☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/24/16	1317		☐	☐	☑
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	1521		☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.56in. ~~0.15in.~~ AKB 9/6/16		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☐
	Parameters						
110	Is sample colorless? If "Failed", describe.	light brown			☑	☐	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	O1			☑	☐	☐
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			☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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.	SETSOL2				
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.			☐	☐	☑
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	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-58516 Page 3 of 3

Signature (collecting sample): Msue. Date and Time: 8/24/16 1317

Signature (conducting visual assessment): Msue. Date and Time: 8/25/16 1521

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:_____

Los Alamos National Lab - ADESH

Work Order MSGP-58517

MSGP Monitoring Stations
Printed 8/31/2016 - 3:42 PM

Maintenance Details

Requested: 8/31/2016 2:57:52 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 8/22/2016
Project: SIO Visuals 9/1/16 (P-MSGP-5114)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (034)
MSGP03401

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP3			☐	☐	☑
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).	8/24/16		1317	☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/24/16		1317	☐	☐	☑
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		1523	☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.		PR1	0.56in. ~~0.15in.~~ AH09/16/16	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.	light brown			☑	☐	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		O1		☑	☐	☐
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		☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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.	SETSOL2					
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.				☐	☐	☑
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	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-58517 Page 3 of 3

Signature (collecting sample): MSL. Date and Time: 8/24/16 1317

Signature (conducting visual assessment): MSL. Date and Time: 8/25/16 1523

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:_____

Los Alamos National Lab - ADESH

Work Order MSGP-58518

MSGP Monitoring Stations
Printed 8/31/2016 - 3:42 PM

Maintenance Details

Requested: 8/31/2016 2:57:53 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 8/22/2016
Project: SIO Visuals 9/1/16 (P-MSGP-5114)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (031)
Substantially Identical Outfall (030)
MSGP03001

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP3			☐	☐	☑
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).	8/24/16	1302		☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/24/16	1302		☐	☐	☑
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	1518		☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.56in. ~~0.15in.~~ AKB 9/6/16		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.				☐	☐	☑
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☐	☑
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.				☐	☐	☑
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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.						
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.				☐	☐	☑
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	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-58518 Page 3 of 3

Signature (collecting sample): MSL Date and Time: 8/24/16 1302

Signature (conducting visual assessment): MSL Date and Time: 8/25/16 1518

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: _____

Los Alamos National Lab - ADESH

Work Order MSGP-58537

MSGP Monitoring Stations
Printed 9/8/2016 - 12:00 PM

Maintenance Details

Requested: 9/8/2016 11:57:21 AM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 8/25/2016
Project: SIO Visuals 9/1/16 (P-MSGP-5114)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (035)
MSGP03501

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP3			☐	☐	☑
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).	9/5/16		1524	☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	9/5/16		1524	☐	☐	☑
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		1500	☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1		0.31 in. AMG 9/8/16	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.				☐	☐	☑
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		O1		☑	☐	☐
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.				☐	☐	☑
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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.	SETBOL1					
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.				☐	☐	☑
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	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

WO ID: MSGP-58537 Page 3 of 3

Signature (collecting sample): MSLP. Date and Time: 9/7/16 1500

Signature (conducting visual assessment): MSLP. Date and Time: 9/7/16 1500

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:_____

Los Alamos National Lab - ADESH

Work Order MSGP-58538

MSGP Monitoring Stations
Printed 9/8/2016 - 12:00 PM

Maintenance Details

Requested: 9/8/2016 11:57:26 AM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 8/25/2016
Project: SIO Visuals 9/1/16 (P-MSGP-5114)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (042)
Substantially Identical Outfall (041)
MSGP04101

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP3			☐	☐	☑
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).	9/5/16	1536		☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	9/5/16	1536		☐	☐	☑
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	1514		☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.31 in.	AAB 9/8/16	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.	Brown			☑	☐	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	O1			☑	☐	☐
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			☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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.	SETSOL1					
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.				☐	☐	☑
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	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-58538 Page 3 of 3

Signature (collecting sample): MSL Date and Time: 9/7/16 1514

Signature (conducting visual assessment): MSL Date and Time: 9/7/16 1514

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:_____

Los Alamos National Lab - ADESH

Work Order MSGP-58539

MSGP Monitoring Stations
Printed 9/8/2016 - 12:00 PM

Maintenance Details

Requested: 9/8/2016 11:57:26 AM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 8/25/2016
Project: SIO Visuals 9/1/16 (P-MSGP-5114)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (039)
Substantially Identical Outfall (038)
MSGP03801

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP3					✓
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).	9/5/16		1517			✓
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	9/5/16		1517			✓
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		1510			✓
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PRI		0.31 in. AMB 9/8/16			✓
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.						✓
	Parameters						
110	Is sample colorless? If "Failed", describe.	Brown			✓		
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	O1			✓		
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			✓		
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.						✓
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.	SETSOL					
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.				☐	☐	☑
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	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-58539 Page 3 of 3

Signature (collecting sample): [illegible] Date and Time: 9/7/16 1510

Signature (conducting visual assessment): [illegible] Date and Time: 9/7/16 1510

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:_____

Los Alamos National Lab - ADESH

Work Order MSGP-58552

MSGP Monitoring Stations
Printed 9/9/2016 - 10:14 AM

Maintenance Details

Requested: 9/9/2016 10:12:26 AM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 8/25/2016
Project: SIO Visual Assessments 9-8-16 (P-MSGP-5120)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (033)
MSGP03301

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP3			☐	☐	☑
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).	9/5/16	1432		☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	9/5/16	1432		☐	☐	☑
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	1456		☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.31 in	AKB 5/9/14	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.	Brown			☑	☐	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	O1			☑	☐	☐
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			☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	Veg			☑	☐	☐
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.	SETSOL1				
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.	SNSSOL2		☑	☐	☐
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	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-58552 Page 3 of 3

Signature (collecting sample): MFSL. Date and Time: 9/7/16 1456

Signature (conducting visual assessment): MFSL. Date and Time: 9/7/16 1456

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:_____

Los Alamos National Lab - ADESH

Work Order MSGP-58553

MSGP Monitoring Stations
Printed 9/9/2016 - 10:14 AM

Maintenance Details

Requested: 9/9/2016 10:12:27 AM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 8/25/2016
Project: SIO Visual Assessments 9-8-16 (P-MSGP-5120)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (034)
MSGP03401

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP3			☐	☐	☑
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).	9/5/16		1432	☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	9/5/16		1432	☐	☐	☑
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		1458	☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1		0.31 in. MCD 9/9/16	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.	light Brown			☑	☐	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☐	☑
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		☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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.	SETSOL2				
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.			☐	☐	☑
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	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-58553 Page 3 of 3

Signature (collecting sample): MSM Date and Time: 9/7/16 1458

Signature (conducting visual assessment): MSM Date and Time: 9/7/16 1458

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:_____

Los Alamos National Lab - ADESH

Work Order MSGP-58554

MSGP Monitoring Stations
Printed 9/9/2016 - 10:14 AM

Maintenance Details

Requested: 9/9/2016 10:12:28 AM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 8/25/2016
Project: SIO Visual Assessments 9-8-16 (P-MSGP-5120)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (031)
Substantially Identical Outfall (030)
MSGP03001

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP3			☐	☐	☑
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).	9/5/16		1432	☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	9/5/16		1432	☐	☐	☑
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		1452	☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.		PR1	0.31 in. MO 9/9/16	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.	Greyish			☑	☐	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		O1		☑	☐	☐
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		☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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.	SETSOL				
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.			☐	☐	☑
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	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 _____

WO ID: MSGP-58554 Page 3 of 3

Signature (collecting sample): MPSL Date and Time: 9/7/16 1452

Signature (conducting visual assessment): MPSL Date and Time: 9/7/16 1452

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:_____

Los Alamos
NATIONAL LABORATORY
EST. 1943

memorandum

Environmental Protection & Compliance Division
Compliance Programs (EPC-CP)

To/MS: Leonard Sandoval, DESHS-UIS, P908
Thru/MS: Terrill Lemke, EPC-CP, (E-File)
From/MS: Holly Wheeler, EPC-CP, (E-File)
Phone/Fax: 667-1312
Symbol: EPC-DO:17-061

Date: JAN 20 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 TA-60 Roads and Grounds**

Please find attached completed MSGP QVA Forms documenting visual assessments performed during the fourth quarter of monitoring at TA-60 Roads and Grounds. Pursuant to 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.

- 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

1/20/17
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-60 Roads and Grounds	MSGP03401	MSGP-58624
TA-60 Roads and Grounds	MSGP03501	MSGP-58625
TA-60 Roads and Grounds	MSGP03001	MSGP-58626
TA-60 Roads and Grounds	MSGP04101	MSGP-58627
TA-60 Roads and Grounds	MSGP03201	MSGP-58867
TA-60 Roads and Grounds	MSGP04201	MSGP-58869
TA-60 Roads and Grounds	MSGP03301	MSGP-59011
TA-60 Roads and Grounds	MSGP03301	MSGP-59364
TA-60 Roads and Grounds	MSGP03401	MSGP-59365
TA-60 Roads and Grounds	MSGP03501	MSGP-59366
TA-60 Roads and Grounds	MSGP03001	MSGP-59367
TA-60 Roads and Grounds	MSGP04101	MSGP-59368

Copy: Russell Stone, DESHS-UIS, (E-File)
Adesh-records@lanl.gov, (E-File)
lasomailbox@nnsa.doe.gov, (E-File)
locatesteam@lanl.gov, (E-File)
epc-correspondence@lanl.gov, (E-File)
Holly Wheeler, EPC-CP, (E-File)

ENCLOSURE 1

Quarterly Visual Assessment Forms Requiring a Certification Statement Signature

Fourth Quarter, 2016 Monitoring Year

EPC-DO:17-061

Date: JAN 2 0 2017

Los Alamos National Lab - ADESH

Work Order MSGP-58624

MSGP Monitoring Stations
Printed 1/12/2017 - 2:32 PM (Duplicate Copy)

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
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (034)
MSGP03401

Reason: MSGP Quarterly Visual Assessment

Contact:
Phone:

Precipitation Type: PR1
Odor: NA
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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.			MS	☐	☐	☑
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)			MS	☐	☐	☑
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 15:09	MS	☐	☐	☑
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 15:09	MS	☐	☐	☑
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).		11/8/16 at 14:32	MS	☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.		.67 inches	MS	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.			MS	☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.			MS	☐	☐	☑
120	Is sample oderless? 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	☐	☐	☑
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	☐	☐	☑
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.			MS	☐	☐	☑
150	Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If			MS	☐	☐	☑

	"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.			MS	☐	☐	☑
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	☐	☐	☑
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	☐	☐	☑
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)			MS	☐	☐	☑

Labor Report

Completed: 11/8/2016 2:32:00 PM **Failure:**

Report:

Signature / Name	Date	Signature / Name	Date
	11/14/2016		

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:_____

Los Alamos National Lab - ADESH

Work Order MSGP-58625

MSGP Monitoring Stations
Printed 1/12/2017 - 2:34 PM

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
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (035)
MSGP03501

Reason: MSGP Quarterly Visual Assessment

Contact:
Phone:

Precipitation Type: PR1
Odor: O1
Clarity: C1
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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.			MS	☐	☐	☑
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)			MS	☐	☐	☑
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 15:40 rain data	MS	☐	☐	☑
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 15:40 rain data	MS	☐	☐	☑
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).		11/8/16 at 14:34	MS	☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.		.67 inches	MS	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.			MS	☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.		brown	MS	☒	☐	☐
120	Is sample oderless? 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	☒	☐	☐
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	☒	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.		vegetation	MS	☒	☐	☐

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	✗	☐	☐
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	✗	☐	☐
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	☐	☐	✓
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	☐	☐	✓
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)			MS	☐	☐	✓

Labor Report

Completed: 11/8/2016 2:34:00 PM **Failure:**

Report:

Signature / Name	Date	Signature / Name	Date
MS	11/14/2016		

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:_____

Los Alamos National Lab - ADESH

Work Order MSGP-58626

MSGP Monitoring Stations
Printed 1/12/2017 - 2:34 PM

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
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (031)
Substantially Identical Outfall (030)
MSGP03001

Reason: MSGP Quarterly Visual Assessment

Contact:
Phone:

Precipitation Type: PR1
Odor: O1
Clarity: C2
Settled Solids: SETSOL1
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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.			MS	☐	☐	☑
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)			MS	☐	☐	☑
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 15:02	MS	☐	☐	☑
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 15:02	MS	☐	☐	☑
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).		11/8/16 at 14:19	MS	☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.		.67 inches	MS	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.			MS	☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.		brown	MS	☒	☐	☐
120	Is sample oderless? 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	☒	☐	☐
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	☒	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.		vegetation	MS	☒	☐	☐

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	✗	☐	☐
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	✗	☐	☐
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	☐	☐	✓
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	☐	☐	✓
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)			MS	☐	☐	✓

Labor Report

Completed: 11/8/2016 2:19:00 PM **Failure:** _____

Report: _____

Signature / Name	Date	Signature / Name	Date
MPSLO	11/14/2016		

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:_____

Los Alamos National Lab - ADESH

Work Order MSGP-58627

MSGP Monitoring Stations
Printed 1/12/2017 - 2:35 PM

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
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (042)
Substantially Identical Outfall (041)
MSGP04101

Reason: MSGP Quarterly Visual Assessment

Contact:
Phone:

Precipitation Type: PR1
Odor: O1
Clarity: C3
Settled Solids: SETSOL1
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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.			MS	☐	☐	☑
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)			MS	☐	☐	☑
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 21:36	MS	☐	☐	☑
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 21:36	MS	☐	☐	☑
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).		11/8/16 at 14:55	MS	☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.		.61 inches	MS	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.			MS	☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.		brown	MS	☒	☐	☐
120	Is sample oderless? 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	☒	☐	☐
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	☒	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.			MS	☐	☐	☑
150	Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If			MS	☒	☐	☐

	"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.			MS	☐	☐	☑
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	☐	☐	☑
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	☐	☐	☑
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)			MS	☐	☐	☑

Labor Report

Completed: 11/8/2016 2:55:00 PM **Failure:**

Report:

Signature / Name	Date	Signature / Name	Date
	11/14/2016		

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:_____

Los Alamos National Lab - ADESH

Work Order MSGP-58867

MSGP Monitoring Stations
Printed 1/12/2017 - 2:37 PM

Maintenance Details

Requested: 10/6/2016 4:53:00 PM
Procedure: MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.2 A)
Last PM: 10/6/2016
Project: ISCO Visual Assess. Oct-Nov 2016 (P-MSGP-5135)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
MSGP03201

Contact:
Phone:

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.			MS	☐	☐	☑
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)			MS	☐	☐	☑
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 15:52	MS	☐	☐	☑
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 15:52	MS	☐	☐	☑
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).		11/8/16 at 14:22	MS	☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.		.67 inches	MS	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.			MS	☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.		light brown	MS	☒	☐	☐
120	Is sample oderless? 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	☒	☐	☐
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	☒	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.			MS	☐	☐	☑
150				MS	☐	☐	☑

	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.			MS	☐	☐	☑
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	☐	☐	☑
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	☐	☐	☑
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)			MS	☐	☐	☑

Labor Report

Completed: 11/8/2016 2:22:00 PM **Failure:** **Meter(s):** 2

Report:

Signature / Name	Date	Signature / Name	Date
MPSLO	11/9/2016		

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:_____

Los Alamos National Lab - ADESH

Work Order MSGP-58869

MSGP Monitoring Stations
Printed 1/12/2017 - 2:38 PM

Maintenance Details

Requested: 10/6/2016 4:54:00 PM
Procedure: MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.2 A)
Last PM: 10/5/2016
Project: ISCO Visual Assess. Oct-Nov 2016 (P-MSGP-5135)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (042)
MSGP04201

Contact:
Phone:

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.			MS	☐	☐	☑
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)			MS	☐	☐	☑
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 4:13 am	MS	☐	☐	☑
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 4:13 am	MS	☐	☐	☑
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).		11/8/16 at 14:47	MS	☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.		.61 inches	MS	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.			MS	☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.		light brown	MS	☒	☐	☐
120	Is sample oderless? 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	☒	☐	☐
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	☒	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.			MS	☐	☐	☑

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	☐	☐	☑
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	☐	☐	☑
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	☐	☐	☑
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	☐	☐	☑
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)			MS	☐	☐	☑

Labor Report

Completed: 11/8/2016 2:47:00 PM **Failure:** **Meter(s):** 2

Report:

Signature / Name	Date	Signature / Name	Date
MSLP	11/9/2016		

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:_____

Los Alamos National Lab - ADESH

Work Order MSGP-59011

MSGP Monitoring Stations
Printed 1/12/2017 - 2:39 PM

Maintenance Details

Requested By: Banar, Alethea on 10/20/2016 1:20:00 PM
Taken By: Banar, Alethea
Procedure: MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.2 A)
Last PM: 10/21/2016
Project: SIO Visual Assess. Oct-Nov 2016 (P-MSGP-5138)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (033)
MSGP03301

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.			MS	☐	☐	☑
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)			MS	☐	☐	☑
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 15:00	MS	☐	☐	☑
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 15:00	MS	☐	☐	☑
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).		11/8/16 at 14:29	MS	☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.		.67 inches	MS	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.			MS	☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.			MS	☐	☐	☑
120	Is sample oderless? 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	☒	☐	☐
130	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen			MS	☐	☐	☑

	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	✗	☐	☐
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	☐	☐	✓
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	✗	☐	☐
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	☐	☐	✓
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	☐	☐	✓
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)			MS	☐	☐	✓

Labor Report

Completed: 11/8/2016 2:29:00 PM **Failure:**

Report:

Signature / Name	Date	Signature / Name	Date
MPSL	11/14/2016		

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:_____

Los Alamos National Lab - ADESH

Work Order MSGP-59364

MSGP Monitoring Stations
Printed 1/12/2017 - 2:40 PM

Maintenance Details

Requested: 11/22/2016 4:44:00 PM
Procedure: MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.2 A)
Last PM: 11/22/2016
Project: SIO Visual Assess. Oct-Nov 2016 (P-MSGP-5138)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (033)
MSGP03301

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.			MS	☐	☐	☑
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)			MS	☐	☐	☑
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 16:15	MS	☐	☐	☑
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 16:15	MS	☐	☐	☑
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 10:04 am	MS	☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.		.39 inches	MS	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.			MS	☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.			MS	☐	☐	☑
120	Is sample oderless? 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	☐	☐	☑
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	☐	☐	☑
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.		vegetation	MS	☒	☐	☐

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	☐	☐	☑
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	☒	☐	☐
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	☐	☐	☑
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	☐	☐	☑
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)			MS	☐	☐	☑

Labor Report

Completed: 11/22/2016 10:04:00 AM **Failure:**

Report:

Signature / Name	Date	Signature / Name	Date
M. Sle.	11/29/2016		

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:_____

Los Alamos National Lab - ADESH

Work Order MSGP-59365

MSGP Monitoring Stations
Printed 1/12/2017 - 2:41 PM

Maintenance Details

Requested: 11/22/2016 4:44:00 PM
Procedure: MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.2 A)
Last PM: 11/22/2016
Project: SIO Visual Assess. Oct-Nov 2016 (P-MSGP-5138)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (034)
MSGP03401

Reason: MSGP Quarterly Visual Assessment (EPC Sig)

Contact:
Phone:

Precipitation Type: PR1
Odor: NA
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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.			MS	☐	☐	☑
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)			MS	☐	☐	☑
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 16:09	MS	☐	☐	☑
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 16:09	MS	☐	☐	☑
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 10:02 am	MS	☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.		.39 inches	MS	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.			MS	☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.			MS	☐	☐	☑
120	Is sample oderless? 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	☐	☐	☑
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	☐	☐	☑
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.			MS	☐	☐	☑
150				MS	☐	☐	☑

	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.			MS	☐	☐	☑
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	☐	☐	☑
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	☐	☐	☑
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)			MS	☐	☐	☑

Labor Report

Completed: 11/22/2016 10:02:00 AM **Failure:**

Report:

Signature / Name	Date	Signature / Name	Date
MJH	11/29/2016		

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:_____

Los Alamos National Lab - ADESH

Work Order MSGP-59366

MSGP Monitoring Stations
Printed 1/12/2017 - 2:42 PM

Maintenance Details

Requested: 11/22/2016 4:44:00 PM
Procedure: MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.2 A)
Last PM: 11/22/2016
Project: SIO Visual Assess. Oct-Nov 2016 (P-MSGP-5138)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (035)
MSGP03501

Reason: MSGP Quarterly Visual Assessment (EPC Sig)

Contact:
Phone:

Precipitation Type: PR1
Odor: NA
Clarity: NA
Settled Solids: SETSOL1
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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.			MS	☐	☐	☑
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)			MS	☐	☐	☑
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 16:00	MS	☐	☐	☑
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 16:00	MS	☐	☐	☑
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 10:00 am	MS	☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.		.39 inches	MS	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.			MS	☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.			MS	☐	☐	☑
120	Is sample oderless? 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	☐	☐	☑
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	☐	☐	☑
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.			MS	☐	☐	☑
150				MS	☒	☐	☐

	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.			MS	☐	☐	☑
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	☐	☐	☑
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	☐	☐	☑
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)			MS	☐	☐	☑

Labor Report

Completed: 11/22/2016 10:00:00 AM **Failure:**

Report:

Signature / Name	Date	Signature / Name	Date
MSLP	11/28/2016		

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:_____

Los Alamos National Lab - ADESH

Work Order MSGP-59367

MSGP Monitoring Stations
Printed 1/12/2017 - 2:43 PM

Maintenance Details

Requested: 11/22/2016 4:44:00 PM
Procedure: MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.2 A)
Last PM: 11/22/2016
Project: SIO Visual Assess. Oct-Nov 2016 (P-MSGP-5138)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (031)
Substantially Identical Outfall (030)
MSGP03001

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.			MS	☐	☐	☑
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)			MS	☐	☐	☑
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 16:17	MS	☐	☐	☑
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 16:17	MS	☐	☐	☑
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 10:11 am	MS	☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.		.39 inches	MS	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.			MS	☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.			MS	☐	☐	☑
120	Is sample oderless? 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	☐	☐	☑
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	☐	☐	☑
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.		vegetation	MS	☒	☐	☐

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	☐	☐	☑
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	☒	☐	☐
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	☐	☐	☑
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	☐	☐	☑
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)			MS	☐	☐	☑

Labor Report

Completed: 11/22/2016 10:11:00 AM **Failure:**

Report:

Signature / Name	Date	Signature / Name	Date
MSL	11/29/2016		

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:_____

Los Alamos National Lab - ADESH

Work Order MSGP-59368

MSGP Monitoring Stations
Printed 1/12/2017 - 2:44 PM (Duplicate Copy)

Maintenance Details

Requested: 11/22/2016 4:45:00 PM
Procedure: MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.2 A)
Last PM: 11/22/2016
Project: SIO Visual Assess. Oct-Nov 2016 (P-MSGP-5138)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (042)
Substantially Identical Outfall (041)
MSGP04101

Reason: MSGP Quarterly Visual Assessment (EPC Sig)

Contact:
Phone:

Precipitation Type: PR1
Odor: O1
Clarity: C2
Settled Solids: SETSOL1
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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.			MS	☐	☐	☑
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)			MS	☐	☐	☑
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 16:04	MS	☐	☐	☑
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 16:04	MS	☐	☐	☑
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 09:40 am	MS	☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.		.39 inches	MS	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.			MS	☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.		brown	MS	☒	☐	☐
120	Is sample oderless? 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	☒	☐	☐
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	☒	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.			MS	☐	☐	☑
150				MS	☒	☐	☐

	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.			MS	☐	☐	☑
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	☐	☐	☑
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	☐	☐	☑
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)			MS	☐	☐	☑

Labor Report

Completed: 11/22/2016 9:40:00 AM **Failure:**

Report:

Signature / Name	Date	Signature / Name	Date
MPSLO	11/28/2016		

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:_____

Los Alamos
NATIONAL LABORATORY
EST. 1943

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) TL
From/MS: Holly Wheeler, EPC-CP, (E-File) HW
Phone/Fax: 667-1312
Symbol: EPC-DO: 17-027
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 TA-60 Roads and Grounds

Please find attached completed MSGP QVA Forms documenting visual assessments performed during the second quarter of monitoring at TA-60 Roads and Grounds. 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

Facility Name	Sampling Station	Work Order #
TA-60 Roads and Grounds	MSGP03101	MSGP-53605
TA-60 Roads and Grounds	MSGP03301	MSGP-54214
TA-60 Roads and Grounds	MSGP03401	MSGP-54215
TA-60 Roads and Grounds	MSGP03501	MSGP-54216
TA-60 Roads and Grounds	MSGP03001	MSGP-54217
TA-60 Roads and Grounds	MSGP04101	MSGP-54218
TA-60 Roads and Grounds	MSGP03701	MSGP-54219
TA-60 Roads and Grounds	MSGP04001	MSGP-54220
TA-60 Roads and Grounds	MSGP03801	MSGP-54221
TA-60 Roads and Grounds	MSGP03201	MSGP-54681
TA-60 Roads and Grounds	MSGP03301	MSGP-54920
TA-60 Roads and Grounds	MSGP03401	MSGP-54921
TA-60 Roads and Grounds	MSGP03001	MSGP-54922
TA-60 Roads and Grounds	MSGP04101	MSGP-54923
TA-60 Roads and Grounds	MSGP03301	MSGP-56125
TA-60 Roads and Grounds	MSGP03401	MSGP-56126
TA-60 Roads and Grounds	MSGP03001	MSGP-56127
TA-60 Roads and Grounds	MSGP03301	MSGP-56616
TA-60 Roads and Grounds	MSGP03401	MSGP-56617
TA-60 Roads and Grounds	MSGP03301	MSGP-57141
TA-60 Roads and Grounds	MSGP03401	MSGP-57142

Copy: Russell Stone, DESHS-UIS, (E-File)
Adesh-records@lanl.gov, (E-File)
lasomailbox@nnsa.doe.gov, (E-File)
locatesteam@lanl.gov, (E-File)
epc-correspondence@lanl.gov, (E-File)

ENCLOSURE 1

Quarterly Visual Assessment Forms
Second Quarter, 2016 Monitoring Year

EPC-DO-17-027

Date: JAN 1 2 2017

Los Alamos National Lab

Work Order MSGP-53605

MSGP Monitoring Stations
Printed 5/31/2016 - 6:18 PM (Duplicate Copy)

Maintenance Details

Requested: 5/31/2016 5:30:00 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 4/19/2016
Project: MSGP Visual Assessments wk 5/30/16 (P-MSGP-4804)

Target: 7/31/2016
Priority/Type: / Inspection

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (031)
MSGP03101

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					✓
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).	7/21/16	12:33				✓
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/21/16	12:33				✓
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/26/16	1537				✓
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.36 in. AKB 7/27/16				✓
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.						✓
	Parameters						
110	Is sample colorless? If "Failed", describe.	Brown			✓		
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	O1			✓		
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			✓		
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.						✓
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.	SETSOL1			✓		
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.						
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:** _____ **Meter 1:** _____ **Meter 2:** _____

Report:

WO ID: MSGP-53605 Page 3 of 3

Signature (collecting sample): MPSnl. Date and Time: 7/21/16 12:33

Signature (conducting visual assessment): MPSnl. Date and Time: 7/26/16 1537

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. Griggs, EPC-CP Group Leader

Signature: A R Griggs Date: 9/14/2016

Los Alamos National Lab

Work Order MSGP-54214

MSGP Monitoring Stations
Printed 6/1/2016 - 2:03 PM

Maintenance Details

Requested: 5/16/2016 11:58:00 AM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: N/A
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
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (033)
MSGP03301

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.		Q2				✓
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).		06/01/16 at apx 14:32	MGW 06/03/16			✓
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).		06/01/16 at apx 14:32	MGW 06/03/16			✓
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	6/3/16	1340				✓
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	Rain	0.02"				✓
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.						✓
	Parameters						
110	Is sample colorless? If "Failed", describe.	Brown			✓		
120	Is sample oderless? 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			✓		
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			✓		
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	Veg			✓		
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			✓		
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.		Veq				
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:

WO ID: 54214 Page 3 of 3

Signature (collecting sample): MSL. Date and Time: 6/1/16 1432

Signature (conducting visual assessment): MSL Date and Time: 6/3/16 1346

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. Cortegoso, EPC-CP Group Leader

Signature: A R Cortegoso Date: 9/14/2016

Los Alamos National Lab

Work Order MSGP-54215

MSGP Monitoring Stations
Printed 6/1/2016 - 2:03 PM

Maintenance Details

Requested: 5/16/2016 11:58:00 AM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: N/A
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
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (034)
MSGP03401

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.	Q2			☐	☐	☑
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).	06/01/16 @apx 14:[redacted]33		HSW 06/03/16	☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	06/01/16 @apx 14:[redacted]33		HSW 06/03/16	☐	☐	☑
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	6/3/16 1340			☐	☐	☐
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	Rain 0.02"		HSW 06/03/16	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.	Brown			☑	☐	☐
120	Is sample oderless? 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			☑	☐	☐
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			☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	Neg			☑	☐	☐
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			☑	☐	☐
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.		VLg				
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:

WO ID: 54215 Page 3 of 3

Signature (collecting sample): MSLL Date and Time: 6/1/16 1433

Signature (conducting visual assessment): MSLL Date and Time: 6/3/16 1348

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. Griegop, EPC-CP Group Leader

Signature: A R Grieggs Date: 9/14/2016

Los Alamos National Lab

Work Order MSGP-54216

MSGP Monitoring Stations
Printed 6/1/2016 - 2:03 PM

Maintenance Details

Requested: 5/16/2016 11:58:00 AM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: N/A
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
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (035)
MSGP03501

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.	MP2					✓
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).	7/31/16	1349 approx				✓
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/31/16	1349 approx				✓
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	1611				✓
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.59 in. 7/31/16				✓
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.						✓
	Parameters						
110	Is sample colorless? If "Failed", describe.	Brown			✓		
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.						✓
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			✓		
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.						✓
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.	SETSOL1			✓		
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.						
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:

WO ID: MSGP-54216 Page 3 of 3

Signature (collecting sample): MSL. Date and Time: 7/31/16 1749

Signature (conducting visual assessment): MSL. Date and Time: 8/1/16 1611

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. Gonzeggs, EPC-CP Group Leader

Signature: AR Gonzeggs Date: 9/14/2016

Los Alamos National Lab

Work Order MSGP-54217

MSGP Monitoring Stations
Printed 6/1/2016 - 2:03 PM

Maintenance Details

Requested: 5/16/2016 11:58:00 AM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: N/A
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
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (031)
Substantially Identical Outfall (030)
MSGP03001

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.	Q2			☐	☐	☑
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).	06/01/16 at approx. 14:46		HGW 06/03/16	☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	06/01/16 at approx. 14:46		HGW 06/03/16	☐	☐	☑
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	6/3/16	1334		☐	☐	☐
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	Rain	0.02"		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.	Brown			☑	☐	☐
120	Is sample oderless? 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			☑	☐	☐
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			☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	Veg			☑	☐	☐
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			☑	☐	☐
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.	Veg					
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:

WO ID: 5427 Page 3 of 3

Signature (collecting sample): MSH Date and Time: 6/1/16 1446

Signature (conducting visual assessment): MSH Date and Time: 6/3/16 1334

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. Gorieggs, EPC-CP Group Leader

Signature: A R Gorieggs Date: 9/14/2016

Los Alamos National Lab

Work Order MSGP-54218

MSGP Monitoring Stations
Printed 6/1/2016 - 2:03 PM

Maintenance Details

Requested: 5/16/2016 11:58:00 AM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: N/A
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
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (042)
Substantially Identical Outfall (041)
MSGP04101

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.				☐	☒	☐
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 using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.				☐	☒	☐
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☒	☐
	Parameters						
110	Is sample colorless? If "Failed", describe.				☐	☒	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☒	☐
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.				☐	☒	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☒	☐
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.				☐	☒	☐
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.						
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:
No flow. No sample. No visual assessment conducted.

WO ID: MSCP-5428 Page 3 of 3

Signature (collecting sample): [illegible] Date and Time: 06/03/2016 15:59

Signature (conducting visual assessment): [illegible] Date and Time: 06/03/2016 15:59

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. Gorreggs, EPC-CP Group Leader

Signature: A R Gorreggs Date: 9/14/2016

Los Alamos National Lab

Work Order MSGP-54219

MSGP Monitoring Stations
Printed 6/1/2016 - 2:03 PM

Maintenance Details

Requested: 5/16/2016 11:58:00 AM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: N/A
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
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (036)
Substantially Identical Outfall (037)
MSGP03701

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.				☐	☒	☐
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 using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.				☐	☒	☐
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☒	☐
	Parameters						
110	Is sample colorless? If "Failed", describe.				☐	☒	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☒	☐
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.				☐	☒	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☒	☐
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.				☐	☒	☐
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.						
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:

No flow, No sample collected, No visual assessment conducted

WO ID: MSGP-~~54673~~ 54219 AKB 10/28/16 Page 2 of 2

Signature (collecting sample): [signature] Date and Time: 06/03/16 15:25

Signature (conducting visual assessment): [signature] Date and Time: 06/03/16 15:25

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. Griegg, EPC-CP Group Leader

Signature: A R Griegg Date: 9/14/2016

Los Alamos National Lab

Work Order MSGP-54220

MSGP Monitoring Stations
Printed 6/1/2016 - 2:03 PM

Maintenance Details

Requested: 5/16/2016 11:58:00 AM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: N/A
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
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (039)
Substantially Identical Outfall (040)
MSGP04001

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.				☐	☒	☐
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 using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.				☐	☒	☐
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☒	☐
	Parameters						
110	Is sample colorless? If "Failed", describe.				☐	☒	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☒	☐
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.				☐	☒	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☒	☐
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.				☐	☒	☐
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.						
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:

Jar not in position to catch flow.
Repositioned prior to leaving the site.

WO ID: MSCP-54220 Page 2 of 2

Signature (collecting sample): Holly Wheel Date and Time: 06/03/16 15:38

Signature (conducting visual assessment): Holly Wheel Date and Time: 06/03/16 15:38

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

Los Alamos National Lab

Work Order MSGP-54221

MSGP Monitoring Stations
Printed 6/1/2016 - 2:03 PM

Maintenance Details

Requested: 5/16/2016 11:58:00 AM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: N/A
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
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (039)
Substantially Identical Outfall (038)
MSGP03801

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.				☐	☒	☐
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 using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.				☐	☒	☐
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☒	☐
	Parameters						
110	Is sample colorless? If "Failed", describe.				☐	☒	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☒	☐
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.				☐	☒	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☒	☐
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.				☐	☒	☐
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.						
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:

No Flow. No sample collected. No visual assessment conducted.

WO ID: MSGP-54221 Page 3 of 3

Signature (collecting sample): Holly Wheeler Date and Time: 06/03/2016 15:30

Signature (conducting visual assessment): Holly Wheeler Date and Time: 06/03/2016 15:30

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: Anthony R. Grieggs, EPC-CP Group Leader

Signature: A R Grieggs Date: 9/14/2016

Los Alamos National Lab

Work Order MSGP-54681

MSGP Monitoring Stations
Printed 5/31/2016 - 6:18 PM

Maintenance Details

Requested: 5/31/2016 6:06:00 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 5/16/2016
Project: MSGP Visual Assessments wk 5/30/16 (P-MSGP-4804)

Target: 7/31/2016
Priority/Type: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
MSGP03201

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			☐	☐	☑
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).	7/1/16	1358		☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/1/16	1358		☐	☐	☑
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	1609		☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PRL	0.16 in. AKB 7/1/16		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.	Brownish			☑	☐	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☐	☑
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)			☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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 (SETSOL1)			☑	☐	☐
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.						
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:** _____ **Meter 1:** _____ **Meter 2:** _____

Report:

WO ID: MSGP-54681 Page 3 of 3

Signature (collecting sample): [illegible] Date and Time: 7/1/16 1358

Signature (conducting visual assessment): [illegible] Date and Time: 7/6/16 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: Anthony R. Gariegge, EPC-CP Group Leader

Signature: A R Gariegge Date: 9/14/2016

Los Alamos National Lab

Work Order MSGP-54920

MSGP Monitoring Stations
Printed 6/6/2016 - 1:04 PM

Maintenance Details

Requested: 6/6/2016 1:02:33 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: N/A
Project: SIO Visual Assessments wk 6/6/16 (P-MSGP-4823)

Target: 7/31/2016
Priority/Type: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (033)
MSGP03301

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.		Q2		☐	☐	☑
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).	7/1/16	1345		☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/1/16	1345		☐	☐	☑
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/5/16		3:27	☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	Rain		0.16 in. AKD 7/14/16	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.	light tan			☑	☐	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☐	☑
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			☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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			☑	☐	☐
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			
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:

WO ID: 54920 Page 3 of 3

Signature (collecting sample): Audry Smith Date and Time: 3:27 7/5/16

Signature (conducting visual assessment): Audry Smith Date and Time: 3:27 7/5/16

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. Griegop, EPC-CP Group Leader

Signature: A R Grieggs Date: 9/14/2016

Los Alamos National Lab

Work Order MSGP-54921

MSGP Monitoring Stations
Printed 6/6/2016 - 1:04 PM

Maintenance Details

Requested: 6/6/2016 1:02:34 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: N/A
Project: SIO Visual Assessments wk 6/6/16 (P-MSGP-4823)

Target: 7/31/2016
Priority/Type: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (034)
MSGP03401

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.	Q2			☐	☐	☑
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).	7/1/16 @ 1345			☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/1/16 @ 1345			☐	☐	☑
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/5/16 3:29			☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	Rain	0.16 in.	AEG 7/14/16	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.	light tan			☑	☐	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☐	☑
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			☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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		☑	☐	☐
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				
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:

WO ID: 54921 Page 3 of 3

Signature (collecting sample): Audrey Smith Date and Time: 7/5/16 3:29

Signature (conducting visual assessment): Audrey Smith Date and Time: 3:29 7/5/16

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. Conegge, EPC-CP Group Leader

Signature: A R Conegge Date: 9/14/2016

Los Alamos National Lab

Work Order MSGP-54922

MSGP Monitoring Stations
Printed 6/6/2016 - 1:04 PM

Maintenance Details

Requested: 6/6/2016 1:02:35 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: N/A
Project: SIO Visual Assessments wk 6/6/16 (P-MSGP-4823)

Target: 7/31/2016
Priority/Type: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (031)
Substantially Identical Outfall (030)
MSGP03001

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.	Q2			☐	☐	☑
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).	7/1/16 1345			☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/1/16 1345 ~~7/5/16 3:17~~ AD 7/6/16			☐	☐	☑
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/5/16 3:17			☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	Rain	0.16 in. AD 7/6/16		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.	light tan			☑	☐	☑ AD
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☐	☑
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			☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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		☑	☐	☑ AS
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				
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:

WO ID: 54922 Page 3 of 3

Signature (collecting sample): Andrew Smith Date and Time: 7/5/16 3:17

Signature (conducting visual assessment): Andrew Smith Date and Time: 7/5/16 3:17

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: Anthony R. Griggs, EPC-CP Group Leader

Signature: A R Griggs Date: 9/14/2016

Los Alamos National Lab

Work Order MSGP-54923

MSGP Monitoring Stations
Printed 6/6/2016 - 1:04 PM

Maintenance Details

Requested: 6/6/2016 1:02:35 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: N/A
Project: SIO Visual Assessments wk 6/6/16 (P-MSGP-4823)

Target: 7/31/2016
Priority/Type: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (042)
Substantially Identical Outfall (041)
MSGP04101

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.	MP3			☐	☐	☑
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).	7/31/16	1352	approx	☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/31/16	1352	approx.	☐	☐	☑
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	1635		☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.59 in. AND 8/6/16		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.	Brown			☑	☐	~~☑~~
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	O1			☑	☐	☐
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			☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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.	SETSOL1			☑	☐	☐
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.						
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:

WO ID: MSGP-54923 Page 3 of 3

Signature (collecting sample): MSL Date and Time: 7/31/16 1352

Signature (conducting visual assessment): MSL Date and Time: 8/1/16 1635

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. Griggs, EPC-CP Group Leader

Signature: A R Griggs Date: 9/14/2016

Los Alamos National Lab

Work Order MSGP-56125

MSGP Monitoring Stations
Printed 7/14/2016 - 5:58 PM

Maintenance Details

Requested: 7/14/2016 5:55:59 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 7/5/2016
Project: SIO Visual Assessments 7-14-16 (P-MSGP-4944)

Target: 7/31/2016
Priority/Type: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (033)
MSGP03301

Reason: MSGP Quarterly Visual Assessment

Special Instructions: NMR053195

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			☐	☐	☑
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).	7/21/16		12:20	☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/21/16		12:20	☐	☐	☑
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/21/16		1505	☐	☐	☑
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. AKS 7/27/16		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.	Brown			☑	☐	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	O1			☑	☐	☐
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			☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	Veg			☑	☐	☐
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.	SeTSOL1			☑	☐	☐
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.	SuSSoL2					
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 Report

Completed: _____ **Failure:** _____

Report:

WO ID: 56125 Page 3 of 3

Signature (collecting sample): MSL. Date and Time: 7/21/16

Signature (conducting visual assessment): MSL. Date and Time: 7/21/16 1505

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. Conieggs, EPC-CP Group Leader

Signature: A R Conieggs Date: 9/14/2016

Los Alamos National Lab

Work Order MSGP-56126

MSGP Monitoring Stations
Printed 7/14/2016 - 5:58 PM

Maintenance Details

Requested: 7/14/2016 5:55:59 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 7/5/2016
Project: SIO Visual Assessments 7-14-16 (P-MSGP-4944)

Target: 7/31/2016
Priority/Type: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (034)
MSGP03401

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.	MP2			☐	☐	☑
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).	7/21/16	12:20		☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/21/16	12:20		☐	☐	☑
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/21/16	1506		☐	☐	☑
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. Aug 7/27/16		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.	Brown			☑	☐	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	O1			☑	☐	☐
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			☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	Veg			☑	☐	☐
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.	SETSOL 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.	SUSSOL 2					
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 Report

Completed: _____ **Failure:** _____

Report:

WO ID: 56126 Page 3 of 3

Signature (collecting sample): MSL. Date and Time: 7/21/14

Signature (conducting visual assessment): MSL. Date and Time: 7/21/14 1506

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. Griggs, EPC-CP Group Leader

Signature: A R Griggs Date: 9/14/2016

Los Alamos National Lab

Work Order MSGP-56127

MSGP Monitoring Stations
Printed 7/14/2016 - 5:58 PM

Maintenance Details

Requested: 7/14/2016 5:56:00 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 7/5/2016
Project: SIO Visual Assessments 7-14-16 (P-MSGP-4944)

Target: 7/31/2016
Priority/Type: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (031)
Substantially Identical Outfall (030)
MSGP03001

Reason: MSGP Quarterly Visual Assessment

Special Instructions: NMR053195

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			☐	☐	☑
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).	7/21/16		12:20	☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/21/16		12:20	☐	☐	☑
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/21/16		1459	☐	☐	☑
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. AMB 7/27/16		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.	Brownish			☑	☐	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☐	☑
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			☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	Veg			☑	☐	☐
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.				☐	☐	☑
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.	SUSSOL2				
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 Report

Completed: _____ **Failure:** _____

Report:

WO ID: 56127 Page 3 of 3

Signature (collecting sample): MSL. Date and Time: 7/21/16

Signature (conducting visual assessment): MSL. Date and Time: 7/21/16 1459

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. Gonzaga, EPC-CP Group Leader

Signature: A R Gonzaga Date: 9/14/2016

Los Alamos National Lab

Work Order MSGP-56616

MSGP Monitoring Stations
Printed 7/26/2016 - 10:18 AM

Maintenance Details

Requested: 7/26/2016 10:13:40 AM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 7/20/2016
Project: SIO Visual Assessments 7-25-16 (P-MSGP-4983)

Target: 7/31/2016
Priority/Type: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (033)
MSGP03301

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.	MP2			☐	☐	☑
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).	7/25/16	13:40	approx.	☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/25/16	13:40	approx.	☐	☐	☑
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/26/16	11:23		☐	☐	☑
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. ~~0.08 in.~~ AND 7/28/16		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.				☐	☐	☑
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☐	☑
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		Cl	☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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 Sediment		SETSOL2	☑	☐	☐
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.						
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 Report

Completed: _____ **Failure:** _____

Report:

WO ID: MSGP-5/6/16 Page 3 of 3

Signature (collecting sample): MSLP. Date and Time: 7/25/16 13:40

Signature (conducting visual assessment): MSLP. Date and Time: 7/26/16 1123

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. Gonzaga, EPC-CP Group Leader

Signature: A R Gonzaga Date: 9/14/2016

Los Alamos National Lab

Work Order MSGP-56617

MSGP Monitoring Stations
Printed 7/26/2016 - 10:18 AM

Maintenance Details

Requested: 7/26/2016 10:13:40 AM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 7/20/2016
Project: SIO Visual Assessments 7-25-16 (P-MSGP-4983)

Target: 7/31/2016
Priority/Type: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (034)
MSGP03401

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.	MP2			☐	☐	☑
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).	7/25/16	13:40 approx.		☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/25/16	13:40 approx.		☐	☐	☑
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/26/16	1127		☐	☐	☑
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. ~~0.03 in.~~ AKS 7/26/16		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.				☐	☐	☑
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☐	☑
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		C1	☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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 Sediment		S1TS012	☑	☐	☐
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.						
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 Report

Completed: _____ **Failure:** _____

Report:

WO ID: MSGP-56617 Page 3 of 3

Signature (collecting sample): MSL Date and Time: 7/25/16 13:40

Signature (conducting visual assessment): MSL. Date and Time: 7/26/16 1127

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. Corriegan, EPC-CP Group Leader

Signature: A R Corriegan Date: 9/14/2016

Los Alamos National Lab

Work Order MSGP-57141

MSGP Monitoring Stations
Printed 8/3/2016 - 9:55 AM

Maintenance Details

Requested: 8/3/2016 9:44:00 AM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 7/26/2016
Project: SIO Visual Assessments 8/1/16 (P-MSGP-5014)

Target: 7/31/2016
Priority/Type: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (033)
MSGP03301

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			☐	☐	☑
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).	7/31/16		1332	☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/31/16		1332	☐	☐	☑
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		1604	☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1		0.59 in. [illegible]	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.	Brown			☑	☐	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☐	☑
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			☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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.	SETSOL1			☑	☐	☐
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.						
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 Report

Completed: _____ **Failure:** _____

Report:

WO ID: MSGP.57141 Page 3 of 3

Signature (collecting sample): MSL Date and Time: 7/31/16 1332

Signature (conducting visual assessment): MSL Date and Time: 8/01/16 1604

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

Los Alamos National Lab

Work Order MSGP-57142

MSGP Monitoring Stations
Printed 8/3/2016 - 9:55 AM

Maintenance Details

Requested: 8/3/2016 9:44:01 AM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 7/26/2016
Project: SIO Visual Assessments 8/1/16 (P-MSGP-5014)

Target: 7/31/2016
Priority/Type: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (034)
MSGP03401

Reason: MSGP Quarterly Visual Assessment

Special Instructions: NMR053195

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			☐	☐	☑
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).	7/31/16	1333	approx	☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/31/16	1333	approx	☐	☐	☑
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	1608		☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.59 in. ADD 8/16/16		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.	Brown			☑	☐	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☐	☑
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			☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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.	SETSOL2			☑	☐	☐
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.						
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 Report

Completed: _____ **Failure:** _____

Report:

WO ID: MSGP-57142 Page 3 of 3

Signature (collecting sample): MSR Date and Time: 7/31/16 1333

Signature (conducting visual assessment): MSR. Date and Time: 8/01/16 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: Anthony R. Griggs, EPC-CP Group Leade

Signature: A R Griggs Date: 9/14/2016

Los Alamos
NATIONAL LABORATORY
EST. 1943

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)
From/MS: Holly Wheeler, EPC-CP, (E-File)
Phone/Fax: 667-1312
Symbol: EPC-DO: 17-041

Date: JAN 17 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 TA-60 Roads and Grounds

Please find attached completed MSGP QVA Forms documenting visual assessments performed during the third quarter of monitoring at TA-60 Roads and Grounds. 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 Date 1-17-17

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-60 Roads and Grounds	MSGP04201	MSGP-53600
TA-60 Roads and Grounds	MSGP03801	MSGP-54926
TA-60 Roads and Grounds	MSGP03001	MSGP-56618
TA-60 Roads and Grounds	MSGP03101	MSGP-56956
TA-60 Roads and Grounds	MSGP03201	MSGP-56958
TA-60 Roads and Grounds	MSGP03301	MSGP-57549
TA-60 Roads and Grounds	MSGP03401	MSGP-57550
TA-60 Roads and Grounds	MSGP03501	MSGP-57551
TA-60 Roads and Grounds	MSGP03001	MSGP-57552
TA-60 Roads and Grounds	MSGP04101	MSGP-57553
TA-60 Roads and Grounds	MSGP03401	MSGP-57566
TA-60 Roads and Grounds	MSGP04201	MSGP-57868
TA-60 Roads and Grounds	MSGP04201	MSGP-57869
TA-60 Roads and Grounds	MSGP03301	MSGP-57994
TA-60 Roads and Grounds	MSGP03401	MSGP-57995
TA-60 Roads and Grounds	MSGP03501	MSGP-57996
TA-60 Roads and Grounds	MSGP03001	MSGP-57997
TA-60 Roads and Grounds	MSGP04101	MSGP-57998
TA-60 Roads and Grounds	MSGP03301	MSGP-58327
TA-60 Roads and Grounds	MSGP03401	MSGP-58328
TA-60 Roads and Grounds	MSGP03501	MSGP-58329
TA-60 Roads and Grounds	MSGP03001	MSGP-58330
TA-60 Roads and Grounds	MSGP04101	MSGP-58331
TA-60 Roads and Grounds	MSGP03101	MSGP-58332
TA-60 Roads and Grounds	MSGP03301	MSGP-58417
TA-60 Roads and Grounds	MSGP03401	MSGP-58418
TA-60 Roads and Grounds	MSGP03501	MSGP-58419
TA-60 Roads and Grounds	MSGP03001	MSGP-58420
TA-60 Roads and Grounds	MSGP03301	MSGP-58505
TA-60 Roads and Grounds	MSGP03401	MSGP-58506
TA-60 Roads and Grounds	MSGP03001	MSGP-58507
TA-60 Roads and Grounds	MSGP04101	MSGP-58508
TA-60 Roads and Grounds	MSGP03301	MSGP-58516
TA-60 Roads and Grounds	MSGP03401	MSGP-58517
TA-60 Roads and Grounds	MSGP03001	MSGP-58518
TA-60 Roads and Grounds	MSGP03501	MSGP-58537

TA-60 Roads and Grounds	MSGP04101	MSGP-58538
TA-60 Roads and Grounds	MSGP03801	MSGP-58539
TA-60 Roads and Grounds	MSGP03301	MSGP-58552
TA-60 Roads and Grounds	MSGP03401	MSGP-58553
TA-60 Roads and Grounds	MSGP03001	MSGP-58554

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ENCLOSURE 1

Quarterly Visual Assessment Forms Requiring a Certification Statement Signature

Third Quarter, 2016 Monitoring Year

EPC-DO:17-041

Date: JAN 1 7 2017

Los Alamos National Lab

Work Order MSGP-53600

MSGP Monitoring Stations
Printed 5/31/2016 - 6:18 PM

Maintenance Details

Requested: 5/31/2016 5:28:00 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 4/20/2016
Project: MSGP Visual Assessments wk 5/30/16 (P-MSGP-4804)

Target: ~~7/31/2016~~ 9/30/16 AKO 8/9/16
Priority/Type: / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (042)
MSGP04201

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			☐	☐	☑
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)	Filtered			☑	☐	☐
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/01/16	0026		☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/01/16	0026		☐	☐	☑
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	1629		☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	7/31/16 AKO 8/9/16	0.59 in.	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.				☐	☐	☑
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☐	☑
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.				☐	☐	☑
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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.				☐	☐	☑
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.						
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:** _____ **Meter 1:** _____ **Meter 2:** _____

Report:

WO ID: 53600 Page 3 of 3

Signature (collecting sample): MSL Date and Time: 8/01/16 0026

Signature (conducting visual assessment): MSL Date and Time: 8/01/16 1629

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:_____

Los Alamos National Lab

Work Order MSGP-54926

MSGP Monitoring Stations
Printed 6/6/2016 - 1:04 PM

Maintenance Details

Requested: 6/6/2016 1:02:37 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: N/A
Project: SIO Visual Assessments
~~wk 8/8/16 (P-MSGP-4820)~~
8/1/16 (P-MSGP-5014) AKB 8/30/16
Reason: MSGP Quarterly Visual Assessment
Special Instructions: NMR053195

Target: ~~7/31/2016~~ 9/30/2016 AKB 8/30/16
Priority/Type: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (039)
Substantially Identical Outfall (038)
MSGP03801

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.	MP3					✓
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).	8/24/16	1332 approx				✓
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/24/16	1332 Approx				✓
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	1534				✓
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.56 in. AKB 8/30/16				✓
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.						✓
	Parameters						
110	Is sample colorless? If "Failed", describe.	Brown			✓		
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	O1			✓		
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			✓		
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.						✓
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.	SETSOL1			✓		
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.						
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:

WO ID: MSGP-54926 Page 3 of 3

Signature (collecting sample): MSL Date and Time: 8/24/16 1332

Signature (conducting visual assessment): MSL Date and Time: 8/25/16 1534

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:_____

Los Alamos National Lab

Work Order MSGP-56618

MSGP Monitoring Stations
Printed 7/26/2016 - 10:18 AM

Maintenance Details

Requested: 7/26/2016 10:13:41 AM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 7/20/2016
Project: SIO Visual Assessments 7-25-16 (P-MSGP-4983)

Target: ~~7/31/2016~~ 9/30/2016
Priority/Type: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (031)
Substantially Identical Outfall (030)
MSGP03001

Reason: MSGP Quarterly Visual Assessment

Special Instructions: NMR053195

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.	MP3					✓
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).	8/2/16	2:00 approx				✓
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/2/16	2:00 approx				✓
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/3/16	8/3/16 1644				✓
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.15 in.				✓
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.						✓
	Parameters						
110	Is sample colorless? If "Failed", describe.						✓
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.						✓
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.						✓
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	Veg			✓		
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.	SETSOL2			✓		
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.	SNSSOL2				
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 Report

Completed: _____ **Failure:** _____

Report:

WO ID: MSGP-56618 Page 3 of 3

Signature (collecting sample): MPSnl. Date and Time: 8/2/16 2:00

Signature (conducting visual assessment): MPSnl. Date and Time: 8/3/16 1644

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:_____

Los Alamos National Lab

Work Order MSGP-56956

MSGP Monitoring Stations
Printed 8/1/2016 - 9:45 AM

Maintenance Details

Requested: 8/1/2016 9:43:53 AM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 7/6/2016
Project: Visual Assessments wk 8/1/16 (P-MSGP-5007)
Reason: MSGP Quarterly Visual Assessment
Special Instructions: NMR053195

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
MSGP03201

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.	MP3			☐	☐	☑
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).	8/3/16	1834		☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/3/16	1834		☐	☐	☑
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	1216		☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.42 in. [illegible]		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.	light	Brown		☑	☐	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☐	☑
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			☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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 [illegible]	☐	☑
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.						
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 Report

Completed: _____ **Failure:** _____ **Meter 1:** _____ **Meter 2:** _____

Report:

WO ID: 569556 Page 3 of 3

Signature (collecting sample): MSL. Date and Time: 8/3/16 1834

Signature (conducting visual assessment): MSL. Date and Time: 8/4/16 1216

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:_____

Los Alamos National Lab

Work Order MSGP-56658

MSGP Monitoring Stations
Printed 7/27/2016 - 1:43 PM

Maintenance Details

Requested By: Banar, Alethea on 7/27/2016 9:44:00 AM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 7/26/2016
Project: MSGP Visual Assessments 7/13/16 (P-MSGP-4934)

Target: ~~7/31/2016~~ 9/30/16 AKB 8/1/16
Priority/Type: / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (031)
MSGP03101

Contact: Banar, Alethea
Phone: 665-0454

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			☐	☐	☑
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).	8/3/16	1836		☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/3/16	1836		☐	☐	☑
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	1232		☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.42 in. AKB 8/4/16		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.	Brown			☑	☐	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		O1		☑	☐	☐
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		☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	MS ~~SETSOL1~~		MS	☑	☐	☑
150	Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If	SETSOL1			☑	☐	☐

	"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.				☐	☐	☑
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 Report

Completed: _____ **Failure:** _____ **Meter 1:** _____ **Meter 2:** _____

Report:

WO ID: 56658 Page 3 of 3

Signature (collecting sample): MSW. Date and Time: 8/3/16 1636

Signature (conducting visual assessment): MSW. Date and Time: 8/4/16 1232

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:_____

Los Alamos National Lab

Work Order MSGP-57549

MSGP Monitoring Stations
Printed 8/4/2016 - 7:14 PM

Maintenance Details

Requested: 8/4/2016 7:06:05 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 7/26/2016
Project: SIO Visual Assessments 8-4-16 (P-MSGP-5054)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (033)
MSGP03301

Reason: MSGP Quarterly Visual Assessment

Contact:
Phone:

Weather at inspection:
Finding Descprition:
Inspection Type:
Monitoring Period:
Precipitation Type:
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			☐	☐	☑
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).	8/3/16	1820	approx	☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/3/16	1820	approx	☐	☐	☑
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	1218		☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.42 in. ~~0.15 in.~~ MAB 8/16/16 ~~0.42 in.~~ MAB 8/16/16		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.	light brown			☑	☐	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☐	☑
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			☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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.	SETSOL1				
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.			☐	☐	☑
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 Report

Completed: _____ **Failure:** _____

Report:

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Signature / Name	Date	Signature / Name	Date

WO ID: MSGP.57549 Page 3 of 3

Signature (collecting sample): MSL. Date and Time: 8/3/16 1820

Signature (conducting visual assessment): MSL. Date and Time: 8/4/16 1218

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: _____

Los Alamos National Lab

Work Order MSGP-57550

MSGP Monitoring Stations
Printed 8/4/2016 - 7:14 PM

Maintenance Details

Requested: 8/4/2016 7:06:06 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 7/26/2016
Project: SIO Visual Assessments 8-4-16 (P-MSGP-5054)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (034)
MSGP03401

Reason: MSGP Quarterly Visual Assessment

Contact:
Phone:

Weather at inspection:
Finding Descprition:
Inspection Type:
Monitoring Period:
Precipitation Type:
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.	MPB			☐	☐	☑
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).	8/2/16	2:00 approx		☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/2/16	2:00 approx		☐	☐	☑
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/3/16	1651		☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.15 in. AWB 8/16/16		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.				☐	☐	☑
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☐	☑
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.				☐	☐	☑
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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.	SETSOL2			
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.		☐	☐	☑
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 Report

Completed: _____ **Failure:** _____

Report:

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Signature / Name	Date	Signature / Name	Date

WO ID: MSGP-57550 Page 3 of 3

Signature (collecting sample): MSL. Date and Time: 8/2/16 2:00

Signature (conducting visual assessment): MSL. Date and Time: 8/3/16 1651

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:_____

Los Alamos National Lab

Work Order MSGP-57551

MSGP Monitoring Stations
Printed 8/4/2016 - 7:14 PM

Maintenance Details

Requested: 8/4/2016 7:06:06 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 7/20/2016
Project: SIO Visual Assessments 8-4-16 (P-MSGP-5054)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (035)
MSGP03501

Reason: MSGP Quarterly Visual Assessment

Contact:
Phone:

Weather at inspection:
Finding Descprition:
Inspection Type:
Monitoring Period:
Precipitation Type:
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			☐	☐	☑
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).	8/3/16	1820 approx		☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/3/16	1820 approx		☐	☐	☑
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	1222		☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.42 in. DKS 8/16/16		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.	light brown			☑	☐	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☐	☑
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			☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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.	SETSOL2				
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.			☐	☐	☑
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 Report

Completed: _____ **Failure:** _____

Report:

_____ Signature / Name _____ Date _____ Signature / Name _____ Date

WO ID: MSGP. 57651 Page 3 of 3

Signature (collecting sample): MSL. Date and Time: 8/3/16 1820

Signature (conducting visual assessment): MSL. Date and Time: 8/4/16 1222

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:_____

Los Alamos National Lab

Work Order MSGP-57552

MSGP Monitoring Stations
Printed 8/4/2016 - 7:14 PM

Maintenance Details

Requested: 8/4/2016 7:06:07 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 7/26/2016
Project: SIO Visual Assessments 8-4-16 (P-MSGP-5054)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (031)
Substantially Identical Outfall (030)
MSGP03001

Reason: MSGP Quarterly Visual Assessment

Contact:
Phone:

Weather at inspection:
Finding Descprition:
Inspection Type:
Monitoring Period:
Precipitation Type:
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			☐	☐	☑
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).	8/3/16	1820 approx		☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/3/16	1820 approx		☐	☐	☑
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	1228		☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.42 in. AKS 8/16/16		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.				☐	☐	☑
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☐	☑
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.				☐	☐	☑
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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.	SETSOL2				
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.			☐	☐	☑
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 Report

Completed: _____ **Failure:** _____

Report:

_____ Signature / Name _____ Date _____ Signature / Name _____ Date

WO ID: ARMSGP-57552 Page 3 of 3

Signature (collecting sample): MSLP. Date and Time: 8/3/16 1830

Signature (conducting visual assessment): MSLP. Date and Time: 8/4/16 1228

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:_____

Los Alamos National Lab

Work Order MSGP-57553

MSGP Monitoring Stations
Printed 8/4/2016 - 7:14 PM

Maintenance Details

Requested: 8/4/2016 7:06:08 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 7/21/2016
Project: SIO Visual Assessments 8-4-16 (P-MSGP-5054)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (042)
Substantially Identical Outfall (041)
MSGP04101

Reason: MSGP Quarterly Visual Assessment

Contact:
Phone:

Weather at inspection:
Finding Descprition:
Inspection Type:
Monitoring Period:
Precipitation Type:
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			☐	☐	☑
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).	8/3/16	1820 approx		☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/3/16	1820 approx		☐	☐	☑
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	1515		☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.42 in.		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.	Brown			☑	☐	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	O1			☑	☐	☐
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			☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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.	SETSOL1				
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.			☐	☐	☑
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 Report

Completed: _____ **Failure:** _____

Report:

_____ Signature / Name _____ Date _____ Signature / Name _____ Date

WO ID: MSGP-57553 Page 3 of 3

Signature (collecting sample): MSL Date and Time: 8/3/16 1820

Signature (conducting visual assessment): MSL Date and Time: 8/4/16 1515

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:_____

Los Alamos National Lab

Work Order MSGP-57566

MSGP Monitoring Stations
Printed 8/4/2016 - 7:14 PM

Maintenance Details

Requested: 8/4/2016 7:11:15 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 7/26/2016
Project: SIO Visual Assessments 8-4-16 (P-MSGP-5054)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (034)
MSGP03401

Reason: MSGP Quarterly Visual Assessment

Contact:
Phone:

Weather at inspection:
Finding Descprition:
Inspection Type:
Monitoring Period:
Precipitation Type:
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					✓
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).	8/3/16	1820 approx				✓
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/3/16	1820 approx				✓
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	1220				✓
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.42 in AND 8/4/16				✓
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.						✓
	Parameters						
110	Is sample colorless? If "Failed", describe.	light brown			✓		
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.						✓
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			✓		
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.						✓
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.	SETSOL2					
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.				☐	☐	☑
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 Report

Completed: _____ **Failure:** _____

Report:

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Signature / Name	Date	Signature / Name	Date

WO ID: MSGP-57566 Page 3 of 3

Signature (collecting sample): MSL Date and Time: 8/3/16 1820

Signature (conducting visual assessment): MSL Date and Time: 8/4/16 1220

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:_____

Los Alamos National Lab

Work Order MSGP-57868

MSGP Monitoring Stations
Printed 8/8/2016 - 4:56 PM

Maintenance Details

Requested By: Banar, Alethea on 8/8/2016 4:54:00 PM
Taken By: Banar, Alethea
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 8/1/2016
Project: Visual Assessments 8-8-16 (P-MSGP-5074)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (042)
MSGP04201

Contact: Banar, Alethea
Phone: 699-5836

Reason: MSGP Quarterly Visual Assessment

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP3					✓
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).	8/3/16	1829				✓
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/3/16	1829				✓
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	1505				✓
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.42 in. ~~0.61 in.~~ AW 8/4/16				✓
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.						✓
	Parameters						
110	Is sample colorless? If "Failed", describe.	Brown			✓		
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	O1			✓		
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			✓		
140							✓

	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				
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.	SETSOL 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.		☐	☐	☑
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:** _____ **Meter 1:** _____ **Meter 2:** _____

Report:

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Signature / Name _____ Date _____ Signature / Name _____ Date _____

WO ID: MSGP-578168 Page 3 of 3

Signature (collecting sample): MSL Date and Time: 8/3/14 1829

Signature (conducting visual assessment): MSL. Date and Time: 8/4/14 1505

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:_____

Los Alamos National Lab

Work Order MSGP-57869

MSGP Monitoring Stations
Printed 8/8/2016 - 4:56 PM

Maintenance Details

Requested By: Banar, Alethea on 8/8/2016 4:55:00 PM
Taken By: Banar, Alethea
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 8/1/2016
Project: Visual Assessments 8-8-16 (P-MSGP-5074)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (042)
MSGP04201

Contact: Banar, Alethea
Phone: 699-5836

Reason: MSGP Quarterly Visual Assessment

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP3			☐	☐	☑
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).	8/4/16	1939		☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/4/16	1939		☐	☐	☑
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	1449		☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.27 in. AMB 8/9/16		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.	Brown			☑	☐	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☐	☑
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			☑	☐	☐
140				MS	☐	☐	☑

	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	MS			
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.	SETSOL1	☑	☐	☐
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.		☐	☐	☑
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:** _____ **Meter 1:** _____ **Meter 2:** _____

Report:

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Signature / Name _____ Date _____ Signature / Name _____ Date _____

WO ID: MSGP.57869 Page 3 of 3

Signature (collecting sample): MSL. Date and Time: 8/4/16 1939

Signature (conducting visual assessment): MSL. Date and Time: 8/8/16 1449

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:_____

Los Alamos National Lab

Work Order MSGP-57994

MSGP Monitoring Stations
Printed 8/10/2016 - 1:23 PM

Maintenance Details

Requested: 8/10/2016 1:18:12 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 8/1/2016
Project: SIO Visual Assessments 8/8/16 (P-MSGP-5073)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (033)
MSGP03301

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP3					✓
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).	8/8/16	1140 approx				✓
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/8/16	1140 approx				✓
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/9/16	1606				✓
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.13 in. AND 8/17/16				✓
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.						✓
	Parameters						
110	Is sample colorless? If "Failed", describe.	light brown			✓		
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	O1			✓		
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			✓		
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	Veg			✓		
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.	SETSOL2			
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.	SUSSOL2	☑	☐	☐
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:

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Signature / Name	Date	Signature / Name	Date

WO ID: MSGP-57994 Page 3 of 3

Signature (collecting sample): MSL Date and Time: 8/8/16 1140

Signature (conducting visual assessment): MSL Date and Time: 8/9/16 1606

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:_____

Los Alamos National Lab

Work Order MSGP-57995

MSGP Monitoring Stations
Printed 8/10/2016 - 1:23 PM

Maintenance Details

Requested: 8/10/2016 1:18:13 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 8/1/2016
Project: SIO Visual Assessments 8/8/16 (P-MSGP-5073)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (034)
MSGP03401

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP3			☐	☐	☑
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).	8/8/16	1140 approx		☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/8/16	1140 approx		☐	☐	☑
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	1608		☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.13 in.		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.	light brown			☑	☐	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	O1			☑	☐	☐
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			☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	Veg			☑	☐	☐
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.	SETSOL1			
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.	SUSSOL2	☑	☐	☐
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:

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Signature / Name	Date	Signature / Name	Date

WO ID: MSGP-57995 Page 3 of 3

Signature (collecting sample): MSH Date and Time: 8/10/16 1140

Signature (conducting visual assessment): MSH Date and Time: 8/9/16 1608

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:_____

Los Alamos National Lab

Work Order MSGP-57996

MSGP Monitoring Stations
Printed 8/10/2016 - 1:23 PM

Maintenance Details

Requested: 8/10/2016 1:18:14 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 8/1/2016
Project: SIO Visual Assessments 8/8/16 (P-MSGP-5073)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (035)
MSGP03501

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP3					✓
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).	8/8/16	1140 approx				✓
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/8/16	1140 approx				✓
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/9/16	1610				✓
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.13 in. AWD 8/17/16				✓
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.						✓
	Parameters						
110	Is sample colorless? If "Failed", describe.	light brown			✓		
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.						✓
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			✓		
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	Veg			✓		
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.	SETSOL2				
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.	SUSSOL2		☑	☐	☐
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:

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Signature / Name	Date	Signature / Name	Date

WO ID: MSGP-57996 Page 3 of 3

Signature (collecting sample): MSL Date and Time: 8/8/16 1140

Signature (conducting visual assessment): MSL Date and Time: 8/9/16 1610

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:_____

Los Alamos National Lab

Work Order MSGP-57997

MSGP Monitoring Stations
Printed 8/10/2016 - 1:23 PM

Maintenance Details

Requested: 8/10/2016 1:18:14 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 8/1/2016
Project: SIO Visual Assessments 8/8/16 (P-MSGP-5073)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (031)
Substantially Identical Outfall (030)
MSGP03001

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP3					✓
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).	8/8/16	1140 approx				✓
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/8/16	1140 approx				✓
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/9/16	1603				✓
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.13 in. AS 8/11/16				✓
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.						✓
	Parameters						
110	Is sample colorless? If "Failed", describe.	light brown			✓		
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.						✓
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			✓		
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	Veg			✓		
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.	SETSOL 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.	SNSSOL 2		☑	☐	☐
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:

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Signature / Name	Date	Signature / Name	Date

WO ID: MSGP.57997 Page 3 of 3

Signature (collecting sample): MSL Date and Time: 8/8/16 1140

Signature (conducting visual assessment): MSL Date and Time: 8/9/16 1603

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:_____

Los Alamos National Lab

Work Order MSGP-57998

MSGP Monitoring Stations
Printed 8/10/2016 - 1:23 PM

Maintenance Details

Requested: 8/10/2016 1:18:15 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 8/1/2016
Project: SIO Visual Assessments 8/8/16 (P-MSGP-5073)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (042)
Substantially Identical Outfall (041)
MSGP04101

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP3					✓
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).	8/8/16	1140 approx				✓
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/8/16	1140 approx				✓
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/9/16	1620				✓
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.13 in. MCD 8/17/16				✓
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.						✓
	Parameters						
110	Is sample colorless? If "Failed", describe.	Brown			✓		
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	O1			✓		
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			✓		
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.						✓
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.	SETSOL				
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.				☐	☐	☑
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:

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Signature / Name	Date	Signature / Name	Date

WO ID: MSGP-57998 Page 3 of 3

Signature (collecting sample): MSH. Date and Time: 8/8/16 1140

Signature (conducting visual assessment): MSH. Date and Time: 8/9/16 1620

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: _____

Los Alamos National Lab - ADESH

Work Order MSGP-58327

MSGP Monitoring Stations
Printed 8/17/2016 - 2:27 PM

Maintenance Details

Requested: 8/17/2016 2:21:03 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 8/9/2016
Project: SIO Visuals 8-16-16 (P-MSGP-5099)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (033)
MSGP03301

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP3			☐	☐	☑
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).	8/13/16	1316 approx		☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/13/16	1316 approx		☐	☐	☑
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/14/16	1604		☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.05 in. and elapsed		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.				☐	☐	☑
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☐	☑
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.				☐	☐	☑
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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.	SETSOL2				
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.			☐	☐	☑
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:

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Signature / Name	Date	Signature / Name	Date

WO ID: MSGP-58327 Page 3 of 3

Signature (collecting sample): MSL. Date and Time: 8/13/16 1316

Signature (conducting visual assessment): MSL. Date and Time: 8/16/16 1604

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:_____

Los Alamos National Lab - ADESH

Work Order MSGP-58328

MSGP Monitoring Stations
Printed 8/17/2016 - 2:27 PM

Maintenance Details

Requested: 8/17/2016 2:21:05 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 8/9/2016
Project: SIO Visuals 8-16-16 (P-MSGP-5099)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (034)
MSGP03401

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP3			☐	☐	☑
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).	8/13/16	1317 approx		☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/13/16	1317 approx		☐	☐	☑
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/16/16	1607		☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.05 in ACB 8/24/16		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.				☐	☐	☑
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☐	☑
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.				☐	☐	☑
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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.	SETSOL2				
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.			☐	☐	☑
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:

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Signature / Name	Date	Signature / Name	Date

WO ID: MSGP-58328 Page 3 of 3

Signature (collecting sample): MSU. Date and Time: 8/13/16 1317

Signature (conducting visual assessment): MSU. Date and Time: 8/16/16 1607

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: _____

Los Alamos National Lab - ADESH

Work Order MSGP-58329

MSGP Monitoring Stations
Printed 8/17/2016 - 2:27 PM

Maintenance Details

Requested: 8/17/2016 2:21:05 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 8/9/2016
Project: SIO Visuals 8-16-16 (P-MSGP-5099)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (035)
MSGP03501

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.		MP3		☐	☐	☑
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).	8/21/16	1939		☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/21/16	1939		☐	☐	☑
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	11:53		☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.20in. AMB 8/21/16		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.				☐	☐	☑
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☐	☑
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		☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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			
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.			☐	☐	☑
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:

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Signature / Name	Date	Signature / Name	Date

WO ID: MSGP-58329 Page 3 of 3

Signature (collecting sample): [signature] Date and Time: 8/21/16 1939

Signature (conducting visual assessment): [signature] Date and Time: 8/22/16 11:53

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:_____

Los Alamos National Lab - ADESH

Work Order MSGP-58330

MSGP Monitoring Stations
Printed 8/17/2016 - 2:27 PM

Maintenance Details

Requested: 8/17/2016 2:21:06 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 8/9/2016
Project: SIO Visuals 8-16-16 (P-MSGP-5099)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (031)
Substantially Identical Outfall (030)
MSGP03001

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.	MPB			☐	☐	☑
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).	8/13/16	1313 approx		☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/13/16	1313 approx		☐	☐	☑
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/16/16	1601		☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.05 in. 8/24/16		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.	light brown			☑	☐	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	O1			☑	☐	☐
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			☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	Very			☑	☐	☐
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.	SETSOL2				
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.	SUSSOL2		☑	☐	☐
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:

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Signature / Name	Date	Signature / Name	Date

WO ID: MSGP-58330 Page 3 of 3

Signature (collecting sample): MSH. Date and Time: 8/13/16 1313

Signature (conducting visual assessment): MSH. Date and Time: 8/16/16 1601

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:_____

Los Alamos National Lab - ADESH

Work Order MSGP-58331

MSGP Monitoring Stations
Printed 8/17/2016 - 2:27 PM

Maintenance Details

Requested: 8/17/2016 2:21:07 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 8/9/2016
Project: SIO Visuals 8-16-16 (P-MSGP-5099)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (042)
Substantially Identical Outfall (041)
MSGP04101

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP3			☐	☐	☑
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).	8/21/16	1939 approx		☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/21/16	1939 approx		☐	☐	☑
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		☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PRI	0.20 in. AWD 8/21/16		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.	Brown			☑	☐	☐
120	Is sample oderless? 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			☑	☐	☐
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			☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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			
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.		☐	☐	☑
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:

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Signature / Name	Date	Signature / Name	Date

WO ID: MSGP-58331 Page 3 of 3

Signature (collecting sample): _____ Date and Time: 8-21-2016 19:39

Signature (conducting visual assessment): _____ Date and Time: 8-22-2016 12:10

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: _____

Los Alamos National Lab - ADESH

Work Order MSGP-58332

MSGP Monitoring Stations
Printed 8/17/2016 - 2:24 PM

Maintenance Details

Requested By: Banar, Alethea on 8/17/2016 2:23:00 PM
Taken By: Banar, Alethea
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 8/8/2016
Project: Visual Assessments 8-8-16 (P-MSGP-5074)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (031)
MSGP03101

Contact: Banar, Alethea
Phone: 699-5836

Reason: MSGP Quarterly Visual Assessment
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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP3			☐	☐	☑
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).	8/13/16	1428		☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/13/16	1428		☐	☐	☑
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/16/16	1414		☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.05 in. NKB 8/24/16		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.	Brown			☑	☐	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	D1			☑	☐	☐
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			☑	☐	☐
140					☐	☐	☑

	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.						
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.	SETSDL2			☑	☐	☐
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.				☐	☐	☑
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	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-58332 Page 3 of 3

Signature (collecting sample): MSL. Date and Time: 8/13/16 1428

Signature (conducting visual assessment): MSL. Date and Time: 8/16/16 1614

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:_____

Los Alamos National Lab - ADESH

Work Order MSGP-58417

MSGP Monitoring Stations
Printed 8/23/2016 - 3:43 PM

Maintenance Details

Requested: 8/23/2016 3:44:01 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 8/9/2016
Project: SIO Visuals 8/23/16 (P-MSGP-5107)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (033)
MSGP03301

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.		MP3		☐	☐	☑
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).		8/21/16	1932	☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).		8/21/16	1932	☐	☐	☑
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	11:45		☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.		PR1	0.20 in. AWO 8/21/16	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.		Light Brown		☑	☐	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☐	☑
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		☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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			
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.			☐	☐	☑
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	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- 68417 Page 3 of 3

Signature (collecting sample): [signature] Date and Time: 8/24/16 1432

Signature (conducting visual assessment): [signature] Date and Time: 8/22/16 11:45

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:_____

Los Alamos National Lab - ADESH

Work Order MSGP-58418

MSGP Monitoring Stations
Printed 8/23/2016 - 3:43 PM

Maintenance Details

Requested: 8/23/2016 3:44:02 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 8/9/2016
Project: SIO Visuals 8/23/16 (P-MSGP-5107)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (034)
MSGP03401

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.		MP3		☐	☐	☑
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).	8/21/16	1932		☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/21/16	1932		☐	☐	☑
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	11:50		☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.		PR1	0.20 in. AMB 8/21/16	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.				☐	☐	☑
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☐	☑
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.				☐	☐	☑
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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.						
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.				☐	☐	☑
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	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- 58418 Page 3 of 3

Signature (collecting sample): [signature] Date and Time: 8/22/16 1932

Signature (conducting visual assessment): [signature] Date and Time: 8/22/16 11:50

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:_____

Los Alamos National Lab - ADESH

Work Order MSGP-58419

MSGP Monitoring Stations
Printed 8/23/2016 - 3:43 PM

Maintenance Details

Requested: 8/23/2016 3:44:03 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 8/9/2016
Project: SIO Visuals 8/23/16 (P-MSGP-5107)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (035)
MSGP03501

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP3			☐	☐	☑
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).	8/24/16		1324	☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/24/16		1324	☐	☐	☑
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		1525	☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.56 in. AES 8/30/16		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.				☐	☐	☑
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	O1			☑	☐	☐
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			☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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.	SETSOL2					
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.				☐	☐	☑
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	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-58419 Page 3 of 3

Signature (collecting sample): MSL Date and Time: 8/24/16 1324

Signature (conducting visual assessment): MSL. Date and Time: 8/25/16 1525

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:_____

Los Alamos National Lab - ADESH

Work Order MSGP-58420

MSGP Monitoring Stations
Printed 8/23/2016 - 3:43 PM

Maintenance Details

Requested: 8/23/2016 3:44:03 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 8/9/2016
Project: SIO Visuals 8/23/16 (P-MSGP-5107)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (031)
Substantially Identical Outfall (030)
MSGP03001

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.		MP3		☐	☐	☑
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).	8/21/16		1932 approx	☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh.mm format).	8/21/16		1932 approx	☐	☐	☑
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		10:20	☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.		PR1	0.20 in. 8/21/16	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.				☐	☐	☑
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☐	☑
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			☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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				
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.			☐	☐	☑
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	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- 58420 Page 3 of 3

Signature (collecting sample): [signature] Date and Time: 8/21/16 1932

Signature (conducting visual assessment): [signature] Date and Time: 8/22/16 10:20

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:_____

Signature:_____ Date:_____

Los Alamos National Lab - ADESH

Work Order MSGP-58505

MSGP Monitoring Stations
Printed 8/31/2016 - 3:46 PM

Maintenance Details

Requested: 8/31/2016 2:36:03 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 8/22/2016
Project: SIO Visuals 8/31/16 (P-MSGP-5113)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (033)
MSGP03301

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP3			☐	☐	☑
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).	8/27/16	1147		☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/27/16	1147		☐	☐	☑
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/30/16	1527		☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.15 in.		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.	light Brown			☑	☐	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☐	☑
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			☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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.	SETBOL					
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.				☐	☐	☑
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	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-58505 Page 3 of 3

Signature (collecting sample): MSLP. Date and Time: 8/27/16 1147

Signature (conducting visual assessment): MSLP. Date and Time: 8/30/16 1527

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:_____

Los Alamos National Lab - ADESH

Work Order MSGP-58506

MSGP Monitoring Stations
Printed 8/31/2016 - 3:46 PM

Maintenance Details

Requested: 8/31/2016 2:36:04 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 8/22/2016
Project: SIO Visuals 8/31/16 (P-MSGP-5113)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (034)
MSGP03401

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP3			☐	☐	☑
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).	8/27/16	1147		☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/27/16	1147		☐	☐	☑
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/30/16	1529		☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.15 in. AMS 9/6/16		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.				☐	☐	☑
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☐	☑
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.				☐	☐	☑
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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.	SETSOL2					
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.				☐	☐	☑
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	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

WO ID: MSGP-68508 Page 3 of 3

Signature (collecting sample): MPSL. Date and Time: 8/27/16 1147

Signature (conducting visual assessment): MPSL. Date and Time: 8/30/16 1529

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:_____

Los Alamos National Lab - ADESH

Work Order MSGP-58507

MSGP Monitoring Stations
Printed 8/31/2016 - 3:46 PM

Maintenance Details

Requested: 8/31/2016 2:36:04 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 8/22/2016
Project: SIO Visuals 8/31/16 (P-MSGP-5113)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (031)
Substantially Identical Outfall (030)
MSGP03001

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP3			☐	☐	☑
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).	8/27/16	1147		☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/27/16	1147		☐	☐	☑
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/30/16	1524		☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.15 in.	AKD 9/6/16	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.				☐	☐	☑
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		O1		☑	☐	☐
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.				☐	☐	☑
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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.	SETSOL1				
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.			☐	☐	☑
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	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-58507 Page 3 of 3

Signature (collecting sample): [signature] Date and Time: 8/27/16 1147

Signature (conducting visual assessment): [signature] Date and Time: 8/30/16 1524

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:_____

Los Alamos National Lab - ADESH

Work Order MSGP-58508

MSGP Monitoring Stations
Printed 8/31/2016 - 3:46 PM

Maintenance Details

Requested: 8/31/2016 2:36:05 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 8/22/2016
Project: SIO Visuals 8/31/16 (P-MSGP-5113)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (042)
Substantially Identical Outfall (041)
MSGP04101

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP3			☐	☐	☑
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).	8/24/16	1321		☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/24/16	1321		☐	☐	☑
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	1539		☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1		0.56 in. ~~0.15 in.~~ AKD 9/6/16	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.	Brown			☑	☐	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	O1			☑	☐	☐
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			☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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.	SETSOL)					
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.				☐	☐	☑
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	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.58508 Page 3 of 3

Signature (collecting sample): MSL Date and Time: 8/24/16 1321

Signature (conducting visual assessment): MSL Date and Time: 8/25/16 1539

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:_____

Los Alamos National Lab - ADESH

Work Order MSGP-58516

MSGP Monitoring Stations
Printed 8/31/2016 - 3:42 PM

Maintenance Details

Requested: 8/31/2016 2:57:52 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 8/22/2016
Project: SIO Visuals 9/1/16 (P-MSGP-5114)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (033)
MSGP03301

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP3			☐	☐	☑
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).	8/24/16	1317		☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/24/16	1317		☐	☐	☑
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	1521		☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.56in. ~~0.15in.~~ AKB 9/6/16		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☐
	Parameters						
110	Is sample colorless? If "Failed", describe.	light brown			☑	☐	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	O1			☑	☐	☐
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			☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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.	SETSOL2				
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.			☐	☐	☑
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	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-58516 Page 3 of 3

Signature (collecting sample): Msue. Date and Time: 8/24/16 1317

Signature (conducting visual assessment): Msue. Date and Time: 8/25/16 1521

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:_____

Los Alamos National Lab - ADESH

Work Order MSGP-58517

MSGP Monitoring Stations
Printed 8/31/2016 - 3:42 PM

Maintenance Details

Requested: 8/31/2016 2:57:52 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 8/22/2016
Project: SIO Visuals 9/1/16 (P-MSGP-5114)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (034)
MSGP03401

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP3			☐	☐	☑
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).	8/24/16		1317	☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/24/16		1317	☐	☐	☑
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		1523	☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.		PR1	0.56in. ~~0.15in.~~ AH09/16/16	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.	light brown			☑	☐	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		O1		☑	☐	☐
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		☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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.	SETSOL2					
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.				☐	☐	☑
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	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-58517 Page 3 of 3

Signature (collecting sample): MSL. Date and Time: 8/24/16 1317

Signature (conducting visual assessment): MSL. Date and Time: 8/25/16 1523

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:_____

Los Alamos National Lab - ADESH

Work Order MSGP-58518

MSGP Monitoring Stations
Printed 8/31/2016 - 3:42 PM

Maintenance Details

Requested: 8/31/2016 2:57:53 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 8/22/2016
Project: SIO Visuals 9/1/16 (P-MSGP-5114)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (031)
Substantially Identical Outfall (030)
MSGP03001

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP3			☐	☐	☑
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).	8/24/16	1302		☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/24/16	1302		☐	☐	☑
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	1518		☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.56in. ~~0.15in.~~ AKB 9/6/16		☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.				☐	☐	☑
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☐	☑
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.				☐	☐	☑
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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.						
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.				☐	☐	☑
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	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-58518 Page 3 of 3

Signature (collecting sample): MSL Date and Time: 8/24/16 1302

Signature (conducting visual assessment): MSL Date and Time: 8/25/16 1518

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: _____

Los Alamos National Lab - ADESH

Work Order MSGP-58537

MSGP Monitoring Stations
Printed 9/8/2016 - 12:00 PM

Maintenance Details

Requested: 9/8/2016 11:57:21 AM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 8/25/2016
Project: SIO Visuals 9/1/16 (P-MSGP-5114)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (035)
MSGP03501

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP3			☐	☐	☑
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).	9/5/16		1524	☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	9/5/16		1524	☐	☐	☑
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		1500	☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1		0.31 in. AMG 9/8/16	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.				☐	☐	☑
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		O1		☑	☐	☐
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.				☐	☐	☑
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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.	SETBOL1					
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.				☐	☐	☑
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	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

WO ID: MSGP-58537 Page 3 of 3

Signature (collecting sample): MSLP. Date and Time: 9/7/16 1500

Signature (conducting visual assessment): MSLP. Date and Time: 9/7/16 1500

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:_____

Los Alamos National Lab - ADESH

Work Order MSGP-58538

MSGP Monitoring Stations
Printed 9/8/2016 - 12:00 PM

Maintenance Details

Requested: 9/8/2016 11:57:26 AM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 8/25/2016
Project: SIO Visuals 9/1/16 (P-MSGP-5114)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (042)
Substantially Identical Outfall (041)
MSGP04101

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP3			☐	☐	☑
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).	9/5/16	1536		☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	9/5/16	1536		☐	☐	☑
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	1514		☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.31 in.	AAB 9/8/16	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.	Brown			☑	☐	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	O1			☑	☐	☐
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			☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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.	SETSOL1					
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.				☐	☐	☑
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	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-58538 Page 3 of 3

Signature (collecting sample): MSL Date and Time: 9/7/16 1514

Signature (conducting visual assessment): MSL Date and Time: 9/7/16 1514

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:_____

Los Alamos National Lab - ADESH

Work Order MSGP-58539

MSGP Monitoring Stations
Printed 9/8/2016 - 12:00 PM

Maintenance Details

Requested: 9/8/2016 11:57:26 AM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 8/25/2016
Project: SIO Visuals 9/1/16 (P-MSGP-5114)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (039)
Substantially Identical Outfall (038)
MSGP03801

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP3					✓
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).	9/5/16		1517			✓
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	9/5/16		1517			✓
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		1510			✓
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PRI		0.31 in. AMB 9/8/16			✓
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.						✓
	Parameters						
110	Is sample colorless? If "Failed", describe.	Brown			✓		
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	O1			✓		
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			✓		
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.						✓
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.	SETSOL					
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.				☐	☐	☑
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	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-58539 Page 3 of 3

Signature (collecting sample): [illegible] Date and Time: 9/7/16 1510

Signature (conducting visual assessment): [illegible] Date and Time: 9/7/16 1510

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:_____

Los Alamos National Lab - ADESH

Work Order MSGP-58552

MSGP Monitoring Stations
Printed 9/9/2016 - 10:14 AM

Maintenance Details

Requested: 9/9/2016 10:12:26 AM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 8/25/2016
Project: SIO Visual Assessments 9-8-16 (P-MSGP-5120)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (033)
MSGP03301

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP3			☐	☐	☑
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).	9/5/16	1432		☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	9/5/16	1432		☐	☐	☑
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	1456		☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1	0.31 in	AKB 5/9/14	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.	Brown			☑	☐	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.	O1			☑	☐	☐
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			☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	Veg			☑	☐	☐
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.	SETSOL1				
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.	SNSSOL2		☑	☐	☐
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	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-58552 Page 3 of 3

Signature (collecting sample): MFSL. Date and Time: 9/7/16 1456

Signature (conducting visual assessment): MFSL. Date and Time: 9/7/16 1456

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:_____

Los Alamos National Lab - ADESH

Work Order MSGP-58553

MSGP Monitoring Stations
Printed 9/9/2016 - 10:14 AM

Maintenance Details

Requested: 9/9/2016 10:12:27 AM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 8/25/2016
Project: SIO Visual Assessments 9-8-16 (P-MSGP-5120)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (034)
MSGP03401

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP3			☐	☐	☑
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).	9/5/16		1432	☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	9/5/16		1432	☐	☐	☑
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		1458	☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.	PR1		0.31 in. MCD 9/9/16	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.	light Brown			☑	☐	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.				☐	☐	☑
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		☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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.	SETSOL2				
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.			☐	☐	☑
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	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-58553 Page 3 of 3

Signature (collecting sample): MSM Date and Time: 9/7/16 1458

Signature (conducting visual assessment): MSM Date and Time: 9/7/16 1458

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:_____

Los Alamos National Lab - ADESH

Work Order MSGP-58554

MSGP Monitoring Stations
Printed 9/9/2016 - 10:14 AM

Maintenance Details

Requested: 9/9/2016 10:12:28 AM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 8/25/2016
Project: SIO Visual Assessments 9-8-16 (P-MSGP-5120)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (031)
Substantially Identical Outfall (030)
MSGP03001

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.	MP3			☐	☐	☑
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).	9/5/16		1432	☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	9/5/16		1432	☐	☐	☑
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		1452	☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.		PR1	0.31 in. MO 9/9/16	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.				☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.	Greyish			☑	☐	☐
120	Is sample oderless? If "Failed", document observation using the Odor lookup table. If "other" is chosen from the lookup table, provide description in comments of this line.		O1		☑	☐	☐
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		☑	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				☐	☐	☑
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.	SETSOL				
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.			☐	☐	☑
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	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 _____

WO ID: MSGP-58554 Page 3 of 3

Signature (collecting sample): MPSL Date and Time: 9/7/16 1452

Signature (conducting visual assessment): MPSL Date and Time: 9/7/16 1452

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:_____

Los Alamos
NATIONAL LABORATORY
EST. 1943

memorandum

Environmental Protection & Compliance Division
Compliance Programs (EPC-CP)

To/MS: Leonard Sandoval, DESHS-UIS, P908
Thru/MS: Terrill Lemke, EPC-CP, (E-File)
From/MS: Holly Wheeler, EPC-CP, (E-File)
Phone/Fax: 667-1312
Symbol: EPC-DO:17-061

Date: JAN 20 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 TA-60 Roads and Grounds**

Please find attached completed MSGP QVA Forms documenting visual assessments performed during the fourth quarter of monitoring at TA-60 Roads and Grounds. Pursuant to 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.

- 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

1/20/17
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-60 Roads and Grounds	MSGP03401	MSGP-58624
TA-60 Roads and Grounds	MSGP03501	MSGP-58625
TA-60 Roads and Grounds	MSGP03001	MSGP-58626
TA-60 Roads and Grounds	MSGP04101	MSGP-58627
TA-60 Roads and Grounds	MSGP03201	MSGP-58867
TA-60 Roads and Grounds	MSGP04201	MSGP-58869
TA-60 Roads and Grounds	MSGP03301	MSGP-59011
TA-60 Roads and Grounds	MSGP03301	MSGP-59364
TA-60 Roads and Grounds	MSGP03401	MSGP-59365
TA-60 Roads and Grounds	MSGP03501	MSGP-59366
TA-60 Roads and Grounds	MSGP03001	MSGP-59367
TA-60 Roads and Grounds	MSGP04101	MSGP-59368

Copy: Russell Stone, DESHS-UIS, (E-File)
Adesh-records@lanl.gov, (E-File)
lasomailbox@nnsa.doe.gov, (E-File)
locatesteam@lanl.gov, (E-File)
epc-correspondence@lanl.gov, (E-File)
Holly Wheeler, EPC-CP, (E-File)

ENCLOSURE 1

Quarterly Visual Assessment Forms Requiring a Certification Statement Signature

Fourth Quarter, 2016 Monitoring Year

EPC-DO:17-061

Date: JAN 2 0 2017

Los Alamos National Lab - ADESH

Work Order MSGP-58624

MSGP Monitoring Stations
Printed 1/12/2017 - 2:32 PM (Duplicate Copy)

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
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (034)
MSGP03401

Reason: MSGP Quarterly Visual Assessment

Contact:
Phone:

Precipitation Type: PR1
Odor: NA
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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.			MS	☐	☐	☑
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)			MS	☐	☐	☑
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 15:09	MS	☐	☐	☑
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 15:09	MS	☐	☐	☑
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).		11/8/16 at 14:32	MS	☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.		.67 inches	MS	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.			MS	☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.			MS	☐	☐	☑
120	Is sample oderless? 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	☐	☐	☑
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	☐	☐	☑
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.			MS	☐	☐	☑
150	Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If			MS	☐	☐	☑

	"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.			MS	☐	☐	☑
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	☐	☐	☑
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	☐	☐	☑
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)			MS	☐	☐	☑

Labor Report

Completed: 11/8/2016 2:32:00 PM **Failure:**

Report:

Signature / Name	Date	Signature / Name	Date
	11/14/2016		

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:_____

Los Alamos National Lab - ADESH

Work Order MSGP-58625

MSGP Monitoring Stations
Printed 1/12/2017 - 2:34 PM

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
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (035)
MSGP03501

Reason: MSGP Quarterly Visual Assessment

Contact:
Phone:

Precipitation Type: PR1
Odor: O1
Clarity: C1
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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.			MS	☐	☐	☑
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)			MS	☐	☐	☑
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 15:40 rain data	MS	☐	☐	☑
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 15:40 rain data	MS	☐	☐	☑
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).		11/8/16 at 14:34	MS	☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.		.67 inches	MS	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.			MS	☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.		brown	MS	☒	☐	☐
120	Is sample oderless? 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	☒	☐	☐
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	☒	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.		vegetation	MS	☒	☐	☐

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	✗	☐	☐
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	✗	☐	☐
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	☐	☐	✓
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	☐	☐	✓
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)			MS	☐	☐	✓

Labor Report

Completed: 11/8/2016 2:34:00 PM **Failure:**

Report:

Signature / Name	Date	Signature / Name	Date
MS	11/14/2016		

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:_____

Los Alamos National Lab - ADESH

Work Order MSGP-58626

MSGP Monitoring Stations
Printed 1/12/2017 - 2:34 PM

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
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (031)
Substantially Identical Outfall (030)
MSGP03001

Reason: MSGP Quarterly Visual Assessment

Contact:
Phone:

Precipitation Type: PR1
Odor: O1
Clarity: C2
Settled Solids: SETSOL1
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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.			MS	☐	☐	☑
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)			MS	☐	☐	☑
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 15:02	MS	☐	☐	☑
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 15:02	MS	☐	☐	☑
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).		11/8/16 at 14:19	MS	☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.		.67 inches	MS	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.			MS	☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.		brown	MS	☒	☐	☐
120	Is sample oderless? 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	☒	☐	☐
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	☒	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.		vegetation	MS	☒	☐	☐

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	✗	☐	☐
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	✗	☐	☐
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	☐	☐	✓
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	☐	☐	✓
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)			MS	☐	☐	✓

Labor Report

Completed: 11/8/2016 2:19:00 PM **Failure:** _____

Report: _____

Signature / Name	Date	Signature / Name	Date
MPSLO	11/14/2016		

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:_____

Los Alamos National Lab - ADESH

Work Order MSGP-58627

MSGP Monitoring Stations
Printed 1/12/2017 - 2:35 PM

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
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (042)
Substantially Identical Outfall (041)
MSGP04101

Reason: MSGP Quarterly Visual Assessment

Contact:
Phone:

Precipitation Type: PR1
Odor: O1
Clarity: C3
Settled Solids: SETSOL1
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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.			MS	☐	☐	☑
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)			MS	☐	☐	☑
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 21:36	MS	☐	☐	☑
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 21:36	MS	☐	☐	☑
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).		11/8/16 at 14:55	MS	☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.		.61 inches	MS	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.			MS	☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.		brown	MS	☒	☐	☐
120	Is sample oderless? 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	☒	☐	☐
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	☒	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.			MS	☐	☐	☑
150	Is sample free of settled solids? If "Failed", document observation using the Settled Solids lookup table. If			MS	☒	☐	☐

	"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.			MS	☐	☐	☑
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	☐	☐	☑
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	☐	☐	☑
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)			MS	☐	☐	☑

Labor Report

Completed: 11/8/2016 2:55:00 PM **Failure:**

Report:

Signature / Name	Date	Signature / Name	Date
	11/14/2016		

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:_____

Los Alamos National Lab - ADESH

Work Order MSGP-58867

MSGP Monitoring Stations
Printed 1/12/2017 - 2:37 PM

Maintenance Details

Requested: 10/6/2016 4:53:00 PM
Procedure: MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.2 A)
Last PM: 10/6/2016
Project: ISCO Visual Assess. Oct-Nov 2016 (P-MSGP-5135)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
MSGP03201

Contact:
Phone:

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.			MS	☐	☐	☑
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)			MS	☐	☐	☑
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 15:52	MS	☐	☐	☑
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 15:52	MS	☐	☐	☑
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).		11/8/16 at 14:22	MS	☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.		.67 inches	MS	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.			MS	☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.		light brown	MS	☒	☐	☐
120	Is sample oderless? 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	☒	☐	☐
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	☒	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.			MS	☐	☐	☑
150				MS	☐	☐	☑

	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.			MS	☐	☐	☑
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	☐	☐	☑
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	☐	☐	☑
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)			MS	☐	☐	☑

Labor Report

Completed: 11/8/2016 2:22:00 PM **Failure:** **Meter(s):** 2

Report:

Signature / Name	Date	Signature / Name	Date
MPSLO	11/9/2016		

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:_____

Los Alamos National Lab - ADESH

Work Order MSGP-58869

MSGP Monitoring Stations
Printed 1/12/2017 - 2:38 PM

Maintenance Details

Requested: 10/6/2016 4:54:00 PM
Procedure: MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.2 A)
Last PM: 10/5/2016
Project: ISCO Visual Assess. Oct-Nov 2016 (P-MSGP-5135)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (042)
MSGP04201

Contact:
Phone:

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.			MS	☐	☐	☑
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)			MS	☐	☐	☑
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 4:13 am	MS	☐	☐	☑
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 4:13 am	MS	☐	☐	☑
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).		11/8/16 at 14:47	MS	☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.		.61 inches	MS	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.			MS	☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.		light brown	MS	☒	☐	☐
120	Is sample oderless? 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	☒	☐	☐
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	☒	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.			MS	☐	☐	☑

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	☐	☐	☑
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	☐	☐	☑
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	☐	☐	☑
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	☐	☐	☑
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)			MS	☐	☐	☑

Labor Report

Completed: 11/8/2016 2:47:00 PM **Failure:** **Meter(s):** 2

Report:

Signature / Name	Date	Signature / Name	Date
MSLP	11/9/2016		

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:_____

Los Alamos National Lab - ADESH

Work Order MSGP-59011

MSGP Monitoring Stations
Printed 1/12/2017 - 2:39 PM

Maintenance Details

Requested By: Banar, Alethea on 10/20/2016 1:20:00 PM
Taken By: Banar, Alethea
Procedure: MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.2 A)
Last PM: 10/21/2016
Project: SIO Visual Assess. Oct-Nov 2016 (P-MSGP-5138)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (033)
MSGP03301

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.			MS	☐	☐	☑
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)			MS	☐	☐	☑
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 15:00	MS	☐	☐	☑
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 15:00	MS	☐	☐	☑
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).		11/8/16 at 14:29	MS	☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.		.67 inches	MS	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.			MS	☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.			MS	☐	☐	☑
120	Is sample oderless? 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	☒	☐	☐
130	Is sample clear? If "Failed", document observation using the Clarity lookup table. If "other" is chosen			MS	☐	☐	☑

	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	✗	☐	☐
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	☐	☐	✓
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	✗	☐	☐
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	☐	☐	✓
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	☐	☐	✓
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)			MS	☐	☐	✓

Labor Report

Completed: 11/8/2016 2:29:00 PM **Failure:**

Report:

Signature / Name	Date	Signature / Name	Date
MPSL	11/14/2016		

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:_____

Los Alamos National Lab - ADESH

Work Order MSGP-59364

MSGP Monitoring Stations
Printed 1/12/2017 - 2:40 PM

Maintenance Details

Requested: 11/22/2016 4:44:00 PM
Procedure: MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.2 A)
Last PM: 11/22/2016
Project: SIO Visual Assess. Oct-Nov 2016 (P-MSGP-5138)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (033)
MSGP03301

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.			MS	☐	☐	☑
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)			MS	☐	☐	☑
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 16:15	MS	☐	☐	☑
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 16:15	MS	☐	☐	☑
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 10:04 am	MS	☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.		.39 inches	MS	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.			MS	☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.			MS	☐	☐	☑
120	Is sample oderless? 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	☐	☐	☑
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	☐	☐	☑
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.		vegetation	MS	☒	☐	☐

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	☐	☐	☑
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	☒	☐	☐
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	☐	☐	☑
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	☐	☐	☑
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)			MS	☐	☐	☑

Labor Report

Completed: 11/22/2016 10:04:00 AM **Failure:**

Report:

Signature / Name	Date	Signature / Name	Date
M. Sle.	11/29/2016		

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:_____

Los Alamos National Lab - ADESH

Work Order MSGP-59365

MSGP Monitoring Stations
Printed 1/12/2017 - 2:41 PM

Maintenance Details

Requested: 11/22/2016 4:44:00 PM
Procedure: MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.2 A)
Last PM: 11/22/2016
Project: SIO Visual Assess. Oct-Nov 2016 (P-MSGP-5138)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (034)
MSGP03401

Reason: MSGP Quarterly Visual Assessment (EPC Sig)

Contact:
Phone:

Precipitation Type: PR1
Odor: NA
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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.			MS	☐	☐	☑
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)			MS	☐	☐	☑
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 16:09	MS	☐	☐	☑
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 16:09	MS	☐	☐	☑
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 10:02 am	MS	☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.		.39 inches	MS	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.			MS	☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.			MS	☐	☐	☑
120	Is sample oderless? 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	☐	☐	☑
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	☐	☐	☑
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.			MS	☐	☐	☑
150				MS	☐	☐	☑

	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.			MS	☐	☐	☑
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	☐	☐	☑
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	☐	☐	☑
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)			MS	☐	☐	☑

Labor Report

Completed: 11/22/2016 10:02:00 AM **Failure:**

Report:

Signature / Name	Date	Signature / Name	Date
MJH	11/29/2016		

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:_____

Los Alamos National Lab - ADESH

Work Order MSGP-59366

MSGP Monitoring Stations
Printed 1/12/2017 - 2:42 PM

Maintenance Details

Requested: 11/22/2016 4:44:00 PM
Procedure: MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.2 A)
Last PM: 11/22/2016
Project: SIO Visual Assess. Oct-Nov 2016 (P-MSGP-5138)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (035)
MSGP03501

Reason: MSGP Quarterly Visual Assessment (EPC Sig)

Contact:
Phone:

Precipitation Type: PR1
Odor: NA
Clarity: NA
Settled Solids: SETSOL1
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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.			MS	☐	☐	☑
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)			MS	☐	☐	☑
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 16:00	MS	☐	☐	☑
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 16:00	MS	☐	☐	☑
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 10:00 am	MS	☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.		.39 inches	MS	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.			MS	☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.			MS	☐	☐	☑
120	Is sample oderless? 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	☐	☐	☑
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	☐	☐	☑
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.			MS	☐	☐	☑
150				MS	☒	☐	☐

	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.			MS	☐	☐	☑
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	☐	☐	☑
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	☐	☐	☑
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)			MS	☐	☐	☑

Labor Report

Completed: 11/22/2016 10:00:00 AM **Failure:**

Report:

Signature / Name	Date	Signature / Name	Date
MSLP	11/28/2016		

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:_____

Los Alamos National Lab - ADESH

Work Order MSGP-59367

MSGP Monitoring Stations
Printed 1/12/2017 - 2:43 PM

Maintenance Details

Requested: 11/22/2016 4:44:00 PM
Procedure: MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.2 A)
Last PM: 11/22/2016
Project: SIO Visual Assess. Oct-Nov 2016 (P-MSGP-5138)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (031)
Substantially Identical Outfall (030)
MSGP03001

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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.			MS	☐	☐	☑
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)			MS	☐	☐	☑
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 16:17	MS	☐	☐	☑
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 16:17	MS	☐	☐	☑
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 10:11 am	MS	☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.		.39 inches	MS	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.			MS	☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.			MS	☐	☐	☑
120	Is sample oderless? 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	☐	☐	☑
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	☐	☐	☑
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.		vegetation	MS	☒	☐	☐

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	☐	☐	☑
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	☒	☐	☐
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	☐	☐	☑
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	☐	☐	☑
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)			MS	☐	☐	☑

Labor Report

Completed: 11/22/2016 10:11:00 AM **Failure:**

Report:

Signature / Name	Date	Signature / Name	Date
MSL	11/29/2016		

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:_____

Los Alamos National Lab - ADESH

Work Order MSGP-59368

MSGP Monitoring Stations
Printed 1/12/2017 - 2:44 PM (Duplicate Copy)

Maintenance Details

Requested: 11/22/2016 4:45:00 PM
Procedure: MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.2 A)
Last PM: 11/22/2016
Project: SIO Visual Assess. Oct-Nov 2016 (P-MSGP-5138)

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

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (042)
Substantially Identical Outfall (041)
MSGP04101

Reason: MSGP Quarterly Visual Assessment (EPC Sig)

Contact:
Phone:

Precipitation Type: PR1
Odor: O1
Clarity: C2
Settled Solids: SETSOL1
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.						
	Sample information						
30	Document the monitoring Period by using the Monitoring Period lookup table.			MS	☐	☐	☑
35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)			MS	☐	☐	☑
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 16:04	MS	☐	☐	☑
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 16:04	MS	☐	☐	☑
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 09:40 am	MS	☐	☐	☑
70	Document the nature of discharge using the Precipitation Type lookup table. Document the amount (in) in the "Reading" field of this line.		.39 inches	MS	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide reason in comments of this line.			MS	☐	☐	☑
	Parameters						
110	Is sample colorless? If "Failed", describe.		brown	MS	☒	☐	☐
120	Is sample oderless? 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	☒	☐	☐
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	☒	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.			MS	☐	☐	☑
150				MS	☒	☐	☐

	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.			MS	☐	☐	☑
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	☐	☐	☑
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	☐	☐	☑
190	Is sample free of other obvious indicators of pollution? If "Failed", describe in the comments of this line. (Range: 0 - 0)			MS	☐	☐	☑

Labor Report

Completed: 11/22/2016 9:40:00 AM **Failure:**

Report:

Signature / Name	Date	Signature / Name	Date
MPSLO	11/28/2016		

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:_____

Los Alamos
NATIONAL LABORATORY
EST. 1943

memorandum

Environmental Protection & Compliance Division

To: Leonard Sandoval, DESHS-UIS, P908
Thru: Terrill Lemke, EPC-CP, (E-File) TL
From: Holly Wheeler, EPC-CP, (E-File) HW
Phone: 505-667-1312
Symbol: EPC-DO: 17-523
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 TA-60 Roads and Grounds

Please find attached completed MSGP QVA Forms documenting visual assessments performed during the third quarter of monitoring at TA-60 Roads and Grounds. 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.

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-60 Roads and Grounds	MSGP03201	MSGP-60417
TA-60 Roads and Grounds	MSGP03001	MSGP-60627
TA-60 Roads and Grounds	MSGP03101	MSGP-61117
TA-60 Roads and Grounds	MSGP04201	MSGP-61118
TA-60 Roads and Grounds	MSGP03901	MSGP-61119
TA-60 Roads and Grounds	MSGP03301	MSGP-61129
TA-60 Roads and Grounds	MSGP03401	MSGP-61130

Facility Name	Sampling Station	Work Order #
TA-60 Roads and Grounds	MSGP03501	MSGP-61131
TA-60 Roads and Grounds	MSGP04101	MSGP-61132

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, (E-File)
lasomailbox@nnsa.doe.gov, (E-File)
locatesteam@lanl.gov, (E-File)
epc-correspondence@lanl.gov, (E-File)

ENCLOSURE 1

Quarterly Visual Assessment Forms
Third Quarter, 2017 Monitoring Year

EPC-DO: 17-523

Date: JAN 1 2 2018

Los Alamos National Lab - ADESH

Work Order MSGP-60417

MSGP Monitoring Stations
Printed 10/18/2017 - 2:39 PM

Maintenance Details

Requested By: Banar, Alethea on 8/9/2017 2:18:00 PM
Taken By: Banar, Alethea
Procedure: MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.23)
Last PM: 6/1/2017
Project: Visual Assessments 8/1/17 (P-MSGP-5208)

Target: 9/30/2017
Priority/Type: / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
MSGP03201

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 (e.g., Apr-May)	Aug-Sept			✓
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).	8/11/17 13:48			✓
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/11/17 13:48			✓
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/11/17 14:58			✓
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	rain 0.42in			✓
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.				✓
	Parameters				
110	Is sample colorless? If "Failed", describe.	brown	✗		
120	Is sample oderless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)	musty	✗		
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).	sl. cloudy	✗		
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				✓
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, course).				✓
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, course).				✓
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g.,'on the surface' or 'in the sample').				✓
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).				✓
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.				✓

Labor Report

Completed: 8/11/2017 2:58:00 PM

Report: Marwin Shendo

	8/11/2017		
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:

Los Alamos National Lab - ADESH

Work Order MSGP-60627

MSGP Monitoring Stations
Printed 10/18/2017 - 2:41 PM

Maintenance Details

Requested: 8/9/2017 2:23:00 PM
Procedure: MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.2 3)
Last PM: 7/10/2017
Project: SIO Visual Assessments 8/1/17 (P-MSGP-5209)

Target: 9/30/2017
Priority/Type: / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (031)
Substantially Identical Outfall (030)
MSGP03001

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.				
	Sample information				
30	Document the monitoring Period (e.g., Apr-May)	aug-sept			✔
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).	8/7/17 11:30			✔
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/7/17 11:30			✔
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 16:06			✔
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	rain .32			✔
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.				✔
	Parameters				
110	Is sample colorless? If "Failed", describe.	brown	✘		
120	Is sample oderless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)	musty	✘		
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).	cloudy	✘		
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				✔
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, course).	coarse	✘		
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, course).				✔
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g.,'on the surface' or 'in the sample').				✔
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).				✔
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.				✔

Labor Report

Completed: 8/10/2017 4:06:00 PM

Report: Marwin Shendo

8/14/2017

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:

Los Alamos National Lab - ADESH

Work Order MSGP-61117

MSGP Monitoring Stations
Printed 10/18/2017 - 2:40 PM

Maintenance Details

Requested By: Banar, Alethea on 8/9/2017 2:22:00 PM
Taken By: Banar, Alethea
Procedure: MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.23)
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
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (031)
MSGP03101

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 (e.g., Apr-May)	aug-sept	☐	☐	☑
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).	8/7/17 11:54	☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/7/17 11:54	☐	☐	☑
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 16:27	☐	☐	☑
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	rain .32	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.		☐	☐	☑
	Parameters				
110	Is sample colorless? If "Failed", describe.	brown	☒	☐	☐
120	Is sample oderless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)	musty	☒	☐	☐
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).	cloudy	☒	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.		☐	☐	☑
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, course).	fine	☒	☐	☐
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, course).		☐	☐	☑
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g.,'on the surface' or 'in the sample').		☐	☐	☑
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).		☐	☐	☑
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.		☐	☐	☑

Labor Report

Completed: 8/10/2017 4:27:00 PM

Report: Marwin Shendo

	8/14/2017		
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:

Los Alamos National Lab - ADESH

Work Order MSGP-61118

MSGP Monitoring Stations
Printed 10/18/2017 - 2:44 PM

Maintenance Details

Requested By: Banar, Alethea on 8/9/2017 2:24:00 PM
Taken By: Banar, Alethea
Procedure: MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.23)
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
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (042)
MSGP04201

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 (e.g., Apr-May)	aug-sept			✔
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).	8/7/17 11:36			✔
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/7/17 11:36			✔
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 16:45			✔
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	rain .32			✔
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.				✔
	Parameters				
110	Is sample colorless? If "Failed", describe.	brown	✘		
120	Is sample oderless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)				✔
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).	cloudy	✘		
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				✔
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, course).	fine	✘		
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, course).				✔
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g.,'on the surface' or 'in the sample').				✔
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).				✔
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.				✔

Labor Report

Completed: 8/10/2017 4:45:00 PM

Report: Marwin Shendo

MSLQ.	8/14/2017		
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:

Los Alamos National Lab - ADESH

Work Order MSGP-61119

MSGP Monitoring Stations
Printed 10/18/2017 - 2:50 PM

Maintenance Details

Requested By: Banar, Alethea on 8/9/2017 2:27:00 PM
Taken By: Banar, Alethea
Procedure: MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.23)
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
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (039)
MSGP03901

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 (e.g., Apr-May)	aug-sept			✔
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).	9/27/17 18:28			✔
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	9/27/17 18:28			✔
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	9/28/17 14:00			✔
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	Rain 1.26 in.			✔
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.				✔
	Parameters				
110	Is sample colorless? If "Failed", describe.	Brown	✘		
120	Is sample oderless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)				✔
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).	Opaque	✘		
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				✔
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, course).	Fine	✘		
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, course).				✔
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g.,'on the surface' or 'in the sample').				✔
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).				✔
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.				✔

Labor Report

Completed: 9/28/2017 2:00:00 PM

Report: Marwin Shendo

	10/2/2017		
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:

Los Alamos National Lab - ADESH

Work Order MSGP-61129

MSGP Monitoring Stations
Printed 10/18/2017 - 2:42 PM

Maintenance Details

Requested: 8/9/2017 2:44:00 PM
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: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (033)
MSGP03301

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.				
	Sample information				
30	Document the monitoring Period (e.g., Apr-May)	aug-sept			✓
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).	8/7/17 11:30			✓
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/7/17 11:30			✓
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 16:17			✓
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	rain .32			✓
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.				✓
	Parameters				
110	Is sample colorless? If "Failed", describe.	brown	✗		
120	Is sample oderless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)				✓
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).	sl cloudy	✗		
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				✓
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, course).	fine	✗		
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, course).				✓
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g.,'on the surface' or 'in the sample').				✓
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).				✓
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.				✓

Labor Report

Completed: 8/10/2017 4:17:00 PM

Report: Marwin Shendo

8/14/2017

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:

Los Alamos National Lab - ADESH

Work Order MSGP-61130

MSGP Monitoring Stations
Printed 10/18/2017 - 2:43 PM

Maintenance Details

Requested: 8/9/2017 2:44:00 PM
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: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (034)
MSGP03401

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.				
	Sample information				
30	Document the monitoring Period (e.g., Apr-May)	aug-sept	☐	☐	☑
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).	8/7/17 11:30	☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/7/17 11:30	☐	☐	☑
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 16:19	☐	☐	☑
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	rain .32	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.		☐	☐	☑
	Parameters				
110	Is sample colorless? If "Failed", describe.	brown	☒	☐	☐
120	Is sample oderless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)		☐	☐	☑
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).	sl cloudy	☒	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.		☐	☐	☑
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, course).	coarse	☒	☐	☐
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, course).		☐	☐	☑
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g.,'on the surface' or 'in the sample').		☐	☐	☑
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).		☐	☐	☑
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.		☐	☐	☑

Labor Report

Completed: 8/10/2017 4:19:00 PM

Report: Marwin Shendo
8/14/2017

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:

Los Alamos National Lab - ADESH

Work Order MSGP-61131

MSGP Monitoring Stations
Printed 10/18/2017 - 2:43 PM

Maintenance Details

Requested: 8/9/2017 2:44:00 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: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (035)
MSGP03501

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)	Aug-sept	☐	☐	☑
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).	8/11/17 13:34	☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/11/17 13:34	☐	☐	☑
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/16/17 15:36	☐	☐	☑
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	rain .42	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.		☐	☐	☑
	Parameters				
110	Is sample colorless? If "Failed", describe.	brown	☒	☐	☐
120	Is sample oderless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)	musty	☒	☐	☐
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).	sl cloudy	☒	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	vegetation	☒	☐	☐
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, course).		☐	☐	☑
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, course).	coarse	☒	☐	☐
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g.,'on the surface' or 'in the sample').		☐	☐	☑
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).		☐	☐	☑
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.		☐	☐	☑

Labor Report

Completed: 8/16/2017 3:36:00 PM

Report: Marwin Shendo

8/21/2017

Signature / Name	Date	Signature / Name	Date
MSR			

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:

Los Alamos National Lab - ADESH

Work Order MSGP-61132

MSGP Monitoring Stations
Printed 10/18/2017 - 2:45 PM

Maintenance Details

Requested: 8/9/2017 2:44:00 PM
Procedure: MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.2 3)
Last PM: 8/16/2017
Project: SIO Visual Assessments 8/1/17 (P-MSGP-5209)

Target: 9/30/2017
Priority/Type: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (042)
Substantially Identical Outfall (041)
MSGP04101

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)	aug-sept	☐	☐	☑
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).	8/7/17 11:30	☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/7/17 11:30	☐	☐	☑
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 16:51	☐	☐	☑
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	rain 0.32	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.		☐	☐	☑
	Parameters				
110	Is sample colorless? If "Failed", describe.	brown	☒	☐	☐
120	Is sample oderless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)	musty	☒	☐	☐
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).	opaque	☒	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.		☐	☐	☑
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, course).	fine	☒	☐	☐
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, course).		☐	☐	☑
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g.,'on the surface' or 'in the sample').		☐	☐	☑
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).		☐	☐	☑
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.		☐	☐	☑

Labor Report

Completed: 8/10/2017 4:51:00 PM

Report: Marwin Shendo
8/14/2017

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:

Los Alamos
NATIONAL LABORATORY
EST. 1943

memorandum

Environmental Protection & Compliance Division

To: Leonard Sandoval, DESHS-UIS, P908
Thru: Terrill Lemke, EPC-CP, (E-File) TL
From: Holly Wheeler, EPC-CP, (E-File) HW
Phone: 505-667-1312
Symbol: EPC-DO: 17-539
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 TA-60 Roads and Grounds

Please find attached completed MSGP QVA forms documenting visual assessments performed during the fourth quarter of monitoring at TA-60 Roads and Grounds. 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.

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.
>
> Taunia S. Van Valkenburg, EPC-CP Group Leader
> Los Alamos National Security, LLC
>
> Manager Signature — Date: 11/12/18

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-60 Roads and Grounds	MSGP03701	MSGP-54924
TA-60 Roads and Grounds	MSGP03801	MSGP-61133
TA-60 Roads and Grounds	MSGP03201	MSGP-61658
TA-60 Roads and Grounds	MSGP03101	MSGP-61659
TA-60 Roads and Grounds	MSGP04201	MSGP-61660
TA-60 Roads and Grounds	MSGP03901	MSGP-61662
TA-60 Roads and Grounds	MSGP03301	MSGP-61720
TA-60 Roads and Grounds	MSGP03401	MSGP-61721
TA-60 Roads and Grounds	MSGP03501	MSGP-61722
TA-60 Roads and Grounds	MSGP03001	MSGP-61723
TA-60 Roads and Grounds	MSGP04101	MSGP-61724

TWL/HLW: eim

Enclosure(s): 1) Quarterly Visual Assessment Forms, Fourth Quarter, 2017 Monitoring Year

Copy: Russell Stone, DESHS-UIS, (E-File)
Adesh-records@lanl.gov, (E-File)
lasomailbox@nnsa.doe.gov, (E-File)
locatesteam@lanl.gov, (E-File)
epc-correspondence@lanl.gov, (E-File)

ENCLOSURE 1

Quarterly Visual Assessment Forms
Fourth Quarter, 2017 Monitoring Year

EPC-DO: 17-539

Date: JAN 1 2 2018

Los Alamos National Lab - ADESH

Work Order MSGP-54924

MSGP Monitoring Stations
Printed 12/11/2017 - 9:53 AM

Maintenance Details

Requested: 8/9/2017 2:25:00 PM
Procedure: MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.2 3)
Last PM: 6/9/2016
Project: SIO Visual Assessments 10/1/17 (P-MSGP-5230)

Target: 11/30/2017
Priority/Type: / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (036)
Substantially Identical Outfall (037)
MSGP03701

Reason: MSGP Quarterly Visual Assessment

Special Instructions: NMR053195

Contact:
Phone:

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	☐	☐	☑
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).	10/4/17 21:10	☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	10/4/17 21:10	☐	☐	☑
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 9:52	☐	☐	☑
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	rain .72	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.		☐	☐	☑
	Parameters				
110	Is sample colorless? If "Failed", describe.	brown	☒	☐	☐
120	Is sample oderless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)		☐	☐	☑
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).	sl cloudy	☒	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	vegetation	☒	☐	☐
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, course).	coarse	☒	☐	☐
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, course).	coarse	☒	☐	☐
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g.,'on the surface' or 'in the sample').		☐	☐	☑
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).		☐	☐	☑
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.		☐	☐	☑

Labor Report

Completed: 10/5/2017 9:52:00 AM

Report: Marwin Shendo
10/11/2017

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:

Los Alamos National Lab - ADESH

Work Order MSGP-61133

MSGP Monitoring Stations
Printed 12/11/2017 - 9:54 AM

Maintenance Details

Requested: 8/9/2017 2:44:00 PM
Procedure: MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.2 3)
Last PM: 8/16/2017
Project: SIO Visual Assessments 10/1/17 (P-MSGP-5230)

Target: 11/30/2017
Priority/Type: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (039)
Substantially Identical Outfall (038)
MSGP03801

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)	oct-nov	☐	☐	☑
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).	10/4/17 21:09	☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	10/4/17 21:09	☐	☐	☑
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 9:49	☐	☐	☑
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	rain .72	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.		☐	☐	☑
	Parameters				
110	Is sample colorless? If "Failed", describe.	brown	☒	☐	☐
120	Is sample oderless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)	musty	☒	☐	☐
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).	opaque	☒	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.		☐	☐	☑
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, course).	fine	☒	☐	☐
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, course).		☐	☐	☑
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g.,'on the surface' or 'in the sample').		☐	☐	☑
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).		☐	☐	☑
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.		☐	☐	☑

Labor Report

Completed: 10/5/2017 9:49:00 AM

Report: Marwin Shendo
10/11/2017

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:

Los Alamos National Lab - ADESH

Work Order MSGP-61658

MSGP Monitoring Stations
Printed 12/11/2017 - 9:47 AM

Maintenance Details

Requested: 10/4/2017 4:25:00 PM
Procedure: MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.2 3)
Last PM: 10/5/2017
Project: Visual Assessments 10/1/17 (P-MSGP-5229)

Target: 11/30/2017
Priority/Type: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
MSGP03201

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.				
	Sample information				
30	Document the monitoring Period (e.g., Apr-May)	oct-nov	☐	☐	☑
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).	10/4/17 20:58	☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	10/4/17 20:58	☐	☐	☑
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 10:08	☐	☐	☑
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	rain .72	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.		☐	☐	☑
	Parameters				
110	Is sample colorless? If "Failed", describe.		☐	☐	☑
120	Is sample oderless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)		☐	☐	☑
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).		☐	☐	☑
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.		☐	☐	☑
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, course).		☐	☐	☑
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, course).		☐	☐	☑
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g.,'on the surface' or 'in the sample').		☐	☐	☑
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).		☐	☐	☑
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.		☐	☐	☑

Labor Report

Completed: 10/5/2017 10:08:00 AM

Report: Marwin Shendo

MSR 10/6/2017

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:

Los Alamos National Lab - ADESH

Work Order MSGP-61659

MSGP Monitoring Stations
Printed 12/11/2017 - 9:50 AM

Maintenance Details

Requested: 10/4/2017 4:25:00 PM
Procedure: MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.2 3)
Last PM: 10/5/2017
Project: Visual Assessments 10/1/17 (P-MSGP-5229)

Target: 11/30/2017
Priority/Type: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (031)
MSGP03101

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.				
	Sample information				
30	Document the monitoring Period (e.g., Apr-May)	oct-nov	☐	☐	☑
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).	10/4/17 21:05	☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	10/4/17 21:05	☐	☐	☑
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 10:00	☐	☐	☑
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	rain .72	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.		☐	☐	☑
	Parameters				
110	Is sample colorless? If "Failed", describe.	brown	☒	☐	☐
120	Is sample oderless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)	musty	☒	☐	☐
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).	cloudy	☒	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.		☐	☐	☑
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, course).	fine	☒	☐	☐
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, course).		☐	☐	☑
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g.,'on the surface' or 'in the sample').		☐	☐	☑
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).		☐	☐	☑
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.		☐	☐	☑

Labor Report

Completed: 10/5/2017 10:00:00 AM

Report: Marwin Shendo

10/6/2017

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:

Los Alamos National Lab - ADESH

Work Order MSGP-61660

MSGP Monitoring Stations
Printed 12/11/2017 - 9:51 AM

Maintenance Details

Requested: 10/4/2017 4:25:00 PM
Procedure: MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.2 3)
Last PM: 10/5/2017
Project: Visual Assessments 10/1/17 (P-MSGP-5229)

Target: 11/30/2017
Priority/Type: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (042)
MSGP04201

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.				
	Sample information				
30	Document the monitoring Period (e.g., Apr-May)	oct-nov	☐	☐	☑
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).	10/4/17 20:55	☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	10/4/17 20:55	☐	☐	☑
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 9:18	☐	☐	☑
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	rain .72	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.		☐	☐	☑
	Parameters				
110	Is sample colorless? If "Failed", describe.	brown	☒	☐	☐
120	Is sample oderless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)		☐	☐	☑
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).	opaque	☒	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.		☐	☐	☑
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, course).	fine	☒	☐	☐
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, course).		☐	☐	☑
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g.,'on the surface' or 'in the sample').		☐	☐	☑
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).		☐	☐	☑
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.		☐	☐	☑

Labor Report

Completed: 10/5/2017 9:18:00 AM

Report: Marwin Shendo

10/6/2017

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:

Los Alamos National Lab - ADESH

Work Order MSGP-61662

MSGP Monitoring Stations
Printed 12/11/2017 - 9:53 AM

Maintenance Details

Requested: 10/4/2017 4:25:00 PM
Procedure: MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.2 3)
Last PM: 10/5/2017
Project: Visual Assessments 10/1/17 (P-MSGP-5229)

Target: 11/30/2017
Priority/Type: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (039)
MSGP03901

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.				
	Sample information				
30	Document the monitoring Period (e.g., Apr-May)	oct-nov	☐	☐	☑
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).	10/4/17 21:15	☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	10/4/17 21:15	☐	☐	☑
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 9:42	☐	☐	☑
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	rain .72	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.		☐	☐	☑
	Parameters				
110	Is sample colorless? If "Failed", describe.	brown	☒	☐	☐
120	Is sample oderless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)	musty	☒	☐	☐
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).	opaque	☒	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.		☐	☐	☑
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, course).	fine	☒	☐	☐
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, course).		☐	☐	☑
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g.,'on the surface' or 'in the sample').		☐	☐	☑
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).		☐	☐	☑
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.		☐	☐	☑

Labor Report

Completed: 10/5/2017 9:42:00 AM

Report: Marwin Shendo

10/6/2017

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:

Los Alamos National Lab - ADESH

Work Order MSGP-61720

MSGP Monitoring Stations
Printed 12/11/2017 - 9:48 AM

Maintenance Details

Requested: 10/11/2017 3:25:00 PM
Procedure: MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.2 3)
Last PM: 10/5/2017
Project: SIO Visual Assessments 10/1/17 (P-MSGP-5230)

Target: 11/30/2017
Priority/Type: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (033)
MSGP03301

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.				
	Sample information				
30	Document the monitoring Period (e.g., Apr-May)	oct-nov	☐	☐	☑
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).	10/4/17 21:00	☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	10/4/17 21:00	☐	☐	☑
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 10:11	☐	☐	☑
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	rain .72	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.		☐	☐	☑
	Parameters				
110	Is sample colorless? If "Failed", describe.		☐	☐	☑
120	Is sample oderless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)		☐	☐	☑
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).		☐	☐	☑
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.		☐	☐	☑
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, course).	coarse	☒	☐	☐
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, course).		☐	☐	☑
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g.,'on the surface' or 'in the sample').		☐	☐	☑
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).		☐	☐	☑
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.		☐	☐	☑

Labor Report

Completed: 10/5/2017 10:11:00 AM

Report: Marwin Shendo
10/11/2017

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:

Los Alamos National Lab - ADESH

Work Order MSGP-61721

MSGP Monitoring Stations
Printed 12/11/2017 - 9:48 AM

Maintenance Details

Requested: 10/11/2017 3:25:00 PM
Procedure: MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.2 3)
Last PM: 10/5/2017
Project: SIO Visual Assessments 10/1/17 (P-MSGP-5230)

Target: 11/30/2017
Priority/Type: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (034)
MSGP03401

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)	oct-nov	☐	☐	☑
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).	10/4/17 21:07	☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	10/4/17 21:07	☐	☐	☑
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 10:13	☐	☐	☑
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	rain .72	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.		☐	☐	☑
	Parameters				
110	Is sample colorless? If "Failed", describe.		☐	☐	☑
120	Is sample oderless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)		☐	☐	☑
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).		☐	☐	☑
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.		☐	☐	☑
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, course).	coarse	☒	☐	☐
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, course).		☐	☐	☑
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g.,'on the surface' or 'in the sample').		☐	☐	☑
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).		☐	☐	☑
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.		☐	☐	☑

Labor Report

Completed: 10/5/2017 10:13:00 AM

Report: Marwin Shendo
10/11/2017

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:

Los Alamos National Lab - ADESH

Work Order MSGP-61722

MSGP Monitoring Stations
Printed 12/11/2017 - 9:49 AM

Maintenance Details

Requested: 10/11/2017 3:25:00 PM
Procedure: MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.2 3)
Last PM: 10/5/2017
Project: SIO Visual Assessments 10/1/17 (P-MSGP-5230)

Target: 11/30/2017
Priority/Type: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (035)
MSGP03501

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.				
	Sample information				
30	Document the monitoring Period (e.g., Apr-May)	oct-nov	☐	☐	☑
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).	10/4/17 21:04	☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	10/4/17 21:04	☐	☐	☑
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 10:15	☐	☐	☑
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	rain .72	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.		☐	☐	☑
	Parameters				
110	Is sample colorless? If "Failed", describe.		☐	☐	☑
120	Is sample oderless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)		☐	☐	☑
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).		☐	☐	☑
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.		☐	☐	☑
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, course).	coarse	☒	☐	☐
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, course).		☐	☐	☑
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g.,'on the surface' or 'in the sample').		☐	☐	☑
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).		☐	☐	☑
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.		☐	☐	☑

Labor Report

Completed: 10/5/2017 10:15:00 AM

Report: Marwin Shendo
10/11/2017

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:

Los Alamos National Lab - ADESH

Work Order MSGP-61723

MSGP Monitoring Stations
Printed 12/11/2017 - 9:50 AM

Maintenance Details

Requested: 10/11/2017 3:25:00 PM
Procedure: MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.2 3)
Last PM: 10/5/2017
Project: SIO Visual Assessments 10/1/17 (P-MSGP-5230)

Target: 11/30/2017
Priority/Type: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (031)
Substantially Identical Outfall (030)
MSGP03001

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.				
	Sample information				
30	Document the monitoring Period (e.g., Apr-May)	oct-nov	☐	☐	☑
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).	10/4/17 21:05	☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	10/4/17 21:05	☐	☐	☑
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 10:05	☐	☐	☑
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	rain .72	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.		☐	☐	☑
	Parameters				
110	Is sample colorless? If "Failed", describe.	brown	☒	☐	☐
120	Is sample oderless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)	musty	☒	☐	☐
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).	opaque	☒	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.		☐	☐	☑
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, course).	coarse	☒	☐	☐
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, course).		☐	☐	☑
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g.,'on the surface' or 'in the sample').		☐	☐	☑
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).		☐	☐	☑
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.		☐	☐	☑

Labor Report

Completed: 10/5/2017 10:05:00 AM

Report: Marwin Shendo
10/11/2017

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:

Los Alamos National Lab - ADESH

Work Order MSGP-61724

MSGP Monitoring Stations
Printed 12/11/2017 - 9:52 AM

Maintenance Details

Requested: 10/11/2017 3:25:00 PM
Procedure: MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.2 3)
Last PM: 10/5/2017
Project: SIO Visual Assessments 10/1/17 (P-MSGP-5230)

Target: 11/30/2017
Priority/Type: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (042)
Substantially Identical Outfall (041)
MSGP04101

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)	oct-nov	☐	☐	☑
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).	10/4/17 21:08	☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	10/4/17 21:08	☐	☐	☑
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 9:35	☐	☐	☑
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	rain .72	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.		☐	☐	☑
	Parameters				
110	Is sample colorless? If "Failed", describe.	brown	☒	☐	☐
120	Is sample oderless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)		☐	☐	☑
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).	opaque	☒	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.		☐	☐	☑
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, course).	fine	☒	☐	☐
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, course).		☐	☐	☑
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g.,'on the surface' or 'in the sample').		☐	☐	☑
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).		☐	☐	☑
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.		☐	☐	☑

Labor Report

Completed: 10/5/2017 9:35:00 AM

Report: Marwin Shendo
10/11/2017

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:

Los Alamos
NATIONAL LABORATORY
EST. 1943

memorandum

Environmental Protection & Compliance Division

To: Leonard Sandoval, DESHS-UIS, K760
Thru: Terrill Lemke, EPC-CP, (E-File)
From: Holly Wheeler, EPC-CP, (E-File)
Phone: 667-1312
Symbol: EPC-DO: 18-255
Date: JUL 0 2 2018

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 2018 for the TA-60 Roads and Grounds

Please find attached completed MSGP QVA forms documenting visual assessments performed during the first quarter of monitoring at the TA-60 Roads and Grounds. 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.

The EPC-CP Group Leader has signed the certification statement to meet the duly authorized signatory requirements for the QVA forms completed by EPC-CP representatives 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-60 Roads and Grounds	MSGP03301	MSGP-62240
TA-60 Roads and Grounds	MSGP03401	MSGP-62241
TA-60 Roads and Grounds	MSGP03501	MSGP-62242
TA-60 Roads and Grounds	MSGP03001	MSGP-62243
TA-60 Roads and Grounds	MSGP03201	MSGP-62285

TWL/HLW: cmh

Attachment: 1) Quarterly Visual Assessment Forms, First Quarter, 2018 Monitoring Year

Copy: Russell Stone, DESHS-UIS, (E-File)
Adesh-records@lanl.gov, (E-File)
lasomailbox@nnsa.doe.gov, (E-File)
locatesteam@lanl.gov, (E-File)
epc-correspondence@lanl.gov, (E-File)

ATTACHMENT 1

Quarterly Visual Assessment Forms
First Quarter, 2018 Monitoring Year

EPC-DO: 18-255

Date: JUL 0 2 2018

Los Alamos National Lab - ADESH

Work Order MSGP-62240

MSGP Monitoring Stations
Printed 6/21/2018 - 10:55 AM

Maintenance Details

Requested: 3/27/2018 2:54:00 PM
Procedure: MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.2 3)
Last PM: 4/11/2018
Project: SIO Visual Assessments 4/1/18 (P-MSGP-5256)

Target: 5/31/2018
Priority/Type: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (033)
MSGP03301

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.				
	Sample information				
30	Document the monitoring Period (e.g., Apr-May)	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).	5/21/18 14:55	☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	5/21/18 14:55	☐	☐	☑
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 9:43	☐	☐	☑
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	rain .23	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.		☐	☐	☑
	Parameters				
110	Is sample colorless? If "Failed", describe.	brown	☒	☐	☐
120	Is sample oderless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)		☐	☐	☑
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).	cloudy	☒	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	veg	☒	☐	☐
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, course).	coarse	☒	☐	☐
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, course).	coarse	☒	☐	☐
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g.,'on the surface' or 'in the sample').		☐	☐	☑
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).		☐	☐	☑
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.		☐	☐	☑

Labor Report

Completed: 5/22/2018 9:43:00 AM

Report: Marwin Shendo

5/29/2018

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-62241

MSGP Monitoring Stations
Printed 6/21/2018 - 10:56 AM

Maintenance Details

Requested: 3/27/2018 2:54:00 PM
Procedure: MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.2 3)
Last PM: 4/11/2018
Project: SIO Visual Assessments 4/1/18 (P-MSGP-5256)

Target: 5/31/2018
Priority/Type: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (034)
MSGP03401

Reason: MSGP Quarterly Visual Assessment (EPC Sig)

Special Instructions: NMR053195

Contact:
Phone:

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)	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).	5/21/18 14:55	☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	5/21/18 14:55	☐	☐	☑
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 9:45	☐	☐	☑
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	rain .23	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.		☐	☐	☑
	Parameters				
110	Is sample colorless? If "Failed", describe.	brown	☒	☐	☐
120	Is sample oderless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)		☐	☐	☑
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).	cloudy	☒	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	veg	☒	☐	☐
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, course).	coarse	☒	☐	☐
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, course).	coarse	☒	☐	☐
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g.,'on the surface' or 'in the sample').		☐	☐	☑
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).		☐	☐	☑
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.		☐	☐	☑

Labor Report

Completed: 5/22/2018 9:45:00 AM

Report: Marwin Shendo
5/29/2018

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-62242

MSGP Monitoring Stations
Printed 6/21/2018 - 10:56 AM

Maintenance Details

Requested: 3/27/2018 2:54:00 PM
Procedure: MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.2 3)
Last PM: 4/11/2018
Project: SIO Visual Assessments 4/1/18 (P-MSGP-5256)

Target: 5/31/2018
Priority/Type: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (035)
MSGP03501

Reason: MSGP Quarterly Visual Assessment (EPC Sig)

Special Instructions: NMR053195

Contact:
Phone:

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)	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).	5/21/18 14:55	☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	5/21/18 14:55	☐	☐	☑
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 9:47	☐	☐	☑
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	rain .23	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.		☐	☐	☑
	Parameters				
110	Is sample colorless? If "Failed", describe.	brown	☒	☐	☐
120	Is sample oderless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)		☐	☐	☑
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).	cloudy	☒	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	veg	☒	☐	☐
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, course).	coarse	☒	☐	☐
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, course).	coarse	☒	☐	☐
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g.,'on the surface' or 'in the sample').		☐	☐	☑
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).		☐	☐	☑
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.		☐	☐	☑

Labor Report

Completed: 5/22/2018 9:47:00 AM

Report: Marwin Shendo
5/29/2018

EPC-DO: 18-255

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-62243

MSGP Monitoring Stations
Printed 6/21/2018 - 10:57 AM

Maintenance Details

Requested: 3/27/2018 2:54:00 PM
Procedure: MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.2 3)
Last PM: 4/11/2018
Project: SIO Visual Assessments 4/1/18 (P-MSGP-5256)

Target: 5/31/2018
Priority/Type: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (031)
Substantially Identical Outfall (030)
MSGP03001

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)	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).	5/21/18 14:55	☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	5/21/18 14:55	☐	☐	☑
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 9:30	☐	☐	☑
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	rain .23	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.		☐	☐	☑
	Parameters				
110	Is sample colorless? If "Failed", describe.	brown	☒	☐	☐
120	Is sample oderless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)	musty	☒	☐	☐
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).	opaque	☒	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.		☐	☐	☑
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, course).	fine	☒	☐	☐
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, course).		☐	☐	☑
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g.,'on the surface' or 'in the sample').		☐	☐	☑
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).		☐	☐	☑
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.		☐	☐	☑

Labor Report

Completed: 5/22/2018 9:30:00 AM

Report: Marwin Shendo
5/29/2018

EPC-DO: 18-255

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-62285

MSGP Monitoring Stations
Printed 6/21/2018 - 10:54 AM

Maintenance Details

Requested: 3/27/2018 4:37:00 PM
Procedure: MSGP Quarterly Visual Assessment (EPC Sig) (EPC-CP-Form-1021.2 3)
Last PM: 4/2/2018
Project: Visual Assessments 4/1/18 (P-MSGP-5258)

Target: 5/31/2018
Priority/Type: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
MSGP03201

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.				
	Sample information				
30	Document the monitoring Period (e.g., Apr-May)	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).	5/21/18 14:55	☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	5/21/18 14:55	☐	☐	☑
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 9:33	☐	☐	☑
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	rain .23	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.		☐	☐	☑
	Parameters				
110	Is sample colorless? If "Failed", describe.	brown	☒	☐	☐
120	Is sample oderless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)	musty	☒	☐	☐
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).	opaque	☒	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	pollen	☒	☐	☐
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, course).	fine	☒	☐	☐
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, course).		☐	☐	☑
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g.,'on the surface' or 'in the sample').		☐	☐	☑
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).		☐	☐	☑
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.		☐	☐	☑

Labor Report

Completed: 5/22/2018 9:33:00 AM

Report: Marwin Shendo

5/22/2018

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 LABORATORY
EST. 1943

memorandum

Environmental Protection & Compliance Division

To: Leonard Sandoval, DESHS-UIS, K760
Thru: Terrill Lemke, EPC-CP, (E-File) TL
From: Holly Wheeler, EPC-CP, (E-File) HW
Phone: 505-667-1312
Symbol: EPC-DO: 18-344
Date: OCT 05 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-60 Roads and Grounds

Please find attached completed MSGP QVA forms documenting visual assessments performed during the second quarter of monitoring at the TA-60 Roads and Grounds. 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.

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

10/5/18
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-60 Roads and Grounds	MSGP04101	MSGP-62244
TA-60 Roads and Grounds	MSGP03001	MSGP-62848
TA-60 Roads and Grounds	MSGP03301	MSGP-62878
TA-60 Roads and Grounds	MSGP03401	MSGP-62879
TA-60 Roads and Grounds	MSGP03501	MSGP-62880
TA-60 Roads and Grounds	MSGP03001	MSGP-62881
TA-60 Roads and Grounds	MSGP04101	MSGP-62882
TA-60 Roads and Grounds	MSGP03201	MSGP-62883

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, (E-File)
lasomailbox@nnsa.doe.gov, (E-File)
locatesteam@lanl.gov, (E-File)
epc-correspondence@lanl.gov, (E-File)

ATTACHMENT 1

Quarterly Visual Assessment Forms
Second Quarter, 2018 Monitoring Year

EPC-DO: 18-344

Date: OCT 0 5 2018

Los Alamos National Lab - ADESH

Work Order MSGP-62244

MSGP Monitoring Stations
Printed 8/29/2018 - 3:45 PM

Maintenance Details

Requested: 6/20/2018 4:14:00 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 4/11/2018
Project: SIO Visual Assessments 6/1/18 (P-MSGP-5280)

Target: 7/31/2018
Priority/Type: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (042)
Substantially Identical Outfall (041)
MSGP04101

Reason: MSGP Quarterly Visual Assessment

Special Instructions: NMR053195

Contact:
Phone:

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)	jun-jul	☐	☐	☑
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/8/18 19:50	☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/8/18 19:50	☐	☐	☑
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 11:30	☐	☐	☑
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	rain 0.18	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.		☐	☐	☑
	Parameters				
110	Is sample colorless? If "Failed", describe.	brown	☒	☐	☐
120	Is sample oderless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)	musty	☒	☐	☐
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).	cloudy	☒	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.		☐	☐	☑
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, course).	fine	☒	☐	☐
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, course).		☐	☐	☑
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g.,'on the surface' or 'in the sample').		☐	☐	☑
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).		☐	☐	☑
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.		☐	☐	☑

Labor Report

Completed: 7/9/2018 11:30:00 AM

Report: Marwin Shendo

Signature / Name	Date	Signature / Name	Date
MSL	7/13/2018		

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-62848

MSGP Monitoring Stations
Printed 8/29/2018 - 3:43 PM

Maintenance Details

Requested By: Banar, Alethea on 7/16/2018 11:42:00 AM
Taken By: Banar, Alethea
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 7/9/2018
Project: SIO Visual Assessments 6/1/18 (P-MSGP-5280)

Target: 7/31/2018
Priority/Type: / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (031)
Substantially Identical Outfall (030)
MSGP03001

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)	jun-jul	☐	☐	☑
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/8/18 19:50	☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/8/18 19:50	☐	☐	☑
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 10:49	☐	☐	☑
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	7/8/18 .18	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.		☐	☐	☐
	Parameters				
110	Is sample colorless? If "Failed", describe.	brown	☒	☐	☐
120	Is sample oderless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)	musty	☒	☐	☐
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).	opaque	☒	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.		☐	☐	☑
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, course).	fine	☒	☐	☐
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, course).		☐	☐	☑
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g.,'on the surface' or 'in the sample').		☐	☐	☑
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).		☐	☐	☑
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.		☐	☐	☑

Labor Report

Completed: 7/9/2018 10:49:00 AM

Report: Marwin Shendo

MSL 7/16/2018

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, 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-62878

MSGP Monitoring Stations
Printed 8/29/2018 - 3:40 PM

Maintenance Details

Requested By: Banar, Alethea on 7/19/2018 1:16:00 PM
Taken By: Banar, Alethea
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 7/16/2018
Project: SIO Visual Assessments 6/1/18 (P-MSGP-5280)

Target: 7/31/2018
Priority/Type: / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (033)
MSGP03301

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)	jun-jul	☐	☐	☑
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/15/18 14:06	☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/15/18 14:06	☐	☐	☑
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/16/18 11:15	☐	☐	☑
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	rain .35	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.		☐	☐	☑
	Parameters				
110	Is sample colorless? If "Failed", describe.	brown	☒	☐	☐
120	Is sample oderless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)		☐	☐	☑
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).	cloudy	☒	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.		☐	☐	☑
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, course).	fine	☒	☐	☐
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, course).		☐	☐	☑
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g.,'on the surface' or 'in the sample').		☐	☐	☑
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).		☐	☐	☑
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.		☐	☐	☑

Labor Report

Completed: 7/16/2018 11:15:00 AM

Report: Marwin Shendo

7/23/2018

*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, 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-62879

MSGP Monitoring Stations
Printed 8/29/2018 - 3:41 PM

Maintenance Details

Requested By: Banar, Alethea on 7/19/2018 1:19:00 PM
Taken By: Banar, Alethea
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 7/16/2018
Project: SIO Visual Assessments 6/1/18 (P-MSGP-5280)

Target: 7/31/2018
Priority/Type: / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (034)
MSGP03401

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)	jun-jul	☐	☐	☑
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/15/18 14:06	☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/15/18 14:06	☐	☐	☑
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/16/18 11:16	☐	☐	☑
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	rain .35	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.		☐	☐	☑
	Parameters				
110	Is sample colorless? If "Failed", describe.	brown	☒	☐	☐
120	Is sample oderless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)		☐	☐	☑
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).	cloudy	☒	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.		☐	☐	☑
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, course).	fine	☒	☐	☐
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, course).		☐	☐	☑
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g.,'on the surface' or 'in the sample').		☐	☐	☑
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).		☐	☐	☑
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.		☐	☐	☑

Labor Report

Completed: 7/16/2018 11:16:00 AM

Report: Marwin Shendo

MSL 7/23/2018

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, 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-62880

MSGP Monitoring Stations
Printed 8/29/2018 - 3:41 PM

Maintenance Details

Requested By: Banar, Alethea on 7/19/2018 1:20:00 PM
Taken By: Banar, Alethea
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 7/17/2018
Project: SIO Visual Assessments 6/1/18 (P-MSGP-5280)

Target: 7/31/2018
Priority/Type: / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (035)
MSGP03501

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)	jun-jul	☐	☐	☑
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/17/18 11:50	☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/17/18 11:50	☐	☐	☑
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/17/18 14:18	☐	☐	☑
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	rain .17	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.		☐	☐	☑
	Parameters				
110	Is sample colorless? If "Failed", describe.	light brown	☒	☐	☐
120	Is sample oderless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)	musty	☒	☐	☐
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).	slightly cloudy	☒	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.		☐	☐	☑
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, course).	fine	☒	☐	☐
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, course).		☐	☐	☑
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g.,'on the surface' or 'in the sample').		☐	☐	☑
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).		☐	☐	☑
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.		☐	☐	☑

Labor Report

Completed: 7/17/2018 2:18:00 PM

Report: Marwin Shendo

7/23/2018

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, 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-62881
MSGP Monitoring Stations
Printed 8/29/2018 - 3:44 PM

Maintenance Details

Requested By: Banar, Alethea on 7/19/2018 1:21:00 PM
Taken By: Banar, Alethea
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 7/9/2018
Project: SIO Visual Assessments 6/1/18 (P-MSGP-5280)

Target: 7/31/2018
Priority/Type: / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (031)
Substantially Identical Outfall (030)
MSGP03001

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)	jun-jul			✔
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/15/18 14:06			✔
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/15/18 14:06			✔
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/16/18 11:05			✔
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	rain .35			✔
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.				✔
	Parameters				
110	Is sample colorless? If "Failed", describe.	brown	✘		
120	Is sample oderless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)	musty	✘		
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).	opaque	✘		
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				✔
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, course).	fine	✘		
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, course).				✔
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g.,'on the surface' or 'in the sample').				✔
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).				✔
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.				✔

Labor Report

Completed: 7/16/2018 11:05:00 AM

Report: Marwin Shendo

7/23/2018

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, 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-62882

MSGP Monitoring Stations
Printed 8/29/2018 - 3:45 PM

Maintenance Details

Requested By: Banar, Alethea on 7/19/2018 1:21:00 PM
Taken By: Banar, Alethea
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 7/9/2018
Project: SIO Visual Assessments 6/1/18 (P-MSGP-5280)

Target: 7/31/2018
Priority/Type: / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (042)
Substantially Identical Outfall (041)
MSGP04101

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)	jun-jul			✔
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/15/18 13:50			✔
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/15/18 13:50			✔
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/16/18 11:43			✔
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	rain .35			✔
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.				✔
	Parameters				
110	Is sample colorless? If "Failed", describe.	brown	✘		
120	Is sample oderless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)	musty	✘		
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).	opaque	✘		
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				✔
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, course).	fine	✘		
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, course).				✔
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g.,'on the surface' or 'in the sample').				✔
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).				✔
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.				✔

Labor Report

Completed: 7/16/2018 11:43:00 AM

Report: Marwin Shendo

MSH 7/23/2018

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, 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-62883
MSGP Monitoring Stations
Printed 8/29/2018 - 3:39 PM

Maintenance Details

Requested By: Banar, Alethea on 7/19/2018 1:23:00 PM
Taken By: Banar, Alethea
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 7/16/2018
Project: Visual Assessments 6/1/18 (P-MSGP-5279)

Target: 7/31/2018
Priority/Type: / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
MSGP03201

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)	jun-jul			✔
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/15/18 14:06			✔
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/15/18 14:06			✔
60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).	7/16/18 11:08			✔
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	rain .29			✔
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.				✔
	Parameters				
110	Is sample colorless? If "Failed", describe.	brown	✘		
120	Is sample oderless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)				✔
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).	cloudy	✘		
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.				✔
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, course).	fine	✘		
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, course).				✔
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g.,'on the surface' or 'in the sample').				✔
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).				✔
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.				✔

Labor Report

Completed: 7/16/2018 11:08:00 AM

Report: Marwin Shendo

7/23/2018

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, 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 LABORATORY
EST. 1943

memorandum

Environmental Protection & Compliance Division

To: Leonard Sandoval, DESH-UIS, K760
Thru: Terrill Lemke, EPC-CP, (E-File)
From: Holly Wheeler, EPC-CP, (E-File)
Phone: 505-667-1312
Symbol: EPC-DO: 18-461
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-60 Roads and Grounds

Please find attached completed MSGP QVA forms documenting visual assessments performed during the third quarter of monitoring at the TA-60 Roads and Grounds. 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 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

12/12/18
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-60 Roads and Grounds	MSGP03801	MSGP-62247
TA-60 Roads and Grounds	MSGP04201	MSGP-62287
TA-60 Roads and Grounds	MSGP03001	MSGP-63074
TA-60 Roads and Grounds	MSGP03201	MSGP-63075
TA-60 Roads and Grounds	MSGP03301	MSGP-63076
TA-60 Roads and Grounds	MSGP03401	MSGP-63077
TA-60 Roads and Grounds	MSGP03501	MSGP-63078
TA-60 Roads and Grounds	MSGP04101	MSGP-63080

TWL/HLW:jdm

Attachment(s): Attachment 1 Quarterly Visual Assessment Forms, Third Quarter, 2018 Monitoring Year

Copy: Michael Hazen, ALDESHQSS, mhazen@lanl.gov, (E-File)
Terrill Lemke, EPC-CP, tlemke@lanl.gov, (E-File)
William Mairson, ALDESHQSS, wrmairson@lanl.gov, (E-File)
Russell Stone, DESH-UIS, rdstone@lanl.gov, (E-File)
Enrique Torres, EPC-DO, etorres@lanl.gov, (E-File)
Taunia Van Valkenburg, EPC-CP, tauniav@lanl.gov, (E-File)
Adesh-records@lanl.gov, (E-File)
lasomailbox@nnsa.doe.gov, (E-File)
locatesteam@lanl.gov, (E-File)
epc-correspondence@lanl.gov, (E-File)

ATTACHMENT 1

Quarterly Visual Assessment Forms
Third Quarter, 2018 Monitoring Year

EPC-DO: 18-461

Date: DEC 1 2 2018

Los Alamos National Lab - ADESH

Work Order MSGP-62247

MSGP Monitoring Stations
Printed 10/11/2018 - 5:02 PM

Maintenance Details

Requested: 6/20/2018 4:14:00 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 4/11/2018
Project: MSGP Quarterly Visual 8/1/2018 (P-MSGP-5315)

Target: 9/30/2018
Priority/Type: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (039)
Substantially Identical Outfall (038)
MSGP03801

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			✔
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/10/18 15:50			✔
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/10/18 15:50			✔
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 11:06			✔
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	rain .44			✔
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.				✔
	Parameters				
110	Is sample colorless? If "Failed", describe.	brown	✘		
120	Is sample oderless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)	musty	✘		
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).	opaque	✘		
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	veg	✘		
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, course).	fine	✘		
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, course).	coarse	✘		
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g.,'on the surface' or 'in the sample').				✔
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).				✔
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.				✔

Labor Report

Completed: 8/15/2018 11:06:00 AM

Report: Marwin Shendo

8/16/2018

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:

Los Alamos National Lab - ADESH

Work Order MSGP-62287

MSGP Monitoring Stations
Printed 10/11/2018 - 5:00 PM

Maintenance Details

Requested: 6/20/2018 4:08:00 PM
Procedure: MSGP Quarterly Visual Assessment (EPC-CP-Form-1021.2)
Last PM: 4/3/2018
Project: MSGP Quarterly Visual 8/1/2018 (P-MSGP-5315)

Target: 9/30/2018
Priority/Type: Normal / Inspection
Department: Utilities and Infrastructure

MSGP Program
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (042)
MSGP04201

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.				
	Sample information				
30	Document the monitoring Period (e.g., Apr-May)	aug-sept	☐	☐	☑
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/10/18 15:58	☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/10/18 15:58	☐	☐	☑
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 11:17	☐	☐	☑
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	rain .44	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.		☐	☐	☑
	Parameters				
110	Is sample colorless? If "Failed", describe.	brown	☒	☐	☐
120	Is sample oderless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)	musty	☒	☐	☐
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).	cloudy	☒	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.	veg	☒	☐	☐
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, course).	fine	☒	☐	☐
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, course).	coarse	☒	☐	☐
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g.,'on the surface' or 'in the sample').		☐	☐	☑
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).		☐	☐	☑
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.		☐	☐	☑

Labor Report

Completed: 8/15/2018 11:17:00 AM

Report: Marwin Shendo

Signature / Name	Date	Signature / Name	Date
MSR	8/16/2018		

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-63074
MSGP Monitoring Stations
Printed 10/11/2018 - 4:59 PM

Maintenance Details

Requested By: Wheeler-Benson, Holly on 8/6/2018 4:24:00 PM
Taken By: Wheeler-Benson, Holly
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
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (031)
Substantially Identical Outfall (030)
MSGP03001

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)	aug-sept	☐	☐	☑
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/2/18 18:40	☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/2/18 18:40	☐	☐	☑
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 13:34	☐	☐	☑
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	rain .14	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.		☐	☐	☑
	Parameters				
110	Is sample colorless? If "Failed", describe.		☐	☐	☑
120	Is sample oderless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)	musty	☒	☐	☐
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).	slightly cloudy	☒	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.		☐	☐	☑
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, course).		☐	☐	☑
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, course).		☐	☐	☑
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g.,'on the surface' or 'in the sample').		☐	☐	☑
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).		☐	☐	☑
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.		☐	☐	☑

Labor Report

Completed: 8/3/2018 1:34:00 PM

Report: Marwin Shendo
8/7/2018

Signature / Name	Date	Signature / Name	Date
MSC			

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-63075

MSGP Monitoring Stations
Printed 10/11/2018 - 4:57 PM

Maintenance Details

Requested By: Wheeler-Benson, Holly on 8/6/2018 4:27:00 PM
Taken By: Wheeler-Benson, Holly
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
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
MSGP03201

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)	aug-sept	☐	☐	☑
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/3/18 12:49	☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/3/18 12:49	☐	☐	☑
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 13:55	☐	☐	☑
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	rain.18	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.		☐	☐	☑
	Parameters				
110	Is sample colorless? If "Failed", describe.	brown	☒	☐	☐
120	Is sample oderless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)	musty	☒	☐	☐
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).	slightly cloudy	☒	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.		☐	☐	☑
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, course).		☐	☐	☑
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, course).		☐	☐	☑
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g.,'on the surface' or 'in the sample').		☐	☐	☑
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).		☐	☐	☑
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.		☐	☐	☑

Labor Report

Completed: 8/3/2018 1:55:00 PM

Report: Marwin Shendo

8/7/2018

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-63076

MSGP Monitoring Stations
Printed 10/11/2018 - 4:57 PM

Maintenance Details

Requested By: Wheeler-Benson, Holly on 8/6/2018 4:33:00 PM
Taken By: Wheeler-Benson, Holly
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
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (033)
MSGP03301

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)	aug-sept	☐	☐	☑
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/2/18 18:40	☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/2/18 18:40	☐	☐	☑
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 13:36	☐	☐	☑
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	rain .14	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.		☐	☐	☑
	Parameters				
110	Is sample colorless? If "Failed", describe.	brown	☒	☐	☐
120	Is sample oderless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)	musty	☒	☐	☐
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).	slightly cloudy	☒	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.		☐	☐	☑
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, course).	coarse	☒	☐	☐
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, course).		☐	☐	☑
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g.,'on the surface' or 'in the sample').		☐	☐	☑
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).		☐	☐	☑
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.		☐	☐	☑

Labor Report

Completed: 8/3/2018 1:36:00 PM

Report: Marwin Shendo

8/7/2018

Signature / Name	Date	Signature / Name	Date
MPSLC			

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-63077

MSGP Monitoring Stations
Printed 10/11/2018 - 4:58 PM

Maintenance Details

Requested By: Wheeler-Benson, Holly on 8/6/2018 4:46:00 PM
Taken By: Wheeler-Benson, Holly
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
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (034)
MSGP03401

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)	aug-sept	☐	☐	☑
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/2/18 18:40	☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/2/18 18:40	☐	☐	☑
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 13:39	☐	☐	☑
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	rain .14	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.		☐	☐	☑
	Parameters				
110	Is sample colorless? If "Failed", describe.	brown	☒	☐	☐
120	Is sample oderless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)	musty	☒	☐	☐
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).	slightly cloudy	☒	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.		☐	☐	☑
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, course).	coarse	☒	☐	☐
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, course).		☐	☐	☑
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g.,'on the surface' or 'in the sample').		☐	☐	☑
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).		☐	☐	☑
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.		☐	☐	☑

Labor Report

Completed: 8/3/2018 1:39:00 PM

Report: Marwin Shendo

8/7/2018

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-63078

MSGP Monitoring Stations
Printed 10/11/2018 - 4:58 PM

Maintenance Details

Requested By: Wheeler-Benson, Holly on 8/6/2018 4:49:00 PM
Taken By: Wheeler-Benson, Holly
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
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (032)
Substantially Identical Outfall (035)
MSGP03501

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)	aug-sept	☐	☐	☑
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/3/18 12:45	☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/3/18 12:45	☐	☐	☑
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 13:49	☐	☐	☑
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	rain .18	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.		☐	☐	☑
	Parameters				
110	Is sample colorless? If "Failed", describe.	brown	☒	☐	☐
120	Is sample oderless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)	musty	☒	☐	☐
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).	sliightly cloudy	☒	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.		☐	☐	☑
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, course).		☐	☐	☑
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, course).		☐	☐	☑
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g.,'on the surface' or 'in the sample').		☐	☐	☑
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).		☐	☐	☑
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.		☐	☐	☑

Labor Report

Completed: 8/3/2018 1:49:00 PM

Report: Marwin Shendo

8/7/2018

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-63080

MSGP Monitoring Stations
Printed 10/11/2018 - 5:00 PM

Maintenance Details

Requested By: Wheeler-Benson, Holly on 8/6/2018 4:54:00 PM
Taken By: Wheeler-Benson, Holly
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
RG200.5
TA-60 Roads and Grounds
Monitored Outfall (042)
Substantially Identical Outfall (041)
MSGP04101

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)	aug-sept	☐	☐	☑
40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/3/18 12:45	☐	☐	☑
50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).	8/3/18 12:45	☐	☐	☑
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 14:39	☐	☐	☑
70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.	rain .18	☐	☐	☑
80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.		☐	☐	☑
	Parameters				
110	Is sample colorless? If "Failed", describe.	brown	☒	☐	☐
120	Is sample oderless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)	musty	☒	☐	☐
130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).	opaque	☒	☐	☐
140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.		☐	☐	☑
150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, course).	fine	☒	☐	☐
160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, course).		☐	☐	☑
170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g.,'on the surface' or 'in the sample').		☐	☐	☑
180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).		☐	☐	☑
190	Is sample free of other obvious indicators of pollution? If "Failed", describe.		☐	☐	☑

Labor Report

Completed: 8/3/2018 2:49:00 PM

Report: Marwin Shendo

8/7/2018

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:

APPENDIX G

Spill Reports and Spill Log

Spill Log

Table for Tracking Past and Future Spills

Date	Spill Location	What Spilled	Quantity Spilled	Corrective Action Taken	Plans to Prevent Recurrence
2007	Yard at Roads and Grounds	Hydraulic fluid	Less than 1 gallon	Area was immediately cleaned up with oil sponge absorbent and was collected as New Mexico Special Waste	During the March SWPPP inspection staff checked all vehicles for spills. KSL-ENV informed staff of various spill prevention methods. No reportable leaks were found during this inspection.
1/3/2012	South Vehicle Storage	Diesel	50 to70 gallons	Area of spill milled and asphalt placed in roll-off bins. Soil sampled in milled area.	Added check of bleeder valve to PM.
1/7/2013	TA-60 Building 250	Motor oil	Less than 1 gallon	Stain on asphalt was cleaned up with absorbent and affected area was sprayed with micro-blaze.	Equipment being salvaged will be checked for leaks and have their fluids removed.
2/7/2013	Heavy Equipment Staging Area	Hydraulic Fluid	Less than a quart	Affected area on asphalt was sprayed with micro-blaze and a drip pan was place under the leak.	Hydraulic fluid leak on frontend loader was repaired.
4/12/2013	North of the Asphalt Batch Plant	Diesel	1 pint	Affected area was sprayed with micro-blaze. Contaminated soil collected as N. M. Special Waste.	Check fuel filter for leaks.

4/15/2013	South of TA-60 Building 29	Diesel	1 pint	Affected area was sprayed with micro-blaze. Contaminated soil collected as N. M. Special Waste.	Fuel filter port checked for stipped threads and fuel filter replaced.
5/17/2013	TA-60 Sigma Mesa	Hydraulic Fluid	5 gallons	Absorbent was used to clean up the spill and the affected area on asphalt was sprayed with micro-blaze. Absorbent was collected as N. M. Special Waste.	Daily inspection of heavy equipment for leaks and make sure all heavy equipment vehicles have spill kits.
5/2/2014	North of TA-60 Asphalt Batch Plant	Motor Oil	1 quart	Absorbent was used to clean up the spill and the affected area on asphalt was sprayed with micro-blaze.	O-ring on the side of the engine block of frontend loader leaking while vehicle is running and is scheduled to be replaced.
5/30/2014	Road way from Clean fill yard to Heavy equipment staging area	Motor oil	Less than 1 gallon	Affected area on asphalt was sprayed with micro-blaze.	Oil leak on front end loader has been fixed.
11/12/2014	South of Salt Shed	Brine (Beet Liquid)	5 gallons	Water was used to clean up the staining on asphalt.	400 feet of hose and valves were replaced with new ones.
2/18/2015	Entrance to Asphalt Millings Staging Area	Hydraulic Fluid	Less than 12 ounces	Staining on asphalt was sprayed with micro-blaze.	Broken hydraulic line on bulldozer was replaced.
3/19/2015	Heavy Equipment Staging Area	Hydraulic Fluid	Less than 6 ounces	Absorbent was used to clean up the spill and the affected area on asphalt was sprayed with micro-blaze	Leak on hydraulic cylinder of tracked vehicle was fixed.
4/20/2015	Heavy Equipment Staging Area	Hydraulic Fluid	Less than 6 ounces	Staining on asphalt was sprayed with micro-blaze.	Hydraulic hoses on Grader were replaced with new ones.
1/25/2016	Far East End of TA-60 Sigma Mesa	Hydraulic Fluid	Less than 1 ounce	Shovel full of gravel/soil collected as N.M. Special Waste	Liquid level gauge on square tank of G82-0535B water truck was fixed.

2/22/2016	TA-60 Sigma Mesa heavy equipment yard	Hydraulic Fluid	Less than 3 ounces	Hydraulic line on 140 G Grader PN # 30599 repaired and affected area on asphalt sprayed with micro-blaze.	Hydraulic line on Grader repaired.
3/21/2016	Northside of TA-60 Building 178	Hydraulic Fluid	Less than 3 ounces	Hydraulic line on salt truck G82-0249F repaired and affected area on asphalt sprayed with micro-blaze.	Hydraulic line on salt truck repaired.
7/25/2016	Inside Heavy Equipment Staging Area	Hydraulic Fluid	Less than 5 ounces	Affected area on asphalt sprayed with micro-blaze	Put plugs on disconnect hydraulic lines.
11/10/2016	Hydraulic line to cylinder hoist failed on dump truck G82-0250F West of Clean Fill Yard	Hydraulic Fluid	5 Gallons	Hydraulic line on dump truck G82-0250F repaired and affected soil collected and managed as N.M. Special Waste.	Hydraulic line on dump truck repaired.
2/16/2017	Hydraulic arm to back hatch on pot holing machine failed. on Eniwetok Drive	Potholing Material	55 Gallons	Water and sediment on asphalt was allowed to dry and residual sediment cleaned up with street sweeper.	Hydraulic arm repaired at TA-60 HEY.
3/22/2017	East Access Gate to Clean Fill Yard	Diesel Stain on Soil	Less than 12 ounces	Affected soil collected and managed as N.M. Special Waste.	Check vehicles used in the area for leaks.
3/27/2017	NE of Salt Shed 60-173	Hydraulic Fluid	Less than 5 ounces	Leak around liquid level gauge on square hydraulic tank on dump truck E201180 repaired and affected area on asphalt sprayed with micro-blaze.	Leak around liquid level gauge on square hydraulic tank repaired.
3/27/2017	Staging Area South of Clean Fill Yard	Hydraulic Fluid	Less than 12 ounces	Affected soil collected and managed as N.M. Special Waste.	Check vehicles used in the area for leaks

7/17/2017	Paved entrance to south parking lot to TA-60 Building 250	Hydraulic Oil	1 Gallon	Affected area on asphalt sprayed with micro-blaze and 5 gallon bucket of oil sponge absorbent was collected and managed as N.M. Special Waste.	Secure containers with fluids in the back of work truck beds.
7/24/2017	Staging area north of TA-60 Asphalt Batch Plant	Hydraulic Fluid	Less than 5 ounces	Affected area on base course sprayed with micro-blaze and half of a 5 gallon bucket of soil was collected and managed as N.M. Special Waste.	Check vehicles used in the area for leaks.
8/1/2017	Inside heavy equipment staging area	Lubricant Oil	Less than 1 quart	Affected area on asphalt sprayed with micro-blaze and 5 gallon bucket of absorbent was collected and managed as N.M. Special Waste.	All of the fluids from the Case Uni-Loader with PN # 812928 were drained and the Case Uni-Loader was removed from the area to be salvaged.
9/19/2017	Staging area south of TA-60 Clean Fill Yard	Lubricant Oil	Less than half a quart	Affected area on soil sprayed with micro-blaze and a fourth of a 5 gallon bucket of soil was collected and managed as N.M. Special Waste.	Yellow Techan Snowmelter 20-PD was delivered to TA-60 HEY to fix the leak.
9/19/2017	Staging area north of TA-60 Asphalt Batch Plant	Hydraulic Fluid	Less than half a quart	Affected area on soil sprayed with micro-blaze and a 5 gallon bucket of soil was collected and managed as N.M. Special Waste.	Put plugs on disconnect hydraulic lines on snow plows.
9/19/2017	Staging area east of transportainers 60-320 and 60-321	Hydraulic Fluid	Less than 510ounces	Affected area on asphalt sprayed with micro-blaze.	Check vehicles used in the area for leaks.

10/23/2017	South of salt shed 60-178	Hydraulic Fluid	Less than 5 ounces	Affected area on asphalt sprayed with micro-blaze.	Check vehicles used in the area for leaks
10/30/2017	Staging area north of TA-60 Asphalt Batch Plant	Hydraulic Fluid	Less than 1 gallon	Affected area on soil sprayed with micro-blaze and three fourths of a 5 gallon bucket of soil was collected and managed as N.M. Special Waste	Seal on end dump G82-06327that failed was delivered to TA-60 HEY to fix the seal.
12/20/2017	TA-60 R & G West	Lubricant/Oil	Less than 1 quart	Affected area on asphalt sprayed with micro-blaze.	Check vehicles used in the area for leaks.
12/20/2017	Clean Fill Yard on Sigma Mesa	Diesel	Less than 1 gallon	Affected area on soil sprayed with micro-blaze and four 5 gallon buckets of soil were collected and managed as N.M. Special Waste	Check fuel level on vehicles used in the area before driving them to check for leaks.
12/20/2017	Dump truck at TA-60 R & G East	Hydraulic Fluid	Less than 3 ounces	Affected area on base course sprayed with micro-blaze	Check vehicles used in the area for leaks.
4/11/2018	North of Asphalt Batch Plant leak from hydro-seeder	Diesel fuel	2 to 3 gallons	Affected area on soil sprayed with micro-blaze and eight 55 gallon drums and four 30 gallon poly containers of soil were collected and managed as N.M. Special Waste	Check fuel level on vehicles used in the area before driving them to check for leaks.
4/11/2018	North of Asphalt Batch Plant leak from crushed aerosol can	Penetrating oil	Less than 3 ounces	Affected area on asphalt sprayed with micro-blaze	Properly dispose of empty aerosol cans.
6/18/2018	Heavy equipment staging area West of 10-178 leak from front end fork lift	Hydraulic Fluid	Less than 5 ounces	Affected area on asphalt sprayed with micro-blaze	Check vehicles used in the area for leaks.

6/18/208	Heavy equipment staging area West of 60-178 leak from front end loader	Hydraulic Fluid	Less than 5 ounces	Affected area on asphalt sprayed with micro-blaze	Check vehicles used in the area for leaks.

Los Alamos National Laboratory
Environmental Compliance Programs (EPC-CP)
Unplanned Release Report

CAR#1325

Form Completed By:	Telephone:	Group:
Leonard F. Sandoval	667-3557	DSESH-UIS

Spill Details — Spill Owner (Specify): ■ LANS, LLC ☐ Subcontractor:

Date of Spill/Date Spill Discovered: 4/11/2018

Location: Staging Area North of the TA-60 Asphalt Batch Plant

Material Spilled:
- ☐ Hydraulic Fluid
- ☐ Potable Water
- ☐ Diesel
- ☐ Anti-freeze/coolant
- ☐ Steam Condensate
- ■ Lubricants/oils
- ☐ Refrigerant Oil
- ☐ Gasoline
- ☐ Other: _____

Volume Spilled: Less than 3 ounces **Waste Volume Generated:** None

Source of Spill:
Vehicle ID: _____
Equipment ID: _____
- ☐ Hydraulic Line
- ☐ Potable Water Line
- ☐ Fire Suppression System
- ☐ Fuel Tank
- ☐ Radiator
- ☐ Condensate Line
- ■ Other: Crushed Aresol Can

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:

The crushed can of penetrating oil was picked up and disposed of properly and the affected area on asphalt was sprayed with micro-blaze.

Date Corrective Actions Completed: 4/11/2018

Did the spill enter or impact any of the following? (Check as many as apply)
- ☐ RCRA Treatment Storage Disposal Facility
- ☐ RCRA Satellite Accumulation Area
- ☐ RCRA <90 Day Storage Area
- ▪ NPDES MSGP Facility
- ☐ 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

Did the spill occur inside or outside a building? ☐ Inside ■ Outside

Did the spill occur on: (Check as many as apply)
- ☐ Concrete
- ☐ Carpeted Floor
- ☐ Tile
- ☐ Wooden floor/deck
- ■ Asphalt
- ☐ Graveled/Rocky Area
- ☐ Soil/Vegetated Area
- ☐ Other: _____

Samples Collected:
- ■ None
- ☐ Water
- ☐ Soil
- ☐ Air
- ☐ Other: _____

If samples were collected, indicate analytical suite:

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: Leonard F Sandoval **Organization:** DSESH-UIS **Date:** 4/16/2018

Certification: 4/16/2018

Completed by ENV-CP Personnel

Date Received: **Severity Index:** **Causal Analysis:**
- ☐ Non-Reportable
- ☐ Reportable

Return Completed Form to EPC-CP (biacona@lanl.gov)

Los Alamos National Laboratory
Environmental Compliance Programs (EPC-CP)
Unplanned Release Report

CAR#1326

Form Completed By:	Telephone:	Group:
Leonard F. Sandoval	667-3557	DSESH-UIS

Spill Details — Spill Owner (Specify): ☐ LANS, LLC ☐ Subcontractor:

Date of Spill/Date Spill Discovered: 4/11/2018

Location: Staging Area North of TA-60 Asphalt Batch Plant

Material Spilled:
- ☐ Hydraulic Fluid
- ☐ Potable Water
- ■ Diesel
- ☐ Anti-freeze/coolant
- ☐ Steam Condensate
- ☐ Lubricants/oils
- ☐ Refrigerant Oil
- ☐ Gasoline
- ☐ Other: _____

Volume Spilled: 2 to 3 gallons **Waste Volume Generated:** Refer to description below

Source of Spill:
Vehicle ID: _____
Equipment ID: E47932
- ☐ Hydraulic Line
- ☐ Potable Water Line
- ☐ Fire Suppression System
- ■ Fuel Tank
- ☐ Radiator
- ☐ Condensate Line
- ☐ 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:

In the staging area north of the TA-60 ABP there were several stains on base course from diesel fuel and a hydro-seeder with license # E47932 found with a small diesel leak. On 4/11/2018 the hydro-seeder was taken to TA-60 HEY to fix the leak. On 4/12/2018 emergency excavation permit # 18X-0338 was submitted to start the diesel spill cleanup and Roads and Grounds laborers started collecting base course in 55 gallon drums. On 4/13/2018 the final cleanup efforts were completed. A total of eight 55 gallon drums and four 30 gallon Poly containers of base course were collected and will be managed as N.M. Special Waste.

Date Corrective Actions Completed: 4/13/2018

Did the spill enter or impact any of the following? (Check as many as apply)
- ☐ RCRA Treatment Storage Disposal Facility
- ☐ RCRA Satellite Accumulation Area
- ☐ RCRA <90 Day Storage Area
- ■ NPDES MSGP Facility
- ☐ 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

Did the spill occur inside or outside a building? ☐ Inside ■ Outside

Did the spill occur on: (Check as many as apply)
- ☐ Concrete
- ☐ Carpeted Floor
- ☐ Tile
- ☐ Wooden floor/deck
- ☐ Asphalt
- ■ Graveled/Rocky Area
- ☐ Soil/Vegetated Area
- ☐ Other: _____

Samples Collected:
- ■ None
- ☐ Water
- ☐ Soil
- ☐ Air
- ☐ Other: _____

If samples were collected, indicate analytical suite:

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: Leonard F Sandoval **Organization:** DSESH-UIS **Date:** 4/16/2018

Certification: 4/16/2018

Completed by ENV-CP Personnel

Date Received: **Severity Index:** **Causal Analysis:**
- ☐ Non-Reportable
- ☐ Reportable

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Los Alamos National Laboratory
Environmental Compliance Programs (EPC-CP)
Unplanned Release Report

CAR #1343

Form Completed By:	Telephone:	Group:
Leonard F. Sandoval	667-3557	DSESH-UIS

Spill Details — Spill Owner (Specify): ■ LANS, LLC ☐ Subcontractor:

Date of Spill/Date Spill Discovered: 6/18/2018

Location: Heavy Equipment Staging Area West of 60-178

Material Spilled:
- ■ Hydraulic Fluid
- ☐ Potable Water
- ☐ Diesel
- ☐ Anti-freeze/coolant
- ☐ Steam Condensate
- ☐ Lubricants/oils
- ☐ Refrigerant Oil
- ☐ Gasoline
- ☐ Other: _____

Volume Spilled: Less than 5 ounces **Waste Volume Generated:** None

Source of Spill:
Vehicle ID: _____
Equipment ID: 1246357
- ☐ Hydraulic Line
- ☐ Potable Water Line
- ☐ Fire Suppression System
- ☐ Fuel Tank
- ☐ Radiator
- ☐ Condensate Line
- ■ 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:

Inside the heavy equipment staging area West of 60-178 944 Extendo Pettibone Yellow Lift with PN # 1246357 had a very slow leak on the drain plug to the hydraulic fluid tank onto asphalt. The drain plug to the hydraulic fluid tank was tightened and the leak stopped. The affected area on asphalt was also sprayed with micro-blaze.

Date Corrective Actions Completed: 6/18/2018

Did the spill enter or impact any of the following? (Check as many as apply)
- ☐ RCRA Treatment Storage Disposal Facility
- ☐ RCRA Satellite Accumulation Area
- ☐ RCRA <90 Day Storage Area
- ▪ NPDES MSGP Facility
- ☐ 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

Did the spill occur inside or outside a building? ☐ Inside ■ Outside

Did the spill occur on: (Check as many as apply)
- ☐ Concrete
- ☐ Carpeted Floor
- ☐ Tile
- ☐ Wooden floor/deck
- ■ Asphalt
- ☐ Graveled/Rocky Area
- ☐ Soil/Vegetated Area
- ☐ Other: _____

Samples Collected:
- ■ None
- ☐ Water
- ☐ Soil
- ☐ Air
- ☐ Other: _____

If samples were collected, indicate analytical suite:

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: Leonard F. Sandoval **Organization:** DSESH-UIS **Date:** 6/20/2018

Certification:

Completed by ENV-CP Personnel

Date Received: **Severity Index:** **Causal Analysis:**
- ☐ Non-Reportable
- ☐ Reportable

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Los Alamos National Laboratory
Environmental Compliance Programs (EPC-CP)
Unplanned Release Report

CAR #1344

Form Completed By:	Telephone:	Group:
Leonard F. Sandoval	667-3557	DSESH-UIS

Spill Details — Spill Owner (Specify): ■ LANS, LLC ☐ Subcontractor:

Date of Spill/Date Spill Discovered: 6/18/2018

Location: Heavy Equipment Staging Area West of 60-178

Material Spilled:
- ■ Hydraulic Fluid
- ☐ Potable Water
- ☐ Diesel
- ☐ Anti-freeze/coolant
- ☐ Steam Condensate
- ☐ Lubricants/oils
- ☐ Refrigerant Oil
- ☐ Gasoline
- ☐ Other: _____

Volume Spilled: Less than 5 ounces **Waste Volume Generated:** None

Source of Spill:
Vehicle ID: _____
Equipment ID: 30600
- ☐ Hydraulic Line
- ☐ Potable Water Line
- ☐ Fire Suppression System
- ☐ Fuel Tank
- ☐ Radiator
- ☐ Condensate Line
- ■ Other: Worn Seal

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:

Inside the heavy equipment staging area West of 60-178 936E front end loader with PN # 30600 had a small leak of hydraulic fluid on the rear axle onto asphalt. On 6/18/2018 the affected area on asphalt was sprayed with micro-blaze and a drip pan was place underneath the small leak and the front end loader was delivered to TA-60 HEY to fix the leak on 6/25/2018.

Date Corrective Actions Completed: 6/25/2018

Did the spill enter or impact any of the following? (Check as many as apply)
- ☐ RCRA Treatment Storage Disposal Facility
- ☐ RCRA Satellite Accumulation Area
- ☐ RCRA <90 Day Storage Area
- ▪ NPDES MSGP Facility
- ☐ 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

Did the spill occur inside or outside a building? ☐ Inside ■ Outside

Did the spill occur on: (Check as many as apply)
- ☐ Concrete
- ☐ Carpeted Floor
- ☐ Tile
- ☐ Wooden floor/deck
- ■ Asphalt
- ☐ Graveled/Rocky Area
- ☐ Soil/Vegetated Area
- ☐ Other: _____

Samples Collected:
- ■ None
- ☐ Water
- ☐ Soil
- ☐ Air
- ☐ Other: _____

If samples were collected, indicate analytical suite:

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:** DSESH-UIS **Date:** 6/25/2018

Certification:

Completed by ENV-CP Personnel

Date Received: **Severity Index:** **Causal Analysis:**
- ☐ Non-Reportable
- ☐ Reportable

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Los Alamos National Laboratory
Environmental Compliance Programs (EPC-CP)
Unplanned Release Report

R&G CAR#1378

Form Completed By:	Telephone:	Group:
Leonard F. Sandoval	667-3557	DSESH-UIS

Spill Details — Spill Owner (Specify): ■ LANS, LLC ☐ Subcontractor:

Date of Spill/Date Spill Discovered: 8/27/2018

Location: Far East End of Sigma Mesa

Material Spilled:
- ■ Hydraulic Fluid
- ☐ Potable Water
- ☐ Diesel
- ☐ Anti-freeze/coolant
- ☐ Steam Condensate
- ☐ Lubricants/oils
- ☐ Refrigerant Oil
- ☐ Gasoline
- ☐ Other: _____

Volume Spilled: Less than 6 fluid ounces **Waste Volume Generated:** Half of a 5 Gallon Bucket

Source of Spill:
Vehicle ID: _____
Equipment ID: _____
- ■ Hydraulic Line
- ☐ Potable Water Line
- ☐ Fire Suppression System
- ☐ Fuel Tank
- ☐ Radiator
- ☐ Condensate Line
- ☐ 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:

At the far east end of Sigma Mesa a snow plow was found with a hydraulic line that was disconnected and leaked residual hydraulic fluid onto base course. On 8/27/2018 a plug was put on the hydraulic line and the affected area was cleaned up generating half of a 5 gallon bucket of soil that will be managed as N.M. Special Waste.

Date Corrective Actions Completed: 8/27/2018

Did the spill enter or impact any of the following? (Check as many as apply)
- ☐ RCRA Treatment Storage Disposal Facility
- ☐ RCRA Satellite Accumulation Area
- ☐ RCRA <90 Day Storage Area
- ■ NPDES MSGP Facility
- ☐ 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

Did the spill occur inside or outside a building? ☐ Inside ■ Outside

Did the spill occur on: (Check as many as apply)
- ☐ Concrete
- ☐ Carpeted Floor
- ☐ Tile
- ☐ Wooden floor/deck
- ☐ Asphalt
- ■ Graveled/Rocky Area
- ☐ Soil/Vegetated Area
- ☐ Other: _____

Samples Collected:
- ■ None
- ☐ Water
- ☐ Soil
- ☐ Air
- ☐ Other: _____

If samples were collected, indicate analytical suite:

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:** DSESH-UIS **Date:** 8/28/2018

Certification: Leonard F. Sandoval

Completed by ENV-CP Personnel

Date Received: **Severity Index:** **Causal Analysis:**

☐ **Non-Reportable**
☐ **Reportable**

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Los Alamos National Laboratory
Environmental Compliance Programs (EPC-CP)
Unplanned Release Report

R&G

CAR # 1283

Form Completed By:	Telephone:	Group:
Leonard F.Sandoval	667-3557	DESHS-UIS

Spill Details — Spill Owner (Specify): ■ LANS, LLC ☐ Subcontractor:

Date of Spill/Date Spill Discovered: 12/20/2017

Location: Small oil stains present throughout TA-60 R & G West

Material Spilled:
- ☐ Hydraulic Fluid
- ☐ Potable Water
- ☐ Diesel
- ☐ Anti-freeze/coolant
- ☐ Steam Condensate
- ■ Lubricants/oils
- ☐ Refrigerant Oil
- ☐ Gasoline
- ☐ Other: _____

Volume Spilled: Less than 1 quart **Waste Volume Generated:** None

Source of Spill:
Vehicle ID: _____
Equipment ID: _____
- ☐ Hydraulic Line
- ☐ Potable Water Line
- ☐ Fire Suppression System
- ☐ Fuel Tank
- ☐ Radiator
- ☐ Condensate Line
- ☐ Other: Stains on asphalt

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:

On 12/20/2017 during the annual SWPPP inspection several small oil stains were found throughout TA-60 R & G West. The affected area's on asphalt by the plow blade at the hydraulic lines, under the John Deer backhoe # 955994, under the CAT grader # 1212416, south of TA-60 178, and by the jersey barrier on the north side were all sprayed with micro-blaze.

Date Corrective Actions Completed: 12/21/2017

Did the spill enter or impact any of the following? (Check as many as apply)
- ☐ RCRA Treatment Storage Disposal Facility
- ☐ RCRA Satellite Accumulation Area
- ☐ RCRA <90 Day Storage Area
- ■ NPDES MSGP Facility
- ☐ 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

Did the spill occur inside or outside a building? ☐ Inside ■ Outside

Did the spill occur on: (Check as many as apply)
- ☐ Concrete
- ☐ Carpeted Floor
- ☐ Tile
- ☐ Wooden floor/deck
- ■ Asphalt
- ☐ Graveled/Rocky Area
- ☐ Soil/Vegetated Area
- ☐ Other: Soil

Samples Collected:
- ■ None
- ☐ Water
- ☐ Soil
- ☐ Air
- ☐ Other: _____

If samples were collected, indicate analytical suite:

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: Leonard F. Sandoval **Organization:** DESHS-UIS **Date:** 1/2/2018

Certification: Digitally signed by Leonard F. Sandoval DN: cn=Leonard F. Sandoval, o=DESHS UIMS, ou, email=lesandov@lanl.gov, c=US Date: 2018.01.02 11:35:26 -07'00'

Completed by ENV-CP Personnel

Date Received: **Severity Index:** **Causal Analysis:** ☐ Non-Reportable ☐ Reportable

Return Completed Form to EPC-CP (biacona@lanl.gov)

Los Alamos National Laboratory
Environmental Compliance Programs (EPC-CP)
Unplanned Release Report

R4G

CAR # 1290

Form Completed By:	Telephone:	Group:
Leonard F.Sandoval	667-3557	DESHS-UIS

Spill Details — Spill Owner (Specify): ■ LANS, LLC ☐ Subcontractor:

Date of Spill/Date Spill Discovered: 12/20/2017

Location: Inside Clean Fill Yard on Sigma Mesa

Material Spilled:
- ☐ Hydraulic Fluid
- ☐ Potable Water
- ■ Diesel
- ☐ Anti-freeze/coolant
- ☐ Steam Condensate
- ☐ Lubricants/oils
- ☐ Refrigerant Oil
- ☐ Gasoline
- ☐ Other: _____

Volume Spilled: Less than 1 gallon **Waste Volume Generated:** Four 5 Gallon Buckets

Source of Spill:
Vehicle ID: _____
Equipment ID: _____
- ☐ Hydraulic Line
- ☐ Potable Water Line
- ☐ Fire Suppression System
- ☐ Fuel Tank
- ☐ Radiator
- ☐ Condensate Line
- ☐ Other: Stain on soil

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:

On 12/21/2017 during the annual SWPPP inspection for Roads and Grounds a stain on soil from a diesel leak was found inside the clean fill yard. As part of the cleanup effort the contaminated soil with diesel fuel was collect in four 5 gallon buckets and will be managed as N. M. Special Waste. The affected area on soil was also sprayed with micro-blaze.

Date Corrective Actions Completed: 12/21/2017

Did the spill enter or impact any of the following? (Check as many as apply)
- ☐ RCRA Treatment Storage Disposal Facility
- ☐ RCRA Satellite Accumulation Area
- ☐ RCRA <90 Day Storage Area
- ■ NPDES MSGP Facility
- ☐ 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

Did the spill occur inside or outside a building? ☐ Inside ■ Outside

Did the spill occur on: (Check as many as apply)
- ☐ Concrete
- ☐ Carpeted Floor
- ☐ Tile
- ☐ Wooden floor/deck
- ☐ Asphalt
- ☐ Graveled/Rocky Area
- ☐ Soil/Vegetated Area
- ■ Other: Soil

Samples Collected:
- ■ None
- ☐ Water
- ☐ Soil
- ☐ Air
- ☐ Other: _____

If samples were collected, indicate analytical suite:

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: Leonard F. Sandoval **Organization:** DESHS-UIS **Date:** 12/21/2017

Certification: Digitally signed by Leonard F. Sandoval DN: cn=Leonard F. Sandoval, o=DESHS-UIMS, ou, email=lfsandov@lanl.gov, c=US Date: 2017.12.21 14:18:54 -07'00'

Completed by ENV-CP Personnel

Date Received: **Severity Index:** **Causal Analysis:**
- ☐ Non-Reportable
- ☐ Reportable

Return Completed Form to EPC-CP (biacona@lanl.gov)

R&G

CAR# 1292

Los Alamos National Laboratory
Environmental Compliance Programs (EPC-CP)
Unplanned Release Report

Completed By:	Telephone:	Group:
Leonard F.Sandoval	667-3557	DESHS-UIS

Spill Details — Spill Owner (Specify): ■ LANS, LLC ☐ Subcontractor:

Date of Spill/Date Spill Discovered: 12/20/2017

Location: Small oil spill under the side of dump truck # 27 at TA-60 R & G East

Material Spilled:
- ■ Hydraulic Fluid
- ☐ Potable Water
- ☐ Diesel
- ☐ Anti-freeze/coolant
- ☐ Steam Condensate
- ☐ Lubricants/oils
- ☐ Refrigerant Oil
- ☐ Gasoline
- ☐ Other: _____

Volume Spilled: Less than 3 ounces **Waste Volume Generated:** None

Source of Spill:
Vehicle ID: _____
Equipment ID: _____
- ☐ Hydraulic Line
- ☐ Potable Water Line
- ☐ Fire Suppression System
- ☐ Fuel Tank
- ☐ Radiator
- ☐ Condensate Line
- ☐ Other: Stain on base course

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:

On 12/20/2017 during the annual SWPPP inspection a small oil leak was found under the side of dump truck # 27 at TA-60 R & G East. The affected area on base course was sprayed with micro-blaze.

Date Corrective Actions Completed: 12/21/2017

Did the spill enter or impact any of the following? (Check as many as apply)
- ☐ RCRA Treatment Storage Disposal Facility
- ☐ RCRA Satellite Accumulation Area
- ☐ RCRA <90 Day Storage Area
- ▪ NPDES MSGP Facility
- ☐ 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

Did the spill occur inside or outside a building? ☐ Inside ■ Outside

Did the spill occur on: (Check as many as apply)
- ☐ Concrete
- ☐ Carpeted Floor
- ☐ Tile
- ☐ Wooden floor/deck
- ☐ Asphalt
- ■ Graveled/Rocky Area
- ☐ Soil/Vegetated Area
- ☐ Other: Soil

Samples Collected:
- ■ None
- ☐ Water
- ☐ Soil
- ☐ Air
- ☐ Other: _____

If samples were collected, indicate analytical suite:

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: Leonard F. Sandoval **Organization:** DESHS-UIS **Date:** 1/2/2018

Certification: Digitally signed by Leonard F. Sandoval DN: cn=Leonard F. Sandoval, o=DSESH UIMS, ou, email=lesandov@lanl.gov, c=US Date: 2018.01.02 11:35:01 -07'00'

Completed by ENV-CP Personnel

Date Received: **Severity Index:** **Causal Analysis:**
- ☐ Non-Reportable
- ☐ Reportable

Return Completed Form to EPC-CP (biacona@lanl.gov)

Los Alamos National Laboratory
Environmental Compliance Programs (EPC-CP)
Unplanned Release Report

CAR # 1204

Form Completed By:	Telephone:	Group:
Leonard F.Sandoval	667-3557	DESHS-UIS

Spill Details — Spill Owner (Specify): ■ LANS, LLC ☐ Subcontractor:

Date of Spill/Date Spill Discovered: 10/30/2017

Location: East of the Asphalt Millings Staging Area and North of the Asphalt Batch Plant on Sigma Mesa

Material Spilled:
- ■ Hydraulic Fluid
- ☐ Potable Water
- ☐ Diesel
- ☐ Anti-freeze/coolant
- ☐ Steam Condensate
- ☐ Lubricants/oils
- ☐ Refrigerant Oil
- ☐ Gasoline
- ☐ Other: _____

Volume Spilled: Less then 1 gallon **Waste Volume Generated:** 3/4 of 5 Gallon Bucket

Source of Spill:
Vehicle ID: G82-06327
Equipment ID: _____
- ☐ Hydraulic Line
- ☐ Potable Water Line
- ☐ Fire Suppression System
- ☐ Fuel Tank
- ☐ Radiator
- ☐ Condensate Line
- ☐ Other: Seal on End Dump Failed

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:

A teamster was lowering an end dump when a seal failed leaking less than a gallon of hydraulic fluid onto base course. EO and HAZMAT responded and the contaminated soil with hydraulic fluid was collect in a 5 gallon bucket and will be managed as N. M. Special Waste. The affected area on base course was also sprayed with micro-blaze and the end dump was delivered to TA-60 HEY for fix the seal.

Date Corrective Actions Completed: 10/30/2017

Did the spill enter or impact any of the following? (Check as many as apply)
- ☐ RCRA Treatment Storage Disposal Facility
- ☐ RCRA Satellite Accumulation Area
- ☐ RCRA <90 Day Storage Area
- ▪ NPDES MSGP Facility
- ☐ 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

Did the spill occur inside or outside a building? ☐ Inside ■ Outside

Did the spill occur on: (Check as many as apply)
- ☐ Concrete
- ☐ Carpeted Floor
- ☐ Tile
- ☐ Wooden floor/deck
- ☐ Asphalt
- ■ Graveled/Rocky Area
- ☐ Soil/Vegetated Area
- ☐ Other: _____

Samples Collected:
- ■ None
- ☐ Water
- ☐ Soil
- ☐ Air
- ☐ Other: _____

If samples were collected, indicate analytical suite:

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: Leonard F. Sandoval **Organization:** DSESH-UIS **Date:** 11/2/2017

Certification: Digitally signed by Leonard F. Sandoval DN: cn=Leonard F. Sandoval, o=DSESH-UIMS, ou, email=lesandov@lanl.gov, c=US Date: 2017.11.02 15:15:51 -06'00'

Completed by ENV-CP Personnel

Date Received: **Severity Index:** **Causal Analysis:**
- ☐ Non-Reportable
- ☐ Reportable

Return Completed Form to EPC-CP (biacona@lanl.gov)

Los Alamos National Laboratory
Environmental Compliance Programs (ENV-CP)
Unplanned Release Report

CAR #1194

Form Completed By:	Telephone:	Group:
Leonard F. Sandoval	667-3557	DESHS-UIS

Spill Details — Spill Owner (Specify): ■ LANS, LLC ☐ Subcontractor:

Date of Spill/Date Spill Discovered: 10/23/2017

Location: South of Salt Shed 60-178

Material Spilled:
- ■ Hydraulic Fluid
- ☐ Potable Water
- ☐ Diesel
- ☐ Anti-freeze/coolant
- ☐ Steam Condensate
- ☐ Lubricants/oils
- ☐ Refrigerant Oil
- ☐ Gasoline
- ☐ Other: _____

Volume Spilled: Less 5 ounces **Waste Volume Generated:** None

Source of Spill:
Vehicle ID: _____
Equipment ID: _____
- ☐ Hydraulic Line
- ☐ Potable Water Line
- ☐ Fire Suppression System
- ☐ Fuel Tank
- ☐ Radiator
- ☐ Condensate Line
- ☐ Other: Stain on Asphalt

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:

South of salt shed 60-178 there is hydraulic fluid stains on asphalt. The affected area on asphalt was sprayed with micro-blaze.

Date Corrective Actions Completed: 10/23/2017

Did the spill enter or impact any of the following? (Check as many as apply)
- ☐ RCRA Treatment Storage Disposal Facility
- ☐ RCRA Satellite Accumulation Area
- ☐ RCRA <90 Day Storage Area
- ☐ 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

Did the spill occur inside or outside a building? ☐ Inside ■ Outside

Did the spill occur on: (Check as many as apply)
- ☐ Concrete
- ☐ Carpeted Floor
- ☐ Tile
- ☐ Wooden floor/deck
- ■ Asphalt
- ☐ Graveled/Rocky Area
- ☐ Soil/Vegetated Area
- ☐ Other: _____

Samples Collected:
- ■ None
- ☐ Water
- ☐ Soil
- ☐ Air
- ☐ Other: _____

If samples were collected, indicate analytical suite:

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: Leonard F. Sandoval **Organization:** DESHS-UIS **Date:** 10/24/2017

Certification: Digitally signed by Leonard F. Sandoval DN: cn=Leonard F. Sandoval, o=DESHS-UIMS, ou, email=lesandov@lanl.gov, c=US Date: 2017.10.24 06:51:32 -06'00'

Completed by ENV-CP Personnel

Date Received: **Severity Index:** **Causal Analysis:**
- ☐ Non-Reportable
- ☐ Reportable

Return Completed Form to ENV-CP (jmeadows@lanl.gov)

Los Alamos National Laboratory
Environmental Compliance Programs (ENV-CP)
Unplanned Release Report

CAR#174

Form Completed By:	Telephone:	Group:
Leonard F. Sandoval	667-3557	DESHS-UIS

Spill Details — Spill Owner (Specify): ■ LANS, LLC ☐ Subcontractor:

Date of Spill/Date Spill Discovered: 9/19/2017

Location: Staging Area East of Transportainers 60-320 and 60-321

Material Spilled:
- ■ Hydraulic Fluid
- ☐ Potable Water
- ☐ Diesel
- ☐ Anti-freeze/coolant
- ☐ Steam Condensate
- ☐ Lubricants/oils
- ☐ Refrigerant Oil
- ☐ Gasoline
- ☐ Other: _____

Volume Spilled: Less than 10 ounces **Waste Volume Generated:** 1/2 of 5 Gallon Bucket

Source of Spill:
Vehicle ID: _____
Equipment ID: _____
- ☐ Hydraulic Line
- ☐ Potable Water Line
- ☐ Fire Suppression System
- ☐ Fuel Tank
- ☐ Radiator
- ☐ Condensate Line
- ☐ Other: Stain on Base Course/Asphalt

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:

In the staging area East of Transportainers 60-320 and 60-321 there was a small hydraulic fluid stain on base course/asphalt. Half of a 5 gallon bucket of base course was collected and will be managed as N. M. Special Waste. The affected area on base course was also sprayed with micro-blaze.

Date Corrective Actions Completed: 9/20/2017

Did the spill enter or impact any of the following? (Check as many as apply)
- ☐ RCRA Treatment Storage Disposal Facility
- ☐ RCRA Satellite Accumulation Area
- ☐ RCRA <90 Day Storage Area
- ☐ 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

Did the spill occur inside or outside a building? ☐ Inside ■ Outside

Did the spill occur on: (Check as many as apply)
- ☐ Concrete
- ☐ Carpeted Floor
- ☐ Tile
- ☐ Wooden floor/deck
- ■ Asphalt
- ■ Graveled/Rocky Area
- ☐ Soil/Vegetated Area
- ☐ Other: _____

Samples Collected:
- ■ None
- ☐ Water
- ☐ Soil
- ☐ Air
- ☐ Other: _____

If samples were collected, indicate analytical suite:

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: Leonard F. Sandoval **Organization:** DESHS-UIS **Date:** 9/29/2017

Certification: Digitally signed by Leonard F. Sandoval DN: cn=Leonard F. Sandoval, o=DESHS-UIMS, ou, email=lesandov@lanl.gov, c=US Date: 2017.09.29 12:17:53 -06'00'

Completed by ENV-CP Personnel

Date Received: **Severity Index:** **Causal Analysis:** ☐ **Non-Reportable** ☐ **Reportable**

Return Completed Form to ENV-CP (jmeadows@lanl.gov)

Los Alamos National Laboratory
Environmental Compliance Programs (ENV-CP)
Unplanned Release Report

CAR# 1171

Form Completed By:	Telephone:	Group:
Leonard F. Sandoval	667-3557	DESHS-UIS

Spill Details — Spill Owner (Specify): ■ LANS, LLC ☐ Subcontractor:

Date of Spill/Date Spill Discovered: 9/19/2017

Location: Staging Area North of the TA-60 Asphalt Batch Plant

Material Spilled:
- ■ Hydraulic Fluid
- ☐ Potable Water
- ☐ Diesel
- ☐ Anti-freeze/coolant
- ☐ Steam Condensate
- ☐ Lubricants/oils
- ☐ Refrigerant Oil
- ☐ Gasoline
- ☐ Other: _____

Volume Spilled: Less than 1/2 quart **Waste Volume Generated:** 5 Gallon Bucket

Source of Spill:
Vehicle ID: _____
Equipment ID: _____
- ☐ Hydraulic Line
- ☐ Potable Water Line
- ☐ Fire Suppression System
- ☐ Fuel Tank
- ☐ Radiator
- ☐ Condensate Line
- ☐ Other: Stain on Base Course

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:

In the staging area North of the TA-60 Asphalt Batch Plant there was small hydraulic fluid stains on base course underneath several of the snow plows. A 5 gallon bucket of base course was collected and will be managed as N. M. Special Waste. The affected area on base course was also sprayed with micro-blaze.

Date Corrective Actions Completed: 9/20/2017

Did the spill enter or impact any of the following? (Check as many as apply)
- ☐ RCRA Treatment Storage Disposal Facility
- ☐ RCRA Satellite Accumulation Area
- ☐ RCRA <90 Day Storage Area
- ☐ 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

Did the spill occur inside or outside a building? ☐ Inside ■ Outside

Did the spill occur on: (Check as many as apply)
- ☐ Concrete
- ☐ Carpeted Floor
- ☐ Tile
- ☐ Wooden floor/deck
- ☐ Asphalt
- ☒ Graveled/Rocky Area
- ☐ Soil/Vegetated Area
- ☐ Other: _____

Samples Collected:
- ■ None
- ☐ Water
- ☐ Soil
- ☐ Air
- ☐ Other: _____

If samples were collected, indicate analytical suite:

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: Leonard F. Sandoval **Organization:** DESHS-UIS **Date:** 9/29/2017

Certification: Digitally signed by Leonard F. Sandoval DN: cn=Leonard F. Sandoval, o=DESH-UIMS, ou, email=lesandoval@lanl.gov, c=US Date: 2017.09.29 12:27:26 -06'00'

Completed by ENV-CP Personnel

Date Received: **Severity Index:** **Causal Analysis:**
- ☐ Non-Reportable
- ☐ Reportable

Return Completed Form to ENV-CP (jmeadows@lanl.gov)

Los Alamos National Laboratory
Environmental Compliance Programs (ENV-CP)
Unplanned Release Report

CAR # 1170

Form Completed By:	Telephone:	Group:
Leonard F. Sandoval	667-3557	DESHS-UIS

Spill Details — Spill Owner (Specify): ■ LANS, LLC ☐ Subcontractor:

Date of Spill/Date Spill Discovered: 9/19/2017

Location: Staging Area South of the TA-60 Clean-Fill Yard on Sigma Mesa

Material Spilled:
- ☐ Hydraulic Fluid
- ☐ Potable Water
- ☐ Diesel
- ☐ Anti-freeze/coolant
- ☐ Steam Condensate
- ■ Lubricants/oils
- ☐ Refrigerant Oil
- ☐ Gasoline
- ☐ Other: _____

Volume Spilled: Less than 1/2 quart **Waste Volume Generated:** 1/4 of 5 gallon bucket

Source of Spill:
Vehicle ID: _____
Equipment ID: 20-PD Techan Snowmelter
- ☐ Hydraulic Line
- ☐ Potable Water Line
- ☐ Fire Suppression System
- ☐ Fuel Tank
- ☐ Radiator
- ☐ Condensate Line
- ■ Other: At base of dipstick to the Engine

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:

A yellow Techan Snowmelter 20-PD in the staging area south of the clean-fill yard has a slow oil leak at the base of the dip stick to the engine oil. On 9/19/2017 a spill sock was placed around the dip stick to the engine to help capture the oil. On 9/20/2017 the small stain on soil underneath the snowmelter was cleaned up and the affected area sprayed with micro-blaze. On 9/29/2017 the snowmelter was delivered to TA-60 HEY to get the leak fixed.

Date Corrective Actions Completed: 9/29/2017

Did the spill enter or impact any of the following? (Check as many as apply)
- ☐ RCRA Treatment Storage Disposal Facility
- ☐ RCRA Satellite Accumulation Area
- ☐ RCRA <90 Day Storage Area
- ☐ 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

Did the spill occur inside or outside a building? ☐ Inside ■ Outside

Did the spill occur on: (Check as many as apply)
- ☐ Concrete
- ☐ Carpeted Floor
- ☐ Tile
- ☐ Wooden floor/deck
- ☐ Asphalt
- ☐ Graveled/Rocky Area
- ■ Soil/Vegetated Area
- ☐ Other: _____

Samples Collected:
- ■ None
- ☐ Water
- ☐ Soil
- ☐ Air
- ☐ Other: _____

If samples were collected, indicate analytical suite:

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: Leonard F. Sandoval **Organization:** DESHS-UIS **Date:** 10/2/2017

Certification: Digitally signed by Leonard F. Sandoval DN: cn=Leonard F. Sandoval, o=DESHS-UIMS.ou, email=lesandov@lanl.gov, c=US Date: 2017.10.02 06:49:15 -06'00'

Completed by ENV-CP Personnel

Date Received: **Severity Index:** **Causal Analysis:**
- ☐ Non-Reportable
- ☐ Reportable

Return Completed Form to ENV-CP (jmeadows@lanl.gov)

Los Alamos National Laboratory
Environmental Compliance Programs (ENV-CP)
Unplanned Release Report

CAR# 1155

Form Completed By:	Telephone:	Group:
Leonard F. Sandoval	667-3557	DESHS-UIS

Spill Details — Spill Owner (Specify): ■ LANS, LLC ☐ Subcontractor:

Date of Spill/Date Spill Discovered: 8/1/2017

Location: Inside the Heavy Equipment Staging Area at Roads and Grounds

Material Spilled:
- ☐ Hydraulic Fluid
- ☐ Potable Water
- ☐ Diesel
- ☐ Anti-freeze/coolant
- ☐ Steam Condensate
- ■ Lubricants/oils
- ☐ Refrigerant Oil
- ☐ Gasoline
- ☐ Other: _____

Volume Spilled: Less than 1 quart **Waste Volume Generated:** 5 gallon bucket

Source of Spill:
Vehicle ID: PN # 812928
Equipment ID: _____
- ☐ Hydraulic Line
- ☐ Potable Water Line
- ☐ Fire Suppression System
- ☐ Fuel Tank
- ☐ Radiator
- ☐ Condensate Line
- ■ Other: Right Side of the Engine

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:

A small Case 1840 Uni-Loader with PN # 812928 inside the heavy equipment staging area at Roads and Grounds leaked less than a quart of motor oil onto asphalt from the right side of the engine. The oil on asphalt was cleaned up with oil sponge absorbent and the affected area was sprayed with micro-blaze. Waste generated from the clean up was a 5 gallon bucket of oil sponge absorbent that will be managed as N. M. Special Waste.

Date Corrective Actions Completed: 8/1/2017

Did the spill enter or impact any of the following? (Check as many as apply)
- ☐ RCRA Treatment Storage Disposal Facility
- ☐ RCRA Satellite Accumulation Area
- ☐ RCRA <90 Day Storage Area
- ☐ 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

Did the spill occur inside or outside a building? ☐ Inside ■ Outside

Did the spill occur on: (Check as many as apply)
- ☐ Concrete
- ☐ Carpeted Floor
- ☐ Tile
- ☐ Wooden floor/deck
- ■ Asphalt
- ☐ Graveled/Rocky Area
- ☐ Soil/Vegetated Area
- ☐ Other: _____

Samples Collected:
- ■ None
- ☐ Water
- ☐ Soil
- ☐ Air
- ☐ Other: _____

If samples were collected, indicate analytical suite:

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: Leonard F. Sandoval **Organization:** DESHS-UIS **Date:** 8/1/2017

Certification: Digitally signed by Leonard F. Sandoval DN: cn=Leonard F. Sandoval, o=DSESH-UIMS, ou, email=lesandov@lanl.gov, c=US Date: 2017.08.01 14:07:34 -06'00'

Completed by ENV-CP Personnel

Date Received: **Severity Index:** **Causal Analysis:**
- ☐ Non-Reportable
- ☐ Reportable

Return Completed Form to ENV-CP (jmeadows@lanl.gov)

Los Alamos National Laboratory
Environmental Compliance Programs (ENV-CP)
Unplanned Release Report

R+G
CAR# 1142

Form Completed By:	Telephone:	Group:
Leonard F. Sandoval	667-3557	DESHS-UIS

Spill Details — Spill Owner (Specify): ■ LANS, LLC ☐ Subcontractor:

Date of Spill/Date Spill Discovered: 7/24/2017

Location: Staging Area North of the TA-60 Asphalt Batch Plant

Material Spilled:
- ■ Hydraulic Fluid
- ☐ Potable Water
- ☐ Diesel
- ☐ Anti-freeze/coolant
- ☐ Steam Condensate
- ☐ Lubricants/oils
- ☐ Refrigerant Oil
- ☐ Gasoline
- ☐ Other: _____

Volume Spilled: Less than 5 ounces **Waste Volume Generated:** 1/2 of 5 Gallon Bucket

Source of Spill:
Vehicle ID: _____
Equipment ID: _____
- ☐ Hydraulic Line
- ☐ Potable Water Line
- ☐ Fire Suppression System
- ☐ Fuel Tank
- ☐ Radiator
- ☐ Condensate Line
- ☐ Other: Stain on Base Course

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:

In the staging area North of the TA-60 Asphalt Batch Plant there was a small hydraulic fluid stain on base course. Half of a 5 gallon bucket of base course was collected and will be managed as N. M. Special Waste. The affected area on base course was also sprayed with micro-blaze.

Date Corrective Actions Completed: 7/24/2017

Did the spill enter or impact any of the following? (Check as many as apply)
- ☐ RCRA Treatment Storage Disposal Facility
- ☐ RCRA Satellite Accumulation Area
- ☐ RCRA <90 Day Storage Area
- ☐ 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

Did the spill occur inside or outside a building? ☐ Inside ■ Outside

Did the spill occur on: (Check as many as apply)
- ☐ Concrete
- ☐ Carpeted Floor
- ☐ Tile
- ☐ Wooden floor/deck
- ☐ Asphalt
- ■ Graveled/Rocky Area
- ☐ Soil/Vegetated Area
- ☐ Other: _____

Samples Collected:
- ■ None
- ☐ Water
- ☐ Soil
- ☐ Air
- ☐ Other: _____

If samples were collected, indicate analytical suite:

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: Leonard F. Sandoval **Organization:** DESHS-UIS **Date:** 7/24/2017

Certification: Digitally signed by Leonard F. Sandoval DN: cn=Leonard F. Sandoval, o=DESHS-UIMS, ou, email=lesandov@lanl.gov, c=US Date: 2017.07.25 07:29:15 -06'00'

Completed by ENV-CP Personnel

Date Received: **Severity Index:** **Causal Analysis:**
- ☐ Non-Reportable
- ☐ Reportable

Return Completed Form to ENV-CP (jmeadows@lanl.gov)

Los Alamos National Laboratory
Environmental Compliance Programs (ENV-CP)
Unplanned Release Report

CAR # 1138

Form Completed By:	Telephone:	Group:
Leonard F. Sandoval	667-3557	DESHS-UIS

Spill Details — Spill Owner (Specify): ■ LANS, LLC ☐ Subcontractor:

Date of Spill/Date Spill Discovered: 7/17/2017

Location: Paved Entrance to South Parking Lot of TA-60 Building 250 Roads and Grounds

Material Spilled:
- ■ Hydraulic Fluid
- ☐ Potable Water
- ☐ Diesel
- ☐ Anti-freeze/coolant
- ☐ Steam Condensate
- ☐ Lubricants/oils
- ☐ Refrigerant Oil
- ☐ Gasoline
- ☐ Other: _____

Volume Spilled: 1 Gallon **Waste Volume Generated:** 5 Gallon Bucket of Oil Sponge

Source of Spill:
Vehicle ID: _____
Equipment ID: _____
- ☐ Hydraulic Line
- ☐ Potable Water Line
- ☐ Fire Suppression System
- ☐ Fuel Tank
- ☐ Radiator
- ☐ Condensate Line
- ■ Other: 5 Gallon Bucket of Hydraulic Oil

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:

A 5 gallon bucket of hydraulic fluid fell out of the back of a service truck and spilled approximately 1 gallon of oil on asphalt at the entrance to the south parking lot of TA-60 building 250 Roads and Grounds. EO and HAZMAT responded to the oil spill at TA-60.The oil spill on asphalt was cleaned up with oil sponge absorbent and Micro-blaze was sprayed on the affected area. Waste generated from the spill clean up was a 5 gallon bucket of absorbent managed as N.M. Special Waste.

Date Corrective Actions Completed: 7/17/2017

Did the spill enter or impact any of the following? (Check as many as apply)
- ☐ RCRA Treatment Storage Disposal Facility
- ☐ RCRA Satellite Accumulation Area
- ☐ RCRA <90 Day Storage Area
- ☐ 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

Did the spill occur inside or outside a building? ☐ Inside ■ Outside

Did the spill occur on: (Check as many as apply)
- ☐ Concrete
- ☐ Carpeted Floor
- ☐ Tile
- ☐ Wooden floor/deck
- ■ Asphalt
- ☐ Graveled/Rocky Area
- ☐ Soil/Vegetated Area
- ☐ Other: _____

Samples Collected:
- ■ None
- ☐ Water
- ☐ Soil
- ☐ Air
- ☐ Other: _____

If samples were collected, indicate analytical suite:

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: Leonard F. Sandoval **Organization:** DESHS-UIS **Date:** 7/17/2017

Certification: Digitally signed by Leonard F. Sandoval DN: cn=Leonard F. Sandoval, o=DESHS-UIMS, ou, email=lesandoval@lanl.gov, c=US Date: 2017.07.17 10:08:06 -06'00'

Completed by ENV-CP Personnel

Date Received: **Severity Index:** **Causal Analysis:**
- ☐ Non-Reportable
- ☐ Reportable

Return Completed Form to ENV-CP (jmeadows@lanl.gov)

Los Alamos National Laboratory
Environmental Compliance Programs (ENV-CP)
Unplanned Release Report

CAR#1076

Form Completed By:	Telephone:	Group:
Leonard F. Sandoval	667-3557	DESHS-UIS

Spill Details — Spill Owner (Specify): ☒ LANS, LLC ☐ Subcontractor:

Date of Spill/Date Spill Discovered: 3/27/2017

Location: Staging Area South of the Clean-Fill Yard on Sigma Mesa

Material Spilled:
- ☒ Hydraulic Fluid
- ☐ Potable Water
- ☐ Diesel
- ☐ Anti-freeze/coolant
- ☐ Steam Condensate
- ☐ Lubricants/oils
- ☐ Refrigerant Oil
- ☐ Gasoline
- ☐ Other: _____

Volume Spilled: Less than 12 FL oz **Waste Volume Generated:** 5 Gallon Bucket

Source of Spill:
Vehicle ID: _____
Equipment ID: _____
- ☐ Hydraulic Line
- ☐ Potable Water Line
- ☐ Fire Suppression System
- ☐ Fuel Tank
- ☐ Radiator
- ☐ Condensate Line
- ☒ Other: Staining on soil

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:

A small stain on soil from a hydraulic leak was found in the staging area south of the clean fill yard. As part of the cleanup effort the stained soil was collected and generated a 5 gallon bucket that was 3/4 full of N.M. Special Waste. The affected area on soil was also sprayed with micro-blaze.

Date Corrective Actions Completed: 3/27/2017

Did the spill enter or impact any of the following? (Check as many as apply)
- ☐ RCRA Treatment Storage Disposal Facility
- ☐ RCRA Satellite Accumulation Area
- ☐ RCRA <90 Day Storage Area
- ☐ 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

Did the spill occur inside or outside a building? ☐ Inside ☒ Outside

Did the spill occur on: (Check as many as apply)
- ☐ Concrete
- ☐ Carpeted Floor
- ☐ Tile
- ☐ Wooden floor/deck
- ☐ Asphalt
- ☐ Graveled/Rocky Area
- ☒ Soil/Vegetated Area
- ☐ Other: _____

Samples Collected:
- ☒ None
- ☐ Water
- ☐ Soil
- ☐ Air
- ☐ Other: _____

If samples were collected, indicate analytical suite:

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: Leonard F. Sandoval **Organization:** DESHS-UIS **Date:** 3/27/2017

Certification: Digitally signed by Leonard F. Sandoval DN: cn=Leonard F. Sandoval, o=DESM-UIMS, ou, email=lesandoval@lanl.gov, c=US Date: 2017.03.27 13:11:24 -06'00'

Completed by ENV-CP Personnel

Date Received: **Severity Index:** **Causal Analysis:**

☐ **Non-Reportable**
☐ **Reportable**

Return Completed Form to ENV-CP (jmeadows@lanl.gov)

Los Alamos National Laboratory
Environmental Compliance Programs (ENV-CP)
Unplanned Release Report

CAR#1075

Form Completed By:	Telephone:	Group:
Leonard F. Sandoval	667-3557	DS-ESH UI

Spill Details — Spill Owner (Specify): ☒ LANS, LLC ☐ Subcontractor:

Date of Spill/Date Spill Discovered: 3/27/2017

Location: NE of Salt Shed 60-173 along chain link fence

Material Spilled:
- ☒ Hydraulic Fluid
- ☐ Potable Water
- ☐ Diesel
- ☐ Anti-freeze/coolant
- ☐ Steam Condensate
- ☐ Lubricants/oils
- ☐ Refrigerant Oil
- ☐ Gasoline
- ☐ Other: _____

Volume Spilled: Less than 5 FL oz **Waste Volume Generated:** None

Source of Spill:
Vehicle ID: E201180
Equipment ID: _____
- ☐ Hydraulic Line
- ☐ Potable Water Line
- ☐ Fire Suppression System
- ☐ Fuel Tank
- ☐ Radiator
- ☐ Condensate Line
- ☒ Other: Square Hydraulic 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:

White International dump truck with license number E201180 had a small hydraulic fluid leak on the passenger side of the vehicle around a liquid level gauge on a square hydraulic tank. The vehicle was delivered to TA-60 Heavy Equipment to repair the leak. A very small amount of hydraulic fluid leaked onto asphalt and was sprayed with micro-blaze.

Date Corrective Actions Completed: 3/27/2017

Did the spill enter or impact any of the following? (Check as many as apply)
- ☐ RCRA Treatment Storage Disposal Facility
- ☐ RCRA Satellite Accumulation Area
- ☐ RCRA <90 Day Storage Area
- ☐ 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

Did the spill occur inside or outside a building? ☐ Inside ☒ Outside

Did the spill occur on: (Check as many as apply)
- ☐ Concrete
- ☐ Carpeted Floor
- ☐ Tile
- ☐ Wooden floor/deck
- ☒ Asphalt
- ☐ Graveled/Rocky Area
- ☐ Soil/Vegetated Area
- ☐ Other: _____

Samples Collected:
- ☒ None
- ☐ Water
- ☐ Soil
- ☐ Air
- ☐ Other: _____

If samples were collected, indicate analytical suite:

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: Leonard F. Sandoval **Organization:** DS-ESH UI **Date:** 3/27/2017

Certification: Leonard F. Sandoval

Completed by ENV-CP Personnel

Date Received: **Severity Index:** **Causal Analysis:**

☐ **Non-Reportable**
☐ **Reportable**

Return Completed Form to ENV-CP (jmeadows@lanl.gov)

Los Alamos National Laboratory
Environmental Compliance Programs (ENV-CP)
Unplanned Release Report

CAR#1071

Form Completed By:	Telephone:	Group:
Leonard F. Sandoval	667-3557	DESHS-UIS

Spill Details — Spill Owner (Specify): ☒ LANS, LLC ☐ Subcontractor:

Date of Spill/Date Spill Discovered: 3/22/2017

Location: Inside East Access Gate to Clean-Fill Yard on Sigma Mesa

Material Spilled:
- ☐ Hydraulic Fluid
- ☐ Potable Water
- ☒ Diesel
- ☐ Anti-freeze/coolant
- ☐ Steam Condensate
- ☐ Lubricants/oils
- ☐ Refrigerant Oil
- ☐ Gasoline
- ☐ Other: _____

Volume Spilled: Less than 12 FL oz **Waste Volume Generated:** 5 Gallon Bucket

Source of Spill:
Vehicle ID: _____
Equipment ID: _____
- ☐ Hydraulic Line
- ☐ Potable Water Line
- ☐ Fire Suppression System
- ☐ Fuel Tank
- ☐ Radiator
- ☐ Condensate Line
- ☒ Other: Staining on soil

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:

A D8 bulldozer, 2 front end loaders, and backhoe have been in and out of the clean fill yard for several weeks supporting an effort to receive 800 cubic yards of soil from TA-55 and another 3,000 cubic yards of soil from TA-22. A small stain on soil from a diesel leak was found inside the east access gate to the clean fill yard. As part of the cleanup effort the stained soil was collected and generated a 5 gallon bucket of N.M. Special Waste. The affected area on soil was also sprayed with micro-blaze.

Date Corrective Actions Completed: 3/22/2017

Did the spill enter or impact any of the following? (Check as many as apply)
- ☐ RCRA Treatment Storage Disposal Facility
- ☐ RCRA Satellite Accumulation Area
- ☐ RCRA <90 Day Storage Area
- ☐ 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

Did the spill occur inside or outside a building? ☐ Inside ☒ Outside

Did the spill occur on: (Check as many as apply)
- ☐ Concrete
- ☐ Carpeted Floor
- ☐ Tile
- ☐ Wooden floor/deck
- ☐ Asphalt
- ☐ Graveled/Rocky Area
- ☒ Soil/Vegetated Area
- ☐ Other: _____

Samples Collected:
- ☒ None
- ☐ Water
- ☐ Soil
- ☐ Air
- ☐ Other: _____

If samples were collected, indicate analytical suite:

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: Leonard F. Sandoval **Organization:** DESHS-UIS **Date:** 3/22/2017

Certification: Digitally signed by Leonard F. Sandoval DN: cn=Leonard F. Sandoval, o=DESHS-UIMS, ou, email=lesandov@lanl.gov, c=US Date: 2017.03.22 09:35:40 -06'00'

Completed by ENV-CP Personnel

Date Received: **Severity Index:** **Causal Analysis:**
- ☐ Non-Reportable
- ☐ Reportable

Return Completed Form to ENV-CP (jmeadows@lanl.gov)

Los Alamos National Laboratory
Environmental Compliance Programs (ENV-CP)
Unplanned Release Report

CAR # 1055

Form Completed By:	Telephone:	Group:
Leonard F. Sandoval	667-3557	DESHS-UIS

Spill Details — Spill Owner (Specify): ☒ LANS, LLC ☐ Subcontractor:

Date of Spill/Date Spill Discovered: 2/16/2017

Location: Eniwetok Drive between TA-60 Bldg 2 and TA-60 Bldg 250

Material Spilled:
- ☐ Hydraulic Fluid
- ☐ Potable Water
- ☐ Diesel
- ☐ Anti-freeze/coolant
- ☐ Steam Condensate
- ☐ Lubricants/oils
- ☐ Refrigerant Oil
- ☐ Gasoline
- ☒ Other: Potholing Material

Volume Spilled: 55 gallons **Waste Volume Generated:** None

Source of Spill:
Vehicle ID: _____
Equipment ID: _____
- ☐ Hydraulic Line
- ☐ Potable Water Line
- ☐ Fire Suppression System
- ☐ Fuel Tank
- ☐ Radiator
- ☐ Condensate Line
- ☒ Other: Potholing Machine

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:

The hydraulic arm on the driver's side of the potholing machine that helps maintain a pressurized seal on the back hatch failed and potholing material was released through a crack onto Eniwetok drive between TA-60 Bldg 2 and TA-60 Bldg 250. The potholing machine was eventually emptied at the TA-60 Potholing yard and was sent off for repairs. Approximately 55 gallons of water and sediment leaked onto the asphalt road which was allowed to dry and cleaned up with a street sweeper.

Date Corrective Actions Completed: 2/16/2017

Did the spill enter or impact any of the following? (Check as many as apply)
- ☐ RCRA Treatment Storage Disposal Facility
- ☐ RCRA Satellite Accumulation Area
- ☐ RCRA <90 Day Storage Area
- ☐ 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

Did the spill occur inside or outside a building? ☐ Inside ☒ Outside

Did the spill occur on: (Check as many as apply)
- ☐ Concrete
- ☐ Carpeted Floor
- ☐ Tile
- ☐ Wooden floor/deck
- ☒ Asphalt
- ☐ Graveled/Rocky Area
- ☐ Soil/Vegetated Area
- ☐ Other: _____

Samples Collected:
- ☒ None
- ☐ Water
- ☐ Soil
- ☐ Air
- ☐ Other: _____

If samples were collected, indicate analytical suite:

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: Leonard F. Sandoval **Organization:** DESHS-UIS **Date:** 2/16/2017

Certification: Digitally signed by Leonard F. Sandoval DN: cn=Leonard F. Sandoval, o=DESHS UIMS, ou, email=lesandov@lanl.gov, c=US Date: 2017.02.16 11:34:43 -07'00'

Completed by ENV-CP Personnel

Date Received: **Severity Index:** **Causal Analysis:**
- ☐ Non-Reportable
- ☐ Reportable

Return Completed Form to ENV-CP (jmeadows@lanl.gov)

Los Alamos National Laboratory
Environmental Compliance Programs (ENV-CP)
Unplanned Release Report

CAR# 998 Roads & Grounds

Form Completed By:	Telephone:	Group:
Leonard F. Sandoval	667-3557	DESHS-UIS

Spill Details Spill Owner (Specify): ■ LANS, LLC ☐ Subcontractor:

Date of Spill/Date Spill Discovered: 11/10/2016

Location: Directly West of Clean-Fill Yard on Sigma Mesa

Material Spilled:
- ■ Hydraulic Fluid
- ☐ Potable Water
- ☐ Diesel
- ☐ Anti-freeze/coolant
- ☐ Steam Condensate
- ☐ Lubricants/oils
- ☐ Refrigerant Oil
- ☐ Gasoline
- ☐ Other: _____

Volume Spilled: Approximately 5 Gallons **Waste Volume Generated:** Cubic Yard of contaminated soil

Source of Spill:
Vehicle ID: G82-0250F
Equipment ID: _____
- ■ Hydraulic Line
- ☐ Potable Water Line
- ☐ Fire Suppression System
- ☐ Fuel Tank
- ☐ Radiator
- ☐ Condensate Line
- ☐ 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:

Failure of a hydraulic hose on the cylinder hoist of a dump truck resulted in the discharge of approximately 5 gallons of hydraulic fluid onto the underlying soil. The operator immediately deployed a spill kit to minimize the extent of the impacted area. EO and HAZMAT were notified and assisted with remediation of the release. Using a piece of heavy equipment, the impacted soil was removed and secured in a tarp on-site and will be managed as N. M Special Waste. The discharge did not leave the site and is not reportable pursuant to 20.6.2.1203 NMAC. The dump truck was delivered to TA-60 HEY to replace the damaged hydraulic line.

Date Corrective Actions Completed: 11/10/2016

Did the spill enter or impact any of the following? (Check as many as apply)
- ☐ RCRA Treatment Storage Disposal Facility
- ☐ RCRA Satellite Accumulation Area
- ☐ RCRA <90 Day Storage Area
- ☐ 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

Did the spill occur inside or outside a building? ☐ Inside ■ Outside

Did the spill occur on: (Check as many as apply)
- ☐ Concrete
- ☐ Carpeted Floor
- ☐ Tile
- ☐ Wooden floor/deck
- ☐ Asphalt
- ☐ Graveled/Rocky Area
- ■ Soil/Vegetated Area
- ☐ Other: _____

Samples Collected:
- ■ None
- ☐ Water
- ☐ Soil
- ☐ Air
- ☐ Other: _____

If samples were collected, indicate analytical suite:

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: Leonard F. Sandoval **Organization:** DESHS-UIS **Date:** 11/14/2016

Certification: Digitally signed by Leonard F. Sandoval DN: cn=Leonard F. Sandoval, o=DESH-UIMS, ou, email=lesandov@lanl.gov, c=US Date: 2016.11.14 11:39:43 -07'00'

Completed by ENV-CP Personnel
Date Received: **Severity Index:** **Causal Analysis:**
☐ **Non-Reportable**
☐ **Reportable**

Return Completed Form to ENV-CP (jmeadows@lanl.gov)

Los Alamos National Laboratory
Environmental Compliance Programs (ENV-CP)
Unplanned Release Report

CAR# 941

Form Completed By:	Telephone:	Group:
Leonard F. Sandoval	667-3557	DESHS-UIS

Spill Details — Spill Owner (Specify): ■ LANS, LLC ☐ Subcontractor:

Date of Spill/Date Spill Discovered: 7/25/2016

Location: Inside the Heavy Equipment Staging Area at Roads and Grounds

Material Spilled:
- ■ Hydraulic Fluid
- ☐ Potable Water
- ☐ Diesel
- ☐ Anti-freeze/coolant
- ☐ Steam Condensate
- ☐ Lubricants/oils
- ☐ Refrigerant Oil
- ☐ Gasoline
- ☐ Other: _____

Volume Spilled: Less than 5 ounces **Waste Volume Generated:** None

Source of Spill:
Vehicle ID: _____
Equipment ID: _____
- ■ Hydraulic Line
- ☐ Potable Water Line
- ☐ Fire Suppression System
- ☐ Fuel Tank
- ☐ Radiator
- ☐ Condensate Line
- ☐ 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:

Front end loader attachment to John Deere tractor inside heavy equipment staging area at Roads and Grounds leaked a small amount of residual hydraulic fluid from hydraulic lines onto asphalt. The affected area on asphalt was sprayed with micro-blaze.

Date Corrective Actions Completed: 7/25/2016

Did the spill enter or impact any of the following? (Check as many as apply)
- ☐ RCRA Treatment Storage Disposal Facility
- ☐ RCRA Satellite Accumulation Area
- ☐ RCRA <90 Day Storage Area
- ☐ 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

Did the spill occur inside or outside a building? ☐ Inside ■ Outside

Did the spill occur on: (Check as many as apply)
- ☐ Concrete
- ☐ Carpeted Floor
- ☐ Tile
- ☐ Wooden floor/deck
- ■ Asphalt
- ☐ Graveled/Rocky Area
- ☐ Soil/Vegetated Area
- ☐ Other: _____

Samples Collected:
- ■ None
- ☐ Water
- ☐ Soil
- ☐ Air
- ☐ Other: _____

If samples were collected, indicate analytical suite:

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: Leonard F. Sandoval **Organization:** DESHS-UIS **Date:** 7/25/2016

Certification: Digitally signed by Leonard F. Sandoval DN: cn=Leonard F. Sandoval, o=DESHS-UIMS, ou, email=lesandov@lanl.gov, c=US Date: 2016.07.25 11:42:49 -06'00'

Completed by ENV-CP Personnel

Date Received: **Severity Index:** **Causal Analysis:**
- ☐ Non-Reportable
- ☐ Reportable

Return Completed Form to ENV-CP (jmeadows@lanl.gov)

Los Alamos National Laboratory
Environmental Compliance Programs (ENV-CP)
Unplanned Release Report

CAR#891

Form Completed By:	Telephone:	Group:
Leonard F. Sandoval	667-3557	DS-ESH UI

Spill Details — Spill Owner (Specify): ■ LANS, LLC ☐ Subcontractor:

Date of Spill/Date Spill Discovered: 3/21/2016

Location: Northside of TA-60 Building 178

Material Spilled:
- ■ Hydraulic Fluid
- ☐ Potable Water
- ☐ Diesel
- ☐ Anti-freeze/coolant
- ☐ Steam Condensate
- ☐ Lubricants/oils
- ☐ Refrigerant Oil
- ☐ Gasoline
- ☐ Other: _____

Volume Spilled: Less than 6 ounces **Waste Volume Generated:** None

Source of Spill:
Vehicle ID: G82-0249F
Equipment ID: _____
- ■ Hydraulic Line
- ☐ Potable Water Line
- ☐ Fire Suppression System
- ☐ Fuel Tank
- ☐ Radiator
- ☐ Condensate Line
- ☐ 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:

Affected area on asphalt was sprayed with micro-blaze and salt truck was delivered to TA-60 Heavy Equipment Yard to fix the hydraulic leak.

Date Corrective Actions Completed: 3/21/2016

Did the spill enter or impact any of the following? (Check as many as apply)
- ☐ RCRA Treatment Storage Disposal Facility
- ☐ RCRA Satellite Accumulation Area
- ☐ RCRA <90 Day Storage Area
- ☐ 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

Did the spill occur inside or outside a building? ☐ Inside ■ Outside

Did the spill occur on: (Check as many as apply)
- ☐ Concrete
- ☐ Carpeted Floor
- ☐ Tile
- ☐ Wooden floor/deck
- ■ Asphalt
- ☐ Graveled/Rocky Area
- ☐ Soil/Vegetated Area
- ☐ Other: _____

Samples Collected:
- ■ None
- ☐ Water
- ☐ Soil
- ☐ Air
- ☐ Other: _____

If samples were collected, indicate analytical suite:

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: Leonard F. Sandoval **Organization:** DS-ESH UI **Date:** 3/21/2016

Certification: Digitally signed by Leonard F. Sandoval DN: cn=Leonard F. Sandoval, o=DS-ESHUI, ou=Z4114326, email=lesandov@lanl.gov, c=US Date: 2016.03.22 07:09:14 -06'00'

Completed by ENV-CP Personnel

Date Received: **Severity Index:** **Causal Analysis:**
- ☐ Non-Reportable
- ☐ Reportable

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Los Alamos National Laboratory
Environmental Compliance Programs (ENV-CP)
Unplanned Release Report

CAR#181

Form Completed By:	Telephone:	Group:
Leonard F. Sandoval	667-3557	DESHS-UIS

Spill Details — Spill Owner (Specify): ■ LANS, LLC ☐ Subcontractor:

Date of Spill/Date Spill Discovered: 2/22/2016

Location: TA-60 Sigma Mesa Heavy Equipment Yard

Material Spilled:
- ■ Hydraulic Fluid
- ☐ Potable Water
- ☐ Diesel
- ☐ Anti-freeze/coolant
- ☐ Steam Condensate
- ☐ Lubricants/oils
- ☐ Refrigerant Oil
- ☐ Gasoline
- ☐ Other: _____

Volume Spilled: Less than 6 ounces **Waste Volume Generated:** None

Source of Spill:
Vehicle ID: _____
Equipment ID: PN # 30599
- ■ Hydraulic Line
- ☐ Potable Water Line
- ☐ Fire Suppression System
- ☐ Fuel Tank
- ☐ Radiator
- ☐ Condensate Line
- ☐ 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:

In the heavy equipment yard at TA-60 Sigma Mesa a 140 G Grader PN # 30599 had a small hydraulic leak on the right side of the blade. The Grader was delivered to TA-60 HEY to repair the hydraulic leak and the affected area on asphalt was sprayed with micro-blaze.

Date Corrective Actions Completed: 2/22/2016

Did the spill enter or impact any of the following? (Check as many as apply)
- ☐ RCRA Treatment Storage Disposal Facility
- ☐ RCRA Satellite Accumulation Area
- ☐ RCRA <90 Day Storage Area
- ☐ 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

Did the spill occur inside or outside a building? ☐ Inside ■ Outside

Did the spill occur on: (Check as many as apply)
- ☐ Concrete
- ☐ Carpeted Floor
- ☐ Tile
- ☐ Wooden floor/deck
- ■ Asphalt
- ☐ Graveled/Rocky Area
- ☐ Soil/Vegetated Area
- ☐ Other: _____

Samples Collected:
- ■ None
- ☐ Water
- ☐ Soil
- ☐ Air
- ☐ Other: _____

If samples were collected, indicate analytical suite:

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: Leonard F. Sandoval **Organization:** DESHS-UIS **Date:** 2/24/2016

Certification: Digitally signed by Leonard F. Sandoval DN: cn=Leonard F. Sandoval, o=DS-ESHUL, ou=Z#114326, email=lesandov@lanl.gov, c=US Date: 2016.02.24 08:03:35 -07'00'

Completed by ENV-CP Personnel

Date Received: **Severity Index:** **Causal Analysis:** ☐ Non-Reportable ☐ Reportable

Return Completed Form to ENV-CP (jmeadows@lanl.gov)

Los Alamos National Laboratory
Environmental Compliance Programs (ENV-CP)
Unplanned Release Report

CAR#-864

Form Completed By:	Telephone:	Group:
Leonard F. Sandoval	667-3557	DS-ESH UI

Spill Details — Spill Owner (Specify): ■ LANS, LLC ☐ Subcontractor:

Date of Spill/Date Spill Discovered: 1/25/2016

Location: Far East End of TA-60 Sigma Mesa

Material Spilled:
- ■ Hydraulic Fluid
- ☐ Potable Water
- ☐ Diesel
- ☐ Anti-freeze/coolant
- ☐ Steam Condensate
- ☐ Lubricants/oils
- ☐ Refrigerant Oil
- ☐ Gasoline
- ☐ Other: _____

Volume Spilled: Less than 1 ounce **Waste Volume Generated:** 1 shovel of gravel/soil

Source of Spill:
Vehicle ID: G82-0535B
Equipment ID: _____
- ☐ Hydraulic Line
- ☐ Potable Water Line
- ☐ Fire Suppression System
- ☐ Fuel Tank
- ☐ Radiator
- ☐ Condensate Line
- ■ Other: Square 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:

Water truck: Freight-liner # 35 with license number G82-0535B had a small hydraulic fluid leak on the passenger side of the vehicle around a liquid level gauge on a square tank. The vehicle was delivered to TA-60 Heavy Equipment to repair the leak. A very small amount of hydraulic fluid leaked onto gravel and was collected with a shovel as N.M. Special Waste.

Date Corrective Actions Completed: 1/25/2016

Did the spill enter or impact any of the following? (Check as many as apply)
- ☐ RCRA Treatment Storage Disposal Facility
- ☐ RCRA Satellite Accumulation Area
- ☐ RCRA <90 Day Storage Area
- ☐ 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

Did the spill occur inside or outside a building? ☐ Inside ■ Outside

Did the spill occur on: (Check as many as apply)
- ☐ Concrete
- ☐ Carpeted Floor
- ☐ Tile
- ☐ Wooden floor/deck
- ☐ Asphalt
- ■ Graveled/Rocky Area
- ☐ Soil/Vegetated Area
- ☐ Other: _____

Samples Collected:
- ■ None
- ☐ Water
- ☐ Soil
- ☐ Air
- ☐ Other: _____

If samples were collected, indicate analytical suite:

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: Leonard F. Sandoval **Organization:** DS-ESH UI **Date:** 1/25/2016

Certification: Leonard F. Sandoval

Completed by ENV-CP Personnel

Date Received: **Severity Index:** **Causal Analysis:**
- ☐ **Non-Reportable**
- ☐ **Reportable**

Return Completed Form to ENV-CP (jmeadows@lanl.gov)

Los Alamos National Laboratory
Enivronmental Compliance Programs (ENV-CP)
Non-Reportable Release Form

CAR#-726

Form Completed By:	Telephone:	Group:
Leonard F. Sandoval	667-3557	DSESH-UIMS

Spill Details — Spill Owner (Specify): ☑ LANS, LLC ☐ Subcontractor:

Date of Spill/Date Spill Discovered: 4/20/2015

Location: Heavy Equipment Staging Area at Road & Grounds

Material Spilled:
- ☑ Hydraulic Fluid
- ☐ Potable Water
- ☐ Diesel
- ☐ Anti-freeze/coolant
- ☐ Steam Condensate
- ☐ Lubricants/oils
- ☐ Refrigerant Oil
- ☐ Gasoline
- ☐ Other: _____

Volume Spilled: Less than 6 ounces **Waste Volume Generated:** None

Source of Spill:
Vehicle ID: _____
Equipment ID: 1212416
- ☑ Hydraulic Line
- ☐ Potable Water Line
- ☐ Fire Suppression System
- ☐ Fuel Tank
- ☐ Radiator
- ☐ Condensate Line
- ☐ 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: A 140H CAT Grader with equipment ID# 1212416 had a small hydraulic fluid leak from a couple hydraulic hoses underneath the cab of the vehicle. A small stain on asphalt was sprayed with micro-blaze & the Grader was delivered to TA-60 HEY to repair the leak.

Date Corrective Actions Completed: 4/20/2015

Did the spill enter or impact any of the following? (Check as many as apply)
- ☐ RCRA Treatment Storage Disposal Facility
- ☐ RCRA Satellite Accumulation Area
- ☐ RCRA <90 Day Storage Area
- ☐ 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

Did the spill occur inside or outside a building? ☐ Inside ☑ Outside

Did the spill occur on: (Check as many as apply)
- ☐ Concrete
- ☐ Carpeted Floor
- ☐ Tile
- ☐ Wooden floor/deck
- ☑ Asphalt
- ☐ Graveled/Rocky Area
- ☐ Soil/Vegetated Area
- ☐ Other: _____

Samples Collected:
- ☑ None
- ☐ Water
- ☐ Soil
- ☐ Air
- ☐ Metals
- ☐ General Chemistry
- ☐ SVOCs
- ☐ Other: _____

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: Leonard F. Sandoval **Organization:** DSESH **Date:** 4/20/2015

Certification: U&I DEP **Date Received by ENV-CP:**

Return completed form to ENV-CP (jmeadows@lanl.gov) Version 5.1 Updated 1/17/2014

Los Alamos National Laboratory
Enivronmental Compliance Programs (ENV-CP)
Non-Reportable Release Form

CAR #714

Form Completed By:	Telephone:	Group:
Leonard F. Sandoval	667-3557	DSESH-UIMS

Spill Details — Spill Owner (Specify): ☑ LANS, LLC ☐ Subcontractor:

Date of Spill/Date Spill Discovered: 3/19/2015

Location: TA-60 HEY Staging Area at Road & Grounds

Material Spilled:
- ☑ Hydraulic Fluid
- ☐ Potable Water
- ☐ Diesel
- ☐ Anti-freeze/coolant
- ☐ Steam Condensate
- ☐ Lubricants/oils
- ☐ Refrigerant Oil
- ☐ Gasoline
- ☐ Other: _____

Volume Spilled: Less than 6 ounces **Waste Volume Generated:** Half a quart size Zip-lock bag

Source of Spill:
Vehicle ID: _____
Equipment ID: SW45 1238676
- ☐ Hydraulic Line
- ☐ Potable Water Line
- ☐ Fire Suppression System
- ☐ Fuel Tank
- ☐ Radiator
- ☐ Condensate Line
- ☑ Other: Hydraulic Cylinder

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: Debra Bryan-Ricketts Contacted Cliff Heintschel on 3/19/2015 about a vehicle with a leak inside the TA-60 HEY staging area. A yellow tracked vehicle with equipment ID# SW45 1238676 had a small hydraulic fluid leak from a hydraulic cylinder on the attachment for a snow plow. Absorbent was used to clean up a small stain on asphalt & the tracked vehicle is scheduled to be delivered to TA-60 HEY to get the leak fixed.

Date Corrective Actions Completed: 3/19/15

Did the spill enter or impact any of the following? (Check as many as apply)
- ☐ RCRA Treatment Storage Disposal Facility
- ☐ RCRA Satellite Accumulation Area
- ☐ RCRA <90 Day Storage Area
- ☐ 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

Did the spill occur inside or outside a building? ☐ Inside ☑ Outside

Did the spill occur on: (Check as many as apply)
- ☐ Concrete
- ☐ Carpeted Floor
- ☐ Tile
- ☐ Wooden floor/deck
- ☑ Asphalt
- ☐ Graveled/Rocky Area
- ☐ Soil/Vegetated Area
- ☐ Other: _____

Samples Collected:
- ☑ None
- ☐ Water
- ☐ Soil
- ☐ Air
- ☐ Metals
- ☐ General Chemistry
- ☐ SVOCs
- ☐ Other: _____

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: Leonard F. Sandoval **Organization:** DSESH **Date:** 3/19/2015
Certification: U&I DEP **Date Received by ENV-CP:**

Return completed form to ENV-CP (jmeadows@lanl.gov) Version 5.1 Updated 1/17/2014

Los Alamos National Laboratory
Enivronmental Compliance Programs (ENV-CP)
Non-Reportable Release Form

CAR #710

Form Completed By:	Telephone:	Group:
Leonard F. Sandoval	667-3557	DSESH-UIMS

Spill Details	Spill Owner (Specify): ☑ LANS, LLC ☐ Subcontractor:	
Date of Spill/Date Spill Discovered: 2/18/2015		
Location: Sigma Mesa in front of entrance to Asphalt Millings Staging Area		
Material Spilled: ☑ Hydraulic Fluid ☐ Potable Water ☐ Diesel	☐ Anti-freeze/coolant ☐ Steam Condensate ☐ Lubricants/oils ☐ Refrigerant Oil	☑ Gasoline ☐ Other: _____
Volume Spilled: Less than 12 ounces	**Waste Volume Generated:** None	
Source of Spill: Vehicle ID: _____ Equipment ID: 800311	☑ Hydraulic Line ☐ Potable Water Line ☐ Fire Suppression System ☐ Fuel Tank	☐ Radiator ☐ Condensate Line ☐ 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: John Deere 550 Bulldozer with equipment ID # 800311 was parked at the entrance to the asphalt millings staging area and had a slow leak of hydraulic fluid from a hose at the rear end of the piece of equipment. Staining on asphalt was sprayed with micro-blaze & bulldozer is scheduled to be delivered to TA-60 HEY to replace the hydraulic line that was leaking.

Date Corrective Actions Completed: 2/18/15

Did the spill enter or impact any of the following? **(Check as many as apply)** ☐ RCRA Treatment Storage Disposal Facility ☐ RCRA Satellite Accumulation Area ☐ RCRA <90 Day Storage Area	☐ 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	
Did the spill occur inside or outside a building?	☐ Inside	☑ Outside
Did the spill occur on: **(Check as many as apply)**	☐ Concrete ☐ Carpeted Floor ☐ Tile ☐ Wooden floor/deck	☑ Asphalt ☐ Graveled/Rocky Area ☐ Soil/Vegetated Area ☐ Other: _____
Samples Collected: ☑ None ☐ Water	☐ Soil ☐ Air ☐ Metals	☐ General Chemistry ☐ SVOCs ☐ Other: _____

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: Leonard F. Sandoval **Organization:** DSESH-UIMS **Date:** 2/18/15
Certification: U&I DEP **Date Received by ENV-CP:**

APPENDIX H

Storm Water Monitoring Records and Results (Current Permit)

Permitted Facility: TA-60 Roads and Grounds Sampling Data Summary

CY 2016

No stormwater discharge occurred at monitored outfalls 036 and 039 in 2016. Therefore, no samples were collected and no data are available.

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.
031	N/A[1]	Total Aroclors	N/A	N/A	N/A	—	Al, Cu, Adjusted Gross Alpha
032	N/A	Total Aroclors, Tl	N/A	N/A	N/A	Cu, Adjusted Gross Alpha	Al
042	N/A	Total Aroclors, Tl	N/A	N/A	N/A	Cu	Al, Adjusted Gross Alpha

[1]N/A – No quarterly benchmark monitoring required.

CY 2017

No stormwater discharge occurred at monitored outfall 039 in 2017. Therefore, no samples were collected and no data are available.

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.
031	N/A[1]	—	N/A	N/A	N/A	Al, Adjusted Gross Alpha	Cu
032	N/A	—	N/A	N/A	N/A	Adjusted Gross Alpha	Al, Cu
039	N/A	Total Aroclors, Tl	N/A	N/A	N/A	—	Al, Cu, Adjusted Gross Alpha
042	N/A	—	N/A	N/A	N/A	Al, Cu	Adjusted Gross Alpha

[1]N/A – No quarterly benchmark monitoring required.

CY 2018

No stormwater discharge occurred at monitored outfall 036 in 2018. Therefore, no samples were collected and no data are available. Insufficient volume was collected in 2018 to analyze for all parameters. No data are available for Al and Adjusted Gross Alpha at outfalls 031 and 039.

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.
031	N/A[1]	—	N/A	N/A	N/A	—	Cu
032	N/A	—	N/A	N/A	N/A	—	Al, Cu, Adjusted Gross Alpha
039	N/A	—	N/A	N/A	N/A	—	Cu
042	N/A	—	N/A	N/A	N/A	—	Al, Cu, Adjusted Gross Alpha

[1]N/A – No quarterly benchmark monitoring required.

Monitoring

Outfall: 031 (60-RG-1)

Monitoring Requirement	Industrial Sector	Assessment Unit	Analyte	Filtered/ Unfiltered	Regulatory Standard	Units	Regulatory Standard Type	Regulatory Standard Reference
Impaired Waters	-	NM-9000.A_042	Total Aroclor	UF	0.2	ug/L	2007 EPA R6 MQL	20.6.4.900 NMAC Subpart J
Impaired Waters	-	NM-9000.A_042	Hg	UF	0.77	ug/L	NM 2010 Aquatic Acute 80 mg	20.6.4.900 NMAC Subpart I
Impaired Waters	-	NM-9000.A_042	Cu	F[1]	11	ug/L	NM 2010 Aquatic Acute 80 mg	20.6.4.900 NMAC Subpart I
Impaired Waters	-	NM-9000.A_042	Adjusted Gross Alpha	UF	15	pCi/L	NM 2010 Livestock Watering	20.6.4.900 NMAC Subpart J
Quarterly Benchmark	P	No Benchmark Monitoring Required						

[1]F - 0.45 µm filter

Outfalls: 032 (60-RG-3), 036 (60-RG-13), 039 (60-RG-10), 042 (60-RG-8)

Outfall	Monitoring Requirement	Industrial Sector	Assessment Unit	Analyte	Filtered/ Unfiltered	Regulatory Standard	Units	Regulatory Standard Type	Regulatory Standard Reference
032	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
	Impaired Waters	-	NM-9000.A_047	Al	F10u[1]	1010	ug/L	NM 2010 Aquatic Chronic 80 mg	20.6.4.900 NMAC Subpart I
	Impaired Waters	-	NM-9000.A_047	Cu	F[2]	7	ug/L	NM 2010 Aquatic Chronic 80 mg	20.6.4.900 NMAC Subpart I
	Impaired Waters	-	NM-9000.A_047	Temp	UF	24	°C	NM 2010 Aquatic Chronic	20.6.4.900 NMAC Subpart H (2)
	Quarterly Benchmark	P	No Benchmark Monitoring Required						
036	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
	Impaired Waters	-	NM-9000.A_047	Al	F10u[1]	1010	ug/L	NM 2010 Aquatic Chronic 80 mg	20.6.4.900 NMAC Subpart I
	Impaired Waters	-	NM-9000.A_047	Cu	F[2]	7	ug/L	NM 2010 Aquatic Chronic 80 mg	20.6.4.900 NMAC Subpart I
	Impaired Waters	-	NM-9000.A_047	Temp	UF	24	°C	NM 2010 Aquatic Chronic	20.6.4.900 NMAC Subpart H (2)
	Quarterly Benchmark	P	No Benchmark Monitoring Required						

Outfall	Monitoring Requirement	Industrial Sector	Assessment Unit	Analyte	Filtered/ Unfiltered	Regulatory Standard	Units	Regulatory Standard Type	Regulatory Standard Reference
039	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
	Impaired Waters	-	NM-9000.A_047	Al	F10u[1]	1010	ug/L	NM 2010 Aquatic Chronic 80 mg	20.6.4.900 NMAC Subpart I
	Impaired Waters	-	NM-9000.A_047	Cu	F[2]	7	ug/L	NM 2010 Aquatic Chronic 80 mg	20.6.4.900 NMAC Subpart I
	Impaired Waters	-	NM-9000.A_047	Temp	UF	24	°C	NM 2010 Aquatic Chronic	20.6.4.900 NMAC Subpart H (2)
	Quarterly Benchmark	P	No Benchmark Monitoring Required						
042	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
	Impaired Waters	-	NM-9000.A_047	Al	F10u[1]	1010	ug/L	NM 2010 Aquatic Chronic 80 mg	20.6.4.900 NMAC Subpart I
	Impaired Waters	-	NM-9000.A_047	Cu	F[2]	7	ug/L	NM 2010 Aquatic Chronic 80 mg	20.6.4.900 NMAC Subpart I
	Impaired Waters	-	NM-9000.A_047	Temp	UF	24	°C	NM 2010 Aquatic Chronic	20.6.4.900 NMAC Subpart H (2)
	Quarterly Benchmark	P	No Benchmark Monitoring Required						

[1]F10u – 10 µm filter

[2]F - 0.45 µm filter

Monthly Discharge Monitoring Reports

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, (E-File)
locatesteam@lanl.gov, (E-File)
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 0 1 2016

NPDES FORM 6100-29	EPA	UNITED STATES ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, DC 20460 MSGP INDUSTRIAL DISCHARGE MONITORING REPORT (DMR) FORM	Form Approved. OMB No. 2040-0004

A. Approval to User Paper DMR Form

1. Have you been granted a waiver from electronic reporting from EPA Regional Office*? [X] 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.

[X] The owner/operator has issues regarding available computer access or computer capability.

Name of EPA staff person that granted the waiver: Everett Spencer

Date 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):

[X] 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 K490

City: Los Alamos State: NM ZIP Code: 87545 -

Phone: 505 667 0666

E-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. Wheeler

Organization: EPC-CP

Phone: 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: [X] 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)	[X]	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? [X] 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 [X] No

F. Monitoring Information

Note: Make additional copies of this form as necessary.

1. Nature of Discharge: [X] 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): 0.2 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	[ ] Substantially identical to outfall:	[ ]	I	Aluminum, total recoverable	183	ug/L		04/15/2016	[ ]	[ ]
018	[ ] Substantially identical to outfall:	[ ]	QBM	Aluminum, total recoverable	183	ug/L		04/15/2016	[ ]	[ ]
018	[ ] Substantially identical to outfall:	[ ]	QBM	Iron, total	784	ug/L		04/15/2016	[ ]	[ ]
013	[X] Substantially identical to outfall: 018	[X]							[ ]	[ ]
014	[X] Substantially identical to outfall: 018	[ ]							[ ]	[ ]
015	[X] Substantially identical to outfall: 018	[ ]							[ ]	[ ]
016	[X] Substantially identical to outfall: 018	[X]							[ ]	[ ]
017	[X] Substantially identical to outfall: 018	[X]							[ ]	[ ]

019	[X] Substantially identical to outfall: 018	[X]							[ ]	[ ]

* (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: [X] 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): 0.2 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	[ ] Substantially identical to outfall:	[ ]	I	Copper, dissolved	22.6	ug/L		04/15/2016	[ ]	[ ]
026	[ ] Substantially identical to outfall:	[ ]	I	Thallium, dissolved	ND		0.450 ug/L	04/15/2016	[ ]	[ ]
027	[X] Substantially identical to outfall: 026	[ ]							[ ]	[ ]
028	[X] Substantially identical to outfall: 026	[ ]							[ ]	[ ]

* (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: [X] 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): 0.2 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	[ ] Substantially identical to outfall:	[ ]	I	Copper, dissolved	34.4	ug/L		04/15/2016	[ ]	[ ]
029	[ ] Substantially identical to outfall:	[ ]	QBM	Copper, dissolved	34.4	ug/L		04/15/2016	[ ]	[ ]
029	[ ] Substantially identical to outfall:	[ ]	QBM	Lead, dissolved	BQL		2.00 ug/L	04/15/2016	[ ]	[ ]
029	[ ] Substantially identical to outfall:	[ ]	I	Thallium, dissolved	ND		0.450 ug/L	04/15/2016	[ ]	[ ]
029	[ ] Substantially identical to outfall:	[ ]	QBM	Zinc, dissolved	1530	ug/L		04/15/2016	[ ]	[ ]

* (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: [signature] Date 07/01/2016

E-mail: grieggst@lanl.gov

NPDES FORM 6100-29	EPA	UNITED STATES ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, DC 20460 MSGP INDUSTRIAL DISCHARGE MONITORING REPORT (DMR) FORM	Form Approved. OMB No. 2040-0004

A. Approval to User Paper DMR Form

1. Have you been granted a waiver from electronic reporting from EPA Regional Office*? [X] 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.

[X] The owner/operator has issues regarding available computer access or computer capability.

Name of EPA staff person that granted the waiver: Everett Spencer

Date 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):

[X] 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 K490

City: Los Alamos State: NM ZIP Code: 87545 -

Phone: 505 667 0666

E-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. Wheeler

Organization: EPC-CP

Phone: 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: [X] 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)	[X]	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? [X] 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 [X] 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?
004	☐ Substantially identical to outfall:	☐	I	Adjusted Gross Alpha	3.19	pCi/L		04/18/2016	☐	☐
004	☐ Substantially identical to outfall:	☐	I	Aluminum, total recoverable	9060	ug/L		04/18/2016	☐	☐
004	☐ Substantially identical to outfall:	☐	QBM	Aluminum, total recoverable	9060	ug/L		04/18/2016	☐	☐
004	☐ Substantially identical to outfall:	☐	I	Aroclor, total	BQL		0.103 ug/L	04/18/2016	☐	☐
004	☐ Substantially identical to outfall:	☐	QBM	Iron, total	1590	ug/L		04/18/2016	☐	☐
004	☐ Substantially identical to outfall:	☐	QBM	Nitrate plus Nitrite Nitrogen	0.163	mg/L		04/18/2016	☐	☐

* (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: ☐ 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?
018	☐ Substantially identical to outfall:	☐	I	Copper, dissolved	4.7	ug/L		04/18/2016	☐	☐
018	☐ Substantially identical to outfall:	☐	QBM	Copper, dissolved	4.7	ug/L		04/18/2016	☐	☐
018	☐ Substantially identical to outfall:	☐	I	Thallium, dissolved	ND		0.450 ug/L	04/18/2016	☐	☐
018	☐ Substantially identical to outfall:	☐	QBM	Zinc, dissolved	2230	ug/L		04/18/2016	☐	☐
013	☒ Substantially identical to outfall: 018	☐							☐	☐
014	☒ Substantially identical to outfall: 018	☐							☐	☐
015	☒ Substantially identical to outfall: 018	☐							☐	☐
016	☒ Substantially identical to outfall: 018	☐							☐	☐

017	[X] Substantially identical to outfall: 018	☐							☐	☐
019	[X] Substantially identical to outfall: 018	☐							☐	☐

* (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: ☐ 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?
032	☐ Substantially identical to outfall:	☐	I	Copper, dissolved	3.72	ug/L		04/18/2016	☐	☐
032	☐ Substantially identical to outfall:	☐	I	Thallium, dissolved	ND		0.450 ug/L	04/18/2016	☐	☐
033	☒ Substantially identical to outfall: 032	☐							☐	☐
034	☒ Substantially identical to outfall: 032	☐							☐	☐
035	☒ Substantially identical to outfall: 032	☐							☐	☐

* (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: [signature] Date 07/01/2016

E-mail: grieggst@lanl.gov

NPDES FORM 6100-29	EPA	UNITED STATES ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, DC 20460 MSGP INDUSTRIAL DISCHARGE MONITORING REPORT (DMR) FORM	Form Approved. OMB No. 2040-0004

A. Approval to User Paper DMR Form

1. Have you been granted a waiver from electronic reporting from EPA Regional Office*? [X] 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.

[X] The owner/operator has issues regarding available computer access or computer capability.

Name of EPA staff person that granted the waiver: Everett Spencer

Date 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):

[X] 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 K490

City: Los Alamos State: NM ZIP Code: 87545 -

Phone: 505 667 0666

E-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. Wheeler

Organization: EPC-CP

Phone: 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: [X] 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)	[X] 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? [X] 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 [X] 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	☐ Substantially identical to outfall:	☐	I	Adjusted Gross Alpha	4.35	pCi/L		04/19/2016	☐	☐
002	☐ Substantially identical to outfall:	☐	I	Aluminum, total recoverable	643	ug/L		04/19/2016	☐	☐
002	☐ Substantially identical to outfall:	☐	QBM	Aluminum, total recoverable	643	ug/L		04/19/2016	☐	☐
002	☐ Substantially identical to outfall:	☐	I	Aroclor, total	ND		0.107 ug/L	04/19/2016	☐	☐
002	☐ Substantially identical to outfall:	☐	I	Copper, dissolved	7.35	ug/L		04/19/2016	☐	☐
002	☐ Substantially identical to outfall:	☐	QBM	Iron, total	2270	ug/L		04/19/2016	☐	☐
002	☐ Substantially identical to outfall:	☐	QBM	Nitrate plus Nitrite Nitrogen	0.188	mg/L		04/19/2016	☐	☐
002	☐ Substantially identical to outfall:	☐	I	Thallium, dissolved	ND		0.450 ug/L	04/19/2016	☐	☐

002	☐ Substantially identical to outfall:	☐	QBM	Zinc, dissolved	32	ug/L		04/19/2016	☐	☐

* (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: ☐ 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?
009	☐ Substantially identical to outfall:	☐	I	Copper, dissolved	9.01	ug/L		04/19/2016	☐	☐
009	☐ Substantially identical to outfall:	☐	I	Thallium, dissolved	BQL		2.00 ug/L	04/19/2016	☐	☐
007	☒ Substantially identical to outfall: 009	☐							☐	☐
008	☒ Substantially identical to outfall: 009	☒							☐	☐
010	☒ Substantially identical to outfall: 009	☐							☐	☐

* (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: ☐ 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?
026	☐ Substantially identical to outfall:	☐	I	Adjusted Gross Alpha	ND			04/19/2016	☐	☐
026	☐ Substantially identical to outfall:	☐	I	Aluminum, total recoverable	1500	ug/L		04/19/2016	☐	☐
026	☐ Substantially identical to outfall:	☐	I	Aroclor, total	ND		0.0351 ug/L	04/19/2016	☐	☐
027	☒ Substantially identical to outfall: 026	☐							☐	☐
028	☒ Substantially identical to outfall: 026	☐							☐	☐

* (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: ☐ 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?
029	☐ Substantially identical to outfall:	☐	I	Adjusted Gross Alpha	2.51	pCi/L		04/19/2016	☐	☐
029	☐ Substantially identical to outfall:	☐	I	Aluminum, total recoverable	954	ug/L		04/19/2016	☐	☐
029	☐ Substantially identical to outfall:	☐	QBM	Aluminum, total recoverable	954	ug/L		04/19/2016	☐	☐
029	☐ Substantially identical to outfall:	☐	QBM	Chemical Oxygen Demand (COD)	BQL		20.0 mg/L	04/19/2016	☐	☐
029	☐ Substantially identical to outfall:	☐	QBM	Iron, total	786	ug/L		04/19/2016	☐	☐
029	☐ Substantially identical to outfall:	☐	QBM	Total Suspended Solids (TSS)	36.8	mg/L		04/19/2016	☐	☐

* (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 02/01/2016

E-mail: grieggst@lanl.gov

NPDES FORM 6100-29	EPA	UNITED STATES ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, DC 20460 MSGP INDUSTRIAL DISCHARGE MONITORING REPORT (DMR) FORM	Form Approved. OMB No. 2040-0004

A. Approval to User Paper DMR Form

1. Have you been granted a waiver from electronic reporting from EPA Regional Office*? [X] 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.

[X] The owner/operator has issues regarding available computer access or computer capability.

Name of EPA staff person that granted the waiver: Everett Spencer

Date 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).

[X] 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 K490

City: Los Alamos State: NM ZIP Code: 87545 -

Phone: 505 667 0666

E-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. Wheeler

Organization: EPC-CP

Phone: 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: [X] 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)	[X]	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? [X] 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 [X] 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?
012	☐ Substantially identical to outfall:	☒							☐	☐
011	☒ Substantially identical to outfall: 012	☐							☐	☐

* (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: ☐ 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?
020	☐ Substantially identical to outfall:	☒							☐	☐

* (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: ☐ 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?
031	☐ Substantially identical to outfall:	☒							☐	☐
030	☒ Substantially identical to outfall: 031	☐							☐	☐

* (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: ☐ 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?
036	☐ Substantially identical to outfall:	☒							☐	☐
037	☒ Substantially identical to outfall: 036	☒							☐	☐

* (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?
039	☐ Substantially identical to outfall:	☒							☐	☐
038	☒ Substantially identical to outfall: 039	☒							☐	☐
040	☒ Substantially identical to outfall: 039	☒							☐	☐

* (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: ☐ 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?
042	☐ Substantially identical to outfall:	☒							☐	☐
041	☒ Substantially identical to outfall: 042	☐							☐	☐

* (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: ☐ 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?
043	☐ Substantially identical to outfall:	☒							☐	☐

* (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: ☐ 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?
051	☐ Substantially identical to outfall:	☒							☐	☐
052	☒ Substantially identical to outfall: 051	☐							☐	☐

* (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: ☐ 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?
053	☐ Substantially identical to outfall:	☒							☐	☐
065	☒ Substantially identical to outfall: 053	☐							☐	☐
066	☒ Substantially identical to outfall: 053	☐							☐	☐

* (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: ☐ 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?
072	☐ Substantially identical to outfall:	☒							☐	☐
070	☒ Substantially identical to outfall: 072	☐							☐	☐
071	☒ Substantially identical to outfall: 072	☐							☐	☐

* (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: ☐ 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?
075	☐ Substantially identical to outfall:	☒							☐	☐

* (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: [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 13 2016
Symbol: EPC-DO-16-200
LA-UR: 16-24915
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 29 and May 06, 2016**

Enclosed are Los Alamos National Laboratory's MDMRs (Enclosure 1) for April 29 and May 06, 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 005, 029, 032, and 050.

Relative to the duration of the rainfall event and rainfall amount being zero, no rain was measured at LANS' Meteorological Network. However, the sample was collected early in the morning (04:09) and no releases were reported. Our Meteorologist evaluated regional radar and found that there was a storm cell overhead during that time. In addition, facility personnel reported the site was wet when they arrived for work that morning; therefore, the sample was analyzed as a monitoring sample.

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 April 29 and May 06, 2016

Cy: Everett Spencer, USEPA/Region 6, Dallas TX, (E-File)
Helen Nguyen, USEPA/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)
Holly L. Wheeler, EPC-CP, (E-File)
lasomailbox@nnsa.doe.gov, (E-File)
locatesteam@lanl.gov, (E-File)
epc-correspondence@lanl.gov

ENCLOSURE 1

NPDES Permit Tracking No NMR053195,
MDMRs for April 29 and May 06, 2016

EPC-DO-16-200

LA-UR-16-24915

Date: JUL 1 3 2016

NPDES FORM 6100-29	EPA	UNITED STATES ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, DC 20460 MSGP INDUSTRIAL DISCHARGE MONITORING REPORT (DMR) FORM	Form Approved. OMB No. 2040-0004

A. Approval to User Paper DMR Form

1. Have you been granted a waiver from electronic reporting from EPA Regional Office*? [X] 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.

[X] The owner/operator has issues regarding available computer access or computer capability.

Name of EPA staff person that granted the waiver: Everett Spencer

Date 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):

[X] 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 K490

City: Los Alamos State: NM ZIP Code: 87545 -

Phone: 505 667 0666

E-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. Wheeler

Organization: EPC-CP

Phone: 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: [X] 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)	[X]	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? [X] 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 [X] No

F. Monitoring Information

Note: Make additional copies of this form as necessary.

1. Nature of Discharge: [X] 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): 0.2 2.c. Time since previous measurable storm event (days): 11

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	[ ] Substantially identical to outfall:	[ ]	I	Copper, dissolved	11.8	ug/L		04/29/2016	[ ]	[ ]
005	[ ] Substantially identical to outfall:	[ ]	I	Thallium, dissolved	ND		0.450 ug/L	04/29/2016	[ ]	[ ]
006	[X] Substantially identical to outfall: 005	[ ]							[ ]	[ ]

* (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 = 1.67 hours. Rainfall amount = 0.24 inches.

005: 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: [X] 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): 0.2 2.c. Time since previous measurable storm event (days): 11

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	[ ] Substantially identical to outfall:	[ ]	I	Aroclor, total	ND		0.0358 ug/L	04/29/2016	[ ]	[ ]

* (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 = 1.67 hours. Rainfall amount = 0.24 inches.

029: 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: [X] Rainfall (Complete line items 2.a., 2.b., & 2.c.) [ ] 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): 11

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	[ ] Substantially identical to outfall:	[ ]	I	Adjusted Gross Alpha	2.17	pCi/L		04/29/2016	[ ]	[ ]
032	[ ] Substantially identical to outfall:	[ ]	I	Aluminum, total recoverable	897	ug/L		04/29/2016	[ ]	[ ]
032	[ ] Substantially identical to outfall:	[ ]	I	Aroclor, total	ND		0.0366 ug/L	04/29/2016	[ ]	[ ]
033	[X] Substantially identical to outfall: 032	[ ]							[ ]	[ ]
034	[X] Substantially identical to outfall: 032	[ ]							[ ]	[ ]
035	[X] Substantially identical to outfall: 032	[ ]							[ ]	[ ]

* (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 = 1.17 hours. Rainfall amount = 0.17 inches.

032: 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.

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 07/13/2016

E-mail: grieggst@lanl.gov

NPDES FORM 6100-29	EPA	UNITED STATES ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, DC 20460 MSGP INDUSTRIAL DISCHARGE MONITORING REPORT (DMR) FORM	Form Approved. OMB No. 2040-0004

A. Approval to User Paper DMR Form

1. Have you been granted a waiver from electronic reporting from EPA Regional Office*? [X] 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.

[X] The owner/operator has issues regarding available computer access or computer capability.

Name of EPA staff person that granted the waiver: Everett Spencer

Date 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):

[X] 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 K490

City: Los Alamos State: NM ZIP Code: 87545 -

Phone: 505 667 0666

E-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. Wheeler

Organization: EPC-CP

Phone: 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: [X] 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)	[X] 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? [X] 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 [X] No

F. Monitoring Information

Note: Make additional copies of this form as necessary.

1. Nature of Discharge: [X] 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): 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?
050	[ ] Substantially identical to outfall:	[ ]	I	Aluminum, total recoverable	373	ug/L		05/06/2016	[ ]	[ ]
050	[ ] Substantially identical to outfall:	[ ]	QBM	Ammonia, total	1.17	mg/L		05/06/2016	[ ]	[ ]
050	[ ] Substantially identical to outfall:	[ ]	QBM	Chemical Oxygen Demand (COD)	129	mg/L		05/06/2016	[ ]	[ ]
050	[ ] Substantially identical to outfall:	[ ]	QBM	Cyanide, total	BQL		0.005 mg/L	05/06/2016	[ ]	[ ]
050	[ ] Substantially identical to outfall:	[ ]	QBM	Magnesium, total	1.4	mg/L		05/06/2016	[ ]	[ ]
050	[ ] Substantially identical to outfall:	[ ]	QBM	Mercury, total	ND		0.067 ug/L	05/06/2016	[ ]	[ ]
050	[ ] Substantially identical to outfall:	[ ]	QBM	Selenium, total	ND		1.50 ug/L	05/06/2016	[ ]	[ ]

* (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 = 0.00 hours. Rainfall amount = 0.00 inches.

050: The average concentration of 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: A R Grieggs Date 02/13/2016

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: OCT 0 6 2016
Symbol: EPC-DO-16-291
LA-UR: 16-27686
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 July 31, August 1, 2, 3, 4, and 8, 2016**

Enclosed are Los Alamos National Laboratory's MDMRs (Enclosure 1) for July 31, August 1, 2, 3, 4 and 8, 2016, 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 042, 075, 029, 047, 050, 069, 072, 004, 020, 051, 002, 005, 009, 012, and 018.

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 July 31, August 1, 2, 3, 4 and 8, 2016

Cy: Everett Spencer, USEPA/Region 6, Dallas, TX, (E-File)
Helen Nguyen, USEPA/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)
Ellena I. Martinez, EPC-DP, (E-File)
Saundra Martinez, ADEM-PO, (E-File)
lasomailbox@nnsa.doe.gov, (E-File)
locatesteam@lanl.gov, (E-File)
epc-correspondence@lanl.gov

ENCLOSURE 1

NPDES Permit Tracking No. NMR053195, MDMRs
for July 31, August 1, 2, 3, 4 and 8, 2016

EPC-DO-16-291

LA-UR-16-27686

Date: OCT 0 6 2016

NPDES FORM 6100-29	EPA	UNITED STATES ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, DC 20460 MSGP INDUSTRIAL DISCHARGE MONITORING REPORT (DMR) FORM	Form Approved. OMB No. 2040-0004

A. Approval to User Paper DMR Form

1. Have you been granted a waiver from electronic reporting from EPA Regional Office*? [X] 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.

[X] The owner/operator has issues regarding available computer access or computer capability.

Name of EPA staff person that granted the waiver: Everett Spencer

Date 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):

[X] 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 K490

City: Los Alamos State: NM ZIP Code: 87545 -

Phone: 505 667 0666

E-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. Wheeler

Organization: EPC-CP

Phone: 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: [X] 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)	[X] 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? [X] 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 [X] No

F. Monitoring Information

Note: Make additional copies of this form as necessary.

1. Nature of Discharge: [X] 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): 0.6 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?
042	[ ] Substantially identical to outfall:	[ ]	I	Copper, dissolved	4.96	ug/L		08/01/2016	[ ]	[ ]
042	[ ] Substantially identical to outfall:	[ ]	I	Thallium, dissolved	ND		0.450 ug/L	08/01/2016	[ ]	[ ]
041	[X] Substantially identical to outfall: 042	[ ]							[ ]	[ ]

* (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 = 3.58 hours. Rainfall amount = 0.59 inches.

042: Sample was collected on 8/1/2016 at 00:26, which falls within the 7/31/2016 storm day, defined as occurring between 06:05 and 06:00. 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: [X] 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): 1.0 2.c. Time since previous measurable storm event (days): 16

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	[ ] Substantially identical to outfall:	[ ]	I	Adjusted Gross Alpha	36.3	pCi/L		07/31/2016	[ ]	[ ]
075	[ ] Substantially identical to outfall:	[ ]	I	Aluminum, total recoverable	9240	ug/L		07/31/2016	[ ]	[ ]
075	[ ] Substantially identical to outfall:	[ ]	I	Aroclor, total	ND		0.034 ug/L	07/31/2016	[ ]	[ ]

* (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 = 3.92 hours. Rainfall amount = 1.00 inches.

075: 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 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. 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: [signature] Date 10/06/2016

E-mail: grieggst@lanl.gov

NPDES FORM 6100-29	EPA	UNITED STATES ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, DC 20460 MSGP INDUSTRIAL DISCHARGE MONITORING REPORT (DMR) FORM	Form Approved. OMB No. 2040-0004

A. Approval to User Paper DMR Form

1. Have you been granted a waiver from electronic reporting from EPA Regional Office*? [X] 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.

[X] The owner/operator has issues regarding available computer access or computer capability.

Name of EPA staff person that granted the waiver: Everett Spencer

Date 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):

[X] 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 K490

City: Los Alamos State: NM ZIP Code: 87545 -

Phone: 505 667 0666

E-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. Wheeler

Organization: EPC-CP

Phone: 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: [X] 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)	[X] 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? [X] 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 [X] No

F. Monitoring Information

Note: Make additional copies of this form as necessary.

1. Nature of Discharge: [X] 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): 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?
029	[ ] Substantially identical to outfall:	[ ]	QBM	Copper, dissolved	17.7	ug/L		08/01/2016	[ ]	[ ]
029	[ ] Substantially identical to outfall:	[ ]	QBM	Lead, dissolved	ND		0.500 ug/L	08/01/2016	[ ]	[ ]
029	[ ] Substantially identical to outfall:	[ ]	QBM	Zinc, dissolved	35	ug/L		08/01/2016	[ ]	[ ]

* (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.

029: Adjusted Gross Alpha (I) - NODI 9. Aluminum, total recoverable (I) - NODI 9. Aroclor, total (I) - NODI B. Thallium, dissolved (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: [signature] Date 10/06/2016

E-mail: grieggst@lanl.gov

NPDES FORM 6100-29	EPA	UNITED STATES ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, DC 20460 MSGP INDUSTRIAL DISCHARGE MONITORING REPORT (DMR) FORM	Form Approved. OMB No. 2040-0004

A. Approval to User Paper DMR Form

1. Have you been granted a waiver from electronic reporting from EPA Regional Office*? [X] 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.

[X] The owner/operator has issues regarding available computer access or computer capability.

Name of EPA staff person that granted the waiver: Everett Spencer

Date 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):

[X] 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 K490

City: Los Alamos State: NM ZIP Code: 87545 -

Phone: 505 667 0666

E-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. Wheeler

Organization: EPC-CP

Phone: 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:

[X] 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)	[X] 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? [X] 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 [X] No

F. Monitoring Information

Note: Make additional copies of this form as necessary.

1. Nature of Discharge: [X] 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): 0.2 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?
047	[ ] Substantially identical to outfall:	[ ]	QBM	Arsenic, dissolved	ND		1.70 ug/L	08/03/2016	[ ]	[ ]
047	[ ] Substantially identical to outfall:	[ ]	QBM	Cadmium, dissolved	BQL		1.00 ug/L	08/03/2016	[ ]	[ ]
047	[ ] Substantially identical to outfall:	[ ]	QBM	Lead, dissolved	ND		0.500 ug/L	08/03/2016	[ ]	[ ]
047	[ ] Substantially identical to outfall:	[ ]	QBM	Silver, dissolved	ND		0.200 ug/L	08/03/2016	[ ]	[ ]
046	[X] Substantially identical to outfall: 047	[ ]							[ ]	[ ]
045	[X] Substantially identical to outfall: 047	[ ]							[ ]	[ ]
048	[X] Substantially identical to outfall: 047	[ ]							[ ]	[ ]
044	[X] Substantially identical to outfall: 047	[ ]							[ ]	[ ]

* (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 = 0.22 inches.

047: Sample was collected on 8/3/2016 at 00:56, which falls within the 8/2/2016 storm day, defined as occurring between 06:05 and 06:00. 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: [X] 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): 0.2 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	[ ] Substantially identical to outfall:	[ ]	QBM	Ammonia, total	1.05	mg/L		08/02/2016	[ ]	[ ]
050	[ ] Substantially identical to outfall:	[ ]	QBM	Arsenic, dissolved	ND		1.70 ug/L	08/02/2016	[ ]	[ ]
050	[ ] Substantially identical to outfall:	[ ]	QBM	Cadmium, dissolved	2	ug/L		08/02/2016	[ ]	[ ]
050	[ ] Substantially identical to outfall:	[ ]	QBM	Chemical Oxygen Demand (COD)	228	mg/L		08/02/2016	[ ]	[ ]
050	[ ] Substantially identical to outfall:	[ ]	QBM	Cyanide, total	BQL		0.005 mg/L	08/02/2016	[ ]	[ ]
050	[ ] Substantially identical to outfall:	[ ]	QBM	Lead, dissolved	ND		0.500 ug/L	08/02/2016	[ ]	[ ]
050	[ ] Substantially identical to outfall:	[ ]	QBM	Magnesium, total	1.57	mg/L		08/02/2016	[ ]	[ ]
050	[ ] Substantially identical to outfall:	[ ]	QBM	Mercury, total	ND		0.067 ug/L	08/02/2016	[ ]	[ ]

050	☐ Substantially identical to outfall:	☐	QBM	Selenium, total	ND		1.50 ug/L	08/02/2016	☐	☐
050	☐ Substantially identical to outfall:	☐	QBM	Silver, dissolved	ND		0.200 ug/L	08/02/2016	☐	☐

* (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 = 0.22 inches.

050: The average concentration of Chemical Oxygen Demand (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. Aroclor, total (I) - NODI B.

F. Monitoring Information

Note: Make additional copies of this form as necessary.

1. Nature of Discharge: [X] Rainfall (Complete line items 2.a., 2.b., & 2.c.) [ ] Snowmelt

2.a. Duration of the rainfall event (hours): 3 2.b. Rainfall amount (inches): 0.7 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	[ ] Substantially identical to outfall:	[ ]	QBM	Ammonia, total	0.175	mg/L		08/03/2016	[ ]	[ ]
069	[ ] Substantially identical to outfall:	[ ]	QBM	Arsenic, dissolved	ND		1.70 ug/L	08/03/2016	[ ]	[ ]
069	[ ] Substantially identical to outfall:	[ ]	QBM	Cadmium, dissolved	ND		0.110 ug/L	08/03/2016	[ ]	[ ]
069	[ ] Substantially identical to outfall:	[ ]	QBM	Chemical Oxygen Demand (COD)	ND		8.95 mg/L	08/03/2016	[ ]	[ ]
069	[ ] Substantially identical to outfall:	[ ]	QBM	Cyanide, total	ND		0.00167 mg/L	08/03/2016	[ ]	[ ]
069	[ ] Substantially identical to outfall:	[ ]	QBM	Lead, dissolved	ND		0.500 ug/L	08/03/2016	[ ]	[ ]
069	[ ] Substantially identical to outfall:	[ ]	QBM	Magnesium, total	0.547	mg/L		08/03/2016	[ ]	[ ]
069	[ ] Substantially identical to outfall:	[ ]	QBM	Mercury, total	ND		0.067 ug/L	08/03/2016	[ ]	[ ]

069	☐ Substantially identical to outfall:	☐	QBM	Selenium, total	ND		1.50 ug/L	08/03/2016	☐	☐
069	☐ Substantially identical to outfall:	☐	QBM	Silver, dissolved	ND		0.200 ug/L	08/03/2016	☐	☐
059	☒ Substantially identical to outfall: 069	☐							☐	☐
058	☒ Substantially identical to outfall: 069	☐							☐	☐
057	☒ Substantially identical to outfall: 069	☐							☐	☐
056	☒ Substantially identical to outfall: 069	☐							☐	☐
055	☒ Substantially identical to outfall: 069	☐							☐	☐
054	☒ Substantially identical to outfall: 069	☐							☐	☐
067	☒ Substantially identical to outfall: 069	☐							☐	☐
068	☒ Substantially identical to outfall: 069	☐							☐	☐

060	[X] Substantially identical to outfall: 069	☐							☐	☐
061	[X] Substantially identical to outfall: 069	☐							☐	☐
062	[X] Substantially identical to outfall: 069	☐							☐	☐
063	[X] Substantially identical to outfall: 069	☐							☐	☐
064	[X] Substantially identical to outfall: 069	☐							☐	☐

* (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 = 2.75 hours. Rainfall amount = 0.68 inches.

069: The average concentration of total Magnesium is mathematically certain to exceed the benchmark value. Sample was collected on 8/3/2016 from two different samplers. The Avalanche sampler collected at 03:35 and the 3700 collected at 03:33, both of which fall within the 8/2/2016 storm day, defined as occurring between 06:05 and 06:00. 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: [X] Rainfall (Complete line items 2.a., 2.b., & 2.c.) [ ] Snowmelt

2.a. Duration of the rainfall event (hours): 3 2.b. Rainfall amount (inches): 0.7 2.c. Time since previous measurable storm event (days): 286

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	[ ] Substantially identical to outfall:	[ ]	QBM	Arsenic, dissolved	ND		1.70 ug/L	08/03/2016	[ ]	[ ]
072	[ ] Substantially identical to outfall:	[ ]	QBM	Cadmium, dissolved	1.39	ug/L		08/03/2016	[ ]	[ ]
072	[ ] Substantially identical to outfall:	[ ]	QBM	Lead, dissolved	2.47	ug/L		08/03/2016	[ ]	[ ]
072	[ ] Substantially identical to outfall:	[ ]	QBM	Silver, dissolved	ND		0.200 ug/L	08/03/2016	[ ]	[ ]
070	[X] Substantially identical to outfall: 072	[ ]							[ ]	[ ]
071	[X] Substantially identical to outfall: 072	[ ]							[ ]	[ ]

* (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 = 2.75 hours. Rainfall amount = 0.68 inches.

072: Sample was collected on 8/3/2016 at 00:50, which falls within the 8/2/2016 storm day, defined as occurring between 06:05 and 06:00. Aluminum, total recoverable (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: [signature] Date 10/06/2016

E-mail: grieggst@lanl.gov

NPDES FORM 6100-29	EPA	UNITED STATES ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, DC 20460 MSGP INDUSTRIAL DISCHARGE MONITORING REPORT (DMR) FORM	Form Approved. OMB No. 2040-0004

A. Approval to User Paper DMR Form

1. Have you been granted a waiver from electronic reporting from EPA Regional Office*? [X] 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.

[X] The owner/operator has issues regarding available computer access or computer capability.

Name of EPA staff person that granted the waiver: Everett Spencer

Date 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):

[X] 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 K490

City: Los Alamos State: NM ZIP Code: 87545 -

Phone: 505 667 0666

E-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. Wheeler

Organization: EPC-CP

Phone: 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:

[X] 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)	[X] 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? [X] 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 [X] No

F. Monitoring Information

Note: Make additional copies of this form as necessary.

1. Nature of Discharge: [X] 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): 0.6 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?
004	[ ] Substantially identical to outfall:	[ ]	QBM	Aluminum, total recoverable	428	ug/L		08/03/2016	[ ]	[ ]
004	[ ] Substantially identical to outfall:	[ ]	QBM	Iron, total	1420	ug/L		08/03/2016	[ ]	[ ]
004	[ ] Substantially identical to outfall:	[ ]	QBM	Nitrate plus Nitrite Nitrogen	2.66	mg/L		08/03/2016	[ ]	[ ]

* (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 = 2.00 hours. Rainfall amount = 0.61 inches.

004: The average concentration of Nitrate plus Nitrite Nitrogen is mathematically certain to exceed the benchmark value. Adjusted Gross Alpha (I) - NODI 9. Aroclor, total (I) - NODI 9. Aluminum, total recoverable (I) - NODI 9.

F. Monitoring Information

Note: Make additional copies of this form as necessary.

1. Nature of Discharge: [X] 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): 0.6 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?
005	[ ] Substantially identical to outfall:	[ ]	QBM	Iron, total	1380	ug/L		08/03/2016	[ ]	[ ]
006	[X] Substantially identical to outfall: 005	[X]							[ ]	[ ]

* (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 = 2.00 hours. Rainfall amount = 0.61 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: [X] 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): 0.6 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	[ ] Substantially identical to outfall:	[ ]	QBM	Aluminum, total recoverable	BQL		50.0 ug/L	08/03/2016	[ ]	[ ]
020	[ ] Substantially identical to outfall:	[ ]	I	Aluminum, total recoverable	BQL		50.0 ug/L	08/03/2016	[ ]	[ ]
020	[ ] Substantially identical to outfall:	[ ]	QBM	Copper, dissolved	3.71	ug/L		08/03/2016	[ ]	[ ]
020	[ ] Substantially identical to outfall:	[ ]	I	Copper, dissolved	3.71	ug/L		08/03/2016	[ ]	[ ]
020	[ ] Substantially identical to outfall:	[ ]	QBM	Iron, total	BQL		100 ug/L	08/03/2016	[ ]	[ ]
020	[ ] Substantially identical to outfall:	[ ]	QBM	Nitrate plus Nitrite Nitrogen	0.186	mg/L		08/03/2016	[ ]	[ ]
020	[ ] Substantially identical to outfall:	[ ]	QBM	Zinc, dissolved	153	ug/L		08/03/2016	[ ]	[ ]

* (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 = 2.00 hours. Rainfall amount = 0.61 inches.

020: The average concentration of dissolved Zinc is mathematically certain to exceed the benchmark value. Adjusted Gross Alpha (I) - NODI B. 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: [X] 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): 0.6 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?
029	[ ] Substantially identical to outfall:	[ ]	QBM	Aluminum, total recoverable	192	ug/L		08/03/2016	[ ]	[ ]
029	[ ] Substantially identical to outfall:	[ ]	QBM	Chemical Oxygen Demand (COD)	79.2	mg/L		08/03/2016	[ ]	[ ]
029	[ ] Substantially identical to outfall:	[ ]	QBM	Iron, total	649	ug/L		08/03/2016	[ ]	[ ]
029	[ ] Substantially identical to outfall:	[ ]	QBM	Total Suspended Solids (TSS)	25.2	mg/L		08/03/2016	[ ]	[ ]

* (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 = 2.00 hours. Rainfall amount = 0.61 inches.

029: 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: [X] 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): 0.4 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?
042	[ ] Substantially identical to outfall:	[ ]	I	Adjusted Gross Alpha	49.6	pCi/L		08/03/2016	[ ]	[ ]
042	[ ] Substantially identical to outfall:	[ ]	I	Aluminum, total recoverable	4480	ug/L		08/03/2016	[ ]	[ ]
042	[ ] Substantially identical to outfall:	[ ]	I	Aroclor, total	ND		0.034 ug/L	08/03/2016	[ ]	[ ]
041	[X] Substantially identical to outfall: 042	[ ]							[ ]	[ ]

* (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 = 2.42 hours. Rainfall amount = 0.42 inches.

042: 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 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.

F. Monitoring Information

Note: Make additional copies of this form as necessary.

1. Nature of Discharge: [X] Rainfall (Complete line items 2.a., 2.b., & 2.c.) [ ] 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): 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	[ ] Substantially identical to outfall:	[ ]	QBM	Ammonia, total	0.270	mg/L		08/03/2016	[ ]	[ ]
047	[ ] Substantially identical to outfall:	[ ]	QBM	Chemical Oxygen Demand (COD)	ND		8.95 mg/L	08/03/2016	[ ]	[ ]
047	[ ] Substantially identical to outfall:	[ ]	QBM	Cyanide, total	ND		0.00167 mg/L	08/03/2016	[ ]	[ ]
047	[ ] Substantially identical to outfall:	[ ]	QBM	Magnesium, total	0.368	mg/L		08/03/2016	[ ]	[ ]
047	[ ] Substantially identical to outfall:	[ ]	QBM	Mercury, total	ND		0.067 ug/L	08/03/2016	[ ]	[ ]
047	[ ] Substantially identical to outfall:	[ ]	QBM	Selenium, total	ND		1.50 ug/L	08/03/2016	[ ]	[ ]
046	[X] Substantially identical to outfall: 047	[ ]							[ ]	[ ]
045	[X] Substantially identical to outfall: 047	[ ]							[ ]	[ ]

048	[X] Substantially identical to outfall: 047	☐							☐	☐
044	[X] Substantially identical to outfall: 047	☐							☐	☐

* (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 = 0.37 inches.

047: 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. Aroclor, total (I) - NODI B.

F. Monitoring Information

Note: Make additional copies of this form as necessary.

1. Nature of Discharge: [X] 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): 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	[ ] Substantially identical to outfall:	[ ]	QBM	Ammonia, total	0.157	mg/L		08/03/2016	[ ]	[ ]
051	[ ] Substantially identical to outfall:	[ ]	QBM	Arsenic, dissolved	ND		1.70 ug/L	08/03/2016	[ ]	[ ]
051	[ ] Substantially identical to outfall:	[ ]	QBM	Cadmium, dissolved	BQL		1.00 ug/L	08/03/2016	[ ]	[ ]
051	[ ] Substantially identical to outfall:	[ ]	QBM	Chemical Oxygen Demand (COD)	41.0	mg/L		08/03/2016	[ ]	[ ]
051	[ ] Substantially identical to outfall:	[ ]	QBM	Cyanide, total	ND		0.00167 mg/L	08/03/2016	[ ]	[ ]
051	[ ] Substantially identical to outfall:	[ ]	QBM	Lead, dissolved	ND		0.500 ug/L	08/03/2016	[ ]	[ ]
051	[ ] Substantially identical to outfall:	[ ]	QBM	Magnesium, total	1.41	mg/L		08/03/2016	[ ]	[ ]
051	[ ] Substantially identical to outfall:	[ ]	QBM	Mercury, total	ND		0.067 ug/L	08/03/2016	[ ]	[ ]

051	☐ Substantially identical to outfall:	☐	QBM	Selenium, total	ND		1.50 ug/L	08/03/2016	☐	☐
051	☐ Substantially identical to outfall:	☐	QBM	Silver, dissolved	ND		0.200 ug/L	08/03/2016	☐	☐
052	☒ Substantially identical to outfall: 051	☐							☐	☐

* (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 = 2.00 hours. Rainfall amount = 0.91 inches.

051: The average concentration of total Magnesium is mathematically certain to exceed the benchmark value. Aluminum, total recoverable (I) - NODI 9. Aroclor, total (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: [signature] Date 10/06/2016

E-mail: grieggst@lanl.gov

NPDES FORM 6100-29	EPA	UNITED STATES ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, DC 20460 MSGP INDUSTRIAL DISCHARGE MONITORING REPORT (DMR) FORM	Form Approved. OMB No. 2040-0004

A. Approval to User Paper DMR Form

1. Have you been granted a waiver from electronic reporting from EPA Regional Office*? [X] 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.

[X] The owner/operator has issues regarding available computer access or computer capability.

Name of EPA staff person that granted the waiver: Everett Spencer

Date 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):

[X] 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 K490

City: Los Alamos State: NM ZIP Code: 87545 -

Phone: 505 667 0666

E-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. Wheeler

Organization: EPC-CP

Phone: 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:

[X] 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)	[X] 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? [X] 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 [X] No

F. Monitoring Information

Note: Make additional copies of this form as necessary.

1. Nature of Discharge: [X] Rainfall (Complete line items 2.a., 2.b., & 2.c.) [ ] 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): 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	[ ] Substantially identical to outfall:	[ ]	QBM	Aluminum, total recoverable	2770	ug/L		08/04/2016	[ ]	[ ]
002	[ ] Substantially identical to outfall:	[ ]	QBM	Iron, total	4860	ug/L		08/04/2016	[ ]	[ ]
002	[ ] Substantially identical to outfall:	[ ]	QBM	Nitrate plus Nitrite Nitrogen	0.856	mg/L		08/04/2016	[ ]	[ ]

* (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 = 0.28 inches.

002: The average concentration of total recoverable Aluminum is mathematically certain to exceed the benchmark value. The average concentration of total Iron 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: [X] Rainfall (Complete line items 2.a., 2.b., & 2.c.) [ ] 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): 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	[ ] Substantially identical to outfall:	[ ]	QBM	Iron, total	1090	ug/L		08/04/2016	[ ]	[ ]
007	[X] Substantially identical to outfall: 009	[X]							[ ]	[ ]
008	[X] Substantially identical to outfall: 009	[X]							[ ]	[ ]
010	[X] Substantially identical to outfall: 009	[X]							[ ]	[ ]

* (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 = 0.28 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 9.

F. Monitoring Information

Note: Make additional copies of this form as necessary.

1. Nature of Discharge: [X] Rainfall (Complete line items 2.a., 2.b., & 2.c.) [ ] 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): 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?
012	[ ] Substantially identical to outfall:	[ ]	I	Aluminum, total recoverable	1040	ug/L		08/04/2016	[ ]	[ ]
012	[ ] Substantially identical to outfall:	[ ]	I	Aroclor, total	ND		0.0343 ug/L	08/04/2016	[ ]	[ ]
012	[ ] Substantially identical to outfall:	[ ]	I	Copper, dissolved	2.13	ug/L		08/04/2016	[ ]	[ ]
012	[ ] Substantially identical to outfall:	[ ]	QBM	Iron, total	5150	ug/L		08/04/2016	[ ]	[ ]
012	[ ] Substantially identical to outfall:	[ ]	I	Thallium, dissolved	ND		0.450 ug/L	08/04/2016	[ ]	[ ]
011	[X] Substantially identical to outfall: 012	[X]							[ ]	[ ]

* (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 = 0.28 inches.

012: The impaired water pollutant 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. 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 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: [X] Rainfall (Complete line items 2.a., 2.b., & 2.c.) [ ] 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): 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?
018	[ ] Substantially identical to outfall:	[ ]	I	Adjusted Gross Alpha	5.06	pCi/L		08/04/2016	[ ]	[ ]
018	[ ] Substantially identical to outfall:	[ ]	QBM	Aluminum, total recoverable	94.8	ug/L		08/04/2016	[ ]	[ ]
018	[ ] Substantially identical to outfall:	[ ]	QBM	Iron, total	1150	ug/L		08/04/2016	[ ]	[ ]
018	[ ] Substantially identical to outfall:	[ ]	QBM	Nitrate plus Nitrite Nitrogen	0.0544	mg/L		08/04/2016	[ ]	[ ]
013	[X] Substantially identical to outfall: 018	[X]							[ ]	[ ]
014	[X] Substantially identical to outfall: 018	[ ]							[ ]	[ ]
015	[X] Substantially identical to outfall: 018	[ ]							[ ]	[ ]
016	[X] Substantially identical to outfall: 018	[X]							[ ]	[ ]

017	[X] Substantially identical to outfall: 018	[X]							[ ]	[ ]
019	[X] Substantially identical to outfall: 018	[X]							[ ]	[ ]

* (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 = 0.28 inches.

018: Copper, dissolved (I) - NODI 9. Thallium, dissolved (I) - NODI B. Aluminum, total recoverable (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: [signature] Date 10/06/2016

E-mail: grieggst@lanl.gov

NPDES FORM 6100-29	EPA	UNITED STATES ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, DC 20460 MSGP INDUSTRIAL DISCHARGE MONITORING REPORT (DMR) FORM	Form Approved. OMB No. 2040-0004

A. Approval to User Paper DMR Form

1. Have you been granted a waiver from electronic reporting from EPA Regional Office*? [X] 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.

[X] The owner/operator has issues regarding available computer access or computer capability.

Name of EPA staff person that granted the waiver: Everett Spencer

Date 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):

[X] 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 K490

City: Los Alamos State: NM ZIP Code: 87545 -

Phone: 505 667 0666

E-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. Wheeler

Organization: EPC-CP

Phone: 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: [X] 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)	[X] 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? [X] 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 [X] No

F. Monitoring Information

Note: Make additional copies of this form as necessary.

1. Nature of Discharge: [X] Rainfall (Complete line items 2.a., 2.b., & 2.c.) [ ] 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): 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	[ ] Substantially identical to outfall:	[ ]	QBM	Zinc, dissolved	54.3	ug/L		08/08/2016	[ ]	[ ]

* (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 = 0.83 hours. Rainfall amount = 0.37 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.

F. Monitoring Information

Note: Make additional copies of this form as necessary.

1. Nature of Discharge: [X] Rainfall (Complete line items 2.a., 2.b., & 2.c.) [ ] 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): 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?
004	[ ] Substantially identical to outfall:	[ ]	QBM	Zinc, dissolved	10.3	ug/L		08/08/2016	[ ]	[ ]

* (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 = 0.83 hours. Rainfall amount = 0.37 inches.

004: Adjusted Gross Alpha (I) - NODI 9. Aluminum, total recoverable (I) - NODI 9. Aroclor, total (I) - NODI 9.

F. Monitoring Information

Note: Make additional copies of this form as necessary.

1. Nature of Discharge: [X] Rainfall (Complete line items 2.a., 2.b., & 2.c.) [ ] 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): 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?
018	[ ] Substantially identical to outfall:	[ ]	QBM	Copper, dissolved	11.2	ug/L		08/08/2016	[ ]	[ ]
018	[ ] Substantially identical to outfall:	[ ]	QBM	Zinc, dissolved	463	ug/L		08/08/2016	[ ]	[ ]
013	[X] Substantially identical to outfall: 018	[ ]							[ ]	[ ]
014	[X] Substantially identical to outfall: 018	[ ]							[ ]	[ ]
015	[X] Substantially identical to outfall: 018	[ ]							[ ]	[ ]
016	[X] Substantially identical to outfall: 018	[ ]							[ ]	[ ]
017	[X] Substantially identical to outfall: 018	[ ]							[ ]	[ ]
019	[X] Substantially identical to outfall: 018	[X]							[ ]	[ ]

* (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 = 0.83 hours. Rainfall amount = 0.37 inches.

018: Adjusted Gross Alpha (I) - NODI 9. The average concentration of dissolved Zinc is mathematically certain to exceed the benchmark value. Aluminum, total recoverable (I) - NODI 9. Thallium, dissolved (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: [signature] Date 10/06/2016

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: SEP 2 2 2016
Symbol: EPC-DO-16-283
LA-UR: 16-27215
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 July 15, 21 and 25, 2016**

Enclosed are Los Alamos National Laboratory's MDMRs (Enclosure 1) for July 15, 21 and 25, 2016, 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, 020, 031, 047, 049, 051, and 072 .

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 July 15, 21 and 25, 2016

Cy: Everett Spencer, USEPA/Region 6, Dallas TX (E-File)
Helen Nguyen, USEPA/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)
Ellena I. Martinez, EPC-DP, (E-File)
Saundra Martinez, ADEM-PO, (E-File)
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locatesteam@lanl.gov, (E-File)
epc-correspondence@lanl.gov

ENCLOSURE 1

NPDES Permit Tracking No. NMR053195, MDMRs
for July 15, 21 and 25, 2016

EPC-DO-16-283

LA-UR-16-27215

Date: SEP 2 2 2016

NPDES FORM 6100-29	EPA	UNITED STATES ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, DC 20460 MSGP INDUSTRIAL DISCHARGE MONITORING REPORT (DMR) FORM	Form Approved. OMB No. 2040-0004

A. Approval to User Paper DMR Form

1. Have you been granted a waiver from electronic reporting from EPA Regional Office*? [X] 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.

[X] The owner/operator has issues regarding available computer access or computer capability.

Name of EPA staff person that granted the waiver: Everett Spencer

Date 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):

[X] 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 K490

City: Los Alamos State: NM ZIP Code: 87545 -

Phone: 505 667 0666

E-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. Wheeler

Organization: EPC-CP

Phone: 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:

[X] 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)	[X]	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? [X] 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 [X] No

F. Monitoring Information

Note: Make additional copies of this form as necessary.

1. Nature of Discharge: [X] Rainfall (Complete line items 2.a., 2.b., & 2.c.) [ ] 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): 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?
005	[ ] Substantially identical to outfall:	[ ]	QBM	Iron, total	4450	ug/L		07/15/2016	[ ]	[ ]
006	[X] Substantially identical to outfall: 005	[ ]							[ ]	[ ]

* (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 = 0.67 hours. Rainfall amount = 0.31 inches.

005: 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: [X] Rainfall (Complete line items 2.a., 2.b., & 2.c.) [ ] 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): 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?

* (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 = 0.67 hours. Rainfall amount = 0.31 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.

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 09/22/2016

E-mail: grieggst@lanl.gov

NPDES FORM 6100-29	EPA	UNITED STATES ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, DC 20460 MSGP INDUSTRIAL DISCHARGE MONITORING REPORT (DMR) FORM	Form Approved. OMB No. 2040-0004

A. Approval to User Paper DMR Form

1. Have you been granted a waiver from electronic reporting from EPA Regional Office*? [X] 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.

[X] The owner/operator has issues regarding available computer access or computer capability.

Name of EPA staff person that granted the waiver: Everett Spencer

Date 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):

[X] 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 K490

City: Los Alamos State: NM ZIP Code: 87545 -

Phone: 505 667 0666

E-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. Wheeler

Organization: EPC-CP

Phone: 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: [X] 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)	[X] 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? [X] 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 [X] No

F. Monitoring Information

Note: Make additional copies of this form as necessary.

1. Nature of Discharge: [X] Rainfall (Complete line items 2.a., 2.b., & 2.c.) [ ] 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): 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?
020	[ ] Substantially identical to outfall:	[ ]	QBM	Aluminum, total recoverable	97.1	ug/L		07/21/2016	[ ]	[ ]
020	[ ] Substantially identical to outfall:	[ ]	I	Aluminum, total recoverable	97.1	ug/L		07/21/2016	[ ]	[ ]
020	[ ] Substantially identical to outfall:	[ ]	QBM	Copper, dissolved	4.24	ug/L		07/21/2016	[ ]	[ ]
020	[ ] Substantially identical to outfall:	[ ]	I	Copper, dissolved	4.24	ug/L		07/21/2016	[ ]	[ ]
020	[ ] Substantially identical to outfall:	[ ]	QBM	Iron, total	128	ug/L		07/21/2016	[ ]	[ ]
020	[ ] Substantially identical to outfall:	[ ]	QBM	Nitrate plus Nitrite Nitrogen	0.443	mg/L		07/21/2016	[ ]	[ ]
020	[ ] Substantially identical to outfall:	[ ]	QBM	Zinc, dissolved	130	ug/L		07/21/2016	[ ]	[ ]

* (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 = 0.83 hours. Rainfall amount = 0.21 inches.

020: Adjusted Gross Alpha (I) - NODI B. 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: [X] Rainfall (Complete line items 2.a., 2.b., & 2.c.) [ ] 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): 81

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	[ ] Substantially identical to outfall:	[ ]	I	Adjusted Gross Alpha	38.9	pCi/L		07/21/2016	[ ]	[ ]
031	[ ] Substantially identical to outfall:	[ ]	I	Aluminum, total recoverable	2990	ug/L		07/21/2016	[ ]	[ ]
031	[ ] Substantially identical to outfall:	[ ]	I	Aroclor, total	ND		0.172 ug/L	07/21/2016	[ ]	[ ]
031	[ ] Substantially identical to outfall:	[ ]	I	Copper, dissolved	11.3	ug/L		07/21/2016	[ ]	[ ]
030	[X] Substantially identical to outfall: 031	[ ]							[ ]	[ ]

* (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 = 0.36 inches.

031: 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 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. The impaired water pollutant dissolved Copper exceeds the New Mexico water quality standard.

F. Monitoring Information

Note: Make additional copies of this form as necessary.

1. Nature of Discharge: [X] 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): 0.1 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?
047	[ ] Substantially identical to outfall:	[ ]	I	Adjusted Gross Alpha	17.5	pCi/L		07/21/2016	[ ]	[ ]
046	[X] Substantially identical to outfall: 047	[ ]							[ ]	[ ]
045	[X] Substantially identical to outfall: 047	[ ]							[ ]	[ ]
048	[X] Substantially identical to outfall: 047	[ ]							[ ]	[ ]
044	[X] Substantially identical to outfall: 047	[ ]							[ ]	[ ]

* (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 = 0.09 inches.

047: The impaired water pollutant Adjusted Gross Alpha exceeds the New Mexico water quality standard.

F. Monitoring Information

Note: Make additional copies of this form as necessary.

1. Nature of Discharge: [X] 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): 0.1 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?

* (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 = 0.09 inches.

047: Aluminum, total recoverable (I) - NODI 9. Aroclor, total (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 09/22/2016

E-mail: grieggst@lanl.gov

NPDES FORM 6100-29	EPA	UNITED STATES ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, DC 20460 MSGP INDUSTRIAL DISCHARGE MONITORING REPORT (DMR) FORM	Form Approved. OMB No. 2040-0004

A. Approval to User Paper DMR Form

1. Have you been granted a waiver from electronic reporting from EPA Regional Office*? [X] 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.

[X] The owner/operator has issues regarding available computer access or computer capability.

Name of EPA staff person that granted the waiver: Everett Spencer

Date 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):

[X] 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 K490

City: Los Alamos State: NM ZIP Code: 87545 -

Phone: 505 667 0666

E-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. Wheeler

Organization: EPC-CP

Phone: 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: [X] 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)	[X] 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? [X] 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 [X] No

F. Monitoring Information

Note: Make additional copies of this form as necessary.

1. Nature of Discharge: [X] Rainfall (Complete line items 2.a., 2.b., & 2.c.) [ ] 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): 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	[ ] Substantially identical to outfall:	[ ]	QBM	Arsenic, dissolved	ND		1.70 ug/L	07/25/2016	[ ]	[ ]
047	[ ] Substantially identical to outfall:	[ ]	QBM	Cadmium, dissolved	BQL		1.00 ug/L	07/25/2016	[ ]	[ ]
047	[ ] Substantially identical to outfall:	[ ]	QBM	Lead, dissolved	BQL		2.00 ug/L	07/25/2016	[ ]	[ ]
047	[ ] Substantially identical to outfall:	[ ]	QBM	Silver, dissolved	ND		0.200 ug/L	07/25/2016	[ ]	[ ]
046	[X] Substantially identical to outfall: 047	[ ]							[ ]	[ ]
045	[X] Substantially identical to outfall: 047	[ ]							[ ]	[ ]
048	[X] Substantially identical to outfall: 047	[ ]							[ ]	[ ]
044	[X] Substantially identical to outfall: 047	[ ]							[ ]	[ ]

* (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 = 1.00 hours. Rainfall amount = 0.38 inches.

F. Monitoring Information

Note: Make additional copies of this form as necessary.

1. Nature of Discharge: [X] Rainfall (Complete line items 2.a., 2.b., & 2.c.) [ ] 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): 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?

* (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 = 1.00 hours. Rainfall amount = 0.38 inches.

047: 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: [X] Rainfall (Complete line items 2.a., 2.b., & 2.c.) [ ] 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): 24

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?
049	[ ] Substantially identical to outfall:	[ ]	I	Aluminum, total recoverable	4670	ug/L		07/25/2016	[ ]	[ ]
049	[ ] Substantially identical to outfall:	[ ]	I	Aroclor, total	ND		0.0351 ug/L	07/25/2016	[ ]	[ ]

* (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 = 1.00 hours. Rainfall amount = 0.38 inches.

049: The impaired water pollutant 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.

F. Monitoring Information

Note: Make additional copies of this form as necessary.

1. Nature of Discharge: [X] Rainfall (Complete line items 2.a., 2.b., & 2.c.) [ ] 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): 86

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	[ ] Substantially identical to outfall:	[ ]	I	Aluminum, total recoverable	14100	ug/L		07/25/2016	[ ]	[ ]
051	[ ] Substantially identical to outfall:	[ ]	QBM	Ammonia, total	0.242	mg/L		07/25/2016	[ ]	[ ]
051	[ ] Substantially identical to outfall:	[ ]	I	Aroclor, total	ND		0.0354 ug/L	07/25/2016	[ ]	[ ]
051	[ ] Substantially identical to outfall:	[ ]	QBM	Arsenic, dissolved	ND		1.70 ug/L	07/25/2016	[ ]	[ ]
051	[ ] Substantially identical to outfall:	[ ]	QBM	Cadmium, dissolved	BQL		1.00 ug/L	07/25/2016	[ ]	[ ]
051	[ ] Substantially identical to outfall:	[ ]	QBM	Chemical Oxygen Demand (COD)	407	mg/L		07/25/2016	[ ]	[ ]
051	[ ] Substantially identical to outfall:	[ ]	QBM	Cyanide, total	ND		0.00167 mg/L	07/25/2016	[ ]	[ ]
051	[ ] Substantially identical to outfall:	[ ]	QBM	Lead, dissolved	BQL		2.00 ug/L	07/25/2016	[ ]	[ ]

051	☐ Substantially identical to outfall:	☐	QBM	Magnesium, total	8.79	mg/L		07/25/2016	☐	☐
051	☐ Substantially identical to outfall:	☐	QBM	Mercury, total	ND		0.067 ug/L	07/25/2016	☐	☐
051	☐ Substantially identical to outfall:	☐	QBM	Selenium, total	ND		1.50 ug/L	07/25/2016	☐	☐
051	☐ Substantially identical to outfall:	☐	QBM	Silver, dissolved	ND		0.200 ug/L	07/25/2016	☐	☐
052	☒ Substantially identical to outfall: 051	☐							☐	☐

* (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 = 0.24 inches.

051: The impaired water pollutant 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. 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: [X] Rainfall (Complete line items 2.a., 2.b., & 2.c.) [ ] 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): 278

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	[ ] Substantially identical to outfall:	[ ]	I	Aluminum, total recoverable	836	ug/L		07/25/2016	[ ]	[ ]
072	[ ] Substantially identical to outfall:	[ ]	QBM	Ammonia, total	4.07	mg/L		07/25/2016	[ ]	[ ]
072	[ ] Substantially identical to outfall:	[ ]	QBM	Arsenic, dissolved	BQL		5.00 ug/L	07/25/2016	[ ]	[ ]
072	[ ] Substantially identical to outfall:	[ ]	QBM	Cadmium, dissolved	2.28	ug/L		07/25/2016	[ ]	[ ]
072	[ ] Substantially identical to outfall:	[ ]	QBM	Chemical Oxygen Demand (COD)	1220	mg/L		07/25/2016	[ ]	[ ]
072	[ ] Substantially identical to outfall:	[ ]	QBM	Cyanide, total	BQL		0.005 mg/L	07/25/2016	[ ]	[ ]
072	[ ] Substantially identical to outfall:	[ ]	QBM	Lead, dissolved	6.69	ug/L		07/25/2016	[ ]	[ ]
072	[ ] Substantially identical to outfall:	[ ]	QBM	Magnesium, total	6.9	mg/L		07/25/2016	[ ]	[ ]

072	☐ Substantially identical to outfall:	☐	QBM	Mercury, total	BQL		0.200 ug/L	07/25/2016	☐	☐
072	☐ Substantially identical to outfall:	☐	QBM	Selenium, total	BQL		5.00 ug/L	07/25/2016	☐	☐
072	☐ Substantially identical to outfall:	☐	QBM	Silver, dissolved	ND		0.200 ug/L	07/25/2016	☐	☐
070	☒ Substantially identical to outfall: 072	☐							☐	☐
071	☒ Substantially identical to outfall: 072	☐							☐	☐

* (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 = 0.24 inches.

072: The average concentration of Chemical Oxygen Demand is mathematically certain to exceed the benchmark value. 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: A R Grieggs

Date 09/22/2016

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: OCT 0 6 2016
Symbol: EPC-DO-16-291
LA-UR: 16-27686
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 July 31, August 1, 2, 3, 4, and 8, 2016**

Enclosed are Los Alamos National Laboratory's MDMRs (Enclosure 1) for July 31, August 1, 2, 3, 4 and 8, 2016, 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 042, 075, 029, 047, 050, 069, 072, 004, 020, 051, 002, 005, 009, 012, and 018.

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 July 31, August 1, 2, 3, 4 and 8, 2016

Cy: Everett Spencer, USEPA/Region 6, Dallas, TX, (E-File)
Helen Nguyen, USEPA/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)
Ellena I. Martinez, EPC-DP, (E-File)
Saundra Martinez, ADEM-PO, (E-File)
lasomailbox@nnsa.doe.gov, (E-File)
locatesteam@lanl.gov, (E-File)
epc-correspondence@lanl.gov

ENCLOSURE 1

NPDES Permit Tracking No. NMR053195, MDMRs
for July 31, August 1, 2, 3, 4 and 8, 2016

EPC-DO-16-291

LA-UR-16-27686

Date: OCT 0 6 2016

NPDES FORM 6100-29	EPA	UNITED STATES ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, DC 20460 MSGP INDUSTRIAL DISCHARGE MONITORING REPORT (DMR) FORM	Form Approved. OMB No. 2040-0004

A. Approval to User Paper DMR Form

1. Have you been granted a waiver from electronic reporting from EPA Regional Office*? [X] 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.

[X] The owner/operator has issues regarding available computer access or computer capability.

Name of EPA staff person that granted the waiver: Everett Spencer

Date 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):

[X] 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 K490

City: Los Alamos State: NM ZIP Code: 87545 -

Phone: 505 667 0666

E-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. Wheeler

Organization: EPC-CP

Phone: 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: [X] 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)	[X] 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? [X] 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 [X] No

F. Monitoring Information

Note: Make additional copies of this form as necessary.

1. Nature of Discharge: [X] 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): 0.6 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?
042	[ ] Substantially identical to outfall:	[ ]	I	Copper, dissolved	4.96	ug/L		08/01/2016	[ ]	[ ]
042	[ ] Substantially identical to outfall:	[ ]	I	Thallium, dissolved	ND		0.450 ug/L	08/01/2016	[ ]	[ ]
041	[X] Substantially identical to outfall: 042	[ ]							[ ]	[ ]

* (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 = 3.58 hours. Rainfall amount = 0.59 inches.

042: Sample was collected on 8/1/2016 at 00:26, which falls within the 7/31/2016 storm day, defined as occurring between 06:05 and 06:00. 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: [X] 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): 1.0 2.c. Time since previous measurable storm event (days): 16

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	[ ] Substantially identical to outfall:	[ ]	I	Adjusted Gross Alpha	36.3	pCi/L		07/31/2016	[ ]	[ ]
075	[ ] Substantially identical to outfall:	[ ]	I	Aluminum, total recoverable	9240	ug/L		07/31/2016	[ ]	[ ]
075	[ ] Substantially identical to outfall:	[ ]	I	Aroclor, total	ND		0.034 ug/L	07/31/2016	[ ]	[ ]

* (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 = 3.92 hours. Rainfall amount = 1.00 inches.

075: 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 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. 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: [signature] Date 10/06/2016

E-mail: grieggst@lanl.gov

NPDES FORM 6100-29	EPA	UNITED STATES ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, DC 20460 MSGP INDUSTRIAL DISCHARGE MONITORING REPORT (DMR) FORM	Form Approved. OMB No. 2040-0004

A. Approval to User Paper DMR Form

1. Have you been granted a waiver from electronic reporting from EPA Regional Office*? [X] 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.

[X] The owner/operator has issues regarding available computer access or computer capability.

Name of EPA staff person that granted the waiver: Everett Spencer

Date 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):

[X] 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 K490

City: Los Alamos State: NM ZIP Code: 87545 -

Phone: 505 667 0666

E-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. Wheeler

Organization: EPC-CP

Phone: 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: [X] 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)	[X] 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? [X] 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 [X] No

F. Monitoring Information

Note: Make additional copies of this form as necessary.

1. Nature of Discharge: [X] 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): 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?
029	[ ] Substantially identical to outfall:	[ ]	QBM	Copper, dissolved	17.7	ug/L		08/01/2016	[ ]	[ ]
029	[ ] Substantially identical to outfall:	[ ]	QBM	Lead, dissolved	ND		0.500 ug/L	08/01/2016	[ ]	[ ]
029	[ ] Substantially identical to outfall:	[ ]	QBM	Zinc, dissolved	35	ug/L		08/01/2016	[ ]	[ ]

* (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.

029: Adjusted Gross Alpha (I) - NODI 9. Aluminum, total recoverable (I) - NODI 9. Aroclor, total (I) - NODI B. Thallium, dissolved (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: [signature] Date 10/06/2016

E-mail: grieggst@lanl.gov

NPDES FORM 6100-29	EPA	UNITED STATES ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, DC 20460 MSGP INDUSTRIAL DISCHARGE MONITORING REPORT (DMR) FORM	Form Approved. OMB No. 2040-0004

A. Approval to User Paper DMR Form

1. Have you been granted a waiver from electronic reporting from EPA Regional Office*? [X] 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.

[X] The owner/operator has issues regarding available computer access or computer capability.

Name of EPA staff person that granted the waiver: Everett Spencer

Date 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):

[X] 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 K490

City: Los Alamos State: NM ZIP Code: 87545 -

Phone: 505 667 0666

E-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. Wheeler

Organization: EPC-CP

Phone: 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:

[X] 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)	[X] 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? [X] 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 [X] No

F. Monitoring Information

Note: Make additional copies of this form as necessary.

1. Nature of Discharge: [X] 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): 0.2 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?
047	[ ] Substantially identical to outfall:	[ ]	QBM	Arsenic, dissolved	ND		1.70 ug/L	08/03/2016	[ ]	[ ]
047	[ ] Substantially identical to outfall:	[ ]	QBM	Cadmium, dissolved	BQL		1.00 ug/L	08/03/2016	[ ]	[ ]
047	[ ] Substantially identical to outfall:	[ ]	QBM	Lead, dissolved	ND		0.500 ug/L	08/03/2016	[ ]	[ ]
047	[ ] Substantially identical to outfall:	[ ]	QBM	Silver, dissolved	ND		0.200 ug/L	08/03/2016	[ ]	[ ]
046	[X] Substantially identical to outfall: 047	[ ]							[ ]	[ ]
045	[X] Substantially identical to outfall: 047	[ ]							[ ]	[ ]
048	[X] Substantially identical to outfall: 047	[ ]							[ ]	[ ]
044	[X] Substantially identical to outfall: 047	[ ]							[ ]	[ ]

* (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 = 0.22 inches.

047: Sample was collected on 8/3/2016 at 00:56, which falls within the 8/2/2016 storm day, defined as occurring between 06:05 and 06:00. 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: [X] 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): 0.2 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	[ ] Substantially identical to outfall:	[ ]	QBM	Ammonia, total	1.05	mg/L		08/02/2016	[ ]	[ ]
050	[ ] Substantially identical to outfall:	[ ]	QBM	Arsenic, dissolved	ND		1.70 ug/L	08/02/2016	[ ]	[ ]
050	[ ] Substantially identical to outfall:	[ ]	QBM	Cadmium, dissolved	2	ug/L		08/02/2016	[ ]	[ ]
050	[ ] Substantially identical to outfall:	[ ]	QBM	Chemical Oxygen Demand (COD)	228	mg/L		08/02/2016	[ ]	[ ]
050	[ ] Substantially identical to outfall:	[ ]	QBM	Cyanide, total	BQL		0.005 mg/L	08/02/2016	[ ]	[ ]
050	[ ] Substantially identical to outfall:	[ ]	QBM	Lead, dissolved	ND		0.500 ug/L	08/02/2016	[ ]	[ ]
050	[ ] Substantially identical to outfall:	[ ]	QBM	Magnesium, total	1.57	mg/L		08/02/2016	[ ]	[ ]
050	[ ] Substantially identical to outfall:	[ ]	QBM	Mercury, total	ND		0.067 ug/L	08/02/2016	[ ]	[ ]

050	☐ Substantially identical to outfall:	☐	QBM	Selenium, total	ND		1.50 ug/L	08/02/2016	☐	☐
050	☐ Substantially identical to outfall:	☐	QBM	Silver, dissolved	ND		0.200 ug/L	08/02/2016	☐	☐

* (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 = 0.22 inches.

050: The average concentration of Chemical Oxygen Demand (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. Aroclor, total (I) - NODI B.

F. Monitoring Information

Note: Make additional copies of this form as necessary.

1. Nature of Discharge: [X] Rainfall (Complete line items 2.a., 2.b., & 2.c.) [ ] Snowmelt

2.a. Duration of the rainfall event (hours): 3 2.b. Rainfall amount (inches): 0.7 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	[ ] Substantially identical to outfall:	[ ]	QBM	Ammonia, total	0.175	mg/L		08/03/2016	[ ]	[ ]
069	[ ] Substantially identical to outfall:	[ ]	QBM	Arsenic, dissolved	ND		1.70 ug/L	08/03/2016	[ ]	[ ]
069	[ ] Substantially identical to outfall:	[ ]	QBM	Cadmium, dissolved	ND		0.110 ug/L	08/03/2016	[ ]	[ ]
069	[ ] Substantially identical to outfall:	[ ]	QBM	Chemical Oxygen Demand (COD)	ND		8.95 mg/L	08/03/2016	[ ]	[ ]
069	[ ] Substantially identical to outfall:	[ ]	QBM	Cyanide, total	ND		0.00167 mg/L	08/03/2016	[ ]	[ ]
069	[ ] Substantially identical to outfall:	[ ]	QBM	Lead, dissolved	ND		0.500 ug/L	08/03/2016	[ ]	[ ]
069	[ ] Substantially identical to outfall:	[ ]	QBM	Magnesium, total	0.547	mg/L		08/03/2016	[ ]	[ ]
069	[ ] Substantially identical to outfall:	[ ]	QBM	Mercury, total	ND		0.067 ug/L	08/03/2016	[ ]	[ ]

069	☐ Substantially identical to outfall:	☐	QBM	Selenium, total	ND		1.50 ug/L	08/03/2016	☐	☐
069	☐ Substantially identical to outfall:	☐	QBM	Silver, dissolved	ND		0.200 ug/L	08/03/2016	☐	☐
059	☒ Substantially identical to outfall: 069	☐							☐	☐
058	☒ Substantially identical to outfall: 069	☐							☐	☐
057	☒ Substantially identical to outfall: 069	☐							☐	☐
056	☒ Substantially identical to outfall: 069	☐							☐	☐
055	☒ Substantially identical to outfall: 069	☐							☐	☐
054	☒ Substantially identical to outfall: 069	☐							☐	☐
067	☒ Substantially identical to outfall: 069	☐							☐	☐
068	☒ Substantially identical to outfall: 069	☐							☐	☐

060	[X] Substantially identical to outfall: 069	☐							☐	☐
061	[X] Substantially identical to outfall: 069	☐							☐	☐
062	[X] Substantially identical to outfall: 069	☐							☐	☐
063	[X] Substantially identical to outfall: 069	☐							☐	☐
064	[X] Substantially identical to outfall: 069	☐							☐	☐

* (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 = 2.75 hours. Rainfall amount = 0.68 inches.

069: The average concentration of total Magnesium is mathematically certain to exceed the benchmark value. Sample was collected on 8/3/2016 from two different samplers. The Avalanche sampler collected at 03:35 and the 3700 collected at 03:33, both of which fall within the 8/2/2016 storm day, defined as occurring between 06:05 and 06:00. 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: [X] Rainfall (Complete line items 2.a., 2.b., & 2.c.) [ ] Snowmelt

2.a. Duration of the rainfall event (hours): 3 2.b. Rainfall amount (inches): 0.7 2.c. Time since previous measurable storm event (days): 286

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	[ ] Substantially identical to outfall:	[ ]	QBM	Arsenic, dissolved	ND		1.70 ug/L	08/03/2016	[ ]	[ ]
072	[ ] Substantially identical to outfall:	[ ]	QBM	Cadmium, dissolved	1.39	ug/L		08/03/2016	[ ]	[ ]
072	[ ] Substantially identical to outfall:	[ ]	QBM	Lead, dissolved	2.47	ug/L		08/03/2016	[ ]	[ ]
072	[ ] Substantially identical to outfall:	[ ]	QBM	Silver, dissolved	ND		0.200 ug/L	08/03/2016	[ ]	[ ]
070	[X] Substantially identical to outfall: 072	[ ]							[ ]	[ ]
071	[X] Substantially identical to outfall: 072	[ ]							[ ]	[ ]

* (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 = 2.75 hours. Rainfall amount = 0.68 inches.

072: Sample was collected on 8/3/2016 at 00:50, which falls within the 8/2/2016 storm day, defined as occurring between 06:05 and 06:00. Aluminum, total recoverable (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: [signature] Date 10/06/2016

E-mail: grieggst@lanl.gov

NPDES FORM 6100-29	EPA	UNITED STATES ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, DC 20460 MSGP INDUSTRIAL DISCHARGE MONITORING REPORT (DMR) FORM	Form Approved. OMB No. 2040-0004

A. Approval to User Paper DMR Form

1. Have you been granted a waiver from electronic reporting from EPA Regional Office*? [X] 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.

[X] The owner/operator has issues regarding available computer access or computer capability.

Name of EPA staff person that granted the waiver: Everett Spencer

Date 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):

[X] 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 K490

City: Los Alamos State: NM ZIP Code: 87545 -

Phone: 505 667 0666

E-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. Wheeler

Organization: EPC-CP

Phone: 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:

[X] 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)	[X] 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? [X] 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 [X] No

F. Monitoring Information

Note: Make additional copies of this form as necessary.

1. Nature of Discharge: [X] 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): 0.6 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?
004	[ ] Substantially identical to outfall:	[ ]	QBM	Aluminum, total recoverable	428	ug/L		08/03/2016	[ ]	[ ]
004	[ ] Substantially identical to outfall:	[ ]	QBM	Iron, total	1420	ug/L		08/03/2016	[ ]	[ ]
004	[ ] Substantially identical to outfall:	[ ]	QBM	Nitrate plus Nitrite Nitrogen	2.66	mg/L		08/03/2016	[ ]	[ ]

* (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 = 2.00 hours. Rainfall amount = 0.61 inches.

004: The average concentration of Nitrate plus Nitrite Nitrogen is mathematically certain to exceed the benchmark value. Adjusted Gross Alpha (I) - NODI 9. Aroclor, total (I) - NODI 9. Aluminum, total recoverable (I) - NODI 9.

F. Monitoring Information

Note: Make additional copies of this form as necessary.

1. Nature of Discharge: [X] 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): 0.6 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?
005	[ ] Substantially identical to outfall:	[ ]	QBM	Iron, total	1380	ug/L		08/03/2016	[ ]	[ ]
006	[X] Substantially identical to outfall: 005	[X]							[ ]	[ ]

* (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 = 2.00 hours. Rainfall amount = 0.61 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: [X] 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): 0.6 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	[ ] Substantially identical to outfall:	[ ]	QBM	Aluminum, total recoverable	BQL		50.0 ug/L	08/03/2016	[ ]	[ ]
020	[ ] Substantially identical to outfall:	[ ]	I	Aluminum, total recoverable	BQL		50.0 ug/L	08/03/2016	[ ]	[ ]
020	[ ] Substantially identical to outfall:	[ ]	QBM	Copper, dissolved	3.71	ug/L		08/03/2016	[ ]	[ ]
020	[ ] Substantially identical to outfall:	[ ]	I	Copper, dissolved	3.71	ug/L		08/03/2016	[ ]	[ ]
020	[ ] Substantially identical to outfall:	[ ]	QBM	Iron, total	BQL		100 ug/L	08/03/2016	[ ]	[ ]
020	[ ] Substantially identical to outfall:	[ ]	QBM	Nitrate plus Nitrite Nitrogen	0.186	mg/L		08/03/2016	[ ]	[ ]
020	[ ] Substantially identical to outfall:	[ ]	QBM	Zinc, dissolved	153	ug/L		08/03/2016	[ ]	[ ]

* (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 = 2.00 hours. Rainfall amount = 0.61 inches.

020: The average concentration of dissolved Zinc is mathematically certain to exceed the benchmark value. Adjusted Gross Alpha (I) - NODI B. 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: [X] 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): 0.6 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?
029	[ ] Substantially identical to outfall:	[ ]	QBM	Aluminum, total recoverable	192	ug/L		08/03/2016	[ ]	[ ]
029	[ ] Substantially identical to outfall:	[ ]	QBM	Chemical Oxygen Demand (COD)	79.2	mg/L		08/03/2016	[ ]	[ ]
029	[ ] Substantially identical to outfall:	[ ]	QBM	Iron, total	649	ug/L		08/03/2016	[ ]	[ ]
029	[ ] Substantially identical to outfall:	[ ]	QBM	Total Suspended Solids (TSS)	25.2	mg/L		08/03/2016	[ ]	[ ]

* (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 = 2.00 hours. Rainfall amount = 0.61 inches.

029: 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: [X] 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): 0.4 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?
042	[ ] Substantially identical to outfall:	[ ]	I	Adjusted Gross Alpha	49.6	pCi/L		08/03/2016	[ ]	[ ]
042	[ ] Substantially identical to outfall:	[ ]	I	Aluminum, total recoverable	4480	ug/L		08/03/2016	[ ]	[ ]
042	[ ] Substantially identical to outfall:	[ ]	I	Aroclor, total	ND		0.034 ug/L	08/03/2016	[ ]	[ ]
041	[X] Substantially identical to outfall: 042	[ ]							[ ]	[ ]

* (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 = 2.42 hours. Rainfall amount = 0.42 inches.

042: 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 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.

F. Monitoring Information

Note: Make additional copies of this form as necessary.

1. Nature of Discharge: [X] Rainfall (Complete line items 2.a., 2.b., & 2.c.) [ ] 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): 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	[ ] Substantially identical to outfall:	[ ]	QBM	Ammonia, total	0.270	mg/L		08/03/2016	[ ]	[ ]
047	[ ] Substantially identical to outfall:	[ ]	QBM	Chemical Oxygen Demand (COD)	ND		8.95 mg/L	08/03/2016	[ ]	[ ]
047	[ ] Substantially identical to outfall:	[ ]	QBM	Cyanide, total	ND		0.00167 mg/L	08/03/2016	[ ]	[ ]
047	[ ] Substantially identical to outfall:	[ ]	QBM	Magnesium, total	0.368	mg/L		08/03/2016	[ ]	[ ]
047	[ ] Substantially identical to outfall:	[ ]	QBM	Mercury, total	ND		0.067 ug/L	08/03/2016	[ ]	[ ]
047	[ ] Substantially identical to outfall:	[ ]	QBM	Selenium, total	ND		1.50 ug/L	08/03/2016	[ ]	[ ]
046	[X] Substantially identical to outfall: 047	[ ]							[ ]	[ ]
045	[X] Substantially identical to outfall: 047	[ ]							[ ]	[ ]

048	[X] Substantially identical to outfall: 047	☐							☐	☐
044	[X] Substantially identical to outfall: 047	☐							☐	☐

* (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 = 0.37 inches.

047: 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. Aroclor, total (I) - NODI B.

F. Monitoring Information

Note: Make additional copies of this form as necessary.

1. Nature of Discharge: [X] 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): 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	[ ] Substantially identical to outfall:	[ ]	QBM	Ammonia, total	0.157	mg/L		08/03/2016	[ ]	[ ]
051	[ ] Substantially identical to outfall:	[ ]	QBM	Arsenic, dissolved	ND		1.70 ug/L	08/03/2016	[ ]	[ ]
051	[ ] Substantially identical to outfall:	[ ]	QBM	Cadmium, dissolved	BQL		1.00 ug/L	08/03/2016	[ ]	[ ]
051	[ ] Substantially identical to outfall:	[ ]	QBM	Chemical Oxygen Demand (COD)	41.0	mg/L		08/03/2016	[ ]	[ ]
051	[ ] Substantially identical to outfall:	[ ]	QBM	Cyanide, total	ND		0.00167 mg/L	08/03/2016	[ ]	[ ]
051	[ ] Substantially identical to outfall:	[ ]	QBM	Lead, dissolved	ND		0.500 ug/L	08/03/2016	[ ]	[ ]
051	[ ] Substantially identical to outfall:	[ ]	QBM	Magnesium, total	1.41	mg/L		08/03/2016	[ ]	[ ]
051	[ ] Substantially identical to outfall:	[ ]	QBM	Mercury, total	ND		0.067 ug/L	08/03/2016	[ ]	[ ]

051	☐ Substantially identical to outfall:	☐	QBM	Selenium, total	ND		1.50 ug/L	08/03/2016	☐	☐
051	☐ Substantially identical to outfall:	☐	QBM	Silver, dissolved	ND		0.200 ug/L	08/03/2016	☐	☐
052	☒ Substantially identical to outfall: 051	☐							☐	☐

* (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 = 2.00 hours. Rainfall amount = 0.91 inches.

051: The average concentration of total Magnesium is mathematically certain to exceed the benchmark value. Aluminum, total recoverable (I) - NODI 9. Aroclor, total (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: [signature] Date 10/06/2016

E-mail: grieggst@lanl.gov

NPDES FORM 6100-29	EPA	UNITED STATES ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, DC 20460 MSGP INDUSTRIAL DISCHARGE MONITORING REPORT (DMR) FORM	Form Approved. OMB No. 2040-0004

A. Approval to User Paper DMR Form

1. Have you been granted a waiver from electronic reporting from EPA Regional Office*? [X] 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.

[X] The owner/operator has issues regarding available computer access or computer capability.

Name of EPA staff person that granted the waiver: Everett Spencer

Date 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):

[X] 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 K490

City: Los Alamos State: NM ZIP Code: 87545 -

Phone: 505 667 0666

E-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. Wheeler

Organization: EPC-CP

Phone: 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:

[X] 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)	[X] 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? [X] 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 [X] No

F. Monitoring Information

Note: Make additional copies of this form as necessary.

1. Nature of Discharge: [X] Rainfall (Complete line items 2.a., 2.b., & 2.c.) [ ] 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): 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	[ ] Substantially identical to outfall:	[ ]	QBM	Aluminum, total recoverable	2770	ug/L		08/04/2016	[ ]	[ ]
002	[ ] Substantially identical to outfall:	[ ]	QBM	Iron, total	4860	ug/L		08/04/2016	[ ]	[ ]
002	[ ] Substantially identical to outfall:	[ ]	QBM	Nitrate plus Nitrite Nitrogen	0.856	mg/L		08/04/2016	[ ]	[ ]

* (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 = 0.28 inches.

002: The average concentration of total recoverable Aluminum is mathematically certain to exceed the benchmark value. The average concentration of total Iron 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: [X] Rainfall (Complete line items 2.a., 2.b., & 2.c.) [ ] 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): 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	[ ] Substantially identical to outfall:	[ ]	QBM	Iron, total	1090	ug/L		08/04/2016	[ ]	[ ]
007	[X] Substantially identical to outfall: 009	[X]							[ ]	[ ]
008	[X] Substantially identical to outfall: 009	[X]							[ ]	[ ]
010	[X] Substantially identical to outfall: 009	[X]							[ ]	[ ]

* (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 = 0.28 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 9.

F. Monitoring Information

Note: Make additional copies of this form as necessary.

1. Nature of Discharge: [X] Rainfall (Complete line items 2.a., 2.b., & 2.c.) [ ] 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): 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?
012	[ ] Substantially identical to outfall:	[ ]	I	Aluminum, total recoverable	1040	ug/L		08/04/2016	[ ]	[ ]
012	[ ] Substantially identical to outfall:	[ ]	I	Aroclor, total	ND		0.0343 ug/L	08/04/2016	[ ]	[ ]
012	[ ] Substantially identical to outfall:	[ ]	I	Copper, dissolved	2.13	ug/L		08/04/2016	[ ]	[ ]
012	[ ] Substantially identical to outfall:	[ ]	QBM	Iron, total	5150	ug/L		08/04/2016	[ ]	[ ]
012	[ ] Substantially identical to outfall:	[ ]	I	Thallium, dissolved	ND		0.450 ug/L	08/04/2016	[ ]	[ ]
011	[X] Substantially identical to outfall: 012	[X]							[ ]	[ ]

* (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 = 0.28 inches.

012: The impaired water pollutant 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. 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 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: [X] Rainfall (Complete line items 2.a., 2.b., & 2.c.) [ ] 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): 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?
018	[ ] Substantially identical to outfall:	[ ]	I	Adjusted Gross Alpha	5.06	pCi/L		08/04/2016	[ ]	[ ]
018	[ ] Substantially identical to outfall:	[ ]	QBM	Aluminum, total recoverable	94.8	ug/L		08/04/2016	[ ]	[ ]
018	[ ] Substantially identical to outfall:	[ ]	QBM	Iron, total	1150	ug/L		08/04/2016	[ ]	[ ]
018	[ ] Substantially identical to outfall:	[ ]	QBM	Nitrate plus Nitrite Nitrogen	0.0544	mg/L		08/04/2016	[ ]	[ ]
013	[X] Substantially identical to outfall: 018	[X]							[ ]	[ ]
014	[X] Substantially identical to outfall: 018	[ ]							[ ]	[ ]
015	[X] Substantially identical to outfall: 018	[ ]							[ ]	[ ]
016	[X] Substantially identical to outfall: 018	[X]							[ ]	[ ]

017	[X] Substantially identical to outfall: 018	[X]							[ ]	[ ]
019	[X] Substantially identical to outfall: 018	[X]							[ ]	[ ]

* (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 = 0.28 inches.

018: Copper, dissolved (I) - NODI 9. Thallium, dissolved (I) - NODI B. Aluminum, total recoverable (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: [signature] Date 10/06/2016

E-mail: grieggst@lanl.gov

NPDES FORM 6100-29	EPA	UNITED STATES ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, DC 20460 MSGP INDUSTRIAL DISCHARGE MONITORING REPORT (DMR) FORM	Form Approved. OMB No. 2040-0004

A. Approval to User Paper DMR Form

1. Have you been granted a waiver from electronic reporting from EPA Regional Office*? [X] 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.

[X] The owner/operator has issues regarding available computer access or computer capability.

Name of EPA staff person that granted the waiver: Everett Spencer

Date 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):

[X] 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 K490

City: Los Alamos State: NM ZIP Code: 87545 -

Phone: 505 667 0666

E-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. Wheeler

Organization: EPC-CP

Phone: 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: [X] 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)	[X] 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? [X] 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 [X] No

F. Monitoring Information

Note: Make additional copies of this form as necessary.

1. Nature of Discharge: [X] Rainfall (Complete line items 2.a., 2.b., & 2.c.) [ ] 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): 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	[ ] Substantially identical to outfall:	[ ]	QBM	Zinc, dissolved	54.3	ug/L		08/08/2016	[ ]	[ ]

* (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 = 0.83 hours. Rainfall amount = 0.37 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.

F. Monitoring Information

Note: Make additional copies of this form as necessary.

1. Nature of Discharge: [X] Rainfall (Complete line items 2.a., 2.b., & 2.c.) [ ] 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): 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?
004	[ ] Substantially identical to outfall:	[ ]	QBM	Zinc, dissolved	10.3	ug/L		08/08/2016	[ ]	[ ]

* (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 = 0.83 hours. Rainfall amount = 0.37 inches.

004: Adjusted Gross Alpha (I) - NODI 9. Aluminum, total recoverable (I) - NODI 9. Aroclor, total (I) - NODI 9.

F. Monitoring Information

Note: Make additional copies of this form as necessary.

1. Nature of Discharge: [X] Rainfall (Complete line items 2.a., 2.b., & 2.c.) [ ] 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): 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?
018	[ ] Substantially identical to outfall:	[ ]	QBM	Copper, dissolved	11.2	ug/L		08/08/2016	[ ]	[ ]
018	[ ] Substantially identical to outfall:	[ ]	QBM	Zinc, dissolved	463	ug/L		08/08/2016	[ ]	[ ]
013	[X] Substantially identical to outfall: 018	[ ]							[ ]	[ ]
014	[X] Substantially identical to outfall: 018	[ ]							[ ]	[ ]
015	[X] Substantially identical to outfall: 018	[ ]							[ ]	[ ]
016	[X] Substantially identical to outfall: 018	[ ]							[ ]	[ ]
017	[X] Substantially identical to outfall: 018	[ ]							[ ]	[ ]
019	[X] Substantially identical to outfall: 018	[X]							[ ]	[ ]

* (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 = 0.83 hours. Rainfall amount = 0.37 inches.

018: Adjusted Gross Alpha (I) - NODI 9. The average concentration of dissolved Zinc is mathematically certain to exceed the benchmark value. Aluminum, total recoverable (I) - NODI 9. Thallium, dissolved (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: [signature] Date 10/06/2016

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: DEC 22, 2016
Symbol: EPC-DO-16-394
LA-UR: 16-29645
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 through November 30, 2016)

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, 2016) of the calendar year, as required under MSGP Permit Tracking No. NMR053195, 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,

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, MDMR for the Fourth Quarter (October 1 through November 30, 2016)

Cy: Nasim Jahan, 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, DOE, (E-File)
John P. McCann, EPC-DO, (E-File)
Anthony R. Grieggs, EPC-CP, (E-File)
Terrill W. Lemke, EPC-CP, (E-File)
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lasomailbox@nnsa.doe.gov, (E-File)
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epc-correspondence@lanl.gov, (E-File)
adesh-records@lanl.gov, (E-File)

ENCLOSURE 1

NPDES Permit Tracking No. NMR053195, "No Discharge" MDMR for the Fourth Quarter (October 1 through November 30, 2016)

EPC-DO-16-394

LA-UR-16-29645

Date: DEC 22, 2016

NPDES FORM 6100-29	EPA	UNITED STATES ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, DC 20460 MSGP INDUSTRIAL DISCHARGE MONITORING REPORT (DMR) FORM	Form Approved. OMB No. 2040-0004

A. Approval to User Paper DMR Form

1. Have you been granted a waiver from electronic reporting from EPA Regional Office*? [X] 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.

[X] The owner/operator has issues regarding available computer access or computer capability.

Name of EPA staff person that granted the waiver: Everett Spencer

Date 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).

[X] 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 K490

City: Los Alamos State: NM ZIP Code: 87545 -

Phone: 505 667 0666

E-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. Wheeler

Organization: EPC-CP

Phone: 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:

[X] 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)	[X] 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? [X] 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 [X] 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?
004	☐ Substantially identical to outfall:	☒							☐	☐

* (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: 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: ☐ 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	☐ Substantially identical to outfall:	☒							☐	☐
011	☒ Substantially identical to outfall: 012	☐							☐	☐

* (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 No discharge.

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?
020	☐ Substantially identical to outfall:	☒							☐	☐

* (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 No discharge.

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?
031	☐ Substantially identical to outfall:	☒							☐	☐
030	☒ Substantially identical to outfall: 031	☐							☐	☐

* (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 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: ☐ 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?
036	☐ Substantially identical to outfall:	☒							☐	☐
037	☒ Substantially identical to outfall: 036	☒							☐	☐

* (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 No discharge.

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?
039	☐ Substantially identical to outfall:	☒							☐	☐
038	☒ Substantially identical to outfall: 039	☒							☐	☐
040	☒ Substantially identical to outfall: 039	☒							☐	☐

* (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 No discharge.

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?
043	☐ Substantially identical to outfall:	☒							☐	☐

* (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 No discharge.

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?
053	☐ Substantially identical to outfall:	☒							☐	☐
065	☒ Substantially identical to outfall: 053	☐							☐	☐
066	☒ Substantially identical to outfall: 053	☐							☐	☐

* (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 No discharge.

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	☐ Substantially identical to outfall:	☒							☐	☐
074	☒ Substantially identical to outfall: 073	☐							☐	☐

* (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 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: ☐ 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?
075	☐ Substantially identical to outfall:	☒							☐	☐

* (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 No discharge.

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 12/22/2016

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: SEP 25 2017
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,

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)
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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

NPDES FORM 6100-29	EPA	UNITED STATES ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, DC 20460 MSGP INDUSTRIAL DISCHARGE MONITORING REPORT (DMR) FORM	Form Approved. OMB No. 2040-0004

A. Approval to User Paper DMR Form

1. Have you been granted a waiver from electronic reporting from EPA Regional Office*? [X] 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.

[X] The owner/operator has issues regarding available computer access or computer capability.

Name of EPA staff person that granted the waiver: Everett Spencer

Date 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):

[X] 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 K490

City: Los Alamos State: NM ZIP Code: 87545 -

Phone: 505 667 0666

E-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. Wheeler

Organization: EPC-CP

Phone: 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: [X] 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)	[X] 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? [X] 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 [X] No

F. Monitoring Information

Note: Make additional copies of this form as necessary.

1. Nature of Discharge: [X] 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): 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	[ ] Substantially identical to outfall:	[ ]	I	Adjusted Gross Alpha	31.1	pCi/L		07/26/2017	[ ]	[ ]
012	[ ] Substantially identical to outfall:	[ ]	I	Aluminum, total recoverable	709	ug/L		07/26/2017	[ ]	[ ]
012	[ ] Substantially identical to outfall:	[ ]	I	Copper, dissolved	2.08	ug/L		07/26/2017	[ ]	[ ]
012	[ ] Substantially identical to outfall:	[ ]	QBM	Iron, total	636	ug/L		07/26/2017	[ ]	[ ]
011	[X] Substantially identical to outfall: 012	[ ]							[ ]	[ ]

* (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: [X] 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): 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	[ ] Substantially identical to outfall:	[ ]	QBM	Aluminum, total recoverable	BQL		50.0 ug/L	07/26/2017	[ ]	[ ]
020	[ ] Substantially identical to outfall:	[ ]	QBM	Iron, total	ND		33.0 ug/L	07/26/2017	[ ]	[ ]
020	[ ] Substantially identical to outfall:	[ ]	QBM	Nitrate plus Nitrite Nitrogen	0.150	mg/L		07/26/2017	[ ]	[ ]

* (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 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 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: [X] Rainfall (Complete line items 2.a., 2.b., & 2.c.) [ ] 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	[ ] Substantially identical to outfall:	[ ]	I	Copper, dissolved	11.8	ug/L		07/26/2017	[ ]	[ ]
030	[X] Substantially identical to outfall: 031	[ ]							[ ]	[ ]

* (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: [X] Rainfall (Complete line items 2.a., 2.b., & 2.c.) [ ] 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	[ ] Substantially identical to outfall:	[ ]	I	Adjusted Gross Alpha	409	pCi/L		07/26/2017	[ ]	[ ]
039	[ ] Substantially identical to outfall:	[ ]	I	Aluminum, total recoverable	16100	ug/L		07/26/2017	[ ]	[ ]
039	[ ] Substantially identical to outfall:	[ ]	I	Copper, dissolved	6.55	ug/L		07/26/2017	[ ]	[ ]
039	[ ] Substantially identical to outfall:	[ ]	I	Thallium, dissolved	ND		0.600 ug/L	07/26/2017	[ ]	[ ]
038	[X] Substantially identical to outfall: 039	[ ]							[ ]	[ ]
040	[X] Substantially identical to outfall: 039	[X]							[ ]	[ ]

* (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: [X] 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): 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	[ ] Substantially identical to outfall:	[ ]	I	Aluminum, total recoverable	85	ug/L		07/26/2017	[ ]	[ ]
073	[ ] Substantially identical to outfall:	[ ]	QBM	Chemical Oxygen Demand (COD)	80.5	mg/L		07/26/2017	[ ]	[ ]
073	[ ] Substantially identical to outfall:	[ ]	QBM	Total Suspended Solids (TSS)	BQL		18.1 mg/L	07/26/2017	[ ]	[ ]
074	[X] Substantially identical to outfall: 073	[ ]							[ ]	[ ]

* (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: Mike Sollen for

Date 09/25/2017

E-mail: grieggst@lanl.gov

NPDES FORM 6100-29	EPA	UNITED STATES ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, DC 20460 MSGP INDUSTRIAL DISCHARGE MONITORING REPORT (DMR) FORM	Form Approved. OMB No. 2040-0004

A. Approval to User Paper DMR Form

1. Have you been granted a waiver from electronic reporting from EPA Regional Office*? [X] 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.

[X] The owner/operator has issues regarding available computer access or computer capability.

Name of EPA staff person that granted the waiver: Everett Spencer

Date 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):

[X] 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 K490

City: Los Alamos State: NM ZIP Code: 87545 -

Phone: 505 667 0666

E-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. Wheeler

Organization: EPC-CP

Phone: 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: [X] 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)	[X]	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? [X] 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 [X] No

F. Monitoring Information

Note: Make additional copies of this form as necessary.

1. Nature of Discharge: [X] Rainfall (Complete line items 2.a., 2.b., & 2.c.) [ ] 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	[ ] Substantially identical to outfall:	[ ]	I	Adjusted Gross Alpha	3.46	pCi/L		07/29/2017	[ ]	[ ]
031	[ ] Substantially identical to outfall:	[ ]	I	Aluminum, total recoverable	1060	ug/L		07/29/2017	[ ]	[ ]
030	[X] Substantially identical to outfall: 031	[ ]							[ ]	[ ]

* (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: [signature] Date 09/25/2017

E-mail: grieggst@lanl.gov

Los Alamos
NATIONAL LABORATORY
EST 1943

Environmental Protection & Compliance Division
Los Alamos National Laboratory
PO Box 1663, K491
Los Alamos, New Mexico 87545
(505) 667-2211

Date: DEC 2 1 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)
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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 2 1 2017

NPDES FORM 6100-29	EPA	UNITED STATES ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, DC 20460 MSGP INDUSTRIAL DISCHARGE MONITORING REPORT (DMR) FORM	Form Approved. OMB No. 2040-0004

A. Approval to User Paper DMR Form

1. Have you been granted a waiver from electronic reporting from EPA Regional Office*? [X] 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.

[X] The owner/operator has issues regarding available computer access or computer capability.

Name of EPA staff person that granted the waiver: Everett Spencer

Date 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).

[X] 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 K490

City: Los Alamos State: NM ZIP Code: 87545 -

Phone: 505 667 0666

E-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. Wheeler

Organization: EPC-CP

Phone: 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: [X] 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)	[X] 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? [X] 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 [X] 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?
012	☐ Substantially identical to outfall:	☒							☐	☐
011	☒ Substantially identical to outfall: 012	☒							☐	☐

* (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: ☐ 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?
036	☐ Substantially identical to outfall:	☒							☐	☐
037	☒ Substantially identical to outfall: 036	☐							☐	☐

* (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?
075	☐ Substantially identical to outfall:	☒							☐	☐

* (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

APPENDIX H1

Sampling Data from Previous Permit Term (MSGP 2008)

Permitted Facility	MSGP Station Number	Report Type	Location ID	Field Sample ID	Sample Collection Date
TA-60 Roads and Grounds	60-00RG	MSGP I	60-00RG	WTMSGP-10-14939	06/24/2010
TA-60 Roads and Grounds	60-00RG	MSGP I	60-00RG	WTMSGP-10-14939	06/24/2010
TA-60 Roads and Grounds	60-00RG	MSGP I	60-00RG	MSGP-15-95651	07/05/2015
TA-60 Roads and Grounds	60-00RG	MSGP I	60-00RG	WTMSGP-10-14939	06/24/2010
TA-60 Roads and Grounds	60-00RG	MSGP I	60-00RG	MSGP-15-95651	07/05/2015
TA-60 Roads and Grounds	60-00RG	MSGP I	60-00RG	WTMSGP-10-14939	06/24/2010
TA-60 Roads and Grounds	60-00RG	MSGP I	60-00RG	MSGP-15-95651	07/05/2015
TA-60 Roads and Grounds	60-00RG	MSGP I	60-00RG	WTMSGP-10-14939	06/24/2010
TA-60 Roads and Grounds	60-00RG	MSGP I	60-00RG	MSGP-15-95651	07/05/2015
TA-60 Roads and Grounds	60-00RG	MSGP I	60-00RG	WTMSGP-10-14939	06/24/2010
TA-60 Roads and Grounds	60-00RG	MSGP I	60-00RG	MSGP-15-95651	07/05/2015
TA-60 Roads and Grounds	60-00RG	MSGP I	60-00RG	WTMSGP-10-14939	06/24/2010
TA-60 Roads and Grounds	60-00RG	MSGP I	60-00RG	MSGP-15-95651	07/05/2015
TA-60 Roads and Grounds	60-00RG	MSGP I	60-00RG	WTMSGP-10-14939	06/24/2010
TA-60 Roads and Grounds	60-00RG	MSGP I	60-00RG	MSGP-15-95651	07/05/2015

Sample Collection Time	Analyte Name	Field Preparation Code	Sample Type	Detect Flag	Report Result	Report Units	Adjusted Result
15:52	Aluminum, total	UF	WT	Y	13600.0	ug/L	13600.0
15:52	Aroclor-1016, total	UF	WT	N	0.037	ug/L	0.0
18:07	Aroclor-1016, total	UF	WT	N	0.034	ug/L	0.0
15:52	Aroclor-1221, total	UF	WT	N	0.037	ug/L	0.0
18:07	Aroclor-1221, total	UF	WT	N	0.034	ug/L	0.0
15:52	Aroclor-1232, total	UF	WT	N	0.037	ug/L	0.0
18:07	Aroclor-1232, total	UF	WT	N	0.034	ug/L	0.0
15:52	Aroclor-1242, total	UF	WT	N	0.037	ug/L	0.0
18:07	Aroclor-1242, total	UF	WT	N	0.034	ug/L	0.0
15:52	Aroclor-1248, total	UF	WT	N	0.037	ug/L	0.0
18:07	Aroclor-1248, total	UF	WT	N	0.034	ug/L	0.0
15:52	Aroclor-1254, total	UF	WT	N	0.037	ug/L	0.0
18:07	Aroclor-1254, total	UF	WT	N	0.034	ug/L	0.0
15:52	Aroclor-1260, total	UF	WT	N	0.037	ug/L	0.0
18:07	Aroclor-1260, total	UF	WT	N	0.034	ug/L	0.0

MSGP I Level	MSGP QBM Level	MSGP ELG Daily Max Level	MSGP ELG Daily Min Level	MSGP ELG 30-Day Avg Adjusted	MSGP ELG 30-Day Avg Level	Validation Qualifier	COC No.	Analytical Method
						NQ	10-3551	EPA:200.8
						U	10-3551	EPA:608
						U	2015-1542	EPA:608
						U	10-3551	EPA:608
						U	2015-1542	EPA:608
						U	10-3551	EPA:608
						U	2015-1542	EPA:608
						U	10-3551	EPA:608
						U	2015-1542	EPA:608
						U	10-3551	EPA:608
						U	2015-1542	EPA:608
						U	10-3551	EPA:608
						U	2015-1542	EPA:608
						U	10-3551	EPA:608
						U	2015-1542	EPA:608

TA-60 Roads and Grounds	60-00RG	MSGP I	60-00RG	WTMSGP-10-14939	06/24/2010
TA-60 Roads and Grounds	60-00RG	MSGP I	60-00RG	MSGP-15-95651	07/05/2015
TA-60 Roads and Grounds	60-00RG	MSGP I	60-00RG	WTMSGP-11-6321	08/05/2011
TA-60 Roads and Grounds	60-00RG	MSGP I	60-00RG	WTMSGP-10-14939	06/24/2010
TA-60 Roads and Grounds	60-00RG	MSGP I	60-00RG	WTMSGP-10-14939	06/24/2010
TA-60 Roads and Grounds	60-00RGE	MSGP I	60-00RGE	WTMSGP-10-14942	04/19/2010
TA-60 Roads and Grounds	60-00RGE	MSGP I	60-00RGE	WTMSGP-10-14942	04/19/2010
TA-60 Roads and Grounds	60-00RGE	MSGP I	60-00RGE	WTMSGP-10-14942	04/19/2010
TA-60 Roads and Grounds	60-00RGE	MSGP I	60-00RGE	WTMSGP-10-14942	04/19/2010
TA-60 Roads and Grounds	60-00RGE	MSGP I	60-00RGE	WTMSGP-10-14942	04/19/2010
TA-60 Roads and Grounds	60-00RGE	MSGP I	60-00RGE	WTMSGP-10-14942	04/19/2010
TA-60 Roads and Grounds	60-00RGE	MSGP I	60-00RGE	WTMSGP-10-14942	04/19/2010
TA-60 Roads and Grounds	60-00RGE	MSGP I	60-00RGE	WTMSGP-10-14942	04/19/2010
TA-60 Roads and Grounds	60-00RGE	MSGP I	60-00RGE	WTMSGP-11-6322	08/19/2011
TA-60 Roads and Grounds	60-00RGE	MSGP I	60-00RGE	WTMSGP-10-14942	04/19/2010
TA-60 Roads and Grounds	60-00RGE	MSGP I	60-00RGE	WTMSGP-11-6322	08/19/2011

15:52	Aroclor-1262, total	UF	WT	N	0.037	ug/L	0.0
18:07	Aroclor-1262, total	UF	WT	N	0.034	ug/L	0.0
13:21	Copper, total	UF	WT	Y	18.8	ug/L	18.8
15:52	Gross Alpha, total	UF	WT	Y	25.0	pCi/L	25.0
15:52	Mercury, total	UF	WT	N	0.066	ug/L	0.0
11:42	Aluminum, total	UF	WT	Y	22400.0	ug/L	22400.0
11:42	Aroclor-1016, total	UF	WT	N	0.0333	ug/L	0.0
11:42	Aroclor-1221, total	UF	WT	N	0.0333	ug/L	0.0
11:42	Aroclor-1232, total	UF	WT	N	0.0333	ug/L	0.0
11:42	Aroclor-1242, total	UF	WT	N	0.0333	ug/L	0.0
11:42	Aroclor-1248, total	UF	WT	N	0.0333	ug/L	0.0
11:42	Aroclor-1254, total	UF	WT	N	0.0333	ug/L	0.0
11:42	Aroclor-1260, total	UF	WT	N	0.0333	ug/L	0.0
11:42	Aroclor-1262, total	UF	WT	N	0.0333	ug/L	0.0
14:12	Copper, total	UF	WT	Y	66.6	ug/L	66.6
11:42	Gross Alpha, total	UF	WT	Y	361.0	pCi/L	361.0
14:12	Gross Alpha, total	UF	WT	Y	190.0	pCi/L	190.0

						U	10-3551	EPA:608
						U	2015-1542	EPA:608
						NQ	11-3204	EPA:200.8
						NQ	10-3551	EPA:900
0.77						U	10-3551	EPA:245.2
						NQ	10-2881	EPA:200.8
						U	10-2881	EPA:608
						U	10-2881	EPA:608
						U	10-2881	EPA:608
						U	10-2881	EPA:608
						U	10-2881	EPA:608
						U	10-2881	EPA:608
						U	10-2881	EPA:608
						U	10-2881	EPA:608
						NQ	11-3294	EPA:200.8
						NQ	10-2881	EPA:900
						NQ	11-3294	EPA:900

TA-60 Roads and Grounds	60-00RGE	MSGP I	60-00RGE	WTMSGP-12-12957	10/12/2012
TA-60 Roads and Grounds	60-00RGE	MSGP I	60-00RGE	WTMSGP-10-14942	04/19/2010
TA-60 Roads and Grounds	60-00RGE	MSGP I	60-00RGE	MSGP-15-95645	07/06/2015
TA-60 Roads and Grounds	60-RGCFYE	MSGP I	60-RGD-10 at 60-RGDCFYE	WTMSGP-13-41822	09/13/2013
TA-60 Roads and Grounds	60-RGCFYE	MSGP I	60-RGD-10 at 60-RGDCFYE	WTMSGP-13-41822	09/13/2013
TA-60 Roads and Grounds	60-RGCFYE	MSGP I	60-RGD-10 at 60-RGDCFYE	WTMSGP-13-41822	09/13/2013
TA-60 Roads and Grounds	60-RGCFYE	MSGP I	60-RGD-10 at 60-RGDCFYE	WTMSGP-13-41822	09/13/2013
TA-60 Roads and Grounds	60-RGCFYE	MSGP I	60-RGD-10 at 60-RGDCFYE	WTMSGP-13-41822	09/13/2013
TA-60 Roads and Grounds	60-RGCFYE	MSGP I	60-RGD-10 at 60-RGDCFYE	WTMSGP-13-41822	09/13/2013
TA-60 Roads and Grounds	60-RGCFYE	MSGP I	60-RGD-10 at 60-RGDCFYE	WTMSGP-13-41822	09/13/2013
TA-60 Roads and Grounds	60-RGCFYE	MSGP I	60-RGD-10 at 60-RGDCFYE	WTMSGP-13-41822	09/13/2013
TA-60 Roads and Grounds	60-RGCFYE	MSGP I	60-RGD-10 at 60-RGDCFYE	WTMSGP-13-41822	09/13/2013
TA-60 Roads and Grounds	60-RGCFYE	MSGP I	60-RGD-10 at 60-RGDCFYE	WTMSGP-13-41822	09/13/2013
TA-60 Roads and Grounds	60-RGCFYE	MSGP I	60-RGD-10 at 60-RGDCFYE	WTMSGP-13-41822	09/13/2013
TA-60 Roads and Grounds	60-RGCFYE	MSGP I	60-RGD-10 at 60-RGDCFYE	WTMSGP-13-41822	09/13/2013
TA-60 Roads and Grounds	60-RGCFYE	MSGP I	60-RGD-10 at 60-RGDCFYE	WTMSGP-13-41822	09/13/2013
TA-60 Roads and Grounds	60-RGCFYE	MSGP I	60-RGD-10 at 60-RGDCFYE	WTMSGP-13-41822	09/13/2013

13:31	Gross Alpha, total	UF	WT	Y	25.2	pCi/L	25.2
11:42	Mercury, total	UF	WT	N	0.066	ug/L	0.0
14:45	Thallium, dissolved	F	WT	N	0.45	ug/L	0.0
6:27	Aluminum, total	UF	WT	Y	2350.0	ug/L	2350.0
6:27	Aluminum, total	UF	WT	Y	2350.0	ug/L	2350.0
6:27	Aroclor-1016, total	UF	WT	N	0.112	ug/L	0.0
6:27	Aroclor-1016, total	UF	WT	N	0.112	ug/L	0.0
6:27	Aroclor-1221, total	UF	WT	N	0.112	ug/L	0.0
6:27	Aroclor-1221, total	UF	WT	N	0.112	ug/L	0.0
6:27	Aroclor-1232, total	UF	WT	N	0.112	ug/L	0.0
6:27	Aroclor-1232, total	UF	WT	N	0.112	ug/L	0.0
6:27	Aroclor-1242, total	UF	WT	N	0.112	ug/L	0.0
6:27	Aroclor-1242, total	UF	WT	N	0.112	ug/L	0.0
6:27	Aroclor-1248, total	UF	WT	N	0.112	ug/L	0.0
6:27	Aroclor-1248, total	UF	WT	N	0.112	ug/L	0.0
6:27	Aroclor-1254, total	UF	WT	N	0.112	ug/L	0.0
6:27	Aroclor-1254, total	UF	WT	N	0.112	ug/L	0.0

						NQ	2013-199	EPA:900
0.77						U	10-2881	EPA:245.2
0.47						U	2015-1542	EPA:200.8
						NQ	2013-1966	EPA:200.8
						NQ	2013-1966	EPA:200.8
						U	2013-1966	EPA:608
						U	2013-1966	EPA:608
						U	2013-1966	EPA:608
						U	2013-1966	EPA:608
						U	2013-1966	EPA:608
						U	2013-1966	EPA:608
						U	2013-1966	EPA:608
						U	2013-1966	EPA:608
						U	2013-1966	EPA:608
						U	2013-1966	EPA:608
						U	2013-1966	EPA:608
						U	2013-1966	EPA:608

TA-60 Roads and Grounds	60-RGCFYE	MSGP I	60-RGD-10 at 60-RGDCFYE	WTMSGP-13-41822	09/13/2013
TA-60 Roads and Grounds	60-RGCFYE	MSGP I	60-RGD-10 at 60-RGDCFYE	WTMSGP-13-41822	09/13/2013
TA-60 Roads and Grounds	60-RGCFYE	MSGP I	60-RGD-10 at 60-RGDCFYE	WTMSGP-13-41822	09/13/2013
TA-60 Roads and Grounds	60-RGCFYE	MSGP I	60-RGD-10 at 60-RGDCFYE	WTMSGP-13-41822	09/13/2013
TA-60 Roads and Grounds	60-RGCFYE	MSGP I	60-RGD-10 at 60-RGDCFYE	WTMSGP-13-41822	09/13/2013
TA-60 Roads and Grounds	60-RGCFYE	MSGP I	60-RGD-10 at 60-RGDCFYE	WTMSGP-13-41822	09/13/2013
TA-60 Roads and Grounds	60-RGCFYE	MSGP I	60-RGD-10 at 60-RGDCFYE	WTMSGP-13-41822	09/13/2013
TA-60 Roads and Grounds	60-RGCFYE	MSGP I	60-RGD-10 at 60-RGDCFYE	WTMSGP-13-41822	09/13/2013
TA-60 Roads and Grounds	60-RGCFYE	MSGP I	60-RGD-10 at 60-RGDCFYE	WTMSGP-13-41822	09/13/2013
TA-60 Roads and Grounds	60-RGCFYE	MSGP I	60-RGD-10 at 60-RGDCFYE	WTMSGP-13-41822	09/13/2013
TA-60 Roads and Grounds	60-RGCFYE	MSGP I	60-RGD-10 at 60-RGDCFYE	MSGP-15-95652	07/07/2015
TA-60 Roads and Grounds	60-RGCFYE	MSGP I	60-RGD-10 at 60-RGDCFYE	MSGP-15-95652	07/07/2015
TA-60 Roads and Grounds	E123.4	MSGP I	R and G at Sigma Mesa	WTMSGP-10-14976	05/14/2010
TA-60 Roads and Grounds	E123.4	MSGP I	R and G at Sigma Mesa	WTMSGP-11-6353	07/30/2011
TA-60 Roads and Grounds	E123.4	MSGP I	R and G at Sigma Mesa	WTMSGP-10-14976	05/14/2010
TA-60 Roads and Grounds	E123.4	MSGP I	R and G at Sigma Mesa	MSGP-15-95643	06/10/2015

6:27	Aroclor-1260, total	UF	WT	N	0.112	ug/L	0.0
6:27	Aroclor-1260, total	UF	WT	N	0.112	ug/L	0.0
6:27	Aroclor-1262, total	UF	WT	N	0.112	ug/L	0.0
6:27	Aroclor-1262, total	UF	WT	N	0.112	ug/L	0.0
6:27	Copper, total	UF	WT	Y	6.39	ug/L	6.39
6:27	Copper, total	UF	WT	Y	6.39	ug/L	6.39
6:27	Gross Alpha, total	UF	WT	Y	3.21	pCi/L	3.21
6:27	Gross Alpha, total	UF	WT	Y	3.21	pCi/L	3.21
6:27	Mercury, total	UF	WT	N	0.2	ug/L	0.0
6:27	Mercury, total	UF	WT	N	0.2	ug/L	0.0
04:43	Thallium, dissolved	F	WT	N	0.45	ug/L	0.0
04:43	Thallium, dissolved	F	WT	N	0.45	ug/L	0.0
15:48	Aluminum, total	UF	WT	Y	7180.0	ug/L	7180.0
20:13	Copper, total	UF	WT	Y	11.4	ug/L	11.4
15:48	Gross Alpha, total	UF	WT	Y	8.46	pCi/L	8.46
14:10	Thallium, dissolved	F	WT	Y	0.597	ug/L	1.0

						U	2013-1966	EPA:608
						U	2013-1966	EPA:608
						U	2013-1966	EPA:608
						U	2013-1966	EPA:608
						NQ	2013-1966	EPA:200.8
						NQ	2013-1966	EPA:200.8
						NQ	2013-1966	EPA:900
						NQ	2013-1966	EPA:900
0.77						U	2013-1966	EPA:245.2
0.77						U	2013-1966	EPA:245.2
0.47						U	2015-1638	EPA:200.8
0.47						U	2015-1638	EPA:200.8
						J+	10-3218	EPA:200.8
						NQ	11-3011	EPA:200.8
						NQ	10-3218	EPA:900
0.47						J	2015-1408	EPA:200.8

Los Alamos NATIONAL LABORATORY EST. 1943

Form 1824

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	Deadline Date	Is this a response to an action item? Yes ☐ No ☒
11/02/2018	N/A	
From: Holly Wheeler Organization: EPC-CP		☐ 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*) 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 11/2/18
4. Name (*print*) Holly L. Wheeler, EPC-CP	Signature	Date 11/02/2018
5. Name (*print*)	Signature	Date

Please ensure appropriate ~~PAD/AD/Division~~ ACD coordination and review prior to submittal to the Director's Office.

Form 1824 (8/12)

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**

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 Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
					Sample											40	28 - ug/L		01/YR - Annual	GR - GRAB
X 01040	Copper, dissolved [as Cu]	1 - Effluent Gross	0	–	Permit Req.							<=				6 MAXIMUM	28 - ug/L	1	01/YR - Annual	GR - GRAB
					Value NODI															
					Sample											0.47 MAXIMUM	28 - ug/L		01/YR - Annual	GR - GRAB
01057	Thallium, dissolved [as Tl]	1 - Effluent Gross	0	–	Permit Req.							<=								
					Value NODI											B - Below Detection Limit/No Detection				
					Sample											1550	28 - ug/L		01/YR - Annual	GR - GRAB
X 01104	Aluminum, total recoverable	1 - Effluent Gross	0	–	Permit Req.							<=				681 MAXIMUM	28 - ug/L	1	01/YR - Annual	GR - GRAB
					Value NODI															
					Sample											0.2 MAXIMUM	28 - ug/L		01/YR - Annual	GR - GRAB
39516	Polychlorinated biphenyls [PCBs]	1 - Effluent Gross	0	–	Permit Req.							<=								
					Value NODI											B - Below Detection Limit/No Detection				
					Sample											8.05	17 - pCi/L		01/YR - Annual	GR - GRAB
51931	Alpha, gross adjusted	1 - Effluent Gross	0	–	Permit Req.							<=				15 MAXIMUM	17 - pCi/L	0	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 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:	TERRILLLEMKE
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-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: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
					Sample											37.8	28 - ug/L		01/YR - Annual	GR - GRAB
X 01040	Copper, dissolved [as Cu]	1 - Effluent Gross	0	--	Permit Req.										<=	6 MAXIMUM	28 - ug/L	1	01/YR - Annual	GR - GRAB
					Value NODI															
					Sample															
01057	Thallium, dissolved [as Tl]	1 - Effluent Gross	0	--	Permit Req.										<=	0.47 MAXIMUM	28 - ug/L		01/YR - Annual	GR - GRAB
					Value NODI											B - Below Detection Limit/No Detection				
					Sample											3280	28 - ug/L		01/YR - Annual	GR - GRAB
X 01104	Aluminum, total recoverable	1 - Effluent Gross	0	--	Permit Req.										<=	681 MAXIMUM	28 - ug/L	1	01/YR - Annual	GR - GRAB
					Value NODI															
					Sample															
39516	Polychlorinated biphenyls [PCBs]	1 - Effluent Gross	0	--	Permit Req.										<=	0.2 MAXIMUM	28 - ug/L		01/YR - Annual	GR - GRAB
					Value NODI											B - Below Detection Limit/No Detection				
					Sample											25.3	17 - pCi/L		01/YR - Annual	GR - GRAB
X 51931	Alpha, gross adjusted	1 - Effluent Gross	0	--	Permit Req.										<=	15 MAXIMUM	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 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 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:	TERRILLLEMKE
Name:	Terrill Lemke
E-Mail:	tlemke@lanl.gov

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-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:
Last Name:
Title:
Telephone:

No Data Indicator (NODI)

Form NODI: --

	Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
						Sample											40.4	28 - ug/L		01/YR - Annual	GR - GRAB
X	01040	Copper, dissolved [as Cu]	1 - Effluent Gross	0	--	Permit Req.										<=	6 MAXIMUM	28 - ug/L	1	01/YR - Annual	GR - GRAB
						Value NODI															
						Sample											0.47 MAXIMUM	28 - ug/L		01/YR - Annual	GR - GRAB
	01057	Thallium, dissolved [as Tl]	1 - Effluent Gross	0	--	Permit Req.										<=					
						Value NODI											B - Below Detection Limit/No Detection				
						Sample											725	28 - ug/L		01/YR - Annual	GR - GRAB
X	01104	Aluminum, total recoverable	1 - Effluent Gross	0	--	Permit Req.										<=	681 MAXIMUM	28 - ug/L	1	01/YR - Annual	GR - GRAB
						Value NODI															
						Sample											0.2 MAXIMUM	28 - ug/L		01/YR - Annual	GR - GRAB
	39516	Polychlorinated biphenyls [PCBs]	1 - Effluent Gross	0	--	Permit Req.										<=					
						Value NODI											B - Below Detection Limit/No Detection				
						Sample											10.6	17 - pCi/L		01/YR - Annual	GR - GRAB
	51931	Alpha, gross adjusted	1 - Effluent Gross	0	--	Permit Req.										<=	15 MAXIMUM	17 - pCi/L	0	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 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: TERRILLLEMKE
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**

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					Quantity or Loading					Quality or Concentration								
	Code	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	# of Ex.	Frequency of Analysis	Sample Type
	01040	Copper, dissolved [as Cu]	1 - Effluent Gross	0	--	Sample											3.56	28 - ug/L		01/YR - Annual	GR - GRAB
						Permit Req.										<=	6 MAXIMUM	28 - ug/L	0	01/YR - Annual	GR - GRAB
						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											B - Below Detection Limit/No Detection				
X	01104	Aluminum, total recoverable	1 - Effluent Gross	0	--	Sample											907	28 - ug/L		01/YR - Annual	GR - GRAB
						Permit Req.										<=	681 MAXIMUM	28 - ug/L	1	01/YR - Annual	GR - GRAB
						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											B - Below Detection Limit/No Detection				
X	51931	Alpha, gross adjusted	1 - Effluent Gross	0	--	Sample											18.4	17 - pCi/L		01/YR - Annual	GR - GRAB
						Permit Req.										<=	15 MAXIMUM	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 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:	TERRILLLEMKE
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		

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: --

Parameter Code	Parameter Name	Monitoring Location	Season	# Param.	NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Typ
						Sample											25.7	28 - ug/L		01/YR - Annual	GR - GRAB
X 01040	Copper, dissolved [as Cu]	1 - Effluent Gross	0	--		Permit Req.								<=	6 MAXIMUM			28 - ug/L	1	01/YR - Annual	GR - GRAB
						Value NODI															
						Sample															
01057	Thallium, dissolved [as Tl]	1 - Effluent Gross	0	--		Permit Req.								<=	0.47 MAXIMUM			28 - ug/L		01/YR - Annual	GR - GRAB
						Value NODI									B - Below Detection Limit/No Detection						
						Sample											787	28 - ug/L		01/YR - Annual	GR - GRAB
X 01104	Aluminum, total recoverable	1 - Effluent Gross	0	--		Permit Req.								<=	681 MAXIMUM			28 - ug/L	1	01/YR - Annual	GR - GRAB
						Value NODI															
						Sample								<	0.0343			28 - ug/L		01/YR - Annual	GR - GRAB
39516	Polychlorinated biphenyls [PCBs]	1 - Effluent Gross	0	--		Permit Req.								<=	0.2 MAXIMUM			28 - ug/L	0	01/YR - Annual	GR - GRAB
						Value NODI															
						Sample											5.49	17 - pCi/L		01/YR - Annual	GR - GRAB
51931	Alpha, gross adjusted	1 - Effluent Gross	0	--		Permit Req.								<=	15 MAXIMUM			17 - pCi/L	0	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 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:	TERRILLLEMKE
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-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: --

Parameter Code	Parameter Name	Monitoring Location	Season	# Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
					Sample											13	28 - ug/L		01/YR - Annual	GR - GRAB
X 01040	Copper, dissolved [as Cu]	1 - Effluent Gross	0	--	Permit Req.										<=	6 MAXIMUM	28 - ug/L	1	01/YR - Annual	GR - GRAB
					Value NODI															
					Sample															
01057	Thallium, dissolved [as Tl]	1 - Effluent Gross	0	--	Permit Req.										<=	0.47 MAXIMUM	28 - ug/L		01/YR - Annual	GR - GRAB
					Value NODI											B - Below Detection Limit/No Detection				
					Sample											301	28 - ug/L		01/YR - Annual	GR - GRAB
01104	Aluminum, total recoverable	1 - Effluent Gross	0	--	Permit Req.										<=	681 MAXIMUM	28 - ug/L	0	01/YR - Annual	GR - GRAB
					Value NODI															
					Sample															
39516	Polychlorinated biphenyls [PCBs]	1 - Effluent Gross	0	--	Permit Req.										<=	0.2 MAXIMUM	28 - ug/L		01/YR - Annual	GR - GRAB
					Value NODI											B - Below Detection Limit/No Detection				
					Sample															
51931	Alpha, gross adjusted	1 - Effluent Gross	0	--	Permit Req.										<=	15 MAXIMUM	17 - pCi/L		01/YR - Annual	GR - GRAB
					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 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

User:	TERRILLLEMKE
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:	022 External Outfall	**Discharge:**	**022-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: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
					Sample											30.1	28 - ug/L		01/YR - Annual	GR - GRAB
X 01040	Copper, dissolved [as Cu]	1 - Effluent Gross	0	--	Permit Req.								<=			6 MAXIMUM	28 - ug/L	1	01/YR - Annual	GR - GRAB
					Value NODI															
					Sample											0.47 MAXIMUM	28 - ug/L		01/YR - Annual	GR - GRAB
01057	Thallium, dissolved [as Tl]	1 - Effluent Gross	0	--	Permit Req.								<=							
					Value NODI											B - Below Detection Limit/No Detection				
					Sample											2370	28 - ug/L		01/YR - Annual	GR - GRAB
X 01104	Aluminum, total recoverable	1 - Effluent Gross	0	--	Permit Req.								<=			681 MAXIMUM	28 - ug/L	1	01/YR - Annual	GR - GRAB
					Value NODI															
					Sample											0.2 MAXIMUM	28 - ug/L		01/YR - Annual	GR - GRAB
39516	Polychlorinated biphenyls [PCBs]	1 - Effluent Gross	0	--	Permit Req.								<=							
					Value NODI											B - Below Detection Limit/No Detection				
					Sample											11.7	17 - pCi/L		01/YR - Annual	GR - GRAB
51931	Alpha, gross adjusted	1 - Effluent Gross	0	--	Permit Req.								<=			15 MAXIMUM	17 - pCi/L	0	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 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.

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:	TERRILLLEMKE
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:	026 External Outfall	**Discharge:**	**026-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: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
					Sample											34.4	28 - ug/L		01/YR - Annual	GR - GRAB
X 01040	Copper, dissolved [as Cu]	1 - Effluent Gross	0	--	Permit Req.										<=	6 MAXIMUM	28 - ug/L	1	01/YR - Annual	GR - GRAB
					Value NODI															
					Sample															
01057	Thallium, dissolved [as Tl]	1 - Effluent Gross	0	--	Permit Req.										<=	0.47 MAXIMUM	28 - ug/L		01/YR - Annual	GR - GRAB
					Value NODI											B - Below Detection Limit/No Detection				
					Sample											291	28 - ug/L		01/YR - Annual	GR - GRAB
01104	Aluminum, total recoverable	1 - Effluent Gross	0	--	Permit Req.										<=	681 MAXIMUM	28 - ug/L	0	01/YR - Annual	GR - GRAB
					Value NODI															
					Sample															
39516	Polychlorinated biphenyls [PCBs]	1 - Effluent Gross	0	--	Permit Req.										<=	0.2 MAXIMUM	28 - ug/L		01/YR - Annual	GR - GRAB
					Value NODI											B - Below Detection Limit/No Detection				
					Sample															
51931	Alpha, gross adjusted	1 - Effluent Gross	0	--	Permit Req.										<=	15 MAXIMUM	17 - pCi/L		01/YR - Annual	GR - GRAB
					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 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

User:	TERRILLLEMKE
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:	029 External Outfall	**Discharge:**	**029-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: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
					Sample											41.3	28 - ug/L		01/YR - Annual	GR - GRAB
X 01040	Copper, dissolved [as Cu]	1 - Effluent Gross	0	--	Permit Req.								<=	6 MAXIMUM			28 - ug/L	1	01/YR - Annual	GR - GRAB
					Value NODI															
					Sample											0.47 MAXIMUM	28 - ug/L		01/YR - Annual	GR - GRAB
01057	Thallium, dissolved [as Tl]	1 - Effluent Gross	0	--	Permit Req.								<=							
					Value NODI											B - Below Detection Limit/No Detection				
					Sample											319	28 - ug/L		01/YR - Annual	GR - GRAB
01104	Aluminum, total recoverable	1 - Effluent Gross	0	--	Permit Req.								<=	681 MAXIMUM			28 - ug/L	0	01/YR - Annual	GR - GRAB
					Value NODI															
					Sample											0.2 MAXIMUM	28 - ug/L		01/YR - Annual	GR - GRAB
39516	Polychlorinated biphenyls [PCBs]	1 - Effluent Gross	0	--	Permit Req.								<=							
					Value NODI											B - Below Detection Limit/No Detection				
					Sample											52	17 - pCi/L		01/YR - Annual	GR - GRAB
X 51931	Alpha, gross adjusted	1 - Effluent Gross	0	--	Permit Req.								<=	15 MAXIMUM			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 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

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:	TERRILLLEMKE
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:	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**

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 Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
X 01040	Copper, dissolved [as Cu]	1 - Effluent Gross	0	--	Sample											54.2	28 - ug/L		01/YR - Annual	GR - GRAB
					Permit Req.						<=	8 MAXIMUM					28 - ug/L	1	01/YR - Annual	GR - GRAB
					Value NODI															
01104	Aluminum, total recoverable	1 - Effluent Gross	0	--	Sample															
					Permit Req.						<=	1699 MAXIMUM					28 - ug/L		01/YR - Annual	GR - GRAB
					Value NODI							F - Insufficient Flow for Sampling								
39516	Polychlorinated biphenyls [PCBs]	1 - Effluent Gross	0	--	Sample															
					Permit Req.						<=	0.2 MAXIMUM					28 - ug/L		01/YR - Annual	GR - GRAB
					Value NODI							B - Below Detection Limit/No Detection								
51931	Alpha, gross adjusted	1 - Effluent Gross	0	--	Sample															
					Permit Req.						<=	15 MAXIMUM					17 - pCi/L		01/YR - Annual	GR - GRAB
					Value NODI							F - Insufficient Flow for Sampling								

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 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

User:	TERRILLLEMKE
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: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
					Sample											18.6	28 - ug/L		01/YR - Annual	GR - GRAB
X 01040	Copper, dissolved [as Cu]	1 - Effluent Gross	0	--	Permit Req.										<=	6 MAXIMUM	28 - ug/L	1	01/YR - Annual	GR - GRAB
					Value NODI															
					Sample															
01057	Thallium, dissolved [as Tl]	1 - Effluent Gross	0	--	Permit Req.										<=	0.47 MAXIMUM	28 - ug/L		01/YR - Annual	GR - GRAB
					Value NODI											B - Below Detection Limit/No Detection				
					Sample											1800	28 - ug/L		01/YR - Annual	GR - GRAB
X 01104	Aluminum, total recoverable	1 - Effluent Gross	0	--	Permit Req.										<=	681 MAXIMUM	28 - ug/L	1	01/YR - Annual	GR - GRAB
					Value NODI															
					Sample															
39516	Polychlorinated biphenyls [PCBs]	1 - Effluent Gross	0	--	Permit Req.										<=	0.2 MAXIMUM	28 - ug/L		01/YR - Annual	GR - GRAB
					Value NODI											B - Below Detection Limit/No Detection				
					Sample											31.7	17 - pCi/L		01/YR - Annual	GR - GRAB
X 51931	Alpha, gross adjusted	1 - Effluent Gross	0	--	Permit Req.										<=	15 MAXIMUM	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 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
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:	TERRILLLEMKE
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: 039
External Outfall

Discharge: 039-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:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
01040	Copper, dissolved [as Cu]	1 - Effluent Gross	0	--	Sample											3.11	28 - ug/L		01/YR - Annual	GR - GRAB
					Permit Req.						<=	6 MAXIMUM					28 - ug/L	0	01/YR - Annual	GR - GRAB
					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							B - Below Detection Limit/No Detection								
01104	Aluminum, total recoverable	1 - Effluent Gross	0	--	Sample							681 MAXIMUM					28 - ug/L		01/YR - Annual	GR - GRAB
					Permit Req.						<=									
					Value NODI							F - Insufficient Flow for Sampling								
39516	Polychlorinated biphenyls [PCBs]	1 - Effluent Gross	0	--	Sample							0.2 MAXIMUM					28 - ug/L		01/YR - Annual	GR - GRAB
					Permit Req.						<=									
					Value NODI							B - Below Detection Limit/No Detection								
51931	Alpha, gross adjusted	1 - Effluent Gross	0	--	Sample							15 MAXIMUM					17 - pCi/L		01/YR - Annual	GR - GRAB
					Permit Req.						<=									
					Value NODI							F - Insufficient Flow for Sampling								

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-18-29972.

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: TERRILLLEMKE
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**

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 Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
X 01040	Copper, dissolved [as Cu]	1 - Effluent Gross	0	--	Sample											9.06	28 - ug/L		01/YR - Annual	GR - GRAB
					Permit Req.								<=			6 MAXIMUM	28 - ug/L	1	01/YR - Annual	GR - GRAB
					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											B - Below Detection Limit/No Detection				
X 01104	Aluminum, total recoverable	1 - Effluent Gross	0	--	Sample											2610	28 - ug/L		01/YR - Annual	GR - GRAB
					Permit Req.								<=			681 MAXIMUM	28 - ug/L	1	01/YR - Annual	GR - GRAB
					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											B - Below Detection Limit/No Detection				
X 51931	Alpha, gross adjusted	1 - Effluent Gross	0	--	Sample											33.5	17 - pCi/L		01/YR - Annual	GR - GRAB
					Permit Req.								<=			15 MAXIMUM	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 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:	TERRILLLEMKE
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:	073 External Outfall	**Discharge:**	**073-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: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
X 01040	Copper, dissolved [as Cu]	1 - Effluent Gross	0	--	Sample											17.1	28 - ug/L		01/YR - Annual	GR - GRAB
					Permit Req.										<=	6 MAXIMUM	28 - ug/L	1	01/YR - Annual	GR - GRAB
					Value NODI															
01057	Thallium, dissolved [as Tl]	1 - Effluent Gross	0	--	Sample											0.47	28 - ug/L		01/YR - Annual	GR - GRAB
					Permit Req.										<=	0.47 MAXIMUM	28 - ug/L		01/YR - Annual	GR - GRAB
					Value NODI											B - Below Detection Limit/No Detection				
X 01104	Aluminum, total recoverable	1 - Effluent Gross	0	--	Sample											1090	28 - ug/L		01/YR - Annual	GR - GRAB
					Permit Req.										<=	681 MAXIMUM	28 - ug/L	1	01/YR - Annual	GR - GRAB
					Value NODI															
39516	Polychlorinated biphenyls [PCBs]	1 - Effluent Gross	0	--	Sample										<	0.167	28 - ug/L		01/YR - Annual	GR - GRAB
					Permit Req.										<=	0.2 MAXIMUM	28 - ug/L	0	01/YR - Annual	GR - GRAB
					Value NODI															
51931	Alpha, gross adjusted	1 - Effluent Gross	0	--	Sample											5.89	17 - pCi/L		01/YR - Annual	GR - GRAB
					Permit Req.										<=	15 MAXIMUM	17 - pCi/L	0	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 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 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:	TERRILLLEMKE
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**

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 Code	Parameter Name	Monitoring Location	Season	# Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
X 01040	Copper, dissolved [as Cu]	1 - Effluent Gross	0	--	Sample											99.9	28 - ug/L		01/YR - Annual	GR - GRAB
					Permit Req.								<=			6 MAXIMUM	28 - ug/L	1	01/YR - Annual	GR - GRAB
					Value NODI															
01057	Thallium, dissolved [as Tl]	1 - Effluent Gross	0	--	Sample															
					Permit Req.								<=			0.47 MAXIMUM	28 - ug/L		01/YR - Annual	GR - GRAB
					Value NODI											B - 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.								<=			681 MAXIMUM	28 - ug/L	1	01/YR - Annual	GR - GRAB
					Value NODI															
39516	Polychlorinated biphenyls [PCBs]	1 - Effluent Gross	0	--	Sample															
					Permit Req.								<=			0.2 MAXIMUM	28 - ug/L		01/YR - Annual	GR - GRAB
					Value NODI											B - 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.								<=			15 MAXIMUM	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 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:	TERRILLLEMKE
Name:	Terrill Lemke
E-Mail:	tlemke@lanl.gov
Date/Time:	2018-10-22 12:53 (Time Zone: -05:00)

Los Alamos NATIONAL LABORATORY EST. 1943

Form 1824

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	Deadline Date	Is this a response to an action item? Yes ☐ No ☒
11/02/2018	N/A	
From: Holly Wheeler Organization: EPC-CP		☐ Call for Pick-up Name: Joline Martinez Phone: 7-0666

Title: Identify document, briefly describing subject matter.

ESHID-603053 (LA-UR-18-29973): National Pollutant Discharge Elimination System (NPDES) Permit Tracking No. NMR053195, Multi-Sector General Permit (MSGP) Industrial "No 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 when no discharge occurred at outfalls that require parameters to be monitored annually. The results must be submitted to EPA in their MSGP NetDMR database. Attached are the MDMRs transmitting all 2018 outfalls that did not discharge.

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)* 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 11/5/18
4. Name *(print)* Holly L. Wheeler, EPC-CP	Signature	Date 11/02/2018
5. Name *(print)*	Signature	Date

Please ensure appropriate ALD coordination and review prior to submittal to the Director's Office. Form 1824 (8/12)

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:	036 External Outfall	**Discharge:**	**036-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: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
01040	Copper, dissolved [as Cu]	1 - Effluent Gross	0	--	Sample Permit Req. Value NODI							<=	6	MAXIMUM C - No Discharge		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 C - No Discharge		28 - ug/L		01/YR - Annual	GR - GRAB
01104	Aluminum, total recoverable	1 - Effluent Gross	0	--	Sample Permit Req. Value NODI							<=	681	MAXIMUM C - No Discharge		28 - ug/L		01/YR - Annual	GR - GRAB
39516	Polychlorinated biphenyls [PCBs]	1 - Effluent Gross	0	--	Sample Permit Req. Value NODI							<=	0.2	MAXIMUM C - No Discharge		28 - ug/L		01/YR - Annual	GR - GRAB
51931	Alpha, gross adjusted	1 - Effluent Gross	0	--	Sample Permit Req. Value NODI							<=	15	MAXIMUM C - No Discharge		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

No errors.

Comments

LA-UR-18-29973

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:	2018-10-23 13:20 (Time Zone: -05:00)

Report Last Signed By

User:	TERRILLLEMKE
Name:	Terrill Lemke
E-Mail:	tlemke@lanl.gov
Date/Time:	2018-10-25 17:48 (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:	043 External Outfall	**Discharge:**	**043-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: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
01040	Copper, dissolved [as Cu]	1 - Effluent Gross	0	--	Sample Permit Req. Value NODI										<=	8 MAXIMUM C - No Discharge	28 - ug/L		01/YR - Annual	GR - GRAB
01104	Aluminum, total recoverable	1 - Effluent Gross	0	--	Sample Permit Req. Value NODI										<=	1699 MAXIMUM C - No Discharge	28 - ug/L		01/YR - Annual	GR - GRAB
39516	Polychlorinated biphenyls [PCBs]	1 - Effluent Gross	0	--	Sample Permit Req. Value NODI										<=	0.2 MAXIMUM C - No Discharge	28 - ug/L		01/YR - Annual	GR - GRAB
51931	Alpha, gross adjusted	1 - Effluent Gross	0	--	Sample Permit Req. Value NODI										<=	15 MAXIMUM C - No Discharge	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

No errors.

Comments

LA-UR-18-29973

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:	2018-10-23 13:20 (Time Zone: -05:00)

Report Last Signed By

User:	TERRILLLEMKE
Name:	Terrill Lemke
E-Mail:	tlemke@lanl.gov
Date/Time:	2018-10-25 17:48 (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:	043 External Outfall	**Discharge:**	**043-1D** Asphalt Paving and roofing Materials and Lubricant Manufacturing		

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

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season	# Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
00400	pH	1 - Effluent Gross	0	--	Sample															
					Permit Req.						>=	6 MINIMUM			<=	9 MAXIMUM	12 - SU		01/YR - Annual	GR - GRAB
					Value NODI							C - No Discharge				C - No Discharge				
00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample															
					Permit Req.								<=	15 30DA AVG	<=	23 DAILY MX	19 - mg/L		01/YR - Annual	GR - GRAB
					Value NODI									C - No Discharge		C - No Discharge				
00556	Oil & Grease	1 - Effluent Gross	0	--	Sample															
					Permit Req.								<=	10 30DA AVG	<=	15 DAILY MX	19 - mg/L		01/YR - Annual	GR - GRAB
					Value NODI									C - No Discharge		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-18-29973

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:	2018-10-23 13:20 (Time Zone: -05:00)

Report Last Signed By

User:	TERRILLLEMKE
Name:	Terrill Lemke
E-Mail:	tlemke@lanl.gov
Date/Time:	2018-10-25 17:48 (Time Zone: -05:00)

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

- 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

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?

- 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)

Timeframes to address new corrective actions

- 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

- 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

- 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)

- 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 45th 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

- 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?

- 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

- Be timely and diligent in implementing 2015 MSGP requirements at your facilities
  - ***<u>Plan ahead for budget & resources</u>***
- Look for opportunities to streamline and improve processes
- Ask for help

Questions?

Requests for Other Topics?

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

Name	Z#	Organization	Mail Stop	Phone	Cell	Pager
Stephen Cossey	122057	DSESH-TA55	K571	5-8893	500-6614	4-5791
David Paulson	193629	DSESH-LFO	H418	5-8884	930-7347	—
Emma Cohn	296203	ENV-ES		5-8866	231-5380	—
Susan Terp	097044	ENV-ES	~~K4~~ J978	5-8889	~~5~~	—
Stephanie Archuleta	104588	DSESH-DO	K481	7-4779	699-0727	
Bill O'Neill	240098	DSESH-UI		412-5705 →		
Pattie Baucom	206967	DSESH-LFO	H418	7-3905		
Lauren Massenzill	292621	DSESH-STO		7-2964		
Kari Schoenberg	243198	DSESH-STO		7-1623		
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Kelkenny Bilcen	178005	DSESH-WFO	C925	665-9306	699-0448	664-1296
Alethea Barnard	108243	ENV-CP	K490	699-5836	699-5836	N/A
[illegible]	118432	ENV-CP	K-490	7-1312	N/A	N/A
Terrill Lemke	120092	ENV-CP	K490	5-2397	699-0725	N/A
Leonard F. Sandoval	114326	DSESH-UI	P908	667-3567	231-1235	N/A

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Developing Your Stormwater Pollution Prevention Plan

A Guide for Industrial Operators

February 2009

Contents

Section 1: Introduction 1

1.A Why Should You Use This Guide? 1

1.B What Is Stormwater Runoff and What Are Its Impacts? 1

Section 2: Getting Started 3

2.A Am I Required to Develop a SWPPP? 3

2.B What Are the Basic Elements Required in a SWPPP? 4

2.C Stormwater Pollution Prevention Team (Step 1) 5

2.D What Do I Need to Do to Complete My SWPPP? 6

Section 3: Site Assessment and Planning (Step 2) 7

3.A Conduct an Assessment of the Activities Performed at Your Facility 7

3.B Evaluate Sampling Data 10

3.C Develop General Location and Site Maps 11

Section 4: Selecting Control Measures (Step 3) 14

4.A Minimize Exposure 15

4.B Good Housekeeping 17

4.C Maintenance 18

4.D Spill Prevention and Response Procedures 18

4.E Erosion and Sediment Controls 19

4.F Management of Runoff 20

4.G Salt Storage Piles or Piles Containing Salt 20

4.H Sector-Specific Requirements 21

4.I Employee Training 22

4.J Non-Stormwater Discharges 23

4.K Waste, Garbage, and Floatable Debris 23

4.L Dust Generation and Vehicle Tracking of Industrial Materials 24

4.M Numeric Effluent Limitations Based on Effluent Limit Guidelines 24

4.N Additional Controls to Address Impaired Waters 25

Section 5: Procedures for Inspections and Monitoring (Step 4) 26

5.A Routine Facility Inspections 26

5.B Visual Assessments 29

5.C Annual Comprehensive Site Inspections 31

5.D Documentation of Monitoring Procedures 33

Section 6: Completing Your SWPPP 34
6.A Finish your SWPPP 34
6.B Obtain NPDES Permit Coverage 34
6.C Updating Your SWPPP 35

Section 7: Keeping Records of Your Implementation Activities 36

Section 8: Common Compliance Problems at Industrial Facilities 37

Resources 39

Appendices
Appendix A: MSGP SWPPP Template 40
Appendix B: Additional MSGP Documentation Template 41
Appendix C: Example Site Map 42

Section 1: **Introduction**

This guide includes suggestions on how to develop a stormwater pollution prevention plan (SWPPP). This guide does not impose any new legally binding requirements on EPA, States, or the regulated community, and does not confer legal rights or impose legal obligations upon any member of the public. In the event of a conflict between the discussion in this document and any statute, regulation, or permit, this document would not be controlling.

Interested parties are free to raise questions and objections about the substance of this guide and the appropriateness of the application of this guide to a particular situation. EPA and other decision makers retain the discretion to adopt approaches on a case-by-case basis that differ from those described in this guide where appropriate.

1.A Why Should You Use This Guide?

You should use this guide if you are an operator of an industrial facility required to develop a stormwater pollution prevention plan (SWPPP) that complies with a National Pollutant Discharge Elimination System (NPDES) industrial stormwater permit issued by your State or the U.S. Environmental Protection Agency (EPA). You may also find this guide to be useful if you are a State or EPA inspector who reviews SWPPPs, or you operate a commercial facility that is not required to obtain an NPDES permit but you are nevertheless interested in ways to minimize stormwater-related pollution at your facility.

Because each State permit can be slightly different, this guide is written more generically in an attempt to make it applicable to as many industrial general permits as possible. Owners and operators of industrial facilities should carefully read their respective industrial stormwater general permit to understand where using this guide may conflict with a State SWPPP requirement, and make adjustments to their SWPPPs as needed. EPA includes additional text describing how to address SWPPP requirements that are specifically included in the Agency's own 2008 Multi-Sector General Permit (MSGP), the "2008 MSGP".

In addition to helping you develop a SWPPP, this guide also includes sections that will assist you in keeping your implementation records and in avoiding common compliance problems, after you are authorized under the EPA 2008 MSGP or your State's general permit. See Section 7 for a discussion of how to keep implementation records. See Section 8 for a discussion of common compliance problems.

SWPPP Tip!

Owners and operators of industrial facilities, which are subject to a State or EPA industrial stormwater general permit typically must develop a SWPPP as a basic requirement. ***If your facility is subject to such a requirement, failing to develop a SWPPP can result in enforcement action against your facility by EPA or a State!*** For example, EPA has targeted enforcement actions against some industrial sectors for failing to have developed SWPPPs for their facilities.

1.B What Is Stormwater Runoff and What Are Its Impacts?

Stormwater runoff is water from rain or snowmelt that does not immediately infiltrate into the ground and flows over or through natural or man-made storage or conveyance systems. When undeveloped areas are converted to land uses with impervious surfaces such as buildings, parking lots, and roads, the natural hydrology of the land is altered and can result in increased surface runoff rates, volumes, and pollutant loads. Stormwater runoff picks up industrial pollutants and typically discharges them directly into nearby waterbodies or indirectly via storm sewer systems. Runoff from areas where industrial activities occur can contain toxic pollutants (e.g., heavy

Tetra Tech

Figure 1. Stormwater runoff can carry pollutants from impervious surfaces to receiving waters.

metals and organic chemicals) and other pollutants such as trash, debris, and oil and grease, when facility practices allow exposure of industrial materials to stormwater. This increased flow and pollutant load can impair waterbodies, degrade biological habitats, pollute drinking water sources, and cause flooding and hydrologic changes to the receiving water, such as channel erosion.

Industrial facilities typically perform a portion of their activities in outdoor areas exposed to the elements. This may include activities such as material storage and handling, vehicle fueling and maintenance, shipping and receiving, and salt storage, all of which can result in pollutants being exposed to precipitation and capable of being carried off in stormwater runoff. Also, facilities may have performed industrial activities outdoors in the past and materials from those activities still remain exposed to precipitation. In addition, accidental spills and leaks, improper waste disposal, and illicit connections to storm sewers may also lead to exposure of pollutants to stormwater.

EPA has identified six types of activities at industrial facilities that have the potential to be major sources of pollutants in stormwater:

- ***Loading and Unloading Operations***
  Loading and unloading operations can include pumping of liquids or gases from tankers to storage facilities, pneumatic transfer of dry chemicals, transfer by mechanical conveyor systems, or transfer of bags, boxes, drums or other containers by forklift or other material handling equipment. Material spills or losses in these areas can accumulate and be washed away during a storm.

- ***Outdoor Storage***
  Outdoor storage activities include storage of fuels, raw materials, by-products, intermediate products, final products, and process residuals. Materials may be stored in containers, on platforms or pads, in bins, boxes or silos, or as piles. Storage areas that are exposed to rainfall and/or runoff can contribute pollutants to stormwater when solid materials wash off or materials dissolve into solution.

- ***Outdoor Process Activities***
  Although many manufacturing activities are performed indoors, some activities, such as timber processing, rock crushing, and concrete mixing, occur outdoors. Outdoor processing activities can result in liquid spillage and losses of material solids, which makes associated pollutants available for discharge in runoff.

- ***Dust or Particulate Generating Processes***
  Dust or particulate generating processes include industrial activities with stack emissions or process dusts that settle on surfaces. Some industries, such as mines, cement manufacturing, and refractories, also generate significant levels of dust that can be mobilized in stormwater runoff.

- ***Illicit Connections and Non-Stormwater Discharges***
  Illicit connections of process wastes or other pollutants to stormwater collection systems, instead of to sanitary sewers, can be a significant source of stormwater pollution. Non-stormwater discharges include any discharge from the facility that is not generated by rainfall runoff (for example, wash water from industrial processes). With few exceptions, these non-stormwater discharges are prohibited. Refer to your permit for a list of authorized non-stormwater discharges.

- ***Waste Management***
  Waste management practices include everything from landfills to waste piles to trash containment. All industrial facilities conduct some type of waste management at their site, much of it outdoors, which must be controlled to prevent pollutant discharges in stormwater.

Section 2: **Getting Started**

2.A Am I Required to Develop a SWPPP?

The Clean Water Act (Section 402(p)) requires that operators of "discharges associated with industrial activity" obtain a National Pollutant Discharge Elimination System (NPDES) permit. EPA regulations (40 CFR 122.26) define the categories of industrial activity required to obtain NPDES permits, and specify the application requirements for these permits. To regulate stormwater discharges from these industrial activities, EPA and authorized States issue NPDES general permits.

Most industrial stormwater discharges are covered under general permits, as opposed to individual permits, although States and EPA can and do issue individual permits to some facilities based on site-specific or industry-specific concerns. General permits are used primarily because they avoid the need to issue multiple permits, and instead only require a single permit to cover a large number of industrial facilities performing similar types of activities. To be covered under a general permit, an eligible operator of an industry must read the general permit, typically develop a SWPPP, comply with any special eligibility provisions, and submit a notice of intent (NOI) or permit application to the permitting authority.

Federal regulations require NPDES permit coverage for stormwater discharges from the following categories of industrial activity:

- Category One (i): Facilities subject to federal stormwater effluent discharge standards in 40 CFR Parts 405-471
- Category Two (ii): Heavy manufacturing (for example, paper mills, chemical plants, petroleum refineries, and steel mills and foundries)
- Category Three (iii): Coal and mineral mining and oil and gas exploration and processing
- Category Four (iv): Hazardous waste treatment, storage, or disposal facilities
- Category Five (v): Landfills, land application sites, and open dumps with industrial wastes
- Category Six (vi): Metal scrapyards, salvage yards, automobile junkyards, and battery reclaimers
- Category Seven (vii): Steam electric power generating plants
- Category Eight (viii): Transportation facilities that have vehicle maintenance, equipment cleaning, or airport deicing operations
- Category Nine (ix): Treatment works treating domestic sewage with a design flow of 1 million gallons a day or more
- Category Eleven (xi): Light manufacturing (For example, food processing, printing and publishing, electronic and other electrical equipment manufacturing, and public warehousing and storage).

SWPPP Tip!

EPA's 2008 Multi-Sector General Permit (2008 MSGP) Applies to a Limited Geographic Area – The 2008 MSGP applies in five States (Alaska, Idaho, New Mexico, Massachusetts, and New Hampshire), Indian Country lands, most territories, and some federal facilities. Alaska will be taking over administration of stormwater permits beginning in 2009. Information on where the 2008 MSGP is available is included as Appendix C of the 2008 MSGP, which can be found at **www.epa.gov/npdes/stormwater/msgp**.

Where Do I Get a Copy of the Industrial Stormwater General Permit in My State?

To determine who issues the industrial stormwater permit in your State, you can visit EPA's stormwater website at **www.epa.gov/npdes/stormwater/authorizationstatus** or the Industrial Stormwater Resource Locator at **www.envcap.org/iswrl**.

Who Is an Operator?

EPA defines the operator of an industrial facility as:

- The entity that has operational control over industrial activities, including the ability to modify those activities, or
- The entity that has day-to-day operational control of activities at a facility necessary to ensure compliance with the permit (e.g., the entity that is authorized to direct workers at a facility to carry out activities required by the permit). See definition in Appendix A of the 2008 MSGP.

In many cases, the owner and operator are one in the same person. In a few instances, there may be more than one operator at a site (with the owner being an operator based on the definition provided above). Where there is both an owner (without operational control) and an operator, it is the operator's responsibility to obtain permit coverage and comply with the permit provisions.

SWPPP Tip!

What is a SWPPP?

A SWPPP is a site-specific, written document that:

- Identifies potential sources of stormwater pollution at the industrial facility;
- Describes stormwater control measures that are used to reduce or eliminate pollutants in stormwater discharges from the industrial facility; and
- Identifies procedures the operator will use to comply with the terms and conditions of the 2008 MSGP or a State general industrial stormwater permit.

You are required to develop your SWPPP to address the specific conditions at your site and keep it up-to-date to reflect changes at your site both for your use and for review by the regulatory agencies responsible for overseeing your permit compliance.

2.B What Are the Basic Elements Required in a SWPPP?

A SWPPP is a written document that identifies the industrial activities conducted at the site, including any structural control practices, which the industrial facility operator will implement to prevent pollutants from making their way into stormwater runoff. The SWPPP also must include descriptions of other relevant information, such as the physical features of the facility, and procedures for spill prevention, conducting inspections, and training of employees. The SWPPP is intended to be a "living" document, updated as necessary, such that when industrial activities or stormwater control practices are modified or replaced, the SWPPP is similarly revised to reflect these changes.

The process of developing a SWPPP involves the following four steps:

- *Step 1*: Formation of a pollution prevention team of qualified personnel who will be responsible for preparing the plan and assisting the plant manager in implementing practices to comply with the permit;
- *Step 2*: Assessment of potential stormwater pollution sources;
- *Step 3*: Selection of appropriate control measures that minimize the discharge of pollutants during storm events for each of these sources; and
- *Step 4*: Development of procedures for conducting required inspection/monitoring activities, as well as regular maintenance of control measures.

This guide will assist you with these four steps. The selection of a pollution prevention team is discussed in the next section (Section 2.C). Site assessment is addressed in Section 3, the selection of control measures is discussed in Section 4, and inspection/monitoring procedures are addressed in Section 5. The remaining sections of the guide address implementation of practices to comply with the permit and periodic evaluation of your SWPPP.

SWPPP Tip!

Prepare your SWPPP before submitting an NOI or permit application for coverage!

A typical SWPPP includes the following elements:

- Stormwater pollution prevention team;
- Site description;
- Summary of potential pollutant sources;
- Description of control measures;
- Schedules and procedures;
- Documentation to support eligibility considerations under other federal laws; and
- Certification of the SWPPP.

EPA has developed a model **Industrial SWPPP Template**, which can be found in Appendix A, and on EPA's website at **www.epa.gov/npdes/stormwater/msgp**. This template, developed for permit holders subject to the 2008 MSGP, is available in Microsoft Word and can be customized to address SWPPP requirements in different State NPDES permits.

Where your facility has other written procedures in place, such as a Spill Prevention, Control and Countermeasure (SPCC) Plan or an Environmental Management System (EMS) developed for a National Environmental Performance Track facility, your SWPPP can reference the portions of those documents in lieu of duplicating that information in your SWPPP. In these instances, you should keep copies of the relevant portions of those documents with your SWPPP.

SWPPP Tip!

EPA's 2008 MSGP includes the requirements for a SWPPP in Part 5 of the permit.

Additional SWPPP Documentation

After you become authorized under the permit, you will need to keep records on any implementation activities required under your permit, including records related to inspections, maintenance, monitoring results, and corrective actions. This additional documentation, although separate from the actual SWPPP, should be kept with the SWPPP so that all of your NPDES stormwater records are filed in one central location (see Section 7).

To assist permittees in their recordkeeping, EPA has developed an **Additional MSGP Documentation** template, which is available at **www.epa.gov/npdes/stormwater/msgp**. This template, developed for permit holders subject to the 2008 MSGP, is available in Microsoft Word and can be modified as necessary to address State-specific permit requirements.

2.C Stormwater Pollution Prevention Team (Step 1)

The first step in developing the SWPPP is to identify the stormwater pollution prevention team. The stormwater pollution prevention team is responsible for assisting the facility manager in developing the facility's SWPPP as well as implementing and maintaining stormwater control measures, taking corrective action where necessary to address permit violations or to improve the performance of control measures, and modifying the SWPPP to reflect changes made to the control measures. Since industrial facilities differ in size and complexity, the number of team members will also vary. The stormwater pollution prevention team should consist of those people on-site who are most familiar with the facility and its operations and responsible for ensuring that necessary controls are in place to eliminate or minimize the impacts of stormwater from the facility.

A key member of the stormwater pollution prevention team (for some facilities, this may be the only member) is the person with primary responsibility for developing and overseeing facility activities necessary to comply with the permit. This should be someone who will be on-site on a daily basis and who is familiar with the facility and its operations. This person will also likely have primary responsibility for ensuring that inspections and monitoring activities are conducted. If an EPA or State inspector visits the facility, this person will be the main point of contact for the SWPPP.

What to Include in Your SWPPP

In your SWPPP, identify the staff members (by name or title) that comprise the facility's stormwater pollution prevention team as well as their individual responsibilities. Make sure you keep this information up-to-date as staff members change.

SWPPP Tip!

Consider adding a stormwater management component to employee job descriptions and annual reviews, as appropriate to specific jobs. Often these requirements compliment existing tasks such as maintaining a clean work area; promptly cleaning up spills and leaks; performing regularly scheduled equipment maintenance; and properly storing all chemicals, oils, and other liquid pollutants.

Each member of the stormwater pollution prevention team should have ready access to either an electronic or paper copy of applicable portions of the industrial stormwater general permit and the SWPPP.

SWPPP Tip!

Qualified Personnel – Members of your stormwater pollution prevention team and those conducting inspections and monitoring activities should be "qualified personnel." EPA defines qualified personnel as "those who posses the knowledge and skills to assess conditions and activities that could impact stormwater quality at your facility, and who can also evaluate the effectiveness of control measures."

2.D What Do I Need to Do to Complete My SWPPP?

After identifying your pollution prevention team, you are ready to complete the next three steps in the development of your SWPPP:

- *Step 2*: Assessing your site and activities (Section 3);
- *Step 3*: Selecting control measures (Section 4); and
- *Step 4*: Developing procedures for inspections and monitoring (Section 5).

Section 6 describes final steps necessary to complete your SWPPP and to obtain permit coverage. Section 7 suggests how records relating to permit compliance should be kept.

Section 3: **Site Assessment and Planning (Step 2)**

This section describes how to collect the information needed for your SWPPP. This information includes:

- *An assessment of the activities performed at your facility* – this assessment will help identify potential pollutant sources.
- *An evaluation of existing sampling data* – a review of sampling data will show where past problems have occurred.
- *Preparing maps of your facility* – site maps will identify the location of industrial activities, pollutant sources, control measures, and the direction of stormwater flow.

3.A Conduct an Assessment of the Activities Performed at Your Facility

The first step in developing a SWPPP is to gain a thorough understanding of the activities conducted and equipment located at your facility to be able to identify potential pollutant discharge concerns. To complete this step, you will need to conduct a detailed walk-through of your facility to identify industrial materials or material handling activities exposed to stormwater (see text box below), any stormwater controls already in place at your facility, the direction of stormwater flow through and from your facility, and the location of all stormwater outfalls. If possible, you should conduct your walk-through during a rain event so that you can observe the flow of stormwater on your site. In addition to your walk-through, you should communicate with fellow site employees who may be more familiar with daily operations than you so that you can thoroughly identify any activities that may contribute stormwater pollutants, but that may not be readily visible during a routine walk-through (e.g., to identify activities that are not performed on a routine basis).

What to Include in Your SWPPP

Develop a list of industrial activities at your site exposed to stormwater. Identify these activities on your site map.

How Does EPA Define Industrial Materials and Material Handling Activities?

Industrial materials or activities **include, but are not limited to: material handling equipment or activities; industrial machinery; raw materials; industrial production and processes; and intermediate products, by-products, final products, and waste products.** ***Material handling activities*** **include, but are not limited to: the storage, loading and unloading, transportation, disposal, or conveyance of any raw material, intermediate product, final product or waste product. See 40 CFR 122.26(g).**

The facility assessment will reveal locations where industrial materials or material handling activities may be contributing stormwater contaminants, and help you identify the most important pollutant sources. The following approach is suggested for completing your facility assessment:

Identification of Activities Exposed to Stormwater. As you conduct your facility assessment, make a list of the industrial activities exposed to stormwater (e.g., material storage; equipment fueling, maintenance, and cleaning; cutting steel beams). Note their location so they can be identified on the site map.

Inventory of Materials and Pollutants. Make a list of the materials and pollutants (e.g., crankcase oil, zinc, sulfuric acid, and cleaning solvents) associated with each identified activity, including pollutants associated with these materials, based on how they are stored, handled, disposed, etc. Note whether these materials are exposed to stormwater, or have the potential to be exposed to stormwater. How materials are stored and handled has a bearing on the potential for stormwater pollution.

What to Include in Your SWPPP

For each of the activities identified above, create an inventory of the materials associated with each activity (this may be easiest to do in a table). Identify whether these materials are or have the potential to be exposed to stormwater. Also, identify any pollutants associated with these materials based on how they are stored, handled, disposed, etc.

Areas with Spill or Leak Potential. Document where potential spills and leaks may occur, and specify the outfall(s) that could be affected by such spills and leaks. Document all significant spills and leaks that actually occurred at exposed areas, or that drained to a stormwater conveyance, in the three years prior to the date you prepare or amend your SWPPP. You should consider spillage and leakage of all types of materials when preparing for and documenting such releases.

What to Include in Your SWPPP

Identify locations of potential spills and leaks that could contribute pollutants to stormwater discharges, and the corresponding outfalls that would be affected. Review past records of all significant spills and leaks that occurred in areas exposed to stormwater or that drained to a stormwater conveyance over the past three years, and provide a summary or copy of such records in your SWPPP.

Presence of Non-Stormwater Discharges. A non-stormwater discharge is any discharge from your facility this is not composed entirely of rainfall or snowmelt runoff. Non-stormwater discharges often come from potable water sources or process wastewater discharges. With few exceptions, the discharge of non-stormwater as runoff from your facility is prohibited unless it is specifically allowed under an NPDES permit.

You must evaluate for the presence of non-stormwater discharges and be able to demonstrate that all unauthorized non-stormwater discharges have been eliminated prior to obtaining coverage under a stormwater permit (or that any other discharges are otherwise covered under a different NPDES permit). Conduct your evaluation during a period of dry weather (no rain for at least the previous three days). Walk your site and evaluate each outfall to identify any locations with flowing or stagnant water or discharging liquid; the presence of such water or liquid that would be indicative of a non-stormwater discharge. You should try to identify the source of the water or liquid, and determine if it is one of the allowable non-stormwater discharges identified below or otherwise in need of further action to eliminate the source. You should also identify any indicators of past or intermittent non-stormwater discharges (such as evidence of stains at the outfall).

SWPPP Tip!

Allowable Non-Stormwater Discharges

Most industrial stormwater general permits include a list of non-stormwater discharges that are "allowable" and do not need to be eliminated. As used in EPA's 2008 MSGP, "allowable non-stormwater discharges" are those that while not stormwater discharges, are covered under the terms and conditions of the stormwater permit. These are often discharges that if not covered under a stormwater permit would require coverage under some other NPDES permit. The list of allowable non-stormwater discharges from the 2008 MSGP (Part 1.1.3) includes:

- Discharges from fire-fighting activities;
- Fire hydrant flushings;
- 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 materials have occurred (unless all spilled material has been removed);
- Routine external building washdown that does not use detergents;
- Uncontaminated ground water or spring water;
- Foundation or footing drains where flows are not contaminated with process materials; and
- Incidental windblown mist from cooling towers that collects on rooftops or adjacent portions of your facility, but not intentional discharges from the cooling tower (e.g., "piped" cooling tower blowdown or drains).

If any non-stormwater discharges are identified during the evaluation, you should take steps to eliminate any that are prohibited under your permit. For example, plug a floor drain, re-route a sink drain to the sanitary sewer, or submit an NPDES permit application for an unauthorized cooling water discharge.

What to Include in Your SWPPP

Documentation of your evaluation for non-stormwater discharges. Typically, this documentation should include:

- The date of any evaluation;
- A description of the evaluation criteria used;
- A list of the outfalls or onsite drainage points that were directly observed during the evaluation;
- The different types of non-stormwater discharge(s) and source locations; and
- The action(s) taken, such as a list of control measures used to eliminate unauthorized discharge(s), if any were identified.

Location of Salt Storage. Document the location of any storage piles containing salt used for deicing or that are used for other commercial or industrial purposes. Salt and deicing materials should be stored inside and not exposed to stormwater runoff, if possible.

What to Include in Your SWPPP

If your facility has storage piles containing salt, document the type of material, amount, and its location.

3.B Evaluate Sampling Data

You should evaluate any stormwater sampling data you, or others, collected, from the previous permit term or any time in the past 5 years, which are associated with stormwater discharges from the facility. This includes any analytic sampling data, such as benchmark monitoring or effluent limitation guideline data. The purpose of evaluating your past sampling data is to identify or pinpoint any pollutants of concern, hotspots, or control measures that are not functioning correctly. This information will be useful as you identify and select control measures (described in Section 4).

What to Include in Your SWPPP

A summary of all stormwater discharge sampling data collected at your facility during the previous permit term. You should summarize the data by pollutant, and indicate whether the pollutant parameter exceeded any applicable benchmark or effluent limit.

Include in your SWPPP your evaluation of the data, particularly where pollutants exceeded the 2008 MSGP benchmark values (see SWPPP Tip below). Attempt to identify why that pollutant existed in elevated concentrations, what are the potential sources of that pollutant at your facility, and what potential measures you could use to reduce that pollutant.

SWPPP Tip!

Compare your sampling results to EPA's 2008 MSGP Benchmark values below.

Pollutant	2008 MSGP Benchmark
Ammonia*	2.14 mg/L
Biochemical Oxygen Demand (5 day)	30 mg/L
Chemical Oxygen Demand	120 mg/L
Total Suspended Solids	100 mg/L
Turbidity	50 NTU
Nitrate + Nitrite Nitrogen	0.68 mg/L
Total Phosphorus	2.0 mg/L
pH	6.0 – 9.0 s.u.
Aluminum (T) (pH 6.5 - 9)	0.75 mg/L
Antimony (T)	0.64 mg/L
Arsenic (T)	0.15 mg/L
Beryllium (T)	0.13 mg/L
Cadmium (T)†	0.0021 mg/L
Copper (T)*†	0.014 mg/L
Cyanide	0.022 mg/L
Iron (T)	1.0 mg/L
Lead (T)*†	0.082 mg/L
Magnesium (T)	0.064 mg/L
Mercury (T)	0.0014 mg/L
Nickel (T)†	0.47 mg/L
Selenium (T)*	0.005 mg/L
Silver (T)*†	0.0038 mg/L
Zinc (T)†	0.12 mg/L

(T) Total recoverable

* New criteria are currently under development, but values are based on existing criteria.

† These pollutants are dependent on water hardness. The benchmark value listed is based on a hardness of 100 mg/L. The 2008 MSGP requires industrial facility to analyze receiving water samples for hardness, and use the hardness tables provided in the 2008 MSGP to determine the applicable benchmark value for that facility.

3.C Develop General Location and Site Maps

The final step in the site assessment process is to document the results of your site assessment on a detailed site map. If you have already developed a site map for an earlier permit, you should modify the map as necessary to reflect changes at your facility, including changes to any of your control measures or industrial activities.

Your SWPPP must include both a general location map and a detailed site map. The following is a discussion of what is required for each type.

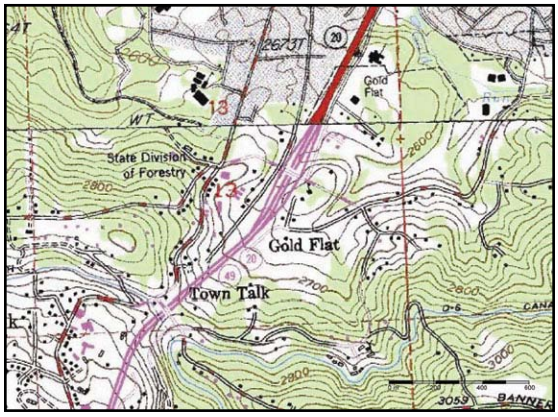

Figure 2. Example general location map.

General Location Map

A general location map is helpful to identify nearby, but not necessarily adjacent, waterbodies around your facility. Include in your SWPPP a general location map (e.g., U.S. Geological Survey (USGS) quadrangle map, or other large scale area map) with enough detail to identify the location of your facility and all nearby receiving waters that may receive your stormwater discharges. Create a USGS map for your area by using the USGS National Map Viewer (**http://nmviewogc.cr.usgs.gov/viewer.htm**). Maps can be printed or saved as PDF documents and inserted into your SWPPP.

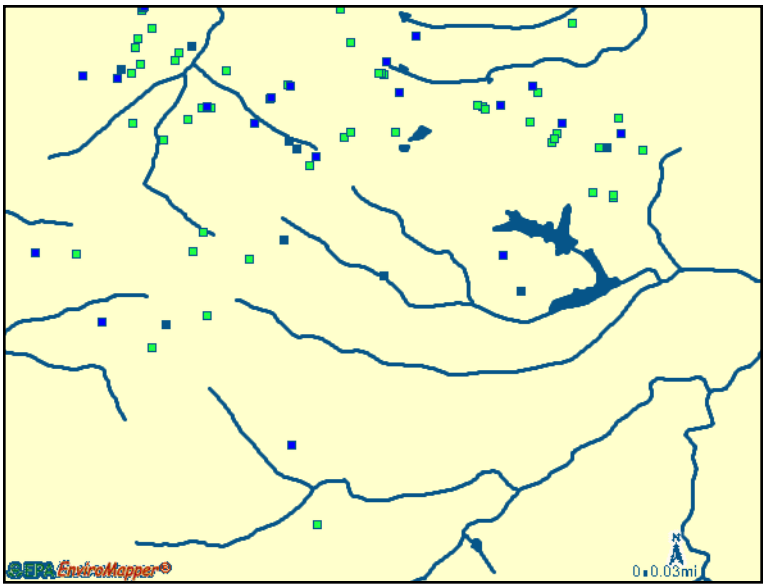

Figure 3. Example general location map.

One free web-based mapping service is EPA's Water Locator Tool, which is available at **www.epa.gov/npdes/stormwater/msgp**. To use the tool, enter your facility address in Step 1, then click on "Window to My Environment" in Step 2 (make sure your pop-up blocker is turned off). You will be able to zoom and reposition the map. When you get the map to the appropriate scale and location, you can copy and paste it into your SWPPP. Use a graphics program or a pen to mark the location of your facility on the map. An example general location map is included in Figure 3.

What to Include in Your SWPPP

Develop a general location map of your facility that shows:

- the location of your facility
- receiving waters to which your facility discharges

It may also be helpful to include roads or political boundaries to better locate your facility.

Site Map

Develop a map of your site that includes, among other things, the footprint of all buildings, structures, paved areas, and parking lots. The site map is intended to show the direction of stormwater flow throughout your facility and the potential pollutant sources that may come into contact with your stormwater runoff.

EPA recommends that you develop a first draft of the site map based on the information collected during your assessment. After you select appropriate control measures (Section 4) and monitoring locations (Section 5), you should revise your site map to reflect this information and any additional changes identified as you develop your SWPPP. If you are unable to fit all the information on one map, use multiple maps to provide a full characterization of the information described above. Also, if activities and conditions change at your site during the term of the NPDES permit, you should update the map as described in Section 6.C of this guide. An example of a site map is included (see Figure 4) and in Appendix C.

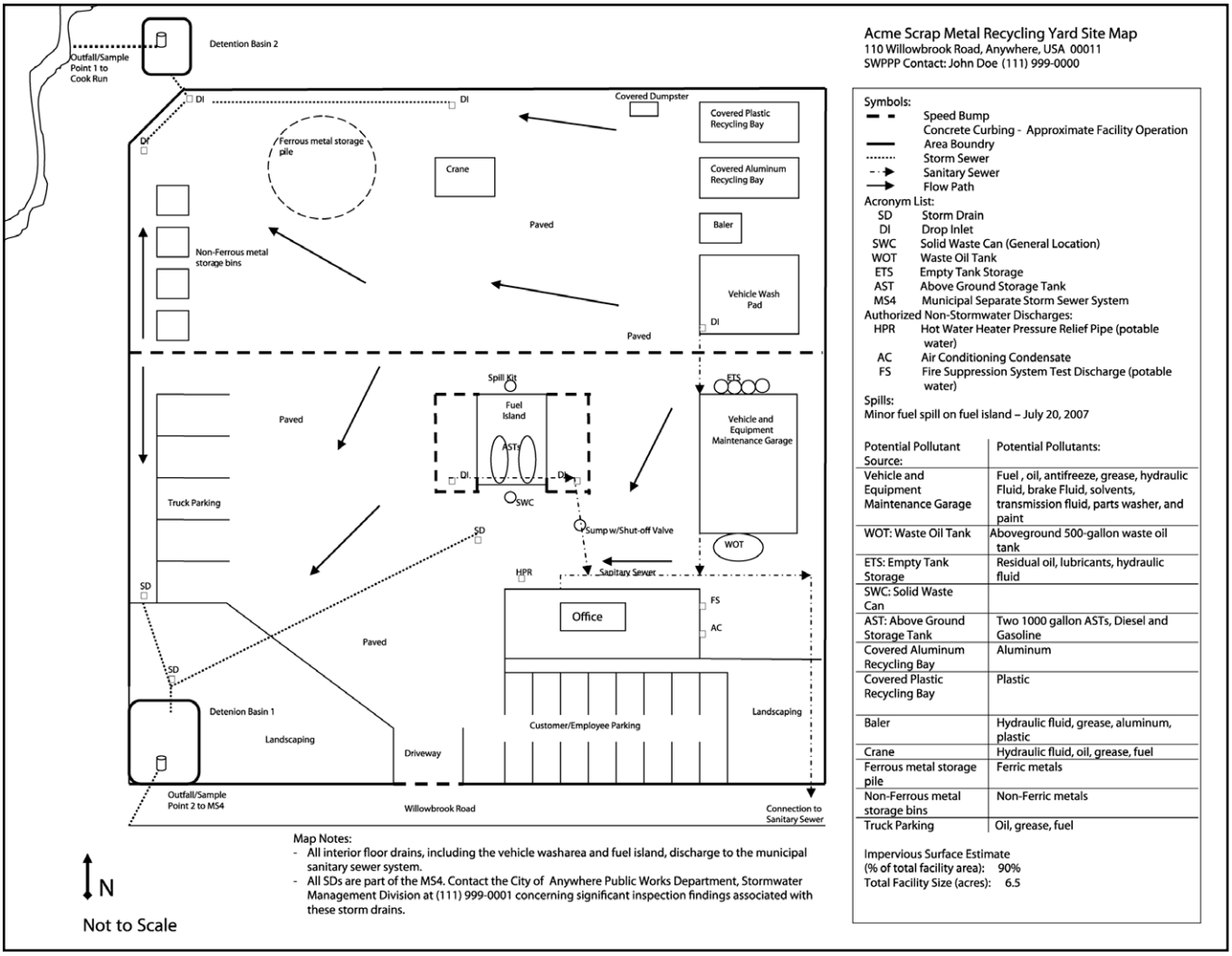

Figure 4. Example site map.

What to Include in Your SWPPP

Include a site map of your facility which includes the items below:

- The size of the property in acres;
- The location and extent of significant structures and impervious surfaces;
- Directions of stormwater flow (use arrows);
- Locations of all existing structural control measures;
- Locations of all receiving waters in the immediate vicinity of your facility, indicating if any of the waters are impaired and, if so, whether the waters have TMDLs established for them;
- Locations of all stormwater conveyances including ditches, pipes, and swales;
- Locations of potential pollutant sources identified (see Section 3.B);
- Locations where significant spills or leaks have occurred;
- Locations of all stormwater monitoring points;
- Locations of stormwater inlets and outfalls, with a unique identification code for each outfall (e.g., Outfall No. 1, No. 2, etc), indicating if you are treating one or more outfalls as "substantially identical", and an approximate outline of the areas draining to each outfall;
- Municipal separate storm sewer systems, where your stormwater discharges to them;
- Locations and descriptions of all non-stormwater discharges;
- 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; and
  - Machinery; and
- Locations and sources of run-on to your site from adjacent property that contains significant quantities of pollutants.

Section 4: **Selecting Control Measures (Step 3)**

Control measures are the best management practices (BMPs) or other structural or non-structural practices that are used to prevent or reduce the discharge of pollutants in stormwater. Structural control measures, as the name implies, focus on installation of hard structures to control discharges. Structural controls include practices such as vegetative swales, collection and reuse of stormwater, inlet controls, snow management, infiltration devices, and wet retention measures. Non-structural control measures are intended to prevent or reduce the generation of pollutants in stormwater and/or the volume of stormwater runoff using practices that focus on facility operations and procedures. Examples of non-structural control measures include procedural practices such as employee trainings and the posting of signs that raise staff awareness to the BMPs and procedures in place to control stormwater pollutants.

SWPPP Tip!

Effluent limits = stormwater control requirements. In the 2008 MSGP, as with most state industrial stormwater general permits, stormwater control measures are those structural or non-structural practices that are used to achieve the permit's effluent limits.

A combination of preventive and active treatment control measures usually results in the most effective stormwater management for minimizing the offsite discharge of pollutants in stormwater runoff. Most control measures require regular maintenance to function as intended. Some control measures have simple maintenance requirements, while others may require more extensive upkeep in order to maximize their performance. Note that identifying weaknesses in current facility practices will help permittees determine appropriate control measures for use at the site.

What does "minimize" mean?

The technology-based limits included in EPA's 2008 MSGP require that you minimize (i.e., defined as reduce and/or eliminate) stormwater exposure to pollutants using control measures that are technologically available, economically practicable, and achievable in light of best industry practice.

General Stormwater Management Principles

In most industrial stormwater permits, including the 2008 MSGP, the site operator is given the flexibility to select the type of control measures, including specific technologies, which he/she believes are best suited to the facility and that will meet the permit's requirements. This flexibility is necessary given the variability of each industrial operation, the differences in the topography from site to site, and the dissimilarities in the activities and materials exposed to stormwater. However, there are certain general principles of stormwater management that are common to all sites, and that can be used by operators in their selection and design of control measures. These general principles, listed below, should be considered as a way to maximize the performance of control measures at your site.

- **Pollution prevention** – The best way to prevent stormwater pollution is to minimize the use of water contaminants in your industrial activities. When selecting control measures for the facility, you should focus on controls that are geared toward reducing pollutants at the source to prevent stormwater pollution. Source control practices include maintaining equipment, picking up trash and debris, training site staff on appropriate spill procedures, and proper materials management and storage.

- **Minimizing exposure** – Another effective way to minimize stormwater pollution is to eliminate opportunities for stormwater to come into contact with industrial activities and polluting materials. You should look for opportunities to relocate industrial activities/materials to covered or contained areas and to properly store and transport any accumulated scrap or waste material.
- **Combining controls** – Combined control measures are often more effective than control measures in isolation. For example, good housekeeping will often go a long way to minimize stormwater pollution but is more effective when combined with minimizing the exposure of significant materials or activities and a structural control, such as inlet protection.
- **Examining your site's pollutant sources** – Understand the type and quantity of pollutants that could contaminate stormwater leaving your facility. Use your knowledge of the potential pollutants to drive your selection and design of effective control measures.
- **Maximizing infiltration** – Onsite infiltration reduces overland runoff, improves groundwater recharge, and augments base flow in local streams. You should look for opportunities to minimize impervious area and increase areas where stormwater can infiltrate on-site. Keep in mind, however, that the use of onsite infiltration typically must be combined with other control measures to avoid ground water contamination.
- **Using existing vegetated areas** – Open vegetated swales and natural depressions can be used to dissipate energy in overland flow and reduce erosion. Vegetated swales and natural depressions can increase infiltration and, in some cases, promote uptake of metals and nutrients by plants.
- **Buffering on-site or adjacent waterbodies or drainage systems** – Maintain or restore vegetated buffer zones between your facility's impervious areas and adjacent surface waters.
- **Using structural practices (as applicable)** – When non-structural control measures are not effective in preventing stormwater contamination, structural control measures (e.g., swirl separators, sand filters, retention basins, etc.) may be needed to treat stormwater before it leaves your facility.

EPA's Technology-Based Discharge Requirements

The following sections describe the 12 categories of discharge requirements (or "effluent limits") required by the 2008 MSGP. Although the wording of these requirements may be unique to the EPA permit, many State permits include requirements that are similar to the 2008 MSGP.

4.A Minimize Exposure

The first step in an effective stormwater control program is minimizing exposure of manufacturing, processing, material storage areas, loading and unloading areas, dumpsters and other disposal areas, maintenance activities, and fueling operations to rain, snow, snowmelt, and runoff by both locating industrial materials and activities inside or protecting them with storm resistant coverings.

SWPPP Tip!

No Exposure Exemption

EPA's regulations recognize the effectiveness of minimizing exposure by allowing facilities to opt out of the permit by submitting a "No Exposure Certification" when all industrial activities are protected from contact with stormwater. The "No Exposure Certification" is included as Appendix K of the 2008 MSGP. Note that industrial materials do not need to be enclosed or covered if stormwater runoff from affected areas will not be discharged to receiving waters or if discharges are authorized under another NPDES permit. Check your State permit for specific requirements for incorporating minimizing exposure into your SWPPP.

Tetra Tech

Figure 5. Minimize exposure by providing cover for potential contaminants.

What to Include in Your SWPPP

Describe all structural controls or practices used to minimize the exposure of industrial activities to rain, snow, snowmelt, and runoff. The SWPPP must describe where the controls or practices are being implemented at your site. The location must also be identified on the SWPPP site map. Examples of exposure-minimizing control measures that could be used at your facility and described in the SWPPP include:

- The location and extent of grading, berms, or curbs used to contain contaminated stormwater or divert stormwater around areas of industrial activity;
- A description of the types of materials and equipment that are stored within secondary containment and the location of contained storage areas;
- The location of spill cleanup kits and a description and schedule for employee spill abatement and cleanup training;
- Proper procedures for leaky vehicles and equipment, such as drip pans; parking in a contained area, or parking indoors;
- The use and location of spill/overflow protection equipment;
- Procedures for long-term storage or disposal of equipment and vehicles, such as draining all fluids;
- The location of covered and/or contained equipment cleaning areas; and
- The disposal method for all wash water, such as an on-site sump (if a sump is used, specify the pumping frequency) or sanitary sewer.

4.B Good Housekeeping

Good housekeeping practices offer a practical and cost-effective way to maintain a clean and orderly facility to prevent potential pollution sources from coming into contact with stormwater. Good housekeeping practices also help to enhance safety and improve the overall work environment. To effectively document in your SWPPP that you are including good housekeeping procedures at your site, you should establish protocols to reduce the possibility of mishandling materials or equipment and train employees in good housekeeping techniques. An effective good housekeeping program not only benefits stormwater quality but makes the facility a clean, safe place for employees and clients.

SWPPP Tip!

Labeling Storm Drains – A good stormwater awareness practice is to label all storm drains on your industrial facility with a "No Dumping – Drains to Stream" or similar message. If select drains at your facility discharge to the sanitary sewer system or to a sump (for example, at a wash rack), you should label those with a "Drains to Sanitary Sewer" or similar message.

Common areas where good housekeeping practices should be followed include areas where trash containers are kept and adjacent areas, material storage areas, vehicle and equipment maintenance areas, and loading docks. Involving employees in routine monitoring of housekeeping practices has proven to be an effective means of ensuring the continued implementation of this control measure.

Tetra Tech

Figure 6. Two photos showing an industrial facility before and after it followed good housekeeping practices.

What to Include in Your SWPPP

Describe any practices you are implementing to keep exposed areas of your site clean. Describe where each practice is being implemented at your site. Include here your schedule or approach for:

- Regular pickup and disposal of waste materials and scrap equipment;
- Maintenance of clean work spaces;
- Routine inspections for leaks and of the condition of drums, tanks, and containers;
- Routine inspections to make sure that industrial materials are properly stored and labeled;
- A schedule for sweeping paved areas and floors, including who will perform the sweeping (employee or contractor);
- The individual or position responsible for emptying drip pans placed beneath leaking equipment, valves, and fill lines.

4.C Maintenance

A good maintenance program requires regular inspections, testing, and the preventive maintenance and repair of industrial equipment (stationary and mobile) and industrial systems. Maintenance programs are intended to ensure that structural control measures and industrial equipment are kept in good operating condition and to prevent or minimize leaks and other releases of pollutants (see Section 4.D for more specific information). If you notice a deficiency or otherwise find that your control measures or industrial equipment need to be replaced or repaired to ensure proper functioning, and to avoid leaks or other releases, you must make the necessary repairs or modifications, typically prior to the next wet weather event and as expeditiously as practicable.

Facilities with good maintenance programs will keep a maintenance log that tracks the regular maintenance of industrial equipment and stormwater control measures. The log provides a maintenance history for each piece of equipment and demonstrates to regulatory authorities that you have implemented the maintenance program outlined in your SWPPP.

Tetra Tech

Figure 7. Equipment should receive routine preventative maintenance to prevent drips and leaks.

What to Include in Your SWPPP

Describe procedures to:

- Maintain industrial equipment so that leaks and other releases are avoided, and
- Maintain any of your site's control measures in effective operating condition.

Include the schedule you will follow for such maintenance activities. Describe where each applicable procedure is being implemented at the site.

4.D Spill Prevention and Response Procedures

Spills and leaks, together, are the largest source of industrial stormwater pollution. For this reason, your SWPPP must identify control measures that are used at your site to minimize the potential for spills, leaks, and other releases that may come into contact with stormwater. Among the practices that should be in place at your site are plans for effective response to spills if or when they occur. If your facility has more than 1,320 gallons of oil storage capacity in aboveground tanks you may also be required to develop a Spill Prevention, Control and Countermeasure (SPCC) plan consistent with 40 CFR 112.1.

Tetra Tech

Figure 8. Spill kits should be maintained in areas with spill potential, such as fueling stations.

SWPPP Tip!

Employees must be aware of notification procedures in the event of a spill or leak, including when to contact appropriate facility personnel, emergency response agencies, and regulatory agencies. State or local requirements may necessitate reporting of spills or other prohibited discharges to local emergency response, public health, or drinking water supply agencies. Contact information must be posted in locations that are readily accessible and available to employees. Where a leak, spill, or other release containing a hazardous substance or oil in an amount equal to or in excess of a reportable quantity established under either 40 CFR Part 110, 40 CFR Part 117, or 40 CFR Part 302, occurs during a 24-hour period, you must notify the National Response Center (NRC) at (800) 424-8802 or, in the Washington, DC, metropolitan area, call (202) 267-2675 in accordance with the requirements of 40 CFR Part 110, 40 CFR Part 117, and 40 CFR Part 302 as soon as you have knowledge of the discharge.

What to Include in Your SWPPP

Describe any structural controls or procedures you are putting in place to minimize the potential for leaks, spills, and other releases. At a minimum, your SWPPP should include:

- The location(s) of spill response plans for significant materials;
- A schedule for training employees in spill response procedures;
- Procedures for plainly labeling containers (e.g., "Used Oil," "Spent Solvents," "Fertilizers and Pesticides," etc.) that could be susceptible to spillage or leakage to encourage proper handling and facilitate rapid response if spills or leaks occur;
- Preventative measures such as barriers between material storage and traffic areas, secondary containment provisions, and procedures for material storage and handling;
- The individual or position responsible for making sure the spill kits are complete and ready for use;
- Procedures for expeditiously stopping, containing, and cleaning up leaks, spills, and other releases; and
- Procedures for notification of appropriate facility personnel, emergency response agencies, and regulatory agencies.

Describe where each control is to be located or where applicable procedures will be implemented.

4.E Erosion and Sediment Controls

Permits typically require control measures to be selected and implemented to limit erosion on areas of the site that, due to topography, land disturbing activities, soils, cover, materials, or other factors, are likely to experience erosion. In general, erosion control measures, which prevent soil or sediment from becoming mobilized, should be used as the primary line of defense, while sediment control measures, which trap, infiltrate, or settle out mobilized sediments, should be used to back-up the erosion control measures. For instance, erosion control measures, include grading, seeding, mulching, and sodding, that prevent soil from becoming dislodged, should be considered first. Where sediment may be dislodged and potentially mobilized in stormwater runoff, sediment control measures that trap eroded sediment include silt fences, sediment ponds, and stabilized entrances should be considered.

When selecting, designing, installing, and implementing appropriate erosion and sediment control measures, you should consult with your Tribal, State, and local authorities to ensure that you consider the appropriate control measures. EPA's internet-based resources relating to controlling erosion and sedimentation include the sector-specific *Industrial Stormwater Fact Sheet Series*, (**www.epa.gov/npdes/stormwater/msgp**), *National Menu of Stormwater BMPs* (**www.epa.gov/npdes/stormwater/menuofbmps**), and *National Management Measures to Control Nonpoint Source Pollution from Urban Areas* (**www.epa.gov/owow/nps/urbanmm/index.html**).

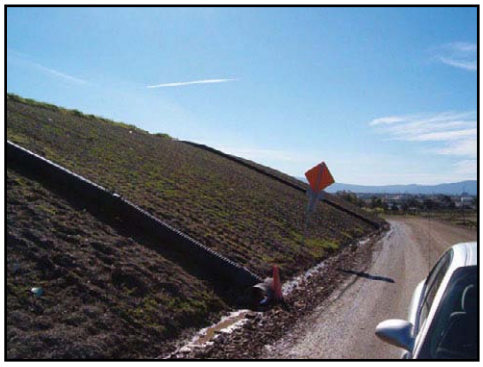

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Figure 9. Slope drains to protect a hillside from erosion.

SWPPP Tip!

Projects that disturb 1 acre or more of land generally require coverage under an NPDES construction general permit (CGP). Information on EPA's 2008 CGP requirements, including links to construction SWPPP resources, is available at **www.epa.gov/npdes/stormwater/cgp**.

What to Include in Your SWPPP

Include the following:

- A narrative description of areas of your site that are susceptible to erosion (note: the site map will also identify these areas);
- A description of erosion and sediment control measures used at your site to stabilize exposed areas and contain runoff to minimize onsite erosion and potential offsite discharges of sediment.

Note: Permits often require flow velocity dissipation devices at discharge locations and within outfall channels where necessary to reduce erosion and/or settle out pollutants. Describe in your SWPPP the location of each control implemented at your site.

4.F Management of Runoff

Similar to erosion and sediment controls, the management of stormwater runoff that flows through your site is an effective way to reduce the pollutants that are discharged from your site. Where you employ structures or practices that are intended to divert, infiltrate, reuse, or otherwise reduce stormwater runoff so as to reduce the discharge of pollutants, your SWPPP must include a description of those controls. Appropriate measures are highly site-specific, but may include vegetative swales, berms, collection and reuse of stormwater, inlet controls, snow management, infiltration devices, and wet retention measures.

Tetra Tech

Figure 10. Vegetated berm used to prevent facility inundation when the river is at flood stage.

As mentioned previously, a combination of preventive and treatment control measures usually results in the most effective approach to stormwater management for minimizing the offsite discharge of pollutants in stormwater runoff.

SWPPP Tip!

When selecting control measures, be careful not to violate local building or fire codes and other ordinances. An example would be constructing a shed for storage of chemicals and then finding out from the fire department that you are in violation for locating the shed too close to the main building, not equipping the shed with sprinklers or other fire control device, and not properly labeling containers.

What to Include in Your SWPPP

Include the following:

- A description of controls used at your site to divert, infiltrate, reuse, contain, or otherwise reduce stormwater runoff.
- A description of locations at your site where each control will be implemented.

4.G Salt Storage Piles or Piles Containing Salt

Salt is commonly used for deicing and other commercial or industrial purposes, including maintenance of paved surfaces. Salt piles or piles that are predominantly composed of other materials that contain some salt typically must be covered or enclosed and otherwise isolated from coming into contact with stormwater (e.g., good housekeeping, diversions, containment). Piles do not need to be enclosed or covered if stormwater runoff from the piles is not discharged or if discharges from the piles are authorized under another NPDES permit.

To effectively document in your SWPPP that you are minimizing exposure of these piles to stormwater, you should consider creating a checklist to verify that salt loading and offloading operations occur within contained areas with appropriate measures in place to prevent the track out of salt from the contained areas.

Tetra Tech

Figure 11. Salt pile covered with a tarp.

What to Include in Your SWPPP

Include the following:

- The identification of salt storage piles or piles containing salt, and a description of structures at your site covering or enclosing such piles, or that prevent the discharge of stormwater from such piles.
- If tarps are used to cover piles, the SWPPP should describe procedures for when tarps will be placed over the piles.
- A description of any controls or procedures used to minimize exposure resulting from adding to or removing materials from the pile.
- The locations at your site where each control and/or procedure are implemented. Note that these locations must be identified on the SWPPP site map as well.

4.H Sector-Specific Requirements

Most industrial stormwater general permits regulate discharges of stormwater from a number of different industrial sectors. For instance, EPA's 2008 MSGP regulates discharges from 29 different industrial sectors. These "sectors" consist of similar facilities categorized by the nature of their industrial activity, type of materials handled, and material management practices employed. The sectors are structured to a large extent on the definition of "stormwater discharge associated with industrial activity" found at 40 CFR 122.26 (b)(14)(i)–(ix), (xi), under which many sectors are identified based on their standard industrial classification (SIC) code.

Review your industrial stormwater general permit to determine if there are additional sector-specific discharge requirements (or "effluent limits") for which your type of industrial activity are subject. If so, you will need to specifically document how you will comply with those requirements in your SWPPP. Not all sectors will necessarily have additional sector-specific discharge requirements. For example, Sector N of EPA's 2008 MSGP includes specific requirements for scrap recycling and waste recycling facilities as defined by SIC Major Group Code 50 (5093). One of the specific Sector N discharge requirements is to "minimize surface runoff from coming in contact with scrap processing equipment." Alternatively, the Chemical and Allied Products Manufacturing, and Refining sector (Sector C) does not have any sector-specific discharge requirements in the 2008 MSGP.

Note that, if covered by the 2008 MSGP, you are responsible for complying with sector-specific requirements associated with your primary industrial activity and all co-located industrial activities. Co-located industrial activities are industrial activities, excluding your primary industrial activity, located on-site that are also required to be covered by the 2008 MSGP or a State general permit. Statewide general permits may have different requirements for specific industrial sectors.

SWPPP Tip!

Sector-specific requirements for the 2008 MSGP – All sector-specific requirements can be found in Part 8 of the 2008 MSGP.

Sector-specific fact sheets – EPA has developed fact sheets specific to the industrial activities, pollutants and control measures used at each of the 29 sectors covered by the 2008 MSGP. These sector fact sheets can be found at **http://cfpub.epa.gov/npdes/stormwater/swsectors.cfm**.

What to Include in Your SWPPP

Include the following:

- The industrial sector, or sectors, applicable to the permitted site.
- A discussion of the control measures implemented to address sector-specific requirements, if applicable, consistent with Part 8 of the 2008 MSGP.
- The location of each control and/or procedure used to comply with the sector-specific requirements.

4.1 Employee Training

Stormwater training is required for all employees who work in areas where industrial activities or material handling activities are exposed to stormwater, or who are responsible for implementing activities necessary to meet the conditions of this permit. These employees include inspectors, maintenance personnel, and all members of your Pollution Prevention Team. The training session or sessions are expected to cover the contents of the facility SWPPP, control measures implemented to achieve compliance with applicable discharge requirements, spill containment and cleanup procedures, maintenance, monitoring, inspection, planning, reporting, and documentation requirements.

EPA recommends that training be conducted for any applicable employees at least annually and whenever a new employee starts who meets the description above. You should have a sign-in/sign-out sheet at each training class to document that employees have participated. Keep the sign-in/sign-out sheet with your SWPPP.

What to Include in Your SWPPP

Include the following:

- Person(s) responsible for conducting the training (a member of the Pollution Prevention Team, contractor, or other?)
- The employees or positions that will receive stormwater training.
- The frequency of stormwater training sessions (annually, upon hire, or other). EPA recommends at least once per year. For example, the SWPPP might state that stormwater training will be conducted annually in September so employees are ready for the upcoming wet weather season.
- The stormwater topics covered during the training session or sessions.
- The sign-in/sign-out sheets from the training session.

SWPPP Tip!

Customize the employee training to the issues at your facility, and ensure that employees are trained on the control measures they are expected to implement. Among the topics you cover in your training should be some of the basic principles of stormwater management. For example, you should convey that:

- Stormwater pollution occurs when rainfall runoff picks up pollutants from the ground or areas exposed to rainfall.
- Polluted stormwater can cause significant water quality problems, such as fish kills and drinking water contamination. Stormwater runoff is typically discharged directly to receiving waters, and is not treated somewhere else, like at a wastewater treatment plant.
- Potential stormwater pollutants should be kept inside or under cover whenever possible.
- The best way to prevent stormwater problems is through general good housekeeping practices. A clean and organized facility will usually have very few stormwater problems.
- If anyone sees any potential stormwater problems, they should report it to the facility operator or a member of the stormwater pollution prevention team.

Tetra Tech

Figure 12. In addition to employee training, labeling storm drains is a good measure to educate employees.

4.J Non-Stormwater Discharges

In Section 3.A, this guide discussed the assessment of allowable and prohibited non-stormwater discharges at your site. As stated in that section, unauthorized non-stormwater discharges cannot be discharged from your facility unless specifically authorized by a separate, individual NPDES permit. Your SWPPP should describe the assessment you conducted under Section 3.A, how you eliminated any unauthorized non-stormwater discharges, and your plans to prevent unauthorized non-stormwater discharges at your facility.

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Figure 13. Unauthorized non-stormwater discharge from an industrial facility.

What to Include in Your SWPPP

Include the following:

- A list of allowable non-stormwater discharges that occur at your facility.
- A description of unauthorized non-stormwater discharges found at your site and how they were eliminated.
- Steps taken to ensure that other unauthorized non-stormwater discharges do not occur in the future.

Note: If this section is already addressed by your documentation of non-stormwater discharges (see Section 3.A), you can simply include a cross-reference to that section of your SWPPP.

4.K Waste, Garbage, and Floatable Debris

You are responsible for making sure that stormwater runoff does not carry waste, garbage, and floatable debris to receiving waters. To verify compliance with this requirement, you should identify and implement control measures (e.g., good housekeeping, sweeping, keeping lids closed on dumpsters) to keep exposed areas free of such materials. Alternatively, your SWPPP should identify how you will intercept and properly dispose of these materials before they leave your facility.

What to Include in Your SWPPP

Include the following:

- A description of controls and procedures that will be used to minimize discharges of waste, garbage, and floatable debris.
- Descriptions of the location of these control measures and procedures at your site.

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Figure 14. Poor management of waste and garbage at a facility.

4.L Dust Generation and Vehicle Tracking of Industrial Materials

As an operator, you are responsible for minimizing generation of dust and off-site tracking of raw, final or waste materials. Dust control practices can reduce the activities and air movement that cause dust to be generated from disturbed soil surfaces. Airborne particles pose a dual threat to the environment and human health. Dust can be carried offsite, thereby increasing soil loss from disturbed areas and increasing the likelihood of sedimentation and water pollution. Control measures to minimize the generation of dust include:

- *Sprinkling/Irrigation*. Moistening the ground surface with water is an effective dust control method for haul roads and other traffic routes.
- *Vegetative Cover*. By establishing a vegetative cover on areas that will not see vehicle traffic, exposed soil is stabilized and wind velocity at ground level can be reduced, thus reducing the potential for dust to become airborne.
- *Mulch*. Mulch is a quick and effective, but not permanent, means of dust control for newly disturbed areas.
- *Wind Breaks*. Wind breaks can be trees or shrubs left in place during site clearing or constructed barriers such as a wind fence, snow fence, tarp curtain, hay bale, crate wall or sediment wall. The break reduces wind velocity, minimizing airborne transfer of soil off site.
- *Tillage*. Deep tillage in large open areas brings soil clods to the surface where they rest on top of dust, preventing it from becoming airborne.
- *Stone*. Stone can be an effective dust deterrent for construction roads and entrances or as a mulch in areas where vegetation cannot be established.
- *Spray-on Chemical Soil Treatments (Palliatives)*. Examples of chemical adhesives include anionic asphalt emulsion, latex emulsion, resin-water emulsions and calcium chloride. Chemical palliatives should be used only on mineral soils. When considering chemical application to suppress dust, determine whether the chemical is biodegradable or water-soluble and what effect its application could have on the surrounding environment, including waterbodies and wildlife.

To reduce vehicle tracking of materials and sediment, the operator should keep stored or spilled materials away from all roads within the site. Specific measures such as setting up a wash site or separate pad to clean vehicles prior to their leaving the site may be effective as well.

What to Include in Your SWPPP

Include the following:

- A description of controls and procedures used at your site to minimize the generation of dust.
- Descriptions of procedures and controls used to minimize off-site tracking of raw, final, or waste materials.
- Describe the location where each control and/or procedure will be implemented and include on the SWPPP site map.

4.M Numeric Effluent Limitations Based on Effluent Limit Guidelines

Some industrial activities identified in industrial stormwater permits also have Federal numeric effluent limits (called effluent limitation guidelines) that must be achieved in stormwater discharges. The effluent limits are maximum concentrations or levels of specific pollutants that can be discharged in facility stormwater. If your facility includes one of the industrial categories listed below, refer to your industrial stormwater general permit (Parts 6.2.2.1 and 2.1.3 of EPA's 2008 MSGP) regarding numeric effluent limits and monitoring requirements to which you are subject:

- Discharges resulting from spray down or intentional wetting of logs at wet deck storage areas
- Runoff from phosphate fertilizer manufacturing facilities that comes into contact with any raw materials, finished product, by-products or waste products
- Runoff from asphalt emulsion facilities
- Runoff from material storage piles at cement manufacturing facilities
- Mine dewatering discharges at crushed stone, construction sand and gravel, or industrial sand mining facilities
- Runoff from hazardous waste landfills

- Runoff from non-hazardous waste landfills
- Runoff from coal storage piles at steam electric generating facilities

An example of a numeric effluent limit is the requirement for facilities that discharge stormwater from asphalt emulsion facilities to meet specific, numeric concentration limits for TSS, pH, and oil and grease (i.e., based on the limits in 40 CFR Part 443, Subpart A).

If your facility is subject to numeric effluent limits, you must document the location and type of control measures installed at your site to meet those limits.

What to Include in Your SWPPP

Include the following:

- All numeric effluent limits the facility is required to meet based on effluent limit guidelines.
- A description of the control measures used to meet the numeric effluent limits.
- The location of each control measure at your site.

4.N Additional Controls to Address Impaired Waters

Many general permits have additional requirements for discharges to impaired waters. "Impaired waters" have been identified by a Tribe, State, or EPA as not meeting applicable State water quality standards pursuant to Section 303(d) of the Clean Water Act. This may include both waters with approved or established Total Maximum Daily Loads (TMDLs), and those for which a TMDL has not yet been approved or established.

SWPPP Tip!

Impaired waters are streams, rivers, and lakes that do not currently meet designated uses and water quality standards. States, territories, and authorized tribes are required under the Clean Water Act to compile lists of known impaired waters, called 303(d) lists. Stormwater discharges to impaired waters may trigger additional control measures and monitoring requirements. For facilities subject to EPA's 2008 MSGP, see Part 2.2 for a more detailed discussion of water quality-based effluent limitations and conditions for discharging to impaired waters.

A TMDL determines the greatest amount of a given pollutant, such as sediment, that a water body can receive without violating water quality standards and designated uses. The TMDL then establishes pollution reduction goals to bring the water body into compliance with water quality standards. Facilities that are subject to NPDES permits (i.e., "point sources"), such as facilities subject to EPA's 2008 MSGP, which discharge the pollutant causing the water body impairment, receive "waste load allocations" or "WLAs". The WLA estimates the daily amount of the impairment pollutant that can be discharged from particular sources or categories of sources so that the waterbody can be restored to meeting its applicable water quality standards.

Should your facility discharge stormwater to a water body subject to a TMDL, EPA or a State permit authority may require additional effluent limits, monitoring requirements, or other restrictions consistent with an applicable WLA, or you may be required to apply for an individual NPDES permit. Where you have been informed either in the permit or directly by EPA or a State permit authority that you are subject to any "water quality-based" discharge requirement consistent with an applicable WLA, you are required to document in your SWPPP the control measures used to meet that requirement and to describe the location of such control measures.

SWPPP Tip!

Find impaired waters near your facility – Use EPA's Water Locator Tool (available at **www.epa.gov/npdes/stormwater/msgp**) or other tool to map impaired waters within 10 miles of your facility. Enter your facility address in Step 1, then click on "Retrieve List of Impaired Waterbodies" under step 3 to see the list.

What to Include in Your SWPPP

Include the following:

- A description of the control measures used to meet the water quality-based effluent limits.
- The location of each control measure at your site.

Section 5: **Procedures for Inspections and Monitoring (Step 4)**

The next step in developing your SWPPP is to set out the procedures you will follow for inspecting your site and monitoring your stormwater discharge. The procedures you develop in your SWPPP for inspection and monitoring will help you understand whether your control measures are working and, if not, provide you with ways you may improve your stormwater control.

Industrial stormwater permits typically require three types of inspections:

1. Routine facility inspections (see Section 5.A)
2. Visual assessments (see Section 5.B)
3. Annual comprehensive site inspections (see Section 5.C)

Some States also require you to take samples of your stormwater discharge for laboratory analysis. Check the applicable section of your industrial stormwater permit to determine if you are required to collect water quality monitoring samples. See Section 5.D for guidance on how to address your monitoring procedures in the SWPPP.

The following sections describe the type of information you should document in your SWPPP and the associated decisions you will have to make when planning for and conducting each of the three types of inspections.

EPA's 2008 MSGP requires three types of facility inspections.

1. **Routine facility inspections (2008 MSGP, Part 4.1)**
2. **Quarterly visual assessment of stormwater discharges (2008 MSGP, Part 4.2)**
3. **Comprehensive site inspections (2008 MSGP, Part 4.3)**

The 2008 MSGP also includes the requirements for the following types of monitoring:

1. **Benchmark monitoring (2008 MSGP, Part 6.2.1)**
2. **Effluent guidelines limitation monitoring (2008 MSGP, Part 6.2.2)**
3. **State or Tribal monitoring (2008 MSGP, Part 6.2.3)**
4. **Impaired waters monitoring (2008 MSGP, Part 6.2.4)**

Monitoring procedures are described in Part 6.1 of the 2008 MSGP.

5.A Routine Facility Inspections

Your industrial stormwater permit will likely specify a *minimum* frequency for conducting routine facility inspections. The minimum frequency typically ranges from once per month to once per quarter; however, EPA recommends that you develop a routine inspection schedule customized for your facility and specific site conditions, which in many instances will require that you inspect more frequently than the minimum requirement. EPA also suggests conducting routine inspections when measurable precipitation falls during normal business hours. Observing site conditions during storms provides you with real-time feedback on control measures that are working and those that are not working effectively.

EPA's 2008 MSGP requires quarterly routine facility inspections of all areas where industrial materials or activities are exposed to stormwater, and of all stormwater control measures used to comply with the effluent limits contained in the permit. Inspections must be conducted by qualified personnel, including at least one member of your pollution prevention team, during regular business hours. You must specify the relevant inspection schedules in your SWPPP document as required in Part 5.1.5.

The 2008 MSGP requires that at least one of the four quarterly inspections each year be conducted when a stormwater discharge is occurring.

SWPPP Tip!

You should check your industrial stormwater general permit to determine if it establishes exceptions to the inspection requirements for certain types of sites. For example, 2008 MSGP Part 4.1.3 identifies exceptions to routine visual inspections for inactive or unstaffed sites.

Recommended Routine Facility Inspection Sequence

Although you are given the discretion to determine how best to conduct your inspection, EPA recommends that your inspection follow a sequence that corresponds to how raw materials arrive at your site and are stored or processed in areas exposed to stormwater, and to how intermediate or finished products are stored, processed, or transported from your facility. Accordingly, the following recommended inspection sequence will help ensure that you conduct a thorough routine inspection at your facility. Whichever process you determine is appropriate for your facility, you are required to describe that approach in your SWPPP.

SWPPP Tip!

Invest in an inexpensive digital camera to photo-document your inspections. Maintaining a photo history of inspections and control measures can help you to recognize if conditions changed or your control measures are degrading. Photographs can also help provide documentation to EPA or state inspectors that control measures are being maintained and replaced as needed.

1. Plan your inspection: Develop a consistent process to ensure that you inspect all areas. One method to ensure that your inspections are consistent and thorough is to create a checklist (or make notes on a copy of your SWPPP) of areas to inspect. Use as a resource your updated site map identifying the locations of industrial activities exposed to stormwater, stormwater conveyances and discharge points, and any BMPs.
2. Evaluate the area where raw materials are delivered. Are these areas contained or is there potential for stormwater to carry spills or pollutants away from the drop area? If so, can these pollutants leave your site to an adjoining facility, storm drain, or surface water? If so, additional control measures should be implemented.
3. Are raw materials stored in a contained area with overhead cover, berms, or other secondary containment? If not, do the raw materials have the potential to contribute to stormwater pollution?

   Note: Single-wall chemical containers need to be located within secondary containment structures, behind berms, or covered to prevent stormwater contamination from an accidental release of containerized chemicals. Similarly, solid materials with the potential to contain pollutants (i.e., scrap material or wrecked vehicles) should include secondary containment.
4. Is equipment maintenance and fueling conducted in appropriately contained areas? Are spill kits present and full in areas where a liquid spill could be expected?
5. Do the industrial processes occur in covered and contained areas?
6. Where do you store waste material?

   Note: If the waste material has the potential to contaminate stormwater it must be stored in a contained area or otherwise controlled. Be sure to evaluate the facility "bone-yard" and scrap all equipment that is out-of-date and not intended to be reused.

7. Is the finished product appropriately contained for potential pollutant sources?
8. Following the internal evaluation, walk the perimeter of your site and look for evidence of stormwater discharges—particularly stains from oil and grease or chemicals. Should you observe these, look at the discharge area and consider additional control measures. You should specifically observe all stormwater outfalls where stormwater leaves your facility.
9. Following each inspection, you will need to make note of control measures that require maintenance, or that need to be replaced, and make sure that the SWPPP and site map are current regarding industrial activities and potential pollutants.
10. Finally, where appropriate, repair or replace worn or ineffective control measures as soon as possible but certainly before the next forecasted precipitation event.

Tetra Tech

Figure 15. Example of a sheen indicating the presence of oil or other hydro carbons.

SWPPP Tip!

As you conduct your routine facility inspections, keep in mind these visual indicators of poor control measures or missing control measures:

1. Rainbow colored sheen on the surface of stormwater indicates the presence of oil or other hydrocarbons;
2. Brown or other dark colored streaks in flowing stormwater indicates soil erosion or uncontained sediment;
3. Stormwater flowing through straw waddles or other stormwater containment barriers;
4. Foam;
5. Trash and other debris being carried off-site by stormwater; and
6. Overflowing storm drains or detention ponds could be indicative of a clog or poor inlet design.

Routine Facility Inspection Reports

Your routine facility inspections will need to be recorded and documented. Generally, a standard inspection report is taken into the field and completed for each inspection. You should include in your SWPPP a copy of the standard inspection form you will use. An example routine facility inspection form can be found in the "Additional MSGP Documentation Template" on EPA's website at **www.epa.gov/npdes/pubs/msgp2008_recordkeepingtemplate.doc**.

SWPPP Tip!

Remember to update your SWPPP if you add, remove, or modify control measures following a routine visual, or other, inspection. Should you get inspected, EPA or the State agency will expect that all control measures identified in your SWPPP to be current and to be effectively implemented at your facility.

What to Include in Your SWPPP

Your SWPPP should describe the routine facility inspection process in enough detail that a member of your staff could complete an inspection by following the description in the SWPPP. The SWPPP description should include:

1. **Person(s) or positions of person(s) responsible for conducting the routine facility inspections**

   At least one member of your stormwater pollution prevention team should be involved in the routine facility inspections. Consider involving employees who regularly work in areas where stormwater may come into contact with industrial activity or materials.

2. **Schedules for conducting the routine facility inspections**

   Identify the minimum inspection frequency (e.g., monthly, quarterly) in your SWPPP. Consider scheduling the inspections for a set day every month or quarter, yet allow sufficient flexibility to be able to take advantage of a storm event, since many permits require that at least one inspection be conducted during a rain event.

3. **Routine facility inspection procedures**

   Describe how the routine facility inspection will be conducted, including which control measures or areas will be inspected and what the inspector will be looking for. Examples of things the inspector should be looking for include the condition of stormwater outfalls (trash accumulation, staining, evidence of unauthorized non-stormwater discharges, etc.); overall good housekeeping; and the condition of installed control measures (do any need to be maintained or replaced?).

   Among other procedures to describe, provide a description of the sequence you will follow during each inspection. One option is to use the recommended inspection sequence above or customize it to better suit your facility's layout.

4. **Reporting procedures**

   Describe your reporting procedures and include a blank copy of the inspection form that will be used during the routine inspections. Most industrial stormwater general permits require that inspection reports include the following:

   - The inspection date and time.
   - The name(s), title(s), and signature(s) of the inspector(s).
   - Weather information for the day of the inspection and, if appropriate, days or weeks prior to the inspection.
   - A description of any discharges observed.
   - A description of the visual quality of discharges (sheen, turbid, etc.).
   - Control measures in need of maintenance or repairs.
   - Control measures that need to be replaced.
   - Any incidents of noncompliance observed.
   - Additional control measures needed to comply with the permit requirements.

   Inspection reports also need to be signed by the inspector. Your inspection form should include a signature line for this.

5.B Visual Assessments

The second component of an effective stormwater inspection program is periodic visual assessments of the stormwater discharging from your facility. Visual assessments are conducted on samples taken during a storm event, and require that you make observations of the stormwater sample in order to qualitatively assess the nature of your discharge based on several visual parameters. This requires that you collect a stormwater sample in a clean, clear jar and look at the sample in a well lit area. Generally, a sample must be collected from each stormwater discharge location associated with industrial activity. The purpose of conducting visual assessments is to make sure that stormwater discharges are free from objectionable characteristics (i.e., pollutants you can see). Should you observe objectionable characteristics, you should backtrack upstream from the sample collection location to identify potential sources of the pollutants.

Some pollutants may be present in stormwater but cannot be seen; for this reason EPA or your State may require benchmark or effluent limit monitoring depending on the facility SIC code or industrial sector. See Section 5.D for more information on monitoring.

Most industrial stormwater permits do not require visual assessment samples to be collected consistent with 40 CFR Part 136 procedures (the Clean Water Act guidelines for

SWPPP Tip!

Check your industrial stormwater permit to determine if you are required to submit your visual assessment samples to a laboratory for analysis. The 2008 MSGP does not require samples to be submitted to a laboratory. However, if your permit does require you to submit samples for laboratory analysis, the samples must be collected and documented in accordance with 40 CFR Part 136 guidelines.

establishing test procedures for the analysis of pollutants); however, visual assessment samples should be collected in such a manner that the samples are representative of the stormwater discharge.

EPA's 2008 MSGP includes specific requirements for when and how to collect the visual assessment sample. You should look in your permit to determine what requirements apply to your facility's visual assessments. However, EPA believes its permit's requirements offer a clear and consistent way to conduct these assessments. They are summarized as follows:

- Collect stormwater samples within the first 30 minutes of an actual discharge from a storm event. If it is not possible to collect the sample within the first 30 minutes of discharge, collect the sample as soon as possible after the first 30 minutes. In this case, be sure to document in your records (kept with your SWPPP) why it was not possible to take samples within the first 30 minutes. In the case of snowmelt, samples must only be taken during a period with a measurable discharge from your site.
- Collect the sample in a clean, clear glass, or plastic container.
- Examine the sample in a well-lit area or, if necessary, illuminate with a strong flashlight.
- Collect the samples from discharges that happen at least 72 hours (3 days) from the previous discharge event.

What to Include in Your SWPPP

Include in your SWPPP a description of your visual assessment process:

1. **Person(s) or positions of person(s) responsible for visual assessments.**
   Note: The visual assessment should be conducted by a member of your stormwater pollution prevention team.
2. **Schedules for conducting the visual assessments.**
   Note: Identify the minimum inspection frequency (typically quarterly) in your SWPPP. You should also describe procedures for determining when to conduct the visual assessments (e.g., within 30 minutes of an actual discharge, at least 3 days from previous discharge, etc.).
3. **Specific items to be covered by the assessment** (e.g., the 2008 MSGP requires permittees to visually inspect the sample in a well-lit area to assess the following water quality characteristics:
   - Color
   - Odor
   - Clarity
   - Floating solids
   - Settled solids
   - Suspended solids
   - Foam
   - Oil sheen
   - Other obvious indicators of stormwater pollution)
4. **The number and locations of outfalls scheduled for visual assessments.** List the outfalls where visual assessments will take place, and make sure these locations are identified on your site map.
5. **A description of safety considerations, requirements, and equipment for collecting samples during wet weather events.**
   Note: Sample must be collected in a clean, clear glass (required for oil and grease samples) or plastic container. Describe any other equipment necessary to collect the samples (such as sampling poles for hard to reach outfalls, rain gear, etc.). Describe any necessary safety considerations for staff while collecting the samples (for example, if they are sampling at an outfall discharging into receiving water with high flows, or sampling in a manhole).
6. **Reporting procedures:** Describe your reporting procedures and include a blank copy of the assessment form that will be used during the visual assessments. Most industrial stormwater general permits require that visual assessment reports include the following:
   - Sample location(s)
   - Sample collection date and time, and visual assessment date and time for each sample
   - The names of individuals, and titles or job positions, collecting the sample and performing 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, why it was not possible to collect samples within the first 30 minutes of discharge.

The SWPPP should also contain a checklist or list of the water quality parameters that must be observed and documented.

Visual Assessment Documentation

Similar to the inspection reports for the routine facility inspections, you must document the results of your visual assessments in a written report. You should include a blank copy of your visual assessment report form that you will use in your SWPPP. An example of a visual assessment report can be found in the "Additional MSGP Documentation Template" on EPA's website at **www.epa.gov/npdes/pubs/msgp2008_recordkeepingtemplate.doc**.

Digital photos of the samples are recommended, but not required, to document the condition of the sample and future reference.

5.C Annual Comprehensive Site Inspections

Most industrial stormwater general permits require an annual comprehensive site inspection. The annual comprehensive site inspection is a more in-depth version of the routine facility inspection. The annual comprehensive site inspection evaluates the condition of control measures, taking into account trends observed in analytic and visual stormwater samples taken during the year, and found during routine inspections.

Check your general permit to determine if the comprehensive site inspection needs to be conducted at a certain time (e.g., by the end of the fiscal year). Some permits require you to submit your comprehensive site inspection findings to the State permit authority as part of your annual report, typically due shortly after the end of the fiscal year. EPA's 2008 MSGP requires that the annual report be submitted and postmarked within 45 days of completing the annual comprehensive site inspection.

The comprehensive site inspection must cover all areas of the facility affected by the requirements of your industrial stormwater general permit, including all potential stormwater pollutant sources identified in the SWPPP, areas where control measures are used to comply with applicable effluent limits, and areas where spills and leaks have been documented in the three years prior to the annual comprehensive site inspection. In addition, the annual inspection must, as appropriate, include a review of visual stormwater monitoring data collected each quarter of the previous year and the results of the routine site inspections.

SWPPP Tip!

EPA's 2008 MSGP requires you to conduct annual comprehensive site inspections once during each of the following inspection periods:

Year 1: September 29, 2008 – September 29, 2009
Year 2: September 29, 2009 – September 29, 2010
Year 3: September 29, 2010 – September 29, 2011
Year 4: September 29, 2011 – September 29, 2012
Year 5: September 29, 2012 – September 29, 2013

Comprehensive site inspections must be conducted by qualified personnel with at least one member of your stormwater pollution prevention team participating in the comprehensive site inspections.

The annual inspection should be preceded by evaluation of the year's visual stormwater sample observations, analytic monitoring data, and your routine site inspection findings. The overall review of the previous year's visual and analytic monitoring results will provide you with areas of focus for the annual inspection; however, the annual inspection must include all control measures included in the SWPPP, regardless of the results from the past visual assessments and site inspections. Inspecting all stormwater control measures is meant to ensure that they are functioning correctly, and, if not, to correct any deficiency or malfunction. Accordingly, at the end of the annual comprehensive inspection you, and your stormwater pollution prevention team, should be able to answer the following questions.

- Are the control measures in place, maintained, and operating effectively?
- Is the routine site inspection protocol effective and conducted at the appropriate frequency?
- If your previous visual samples been were indicated the presence of pollutants in your stormwater, and your analytic samples been found to have high levels of any benchmark pollutants or other pollutants of concern, do you suspect that any particular areas of your site are contributing to these monitoring results? Do you suspect that the improper functioning of any stormwater control measures is contributing to these monitoring results?
- Is the SWPPP up-to-date regarding all of the stated control measures and monitoring schedules?

Based on the answers to these questions, you may need to modify your stormwater management program and to update your SWPPP to address problems found during your inspection.

Comprehensive Site Inspection Documentation

The results, and documentation, of your annual site inspection must be maintained on-site and, depending on the requirements in your stormwater permit, submitted with your annual report. An example of a comprehensive site inspection report can be found in the "Additional MSGP Documentation Template" on EPA's website at **www.epa.gov/npdes/pubs/msgp2008_recordkeepingtemplate.doc**.

What to Include in Your SWPPP

Include in your SWPPP a description of the annual comprehensive site inspection process:

1. **Person(s) or positions of person(s) responsible for inspection**
   Note: Include at least one member of the stormwater pollution prevention team.
2. **Schedules for conducting the inspections**
   Note: Describe when during the year the annual inspection will take place.
3. **Describe the list of documents to be reviewed prior to the annual site inspection.** This list will typically include:
   - The current SWPPP
   - All routine inspection reports for the past year
   - All visual assessment reports for the past year
   - Other documentation that may relate to how your facility complies with stormwater permit requirements, such as maintenance records, spill records, etc. for the past year.
4. **A copy of the current SWPPP site map**
   Note: A current copy of the site map can be used during the comprehensive site inspection to make sure the inspector is covering all required areas.
5. **Procedures for how the annual inspection will be conducted.** Describe how the annual inspection will be conducted, including which control measures or areas will be inspected and what the inspector will be looking for. Specific items to be covered by the inspection include:
   - 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, 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.
6. **A copy of the annual site inspection form you will use.**
   Note: EPA's 2008 MSGP has a comprehensive site inspection form in Appendix I of EPA's 2008 MSGP. Your annual site inspection form should contain:
   - The date of the inspection;
   - The name(s) and title(s) of the personnel making the inspection;
   - Findings from the areas of your facility that were examined;
   - All observations relating to the implementation of your control measures including:
     - Previously unidentified discharges from the site,
     - Previously unidentified pollutants in existing discharges,
     - Evidence of, or the potential for, pollutants entering the drainage system;
     - Evidence of pollutants discharging to receiving waters at all facility outfall(s), and the condition of and around the outfall, including flow dissipation measures to prevent scouring, and
     - Additional control measures needed to address any conditions requiring corrective action identified during the inspection.
   - Any required revisions to the SWPPP resulting from the inspection;
   - Any incidents of noncompliance observed or a certification stating the facility is in compliance with this permit (if there is no noncompliance); and
   - A statement, signed and certified in accordance with Appendix B, Subsection 11 of EPA's 2008 MSGP.
7. **A schedule for completing and submitting (if required) the annual site inspection form/report in a timely manner.**

5.D Documentation of Monitoring Procedures

Your industrial stormwater general permit may include requirements to conduct stormwater discharge monitoring. The type of monitoring you are required to conduct will likely be based on your type of industrial activity. Not all types of industrial activity will be required to collect stormwater discharge samples, however, if your facility is required to conduct monitoring (such as benchmark monitoring or effluent limitation guideline monitoring), you must describe the procedures you will use to carry out this monitoring in your SWPPP.

EPA has prepared an *Industrial Stormwater Monitoring and Sampling Guide* (available at **www.epa.gov/npdes/stormwater/msgp**) that will support this guide. The *Industrial Stormwater Monitoring and Sampling Guide* provides a more detailed description of monitoring approaches and procedures that are recommended than is included in this guide.

As a general matter, your stormwater discharge samples will be taken at your facility's stormwater outfall locations, not at locations within your facility. Some stormwater general permits allow you to sample at only one outfall when multiple outfalls at your facility have similar industrial activities, control measures, exposed materials, and runoff coefficients. Outfalls that have these similar characteristics are called "substantially identical outfalls" or "representative outfalls." See your industrial stormwater general permit for more information.

What to Include in Your SWPPP

Include in your SWPPP, a description of the following monitoring requirements:

1. **What you need to monitor**

   Make sure your SWPPP clearly identifies the parameters you need to monitor, and any applicable benchmark concentrations or effluent limits associated with each parameter.

2. **Where you need to monitor**

   Your site map should identify the outfalls at your facility. In your SWPPP, identify at which outfalls you will be required to monitor. If you are allowed to sample one of the outfalls that are "substantially identical", and you plan on using a representative outfall, include the following documentation in your SWPPP:

   - Location of each substantially identical outfall;
   - Description of the general industrial activities conducted in the drainage area of each substantially identical outfall;
   - Description of the control measures implemented in the drainage area of each substantially identical outfall;
   - Description of the exposed materials located in the drainage area of each substantially identical outfall that are likely to be significant contributors of pollutants to stormwater discharges;
   - An estimate of the runoff coefficient of the drainage areas (low = under 40%; medium = 40 to 65%; high = above 65%); and
   - Why the outfalls are expected to discharge substantially identical effluents.

3. **When you need to monitor**

   If you are required to monitor, your industrial stormwater general permit will specify a monitoring frequency (typically quarterly or annually). For each of the parameters you identified above, include in your SWPPP the monitoring frequency. Some permits also specify exemptions or alternative monitoring periods, which should also be addressed in your SWPPP.

   Your SWPPP should also describe the type of storm event that should be monitored. In the 2008 MSGP, EPA requires monitoring during a storm event those results in an actual discharge from your site ("measurable storm event") that follows the preceding measurable storm event by at least 72 hours (3 days).

4. **How you will conduct the monitoring**

   Describe in your SWPPP how you will conduct the monitoring, including who will collect the samples. Typically, monitoring is conducted by taking one grab sample from a discharge resulting from a measurable storm event and collected within the first 30 minutes of a measurable storm event, during normal business hours, when stormwater is discharging from your facility.

   Also describe any sample documentation and preservation procedures you plan to use. Some samples may need to be analyzed within a short time, or may need to be preserved with blue ice before being analyzed.

5. **Where you will send the sample for analysis**

   Finally, in your SWPPP, include information about the laboratory where you will send the samples for analysis. Include information such as lab name and address, any sampling procedures required by the lab, and who will take the samples to the lab.

Section 6: **Completing Your SWPPP**

Now that you have conducted a site assessment of your facility, developed maps, selected control measures, and developed procedures for inspections and monitoring. You are almost done with your SWPPP! The last step is to make sure all this information is organized into a single document (your SWPPP) and to obtain NPDES permit coverage.

6.A Finish your SWPPP

The information you put together as part of Sections 3 through 5 make up the contents of your SWPPP. There are only two more steps for you to finish before your SWPPP is complete:

- Conduct a final review of your SWPPP; and
- Sign and certify your SWPPP

Review Your Draft SWPPP

You should review the SWPPP requirements in your industrial stormwater general permit to ensure that your SWPPP includes all required elements. For example, in the 2008 MSGP, the SWPPP requirements are in Part 5. Check off all the SWPPP permit requirements as you verify that they have been met. Also, develop a final copy of your site map and make sure that all required elements are addressed.

EPA recommends that you have both your stormwater pollution prevention team, and someone who was not involved in developing the SWPPP, review your draft SWPPP.

Sign and Certify Your SWPPP

The last step in completing your SWPPP is to have a facility executive or duly authorized representative of that executive sign and certify that the SWPPP meets all the requirements in the general permit. This signature demonstrates that the SWPPP was reviewed by someone who has operational control over the facility (i.e., can commit resources to implementing the SWPPP and ensuring compliance with the permit). You should check your general permit to determine which person is required to sign and certify the SWPPP. Note that the signatory requirements for the 2008 MSGP are found in Appendix B, Subsection 11 of EPA's 2008 MSGP.

6.B Obtain NPDES Permit Coverage

Important! Before obtaining permit coverage, you should read the appropriate industrial stormwater permit and develop your SWPPP.

Most permits require that you develop your SWPPP before you can obtain NPDES permit coverage for your industrial stormwater discharges. However, in some instances, the permit may provide you with additional time to complete or update a SWPPP after permit coverage is obtained. Nevertheless, it is recommended that your SWPPP be completed at least in draft form prior to applying for permit coverage, even in those States where additional time is granted.

Obtaining Coverage Under a General Permit

To obtain coverage under a State industrial stormwater general permit, you will typically need to fill out and submit an application form, often called a Notice of Intent or

NOI. Submitting an NOI form to the permitting authority indicates your certification that you have met the eligibility requirements for coverage under the permit, and your agreement to abide by the terms and conditions of the general permit. Depending on the permit, you may be authorized to discharge immediately or at some later time. In some cases, you are not authorized to discharge until the State has notified you accordingly. EPA's 2008 MSGP (see Part 1.3.1) uses a 30 to 60-day waiting period following the receipt of a facility's complete NOI. The waiting period expires when the permit's status changes from "waiting" to "active" on the Agency's eNOI website.

Read the application requirements in your general permit for information on the procedures and the specific form you will need to complete before becoming authorized. Some States charge an administrative fee to apply for permit coverage. Before submitting your application, you must also make sure that you meet all eligibility requirements in the permit. For example, if your facility discharges to one of several highly protected waters (e.g., a Tier 3 or "Outstanding Natural Resource Water"), you may not be eligible for coverage under a general permit and instead may have to file an application for individual permit coverage.

SWPPP Tip!

Documentation to Support Eligibility Considerations Under Other Federal Laws

The 2008 MSGP requires that you keep with your SWPPP the documentation supporting your eligibility pertaining to endangered species requirements, historic properties requirements, and NEPA review requirements described in the permit (see Part 5.1.6 of the permit). State industrial stormwater permits may have other documentation requirements.

6.C Updating Your SWPPP

Your SWPPP is a document that will need to be reviewed and updated on a regular basis. Whenever you find the need to change a procedure that is described in your SWPPP or to modify a control measure described therein, you must update the SWPPP to reflect those changes as quickly as practicable. Should the SWPPP require modification to document corrective actions, a new certification statement must be signed and dated upon completion of the revision.

Below are some examples of events that, if they result in a change in control measures or procedures, will require prompt revision of the SWPPP to reflect the new facility conditions.

- A change in the composition of the stormwater pollution prevention team or new responsible official.
- An unauthorized release or discharge (e.g., spill, leak, or discharge of non-stormwater not authorized by this or another NPDES permit) occurs at your facility.
- A discharge violates a numeric effluent limit.
- 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 your facility by an EPA official, or local, State, or Tribal entity, determines that modifications to the control measures are necessary to meet the non-numeric effluent limits in this permit.
- Construction or a change in design, operation, or maintenance at your facility significantly changes the nature of pollutants discharged in stormwater from your facility, or significantly increases the quantity of pollutants discharged.
- 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 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 a review of control measures and possible SWPPP modification.

Remember, revisions to the SWPPP to document corrective actions requires a new signed and dated certification statement by the responsible official. All other changes must be signed and dated by the person preparing the change.

SWPPP Tip!

In the interim between the annual inspection and completed SWPPP revision, keep a copy of the original SWPPP with your handwritten notes for SWPPP modifications at the facility. Should you be inspected before the revised SWPPP is complete, the copy with your notes can be used to demonstrate the changes that will be in the revised document.

Section 7: **Keeping Records of Your Implementation Activities**

Completing your SWPPP and obtaining NPDES permit coverage is an important step towards complying with your State or EPA Clean Water Act requirements. Having completed these steps, you are now ready to begin documenting your compliance with the requirements of your permit. EPA's 2008 MSGP and many State permits require you to keep records of any activities at your site that are related to your compliance, such as conducting inspections, visual assessments, stormwater discharge monitoring, and corrective actions.

As you conduct inspections, monitoring, corrective actions, and other permit implementation activities, you will generate additional records, such as inspection reports and monitoring results. Keep this additional documentation on-site with your SWPPP, and ensure these records are accessible, complete, and up-to-date so that they demonstrate your full compliance with the conditions of your permit.

Some examples of this additional documentation include:

- *Permit records* – copies of the NOI or permit application submitted, any letters received from the permitting authority, and a copy of your general permit.
- *Spill records* – dates of any incidences of significant spills, leaks, or other releases that resulted in a discharge of pollutants, the circumstances leading to the release, actions taken in response to the release, and measures taken to prevent the recurrence of a release.
- *Employee training records* – keep copies of all employee training records, including dates, who was trained, and the training topics.
- *Maintenance records* – retain copies of all maintenance and repairs of control measures, including dates of regular maintenance, dates when maintenance needs were discovered, and dates when control measures were returned to full function.
- *Inspection records* – keep copies of all routine facility inspection reports, quarterly visual assessment reports, and annual comprehensive site inspection reports.
- *Monitoring records* – retain records of all sampling results including data collection forms, lab results, and discharge monitoring reports (DMRs).
- *Corrective action records* – keep records of any corrective actions and follow-up activities conducted to demonstrate compliance with the permit.

SWPPP Tip!

For 2008 MSGP permit holders, the list of additional documentation requirements can be found in Part 5.4 of the permit. Also, EPA has developed an "Additional MSGP Documentation Template" with sample forms that you can download from **www.epa.gov/npdes/stormwater/msgp** to help you organize this information.

Section 8: **Common Compliance Problems at Industrial Facilities**

The following are common problems found during inspections of industrial sites conducted by EPA. These are provided to assist you in developing and maintaining an effective SWPPP. As a general matter, it is not enough to simply have a completed SWPPP at your site. To establish compliance with your permit's limits and conditions, you must also implement the procedures, and install and maintain the control measures, described in your SWPPP, and make modifications as necessary to improve your performance.

You should review these common compliance problems and consider how your SWPPP, or how your implementation of the procedures described in your SWPPP, can be modified to ensure you are not making the same mistakes.

1. **No SWPPP developed.** Some facilities do not realize that they need to develop a SWPPP, or they may copy a generic SWPPP or a SWPPP for another facility. A SWPPP is a site-specific plan and should address only your facility.
2. **Control measures described in SWPPP not used.** The SWPPP identifies stormwater control measures that are not actually being used at the site. The stormwater regulations hold you responsible for effectively implementing all control measures identified in your SWPPP. If your SWPPP has identified control measures not being used at your site, you need to edit your SWPPP accordingly to accurately reflect those measures you are in fact using.
3. **No SWPPP on-site.** A copy of the SWPPP is not available on-site for review when a permitting authority or other regulatory agency inspects your site. You are responsible for maintaining a copy on-site at all times. If your SWPPP is being updated off-site, keep a marked-up copy on-site or an electronic copy until the revised SWPPP arrives.
4. **SWPPP not signed.** The responsible facility representative did not sign and authorize the current version of the SWPPP.
5. **Stormwater pollution prevention team not up-to-date.** The stormwater pollution prevention team identified in the SWPPP is not current. This is particularly a problem at facilities with high turnover. Remember, you can identify team members by title rather than by name if high turnover makes it difficult to keep a current list of names.
6. **On-site staff not familiar with SWPPP.** Upon arrival of an inspector, no one familiar with the stormwater program is available. A common permit requirement is that at least one employee per shift is familiar with the stormwater program and has access to the relevant files.

Tetra Tech

Figure 16. Good housekeeping is probably the most common BMP in SWPPPs. Poor sweeping practices can contribute significant pollutants in stormwater runoff.

Tetra Tech

Figure 17. Leaking dumpsters can introduce pollutants into stormwater runoff.

SWPPP Tip!

SWPPP Availability – Keep a copy of the current, signed and certified SWPPP at your facility, and make it available to EPA, State, local agency or other regulatory agency staff at the time of an onsite inspection or upon request. The SWPPP should also be made easily available to facility staff, and should be readily referred to during regular facility operations to ensure that all activities are implemented as described in the SWPPP.

7. **Improper collection of visual assessment samples.** Visual stormwater samples are collected from pooled areas on site. Pooled areas tend to concentrate pollutants and are not representative, unless the contents of the pooled areas flow off of the facility (this is to your disadvantage).

8. **Uncovered dumpsters.** Dumpsters that receive metal waste are not covered or contained. Dumpsters from contract waste collection agencies are often not appropriately sealed and can leak oils or other contaminants.

9. **Poor employee/contract staff training.** Employees or contract staff are not familiar with your stormwater management program. You are responsible for educating employees and contractors because if they release pollutants at your facility, you are responsible. If you use contractors, they should be referred to in your SWPPP and required to be trained as a part of the contract.

10. **Inspection or monitoring records are not kept with the SWPPP.** Records of routine site inspections, visual assessments, or monitoring results are not available with the SWPPP for review. All records on implementation of practices required in the permit must be kept with the SWPPP (see Section 6.C for more information).

Resources

EPA, 2008 Multi-Sector General Permit, issued September 29, 2008 (available at **www.epa.gov/npdes/stormwater/msgp**).

EPA's Stormwater Website – **www.epa.gov/npdes/stormwater**

Industrial Stormwater Resource Locator – **www.envcap.org/iswrl/**

EPA's Industrial Stormwater Website – **www.epa.gov/npdes/stormwater/indust**

EPA's 2008 MSGP Website – **www.epa.gov/npdes/stormwater/msgp**

The Industrial Stormwater and MSGP Websites have a number of resources and tools to aid MSGP permittees, which include:

- *Annual Reporting Form* – Permittees can use this form to report their annual comprehensive site inspection and corrective actions to EPA.
- *Conditional "No Exposure" Exclusion* – Industrial facilities can use this form to certify that their industrial materials and operations are not exposed to stormwater.
- *Developing your Stormwater Pollution Prevention Plan: A Guide for Industrial Operators* – Provides guidance on how to develop a SWPPP that meets the requirements of the 2008 MSGP.
- *Electronic Notice of Intent (eNOI) System* – Allows permittees to quickly apply for permit coverage under EPA's 2008 MSGP.
- *Industrial Stormwater Monitoring and Sampling Guide* – Provides guidance on how to meet the monitoring and sampling requirements in the 2008 MSGP.
- *Industrial Sector Fact Sheets* – These fact sheets summarize the types of facilities included that sector, the pollutants associated with this sector, and the types of stormwater control measures generally used.
- *List of Tier 2 and Tier 3 Waters* – Lists of waters currently designated by states as Tier 2 or Tier 3 for antidegradation purposes to help you complete your NOI.
- *MSGP Discharge Monitoring Report (MDMR)* – Permittees can use this paper copy form to submit monitoring data to EPA.
- *Reporting MSGP Monitoring Data* – Allows permittees to electronically file all benchmark, effluent limitation guidelines, and impaired waters monitoring data through the eNOI system.
- *Sample MSGP SWPPP Template* – Industrial facilities can use the "Industrial SWPPP Template" to create their own SWPPPs.
- *Sample Recordkeeping Templates* – Use the sample templates and forms to keep records of your monitoring, inspection, maintenance, visual evaluation, and corrective action activities.
- *Search, Sort, and View Industrial NOIs* – Searchable database of stormwater notices of intent (NOIs) for industrial facilities seeking coverage under EPA's MSGP.
- *Water Locator Tool* – Helps industrial facilities pinpoint their site's latitude and longitude, receiving water, and impairment status of the water, applicable total maximum daily loads (TMDLs), and potential pollutants of concern.

EPA's NPDES Authorization Status Website – **www.epa.gov/npdes/stormwater/authorizationstatus**

EPA's Menu of National Stormwater BMPs – **www.epa.gov/npdes/stormwater/menuofbmps**

Industrial Stormwater Permit Guide – **www.pneac.org/stormwater/**

Appendix A: **MSGP SWPPP Template**

EPA has created a template to assist operators in developing an industrial SWPPP that addresses the requirements in the 2008 MSGP. The template includes instructions and space to help operators document activities specific to their facility, such as:

- Facility Description and Contact Information
- Potential Pollutant Sources
- Stormwater Control Measures
- Schedules and Procedures for Monitoring
- Inspections
- Documentation to Support Eligibility Considerations under Other Federal Laws
- SWPPP Certification
- SWPPP Modifications
- SWPPP Attachments

A customizable Microsoft Word version of the MSGP SWPPP Template is available for download from **www.epa.gov/npdes/stormwater/msgp**.

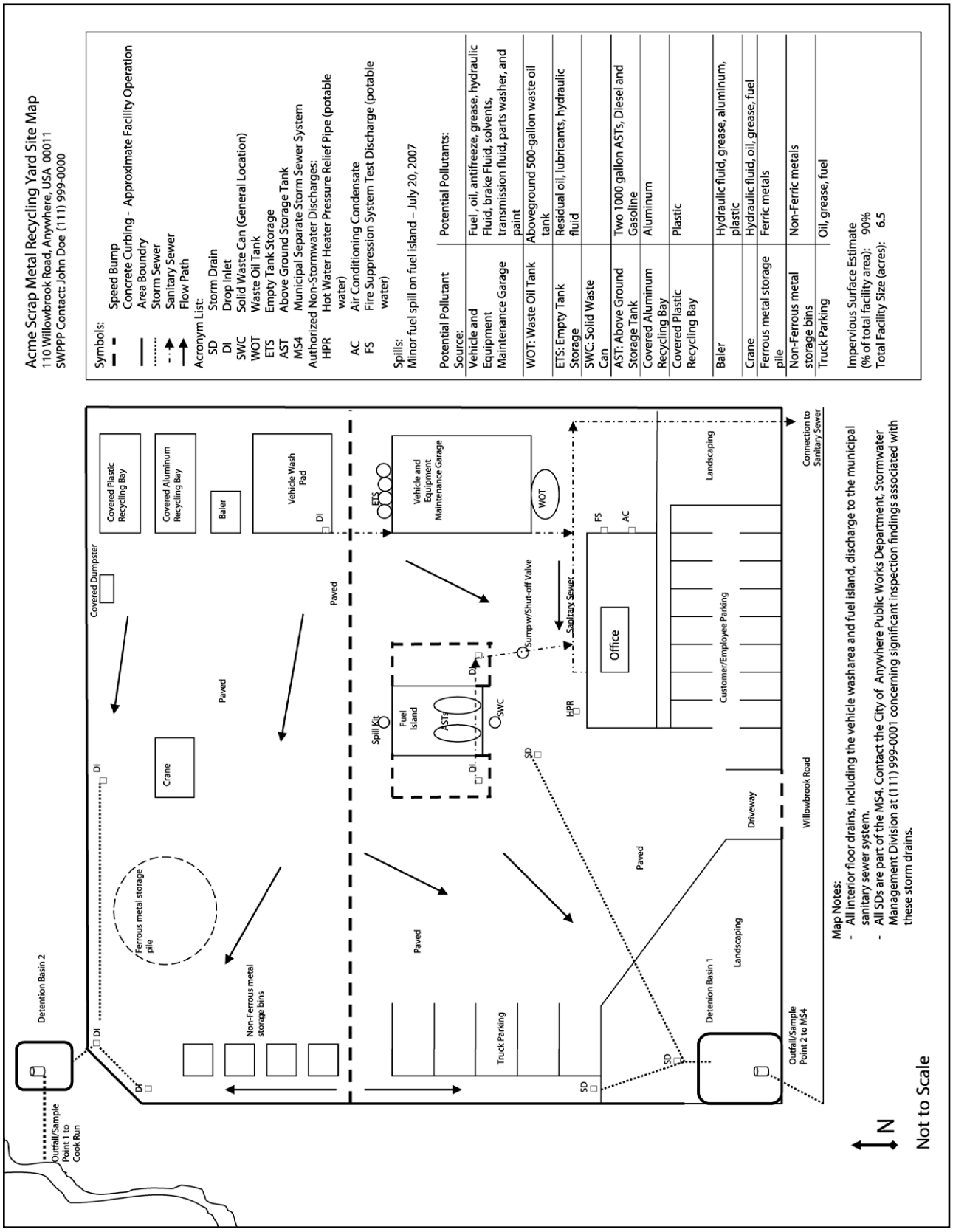
Appendix B: **Additional MSGP Documentation Template**

EPA has created a template to assist 2008 MSGP permit holders in collecting the additional documentation required during implementation of the permit. The Additional MSGP Documentation Template includes example forms and tables to help permittees document activities related to:

- Significant spills, leaks or other releases
- Employee training
- Maintenance
- Routine Facility Inspection Reports
- Quarterly Visual Assessment Reports
- Comprehensive Site Inspection Reports
- Monitoring results
- Deviations from assessment or monitoring schedule
- Benchmark Exceedances
- Impaired Waters Monitoring: Documentation of Natural Background Sources or Non-Presence of Impairment Pollutant
- Active/Inactive status change
- SWPPP Amendment Log

The Additional MSGP Documentation template can be downloaded in Microsoft Word format at **www.epa.gov/npdes/stormwater/msgp**.

Appendix C: **Example Site Map**



Certificate of Completion

This certifies that

Leonard Frank Sandoval

Has successfully completed

EPA - Developing Your Stormwater Pollution Prevention Plan

Completed On 11/3/2016 12:51 PM MT

Instructor

TA60 BLDG 250

Topics Discussed:

ROADS & GROUNDS SAFETY MEETING

Annual MSGP SWPPP Training by Leonard Sand

Date: Monday, December 11, 2017

NAME	Z#	SIGNATURE	
Allen Vasquez	313551	[signature]	1
Ivan Chacon	099404	[signature]	2
Abel Martinez	320904	[signature]	3
Richard Martinez	205905	[signature]	4
Adrian Trujillo	304295	[signature]	5
Anthony Salazar	311020	[signature]	6
Jack Caldwell	116986	[signature]	7
Silviano Tucker	096056	[signature]	8
Michael Martinez	094285	Michael Martinez	9
Victor Morales	260694	[signature]	10
Joseph Martinez	231521	[signature]	11
Randy Martinez	294724	[signature]	12
Richard Gonzales	088660	[signature]	13
Dwayne Sanchez	323015	[signature]	14
Kevin Montoya	306999	[signature]	15
Juan Jperez	302357	[signature]	16
LARRY VELASQUEZ	257145	[signature]	17
Thomas Atencio	321830	Tommy Atencio	18
Alexander Trujillo	307018	[signature]	19
Johnny Trujillo	326569	[signature]	20
José Gonzalez	267605	José Gonzalez	21
Duane P Pacheco	119194	Duane Pacheco	22
Steve Trujillo	241829	[signature]	23
Sandra Gonzales	219366	Sandra Gonzales	24
Mario Hochuleta	236804	[signature]	25
Karen J Cly	235414	[signature]	26
Ernest E. Charley	322463	[signature]	27
Vicente M. Martinez	314173	[signature]	28
			29
			30

TAGO BLDG 250

ROADS & GROUNDS SAFETY MEETING

Topics Discussed:

Annual MSGP SWPPP Training by Leonard Sand

Date: Monday, December 11, 2017

NAME	Z#	SIGNATURE	
Thomas Martinez	326925	Thomas Mtz	1
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Richard Salazar	224911	Richard Salazar	4
Raymond Baca	202778	Raymond Baca	5
Jon Antone	320599	Jon Antone	6
Mark Bachech	231756		7
Adam Espinoza	117037	Adam Espinoza	8
Joe Boies	224950	Joe Boies	9
Billy Samora	216719		10
Betty Montoya	181675	Betty Montoya	11
Dennis Garcia	319111	Dennis Garcia	12
Jesse Garcia	241499		13
Eleazar Molina	204566		14
Bernadette Lopez	174810	Bernadette Lopez	15
Joe Sandoval	170847	Joe Sandoval	16
Arnold S. Munoz	324145		17
Andrew L Ortiz	248187		18
Leroy Gonzales	170592		19
Paul Sisneros	318677		20
Eleanor Austin	315231	Eleanor Austin	21
Kevin B Martinez	322710		22
Stephen Baca	241628		23
Daniel Martinez	312910		24
Billy Medina	168429.		25
James Rodriguez	131610	James Rodriguez	26
			27
			28
			29
			30

TAGO BLDG 250

Topics Discussed:

ROADS & GROUNDS SAFETY MEETING

Annual MSGP SWPPP Training by Leonard Sand

Date: Monday, December 11, 2017

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Dana Parrett	170040		1
Victor Bustos	244917		2
Bryan Veight	320601		3
DERRICK AMADOR	320889		4
Alfred Jaramillo	282839		5
Joseph Tyree	326571		6
Buschman PETE	92792		7
Bernie Anchuleta	131484		8
Fermin Maes	305370		9
James Osborn	175205		10
Luna Robert	173018		11
Valdez John B	193103		12
Chavez John B	264711		13
James M. Valdez	260247		14
Vicente Saenz	327230		15
Tammy Jo Saiz	205687		16
Louis C Chacón	321819		17
Julian C Martinez	320075		18
Michael Rodriguez	238658		19
ANN FORREST	302411		20
Aaron Chavez	310805		21
Sean Whitarri	320906		22
Jeffrey Martinez	267098		23
Ben Martinez	214327		24
Daniel Ceballos	293053		25
Mark A. Lopez	219923		26
Patricia LOPEZ	169389		27
Joseph Sanchez	310817		28
Joe Medina	154217		29
			30

Storm Water Multi-Sector General Permit (MSGP) for Industrial Facilities

SWPPP Training

2017

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MSGP Permit

- The Multi-Sector General Permit 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)
  - SWPPP team comprised of ESH and applicable facility personnel
  - Requires implementation of Control Measures or Best Management Practices (BMPs) to maintain water quality standards
  - Requires periodic inspections and sampling (monitoring)

MSGP Facilities at LANL

- **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 Plant** – TA-03-1790: 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)

Best Management Practices (BMPs)

- **Structural**
  - Installation, maintenance, replacement
- **Non-Structural**
  - Written Procedures (i.e. SOPs)
  - Preventive Maintenance
  - Training
  - Pollution Prevention Practices

Best Management Practices (BMPs) Covered/Enclosed Material Storage

- Storing industrial materials indoors eliminates exposure to storm water.
- Covered storage racks and roll-off bins minimize storm water contact with materials and pollutants.

Best Management Practices (BMPs) Good House Keeping

- Covered and enclosed trash bins minimize debris on site. Periodic sweeping of parking lots reduces sediment build-up.
- 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..

Best Management Practices (BMPs) Run-on/off and Erosion Control

- Berming and bmps such as gravel bags, wattles, rock check dams and ecoblocks can be used to divert run-on, dissipate run-off flow and minimize sediment transport and erosion.
- Asphalt run-downs and rock-lined channels can be used for stabilized stormwater drainage and erosion control.

Best Management Practices (BMPs) Run-on/off and Erosion Control

- <u>Spill Protection:</u>
  - Secondary containment units provide extra spill protection for oil-filled equipment, tanks and drums as well as chemicals and waste drums/containers.

Micro-Blaze®
Emergency Liquid Spill Control

  - Spill kits, clean-up materials (such as dry absorbents and drip pads) can be used to mitigate spills and prevent releases to the environment.

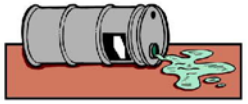
Best Management Practices (BMPs) Spill Control/Reporting

Know where spill clean-up materials are located in your work areas.

Report spills immediately to your supervisor. Additional contacts are provided in the LOG-MSS Guidance

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.

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

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

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MSPG Samplers & Outfalls

- Samplers
  - Automated collection during storm events
  - Data Logger at SIO
  - Monitoring for pollutants
    - Benchmark (sector specific limits, i.e. metals)
    - Impaired Waters (receiving water degradation)
- Storm Drains (Outfalls)
  - Sample/discharge points
  - Evaluated during inspections
  - Each numbered for site map

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MSGP Sampling (Monitoring)

- 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.

Sampling parameters (Example)

Monitoring Type	Location	Parameters	Numeric Limitations	Schedule
Benchmark **Subsector AA1. Fabricated Metal Products, except Coating (SIC 3411-3499; 3911-3915)**	**Sampler: MSGP02001** Outfall #002 Sandia Canyon	Total Aluminum*	0.681 mg/L	Quarterly
		Total Iron	1.0 mg/L	
		Total Zinc1*	0.076 mg/L	
		Nitrate plus Nitrite Nitrogen	0.68 mg/L	
Impaired Waters	**Sampler: MSGP02001** Outfall #002 Sandia Canyon	Aluminum	0.681 mg/L	Annual
		Gross Alpha, adjusted	15 pCi/L	
		Copper	0.006 mg/L	
		Thallium, dissolved	0.47 ug/L	
		PCB in Water Column	0.00064 ug/L	

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Notice of Intent to Discharge

- Potable Water
  - Residual water from the hose with a backflow preventer used to fill the water trucks
  - When needed for dust suppression

- Sugar Beet De-Icer
  - Maximum of 10,300 gallons per day of salt brine geo-melt as an anti-icing and de-icing solution to be applied onto roadways and parking lots

MSGP – SWPPP Inspections

- **Monthly Routine Inspections**
  - Performed by DEP, 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 (at outfalls)
    - 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

MSGP - 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 <u>must</u> 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.

MSGP – SWPPP Documentation

- **Required Documentation for SWPP 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**

SWPPP Location and Contacts

- Electronic versions of SWPP Plans can be found online on the public reading room at:
- Hard copies are kept at MSGP sites or in DEPs office

- **Environmental Contacts:**
  - Jillian Burgin, DESHS-UIS, DEP: 665-1893
  - Leonard Sandoval, DESHS-UIS, DEP: 667-3557
  - Russell Stone, DESHS-UIS, ESH Mgr.: 606-0017
  - Holly Wheeler, EPC-CP: 667-1312

Meeting Sign-In Sheet

Roads & Grounds Safety Meeting SWPPP Training	**Meeting Date:** Monday, October 29, 2018
Facilitator: Dana Parrett, Brian Icona Leonard Sandoval	**Place/Room:** TA-60 Bldg 250

Name	Z#	Signature
Victor Bustos	244917	[signature]
John Valdez	193103	[signature]
James Cosper	323005	[signature]
James Osborn	175205	[signature]
Bryan Voight	320601	[signature]
Thomas mtk	326925	[signature]
Ronald Locato	205936	[signature]
Jon Antone	320599	[signature]
Raymond Baca	202778	[signature]
Betty Montoya	181675	[signature]
Dennis Garcia	319111	[signature]
Jesse Garcia	241499	[signature]
Desiree Lujan	237616	[signature]
Bernadette Lopez	174810	[signature]
Eleazar Molina	204566	[signature]
Mario Arculeta	236804	[signature]
Ada Drake	328300	[signature]
Nicole Fresquez	165982	[signature]
Derrick Nuñez	296647	[signature]
Bernie Archuleta	131484	[signature]

Meeting Sign-In Sheet

Roads & Grounds Safety Meeting SWPPP Training	**Meeting Date:** Monday, October 29, 2018
Facilitator: Dana Parrett, Brian Icona Leonard Sandoval	**Place/Room:** TA-60 Bldg 250

Name	Z#	Signature
Dominguez Juan	163502	
Nathan Serrano	230568	
Anthony Maes	305377	
Anthony Salazar	311020	
Adrian Trujillo	304295	
Alexander Trujillo	307018	
Francisco Trujillo	217515	
Esteban Madrid	305378	
Joseph Garcia	323250	
Simone Fresquez	251838	
Peter DeAguero	315451	
Nolan Sanchez	314172	
Miguel Caro	189445	
Kevin B Martinez	322719	
Joe Walker	223181	
Patricia Lopez	169389	
Mark A. Lopez	219923	
Louis C Chacon	321819	
Jack Caldwell	116986	

Meeting Sign-In Sheet

Roads & Grounds Safety Meeting SWPPP Training	**Meeting Date:** Monday, October 29, 2018
Facilitator: Dana Parrett, Brian Icona Leonard Sandoval	**Place/Room:** TA-60 Bldg 250

Name	Z#	Signature
Dana Parrett	170040	[signature]
DAniel M. ABeyta	184462	[signature]
Gary R Medina	137563	Gary R Medina
GARY GONZALES	320382	[signature]
ADAM CHACÓN	329863	[signature]
Chris Garcia	289219	Chris Garcia
MARVIN L. MARTINEZ	116424	[signature]
Leslie McReynolds	106896	[signature]
JOE BOIES	224950	JOE BOIES
Lawrence Garcia	294694	[signature]
Steven Martinez	200540	[signature]
Danny Esquibel	146331	[signature]
Leroy Gonzales	170592	[signature]
Cody L Garinger	304296	[signature]
TRAVIS Lewis	255607	[signature]
Randy Martinez	294724	[signature]
Isaiah Maldonado	297023	[signature]
Anna M Chavez	306989	[signature]
Joe Medina	154217	[signature]

Bill

Meeting Sign-In Sheet

Roads & Grounds Safety Meeting	**Meeting Date:** Monday, October 29, 2018
Facilitator: Dana Parrett	**Place/Room:** TA-60 Bldg 250

Name	Z#	Signature
Michael Martinez	094245	Michael Martinez
Joseph Martinez	231521	Joseph Martinez
Leonard F. Sandoval	114326	[illegible]
Duane Pacheco	119194	Duane Pacheco
Juliette R. Gallegos	237657	Juliette R. Gallegos
Benito Vigil	237258	[illegible]
Alfred Jaramillo	292839	Alfred Jaramillo
Sandra Gonzales	249366	Sandra Gonzales

Meeting Sign-In Sheet

Roads & Grounds Safety Meeting SWPP Training		**Meeting Date:**	Monday, October 29, 2018
Facilitator: Dana Parrett, Brian Icona, Leonard Sandoval		**Place/Room:**	TA-60 Bldg 250

Name	Z#	Signature
Christina Chavez	326833	
GARY McMillan	241759	
Daniel Mas	311184	
Julian Martinez	326075	
[illegible]	312040	
[illegible]	314173	
[illegible]	315453	Jin Paul Gonzales

Meeting Sign-In Sheet

Roads & Grounds Safety Meeting	**Meeting Date:** Monday, October 29, 2018
Facilitator: Dana Parrett	**Place/Room:** TA-60 Bldg 250

Name	Z#	Signature
Silviano Tucka	096056	

New Mexico Water Quality Control Commission Compliance

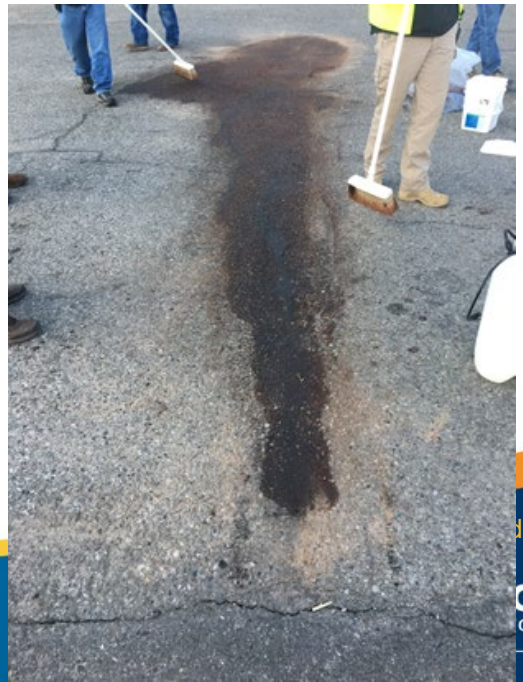
Spills and Unplanned Releases
Legacy Equipment – Lesson's Learned

Presentation Overview

- Environmental Reporting Requirements
- Who to Contact in the Event of a Release
- Ways to Prevent Spills
- NPDES MSGP Requirements
- Legacy Equipment – Lessons Learned
- Questions

Spills- Unplanned Releases to the Environment

- Water Quality investigates and evaluates spills throughout LANL to determine if external reporting is required to comply with State and Federal Regulations
  - NMWQCC Regulations, Clean Water Act, CERCLA, EPCRA



Spills- Unplanned Releases to the Environment

- Corrective actions need to be taken for all spills that occur
- There is not a de minimis volume of spilled material that does not need to be addressed

NNSA National Nuclear Security Administration
Los Alamos NATIONAL LABORATORY EST. 1943

Who to Contact in the Event of a Spill

- Notify Supervisor of Spill Occurrence
- Notify the Roads and Grounds Deployed Environmental Professional
  - Leonard Sandoval
- Notify Water Quality Spills Pager – **664-7722**
- Notify Emergency Operations in the event of an emergency **667-6211**

NNSA National Nuclear Security Administration
Los Alamos NATIONAL LABORATORY EST. 1943

Spill Prevention and Minimization

- Plan work to eliminate avoidable spills
- Use secondary containment to prevent releases to the environment
- Ensure preventive maintenance on equipment is completed
- Know where spill kits are located and how to use contents
- Know who to contact in the event of a release

NNSA National Nuclear Security Administration
Los Alamos NATIONAL LABORATORY EST. 1943

NPDES Multi-Sector General Permit (MSGP) Requirements

- Drain fluids from equipment and vehicles that will be decommissioned, and, for any equipment and vehicles that will remain unused for extended periods of time, inspect at least monthly for leaks.
  - At LANL-“an extended period of time” is considered to be 6 months.

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Legacy Equipment
Sheep's Foot Compactor-Lesson's Learned

- Compactor discovered on Sigma Mesa-slated to be salvaged
- Diesel was identified to be leaking from equipment
- Initially thought to be empty
  - Actually filled with over 900 gallons of diesel/water

Legacy Equipment
Sheep's Foot Compactor-Lesson's Learned Continued

- Diesel filled compactor presented significant environmental compliance and safety concern
  - SPCC, NMWQCC, Site Safety
- Notify your management and environmental resources to investigate any unknown equipment or equipment suspected to contain potential water contaminants to mitigate safety and environmental issues

Questions?

APPENDIX J

Corrective Action Reports

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=DSESH-UI, ou=ADESH, email=rdstone@lanl.gov, c=US Date: 2018.02.09 10:19:05 -07'00' **Date:**

MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT Id. Number : 1403 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 10/16/2018 08:05 * Date of Notification to EPC-CP : 10/16/2018 08:05

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : Between Storage Sheds 60-289 and 60-290

* Inspector Z-Number : 114326 | Sandoval Leonard F | DESH-UIS

* Person Identifying Condition Z-Number : 114326 | Sandoval Leonard F | DESH-UIS

Date Format Must be entered as MM/DD/YYYY HH24:MI

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[Enter New Corrective Action] [Back To Record Selection] [Save] [Cancel]

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review:

Other (describe) : List

If other, (describe here): Housekeeping Issues

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

Between storage sheds 60-289 and 60-290 there's 2 bags of ice melt that need of be picked up and put on a pallet that is covered with a tarp.

*6. How problem was identified:

Routine facility inspection List

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

On 10/16/2018 the 2 bags of ice melt between storage sheds 60-289 and 60-290 were picked up and put on a pallet that is covered with a tarp.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected? NA

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

NA

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 10/16/2018 10:15 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 10/16/2018 14:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

NA

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT Id. Number : 1402 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 10/16/2018 08:05 * Date of Notification to EPC-CP : 10/16/2018 08:05

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : North Side of Transportainer 60-287

* Inspector Z-Number : 114326 | Sandoval Leonard F | DESH-UIS

* Person Identifying Condition Z-Number : 114326 | Sandoval Leonard F | DESH-UIS

Date Format Must be entered as MM/DD/YYYY HH24:MI

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Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review: If other, (describe here):

Other (describe) : List Housekeeping Issue

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

On the north side of transportainer 60-287 there is a pallet of ice melt that needs to be cover with a tarp.

*6. How problem was identified: If other, (describe here):

Routine facility inspection List

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

On 10/16/2018 the pallet of ice melt on the north side of transportainer 60-287 was covered with a tarp.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected? NA

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

NA

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 10/16/2018 10:15 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 10/16/2018 14:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

NA

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT Id. Number : 1401 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds List

* Date problem was identified : 10/16/2018 08:05 * Date of Notification to EPC-CP : 10/16/2018 08:05

* FOD Responsible for CA (Name & Org) : UIF Erickson Andrew W

Describe Specific Evaluation Location : North and East of TA-60 Building 250

* Inspector Z-Number : 114326 Sandoval Leonard F DESH-UIS

* Person Identifying Condition Z-Number : 114326 Sandoval Leonard F DESH-UIS

Date Format Must be entered as MM/DD/YYYY HH24:MI

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Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review: If other, (describe here):

Other (describe) : List Housekeeping Issue

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

North and East of TA-60 building 250 past the concrete jersey barriers and storage sheds there's plastic, wood, and wind blown trash that is a housekeeping issue.

*6. How problem was identified: If other, (describe here):

Routine facility inspection List

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

On 10/16/2018 the plastic, wood, and wind blown trash were picked up and put into a trash bin.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected? NA

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

NA

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 10/16/2018 10:15 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 10/16/2018 14:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

NA

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT Id. Number : 1400 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 10/16/2018 08:05 * Date of Notification to EPC-CP : 10/16/2018 08:05

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : Far East End of Sigma Mesa

* Inspector Z-Number : 114326 | Sandoval Leonard F | DESH-UIS

* Person Identifying Condition Z-Number : 114326 | Sandoval Leonard F | DESH-UIS

Date Format Must be entered as MM/DD/YYYY HH24:MI

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Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review: Control measures not properly operated or maintain(List

If other, (describe here):

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

At the far east end of Sigma Mesa the Rock Channel/Swale # 6000304030040 that discharges to the retention pond has erosion that needs to be repaired.

*6. How problem was identified: Routine facility inspection List

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

At the far east end of Sigma Mesa the Rock Channel/Swale # 6000304030040 that discharges to the retention pond has erosion that needs to be repaired. At 9:20 a.m. on 10/16/2018 gravel bags were used at the site of the erosion as a temporary fix. On 10/17/2018 the erosion to the Rock Channel/Swale was repaired.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected? NA

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

NA

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 10/16/2018 09:20 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 10/17/2018 10:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

NA

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT Id. Number : 1397 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 10/02/2018 08:00 * Date of Notification to EPC-CP : 10/02/2018 08:00

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : Outfall 042 at TA-60 Roads and Grounds

* Inspector Z-Number : 118432 | Wheeler Holly L | EPC-CP

* Person Identifying Condition Z-Number : 118432 | Wheeler Holly L | EPC-CP

Date Format Must be entered as MM/DD/YYYY HH24:MI

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review: Impaired water quality exceedance [List]

If other, (describe here):

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

Discharge from outfall 042 at TA-60 Roads and Grounds exceeded the New Mexico water quality standard for Adjusted Gross Alpha. The concentration of Adjusted Gross Alpha discharged during the storm event on 8/10/2018 was 33.5 pCi/L and the water quality standard is 15 pCi/L.

*6. How problem was identified: Impaired waters monitoring [List]

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

EnviroSoxx with MetalLoxx wattle was replaced at the outfall.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : Y

9. Which SIO Affected? 041

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

Exceedance will not affect outfall 041. Thus, no action taken.

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : Y

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 10/03/2018 08:00 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 10/04/2018 09:15

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

N/A

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT Id. Number : 1396 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 10/02/2018 08:00 * Date of Notification to EPC-CP : 10/02/2018 08:00

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : Outfall 042 at TA-60 Roads and Grounds

* Inspector Z-Number : 118432 | Wheeler Holly L | EPC-CP

* Person Identifying Condition Z-Number : 118432 | Wheeler Holly L | EPC-CP

Date Format Must be entered as MM/DD/YYYY HH24:MI

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Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review: Impaired water quality exceedance [List]

If other, (describe here):

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

Discharge from outfall 042 at TA-60 Roads and Grounds exceeded the New Mexico water quality standard for dissolved Copper. The concentration of dissolved Copper discharged during the storm event on 8/10/2018 was 9.06 ug/L and the water quality standard is 6.0 ug/L.

*6. How problem was identified: Impaired waters monitoring [List]

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

EnviroSoxx with MetalLoxx wattle was replaced at the outfall.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : Y

9. Which SIO Affected? 041

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

Exceedance will not affect outfall 041. Thus, no action taken.

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : Y

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 10/03/2018 08:00 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 10/04/2018 09:15

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

N/A

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT Id. Number : 1395 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 10/02/2018 08:00 * Date of Notification to EPC-CP : 10/02/2018 08:00

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : Outfall 042 at TA-60 Roads and Grounds

* Inspector Z-Number : 118432 | Wheeler Holly L | EPC-CP

* Person Identifying Condition Z-Number : 118432 | Wheeler Holly L | EPC-CP

Date Format Must be entered as MM/DD/YYYY HH24:MI

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review: Impaired water quality exceedance [List]

If other, (describe here):

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

Discharge from outfall 042 at TA-60 Roads and Grounds exceeded the New Mexico water quality standard for total recoverable Aluminum. The concentration of total recoverable Aluminum discharged during the storm event on 8/10/2018 was 2,610 ug/L and the water quality standard is 681 ug/L.

*6. How problem was identified: Impaired waters monitoring [List]

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

EnviroSoxx with MetalLoxx wattle was replaced at the outfall.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : Y

9. Which SIO Affected? 041

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

Exceedance will not affect outfall 041. Thus, no action taken.

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : Y

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 10/03/2018 08:00 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 10/04/2018 09:15

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

N/A

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT Id. Number : 1394 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 10/02/2018 08:00 * Date of Notification to EPC-CP : 10/02/2018 08:00

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : Outfall 031 at TA-60 Roads and Grounds

* Inspector Z-Number : 118432 | Wheeler Holly L | EPC-CP

* Person Identifying Condition Z-Number : 118432 | Wheeler Holly L | EPC-CP

Date Format Must be entered as MM/DD/YYYY HH24:MI

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review: Impaired water quality exceedance [List]

If other, (describe here):

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

Discharge from outfall 031 at TA-60 Roads and Grounds exceeded the New Mexico water quality standard for dissolved Copper. The concentration of dissolved Copper discharged during the storm event on 8/07/2018 was 54.2 ug/L and the water quality standard is 8 ug/L.

*6. How problem was identified: Impaired waters monitoring [List]

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

EnviroSoxx with MetalLoxx wattle was replaced at the outfall.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : Y

9. Which SIO Affected? 030

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

Exceedance will not affect outfall 030. Thus, no action taken.

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : Y

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 10/03/2018 08:00 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 10/04/2018 09:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

N/A

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT Id. Number : 1379 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 08/27/2018 09:00 * Date of Notification to EPC-CP : 08/27/2018 09:00

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : At TA-60 Roads and Grounds West, on the ground west of storage s

* Inspector Z-Number : 114326 | Sandoval Leonard F | DESH-UIS

* Person Identifying Condition Z-Number : 114326 | Sandoval Leonard F | DESH-UIS

Date Format Must be entered as MM/DD/YYYY HH24:MI

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review:

Control measures inadequate to meet non-numeric e [List]

If other, (describe here):

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

At TA-60 Roads and Grounds west (next to storage shed 60-0288), there were six round pieces of metal about 1 to 2 inches thick (used as weights to hold tents down) stored on the ground without being covered.

*6. How problem was identified:

Routine facility inspection [List]

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

The pieces of metal were picked up and put inside the shed.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected?

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 08/27/2018 09:00 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 08/28/2018 08:30

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

N/A

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT Id. Number : 1378 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 08/27/2018 07:51 * Date of Notification to EPC-CP : 08/27/2018 07:51

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : Far east end of Sigma Mesa at TA-60 Roads and Grounds

* Inspector Z-Number : 114326 | Sandoval Leonard F | DESH-UIS

* Person Identifying Condition Z-Number : 114326 | Sandoval Leonard F | DESH-UIS

Date Format Must be entered as MM/DD/YYYY HH24:MI

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review: Unauthorized release or discharge [List]

If other, (describe here):

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

At TA-60 Roads and Ground east, a snow plow with a disconnected hydraulic line leaked hydraulic fluid onto base course.

*6. How problem was identified: Routine facility inspection [List]

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

The line was plugged and apx. 2.5 gallons of petroleum contaminated soil was placed in a bucket to be managed as New Mexico special waste.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : Y

9. Which SIO Affected? 041 and 042

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

Immediate action to clean up the spill prevented any affect to substantially identical outfall 041. In addition, SIO 041 is across the road and therefore, unlikely to be affected.

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 08/27/2018 07:51 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 08/27/2018 10:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

N/A

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT Id. Number : 1371 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 07/24/2018 08:30 * Date of Notification to EPC-CP : 07/24/2018 08:30

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : East of Salt Shed 60-178 and North of Transportainer 60-337

* Inspector Z-Number : 114326 | Sandoval Leonard F | DESH-UIS

* Person Identifying Condition Z-Number : 114326 | Sandoval Leonard F | DESH-UIS

Date Format Must be entered as MM/DD/YYYY HH24:MI

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review:

Other (describe) : List

If other, (describe here): Improper Storage of Containerized Liquids

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

On the north side of tranportainer 60-337 there is five 55 gallon drums of asphalt patch binder that need to put onto wood pallets and moved under a covered area.

*6. How problem was identified:

Routine facility inspection List

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

On 7/25/2018 the five 55 gallon drums of asphalt patch binder were moved under a covered area and put on wood pallets.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected?

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

NA

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 07/24/2018 09:00 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 07/25/2018 13:30

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

NA

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT Id. Number : 1370 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 07/24/2018 08:30 * Date of Notification to EPC-CP : 07/24/2018 08:30

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : East of Salt Shed 60-178 and North of Transportainer 60-337

* Inspector Z-Number : 114326 | Sandoval Leonard F | DESH-UIS

* Person Identifying Condition Z-Number : 114326 | Sandoval Leonard F | DESH-UIS

Date Format Must be entered as MM/DD/YYYY HH24:MI

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review: If other, (describe here):

Other (describe) : List Housekeeping Issue

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

On the north side of transportainer 60-337 there is a torn bag of asphalt patch mix that is a housekeeping issue.

*6. How problem was identified: If other, (describe here):

Routine facility inspection List

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

On 7/25/2018 he torn bag of asphalt patch mix was picked up and disposed of properly.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected?

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

NA

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 07/24/2018 09:00 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 07/25/2018 08:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

NA

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT Id. Number : 1365 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 07/19/2018 11:15 * Date of Notification to EPC-CP : 07/19/2018 11:15

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : Outfall 032 at TA-60 Roads and Grounds

* Inspector Z-Number : 118432 | Wheeler Holly L | EPC-CP

* Person Identifying Condition Z-Number : 118432 | Wheeler Holly L | EPC-CP

Date Format Must be entered as MM/DD/YYYY HH24:MI

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review: Impaired water quality exceedance [List]

If other, (describe here):

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

Discharge from outfall 032 at TA-60 Roads and Grounds 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 31.7 pCi/L and the water quality standard is 15 pCi/L.

*6. How problem was identified: Impaired waters monitoring [List]

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

On 7/24/2018 sediment from the concrete flume to the MSGP sampler at outfall 032 was cleaned out with flat shovels. MetalLoxx wattles with EnviroSoxx were also installed at outfall 032 and associated (SIOs) 033, 034, and 035 to help minimize off site discharge of Adjusted Gross Alpha.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : Y

9. Which SIO Affected? 033, 034, and 035

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

Since outfall 032 is associated with substantially identical outfalls (SIOs) 034 and 035, 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 these outfalls

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : Y

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 07/20/2018 08:00 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 07/24/2018 10:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

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

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT Id. Number : 1364 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 07/19/2018 11:15 * Date of Notification to EPC-CP : 07/19/2018 11:15

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : Outfall 032 at TA-60 Roads and Grounds

* Inspector Z-Number : 118432 | Wheeler Holly L | EPC-CP

* Person Identifying Condition Z-Number : 118432 | Wheeler Holly L | EPC-CP

Date Format Must be entered as MM/DD/YYYY HH24:MI

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review: Impaired water quality exceedance [List]

If other, (describe here):

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

Discharge from outfall 032 at TA-60 Roads and Grounds 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 18.6 ug/L and the water quality standard is 6 ug/L.

*6. How problem was identified: Impaired waters monitoring [List]

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

On 7/24/2018 sediment from the concrete flume to the MSGP sampler at outfall 032 was cleaned out with flat shovels. MetalLoxx wattles with EnviroSoxx were also installed at outfall 032 and associated (SIOs) 033, 034, and 035 to help minimize off site discharge of dissolved Copper.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : Y

9. Which SIO Affected? 033, 034, and 035

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

Since outfall 032 is associated with substantially identical outfalls (SIOs) 033, 034 and 035, 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 these outfalls

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : Y

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 07/20/2018 08:00 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 07/24/2018 10:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

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

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT Id. Number : 1363 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 07/19/2018 11:15 * Date of Notification to EPC-CP : 07/19/2018 11:15

* FOD Responsible for CA (Name & Org) : UIF Erickson Andrew W

Describe Specific Evaluation Location : Outfall 032 at TA-60 Roads and Grounds

* Inspector Z-Number : 118432 Wheeler Holly L EPC-CP

* Person Identifying Condition Z-Number : 118432 Wheeler Holly L EPC-CP

Date Format Must be entered as MM/DD/YYYY HH24:MI

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review: Impaired water quality exceedance [List]

If other, (describe here):

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

Discharge from outfall 032 at TA-60 Roads and Grounds exceeded the New Mexico water quality standard for total recoverable Aluminum. The concentration of total recoverable Aluminum discharged during the storm event on 05/21/2018 was 1800 ug/L and the water quality standard is 681 ug/L.

*6. How problem was identified: Impaired waters monitoring [List]

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

On 7/24/2018 sediment from the concrete flume to the MSGP sampler at outfall 032 was cleaned out with flat shovels. MetalLoxx wattles with EnviroSoxx were also installed at outfall 032 and associated (SIOs) 033, 034, and 035 to help minimize off site discharge of total recoverable Aluminum.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : Y

9. Which SIO Affected? 033, 034, and 035

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

Since outfall 032 is associated with substantially identical outfalls (SIOs) 033, 034 and 035, 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 these outfalls

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : Y

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 07/20/2018 08:00 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 07/24/2018 10:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

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

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT Id. Number : 1346 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 06/18/2018 08:00 * Date of Notification to EPC-CP : 06/18/2018 08:00

* FOD Responsible for CA (Name & Org) : UIF Erickson Andrew W

Describe Specific Evaluation Location : Along Concrete Jersey Barriers North of 60-250

* Inspector Z-Number : 114326 Sandoval Leonard F DESH-UIS

* Person Identifying Condition Z-Number : 114326 Sandoval Leonard F DESH-UIS

Date Format Must be entered as MM/DD/YYYY HH24:MI

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Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review:

Other (describe) : List

If other, (describe here): Housekeeping Issue

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

Along the Concrete Jersey Barriers North of 60-250 there's some wood and a pallet that are a housekeeping issue.

*6. How problem was identified:

Routine facility inspection List

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

On 6/18/2018 the wood and pallet were picked up and put into a wood only bin.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected? NA

*10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

NA

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 06/18/2018 08:00 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 06/18/2018 10:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

NA

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT **Id. Number :** 1345 (Assigned by computer)

* **Name of Facility :** TA-60 Roads and Grounds [List]

* **Date problem was identified :** 06/18/2018 08:00 * **Date of Notification to EPC-CP :** 06/18/2018 08:00

* **FOD Responsible for CA (Name & Org) :** UIF | Erickson Andrew W

Describe Specific Evaluation Location : Small Heavy Equipment Staging Area West of 60-250

* **Inspector Z-Number :** 114326 | Sandoval Leonard F | DESH-UIS

* **Person Identifying Condition Z-Number :** 114326 | Sandoval Leonard F | DESH-UIS

Date Format Must be entered as MM/DD/YYYY HH24:MI

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Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review: Other (describe) : List

If other, (describe here): Housekeeping Issue

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

Inside the small equipement staging area West of 60-250 there's a pallet with torn bags of wood chips that is a house keeping issue.

*6. How problem was identified: Routine facility inspection List

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

On 6/28/2018 Roads and Grounds used the wood chips at an existing landscaping area at the TA-3 CINT building.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected? NA

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

NA

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 06/18/2018 08:00 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 06/28/2018 13:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

NA

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT Id. Number : 1344 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 06/18/2018 08:00 * Date of Notification to EPC-CP : 06/18/2018 08:00

* FOD Responsible for CA (Name & Org) : UIF Erickson Andrew W

Describe Specific Evaluation Location : Heavy Equipment Staging Area West of 60-178

* Inspector Z-Number : 114326 Sandoval Leonard F DESH-UIS

* Person Identifying Condition Z-Number : 114326 Sandoval Leonard F DESH-UIS

Date Format Must be entered as MM/DD/YYYY HH24:MI

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review: Unauthorized release or discharge [List]

If other, (describe here):

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

Inside the heavy equipment staging area West of 60-178 936E front end loader with PN # 30600 has a small leak of hydraulic fluid on the rear axle.

*6. How problem was identified: Routine facility inspection [List]

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

On 6/18/2018 the small stain on asphalt was sprayed with micro-blaze and a drip pan was placed under the small leak and the front end loader was delivered to TA-60 HEY to fix the leak on 6/25/2018.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected? NA

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

NA

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 06/18/2018 08:00 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 06/25/2018 10:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

NA

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT Id. Number : 1343 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 06/18/2018 08:00 * Date of Notification to EPC-CP : 06/18/2018 08:00

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : Heavy Equipment Staging Area West of 60-178

* Inspector Z-Number : 114326 | Sandoval Leonard F | DESH-UIS

* Person Identifying Condition Z-Number : 114326 | Sandoval Leonard F | DESH-UIS

Date Format Must be entered as MM/DD/YYYY HH24:MI

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review: If other, (describe here):

Unauthorized release or discharge [List]

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

Inside the heavy equipment staging area West of 60-187 944 Extendo Pettibone Yellow Lift with PN # 1246357 has a very slow leak on the drain plug to the hydraulic fluid tank onto asphalt.

*6. How problem was identified: If other, (describe here):

Routine facility inspection [List]

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

On 6/18/2018 the drain plug to the hydraulic fluid tank was tightened and the leak stopped. The small stain on asphalt was also sprayed with micro-blaze.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected? NA

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

NA

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 06/18/2018 08:00 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 06/18/2018 11:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

NA

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT Id. Number : 1339 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 05/23/2018 08:00 * Date of Notification to EPC-CP : 05/23/2018 08:00

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : Concrete Jersey Barriers North of 60-250

* Inspector Z-Number : 114326 | Sandoval Leonard F | DESH-UIS

* Person Identifying Condition Z-Number : 114326 | Sandoval Leonard F | DESH-UIS

Date Format Must be entered as MM/DD/YYYY HH24:MI

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review:

Other (describe) : List

If other, (describe here): Housekeeping Issue

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

Along the concrete jersey barriers North of 60-250 there is wind blown trash that is a housekeeping issue.

*6. How problem was identified:

Routine facility inspection List

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

On 5/24/2018 the trash along the concrete jersey barriers North of 60-250 was picked up and put into a trash bin.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected? NA

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

NA

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 05/23/2018 08:00 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 05/24/2018 10:30

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

NA

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT Id. Number : 1337 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 05/23/2018 08:00 * Date of Notification to EPC-CP : 05/23/2018 08:00

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : East side of Salt Shed 60-178

* Inspector Z-Number : 114326 | Sandoval Leonard F | DESH-UIS

* Person Identifying Condition Z-Number : 114326 | Sandoval Leonard F | DESH-UIS

Date Format Must be entered as MM/DD/YYYY HH24:MI

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review:

Other (describe) : List

If other, (describe here): Housekeeping Issue

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

A piece of metal flashing/tin that was replaced next to the access door along the east wall of salt shed 60-178 needs to be picked up and put into a metal for reclcye bin.

*6. How problem was identified:

Routine facility inspection List

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

On 5/24/2018 the piece of metal flashing/tin that was replaced next to the access door along the east wall of salt shed 60-178 was picked up and put into a metal for reclcye bin.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected? NA

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

NA

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 05/23/2018 08:00 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 05/24/2018 10:30

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

NA

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT Id. Number : 1336 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 05/23/2018 08:00 * Date of Notification to EPC-CP : 05/23/2018 08:00

* FOD Responsible for CA (Name & Org) : UIF Erickson Andrew W

Describe Specific Evaluation Location : Far East End of Sigma Mesa

* Inspector Z-Number : 114326 Sandoval Leonard F DESH-UIS

* Person Identifying Condition Z-Number : 114326 Sandoval Leonard F DESH-UIS

Date Format Must be entered as MM/DD/YYYY HH24:MI

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review: If other, (describe here):

Other (describe) : List Housekeeping Issue

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

At the far East end of Sigma Mesa from the asphalt millings staging area to the sediment retention pond there is wind blown trash that is a housekeeping issue.

*6. How problem was identified: If other, (describe here):

Routine facility inspection List

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

On 5/24/2018 thewind blown trash from the asphalt millings staging area to the sediment retention pond was picked up and put into a trash bin.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected? NA

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

NA

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 05/23/2018 08:00 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 05/24/2018 10:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

NA

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT Id. Number : 1335 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 05/23/2018 08:00 * Date of Notification to EPC-CP : 05/23/2018 08:00

* FOD Responsible for CA (Name & Org) : UIF Erickson Andrew W

Describe Specific Evaluation Location : Far East End of Sigma Mesa at Monitored Outfall 042

* Inspector Z-Number : 114326 Sandoval Leonard F DESH-UIS

* Person Identifying Condition Z-Number : 114326 Sandoval Leonard F DESH-UIS

Date Format Must be entered as MM/DD/YYYY HH24:MI

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review: If other, (describe here):

Control measures not properly operated or maintaint List

* 4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

At monitored outfall 042 there is a EnviroSoxx w/Metalloxx wattle that is torn and needs to be replaced.

* 6. How problem was identified: If other, (describe here):

Routine facility inspection List

* 7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

On 5/24/2018 the EnviroSoxx w/Metalloxx wattle at Monitored Outfall 042 was replaced with a new one.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected? NA

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

NA

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 05/23/2018 08:00 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 05/24/2018 10:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

NA

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT Id. Number : 1326 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 04/11/2018 08:00 * Date of Notification to EPC-CP : 04/11/2018 08:00

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : Staging Area North of the TA-60 Asphalt Batch Plant

* Inspector Z-Number : 114326 | Sandoval Leonard F | DESH-UIS

* Person Identifying Condition Z-Number : 114326 | Sandoval Leonard F | DESH-UIS

Date Format Must be entered as MM/DD/YYYY HH24:MI

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review: Unauthorized release or discharge [List]

If other, (describe here):

* 4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

In the staging area north of the TA-60 Asphalt Batch Plant a Hydro Seeder with license plate number E47932 was found with a small diesel leak from behind the vehicle that was staged on base course.

* 6. How problem was identified: Routine facility inspection [List]

If other, (describe here):

* 7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

On 4/11/2018 the Hydro Seeder was delivered to TA-60 Heavy Equipment Yard to get the diesel leak fixed. On 4/12/2018 emergency excavation permit 18X-0338 was submitted to initiate the diesel spill clean up on base course. Also on 4/12/2018 Roads and Grounds started collecting base course from the affected area as part of the cleaned up effort in 55 gallon drums. On 4/13/2018 the clean up of the affected area on base course was

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected? NA

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

NA

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 04/11/2018 08:00 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 04/13/2018 10:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

NA

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT Id. Number : 1325 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 04/11/2018 08:00 * Date of Notification to EPC-CP : 04/11/2018 08:00

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : Staging Area North of the TA-60 Asphalt Batch Plant

* Inspector Z-Number : 114326 | Sandoval Leonard F | DESH-UIS

* Person Identifying Condition Z-Number : 114326 | Sandoval Leonard F | DESH-UIS

Date Format Must be entered as MM/DD/YYYY HH24:MI

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review: Unauthorized release or discharge [List]

If other, (describe here):

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

In the staging area north of the TA-60 Asphalt Batch Plant there's a crushed aersol can of Chain and Cable penatrating oil that is staining the asphalt.

*6. How problem was identified: Routine facility inspection [List]

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

On 4/11/2018 the crushed aersol can was picked up and disposed of properly and the affected area on asphalt was sprayed with microblaze.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected? NA

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

NA

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 04/11/2018 08:00 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 04/11/2018 09:30

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

NA

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT Id. Number : 1324 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 04/11/2018 08:00 * Date of Notification to EPC-CP : 04/11/2018 08:00

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : Roll Up Doors in Front of Salt Shed 60-178

* Inspector Z-Number : 114326 | Sandoval Leonard F | DESH-UIS

* Person Identifying Condition Z-Number : 114326 | Sandoval Leonard F | DESH-UIS

Date Format Must be entered as MM/DD/YYYY HH24:MI

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review:

Other (describe) : List

If other, (describe here): Housekeeping Issue

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

In front of the roll-up doors of salt shed 60-178 there's road salt on asphalt that is a house keeping issue.

*6. How problem was identified:

Routine facility inspection List

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

On 4/20/2018 the road salt on asphalt was swept into the salt shed.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected? NA

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

NA

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 04/11/2018 08:00 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 04/20/2018 09:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

NA

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT Id. Number : 1323 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 04/11/2018 08:00 * Date of Notification to EPC-CP : 04/11/2018 08:00

* FOD Responsible for CA (Name & Org) : UIF Erickson Andrew W

Describe Specific Evaluation Location : Next to Trash Only Bins East of TA-60 Building 250

* Inspector Z-Number : 114326 Sandoval Leonard F DESH-UIS

* Person Identifying Condition Z-Number : 114326 Sandoval Leonard F DESH-UIS

Date Format Must be entered as MM/DD/YYYY HH24:MI

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review:

Other (describe) : List

If other, (describe here): Housekeeping Issue

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

Next to the trash only bins there's several wood pallets that are a housekeeping issue.

*6. How problem was identified:

Routine facility inspection List

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

On 4/13/2018 the wood pallets were picked up and put into a wood only bin.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected? NA

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

NA

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 04/11/2018 08:00 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 04/13/2018 11:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

NA

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT Id. Number : 1320 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 03/19/2018 08:06 * Date of Notification to EPC-CP : 03/19/2018 08:06

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : Trash Bins East of TA-60 Building 260

* Inspector Z-Number : 114326 | Sandoval Leonard F | DESH-UIS

* Person Identifying Condition Z-Number : 114326 | Sandoval Leonard F | DESH-UIS

Date Format Must be entered as MM/DD/YYYY HH24:MI

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review: If other, (describe here):

Other (describe) : List Housekeeping Issue

* 4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

Next to the trash bins East of TA-60 building 250 there's several broken wood pallets that are a housekeeping issue.

* 6. How problem was identified: If other, (describe here):

Routine facility inspection List

* 7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

On 3/20/2018 the broken wood pallets were picked up and put into a wood bin.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected? NA

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

NA

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 03/19/2018 08:06 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 03/20/2018 09:30

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

NA

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT Id. Number : 1319 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 03/19/2018 08:06 * Date of Notification to EPC-CP : 03/19/2018 08:06

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : East corner of storage shed 60-290

* Inspector Z-Number : 114326 | Sandoval Leonard F | DESH-UIS

* Person Identifying Condition Z-Number : 114326 | Sandoval Leonard F | DESH-UIS

Date Format Must be entered as MM/DD/YYYY HH24:MI

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Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review:

Other (describe) : List

If other, (describe here): Improper Storage of Ice Melt

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

At the east corner of storage shed 60-290 there's a bag of ice melt on the ground.

*6. How problem was identified:

Routine facility inspection List

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

On 3/20/2018 the bag of ice melt was picked up and put inside a covered area.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected? NA

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

NA

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 03/19/2018 08:06 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 03/20/2018 09:30

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

NA

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT Id. Number : 1318 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 03/19/2018 08:06 * Date of Notification to EPC-CP : 03/19/2018 08:06

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : Concrete Jersey Barriers NW of TA-60 Building 250

* Inspector Z-Number : 114326 | Sandoval Leonard F | DESH-UIS

* Person Identifying Condition Z-Number : 114326 | Sandoval Leonard F | DESH-UIS

Date Format Must be entered as MM/DD/YYYY HH24:MI

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review:

Other (describe) : List

If other, (describe here): Housekeeping Issue

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

Along the concrete Jersey barriers NW of TA-60 building 250 there's some broken rubber stops and an old metal sign that are a housekeeping issue.

*6. How problem was identified:

Routine facility inspection List

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

on 3/20/2018 the broken rubber stops were picked up and put into a trash bin and the old metal sign was picked up and put into a metal for recycle bin.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected? NA

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

NA

*11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

*12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 03/19/2018 08:06 OR expected completion :

*13. Date corrective action completed (MM/DD/YYYY HH24:MI): 03/20/2018 09:30

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

NA

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT Id. Number : 1317 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 03/19/2018 08:06 * Date of Notification to EPC-CP : 03/19/2018 08:06

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : Inside Heavy Equipment Staging Area East of Salt Shed 60-178

* Inspector Z-Number : 114326 | Sandoval Leonard F | DESH-UIS

* Person Identifying Condition Z-Number : 114326 | Sandoval Leonard F | DESH-UIS

Date Format Must be entered as MM/DD/YYYY HH24:MI

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review:

Other (describe) : List

If other, (describe here): Housekeeping Issue

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

Inside the heavy equipment staging area east of salt shed 60-178 there's several pieces of broken wood, an old wood pallet, and two metal reserved parking signs with concrete bases that are a housekeeping issue.

*6. How problem was identified:

Routine facility inspection List

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

On 3/20/2018 the broken pieces of wood and old wood pallet were picked up and put into a wood bin. On 3/27/2018 the two metal reserved parking signs with concrete bases were recycled at the Los Alamos County transfer station using Waste Profile # 44270.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected? NA

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

NA

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 03/19/2018 08:06 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 03/27/2018 09:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

NA

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT Id. Number : 1316 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 03/19/2018 08:06 * Date of Notification to EPC-CP : 03/19/2018 08:06

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : Inside Heavy Equinpment Operator Training area on Sigma Mesa

* Inspector Z-Number : 114326 | Sandoval Leonard F | DESH-UIS

* Person Identifying Condition Z-Number : 114326 | Sandoval Leonard F | DESH-UIS

Date Format Must be entered as MM/DD/YYYY HH24:MI

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review:

Other (describe) : List

If other, (describe here): Housekeeping Issue

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

Inside the heavy equipment operator training area on Sigma Mesa there's broken PVC pipe that is a housekeeping issue.

*6. How problem was identified:

Routine facility inspection List

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

On 3/20/2018 the broken PVC pipe was picked up and put into a trash bin.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected? NA

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

NA

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 03/19/2018 08:06 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 03/20/2018 11:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

NA

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT Id. Number : 1315 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 03/19/2018 08:06 * Date of Notification to EPC-CP : 03/19/2018 08:06

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : Inside Asphalt Millings Staging Area on Sigma Mesa

* Inspector Z-Number : 114326 | Sandoval Leonard F | DESH-UIS

* Person Identifying Condition Z-Number : 114326 | Sandoval Leonard F | DESH-UIS

Date Format Must be entered as MM/DD/YYYY HH24:MI

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review: If other, (describe here):

Other (describe) : List Housekeeping Issue

* 4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

Inside the asphalt millings staging area on Sigma Mesa there's two used tires that are a houskeeping issue.

* 6. How problem was identified: If other, (describe here):

Routine facility inspection List

* 7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

On 3/20/2018 the two used tires were picked up and put into a used tire metal bin at TA-60 Heavy Equipmnet Yard.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected? NA

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

NA

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 03/19/2018 08:06 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 03/20/2018 11:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

NA

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT Id. Number : 1304 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 02/26/2018 07:50 * Date of Notification to EPC-CP : 02/26/2018 07:50

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : Roll-up Doors to Salt Shed 60-178

* Inspector Z-Number : 114326 | Sandoval Leonard F | DESH-UIS

* Person Identifying Condition Z-Number : 114326 | Sandoval Leonard F | DESH-UIS

Date Format Must be entered as MM/DD/YYYY HH24:MI

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review:

Other (describe) : List

If other, (describe here): Housekeeping Isue

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

At the entrance to the roll-up doors to salt shed 60-178 there's road salt on asphalt that needs to be swept into the salt shed.

*6. How problem was identified:

Routine facility inspection List

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

On 2/27/2018 laborers with push brooms and flat shovels swept and shoveled the road salt at the entrance to the roll-up doors to salt shed 60-178 into the salt shed.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected?

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

NA

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 02/26/2018 07:50 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 02/27/2018 13:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

NA

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT Id. Number : 1303 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 02/26/2018 07:50 * Date of Notification to EPC-CP : 02/26/2018 07:50

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : North and South of Transportainer 60-287

* Inspector Z-Number : 114326 | Sandoval Leonard F | DESH-UIS

* Person Identifying Condition Z-Number : 114326 | Sandoval Leonard F | DESH-UIS

Date Format Must be entered as MM/DD/YYYY HH24:MI

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Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review:

Other (describe) : List

If other, (describe here): Housekeeping Issue

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

On both sides of transportainer 60-287 there's pieces of plastic, cardboard, and wood pallets that are a housekeeping issue.

*6. How problem was identified: Routine facility inspection List

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

On 2/27/2018 the pieces of plastic were picked up and put into a trash bin. The pieces of cardboard were also picked up and put into a carboard bin. And the wood pallets were picked up and delivered to the Material Recyling Facility and put into a wood only bin.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected?

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

NA

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 02/26/2018 07:50 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 02/27/2018 11:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

NA

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT Id. Number : 1302 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 02/26/2018 07:50 * Date of Notification to EPC-CP : 02/26/2018 07:50

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : Next to Gravel Pile East of Asphalt Millings Staging Area on Sigma

* Inspector Z-Number : 114326 | Sandoval Leonard F | DESH-UIS

* Person Identifying Condition Z-Number : 114326 | Sandoval Leonard F | DESH-UIS

Date Format Must be entered as MM/DD/YYYY HH24:MI

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*3. Identify the condition triggering the need for this review:

Other (describe) : List

If other, (describe here): Housekeeping Issue

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

East of the Asphalt Millings Staging area and next to a gravel pile there's some plastic, torn gravel bags, and broken wood pallets that are a housekeeping issue.

*6. How problem was identified:

Routine facility inspection List

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

On 2/27/2018 the plastic was picked up and put into a trash bin. The torn gravel bags were emptied into the gravel pile and the torn bags put into a trash bin. And the broken wood pallets were picked up and delivered to the Material Recylcing Facility and put into a wood only bin.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected?

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

NA

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 02/26/2018 07:50 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 02/27/2018 10:30

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

NA

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT

Id. Number : 1283 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 12/20/2017 11:30

* Date of Notification to EPC-CP : 12/20/2017 11:30

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : Heavy Equipment staging area at TA-60 Roads and Grounds

* Inspector Z-Number : 118432 | Wheeler Holly L | EPC-CP

* Person Identifying Condition Z-Number : 118432 | Wheeler Holly L | EPC-CP

Date Format Must be entered as MM/DD/YYYY HH24:MI

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Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review: Unauthorized release or discharge [List]

If other, (describe here):

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

There are small oil stains present throughout TA-60 Roads and Grounds west.

*6. How problem was identified: Routine facility inspection [List]

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

Clean up the oil spills at the following locations and spray them with Micro-Blaze:
-By the plow blade at the hydraulic lines,
-Under the John Deer backhoe (#955994),
-Under the CAT grader (#1212416)

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected?

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

On 12/21/2017 all of the affected area on asphalt were sprayed with Micro-Blaze. The John Deer backhoe (#955994) and the CAT grader (#1212416) were both taken to TA-60 HEY to have hydraulic hoses that were leaking replaced.

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 12/21/2017 00:00 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 12/21/2017 00:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

On 12/21/2017 all of the affected area on asphalt were sprayed with Micro-Blaze. The John Deer backhoe (#955994) and the CAT grader (#1212416) were both taken to TA-60 HEY to have hydraulic hoses that were leaking replaced.

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT Id. Number : 1284 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 12/20/2017 12:00 * Date of Notification to EPC-CP : 12/20/2017 12:00

* FOD Responsible for CA (Name & Org) : UIF Erickson Andrew W

Describe Specific Evaluation Location : Expansion of Heavy Equipment staging area at TA-60 Roads and G

* Inspector Z-Number : 118432 Wheeler Holly L EPC-CP

* Person Identifying Condition Z-Number : 118432 Wheeler Holly L EPC-CP

Date Format Must be entered as MM/DD/YYYY HH24:MI

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*3. Identify the condition triggering the need for this review: Control measures inadequate to meet non-numeric e [List]

If other, (describe here):

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

A rusted metal grate an steel boxes are stored outside on the ground in the newly expanded Heavy Equipment staging area at TA-60 Roads and Ground west.

*6. How problem was identified: Routine facility inspection [List]

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

On 12/21/2017 a tarp was used to cover the rusted metal grate and boxes.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected?

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 12/21/2017 00:00 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 12/21/2017 00:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

On 12/21/2017 a tarp was used to cover the rusted metal grate and boxes.

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT Id. Number : 1285 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 12/20/2017 12:00 * Date of Notification to EPC-CP : 12/20/2017 12:00

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : Heavy Equipment staging area at TA-60 Roads and Ground west

* Inspector Z-Number : 118432 | Wheeler Holly L | EPC-CP

* Person Identifying Condition Z-Number : 118432 | Wheeler Holly L | EPC-CP

Date Format Must be entered as MM/DD/YYYY HH24:MI

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review: Control measures inadequate to meet non-numeric e [List]

If other, (describe here):

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

A Bobcat (#PN30400) is being stored at the Heavy Equipment staging area at TA-60 Roads and Ground west. It appears to have not been used for an extended period of time and liquids have not been drained from it.

*6. How problem was identified: Routine facility inspection [List]

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

On 12//21/2017 the fluids from the Bobcat were drained and it was moved from the NE corner of the yard SW in the yard where it is waiting to be salvaged.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected?

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 12/21/2017 00:00 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 12/21/2017 00:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

On 12//21/2017 the fluids from the Bobcat were drained and it was moved from the NE corner of the yard SW in the yard where it is waiting to be salvaged.

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT Id. Number : 1286 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was Identified : 12/20/2017 12:00 * Date of Notification to EPC-CP : 12/20/2017 12:00

* FOD Responsible for CA (Name & Org) : UIF Erickson Andrew W

Describe Specific Evaluation Location : New staging area for Heavy Equipment at TA-60 Roads and Groun

* Inspector Z-Number : 118432 Wheeler Holly L EPC-CP

* Person Identifying Condition Z-Number : 118432 Wheeler Holly L EPC-CP

Date Format Must be entered as MM/DD/YYYY HH24:MI

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Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review: Control measures inadequate to meet non-numeric e [List]

If other, (describe here):

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

At the new Heavy Equipment staging area at TA-60 Roads and Grounds west, there are slabs of 2 inch and 1 inch thick rusted steel, one of which has been cut, stored outside uncovered.

*6. How problem was identified: Routine facility inspection [List]

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

On 12/21/2017 tarps were used to cover the slabs of rusted steel.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected?

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 12/21/2017 00:00 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 12/21/2017 00:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

On 12/21/2017 tarps were used to cover the slabs of rusted steel.

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT Id. Number : 1287 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 12/20/2017 12:00 * Date of Notification to EPC-CP : 12/20/2017 12:00

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : NE of the salt pond at TA-60 Roads and Grounds west

* Inspector Z-Number : 118432 | Wheeler Holly L | EPC-CP

* Person Identifying Condition Z-Number : 118432 | Wheeler Holly L | EPC-CP

Date Format Must be entered as MM/DD/YYYY HH24:MI

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Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review: If other, (describe here):

Control measures inadequate to meet non-numeric e [List]

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

The soil area NE of the salt pond at TA-60 Roads and Ground west is eroding into the pond.

*6. How problem was identified: If other, (describe here):

Routine facility inspection [List]

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

On 12/21/2017 two inch rock was used to stabilize the soil area NE of the salt pond.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected?

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 12/21/2017 00:00 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 12/21/2017 00:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

On 12/21/2017 two inch rock was used to stabilize the soil area NE of the salt pond.

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT Id. Number : 1288 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 12/20/2017 12:00 * Date of Notification to EPC-CP : 12/20/2017 12:00

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : Berm in the northern portion of TA-60 Roads and Ground west

* Inspector Z-Number : 118432 | Wheeler Holly L | EPC-CP

* Person Identifying Condition Z-Number : 118432 | Wheeler Holly L | EPC-CP

Date Format Must be entered as MM/DD/YYYY HH24:MI

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Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review: If other, (describe here):

Control measures not properly operated or maintain List

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

A portion of the berm in the north part of TA-60 Roads and Ground west is eroding.

*6. How problem was identified: If other, (describe here):

Routine facility inspection List

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

On 12/21/2017 angular rock was used to repair the eroded portion of the berm north of TA-60 Roads and Grounds.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected?

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 12/21/2017 00:00 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 12/21/2017 00:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

On 12/21/2017 angular rock was used to repair the eroded portion of the berm north of TA-60 Roads and Grounds.

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT Id. Number : 1289 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 12/20/2017 12:00 * Date of Notification to EPC-CP : 12/20/2017 12:00

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : Eastern finger of TA-60 Roads and Ground west

* Inspector Z-Number : 118432 | Wheeler Holly L | EPC-CP

* Person Identifying Condition Z-Number : 118432 | Wheeler Holly L | EPC-CP

Date Format Must be entered as MM/DD/YYYY HH24:MI

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*3. Identify the condition triggering the need for this review: Control measures inadequate to meet non-numeric e [List]

If other, (describe here):

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

At the far eastern portion of TA-60 Roads and Grounds west, there is an old matress, table, chain link fence and fabric that appear to be abandoned.

*6. How problem was identified: Routine facility inspection [List]

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

On 12/21/2017 the old matress, table, fabric and fencing were disposed of in a trash bin.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected?

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 12/21/2017 00:00 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 12/21/2017 00:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

On 12/21/2017 the old matress, table, fabric and fencing were disposed of in a trash bin.

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT Id. Number : 1290 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 12/20/2017 12:30 * Date of Notification to EPC-CP : 12/20/2017 12:30

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : TA-60 Roads and Ground east, clean fill yard

* Inspector Z-Number : 118432 | Wheeler Holly L | EPC-CP

* Person Identifying Condition Z-Number : 118432 | Wheeler Holly L | EPC-CP

Date Format Must be entered as MM/DD/YYYY HH24:MI

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Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review: If other, (describe here):

Unauthorized release or discharge [List]

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

At TA-60 Roads and Ground east, there is a diesel spill on the soil in the Clean Fill Yard.

*6. How problem was identified: If other, (describe here):

Routine facility inspection [List]

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

On 12/21/2017 as part of the clean up effort four 5 gallon buckets of soil were collected and will be managed as N.M. Special Waste. The affected area was also sprayed with micro-blaze.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected?

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 12/21/2017 00:00 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 12/21/2017 00:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

On 12/21/2017 as part of the clean up effort four 5 gallon buckets of soil were collected and will be managed as N.M. Special Waste. The affected area was also sprayed with micro-blaze

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT Id. Number : 1291 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 12/20/2017 13:00 * Date of Notification to EPC-CP : 12/20/2017 13:00

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : TA-60 Roads and Ground east by entrance

* Inspector Z-Number : 118432 | Wheeler Holly L | EPC-CP

* Person Identifying Condition Z-Number : 118432 | Wheeler Holly L | EPC-CP

Date Format Must be entered as MM/DD/YYYY HH24:MI

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*3. Identify the condition triggering the need for this review: If other, (describe here):

Control measures inadequate to meet non-numeric e [List]

* 4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

There is erosion by the entrance to TA-60 Roads and Ground west to the east of the salt pond.

* 6. How problem was identified: If other, (describe here):

Routine facility inspection [List]

* 7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

On 12/21/2017 two inch rock was us to stabilization the erosion east of the salt pond.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected?

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 12/21/2017 00:00 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 12/21/2017 00:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

On 12/21/2017 two inch rock was us to stabilization the erosion east of the salt pond.

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT Id. Number : 1292 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 12/20/2017 13:00 * Date of Notification to EPC-CP : 12/20/2017 13:00

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : North of Eniwetok at TA-60 Roads and Grounds east

* Inspector Z-Number : 118432 | Wheeler Holly L | EPC-CP

* Person Identifying Condition Z-Number : 118432 | Wheeler Holly L | EPC-CP

Date Format Must be entered as MM/DD/YYYY HH24:MI

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Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review: Unauthorized release or discharge [List]

If other, (describe here):

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

At TA-60 Roads and Grounds east, there is an oil spill under the side dump truck (#27).

*6. How problem was identified: Routine facility inspection [List]

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

On 12/21/2017 the oil spill on gravel under the side dump truck was cleaned up.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected?

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 12/21/2017 00:00 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 12/21/2017 00:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

On 12/21/2017 the oil spill on gravel under the side dump truck was cleaned up.

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT Id. Number : 1293 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 12/20/2017 13:00 * Date of Notification to EPC-CP : 12/20/2017 13:00

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : TA-60 Roads and Ground east clean fill yards

* Inspector Z-Number : 118432 | Wheeler Holly L | EPC-CP

* Person Identifying Condition Z-Number : 118432 | Wheeler Holly L | EPC-CP

Date Format Must be entered as MM/DD/YYYY HH24:MI

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Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review:

Other (describe) : List

If other, (describe here): Inappropriate material staged at Clean Fill Yard

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

At the eastern most clean fill yard at TA-60 Roads and Ground east, concrete and asphalt is mixed in with the soil. The SWPPP indicated only clean soil is staged here.

*6. How problem was identified: Routine facility inspection List

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

On 12/21/2017 the asphalt was segregated from the soil and taken to the asphalt milling staging area. The concrete was also removed from the soil pile and was taken to the LAC transfer station.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected?

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 12/21/2017 00:00 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 12/21/2017 00:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

On 12/21/2017 the asphalt was segregated from the soil and taken to the asphalt milling staging area. The concrete was also removed from the soil pile and was taken to the LAC transfer station.

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT

Id. Number : 1225 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 11/29/2017 00:00

* Date of Notification to EPC-CP : 11/29/2017 00:00

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : East Roll-Up Doors to Salt Shed 60-178

* Inspector Z-Number : 114326 | Sandoval Leonard F | DESHS-UIS

* Person Identifying Condition Z-Number : 114326 | Sandoval Leonard F | DESHS-UIS

Date Format Must be entered as MM/DD/YYYY HH24:MI

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Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review:

Other (describe) : List

If other, (describe here): Salt on asphalt in front of roll-up doors to salt shec

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

In front of the east roll-up doors to salt shed 60-178 there is salt on asphalt that needs to be swept up.

*6. How problem was identified:

Other (describe) : List

If other, (describe here): Random Site Visit

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

On 11/30/2017 a street sweeper was used to sweep the salt in front of the east roll-up doors to into salt shed 60-178.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected?

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 11/29/2017 00:00 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 11/30/2017 00:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

NA

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT

Id. Number : 1209 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 11/14/2017 00:00

* Date of Notification to EPC-CP : 11/14/2017 00:00

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : Earth Berm South of Transportainer 60-0338 along Eniwetok Drive

* Inspector Z-Number : 114326 | Sandoval Leonard F | DESHS-UIS

* Person Identifying Condition Z-Number : 114326 | Sandoval Leonard F | DESHS-UIS

Date Format Must be entered as MM/DD/YYYY HH24:MI

* required fields

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Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review: If other, (describe here):

Control measures not properly operated or maintaine List

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

There is erosion on the earth berm south of transportainer 60-0338 along Eniwetok Drive that needs to be repaired.

*6. How problem was identified: If other, (describe here):

Routine facility inspection List

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

On 11/16/2017 the erosion on the earth berm south of transportainer 60-0338 along Eniwetok Drive was repaired.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected?

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

*11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

*12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 11/14/2017 00:00 OR expected completion :

*13. Date corrective action completed (MM/DD/YYYY HH24:MI): 11/16/2017 00:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

NA

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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NPDES MSGP CORRECTIVE ACTION REPORT

Id. Number : 1204 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 10/30/2017 00:00

* Date of Notification to EPC-CP : 10/30/2017 00:00

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : East of Asphalt Millings Staging Area and North of the Asphalt Batc

* Inspector Z-Number : 114326 | Sandoval Leonard F | DESHS-UIS

* Person Identifying Condition Z-Number : 114326 | Sandoval Leonard F | DESHS-UIS

Date Format Must be entered as MM/DD/YYYY HH24:MI

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review: Unauthorized release or discharge [List]

If other, (describe here):

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

East of the Asphalt Millings Staging Area and North of the Asphalt Batch Plant on Sigma Mesa there was a hydraulic fluid stain on base coarse.

*6. How problem was identified: Other (describe) : [List]

If other, (describe here): Reported by Onsite personnel

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

EO and HAZMAT responded and the base coarse contaminated with hydraulic fluid was collected in a 5 gallon bucket and will be managed as N. M. Special Waste. The affected area on base coarse was also sprayed with micro-blaze.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected?

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 10/30/2017 00:00 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 10/30/2017 00:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

EO and HAZMAT responded and the base coarse contaminated with hydraulic fluid was collected in a 5 gallon bucket and will be managed as N. M. Special Waste. The affected area on base coarse was also sprayed with micro-blaze.

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT

Id. Number : 1197 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 10/23/2017 00:00

* Date of Notification to EPC-CP : 10/23/2017 00:00

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : Far East End of Sigma Mesa

* Inspector Z-Number : 114326 | Sandoval Leonard F | DESHS-UIS

* Person Identifying Condition Z-Number : 114326 | Sandoval Leonard F | DESHS-UIS

Date Format Must be entered as MM/DD/YYYY HH24:MI

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Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review: Unauthorized release or discharge [List]

If other, (describe here):

* 4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

There is storm water erosion west for rock channel/swale 6000304030040 that is allowing storm water runoff to discharge away from sediment basin 6000305020041.

* 6. How problem was identified: Routine facility inspection [List]

If other, (describe here):

* 7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

The erosion west of the rock channel/swale needs to be fixed in order to stop storm water runoff from discharging away from the sediment basin.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected?

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 10/23/2017 00:00 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 10/24/2017 00:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

On 10/24/2017 the erosion west of the rock channel/swale was fixed with a front end loader and base coarse in order to stop storm water runoff from discharging away from the sediment basin.

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT

Id. Number : 1196 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 10/23/2017 00:00

* Date of Notification to EPC-CP : 10/23/2017 00:00

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : East of Storage Shed 60-290

* Inspector Z-Number : 114326 | Sandoval Leonard F | DESHS-UIS

* Person Identifying Condition Z-Number : 114326 | Sandoval Leonard F | DESHS-UIS

Date Format Must be entered as MM/DD/YYYY HH24:MI

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review:

Other (describe) : List

If other, (describe here): Bags of ice melt out in the open

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

East of storage shed 60-290 there's 8 bags of ice melt under a tree.

*6. How problem was identified:

Routine facility inspection List

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

The 8 bags of ice melt need to be picked up and put under a covered area.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected?

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 10/23/2017 00:00 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 10/23/2017 00:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

On 10/23/2017 the 8 bags of ice melt were picked up and put onto a pallet that was covered with a tarp.

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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NPDES MSGP CORRECTIVE ACTION REPORT

Id. Number : 1195 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 10/23/2017 00:00

* Date of Notification to EPC-CP : 10/23/2017 00:00

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : North Side of Transportainer 60-287

* Inspector Z-Number : 114326 | Sandoval Leonard F | DESHS-UIS

* Person Identifying Condition Z-Number : 114326 | Sandoval Leonard F | DESHS-UIS

Date Format Must be entered as MM/DD/YYYY HH24:MI

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*3. Identify the condition triggering the need for this review:

Other (describe) : List

If other, (describe here): Pallet of uncovered ice melt

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

On the north side of tranportainer 60-287 there is a pallet of ice melt that is uncovered.

*6. How problem was identified: Routine facility inspection List

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

The pallet of ice melt needs to be covered with a tarp.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected?

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 10/23/2017 00:00 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 10/23/2017 00:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

On 10/23/2017 he pallet of ice melt was covered with a tarp.

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT

Id. Number : 1194 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 10/23/2017 00:00

* Date of Notification to EPC-CP : 10/23/2017 00:00

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : South of Salt Shed 60-178

* Inspector Z-Number : 114326 | Sandoval Leonard F | DESHS-UIS

* Person Identifying Condition Z-Number : 114326 | Sandoval Leonard F | DESHS-UIS

Date Format Must be entered as MM/DD/YYYY HH24:MI

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Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review: Unauthorized release or discharge [List]

If other, (describe here):

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

South of salt shed 60-178 there is hydraulic fluid staining on asphalt.

*6. How problem was identified: Routine facility inspection [List]

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

The hydraulic fluid staining on asphalt needs to be sprayed with micro-blaze.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected?

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 10/23/2017 00:00 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 10/23/2017 00:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

On 10/23/2017 the affected area on asphalt was sprayed with micro-blaze.

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT

Id. Number : 1192 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 10/12/2017 16:20

* Date of Notification to EPC-CP : 10/12/2017 16:20

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : TA-60 Roads and Grounds Sigma Mesa Staging Area

* Inspector Z-Number : 118432 | Wheeler Holly L | EPC-CP

* Person Identifying Condition Z-Number : 118432 | Wheeler Holly L | EPC-CP

Date Format Must be entered as MM/DD/YYYY HH24:MI

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review: Control measures not properly operated or maintain[List

If other, (describe here):

* 4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

At the TA-60 Roads and Grounds Sigma Mesa Staging Area, there are several areas where stormwater is running over the top of the earthen berm on the north side of the staging area east of outfall 037. This is evidenced by erosion at several locations on the north side of the berm.

* 6. How problem was identified: Other (describe) : List

If other, (describe here): Identified during inspection of monitoring equipm

* 7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

Build up and compact the earthern berm on the north side of the Sigma Mesa Staging Area so it is higher that the rip rap rundown identifies as outfalls 037 and 036. Also stabilize the eroded areas on the north side of the berm. This will chanel stormwater down the rundowns instead of over the top of the earthen berm.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : Y

9. Which SIO Affected? 036

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

On 10/17/2017 Conditional Exclusion EX-ID # 17X-0903 was submitted and approved to perform work on the berm on 10/19/2017. On 10/20/2017 the berm on the north side of the Sigma Mesa Staging Area was built up and compacted to be higher than the rip rap rundown. The additional base coarse added to the berm helped stabilize the eroded areas on the north side of the berm

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 10/17/2017 00:00 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 10/20/2017 00:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

N/A

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT

Id. Number : 1191 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 10/12/2017 16:15

* Date of Notification to EPC-CP : 10/12/2017 16:15

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : TA-60 Roads and Grounds, Sigma Mesa Staging Area

* Inspector Z-Number : 118432 | Wheeler Holly L | EPC-CP

* Person Identifying Condition Z-Number : 118432 | Wheeler Holly L | EPC-CP

Date Format Must be entered as MM/DD/YYYY HH24:MI

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Enter New Corrective Action | Back To Record Selection | Save | Cancel

Prev Rec. | Next Rec. | Print Summary

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review: Control measures not properly operated or maintain List

If other, (describe here):

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

At the TA-60 Roads and Grounds Sigma Mesa Staging Area, the earthern berm north of the 50 foot vegetative buffer area has gopher holes that could result in a berm breach if the area is not re-compacted.

*6. How problem was identified: Other (describe) : List

If other, (describe here): Identified during inspection of monitoring equipm

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

There are numerous gopher holes on either side of the earthen berm north of the 50 foot vegetative buffer area. On 10/19/2017 a walkdown of the berm was performed to determine the extent of the gopher holes and only the East 1/3 of the berm had gopher holes that needed to be compacted. On 10/20/2017 the gopher holes were compacted on both sides to the berm

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected?

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 10/19/2017 00:00 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 10/20/2017 00:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

N/A

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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NPDES MSGP CORRECTIVE ACTION REPORT

Id. Number : 1180 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 09/25/2017 16:07

* Date of Notification to EPC-CP : 09/25/2017 16:07

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : Outfall 039 at TA-60 Roads and Grounds

* Inspector Z-Number : 118432 | Wheeler Holly L | EPC-CP

* Person Identifying Condition Z-Number : 118432 | Wheeler Holly L | EPC-CP

Date Format Must be entered as MM/DD/YYYY HH24:MI

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*3. Identify the condition triggering the need for this review: Impaired water quality exceedance [List]

If other, (describe here):

* 4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

Discharge from outfall 039 at TA-60 Roads and Grounds 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 409 pCi/L and the water quality standard is 15 pCi/L.

* 6. How problem was identified: Impaired waters monitoring [List]

If other, (describe here):

* 7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

Facility personnel must immediately take action to minimize off site discharge of Adjusted Gross Alpha at outfall 039. 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.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : Y

9. Which SIO Affected? 038 and 040

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

Since outfall 039 is associated with substantially identical outfalls (SIOs) 038 and 040, 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

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : Y

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 10/04/2017 00:00 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 10/10/2017 00:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

10/4/2017 waiting on review and signature approval of FY 2018 Environmental Work Package for Roads and Grounds. The Enviromental Work Package for Roads and Grounds will be ready for use after the Columbus Day holiday on 10/10/2017. On 10/10/2017 at outfall 039 and SIOs 38 and 40 metalloxx wattles were installed at each of these outfalls

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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NPDES MSGP CORRECTIVE ACTION REPORT

Id. Number : 1179 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 09/25/2017 16:07

* Date of Notification to EPC-CP : 09/25/2017 16:07

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : Outfall 039 at TA-60 Roads and Grounds

* Inspector Z-Number : 118432 | Wheeler Holly L | EPC-CP

* Person Identifying Condition Z-Number : 118432 | Wheeler Holly L | EPC-CP

Date Format Must be entered as MM/DD/YYYY HH24:MI

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*3. Identify the condition triggering the need for this review: Impaired water quality exceedance [List]

If other, (describe here):

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

Discharge from outfall 039 at TA-60 Roads and Grounds 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 16,100 ug/L and the water quality standard is 681 ug/L.

*6. How problem was identified: Impaired waters monitoring [List]

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

Facility personnel must immediately take action to minimize off site discharge of total recoverable Aluminum at outfall 039. 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.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : Y

9. Which SIO Affected? 038 and 040

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

Since outfall 039 is associated with substantially identical outfalls (SIOs) 038 and 040, 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

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : Y

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 10/04/2017 00:00 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 10/10/2017 00:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

10/4/2017 waiting on review and signature approval of FY 2018 Environmental Work Package for Roads and Grounds. The Enviromental Work Package for Roads and Grounds will be ready for use after the Columbus Day holiday on 10/10/2017. On 10/10/2017 at outfall 039 and SIOs 38 and 40 metalloxx wattles were installed at each of these outfalls

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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NPDES MSGP CORRECTIVE ACTION REPORT

Id. Number : 1178 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 09/25/2017 16:07

* Date of Notification to EPC-CP : 09/25/2017 16:07

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : Outfall 031 at TA-60 Roads and Grounds

* Inspector Z-Number : 118432 | Wheeler Holly L | EPC-CP

* Person Identifying Condition Z-Number : 118432 | Wheeler Holly L | EPC-CP

Date Format Must be entered as MM/DD/YYYY HH24:MI

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*3. Identify the condition triggering the need for this review: Impaired water quality exceedance [List]

If other, (describe here):

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

Discharge from outfall 031 at TA-60 Roads and Grounds exceeded the New Mexico water quality standard for dissolved Copper. The concentration of dissolved Copper discharged during the storm event on 07/26/2017 was 11.8 ug/L and the water quality standard is 8 ug/L.

*6. How problem was identified: Impaired waters monitoring [List]

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

Facility personnel must immediately take action to minimize off site discharge of dissolved Copper at outfall 031. Personnel shall evaluate potential pollutant sources of dissolved Copper and implement additional controls to ensure discharge of this pollutant source in stormwater is minimized.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : Y

9. Which SIO Affected? 030

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

Since outfall 031 is associated with substantially identical outfall (SIO) 030, facility personnel must also assess the need for corrective action at outfall 030 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

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : Y

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 10/04/2017 00:00 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 10/10/2017 00:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

10/4/2017 waiting on review and signature approval of FY 2018 Environmental Work Package for Roads and Grounds. The Enviromental Work Package for Roads and Grounds will be ready for use after the Columbus Day holiday on 10/10/2017. On 10/10/2017 at outfall 030 and SIO 31 the metalloxx wattles were replaced with new ones because the ones at these outfalls were installed back at the end of March and have had at least 6

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Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT

Id. Number : 1174 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 09/19/2017 00:00

* Date of Notification to EPC-CP : 09/19/2017 00:00

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : Staging Area East of Transportainers 60-320 and 60-321

* Inspector Z-Number : 114326 | Sandoval Leonard F | DESHS-UIS

* Person Identifying Condition Z-Number : 114326 | Sandoval Leonard F | DESHS-UIS

Date Format Must be entered as MM/DD/YYYY HH24:MI

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Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review: Unauthorized release or discharge [List]

If other, (describe here):

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

In the staging area east of transportainers 60-320 and 60-321 there's a small hydrualic fluid stain on soil.

*6. How problem was identified: Routine facility inspection [List]

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

In the staging area east of transportainers 60-320 and 60-321 there's a small hydrualic fluid stain on soil that needs to be cleaned up and the affected area sprayed with micro-blaze.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected?

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 09/19/2017 00:00 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 09/20/2017 00:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

On 9/20/2017 the small hydrualic fluid stain on soil east of transportainers 60-320 and 60-321 was cleaned up and the affected area was sprayed with micro-blaze.

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT

Id. Number : 1173 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 09/19/2017 00:00

* Date of Notification to EPC-CP : 09/19/2017 00:00

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : East Corner of Tranportainer 60-287

* Inspector Z-Number : 114326 | Sandoval Leonard F | DESHS-UIS

* Person Identifying Condition Z-Number : 114326 | Sandoval Leonard F | DESHS-UIS

Date Format Must be entered as MM/DD/YYYY HH24:MI

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Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review:

Other (describe) : List

If other, (describe here): Housekeeping Issue

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

At the East corner of transportainer 60-287 there's two stacks of wood pallets and broken pieces of wood that are a housekeeping issue.

*6. How problem was identified: Routine facility inspection List

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

At the East corner of transportainer 60-287 there's two stacks of wood pallets and broken pieces of wood that are a housekeeping issue and need to be put into a wood only bin.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected?

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 09/19/2017 00:00 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 09/21/2017 00:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

On 9/21/2017 several of the good wood pallets were taken to 60-86 and will be re-used by the WMC to package and ship used light bulbs offsite. The broken pieces of wood and rest of the wood pallets were picked up by the MRF and taken to the Los Alamos Transfer Station.

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NPDES MSGP CORRECTIVE ACTION REPORT

Id. Number : 1172 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 09/19/2017 00:00

* Date of Notification to EPC-CP : 09/19/2017 00:00

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : Pile of River Rock South of the Clean-Fill Yard

* Inspector Z-Number : 114326 | Sandoval Leonard F | DESHS-UIS

* Person Identifying Condition Z-Number : 114326 | Sandoval Leonard F | DESHS-UIS

Date Format Must be entered as MM/DD/YYYY HH24:MI

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Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review:

Other (describe) : List

If other, (describe here): Pile of concrete mixed with river rock

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

Chunks and small blocks of concrete mixed in with a pile of river rock need to be disposed of properly.

*6. How problem was identified:

Routine facility inspection List

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

The chunks and small blocks of concrete mixed in with a pile of river rock need to be disposed of properly.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected?

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 09/19/2017 00:00 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 09/22/2017 00:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

The chunks and small blocks of concrete mixed in with a pile of river rock need to be disposed of properly. This may require a signed certification statement or waste profile showing that the concrete is clean in order to deliver it to the Los Alamos Transfer station. On 9/20/2017 the chunks and small blocks of concrete were segregated into a separate pile. On 9/22/2017 the chunks and small blocks of concrete that originated from a

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NPDES MSGP CORRECTIVE ACTION REPORT

Id. Number : 1171 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds List

* Date problem was identified : 09/19/2017 00:00

* Date of Notification to EPC-CP : 09/19/2017 00:00

* FOD Responsible for CA (Name & Org) : UIF Erickson Andrew W

Describe Specific Evaluation Location : Staging Area North of the Asphalt Batch Plant on Sigma Mesa

* Inspector Z-Number : 114326 Sandoval Leonard F DESHS-UIS

* Person Identifying Condition Z-Number : 114326 Sandoval Leonard F DESHS-UIS

Date Format Must be entered as MM/DD/YYYY HH24:MI

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Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review: Unauthorized release or discharge [List]

If other, (describe here):

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

In the staging area North of the Asphalt Batch Plant on Sigma Mesa there's hydraulic fluid stains underneath serveral of the snow plows.

*6. How problem was identified: Routine facility inspection [List]

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

The small stains on basecourse underneath the snow plows will need to be cleaned up and the affected area sprayed with micro-blaze.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected?

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 09/19/2017 00:00 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 09/20/2017 00:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

On 9/20/2017 the small stains on basecourse underneath the snow plows were cleaned up and the affected area sprayed with micro-blaze.

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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Id. Number : 1170 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 09/19/2017 00:00

* Date of Notification to EPC-CP : 09/19/2017 00:00

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : Staging Area South of the Clean-Fill Yard On Sigma Mesa

* Inspector Z-Number : 114326 | Sandoval Leonard F | DESHS-UIS

* Person Identifying Condition Z-Number : 114326 | Sandoval Leonard F | DESHS-UIS

Date Format Must be entered as MM/DD/YYYY HH24:MI

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Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review: Unauthorized release or discharge [List]

If other, (describe here):

* 4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

A yellow Techan Snowmelter 20-PD in the staging area south of the clean-fill yard has a slow oil leak at the base of the dip stick to the engine oil.

* 6. How problem was identified: Routine facility inspection [List]

If other, (describe here):

* 7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

A small stain on soil underneath the snowmelter will need to be cleaned up and the affected area sprayed with micro-blaze. The snowmelter also needs to be taken to HEY to fix the oil leak.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected?

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 09/19/2017 00:00 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 09/29/2017 00:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

A small stain on soil will underneath the snowmelter will need to be cleaned up and the affected area sprayed with micro-blaze. The snowmelter also needs to be taken to HEY to fix the oil leak. On 9/19/2017 a spill sock was placed around the dip stick to the engine to help capture the oil. On 9/20/2017 the small stain on soil underneath the snowmelter was cleaned up and the affected area sprayed with micro-blaze. On 9/29/2017 the

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Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT

Id. Number : 1156 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 08/14/2017 00:00

* Date of Notification to EPC-CP : 08/14/2017 00:00

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : Far East End of TA-60 Sigma Mesa

* Inspector Z-Number : 114326 | Sandoval Leonard F | DESHS-UIS

* Person Identifying Condition Z-Number :

Date Format Must be entered as MM/DD/YYYY HH24:MI

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Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review: If other, (describe here):

Control measures not properly operated or maintain[List

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

Rock Channel/Swale storm water control # 6000304030040 that feeds into Monitored Outfall 042 at the far East end of Sigma Mesa needs maintenance work because of erosion caused by storm water runoff.

*6. How problem was identified: If other, (describe here):

Routine facility inspection List

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

Rock Channel/Swale storm water control # 6000304030040 that feeds into Monitored Outfall 042 at the far East end of Sigma Mesa needs maintenance work because of erosion caused by storm water runoff.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected?

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

*11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

*12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 08/14/2017 00:00 OR expected completion :

*13. Date corrective action completed (MM/DD/YYYY HH24:MI): 08/21/2017 00:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

The erosion at the Rock Channel/Swale storm water control # 6000304030040 that feeds into Monitored Outfall 042 at the far East end of Sigma Mesa was repaired with small river rock on 8/21/2017.

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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NPDES MSGP CORRECTIVE ACTION REPORT

Id. Number : 1155 (Assigned by computer)

* Name of Facility : TA-50 Roads and Grounds [List]

* Date problem was identified : 08/01/2017 00:00

* Date of Notification to EPC-CP : 08/01/2017 00:00

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : Inside Heavy Equipment Staging Area

* Inspector Z-Number : 114326 | Sandoval Leonard F | DESHS-UIS

* Person Identifying Condition Z-Number :

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Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review: Unauthorized release or discharge [List]

If other, (describe here):

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

A small Case 1840 Uni-Loader with PN # 812928 inside the heavy equipment staging area at Roads and Grounds leaked less than a quart of motor oil onto asphalt from the right side of the engine.

*6. How problem was identified: Other (describe) : [List]

If other, (describe here): Site Visit

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

The oil on asphalt was cleaned up with oil sponge absorbent and the affected area was sprayed with micro-blaze. Waste generated from the clean up was a 5 gallon bucket of oil sponge absorbent that will be managed as N. M. Special Waste. The path forward for the Uni-Loader is to drain all of the fluids from it prior to sending it to Salvage at TA 60

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected?

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

*11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

*12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 08/01/2017 00:00 OR expected completion :

*13. Date corrective action completed (MM/DD/YYYY HH24:MI): 08/14/2017 00:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

The oil on asphalt was cleaned up with oil sponge absorbent and the affected area was sprayed with micro-blaze. Waste generated from the clean up was a 5 gallon bucket of oil sponge absorbent that will be managed as N. M. Special Waste. The path forward for the Uni-Loader is to drain all of the fluids from it prior to sending it to Salvage at TA 60. On 8/3/2017 all of the fluids from Uni Loader were drained. On 8/4/2017 the affected area

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NPDES MSGP CORRECTIVE ACTION REPORT

Id. Number : 1142 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 07/24/2017 00:00

* Date of Notification to EPC-CP : 07/24/2017 00:00

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : Staging Area North of TA-60 Asphalt Batch Plant

* Inspector Z-Number : 114326 | Sandoval Leonard F | DESHS-UIS

* Person Identifying Condition Z-Number :

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Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review: Unauthorized release or discharge [List]

If other, (describe here):

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

In the staging area North of the TA-60 Asphalt Batch there's a small hydraulic oil stain on base course that needs to be cleaned up.

*6. How problem was identified: Routine facility inspection [List]

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

In the staging area North of the TA-60 Asphalt Batch there's a small hydraulic oil stain on base course that needs to be cleaned up.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected?

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 07/24/2017 00:00 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 07/24/2017 00:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

The small hydrualic oil stain on base course was cleaned up on 7/24/2017 and the affected area was sprayed with micro-blaze. As part of the clean up effort half of a 5 gallon bucket of soil was collected and will be managed as N. M. Special Waste.

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NPDES MSGP CORRECTIVE ACTION REPORT

Id. Number : 1141 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 07/24/2017 00:00

* Date of Notification to EPC-CP : 07/24/2017 00:00

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : South of Salt Shed 60-178

* Inspector Z-Number : 114326 | Sandoval Leonard F | DESHS-UIS

* Person Identifying Condition Z-Number :

Date Format Must be entered as MM/DD/YYYY HH24:MI

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Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review:

Other (describe) : List

If other, (describe here): Housekeeping issue

* 4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

South of Salt Shed 60-178 and adjacent to conrcrete jersey barriers there's a used metal roll-up door, large card board box, and pile of tin metal that is a housekeeping issue.

* 6. How problem was identified:

Routine facility inspection List

If other, (describe here):

* 7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

South of Salt Shed 60-178 and adjacent to conrcrete jersey barriers there's a used metal roll-up door, large card board box, and pile of tin metal that is a housekeeping issue.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected?

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 07/24/2017 00:00 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 08/03/2017 00:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

The used metal roll-up door and pile of tin metal were delivered to the Material Recyling Facility as metal for recycle and the large card board box was crushed and also recycled on 8/3/2017.

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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NPDES MSGP CORRECTIVE ACTION REPORT

Id. Number : 1140 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 07/24/2017 00:00

* Date of Notification to EPC-CP : 07/24/2017 00:00

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : North Side of Transportainer 60-287

* Inspector Z-Number : 114326 | Sandoval Leonard F | DESHS-UIS

* Person Identifying Condition Z-Number :

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Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review:

Other (describe) : List

If other, (describe here): Uncovered Pallets of Ice Melt

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

On the North Side of transportainer 60-287 there's three pallets of ice melt that need to be covered with a tarp.

*6. How problem was identified:

Routine facility inspection List

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

On the North Side of transportainer 60-287 there's three pallets of ice melt that need to be covered with a tarp.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected?

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

*11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

*12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 07/24/2017 00:00 OR expected completion :

*13. Date corrective action completed (MM/DD/YYYY HH24:MI): 07/25/2017 00:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

On the North Side of transportainer 60-287 the three pallets of ice melt were covered with a tarp and wood pallets were used to hold the tarp down on 7/25/2017.

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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NPDES MSGP CORRECTIVE ACTION REPORT

Id. Number : 1138 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 07/17/2017 00:00

* Date of Notification to EPC-CP : 07/17/2017 00:00

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : Paved Entrance to South Parking Lot of TA-60 Building 250

* Inspector Z-Number : 114326 | Sandoval Leonard F | DESHS-UIS

* Person Identifying Condition Z-Number :

Date Format Must be entered as MM/DD/YYYY HH24:MI

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*3. Identify the condition triggering the need for this review: Unauthorized release or discharge [List]

If other, (describe here):

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

A 5 gallon bucket of hydraulic oil fell out of the back of a servide truck and spilled approximately 1 gallon of oil on asphalt at the entrance to the south parking lot of TA-60 Building 250.

*6. How problem was identified: Other (describe) : [List]

If other, (describe here): Onsite Personell

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

Hydraulic oil spill on asphalt needs to be cleaned up and waste generated from the clean-up needs to be managed appropriately.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected?

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 07/17/2017 00:00 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 07/17/2017 00:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

EO and HAZMAT responded to the oil spill at TA-60 and cleaned up the spill with oil sponge absorbent and Micro-blaze was sprayed on the affected area on aasphalt. Waste generated from the spill clean up was a 5 gallon bucket of absorbent managed as N.M. Special Waste.

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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NPDES MSGP CORRECTIVE ACTION REPORT

Id. Number : 1132 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 06/28/2017 00:00

* Date of Notification to EPC-CP : 06/28/2017 00:00

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : Outfall 042 at TA-60 Roads and Grounds

* Inspector Z-Number : 118432 | Wheeler Holly L | EPC-CP

* Person Identifying Condition Z-Number :

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Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review:

Other (describe) : List

If other, (describe here): Impaired water quality standard exceedance.

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

Discharge from outfall 042 at TA-60 Roads and Grounds exceeded the New Mexico water quality standard for total recoverable Aluminum and dissolved Copper. This occurred during a storm event on 4/29/2017

*6. How problem was identified:

Other (describe) : List

If other, (describe here): Impaired waters monitoring

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

Facility personnel need to evaluate potential pollutant sources of total recoverable Aluminum and dissolved Copper and implement additional controls to ensure discharge of these pollutants in stormwater is minimized.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected?

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

*11. Did/will this corrective action require modification of your SWPPP ? Yes/No : Y

*12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 06/28/2017 00:00 OR expected completion :

*13. Date corrective action completed (MM/DD/YYYY HH24:MI): 07/12/2017 00:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

On 07/12/2017 a pile of crushed copper tubing with pieces of wire, rebar, and aluminum was found hidden among the Chamisa shrubs at the far West end of Rock Channel/Swale control measure # 6000304030040 and was removed from the area to be managed as metal for recycle.

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT

Id. Number : 1120 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 06/15/2017 00:00

* Date of Notification to EPC-CP : 06/15/2017 00:00

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : OUtfall 032 at TA-60 Roads and Grounds West

* Inspector Z-Number : 118432 | Wheeler Holly L | EPC-CP

* Person Identifying Condition Z-Number :

Date Format Must be entered as MM/DD/YYYY HH24:MI

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Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review:

Other (describe) : List

If other, (describe here): Impaired water quality standard exceedance.

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

Discharge from outfall 032 at TA-60 Roads and Grounds west exceeded the New Mexico water quality standard for total recoverable Aluminum during a storm event on 04/01/2017 and dissolved Copper during a storm event on 04/04/2017.

*6. How problem was identified:

Other (describe) : List

If other, (describe here): Impaired waters monitoring

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

Facility personnel must immediately take action to minimize off site discharge of dissolved Copper and total recoverable Aluminum at outfall 032 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

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected?

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : Y

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 06/15/2017 00:00 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 06/23/2017 00:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

On 6/23/2017 a vacum truck with a sweeper was used to sweep the parking area and entire length of asphalt along the concrete jersey barriers on the north side of TA-60 buidling 250 and the staging area on the north side of the salt shed where the salt trucks park in a effort to help address the total recoverable Aluminum and dissolved Copper exceedances. Regular sweeping will be conducted on the last Wednesday of the every

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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NPDES MSGP CORRECTIVE ACTION REPORT

Id. Number : 1114 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 05/30/2017 00:00

* Date of Notification to EPC-CP : 05/30/2017 00:00

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : North End of Transportainer 60-278

* Inspector Z-Number : 114326 | Sandoval Leonard F | DESHS-UIS

* Person Identifying Condition Z-Number :

Date Format Must be entered as MM/DD/YYYY HH24:MI

* required fields

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Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review:

Other (describe) : List

If other, (describe here): Improper Salt Storage

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

On the north end of transportainer 60-278 the tarps being used to cover pallets of ice melt are being held down with bags of ice melt.

*6. How problem was identified:

Routine facility inspection List

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

The bags of ice melt being used to hold down the tarps over the pallets of ice melt need to be replaced with wood pallets.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected?

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 05/30/2017 00:00 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 06/12/2017 00:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

The bags of ice melt being used to hold down the tarps over the pallets of ice melt were replaced with wood pallets on 6/12/2017.

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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NPDES MSGP CORRECTIVE ACTION REPORT

Id. Number : 1113 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 05/30/2017 00:00

* Date of Notification to EPC-CP : 05/30/2017 00:00

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : North and East of TA-60 Building 250

* Inspector Z-Number : 114326 | Sandoval Leonard F | DESHS-UIS

* Person Identifying Condition Z-Number :

Date Format Must be entered as MM/DD/YYYY HH24:MI

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*3. Identify the condition triggering the need for this review: If other, (describe here):

Other (describe) : List Housekeeping Issue

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

North of TA-60 building 250 there is wind blown trash from a trash container just outside of buidling 250. East of TA-60 building 250 and adjacent to shed 60-691 there is trash between two transportainers.

*6. How problem was identified: If other, (describe here):

Routine facility inspection List

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

The wind blown trash north of TA-60 building 250 and between the two transportainers adjacent to shed 60-691 needs to be collected and put into a trash bin.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected?

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 05/30/2017 00:00 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 06/12/2017 00:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

The wind blown trash north of TA-60 building 250 and between the two transportainers adjacent to shed 60-691 was collected and put into a trash bin on 6/12/2017.

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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NPDES MSGP CORRECTIVE ACTION REPORT

Id. Number : 1112 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 05/30/2017 00:00

* Date of Notification to EPC-CP : 05/30/2017 00:00

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : Heavy Equipment Staging Area

* Inspector Z-Number : 114326 | Sandoval Leonard F | DESHS-UIS

* Person Identifying Condition Z-Number :

Date Format Must be entered as MM/DD/YYYY HH24:MI

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*3. Identify the condition triggering the need for this review:

Other (describe) : List

If other, (describe here): Housekeeping Issue

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

Inside the heavy equipment staging area west of 60-178 there are 4 card board rolls and plastic as well as more plastic, card board, and wood pallet along the east fenceline that is a housekeeping issue.

*6. How problem was identified:

Routine facility inspection List

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

The plastic inside the heavy equipment staging area needs to be collected and put into a trash bin. The card board needs to also be collected and put into a card board bin and the wood pallet into a wood bin.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected?

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

*11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

*12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 05/30/2017 00:00 OR expected completion :

*13. Date corrective action completed (MM/DD/YYYY HH24:MI): 06/12/2017 00:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

The plastic inside the heavy equipment staging area was collected and put into a trash bin. The card board was also collected and put into a card board bin and the wood pallet into a wood bin on 6/12/2017.

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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NPDES MSGP CORRECTIVE ACTION REPORT

Id. Number : 1111 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 05/30/2017 00:00

* Date of Notification to EPC-CP : 05/30/2017 00:00

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : Far East End of TA-60 Sigma Mesa

* Inspector Z-Number : 114326 | Sandoval Leonard F | DESHS-UIS

* Person Identifying Condition Z-Number :

Date Format Must be entered as MM/DD/YYYY HH24:MI

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*3. Identify the condition triggering the need for this review:

Other (describe) : List

If other, (describe here): Housekeeping Issue

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

At the far East end for Sigma Mesa and North of the Asphalt Batch Plant down to the sediment retention pond there are plastic soft drink containters, plastic waters bottles, and two piles of abandoned gravel bags that are a housekeeping issue.

*6. How problem was identified:

Routine facility inspection List

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

The plastic soft drink containters and waters bottles need to be picked up and put into a trash bin. If the gravel bags in the two piles are no longer of use then the gravel needs to be emptied into an existing gravel pile and the used gravel bags put into a trash bin.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected?

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 05/30/2017 00:00 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 06/12/2017 00:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

The plastic soft drink containters and waters bottles were picked up and put into a trash bin. The gravel bags were emptied into an existing gravel pile and the used gravel bags put into a trash bin on 6/12/2017.

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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NPDES MSGP CORRECTIVE ACTION REPORT

Id. Number : 1105 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 05/19/2017 00:00

* Date of Notification to EPC-CP : 05/19/2017 00:00

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : TA-60 Roads and Grounds south of the salt shed

* Inspector Z-Number : 118432 | Wheeler Holly L | EPC-CP

* Person Identifying Condition Z-Number :

Date Format Must be entered as MM/DD/YYYY HH24:MI

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Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review: If other, (describe here):

Control measures inadequate to meet non-numeric e [List]

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

South of the salt shed at TA-60 Roads and Grounds west, the door was up during a precipitation event on 5/19/2017 and a pile of salt was evident outside the shed.

*6. How problem was identified: If other, (describe here):

Other (describe) : [List] Monitoring during a storm event.

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

Clean up the pile of salt outside the shed. Also, keep the door to the salt shed closed during precipitation events.

8. Was the problem identified at an outfall that is Substantially identical? Yes/No : N

9. Which SIO Affected?

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : Y

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 05/19/2017 00:00 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 05/25/2017 00:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

Salt pile outside shed was pushed into salt shed with frontend loader and roll up doors were closed on 5/25/2017.

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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NPDES MSGP CORRECTIVE ACTION REPORT

Id. Number : 1077 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 03/27/2017 00:00

* Date of Notification to EPC-CP : 03/27/2017 00:00

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : TA-60 Roads and Grounds on Sigma Mesa East and West

* Inspector Z-Number : 114326 | Sandoval Leonard F | DESHS-UIS

* Person Identifying Condition Z-Number :

Date Format Must be entered as MM/DD/YYYY HH24:MI

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*3. Identify the condition triggering the need for this review:

Other (describe) : List

If other, (describe here): House keeping

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

East of the Asphalt millings staging area and north of the Asphalt Batch Plant all the way down to the sediment retention pond there's a lot of trash that needs to be picked up. It includes broken wood, wood pallets, card board, plastic, coke cans, plastic bottles, and trash from peoples lunches. In the south parking lot of 60-250 from the concrete jersey barriers to Eniwetok Drive there's more trash as well as north of 60-250 from the

*6. How problem was identified:

Routine facility inspection List

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

East of the Asphalt millings staging area and north of the Asphalt Batch Plant all the way down to the sediment retention pond there's a lot of trash that needs to be picked up. It includes broken wood, wood pallets, card board, plastic, coke cans, plastic bottles, and trash from peoples lunches. In the south parking lot of 60-250 from the concrete jersey barriers to Eniwetok Drive there's more trash as well as north of 60-250 from the

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected?

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

*11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

*12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 03/27/2017 00:00 OR expected completion :

*13. Date corrective action completed (MM/DD/YYYY HH24:MI): 03/27/2017 00:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

Housekeeping was initiated and completed on 3/27/2017.

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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NPDES MSGP CORRECTIVE ACTION REPORT

Id. Number : 1076 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 03/27/2017 00:00

* Date of Notification to EPC-CP : 03/27/2017 00:00

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : Staging Area South of the Clean Fill Yard on Sigma Mesa

* Inspector Z-Number : 114326 | Sandoval Leonard F | DESHS-UIS

* Person Identifying Condition Z-Number :

Date Format Must be entered as MM/DD/YYYY HH24:MI

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*3. Identify the condition triggering the need for this review: Other (describe) : List

If other, (describe here): staining on soil

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

A small stain on soil from a hydraulic leak was found in the staging area south of the clean fill yard. As part of the cleanup effort the stained soil was collected and generated a 5 gallon bucket that was 3/4 full of N.M. Special Waste. The affected area on soil was also sprayed with micro-blaze.

*6. How problem was identified: Routine facility inspection List

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

A small stain on soil from a hydraulic leak was found in the staging area south of the clean fill yard. As part of the cleanup effort the stained soil was collected and generated a 5 gallon bucket that was 3/4 full of N.M. Special Waste. The affected area on soil was also sprayed with micro-blaze.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected?

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

*11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

*12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 03/27/2017 00:00 OR expected completion :

*13. Date corrective action completed (MM/DD/YYYY HH24:MI): 03/27/2017 00:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

A small stain on soil from a hydraulic leak was found in the staging area south of the clean fill yard. As part of the cleanup effort the stained soil was collected and generated a 5 gallon bucket that was 3/4 full of N.M. Special Waste. The affected area on soil was also sprayed with micro-blaze.

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT

Id. Number : 1075 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 03/27/2017 00:00

* Date of Notification to EPC-CP : 03/27/2017 00:00

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : NE of Salt Shed 60-173 along chain link fence

* Inspector Z-Number : 114326 | Sandoval Leonard F | DESHS-UIS

* Person Identifying Condition Z-Number :

Date Format Must be entered as MM/DD/YYYY HH24:MI

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review:

Other (describe) : List

If other, (describe here): hydraulic leak

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

White International dump truck with license number E201180 had a small hydraulic fluid leak on the passenger side of the vehicle around a liquid level gauge on a square hydraulic tank. The vehicle was delivered to TA-60 Heavy Equipment to repair the leak. A very small amount of hydraulic fluid leaked onto asphalt and was sprayed with micro blaze

*6. How problem was identified:

Routine facility inspection List

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

White International dump truck with license number E201180 had a small hydraulic fluid leak on the passenger side of the vehicle around a liquid level gauge on a square hydraulic tank. The vehicle was delivered to TA-60 Heavy Equipment to repair the leak. A very small amount of hydraulic fluid leaked onto asphalt and was sprayed with micro blaze

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected?

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

*11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

*12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 03/27/2017 00:00 OR expected completion :

*13. Date corrective action completed (MM/DD/YYYY HH24:MI): 03/27/2017 00:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

White International dump truck with license number E201180 had a small hydraulic fluid leak on the passenger side of the vehicle around a liquid level gauge on a square hydraulic tank. The vehicle was delivered to TA-60 Heavy Equipment to repair the leak. A very small amount of hydraulic fluid leaked onto asphalt and was sprayed with micro blaze

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT

Id. Number : 1071 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 03/22/2017 00:00

* Date of Notification to EPC-CP : 03/22/2017 00:00

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : Inside East Access Gate to Clean-Fill Yard on Sigma Mesa

* Inspector Z-Number : 114326 | Sandoval Leonard F | DESHS-UIS

* Person Identifying Condition Z-Number :

Date Format Must be entered as MM/DD/YYYY HH24:MI

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Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review: If other, (describe here):

Other (describe) : List Stain on soil

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

Inside the East Access Gate to the Clean-Fill Yard a small stain on soil was found from a diesel leak.

*6. How problem was identified: If other, (describe here):

Other (describe) : List Random Site Visit

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

As part of the clean-up effort the stained soil was collected and generated a 5 gallon bucket of N. M. Special Waste. The affected area on soil was also sprayed with micro-blaze.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected?

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 03/22/2017 00:00 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 03/22/2017 00:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

As part of the clean-up effort the stained soil was collected and generated a 5 gallon bucket of N. M. Special Waste. The affected area on soil was also sprayed with micro-blaze.

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT

Id. Number : 1058 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 02/17/2017 00:00

* Date of Notification to EPC-CP : 02/17/2017 00:00

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : Transportainer 60-287 in south parking lot of TA-60 Building 250

* Inspector Z-Number : 114326 | Sandoval Leonard F | DESHS-UIS

* Person Identifying Condition Z-Number :

Date Format Must be entered as MM/DD/YYYY HH24:MI

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Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review: Other (describe) : List

If other, (describe here): Pallets of uncovered ice melt

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

On the north side to transportainer 60-287 there are several pallets of ice melt that need to be covered with tarps.

*6. How problem was identified: Routine facility inspection List

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

On the north side to transportainer 60-287 there are several pallets of ice melt that need to be covered with tarps.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected?

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 02/17/2017 00:00 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 02/17/2017 00:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

On 2/17/2017 bags of ice melt were consolidated onto several pallets and covered with tarps.

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT

Id. Number : 1057 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 02/17/2017 00:00

* Date of Notification to EPC-CP : 02/17/2017 00:00

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : Concrete Jersey Barriers North and South of TA-60 Building 250

* Inspector Z-Number : 114326 | Sandoval Leonard F | DESHS-UIS

* Person Identifying Condition Z-Number :

Date Format Must be entered as MM/DD/YYYY HH24:MI

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Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review:

Other (describe) : List

If other, (describe here): Housekeeping

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

Trash needs to be picked up north of TA-60 building 250 from the concrete jersey barriers into the tree line, in the south parking lot from the concrete jersey barriers to Eniwetok Drive, and in the staging area NE of TA-60 Building 250.

*6. How problem was identified:

Routine facility inspection List

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

Trash needs to be picked up north of TA-60 building 250 from the concrete jersey barriers into the tree line, in the south parking lot from the concrete jersey barriers to Eniwetok Drive, and in the staging area NE of TA-60 Building 250.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected?

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 02/17/2017 00:00 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 02/17/2017 00:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

On 2/17/2017 trash was picked up on the north, south, and NE areas around TA-60 Building 250.

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT

Id. Number : 1056 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 02/17/2017 00:00

* Date of Notification to EPC-CP : 02/17/2017 00:00

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : Far East End of Sigma Mesa

* Inspector Z-Number : 114326 | Sandoval Leonard F | DESHS-UIS

* Person Identifying Condition Z-Number :

Date Format Must be entered as MM/DD/YYYY HH24:MI

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MSGF_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review:

Other (describe) : List

If other, (describe here): Side of hydraulic tank wet with hydraulic fluid

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

At the far east end of Sigma Mesa dump truck # 62 with government license plate number G82-0562B has a small hydrualic fluid tank behind the driver's door that is wet with hydraulic fuid around the liquid level gauge to the tank.

*6. How problem was identified:

Routine facility inspection List

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

The small hydrualic leak on the side of the tank behind the driver's door needs to be fixed.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected?

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 02/17/2017 00:00 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 02/17/2017 00:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

On 2/17/2017 the dump truck was delivered to TA-60 Heavy Equipment to have the small leak repaired.

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT

Id. Number : 1055 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List]

* Date problem was identified : 02/16/2017 00:00

* Date of Notification to EPC-CP : 02/16/2017 00:00

* FOD Responsible for CA (Name & Org) : UIF | Erickson Andrew W

Describe Specific Evaluation Location : Eniwetok Drive from TA-60 Bldg 2 to TA-60 Bldg 250

* Inspector Z-Number : 114326 | Sandoval Leonard F | DESHS-UIS

* Person Identifying Condition Z-Number :

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Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review: Unauthorized release or discharge [List]

If other, (describe here):

* 4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

The hydraulic arm on the driver's side of a potholing machine that helps maintain a pressurized seal on the back hatch failed and potholing material was released through a crack onto Eniwetok drive between TA-60 Bldg 2 and TA-60 Bldg 250.

* 6. How problem was identified: Other (describe) : [List]

If other, (describe here): Reported by Roads and Grounds

* 7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

The potholing machine was eventually emptied at the TA-60 Potholing yard and was sent off for repairs. Approximately 55 gallons of water and sediment leaked onto the asphalt road which was allowed to dry and cleaned up with a street sweeper.

8. Was the problem identified at an outfall that is Substantially Identical? Yes/No : N

9. Which SIO Affected?

10. If yes, provide documentation of how corrective action taken is appropriate for all related SIOs:

* 11. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 12. Date corrective action initiated (MM/DD/YYYY HH24:MI): 02/16/2017 00:00 OR expected completion :

* 13. Date corrective action completed (MM/DD/YYYY HH24:MI): 02/16/2017 00:00

14. If corrective action is not or will not be completed within 14 days of discovery, describe any remaining steps and the formal schedule necessary to complete the corrective action:

The potholing machine was eventually emptied at the TA-60 Potholing yard and was sent off for repairs. Approximately 55 gallons of water and sediment leaked onto the asphalt road which was allowed to dry and cleaned up with a street sweeper.

15. Date EPA Notified of Intent to Exceed 45 Days (MM/DD/YYYY HH24:MI):

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT

Id. Number : 855 (Assigned by computer)

* Name of Facility : TA 60 Roads and Grounds List

* Date problem was identified : 12/17/2015

* Date of Notification to ENV-RCRA : 12/17/2015

* FOD Responsible for CA (Name & Org) : UIF Erickson Andrew W

Describe Specific Evaluation Location : Adjacent to Transportainer 60-287

* Inspector Z-Number : 114326 Sandoval Leonard F DESHS-UIS

Go To Corrective Action Details

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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review: Control measures not properly operated or maintain List

If other, (describe here):

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

On the North end of transportainer 60-287 there are several pallets of ice melt that need to be covered with tarps. There is also several metal cabinets that have either fallen or been blown over onto barrels of ice melt and wood pallets, metal banding, an orange barrel, and other trash that is a housekeeping issue.

*6. How problem was identified: Routine facility inspection List

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

The pallets of ice melt need to be covered with tarps to help minimize exposure to moisture. The metal cabinets need to stacked out of the way and the wood pallets, metal banding, orange barrel, and other trash needs to picked up and put into a trash bin.

8. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

*9. Date corrective action initiated (MM/DD/YYYY): 12/17/2015

*10. Date corrective action completed (MM/DD/YYYY): 12/17/2015 OR expected completion :

*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 time frames associated with each step) necessary to complete corrective action:

The pallets of ice melt were moved to the South end of transportainer 60-287 and covered with tarps. The metal cabinets were also stacked out of the way on the West end of the transportainer and all the material that was a housekeeping issue was picked up and put into a trash bin.

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Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT

Id. Number : 856 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds List

* Date problem was identified : 12/17/2015

* Date of Notification to ENV-RCRA : 12/17/2015

* FOD Responsible for CA (Name & Org) : UIF Erickson Andrew W

Describe Specific Evaluation Location : One of the Roll-Up Doors to the Salt Shed at Roads and Grounds Is

* Inspector Z-Number : 114326 Sandoval Leonard F DESHS-UIS

Go To Corrective Action Details

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Corrective Action Header | Corrective Action Details

3. Identify the condition triggering the need for this review: Control measures not properly operated or maintain List

If other, (describe here):

4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

One of the roll-up doors to the salt shed is stuck open and needs to be repaired or replaced.

6. How problem was identified: Routine facility inspection List

If other, (describe here):

7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

One of the roll-up doors to the salt shed is stuck open and needs to be repaired or replaced.

8. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

9. Date corrective action initiated (MM/DD/YYYY): 12/17/2015

10. Date corrective action completed (MM/DD/YYYY): 01/05/2016 OR expected completion :

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 time frames associated with each step) necessary to complete corrective action:

FSR # 14450 has been submitted to fix or replace the roll-up door to the salt shed. The roll-up door to the salt shed was repaired on 1/5/2016 and the plan is to replace it with a new one this Fiscal Year.

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Los Alamos
NATIONAL LABORATORY
EST. 1943

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

Date: NOV 1 7 2015
Symbol: ENV-DO-15-0326
LA-UR: 15-28966
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 three items at Los Alamos National Laboratory (MSGP Tracking No. NMR053195) will exceed 45 days. 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
778	The channel on the south end of the lower yard at the TA-60 Heavy Equipment Yard needs to be cleaned out and re-established. There is one point in the channel by a Chinese Elm tree that the water is bypassing the channel.	This corrective action is being addressed through LANL's institutional computer-based Facility Service Request (FSR) system, which utilizes multiple inputs for prioritizing work. However, the FSR system is not currently designed to recognize or accept MSGP corrective action as an input for work prioritization. This affects work scheduling and execution. The inability	12/04/2015

		of the LANL FSR system to prioritize MSGP corrective actions is being recognized at this time (management system policy and procedures). This corrective action is being scheduled for completion.	
792	Water was discharging from a leak in the steam condensate line into a drainage swale east of TA-3-66.	This corrective action is being addressed through LANL's institutional computer-based FSR system. The LANL Utilities Organization responsible for the work is also currently addressing multiple steam leaks across the LANL site. The FSR system utilizes multiple inputs for prioritizing work, however, it is not currently designed to recognize or accept MSGP corrective action as an input for work prioritization. This affects work scheduling and execution. The responsiveness of the LANL work control system to prioritize MSGP corrective actions is being recognized at this time (management system policy and procedures). The Utilities Organization is preparing a work package and will schedule the work in the near future.	11/25/2015
845	At TA-60 Roads and Grounds east, there is a pile of soil, tuff, asphalt, and concrete mixed with metal bollards staged north of Eniwetok Road.	The work crew is still segregating the material to identify content acceptable for recycling and material requiring disposal. This process requires development and evaluation of an internal waste profile, which is currently in process.	11/24/2015

If you have any questions or need additional information, please contact Terrill Lemke at (505) 665-2397.

Sincerely,

Alison M. Dorries
Division Leader
Environmental Protection Division
Los Alamos National Security, LLC

AMD:TWL:HLW/lm

Cy: Bruce Yurdin, NMED/SWQB, Santa Fe, NM, (E-File)
Gene E. Turner, LASO-NS-LP, (E-File)
Jorden Arnswald, LASO-NS-PI, (E-File)
Kirsten Lanskey, LASO-SUP, (E-File)
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Amy E. De Palma, PADOPS, (E-File)
Michael T. Brandt, ADESH, (E-File)
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MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT Id. Number : 881 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds [List] * Date problem was identified : 02/22/2016

* Date of Notification to ENV-RCRA : 02/22/2016

* FOD Responsible for CA (Name & Org) : UIF Erickson Andrew W

Describe Specific Evaluation Location : Heavy Equipment Yard

* Inspector Z-Number : 114326 Sandoval Leonard F DESHS-UIS

[Go To Corrective Action Details]

* required fields

[Enter New Corrective Action] [Back To Record Selection] [Save] [Cancel]

[Prev Rec.] [Next Rec.] [Print Summary]

MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review: Unauthorized release or discharge [List]

If other, (describe here):

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

In the heavy equipment yard at TA-60 Sigma Mesa there's 140 G Grader PN # 30599 with a small hydraulic leak on the right side of the blade.

*6. How problem was identified: Routine facility inspection [List]

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

The small hydraulic leak on the right side of the blade needs to be repaired and the affected area on asphalt needs to be cleaned up.

8. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 9. Date corrective action initiated (MM/DD/YYYY): 02/22/2016

* 10. Date corrective action completed (MM/DD/YYYY): 02/22/2016 OR expected completion :

*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 time frames associated with each step) necessary to complete corrective action:

The Grader was deliverd to TA-60 HEY to repair the hydraulic leak and the affected area on asphalt was sprayed with micro-blaze.

* required fields

List Values | Prev Rec. | Next Rec. | BackToRecordSelection | Save | Cancel

MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT

Id. Number : 882 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds List

* Date problem was identified : 02/22/2016

* Date of Notification to ENV-RCRA : 02/22/2016

* FOD Responsible for CA (Name & Org) : UIF Erickson Andrew W

Describe Specific Evaluation Location : Earthen berm that parallels Eniwetok Drive

* Inspector Z-Number : 114326 Sandoval Leonard F DESHS-UIS

Go To Corrective Action Details

* required fields

Enter New Corrective Action | Back To Record Selection | Save | Cancel

Prev Rec. | Next Rec. | Print Summary

MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review: Control measures not properly operated or maintain [List]

If other, (describe here):

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

The earthen berm SW of transportainer 60-287 that parallels Eniwetok Drive has a hole through it as a result of gopher activity in the area.

*6. How problem was identified: Quarterly visual assessment [List]

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

The hole through the earthen berm needs to be repaired.

8. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 9. Date corrective action initiated (MM/DD/YYYY): 02/22/2016

* 10. Date corrective action completed (MM/DD/YYYY): 02/25/2016 OR expected completion :

*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 time frames associated with each step) necessary to complete corrective action:

The hole in the earthen berm was repaired and will be monitored to keep it from reoccurring in the future.

* required fields

List Values | Prev Rec. | Next Rec. | BackToRecordSelection | Save | Cancel

MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT

Id. Number : 883 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds List

* Date problem was identified : 02/22/2016

* Date of Notification to ENV-RCRA : 02/22/2016

* FOD Responsible for CA (Name & Org) : UIF Erickson Andrew W

Describe Specific Evaluation Location : Concrete Jersey Barriers North and South of TA-60 Building 250

* Inspector Z-Number : 114326 Sandoval Leonard F DESHS-UIS

Go To Corrective Action Details

* required fields

Enter New Corrective Action | Back To Record Selection | Save | Cancel

Prev Rec. | Next Rec. | Print Summary

MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review: Other (describe) : List

If other, (describe here): Housekeeping Issue

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

In the south parking lot at TA-60 building 250 between the concrete jersey barrriers and Eniwetok Drive there's quite a bit of trash as well as north of TA-60 building 250 between the concrete jersey barriers and forest.

*6. How problem was identified: Routine facility inspection List

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

Routine housekeeping needs to be performed, especially during the windy season, to address this issue.

8. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 9. Date corrective action initiated (MM/DD/YYYY): 02/22/2016

* 10. Date corrective action completed (MM/DD/YYYY): 02/25/2016 OR expected completion :

*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 time frames associated with each step) necessary to complete corrective action:

Housekeeping was performed to address the issue with trash north and south of TA-60 building 250 and will be performed as needed to prevent issues with trash in the future.

* required fields

List Values | Prev Rec. | Next Rec. | BackToRecordSelection | Save | Cancel

MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT

Id. Number : 891 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds List

* Date problem was identified : 03/21/2016

* Date of Notification to ENV-RCRA : 03/21/2016

* FOD Responsible for CA (Name & Org) : UIF Erickson Andrew W

Describe Specific Evaluation Location : TA-60 Roads and Grounds Northside of Building 178

* Inspector Z-Number : 114326 Sandoval Leonard F DESHS-UIS

Go To Corrective Action Details

* required fields

Enter New Corrective Action | Back To Record Selection | Save | Cancel

Prev Rec. | Next Rec. | Print Summary

MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review: Unauthorized release or discharge [List]

If other, (describe here):

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

On the northside of TA-60 building 178 salt truck G82-0249F has a small hydraulic leak from an aluminum box behind the passenger door.

*6. How problem was identified: Routine facility inspection [List]

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

Affected area on asphalt was sprayed with micro-blaze and the salt truck was delived to TA-60 Heavy Equipment Yard to fix the hydraulic leak.

8. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 9. Date corrective action initiated (MM/DD/YYYY): 03/21/2016

* 10. Date corrective action completed (MM/DD/YYYY): 03/21/2016 OR expected completion :

*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 time frames associated with each step) necessary to complete corrective action:

Affected area on asphalt was sprayed with micro-blaze and the salt truck was delivered to TA-60 Heavy Equipment Yard to fix the hydraulic leak.

* required fields

List Values | Prev Rec. | Next Rec. | BackToRecordSelection | Save | Cancel

MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT

Id. Number : 900 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds List

* Date problem was identified : 04/26/2016

* Date of Notification to ENV-RCRA : 04/26/2016

* FOD Responsible for CA (Name & Org) : UIF Erickson Andrew W

Describe Specific Evaluation Location : Housekeeping Throughout Roads and Grounds

* Inspector Z-Number : 114326 Sandoval Leonard F DESHS-UIS

Go To Corrective Action Details

* required fields

Enter New Corrective Action | Back To Record Selection | Save | Cancel

Prev Rec. | Next Rec. | Print Summary

MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review: If other, (describe here):

Other (describe) : List Housekeeping Issue

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

There is trash along the east fenceline of the heavy equipment yard, trash between the concrete jersey barriers in the south parking lot and Eniwetok road, trash between the concrete jersey barriers and forest on the north side of TA-60 building 250, and broken wood pallets and card board next to the trash only bins.

*6. How problem was identified: If other, (describe here):

Routine facility inspection List

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

Routine housekeeping needs to be performed to address the current issue with trash and to help prevent future issues with trash.

8. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 9. Date corrective action initiated (MM/DD/YYYY): 04/26/2016

* 10. Date corrective action completed (MM/DD/YYYY): 05/02/2016 OR expected completion :

*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 time frames associated with each step) necessary to complete corrective action:

Routine housekeeping needs to be performed to address the current issue with trash and to help prevent future issues with trash.

* required fields

List Values | Prev Rec. | Next Rec. | BackToRecordSelection | Save | Cancel

MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT Id. Number : 901 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds List * Date problem was identified : 04/26/2016

* Date of Notification to ENV-RCRA : 04/26/2016

* FOD Responsible for CA (Name & Org) : UIF Erickson Andrew W

Describe Specific Evaluation Location : Transportainer 60-287

* Inspector Z-Number : 114326 Sandoval Leonard F DESHS-UIS

Go To Corrective Action Details

* required fields

Enter New Corrective Action | Back To Record Selection | Save | Cancel

Prev Rec. | Next Rec. | Print Summary

MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review: Other (describe) : List

If other, (describe here): Bags of ice melt exposed to moisture and metal ca

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

On the north side of transportainer 60-287 bags of ice melt are being used to hold down a tarp over a wood pallet and are exposed to moisture. On the southwest corner of transportainer 60-287 there are three metal cabinets that either need to be put back into one of the transportainers or crushed and have the metal recycled.

*6. How problem was identified: Routine facility inspection List

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

The bags of ice melt need to be moved to where they're not exposed to moisture and the metal cabinets either moved back into one of the transportainers or crushed and have the metal recycled.

8. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 9. Date corrective action initiated (MM/DD/YYYY): 04/26/2016

* 10. Date corrective action completed (MM/DD/YYYY): 05/02/2016 OR expected completion :

*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 time frames associated with each step) necessary to complete corrective action:

The bags of ice melt need to be moved to where they're not exposed to moisture and the metal cabinets either moved back into one of the transportainers or crushed and have the metal recycled.

* required fields

List Values | Prev Rec. | Next Rec. | BackToRecordSelection | Save | Cancel

MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT

Id. Number : 941 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds List

* Date problem was identified : 07/25/2016

* Date of Notification to ENV-RCRA : 07/25/2016

* FOD Responsible for CA (Name & Org) : UIF Erickson Andrew W

Describe Specific Evaluation Location : Inside Heavy Equipment Staging Area

* Inspector Z-Number : 114326 Sandoval Leonard F DESHS-UIS

Go To Corrective Action Details

* required fields

Enter New Corrective Action | Back To Record Selection | Save | Cancel

Prev Rec. | Next Rec. | Print Summary

MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review: Unauthorized release or discharge [List]

If other, (describe here):

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

At TA-60 Roads and Grounds, a front end loader attachment to a John Deere tractor inside the heavy equipment staging area leaked a small amount of residual hydraulic fliud from hydraulic lines onto the asphalt.

*6. How problem was identified: Routine facility inspection [List]

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

Affected area on asphalt was sprayed with Mico-Blaze.

8. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 9. Date corrective action initiated (MM/DD/YYYY): 07/25/2016

* 10. Date corrective action completed (MM/DD/YYYY): 07/25/2016 OR expected completion :

*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 time frames associated with each step) necessary to complete corrective action:

N/A

* required fields

List Values | Prev Rec. | Next Rec. | BackToRecordSelection | Save | Cancel

MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT

Id. Number : 942 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds List * Date problem was identified : 07/25/2016

* Date of Notification to ENV-RCRA : 07/25/2016

* FOD Responsible for CA (Name & Org) : UIF Erickson Andrew W

Describe Specific Evaluation Location : Berm Southwest of Transportainer 60-287 along Eniwetok Drive

* Inspector Z-Number : 114326 Sandoval Leonard F DESHS-UIS

Go To Corrective Action Details

* required fields

Enter New Corrective Action | Back To Record Selection | Save | Cancel

Prev Rec. | Next Rec. | Print Summary

MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review: Control measures not properly operated or maintain List

If other, (describe here):

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

At TA-60 Roads and Grounds, the berm just to the Southwest of transportainer 60-287 that parallels Eniwetok Drive has gopher holes which are allowing storm water to pass through the berm.

*6. How problem was identified: Routine facility inspection List

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

The gopher holes in the berm need to be plugged with gravel or sand bags to help prevent storm water from passing through the berm. The gopher holes in the berm were plugged on 8/1/2016 to help prevent storm water from passing through the berm.

8. Did/will this corrective action require modification of your SWPPP ? Yes/No : Y

* 9. Date corrective action initiated (MM/DD/YYYY): 07/25/2016

* 10. Date corrective action completed (MM/DD/YYYY): 08/01/2016 OR expected completion :

*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 time frames associated with each step) necessary to complete corrective action:

N/A

* required fields

List Values | Prev Rec. | Next Rec. | BackToRecordSelection | Save | Cancel

MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT

Id. Number : 943 (Assigned by computer)

* **Name of Facility :** TA-60 Roads and Grounds [List] * **Date problem was identified :** 07/25/2016

* **Date of Notification to ENV-RCRA :** 07/25/2016

* **FOD Responsible for CA (Name & Org) :** UIF | Erickson Andrew W

Describe Specific Evaluation Location : North Fenceline of Heavy Equipment Yard and Fenceline South of

* **Inspector Z-Number :** 114326 | Sandoval Leonard F | DESHS-UIS

[Go To Corrective Action Details]

* required fields

[Enter New Corrective Action] [Back To Record Selection] [Save] [Cancel]

[Prev Rec.] [Next Rec.] [Print Summary]

MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review: Other (describe) : List

If other, (describe here): Housekeeping

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

At TA-60 Roads and Grounds, along the North fenceline of the heavy equipment staging area, there are several straw wattles that need to be picked up and put into a trash only bin. Along the fenceline South of 60-283 there's a wooden pallet of torn bags of what appears to be asphalt millings that need to be cleaned up.

*6. How problem was identified: Routine facility inspection List

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

The straw wattles were picked up and disposed of in a trash only bin and the asphalt millings were taken to the asphalt millings staging area on 8/1/2016.

8. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 9. Date corrective action initiated (MM/DD/YYYY): 07/25/2016

* 10. Date corrective action completed (MM/DD/YYYY): 08/01/2016 OR expected completion :

*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 time frames associated with each step) necessary to complete corrective action:

N/A

* required fields

List Values | Prev Rec. | Next Rec. | BackToRecordSelection | Save | Cancel

MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT Id. Number : 962 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds List * Date problem was identified : 09/06/2016

* Date of Notification to ENV-RCRA : 09/06/2016

* FOD Responsible for CA (Name & Org) : UIF Erickson Andrew W

Describe Specific Evaluation Location : Hose at Fire Hydrant East of TA-60 Building 250

* Inspector Z-Number : 114326 Sandoval Leonard F DESHS-UIS

Go To Corrective Action Details

* required fields

Enter New Corrective Action | Back To Record Selection | Save | Cancel

Prev Rec. | Next Rec. | Print Summary

MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review: Control measures not properly operated or maintain [List]

If other, (describe here):

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

A hose used to fill the water trucks at the fire hydrant east of TA-60 building 250 has a hole in it and the clamp on the hose that attaches to the water truck has a worn O-ring.

*6. How problem was identified: Routine facility inspection [List]

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

The hose and clamp need to be replaced.

8. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 9. Date corrective action initiated (MM/DD/YYYY): 09/06/2016

* 10. Date corrective action completed (MM/DD/YYYY): 09/06/2016 OR expected completion :

*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 time frames associated with each step) necessary to complete corrective action:

The hose and clamp have been replaced.

* required fields

List Values | Prev Rec. | Next Rec. | BackToRecordSelection | Save | Cancel

MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT

Id. Number : 963 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds List

* Date problem was identified : 09/06/2016

* Date of Notification to ENV-RCRA : 09/06/2016

* FOD Responsible for CA (Name & Org) : UIF Erickson Andrew W

Describe Specific Evaluation Location : Berm Southwest of Transportainer 60-287 along Eniwetok Drive

* Inspector Z-Number : 114326 Sandoval Leonard F DESHS-UIS

Go To Corrective Action Details

* required fields

Enter New Corrective Action | Back To Record Selection | Save | Cancel

Prev Rec. | Next Rec. | Print Summary

MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review: Control measures not properly operated or maintain [List]

If other, (describe here):

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

The berm just to the Southwest of transportainer 60-287 that parallels Eniwetok Drive has gopher holes which is allowing storm water to pass through the berm.

*6. How problem was identified: Routine facility inspection [List]

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

On 8/1/2016 the gopher holes were plugged with gravel bags to help prevent storm water from passing through the berm. Storm water is still passing through the berm and a more permanent solution needs to be implemented to prevent the storm water from discharging.

8. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 9. Date corrective action initiated (MM/DD/YYYY): 09/06/2016

* 10. Date corrective action completed (MM/DD/YYYY): 09/15/2016 OR expected completion :

*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 time frames associated with each step) necessary to complete corrective action:

On 9/15/2016 filter fiber fabric and fill material were used as a permanent solution to plug the gopher holes on the berm Southwest of transportainer 60-287.

* required fields

List Values | Prev Rec. | Next Rec. | BackToRecordSelection | Save | Cancel

MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT

Id. Number : 969 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds List

* Date problem was identified : 09/23/2016

* Date of Notification to ENV-RCRA : 09/23/2016

* FOD Responsible for CA (Name & Org) : UIF Erickson Andrew W

Describe Specific Evaluation Location : Outfall 031 at TA-60 Roads and Grounds

* Inspector Z-Number : 118432 Wheeler Holly L EPC-CP

Go To Corrective Action Details

* required fields

Enter New Corrective Action | Back To Record Selection | Save | Cancel

Prev Rec. | Next Rec. | Print Summary

MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review: Other (describe) : List

If other, (describe here): Impaired water quality standard exceedance

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

Discharge from outfall 031 at TA-60 Roads and Grounds exceeded the New Mexico water quality standard for total recoverable Aluminum, dissolved Copper and Adjusted Gross Alpha. This occurred during the storm event on 7/21/2016.

*6. How problem was identified: Comprehensive site inspection List

If other, (describe here): Impaired water monitoring

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

The facility must immediately take action to minimize off site discharge of total recoverable Aluminum, dissolved Copper and Adjusted Gross Alpha at outfall 031 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,

8. Did/will this corrective action require modification of your SWPPP ? Yes/No : Y

* 9. Date corrective action initiated (MM/DD/YYYY): 09/23/2016

* 10. Date corrective action completed (MM/DD/YYYY): 10/05/2016 OR expected completion :

*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 time frames associated with each step) necessary to complete corrective action:

A MetalLoxx wattle was installed in the channel that discharges to Outfall 030 (SIO) and another MetalLoxx wattle was installed around the pile of river rock and vertical culvert at Outall 031 where the MSGP sampler collects storm water samples.

* required fields

List Values | Prev Rec. | Next Rec. | BackToRecordSelection | Save | Cancel

MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT Id. Number : 982 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds List * Date problem was identified : 10/07/2016

* Date of Notification to ENV-RCRA : 10/07/2016

* FOD Responsible for CA (Name & Org) : UIF Erickson Andrew W

Describe Specific Evaluation Location : Outfall 042 at TA-60 Roads and Grounds

* Inspector Z-Number : 118432 Wheeler Holly L EPC-CP

Go To Corrective Action Details

* required fields

Enter New Corrective Action | Back To Record Selection | Save | Cancel

Prev Rec. | Next Rec. | Print Summary

MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review: If other, (describe here):

Other (describe) : List Impaired water quality standard exceedance

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

Discharge from outfall 042 at TA-60 Roads and Grounds exceeded the New Mexico water quality standard for Adjusted Gross Alpha and total recoverable Aluminum. This occurred during the storm event on 8/03/2016.

*6. How problem was identified: If other, (describe here):

Other (describe) : List Impaired water monitoring

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

The facility must immediately take action to minimize off site discharge of the Adjusted Gross Alpha and total recoverable Aluminum at outfall 042 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

8. Did/will this corrective action require modification of your SWPPP ? Yes/No : Y

* 9. Date corrective action initiated (MM/DD/YYYY): 10/07/2016

* 10. Date corrective action completed (MM/DD/YYYY): 10/12/2016 OR expected completion :

*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 time frames associated with each step) necessary to complete corrective action:

A MetalLoxx wattle was installed at outfall 042 where the sediment retention pond discharges to the MSGP sampler.

* required fields

List Values | Prev Rec. | Next Rec. | BackToRecordSelection | Save | Cancel

MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT

Id. Number : 988 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds List

* Date problem was identified : 10/18/2016

* Date of Notification to ENV-RCRA : 10/18/2016

* FOD Responsible for CA (Name & Org) : UIF Erickson Andrew W

Describe Specific Evaluation Location : Rock Channel Swale at Far East End of Sigma mesa

* Inspector Z-Number : 114326 Sandoval Leonard F DESHS-UIS

Go To Corrective Action Details

* required fields

Enter New Corrective Action | Back To Record Selection | Save | Cancel

Prev Rec. | Next Rec. | Print Summary

MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review: Control measures not properly operated or maintain [List]

If other, (describe here):

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

The Rock Channel Swale that discharges into the Retention Pond at Monitored Outfall 042 is full of sand and needs to be cleaned out.

*6. How problem was identified: Routine facility inspection [List]

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

The Rock Channel Swale that discharges into the Retention Pond at Monitored Outfall 042 is full of sand and needs to be cleaned out.

8. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 9. Date corrective action initiated (MM/DD/YYYY): 10/18/2016

* 10. Date corrective action completed (MM/DD/YYYY): 10/26/2016 OR expected completion :

*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 time frames associated with each step) necessary to complete corrective action:

The sand in the Rock Channel Swale at the far east end of Sigma Mesa that discharges into the Retention Pond at Monitored Out 042 was cleaned out on 10/26/2016.

* required fields

List Values | Prev Rec. | Next Rec. | BackToRecordSelection | Save | Cancel

MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT Id. Number : 998 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds List * Date problem was identified : 11/10/2016

* Date of Notification to ENV-RCRA : 11/10/2016

* FOD Responsible for CA (Name & Org) : UIF Erickson Andrew W

Describe Specific Evaluation Location : Hydrualic Fluid Spill Directly West of Clean-Fill Yard On TA-60 Sig

* Inspector Z-Number : 114326 Sandoval Leonard F DESHS-UIS

Go To Corrective Action Details

* required fields

Enter New Corrective Action | Back To Record Selection | Save | Cancel

Prev Rec. | Next Rec. | Print Summary

MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review: Unauthorized release or discharge [List]

If other, (describe here):

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

Failure of a hydraulic hose on the cylinder hoist of a dump truck resulted in the discharge of approximately 5 gallons of hydraulic fluid onto the underlying soil.

*6. How problem was identified: Other (describe) : [List]

If other, (describe here): By Vehicle Operator

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

The operator immediately deployed a spill kit to minimize the extent of the impacted area. SEO-EM and SEO-ER were notified and assisted with remediation of the release. Using a piece of heavy equipment, the impacted soil was removed and secured in a tarp on-site and will be managed as New Mexico Special

8. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 9. Date corrective action initiated (MM/DD/YYYY): 11/10/2016

* 10. Date corrective action completed (MM/DD/YYYY): 11/16/2016 OR expected completion :

*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 time frames associated with each step) necessary to complete corrective action:

N/A

* required fields

List Values | Prev Rec. | Next Rec. | BackToRecordSelection | Save | Cancel

MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT

Id. Number : 1035 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds List

* Date problem was identified : 12/22/2016

* Date of Notification to ENV-RCRA : 12/22/2016

* FOD Responsible for CA (Name & Org) : UIF Erickson Andrew W

Describe Specific Evaluation Location : TA-60 Roads and Grounds

* Inspector Z-Number : 114326 Sandoval Leonard F DESHS-UIS

Go To Corrective Action Details

* required fields

Enter New Corrective Action | Back To Record Selection | Save | Cancel

Prev Rec. | Next Rec. | Print Summary

MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review: Unauthorized release or discharge [List]

If other, (describe here):

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

During annual inspection with EPC-CP small spots of oil drippings from heavy equipment were present in vehicle storage area near 60-0233; heavy equipment storage aea south of SIO 033; heavy equipment storage area southwest of covered salt storage building; and under heavy equipment located along south boundary fence east of structure 226

*6. How problem was identified: Comprehensive site inspection [List]

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

The affected area's on asphalt with oil stains from heavy equipment need to be sprayed with micro-blaze.

8. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 9. Date corrective action initiated (MM/DD/YYYY): 12/22/2016

* 10. Date corrective action completed (MM/DD/YYYY): 12/22/2016 OR expected completion :

*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 time frames associated with each step) necessary to complete corrective action:

The affected area's on asphalt with oil stains from heavy equipment were sprayed with micro-blaze on 12/22/2016.

* required fields

List Values | Prev Rec. | Next Rec. | BackToRecordSelection | Save | Cancel

MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT

Id. Number : 1036 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds List

* Date problem was identified : 12/22/2016

* Date of Notification to ENV-RCRA : 12/22/2016

* FOD Responsible for CA (Name & Org) : UIF Erickson Andrew W

Describe Specific Evaluation Location : TA-60 Roads and Grounds

* Inspector Z-Number : 114326 Sandoval Leonard F DESHS-UIS

Go To Corrective Action Details

* required fields

Enter New Corrective Action | Back To Record Selection | Save | Cancel

Prev Rec. | Next Rec. | Print Summary

MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review: Other (describe) : List

If other, (describe here): Exposed Bags of Ice Melt

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

During annual inspection with EPC-CP exposed bags of salt were found on the north side of transportainer 287 (salt bags were being used to hold down tarp covering pallets of bags of salt); exposed bags of salt south side of transportainers 288/289/290; and exposed bags of salt in ADEM CAP storage area west of structure 336.

*6. How problem was identified: Comprehensive site inspection List

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

Exposed bags of salt need to be collected and put into containers with covers.

8. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 9. Date corrective action initiated (MM/DD/YYYY): 12/22/2016

* 10. Date corrective action completed (MM/DD/YYYY): 12/22/2016 OR expected completion :

*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 time frames associated with each step) necessary to complete corrective action:

Exposed bags of salt were collected and put into containers with covers on 12/22/2016.

* required fields

List Values | Prev Rec. | Next Rec. | BackToRecordSelection | Save | Cancel

MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

NPDES MSGP CORRECTIVE ACTION REPORT

Id. Number : 1037 (Assigned by computer)

* Name of Facility : TA-60 Roads and Grounds List

* Date problem was identified : 12/22/2016

* Date of Notification to ENV-RCRA : 12/22/2016

* FOD Responsible for CA (Name & Org) : UIF Erickson Andrew W

Describe Specific Evaluation Location : TA-60 Roads and Grounds

* Inspector Z-Number : 114326 Sandoval Leonard F DESHS-UIS

Go To Corrective Action Details

* required fields

Enter New Corrective Action | Back To Record Selection | Save | Cancel

Prev Rec. | Next Rec. | Print Summary

MSGP_CORRECTIVEACTIONREPORT

Corrective Action Header | Corrective Action Details

*3. Identify the condition triggering the need for this review: Other (describe) : List

If other, (describe here): Exposed Rusting Metal

*4. Briefly describe the nature of problem identified: (e.g., Erosion problem identified during inspection).

During annual inspection with EPC-CP exposed rusting metal that included bollards was found on the northeast corner of the asphalt millings storage area and east end of berm 0038; small items along south and east fence to pesticide storage building; and rebar and L metal east and west of structure 336 in ADEM CAP storage area

*6. How problem was identified: Comprehensive site inspection List

If other, (describe here):

*7. Description of corrective action taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications, repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

Exposed rusting metal needs to be collected and put into metal for recycle bins.

8. Did/will this corrective action require modification of your SWPPP ? Yes/No : N

* 9. Date corrective action initiated (MM/DD/YYYY): 12/22/2016

* 10. Date corrective action completed (MM/DD/YYYY): 01/04/2017 OR expected completion :

*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 time frames associated with each step) necessary to complete corrective action:

On 12/22/2016 the exposed rusting metal along the south and east fence of pesticide storage building was collected and placed into a metal for recycle bin. On 1/4/2016 the rebar and L metal east and west of structure 336 in the ADEM CAP storage area was covered with tarps. The bollards at the northeast corner of the asphalt millings storage area and east end of berm 0038 have been consolidated into a pile of metal that will be

* required fields

List Values | Prev Rec. | Next Rec. | BackToRecordSelection | Save | Cancel

APPENDIX J1

Documentation of Repairs and Maintenance of Control Measures

Documentation of Maintenance and Repairs of Control Measures (BMPs)

You must maintain all control measures that are used to achieve the effluent limits required by the 2015 MSGP in effective operating condition. If you find that your control measures need to be replaced or repaired, you must make the necessary repairs or modifications as expeditiously as practicable.

Date of Discovery	Control Measure (BMP) and Location	Reason for maintenance or repairs	Reason for extended maintenance or repair schedule	Date Completed

APPENDIX K

Critical Habitat Documentation for LANL

Endangered Species Habitat Within Los Alamos National Laboratory

SANTA FE NATIONAL FOREST

LOS ALAMOS TOWNSITE

PUEBLO de SAN ILDEFONSO

BANDELIER NATIONAL MONUMENT

WHITE ROCK

EAST JEMEZ ROAD

PAJARITO ROAD

To Fenton Hill

Los Alamos Canyon
Upper Two Mile Canyon
Two Mile Canyon
Sandia Canyon
Mortandad Canyon
Pajarito Canyon
Bulldog Gulch
Starners Gulch
Canon de Valle
Three Mile Canyon
Water Canyon
Potrillo Canyon
Frijoles Canyon
Indio Canyon
Ancho Canyon
North Ancho Canyon
Chaquehui Canyon
Rio Grande

TA-43, TA-41, TA-02, TA-21, TA-73, TA-74, TA-62, TA-03, TA-58, TA-59, TA-61, TA-60, TA-53, TA-72, TA-69, TA-48, TA-06, TA-64, TA-22, TA-35, TA-05, TA-08, TA-09, TA-55, TA-50, TA-52, TA-63, TA-40, TA-66, TA-67, TA-14, TA-46, TA-51, TA-18, TA-15, TA-16, TA-28, TA-11, TA-36, TA-54, TA-37, TA-49, TA-68, TA-71, TA-39, TA-70, TA-33, TA-57

501, 502, 4, 126

Fenton Hill (USFS Owned)

Legend

- Structures
- Land ownership
- LANL Boundary
- Technical Areas
- Major roads
- Paved Roads
- Drainages

Mexican Spotted Owl

HABITAT
- Buffer
- Core

Jemez Mountains Salamander

HABITAT
- Buffer
- Core

Southwestern Willow Flycatcher

HABITAT
- Buffer
- Core

Elevation (ft)
- 5,331 - 5,500
- 5,501 - 5,750
- 5,751 - 6,000
- 6,001 - 6,250
- 6,251 - 6,500
- 6,501 - 6,750
- 6,751 - 7,000
- 7,001 - 7,250
- 7,251 - 7,500
- 7,501 - 7,750
- 7,751 - 8,000

Elevations outside LANL boundary are shown in muted colors.

N W E S

0 0.25 0.5 1 Miles

0 0.5 1 2 Kilometers

PROJECTION: New Mexico State Plane Coordinates, Central Zone, North America Datum 1983, Units Feet.

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

Map Produced by OIO-DO-GIS Team
Date: February 21, 2014.
Map Document Reference: X:\Projects\14-Projects\14-0020\14-0020

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,

for Wally Murphy
Field Supervisor

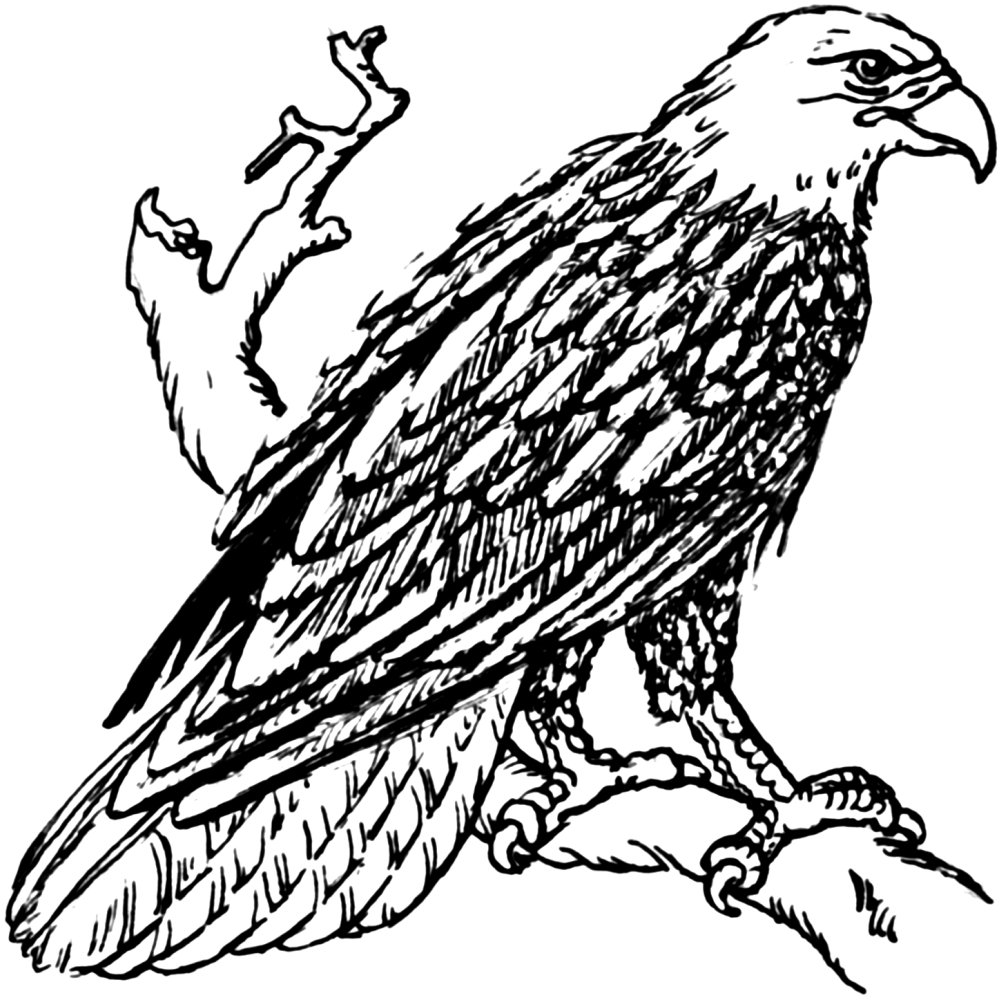
cc:
Wildlife Biologist, Cuba Ranger District, Cuba, NM (Attn: Ramon Borrego)
Director, New Mexico Department of Game and Fish, Santa Fe, New Mexico

U.S. Fish & Wildlife Service

MSGP

IPaC Trust Resource Report

Generated July 27, 2015 07:29 PM MDT



US Fish & Wildlife Service

IPaC Trust Resource Report

Project Description

NAME

MSGP

PROJECT CODE

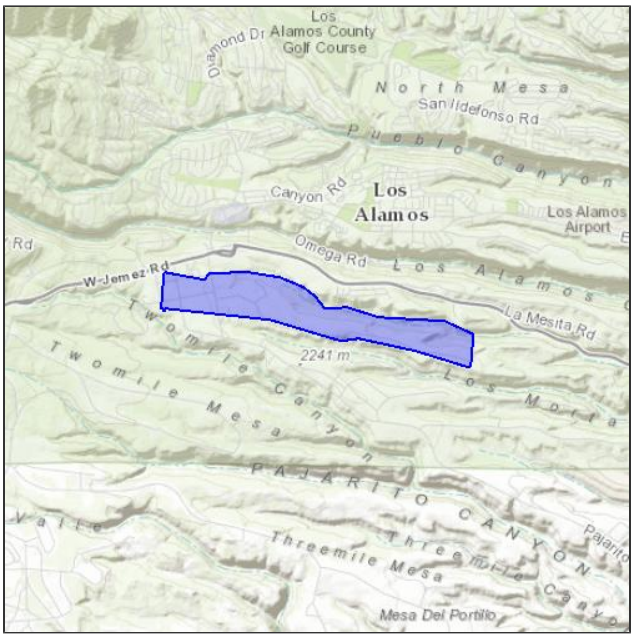
LXATM-TI5EJ-BAJEQ-3NC5E-SOGYTE

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.

Bald Eagle Haliaeetus leucocephalus — **Bird of conservation concern**
Season: Wintering
https://ecos.fws.gov/speciesProfile/profile/speciesProfile.action?spcode=B008

Bendire's Thrasher Toxostoma bendirei — **Bird of conservation concern**
Season: Breeding

Brewer's Sparrow Spizella breweri — **Bird of conservation concern**
Season: Migrating
https://ecos.fws.gov/speciesProfile/profile/speciesProfile.action?spcode=B0HA

Brown-capped Rosy-finch Leucosticte australis — **Bird of conservation concern**
Season: Wintering

Burrowing Owl Athene cunicularia — **Bird of conservation concern**
Season: Breeding

Cassin's Finch Carpodacus cassinii — **Bird of conservation concern**
Year-round

Flammulated Owl Otus flammeolus — **Bird of conservation concern**
Season: Breeding
https://ecos.fws.gov/speciesProfile/profile/speciesProfile.action?spcode=B0DK

Fox Sparrow Passerella iliaca — **Bird of conservation concern**
Season: Wintering

Golden Eagle Aquila chrysaetos — **Bird of conservation concern**
Year-round
https://ecos.fws.gov/speciesProfile/profile/speciesProfile.action?spcode=B0DV

Grace's Warbler Dendroica graciae — **Bird of conservation concern**
Season: Breeding

Juniper Titmouse Baeolophus ridgwayi — **Bird of conservation concern**
Year-round

Lewis's Woodpecker Melanerpes lewis — **Bird of conservation concern**
Year-round

Loggerhead Shrike Lanius ludovicianus — **Bird of conservation concern**
Year-round
https://ecos.fws.gov/speciesProfile/profile/speciesProfile.action?spcode=B0FY

Mountain Plover Charadrius montanus **Bird of conservation concern**
Season: Breeding
https://ecos.fws.gov/speciesProfile/profile/speciesProfile.action?spcode=B078

Olive-sided Flycatcher Contopus cooperi **Bird of conservation concern**
Season: Breeding
https://ecos.fws.gov/speciesProfile/profile/speciesProfile.action?spcode=B0AN

Peregrine Falcon Falco peregrinus **Bird of conservation concern**
Season: Breeding
https://ecos.fws.gov/speciesProfile/profile/speciesProfile.action?spcode=B0FU

Pinyon Jay Gymnorhinus cyanocephalus **Bird of conservation concern**
Year-round

Prairie Falcon Falco mexicanus **Bird of conservation concern**
Year-round
https://ecos.fws.gov/speciesProfile/profile/speciesProfile.action?spcode=B0ER

Swainson's Hawk Buteo swainsoni **Bird of conservation concern**
Season: Breeding
https://ecos.fws.gov/speciesProfile/profile/speciesProfile.action?spcode=B070

Williamson's Sapsucker Sphyrapicus thyroideus **Bird of conservation concern**
Season: Breeding
https://ecos.fws.gov/speciesProfile/profile/speciesProfile.action?spcode=B0FX

Willow Flycatcher Empidonax traillii **Bird of conservation concern**
Season: Breeding
https://ecos.fws.gov/speciesProfile/profile/speciesProfile.action?spcode=B0F6

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 tuberficid 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

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Author(s): Environmental Protection Division
Resources Management Team

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Contents

ACRONYMS ..... **vii**

I. THREATENED AND ENDANGERED SPECIES HABITAT MANAGEMENT PLAN GENERAL OVERVIEW **1**

1.0 INTRODUCTION 1

2.0 ROLE OF SITE PLANS IN THE HMP 1

3.0 DESCRIPTION OF AREAS OF ENVIRONMENTAL INTEREST 1

3.1 Definition and Role of Developed Areas in AEI Management 1

3.2 General Description of Buffer Areas and Allowable Buffer Area Development 2

3.3 Emergency Actions 3

4.0 IMPLEMENTATION OF SITE PLANS 3

4.1 Roles and Responsibilities 3

4.2 If an Activity Does Not Meet Site Plan Guidelines 4

4.3 Dissemination of Information 5

5.0 CHANGES IN THE HMP SINCE IMPLEMENTION 5

6.0 DATA MANAGEMENT 5

II. AREA OF ENVIRONMENTAL INTEREST SITE PLAN FOR THE MEXICAN SPOTTED OWL **6**

1.0 SPECIES DESCRIPTION—MEXICAN SPOTTED OWL 6

1.1 Status 6

1.2 General Biology 6

1.3 Threats 7

2.0 IMPACT OF HUMAN ACTIVITIES 7

2.1 Introduction 7

2.2 Impacts on Habitat Quality 7

2.2.1 Development 7

2.2.2 Ecological Risk 7

2.2.3 Disturbance 8

2.2.3.1 Pedestrians and Vehicles 8

2.2.3.2 Aircraft 8

2.2.3.3 Explosives 8

2.2.3.4 Other Sources of Noise 9

2.2.3.5 Artificially Produced Light 11

3.0 AEI GENERAL DESCRIPTION FOR MEXICAN SPOTTED OWL 11

3.1 Method for Identifying a Mexican Spotted Owl AEI 12

3.2 Location and Number of Mexican Spotted Owl AEIs 12

4.0 AEI MANAGEMENT 12

4.1 Overview 12

4.2 Definition and Role of Occupancy in AEI Management 13

4.3 Introduction to AEI Management Guidelines 13
4.4 Definition of and Restrictions on Habitat Alterations 14
4.4.1 Definition of Habitat Alterations 14
4.4.2 Fuels Management Practices to Reduce Wildfire Risk 14
4.4.3 Utility Corridors 15
4.4.4 Restrictions on Habitat Alterations 15
4.5 Definition of and Restrictions on Disturbance Activities 15
4.5.1 Definitions of Disturbance Activities 15
4.5.2 Activity Table 17
4.6 Protective Measures 18
5.0 LEVELS OF DEVELOPMENT IN AEI CORE AND BUFFERS 19
5.1 Allowable Habitat Alteration in the Buffer Areas 19
III. AREA OF ENVIRONMENTAL INTEREST SITE PLAN FOR THE SOUTHWESTERN WILLOW FLYCATCHER 20
1.0 SPECIES DESCRIPTION—SOUTHWESTERN WILLOW FLYCATCHER 20
1.1 Status 20
1.2 General Biology 20
1.3 Threats 21
2.0 IMPACT OF HUMAN ACTIVITIES 21
2.1 Introduction 21
2.2 Impacts on Habitat Quality 21
2.2.1 Development 21
2.2.2 Ecological Risk 22
2.2.2.1 Ecorisk Assessment 22
2.2.3 Disturbance 22
2.2.3.1 Pedestrians and Vehicles 22
2.2.3.2 Aircraft 22
2.2.3.3 Explosives 23
2.2.3.4 Other Sources of Noise 23
2.2.3.5 Artificially Produced Light 23
3.0 AEI GENERAL DESCRIPTION FOR SOUTHWESTERN WILLOW FLYCATCHER 23
3.1 Method for Identifying the Southwestern Willow Flycatcher AEI 23
3.2 Location of the Southwestern Willow Flycatcher AEI 23
4.0 AEI MANAGEMENT 24
4.1 Overview 24
4.2 Definition and Role of Occupancy in AEI Management 24
4.3 Introduction to AEI Management Guidelines 24
4.4 Definition of and Restrictions on Habitat Alterations 25
4.4.1 Definition of Habitat Alterations 25
4.4.2 Fuels Management Practices to Reduce Wildfire Risk 25

4.4.3 Utility Corridors 25
4.4.4 Restrictions on Habitat Alterations 26
4.5 Definition of and Restrictions on Disturbance Activities 26
4.5.1 Definition of Disturbance Activities 26
4.5.2 Activity Table 27
4.6 Protective Measures 28
5.0 SOUTHWESTERN WILLOW FLYCATCHER AEI DESCRIPTION 29
5.1 Pajarito Canyon Southwestern Willow Flycatcher AEI 29
5.1.1 Allowable Habitat Alteration in the Buffer Area 29
IV. AREA OF ENVIRONMENTAL INTEREST SITE PLAN FOR THE JEMEZ MOUNTAINS SALAMANDER 29
1.0 SPECIES DESCRIPTION—JEMEZ MOUNTAINS SALAMANDER 29
1.1 Status 29
1.2 General Biology 29
1.3 Threats 30
2.0 IMPACT OF HUMAN ACTIVITIES 30
2.1 Introduction 30
2.2 Impacts on Habitat Quality 30
2.2.1 Development 30
2.2.2 Pedestrians and Vehicles 30
2.2.3 Severe Wildland Fire and Wildfire Suppression 31
2.3 Impacts on Individual Salamanders 31
2.3.1 Disease 31
2.3.2 Destruction of Individual Salamanders 31
3.0 AEI GENERAL DESCRIPTION FOR JEMEZ MOUNTAINS SALAMANDER 31
3.1 Method for Identifying a Jemez Mountains Salamander AEI 32
3.2 Location and Number of Jemez Mountains Salamander AEIs 33
4.0 AEI MANAGEMENT 33
4.1 Overview 33
4.2 Definition and Role of Occupancy in AEI Management 33
4.3 Definition and Role of Developed Areas in AEI Management 34
4.4 General Description of Core and Buffer Areas and Allowable Area Development 34
4.5 Emergency Actions 34
4.6 Introduction to AEI Management Guidelines 34
4.7 Definition of and Restrictions on Habitat Alterations 34
4.7.1 Definition of Habitat Alterations 34
4.7.2 Fuels Management Practices to Reduce Wildfire Risk 35
4.7.3 Utility Corridors 35
4.7.4 Restrictions on Habitat Alterations 35

REFERENCES CITED **36**
APPENDIX **41**

Figure

Figure 1. Process flowchart for determining site plan requirements. 4

Tables

Table 1. Restrictions on Activities in Undeveloped Occupied Mexican Spotted Owl AEIs... 18
Table 2. Restrictions on Activities in Undeveloped Occupied Southwestern Willow Flycatcher AEI 28
Table A-1. The percentage of each food type found in Mexican Spotted Owl food remains at LANL 41
Table A-2. Preliminary light measurements in ftc for Mexican Spotted Owl site plan..... 41

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 trailii 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.

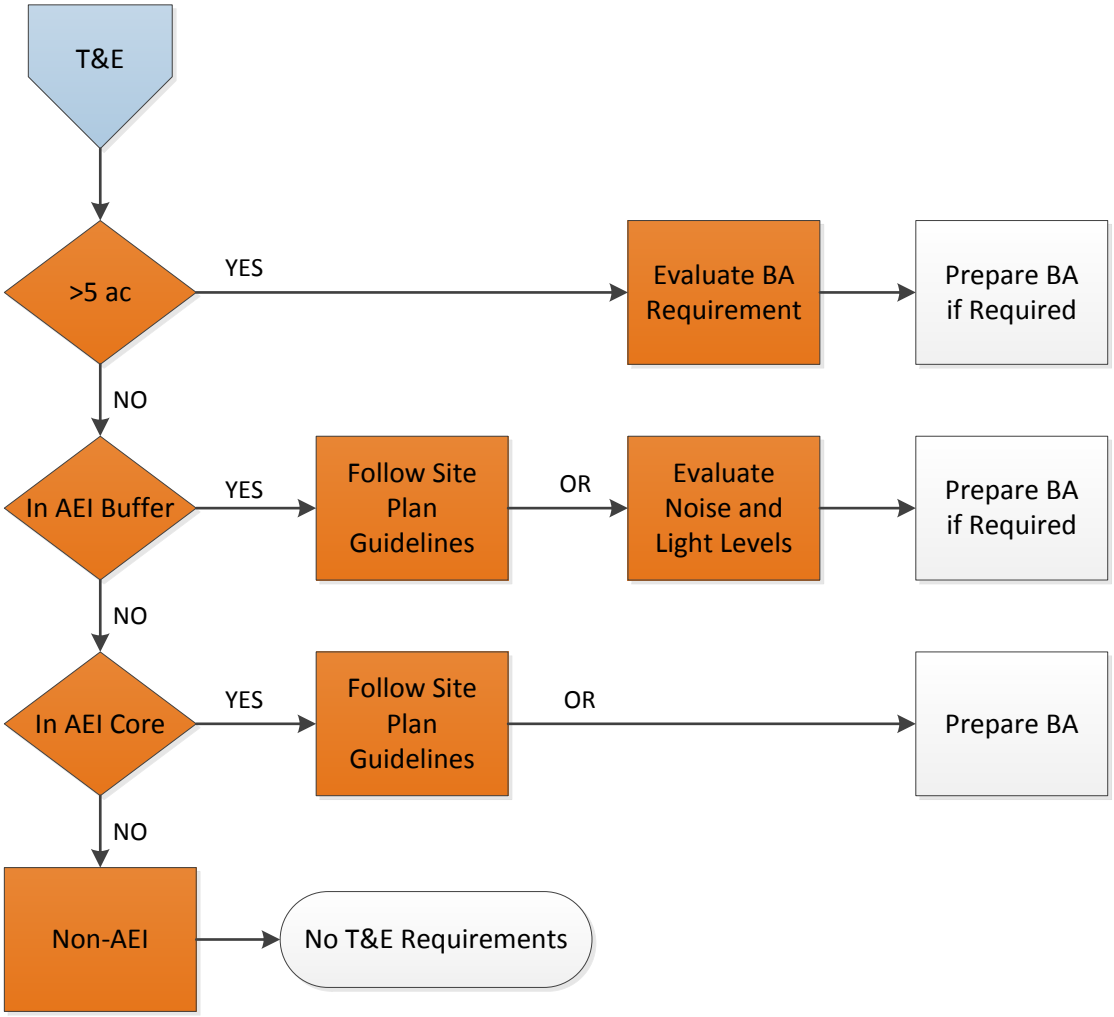

Figure 1. Process flowchart for determining site plan requirements.

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 IMPLEMENTION

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 number22420-2006-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)[1] 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).

[1] 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 Racinez 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 ≤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

		Core	Buffer
People			
	Low	No Restrictions*	No Restrictions
	Medium	March 1 to August 31	No Restrictions
	High	March 1 to August 31	No Restrictions
Vehicles			
	Low	No Restrictions	No Restrictions
	Medium	March 1 to August 31	No Restrictions
	High	March 1 to August 31	No Restrictions
Aircraft			
	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
Other Light Production			
	Low	March 1 to August 31	No Restrictions**
	Medium	March 1 to August 31	No Restrictions**
	High	March 1 to August 31	No Restrictions**
Other Noise Production			
	Low	March 1 to August 31	No Restrictions**
	Medium	March 1 to August 31	No Restrictions**
	High	March 1 to August 31	No Restrictions**
Explosives Detonation (see text in Section 4.5.1)			

*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, 2.8percent) 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 June15 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 Racinez 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

Restrictions on Occupied Habitat		**Core**	**Buffer**
People			
	Low	No Restrictions	No Restrictions
	Medium	May 15 to August 15	No Restrictions
	High	May 15 to September 15	No Restrictions
Vehicles			
	Low	May 15 to September 15	No Restrictions
	Medium	May 15 to September 15	No Restrictions
	High	May 15 to September 15	No Restrictions
Aircraft			
	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
Other Light/Noise Production			
	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 Riemer 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 indictor 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
Neotoma spp.	26.22
Peromyscus spp.	10.22
Microtus 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

APPENDIX L

Procedures Referenced in the SWPPP

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LANL Emergency Procedures and Protective Actions

1.0 Purpose 1

2.0 Authority and Applicability 1
- 2.1 Authority 1
- 2.2 Applicability 1

3.0 Procedure Description 1
- 3.1 Protective Actions 2
  - 3.1.1 General Protective Action Guidelines 2
    - 3.1.1.a Protective Action Decision Making 2
    - 3.1.1.b Protective Action Notifications 2
    - 3.1.1.c Reporting the Event 2
    - 3.1.1.d Reporting the Event at LANL Leased Buildings with LANL Occupants and Visitors 2
    - 3.1.1.e Rescue and Medical Treatment 3
  - 3.1.2 Building Evacuation 3
    - 3.1.2.a Evacuation of Individuals with Special Needs 5
    - 3.1.2.b Visitor Evacuation 5
  - 3.1.3 Site-Wide Evacuation 5
    - 3.1.3.a LANL Evacuation Planning Sections 6
  - 3.1.4 Security 6
    - 3.1.4.a Security During an Evacuation 6
  - 3.1.5 Sheltering 6
    - 3.1.5.a Shelter in Place 7
    - 3.1.5.b Stay Put Sheltering 8
    - 3.1.5.c Lock Down/Hide Out 9
- 3.2 Emergency Events Response Guidelines 9
  - 3.2.1 Bomb Threat 9
  - 3.2.2 Earthquake 10
  - 3.2.3 Fire, Smoke, Explosion 10
  - 3.2.4 Hazardous Material (Chemical, Biological, or Radiological) Spill/Release 10
    - 3.2.4.a Chemical or Biological Spill/Release 10
    - 3.2.4.b Radiological Spill/Release 11
  - 3.2.5 Lightning 11
  - 3.2.6 Power Outage 11
  - 3.2.7 Unattended Package or Unexploded Ordnance 11
  - 3.2.8 Workplace Violence 12
    - 3.2.8.a Active Shooter 12
- 3.3 Precautions and Safety Equipment 12
  - 3.3.1 Tag Your Bag 12
  - 3.3.2 Automatic External Defibrillator (AED) Program 13
  - 3.3.3 Telephones and Emergency Calling 13
- 3.4 Continuity of Operations (COOP) 13

4.0 Responsibilities 14
- 4.1 Emergency Manager 14
- 4.2 Incident Commander (IC) 14

4.3 LANL First Responders (Hazardous Devices Team, HAZMAT Team, medically-trained facility response teams, etc.) and Emergency Management Personnel 14
4.4 Managers and Workers 14
4.5 Assembly Area Leader (AAL) and Facility/Site Operations Center 15
4.6 Tenants/Evacuees 15
4.7 Runner (may be a facility Subject Matter Expert [SME]) 16
4.8 Facility Operations Director (FOD) Emergency Preparedness Coordinator (EPC) 16

5.0 Implementation 16

6.0 Training 16
6.1 Initial Training 16
6.2 Refresher Training 16

7.0 Exception or Variance 17

8.0 Documents and Records 17
8.1 Office of Record 17

9.0 Definitions and Acronyms 17
9.1 Definitions 17
9.2 Acronyms 19

10.0 History 21

11.0 References 21
11.1 Other References 21

12.0 Forms 22

13.0 Attachments 22

14.0 Contact 22

LANL Emergency Procedures and Protective Actions

1.0 PURPOSE

The purpose of this document is to provide requirements and guidance for Laboratory personnel and visitors in the event of an emergency event or situation. This document identifies the protective actions to be followed in the event of a hazardous material release, fire, or other emergency event.

Security and Emergency Operations Division (SEO) serves the Laboratory, Department of Energy (DOE)/National Nuclear Security Administration (NNSA), the nation and the community surrounding the Laboratory by providing the emergency planning, preparedness, mitigation, management, response, and recovery expertise for emergency events or situations. These services are provided by SEO to minimize the consequences of an emergency event; to maximize effective protection and safety of workers, the public, and the environment; and ensure the Laboratory's mission and national security are maintained.

This document provides standard emergency procedures. Building-specific emergency plans provide specific procedures for ensuring the safe and orderly sheltering or evacuation of building occupants (including individuals with special needs and visitors) that are unique to Laboratory and LANL leased buildings. Specific building emergency plans provide essential information for workers to remove themselves from danger within the facility or to respond to danger from outside. They are a required local training document that the Facility Operations Director (FOD) is responsible for implementing in accordance with P781-1, *Conduct of Training*, and the Conduct of Training Manual. In addition, emergency plans are considered emergency operating records and are subject to the requirements in P1021, *Vital Records Program*.

2.0 AUTHORITY AND APPLICABILITY

2.1 Authority

This document is issued under the authority of the Laboratory Director to direct the management and operation of the Laboratory, as delegated to the Associate Director for Mission Assurance, Security, and Emergency Response (ADMASER), as provided in the Prime Contract. This document derives from the Laboratory Governing Policies, particularly the section on Emergency Management, and DOE Order (O) 151.1C, *Comprehensive Emergency Management System*.

- Issuing Authority (IA): Associate Director for Mission Assurance, Security, and Emergency Response (ADMASER)
- Responsible Manager (RM): Security and Emergency Operations (SEO) Division Leader
- Responsible Office (RO): Security and Emergency Operations Division (SEO)

2.2 Applicability

This document applies to all persons working at the Laboratory, including visitors.

3.0 PROCEDURE DESCRIPTION

The Laboratory is required to develop and maintain an emergency management program that, through mitigation, emergency planning, emergency preparedness and effective response capabilities, generates appropriate response to emergencies and mitigates the consequences of emergency events or situations. Effective emergency planning can greatly reduce the potential for loss of life and property damage, as well as increase the safety of all workers and provide protection to the environment.

3.1 Protective Actions

3.1.1 General Protective Action Guidelines

3.1.1.a Protective Action Decision Making

Initial protective actions, including sheltering and/or evacuation, may be issued by any worker who observes the initiating event in the immediate area; by Operations Centers; or by line management who is aware of the event. Thereafter, protective actions are determined, verified and issued by trained Incident Commanders (ICs) (Los Alamos County Fire Department [LAFD] or LANL Emergency Manager) based on currently available event information with consideration to all potentially affected personnel/populations and locations.

3.1.1.b Protective Action Notifications

Workers in facilities with operation centers or access control rooms may receive initial notifications as outlined in the facility Emergency Operating Procedures. Protective actions issued by the IC are usually sent from the Emergency Operations Center (EOC). The methods of communication are by voice to office and cell phones, text messages to cell phones and pagers, and e-mail messages. The Communications and Public Affairs-Communications Office (CPA-CO) may also send e-mail messages to all LANL workers.

3.1.1.c Reporting the Event

Initial emergency reporting must be made promptly, accurately, and effectively by any on-scene observer/worker who is knowledgeable of the event. The worker must call:

- 911 for life threatening events such as a person needing medical attention or a fire,
- 667-6211 (Security and Emergency Operations-Emergency Management Group [SEO-3], hereinafter referred to as Emergency Management),
  - Workers should provide a description of the emergency, location, and protective actions taken (evacuation/sheltering).
- if applicable, response teams in the facility, and
- line/facility management and/or local Operations Center, where applicable.

3.1.1.d Reporting the Event at LANL Leased Buildings with LANL Occupants and Visitors

The worker must call:

- 911 for life threatening events such as a person needing medical attention or a fire
  - Workers should provide a description of the emergency, location, and protective actions taken (evacuation/sheltering) to the 911 operators.
- 667-6211
  - Workers should provide a description of the emergency, location, and protective actions taken (evacuation/sheltering). ***Note:*** Emergency Management will not respond to LANL leased buildings at the TA-00 sites. This is a notification only.
- Line and/or facility management.

3.1.1.e Rescue and Medical Treatment

Rescue and medical treatment for injured employees/visitors will be provided by:

- the responding fire department and Emergency Medical Services (EMS) unit;
- workers who, in accordance with LANL requirements, obtain and maintain a New Mexico EMS Bureau license as a First Responder and are designated members of a Laboratory Medical Response Team (MRT), or
- workers who are comfortable providing help up to their capabilities.

Note: It is recommended that workers providing help have current training in basic first aid, CPR and the use of Automatic External Defibrillators (AEDs). Subject to certain exceptions, the New Mexico "Good Samaritan" law provides protections from civil liability for persons who come to the aid or rescue of another person at or near the scene of an emergency.

3.1.2 Building Evacuation

The purpose of evacuating a building is to remove oneself from danger such as a chemical spill, fire, suspicious package, bomb threat, or other emergency event that is within the building. It is important that all LANL workers be familiar with the evacuation procedure and posted emergency evacuation diagrams for the building that is their primary place of employment as well as other areas that they frequent. See Section 9.1 for more information on emergency evacuation diagrams.

Once a worker has received a notification to take protective actions, under no circumstances should he or she return to a hazardous area or building to perform sweeps, make notifications, or collect belongings. Building-specific emergency/facility plans may provide additional information.

If it is unsafe to go outside (e.g., due to lightning), evacuees are expected to make safe, secure, and responsible decisions. The best course of action may be to evacuate to another building, or to personal vehicles in the parking lot.

Upon hearing the notification to evacuate, all occupants will evacuate the building immediately, if safe to do so, and perform the following with minimal delay:

1. Evacuate the building
    - If accessible and safe to do so, take coats, hand bags/briefcases, and car keys in the event re-entry to the building is not allowed, or there is inclement weather.
    - DO NOT carry food, drinks, or items that, if dropped, could inhibit safe egress and cause slips, trips, or falls.
    - If the route is blocked by unsafe conditions, take the nearest safe path out of the building.
    - DO NOT deviate from the exit route to sweep an area.
    - DO NOT use the elevator.
2. Sweep while evacuating

Sweeping is the action of paying attention while evacuating. The steps for sweeping are the following:

- Conduct a visual sweep along the route between the work location and the building exit.
- Knock on office doors that are closed or locked, shout loudly to evacuate.
- If safe, open doors and shout “evacuate” in areas such as restrooms, locker rooms, conference rooms, etc., or anywhere a facility occupant could be unaware of an emergency condition.
- Pay attention to anything that may assist with the timely rescue of personnel or identify the source of the emergency event.
- Notify the AAL of any person needing assistance to evacuate.

3. Assemble at the designated Assembly Area (AA) for accountability.

   Accounting for all persons after emergency evacuation is essential. When gathering at the AA, workers must:

   - Be aware of and give the right-of-way to responding emergency vehicles and personnel.
   - Provide the Assembly Area Leader (AAL), applicable local Operations Center, or IC with any information (e.g., smoke, pool of water, person-down, strange odor, hazardous conditions) obtained during the sweep.
   - Provide information regarding any resident who is absent or missing from the AA to the AAL, applicable local Operations Center, or IC.
   - Remain at the designated AA for further instructions or until the “All Clear” signal is given by the IC or designee.
   - NOT re-enter the building until instructed to do so by the AAL or applicable local Operations Center (who will be instructed by the IC).

     Note: Some emergency events may deteriorate rather than improve. If this is the case, the IC or building residents will determine the need to move a population from their initial AA to a relocation center, or move uphill or upwind of the event. The AAL or applicable local Operations Center will report accountability and status of personnel to the EOC at 667-6211 and/or the IC.

4. Report the event to the IC or EOC via the AAL, runner, radio, or phone call. The following should be conveyed in the report:

   - Why evacuated, accountability, and changes in AA
   - Observed hazards or unusual conditions
   - Any known injuries
   - Status of critical equipment/operations

5. Additional information from the IC will be relayed to the AAL such as all clear, etc.
6. Return to normal operations

   Returning to normal operations is the point at which the IC turns the facility back over to the facility personnel (typically the FOD or designee). Facility personnel must participate in a

face-to-face briefing with the IC to determine if recovery tasks must be completed. The IC or the facility personnel will then direct workers to return to the building so operations may resume.

Workers must not return to the building until they have received the “All Clear” from the IC. The IC may provide the facility personnel/AAL the “All Clear” to provide to building residents.

3.1.2.a Evacuation of Individuals with Special Needs

Any worker having a permanent or temporary special need that may hinder his or her evacuation must notify his or her line manager. The line manager will assign a co-worker(s) to assist the worker during all emergency events including, but not limited to, drills and real events requiring evacuation or sheltering.

Workers assisting others should:

- Always ask someone with a disability how they can be of help before attempting any rescue technique or giving assistance.
- Assist special needs individuals out of the building using the nearest exit.
- If unable to exit the building, and if safe to do so, assist the individual to the nearest exit stairwell or safe area of refuge, and inform emergency personnel of the situation.
- Notify the AAL/IC.

3.1.2.b Visitor Evacuation

All guests, visitors, and outside personnel (including subcontract and crafts workers, maintenance workers, delivery personnel, or persons attending a meeting) conducting business in a building are responsible to ask for evacuation information or to follow a resident during an evacuation. If an emergency evacuation occurs, building residents should consider escorting visitors and ensuring visitors know they can follow the resident out of the building.

3.1.3 Site-Wide Evacuation

Depending on the nature and urgency of the emergency, a decision by the IC will be made whether to evacuate the entire site or specific zones, and whether to allow workers to exit at a normal pace or enforce immediate site-wide evacuation. Under conditions where a site-wide evacuation is not practical, an ad hoc evacuation will be implemented depending on the nature of the threat, affected areas, and time available to move workers. Emergency Management will give specific instructions to LANL managers and workers regarding evacuation routes and other emergency-related information. During site-wide evacuations, CPA-CO acts as a point of contact for community entities outside of LANL.

Managers and mentors of students should be able to communicate to their direct reports, workers, and students in the event of a site-wide evacuation or site closure at any time (during the work day or after hours/weekends). It is recommended that worker phone trees are maintained and available to managers and their administrative professionals in the event that contact with workers is requested by Laboratory leadership. In the event that a site-wide evacuation is ordered, managers should have on hand a prepared and tested safe-shut down plan for equipment and operations.

Evacuations may prevent personnel from using their normal egress routes. LANL workers should consider alternate routes and/or egress methods to address closed roadways, detours, or evacuation timing that may make it impossible to catch their regular buses or carpools.

Note: LANL workers working within the town site will proceed to their destination using their normal route or as otherwise directed by Los Alamos County.

3.1.3.a LANL Evacuation Planning Sections

During events or situations that allow sufficient planning and warning time for a large area to be evacuated, established LANL Evacuation Planning Sections will be used to identify affected populations and establish evacuation priorities and routes. See the Evacuation Route Maps, available on request from Emergency Management at 667-6211.

The IC or the EOC will notify LANL management and CPA-CO when evacuation plans are complete and provide evacuation details for distribution to LANL populations. CPA-CO will provide evacuation instructions for each section and an evacuation map when available via e-mail. The general evacuation sections at LANL are described below:

- Section A: Technical Areas (TAs) 06, 08, 09, 11, 14, 15, 16, 22, 28, 33, 36, 37, 39, 40, 49, and 69
- Section B: TA-03, 59, and 60
- Section C: TA-05, 18, 35, 46, 48, 50, 51, 52, 54, 55, 63, 64, and 66
- Section D: TA-53, 61, and 72
- Section E: TA-02, 21, 41, 43, and 73

3.1.4 Security

3.1.4.a Security During an Evacuation

When handling classified materials in an emergency, the health and safety of workers comes first. Workers must understand their security responsibilities before an emergency occurs. Workers must inform their management and the IC of any classified materials that are left unsecured during an evacuation.

Workers with questions regarding the handling of classified matter in an emergency should contact the Security Help Desk at 665-2002 or e-mail security@lanl.gov.

See P204-2, *Classified Matter Protection and Control Handbook* for details regarding handling classified matter in an emergency situation.

3.1.5 Sheltering

LANL uses three types of sheltering: Shelter in Place, Stay Put, and Lock Down/Hide Out. It is essential that LANL workers know how to appropriately carry out any of these sheltering protective actions.

The recommended sheltering protective action depends on the triggering event as follows:

- Shelter in Place (workers make a shelter out of the place where they are located) is triggered by a hazardous material release such as a chemical, biological, or radiological release. See Sections 3.1.5.a and 9.1.

- Stay Put (workers stay in their offices) is triggered by inclement weather, such as ice, snow, flooding, or lightning; or wild land fire. See Sections 3.1.5.b and 9.1.
- Lock Down/Hide Out (workers lock themselves in or hide a safe place) is triggered by an active shooter or other workplace violence. See Sections 3.1.5.c and 9.1.

3.1.5.a Shelter in Place

Shelter in place is the protective action used primarily during a hazardous material release. Sheltering in place in any building will provide some shelter, and is better than being outside and potentially receiving a greater exposure to the hazard.

Upon receiving the notification to shelter in place workers will do the following:

- stay calm,
- stay inside or move indoors,
- close windows and doors,
- notify building personnel and visitors of the need to shelter in place,
- in buildings that have simple thermostat-controlled heating and air conditioning units with an "off" setting, shut down the ventilation system. See Section 3.1.5.a[4]).

  Note: Some buildings have Heating, Ventilating, and Air Conditioning [HVAC] systems that do not require shutting down ventilation systems). The FOD maintenance manager will have this information.

- go to the pre-determined shelter in place location (see Section 3.1.5.a[1]),
- check the LANL internal or external home pages for a news bulletin from CPA-CO,
- keep communication lines open for emergencies (land line telephones and cell phones), and
- take accountability and report it to the EOC at 667-6211,and/or report it to the applicable local Operations Center who will then report it to the EOC.

Note: Real events and drills must be documented. It is recommended that AALs collect a list of names and Z numbers of the sheltered-in-place personnel and after the event, send the list to the applicable FOD Emergency Preparedness Coordinator (EPC). For further instructions or a list of FOD EPCs call 667-6211.

3.1.5.a(1) Shelter in Place Location Guidelines

The best shelter location will be an internal conference room or an internal hallway.

Room(s)/hallways should, if possible, have the following attributes:

- approximately 10 square feet of floor space per person to provide ample oxygen for a one to three hour period;
- minimal connections to the outside of a building (few or no exterior doors, windows, or vents);
- a telephone to allow contact with the outside;
- a computer to check for updates;
- restrooms close by; and
- a water source (i.e., water fountain or kitchen) close by.

Personnel in vehicles should roll up windows and close vents that draw in outside air (including heater and air-conditioning vents, if applicable) and proceed to a safe location.

3.1.5.a(2) Shelter in Place Kit Guidance

As specified in building emergency plans, some buildings need a shelter in place kit. A kit may be necessary for transportables (trailers) or other older buildings with leaky windows and doors. A kit may include the following items:

- wide painter's tape, to be used to cover external windows/vents and doors,
- flashlight with batteries,
- first aid kit,
- roll call sheet for accountability, or paper to document names and Z numbers, and
- facility specific instructions that detail how to report accountability.

3.1.5.a(3) Optional Personal Shelter in Place Kit

The following items are suggestions for inclusion in a personal shelter in place kit:

- personal medications, such as insulin (enough for 2–3 hours maximum);
- coat, jacket, or sweater;
- snacks;
- cell phone, where permitted by building security requirements; and
- a change of clothes in case of potential contamination.

Note: If workers do not have a work pager or cell phone, their building/group may not be able to notify them that sheltering in place protective actions are taking place. Road blocks may be in place. Training and good judgment will dictate what to do to reach a shelter location.

3.1.5.a(4) Shutting Down Ventilation

Shutting down HVAC systems in some facilities can be complicated, and there may be some critical operations that require special considerations. In these cases, only those individuals who are trained, have the necessary Personal Protective Equipment (PPE), and are in facilities with approved ventilation shutdown procedures may shut down HVAC systems or set air to re-circulate only. If unsure about the ability to shut down ventilation in your building, ask for assistance from facility or maintenance personnel.

Note: Shelter in place is still effective even if the facility ventilation system cannot be shut down. Remember, sheltering is for a short duration. Once it is safe to move a population or allow them to go outside, the IC will provide this information.

3.1.5.b Stay Put Sheltering

Stay put sheltering is the protective action used primarily during hazardous weather events (snow, ice, floods, and lightning), or other events that put workers in harm's way outside. This protective action calls for personnel to move or remain indoors.

Upon hearing the notification to stay put shelter, all LANL workers will do the following:

- stay inside,

- check e-mail or the LANL home page for information from CPA-CO, and
- follow instructions provided by Emergency Management and the applicable local Operations Center.

3.1.5.c Lock Down/Hide Out

Lock Down/Hide Out is the protective action used primarily during workplace violence events, including active shooter situations. Workers must take responsibility and take care of themselves until law enforcement arrives by integrating security event responses into emergency preparedness.

Upon hearing gunshots or other indicators of violence (screams, warning shouts, etc.) or receiving a notification to Lock Down/Hide Out, workers will do the following:

- Evacuate (RUN) if safe to do so.
- Lock themselves in a room (HIDE); turn lights off, keep communication equipment muted, stay in a location where they cannot be seen. If available, push furniture (desks, cabinets, etc.) against the door. Spread out in the room, and DO NOT huddle in a group.
- If all else fails and the worker is in immediate danger, FIGHT back with anything and everything at hand. Stay committed.
- Call 911 when it is safe to do so.
- When law enforcement arrives, comply with their instructions. Workers will show their hands and not carry or hold anything. Provide any information requested, (e.g., description of shooter[s], etc.).

3.2 Emergency Events Response Guidelines

All workers should call 911 and 667-6211, and, if applicable, the local Operations Center, for fire and life threatening emergencies. In addition, workers should call 667-6211 for potential hazards such as strange odors, suspicious packages, spills and releases, vehicle collisions, and other miscellaneous incidents.

The sections below identify the steps to take in response to certain events. In general, during an emergency event, workers should remain calm and follow instructions from the emergency responders. Facility specific and/or programmatic-specific instructions may apply to certain workers and will be incident dependent.

3.2.1 Bomb Threat

A person receiving a telephone bomb threat should remain calm and obtain as much information as possible from the caller by completing the Bomb Threat Checklist.

- DO NOT pull the fire alarm pull box.
- DO NOT open/close windows and doors, unless to exit.
- DO NOT touch light switches during a bomb threat evacuation.
- DO NOT use cell phones.
- Call Emergency Management (667-6211). At LANL leased facilities call 911 first with a follow up notification to Emergency Management.
- Follow emergency responders' instructions.

3.2.2 Earthquake

During an earthquake, fire alarms and sprinkler systems may activate even if there is no fire involved. Workers should follow these guidelines:

- Stay inside.
- Take cover underneath a table or against an inside wall, protecting their heads and necks.
- Stay away from windows (where glass can shatter) and from objects that could fall.
- Call 911 then Emergency Management (667-6211).

Note: Emergency Management and 911 will likely be experiencing heavy call traffic during an earthquake, so workers should keep trying to make contact,

After an earthquake, workers should follow these guidelines:

- Evacuate the building and report to designated AA or relocation shelter unless directed otherwise.
- DO NOT use elevators. Use the stairs if they are not damaged or blocked with debris.
- Move away from structural damage and watch for other hazards (downed power lines or dangerous overhead lines, pipeline breaks, spills and releases).

3.2.3 Fire, Smoke, Explosion

In the event of a fire, explosion, or if a worker sees smoke, in general, the worker should:

- Activate fire alarm or verbally direct employees to evacuate.
- Proceed to the AA for accountability.
- Follow evacuation, sweep, and accountability procedures.
- Call 911 then Emergency Management (667-6211),
- If applicable call the local Operations Center.

Note: If a worker is at risk in trying to get to a pull box or in calling 911, he or she should evacuate first and then find a safe location to call 911 and (if possible) pull the alarm.

In the event of a wild land fire, the order may be given by the IC to Stay Put rather than evacuate.

If a worker is familiar with or trained in the use of a portable fire extinguisher, he or she should first pull the fire alarm and call 911, then attempt to put out the fire if it is safe to do so.

3.2.4 Hazardous Material (Chemical, Biological, or Radiological) Spill/Release

In the event of a hazardous material incident workers should follow these steps, as applicable:

3.2.4.a Chemical or Biological Spill/Release

- Notify and evacuate personnel in the immediate area.
- Call the facility Industrial Hygienist (IH) for instructions.
- Notify Emergency Management at 667-6211.
- Follow IH instructions.

- Notify facility management and/or the applicable local Operations Center.
- Segregate potentially contaminated workers from other evacuees.
- Follow facility-specific procedures (if applicable).

3.2.4.b Radiological Spill/Release

- Notify and evacuate personnel in the immediate area.
- Call the Radiological Control Technician (RCT) for instructions.
- Follow RCT instructions.
- Notify Emergency Management at 667-6211.
- Notify facility management and/or the applicable local Operations Center.
- Segregate personnel in Radiological PPE and other potentially contaminated workers from other evacuees (i.e., do not co-mingle).
- Follow facility-specific procedures (if applicable).
- Follow facility-specific instructions from applicable local Operations Centers.

3.2.5 Lightning

If workers are outdoors during a thunderstorm, they should:

- Move to a safe location to minimize chance of injury or death.
- Avoid contact with trees and metal objects, including bicycles. Find a low spot, not prone to flooding, away from trees, fences, and poles. Crouch low, feet together, providing a single point of contact with the ground.

3.2.6 Power Outage

- Remain calm.
- If safe to do so, unplug all electrical equipment, including computers, and turn off light switches.
- DO NOT use elevators.

3.2.7 Unattended Package or Unexploded Ordnance

If a suspicious or unattended package or device is found:

- Remain calm.
- Isolate area immediately around package or device.
- DO NOT use a cell phone in the area.
- Immediately call 667-6211 and the applicable local Operations Center from a safe location, preferably from a landline phone. At LANL leased facilities call 911 first with a follow up notification to Emergency Management.
- DO NOT PULL FIRE ALARM PULL BOX FOR SUSPICIOUS PACKAGES.
- DO NOT move any suspicious object(s).
- Follow instructions from the Emergency Manager.

3.2.8 Workplace Violence

Workplace violence is violence or the threat of violence against workers. It can range from threats and verbal abuse to physical assaults and homicide. Violence in the workplace is an emergency.

LANL has a zero-tolerance policy toward workplace violence. If workers notice workplace violence, they must call 911. For more information see P724, *Workplace Violence*.

Workplace violence cannot be predicted, but workers can be prepared for emergencies by following these guidelines:

- be observant and aware of surroundings;
- report abnormalities;
- keep training current;
- practice emergency procedures; and
- talk with family and co-workers about preparing for this type of event and actions to take during this type of event.

3.2.8.a Active Shooter

In the case of an active shooter, workers should follow the steps below. Safety is the number one priority:

- Evacuate— (RUN) if safe to do so.
- Lock themselves in a room— (HIDE), lights off, communication equipment muted, in a location where they cannot be seen. Spread out and DO NOT huddle in a group.
- If all else fails and the worker is in immediate danger, FIGHT back with anything and everything at hand.
- Call 911 when it is safe to do so.
- Wait until law enforcement arrives and comply with their instructions. Provide any information requested, (e.g., description of shooter[s], etc.).

Note: All emergencies occur under a unique set of circumstances. As such, no emergency plan can cover all situations. Building occupants must be prepared for the unexpected in any emergency situation, and plan to act as if they are “first responders” until Emergency Management or LAFD arrives on the scene.

For all of the above types of events, real events as well as drills must be documented. The FOD EPC will fill out the appropriate internal forms to document shelter or evacuation events. The FOD EPC can be contacted by e-mailing epcs@lanl.gov.

3.3 Precautions and Safety Equipment

3.3.1 Tag Your Bag

The Laboratory requires that all personal items be properly tagged. Untagged bags abandoned in public places at the Laboratory are assumed to be hazardous devices by the Hazardous Devices Team. If the owner cannot be located the item(s) will be destroyed.

Workers should do their part to prevent expensive false alarms by taking the time to Tag Your Bag. The tag should identify the owner and list a number where the owner can be reached.

The badge office can make a tag from a worker's business card. Or workers may call Emergency Management at 667-6211 or e-mail bagtag@emo.lanl.gov to request a tag.

3.3.2 Automatic External Defibrillator (AED) Program

AEDs may be used during administration of help to someone who is not breathing and is in need of CPR. The point of contact for the AED program at the Laboratory is Occupational Medicine; call 667-0660 for information. More information can also be found at the Automatic External Defibrillator (AED) Program webpage.

- Workers should call 911 prior to AED use.

Note: It is recommended that workers providing help have current training in basic first aid, CPR and the use of AEDs. Subject to certain exceptions, the New Mexico "Good Samaritan" law provides protections from civil liability for persons who come to the aid or rescue of another person at or near the scene of an emergency.

3.3.3 Telephones and Emergency Calling

All LANL telephones have direct access to a local Public Safety Dispatch Center by dialing 911. Enhanced 911 services (E911) also identify the physical location of the caller. As telephone location records are the primary source for E911 first responders, these location records must be accurate.

Most telephones at LANL are Voice Over Internet Protocol (VoIP) telephones. Whenever a VoIP telephone is relocated, a notification of that new location must be given to the LANL communications team by e-mailing tcateam@lanl.gov to update location records. This new location notification is the responsibility of the phone's listed owner, but anyone may make the notification.

Along with the advantages of VoIP phones, there are some caveats the LANL worker must be aware of:

- The VoIP phone may not function during an electrical power outage.
- The VoIP service will not function if the network connection fails.

In the event of a failure in VoIP telephone service, personal cellular phones and LANL-issued mobile devices function as primary backup at LANL. In areas of poor cellular service, an alternative is often provided in buildings. An analog telephone (may be red) may be installed in hallways, near exits, and in other areas that are occupied but have poor/no cellular reception. These red analog telephones are available for emergency or general use and are not dependent on building power or data network support. They are in highly visible locations and designated by red signage.

When dialing 911 from a cell phone on LANL property, the caller must report a location to the dispatcher who may be in Santa Fe.

3.4 Continuity of Operations (COOP)

Continuity planning is an effort to document and ensure the capability to continue organization essential functions during a wide range of potential emergencies.

Workers can help ensure the continuity of LANL operations by making sure their organization knows how best to reach the worker in an emergency and by knowing their emergency responsibilities.

During an emergency event, routine processes may become more difficult, complicated and the consequences may have a higher impact. COOP implementation involves intentional, preplanned movement of selected personnel and critical resources to an alternate operating facility if applicable.

It is the worker's responsibility to be comfortable with their roles and responsibilities relative to emergency response, report their whereabouts to management as soon as possible, and ensure accurate and current contact information for notification. This will reduce the need to expend valuable resources verifying a worker's safety, ensure workers receive critical communications related to an emergency event, and provide leadership with personnel resource information impacting activities required as a result of the event.

For more information see DOE O 150.1, *Continuity Programs* and the EPP-COOP-006*, LANL COOP [Continuity of Operations] Plan*.

4.0 RESPONSIBILITIES

4.1 Emergency Manager

- Provides on-call, 24-hour coverage for emergency response.
- May become the IC.
- Is responsible for initial notification and communications, classification/categorization and providing protective actions for on-site entities and for providing protective action recommendations for off-site entities such as Los Alamos County and surrounding jurisdictions.

4.2 Incident Commander (IC)

- Has authority and responsibility for command and control at the event scene. Depending on the type of event, LANL Emergency Managers, a Fire Department Company or Chief Officer or police officer may be the IC. Specific training is required before any of these organization's personnel can legally be declared the IC.

4.3 LANL First Responders (Hazardous Devices Team, HAZMAT Team, medically-trained facility response teams, etc.) and Emergency Management Personnel

- Respond to emergency events at LANL and mitigate them as safely and quickly as possible.
- Together with the responding fire department and Emergency Medical Services units, provide rescue and medical treatment for injured employees at LANL, as appropriate.

4.4 Managers and Workers

- Be familiar with the emergency plans for their buildings, this document, and appropriate facility plans.
- Discuss emergency procedures with all workers, managers and co-workers.
- Invite the FOD EPC to explain the emergency protective action notifications and Sheltering actions.
- Know evacuation and sheltering procedures.

4.5 Assembly Area Leader (AAL) and Facility/Site Operations Center

Note: This role can be assumed by any worker on-site at the time an emergency event occurs. At some sites/facilities, facility management and/or the applicable local Operations Center fulfill the duties of the AAL. Building-specific emergency plans will identify these roles.

- Conducts and reports accountability during evacuation and/or sheltering events.
- Acts as the point of contact for the IC (the IC is normally a representative from the LAFD or Emergency Management).
- Announces oneself upon arrival to the AA.
- Assigns additional AAL(s), when necessary. If more than one AA is used during an evacuation, additional AALs are to collect accountability and sweep information from those present and report information gathered to the primary AAL or applicable local Operations Center.
- Contacts other AALs (if applicable) and/or the applicable local Operations Center, collects information on accountability and sweeps of the buildings, and submits results to IC.
- Ensures notifications are made to tenants who are located in buildings with no audible or visible alarms to evacuate (e.g., sends a runner).
- Questions all persons at the AA, gathering information such as the presence of pools of water, strange odors, smoke, person down or missing, etc.
- Gathers and disseminates pertinent information relative to evacuation/sheltering, i.e., existing or new hazards that may be created by the event.
- Notifies evacuees they can re-enter the building only upon receiving an “All Clear” signal from the IC.
- Selects an alternate AA if conditions/situation warrant (e.g., wind, weather, event location) and notifies the IC/Emergency Management immediately of AA location.
- Is in charge of the personnel at the AA until the arrival of the IC.

4.6 Tenants/Evacuees

- Assume the AAL role upon arrival at the AA if comfortable performing the AAL responsibilities.
- Communicate to the AAL concerns, information, missing personnel, status or hazards of facility work, and any observed hazardous conditions.
- Respond to emergencies in accordance with the facility-specific emergency plans.
- Obey all signs and postings.
- Follow the instructions of the ICs.
- Complete Laboratory-wide Emergency Preparedness and Protective Actions Training (part of General Employee Training [GET]) and other protective actions training as required.
- Familiarize themselves with the nearest emergency exits, fire alarm pull stations, fire extinguishers, automatic external defibrillator(s), and emergency contact numbers.
- Know the primary and alternate evacuation routes from their office areas.
- Know the designated Assembly Area.
- Participate in scheduled drills.

- Direct concerns or questions related to these activities to line managers.

4.7 Runner (may be a facility Subject Matter Expert [SME])

- Appointed by the AAL (or may be the AAL), to establish communications between the AA, the applicable local Operations Center, and the IC, other AAs, or other entities involved in the building emergency or responding to it.
- Establishes and maintains continuous communications with all entities involved in the emergency, especially the IC, until the "All clear" signal has been given.
- Assists the AAL in establishing accountability for the building, and reporting this and related information to the EOC, the applicable local Operations Center, or the IC.
- Assists the AAL in determining and delivering emergency first aid support and performing other duties in response to the emergency.

4.8 Facility Operations Director (FOD) Emergency Preparedness Coordinator (EPC)

- Briefs workers on the emergency protective action notifications and Sheltering actions recommended for their buildings.
- Completes the appropriate internal forms to document shelter or evacuation events or drills.

5.0 IMPLEMENTATION

The requirements in this document are effective on the issue date.

6.0 TRAINING

6.1 Initial Training

New workers at LANL will receive Emergency Preparedness and Protective Actions training as a part of GET. Workers will receive Facility Emergency Plan-specific training in emergency procedures and protective actions at their work locations.

6.2 Refresher Training

Refresher training will not be a repetition of initial training, and Facility Emergency Plan-specific training will not be a repetition of the Laboratory-wide Emergency Preparedness and Protective Actions Training.

Laboratory-wide Emergency Preparedness and Protective Actions Refresher Training (Course #10922, *LANL Emergency Procedures and Protective Actions Refresher Training*) will be provided to all LANL workers whenever there is a change in the worker's responsibilities or in emergency procedures. This refresher training will be based on a training needs analysis, documenting the changes and the need for training. This refresher training will include, but is not limited to:

- changes required by applicable codes, regulations, standards, policies, and procedures,
- lessons learned and near-miss events based on the past year's performance from both LANL and across the DOE complex,
- LANL and industry operating experience,
- training on selected topics from initial training to correct identified inadequate performance by workers at LANL,
- training on seldom used, abnormal, and emergency procedures and contacts,

- training on fundamentals of seldom used knowledge and skills necessary to assure safety, and
- training on other topics directed by LANL or DOE management.

Facility Emergency Plan-specific refresher training is required whenever there are significant changes to the emergency plans or the worker's emergency responsibilities. This training will be based on a training needs analysis and will be approved by the FOD before implementing the refresher training requirement.

Facility Emergency Plan-specific training refresher training will include:

- changes in the Facility Emergency Plan, such as the relocation of AAs, shelter facilities, etc.,
- lessons learned and near-miss events based on the past year's performance in the building or at the facility,
- refresher training on selected topics from initial Facility Emergency Plan training to correct identified inadequate performance by workers in the building or facility,
- refresher training on seldom used abnormal and emergency procedures and contacts,
- refresher training on fundamentals of seldom used knowledge and skills necessary to assure safety, and
- refresher training on other limited topics directed by the Responsible Associate Director (RAD) or FOD.

Workers will participate in protective action drills and/or exercises when provided, to reinforce the emergency procedures and help ensure they are trained to respond to a real emergency event.

See P781-1, *Conduct of Training*, for requirements and procedures for the format, delivery, and content of Emergency Protective Actions and Facility Emergency Plan training.

7.0 EXCEPTION OR VARIANCE

To obtain an exception or variance to this document, see the following instructions:

- Managers may request an exception or variance from the IA through the RM.
- At the IA's request, the RM will provide a recommendation or supporting information.
- The IA or designee will provide the requester with a written response and copy the RM.

The requesting organization must maintain the official copy of record of the approved correspondence granting the exception or variance.

8.0 DOCUMENTS AND RECORDS

8.1 Office of Record

The Policy Office is the Laboratory Office of Record for this Institutional Document and maintains the administrative record.

9.0 DEFINITIONS AND ACRONYMS

9.1 Definitions

See LANL *Definition of Terms*.

Drill—A supervised, hands-on training intended to test, develop, and maintain a specific emergency response capability.

Emergency—A serious event that consists of any unwanted operational, civil, natural-phenomenon, or security occurrences that could endanger or adversely affect people, property, or the environment.

Emergency Evacuation Diagram—A diagram reflecting the actual floor arrangement and exit locations of a building. Development of emergency evacuation diagrams must be in accordance with the Emergency Operations/Building Emergency Plan Program and the LANL Engineering Standards Manual. Emergency evacuation diagrams must be developed for all new buildings at LANL and modified when existing buildings are altered.

Emergency Management—The development, coordination, and direction of planning, preparedness, and readiness assurance activities.

Emergency Operations Center (EOC)—A central facility from which management and support personnel carry out coordinated emergency response activities.

Emergency Operations Support Center (EOSC)—A LANL center staffed 24/7 with communications specialists and on-call emergency managers, who can be reached at (505) 667-6211 for assistance with or information about all non-life-threatening situations that involve abnormal or unusual circumstances or emergency events.

Emergency Plan—Documents the emergency management program and describes the provisions for response to an operational emergency. It contains a clear and concise description of the overall emergency organization, designation of responsibilities, and procedures, including notifications, involved in coping with any or all aspects of a potential credible operational emergency.

Emergency Preparedness Specialist/Coordinator—An individual assigned to a FOD/division to work with Security and Emergency Operations-Integrated Services (SEO-4), the Building Emergency Planning Program (BEPP), and EOC to fulfill responsibilities for emergency planning, preparedness, and response at the facility level .

Evacuation—A protective action that calls for the controlled relocation of personnel from a hazardous or potentially hazardous area.

Exercise—A scheduled and planned large-scale activity that tests the integrated capability and most aspects of the emergency management program associated with a particular DOE facility.

Facility—An area, physical structure, or combination of structures that form the envelope in which work is accomplished. At LANL, this is typically a building or complex of buildings within one Technical Area.

Facility or Site Operations Center—A LANL center that typically operates in support of medium- or high-hazard facilities and/or sites to provide access control during normal and emergency operations. Also provides notifications and communications to site personnel and emergency responders. May be staffed 24/7, only during normal work hours, or for unique operations.

Hazardous Material—Any solid, liquid, or gaseous material that is toxic, flammable, radioactive, corrosive, chemically reactive, or that may be unstable upon prolonged storage, in quantities that could pose a threat to life, property, or the environment and that is used in work.

Hide Out—The protective action of hiding, typically from an active shooter or other source of workplace violence.

Lock Down—The protective action of locking oneself in isolation or a restricted access area, typically in response to an active shooter or other source of workplace violence.

Response—Activities to address the immediate and short-term effects of an emergency or disaster. Response includes immediate actions to save lives, protect property, and meet basic human needs.

Safe Area of Refuge—A location in a building designed to hold occupants during a fire or other emergency, when evacuation may not be safe or possible. Occupants can wait there until rescued by firefighters. A safe area of refuge may be used by any person who cannot access a safe escape route, any person assisting another who is prevented from escaping, any sick person, and any person with a disability. FOD EPCs will work with LAFD personnel who can assist with defining specific safe areas of refuge.

Shelter In Place—The use of a structure and its indoor atmosphere to temporarily separate individuals from a hazardous outdoor atmosphere. Shelter In Place entails closing all doors, windows and vents and taking immediate shelter in a readily accessible location that puts as much indoor air and mass between the individual and the hazardous outside air, such as a basement or centrally located medium to small room, and trying to make it as airtight as possible by shutting off all ventilation/HVAC systems.

Site—LANL as a whole.

Stay Put—A protective action by a person to remain somewhere (such as in his/her office) without moving or being moved.

Workplace Violence—Violence that originates from employees or employers and threatens employers and/or other employees. This may include assaults, other violent acts or threats that occur in or are related to the workplace and entail a substantial risk of physical or emotional harm to individuals, or damage to government resources or capabilities. Types of perpetrators are:

- **Outsider**—Someone who has no legitimate relationship with the victim or workplace and usually enters the workplace to commit a robbery or other criminal act.
- **Customer**—Someone who is a recipient of a service provided by the affected workplace or victim.
- **Employee**—Someone who has an employment-related relationship with the workplace victim. This may include current or former employees.
- **Employee-related outsider**—A current or former spouse/lover, relative, acquaintance, or some other person who has a dispute involving an employee of the workplace.

9.2 Acronyms

See LANL *Acronym Master List*.

AA	Assembly Area

AAL	Assembly Area Leader
ADMASER	Associate Director for Mission Assurance, Security, and Emergency Response
AED	Automatic External Defibrillator
BEPP	Building Emergency Planning Program
CPA-CO	Communications and Public Affairs-Communications Office
COOP	Continuity of Operations
CPR	Cardiopulmonary Resuscitation
DOE	Department of Energy
EMS	Emergency Medical Services
EOC	Emergency Operations Center
EOSC	Emergency Operations Support Center
EPC	Emergency Preparedness Coordinator
EPP	Emergency Planning and Preparedness
FOD	Facility Operations Director
GET	General Employee Training
HAZMAT	Hazardous Material
HVAC	Heating, Ventilating, and Air Conditioning
IA	Issuing Authority
IC	Incident Commander
IH	Industrial Hygienist
LAFD	Los Alamos County Fire Department
LANL	Los Alamos National Laboratory
MRT	Medical Response Team
NNSA	National Nuclear Security Administration
O	Order
PPE	Personal Protective Equipment
RAD	Responsible Associate Director
RM	Responsible Manager
RTC	Radiological Control Technician
RO	Responsible Office
SBP	Safety Basis Procedure
SEO	Security and Emergency Operations
SEO-3	Security and Emergency Operations-Emergency Management
SEO-4	Security and Emergency Operations-Integrated Services
SME	Subject Matter Expert
TA	Technical Area
USI	Unreviewed Safety Issue
USQ	Unreviewed Safety Question
VoIP	Voice Over Internet Protocol

10.0 HISTORY

Revision History		
05/26/10	P1201-4, Rev. 0	Initial Issue. This document cancels P1201-2, *Evacuation Plan*, and P1201-3, *LANL Shelter-In-Place Standard*.
12/16/10	P1201-4, Rev. 1	Added Section 3.10 to fulfill requirement from DOE O 150.1, *Continuity Programs,* to provide "all workers with an awareness briefing/training on continuity of operations." Added new Section 3.11 to address workplace violence issues and corresponding emergency procedures and protective actions. Updated Section 5.0 regarding the Unreviewed Safety Question/Unreviewed Safety Issue (USQ)/(USI) process.
06/17/14	P1201-4, Rev. 2	Reorganized content in Sections 3.0 and 4.0. Simplified roles, responsibilities and protective action descriptions. Combined related content. Removed attachments and provided links instead. Updated language in Section 5.0 to reflect USQ/USI process and implementation dates for affected facilities. Updated links, organization names, and acronyms.
12/22/15	P1201-4, Rev. 3	Throughout document, clarified requirements for LANL leased buildings. Section 4.6: Updated last bullet to read "Direct concerns or questions related to these activities to line managers." Updated links, titles, and acronyms.

11.0 REFERENCES

Prime Contract:

- DOE O 151.1C, *Comprehensive Emergency Management System*
- DOE O 150.1, *Continuity Programs*

11.1 Other References

- P781-1, *Conduct of Training*
- Conduct of Training Manual
- P1021, *Vital Records Program*
- P204-2, *Classified Matter Protection and Control Handbook*
- P724, *Workplace Violence*
- Bomb Threat Checklist
- Automatic External Defibrillator (AED) Program
- EPP-COOP-006*, LANL COOP [Continuity of Operations] Plan*
- Engineering Standards Manual
- P313, *Roles, Responsibilities, Authorities, and Accountability*

12.0 FORMS

There are no forms associated with this document.

13.0 ATTACHMENTS

There are no attachments associated with this document.

14.0 CONTACT

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Environment, Safety, Health Directorate

Environmental Protection – Compliance Programs Quality Procedure

Installing, Setting Up, and Operating ISCO Samplers for the MSGP

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History of Revisions

Document Number *[Include revision number, beginning with Revision 0]*	**Effective Date** *[Document Control Coordinator inserts effective date]*	**Description of Changes** *[List specific changes made since the previous revision]*
0	03/11	New Document.
1	04/13	Biennial Review and Revision
2	09/13	Biennial Review and Revision

Table of Contents

1.0 PURPOSE 4

2.0 SCOPE 4

2.1 Hazard review 4

3.0 RESPONSIBILITIES 4

3.1 Prerequisites 4

4.0 DOCUMENT CONTROL/RECORDS MANAGEMENT 4

5.0 WORK PROCESSES 5

5.1 Equipment and Tools 5
5.2 ISCO Sampler Installation 6
5.3 Configuring ISCO 3700 Samplers 7
5.4 Programming ISCO 3700 Samplers 7
5.5 Activating ISCO 3700 Samplers 8
5.6 Configuring ISCO Avalanche Samplers 9
5.7 Programming ISCO Avalanche Samplers 10
5.8 Activating ISCO Avalanche Samplers 10
5.9 Standing Down or Winterizing Samplers 11
5.10 Sampler Reset and Re-initialization After Sample Collection 12
5.11 Removing a Sampler 12

6.0 REFERENCES 12

7.0 DEFINITIONS 13

8.0 ATTACHMENTS 13

Attachment 1- LANL MSGP ISCO Sampler Installation Form 045-1 14
Attachment 2- Wiring Diagram for Avalanche Sampler 15
Attachment 3 – Battery Photovoltaic Connection Wiring 16
Attachment 4 - ISCO 3700 Configuration Settings 18
Attachment 5 – ISCO 3700 Program Sequence 19
Attachment 6 – LANL MSGP ISCO Sampler Activation Form 045-3 22
Attachment 7 – ISCO Avalanche Configuration Settings 23
Attachment 8 – ISCO Avalanche Program Sequence 24
Attachment 9 – LANL MSGP ISCO Sampler Winter Shut-Down Form 045-5 25
Attachment 10 – LANL MSGP ISCO Sampler Decommission Form 045-6 26

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:

- 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	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. **NOTE:** These boxes are locked. Therefore, a key should be obtained prior to accessing them. 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.
3	Install the separate protective battery box for the charged battery (follow manufacturer's instructions).
4	Determine the bottle set configuration from the equipment list on the Work Order. • If a Model 3700 sampler is indicated, install the correct distributor arm (has either "12" or "24" embossed on bottom at outlet). • 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. • Install required bottles and retaining devices in the sampler base. • 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). • Remove and place the clean bottle caps in a new Ziploc® plastic bag.
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	Install the actuator: • Anchor a stake to the channel bottom in the main flow of the outfall discharge. • Attach the sampler intake tube and the 1640 liquid level detector (actuator) to the stake. • 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. • Connect the actuator to the sampler using the cable connector provided by the manufacturer. • If necessary, use a gravel bag to create a small pooling area for the actuator and sampler intake to sit in. 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.

7	**NOTE:** You must be a trained electrical worker and have completed all required courses in Training Plan #2876 to conduct this step. 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.)

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	After the programming is complete, select “Run diagnostics” and press “Enter” to run the system diagnostic test. The diagnostic tests include the following: • RAM and ROM test • LCD test • Pump test (“OFF/ON” number should be between 50 and 200 for a successful test) • Distributor test -- select “YES” to run test. Test will move the distributor to Position 24 and then return it to Position 1.
7	Following the diagnostic tests, “Reinitialize Controller” will be displayed. Select “No” and press “Enter.” Do not select “Yes.” 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	**NOTE:** 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	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). Note: The MSGP monitoring quarters are as follows • April 1 through May 31 • June 1 through July 31 • August 1 through September 30, and • October 1, through November 30.
2	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. **NOTE:** You must be a trained electrical worker and have completed all required courses in Training Plan #2876 to conduct this step. If not already installed, install and hook up the charged battery. 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.
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: • RAM and ROM test • Pump test ("ON/OFF" ratio should be between 0.80 and 1.25 for a successful test) • Distributor test -- select "YES" to run test. Test will move the distributor to Position 14 and then return it to Position 1.
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. **NOTE:** 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	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). Note: The MSGP monitoring quarters are as follows • April 1 through May 31 • June 1 through July 31 • August 1 through September 30, and • October 1, through November 30.
2	**NOTE:** You must be a trained electrical worker and have completed all required courses in Training Plan #2876 to conduct this step. If not already installed, install and hook up the charged battery(ies). 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.
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. **NOTE:** 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 ENV-CP-QP-047, *Inspecting Storm Water Runoff Samplers and Retrieving Samples for the MSGP* for collecting samples from an ISCO and installing new bottles so it is ready to collect new samples.
2	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. If sampler is to be deactivated, follow the steps specific to each sampler provided in the preceding section. 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”: 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.”

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*

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/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).

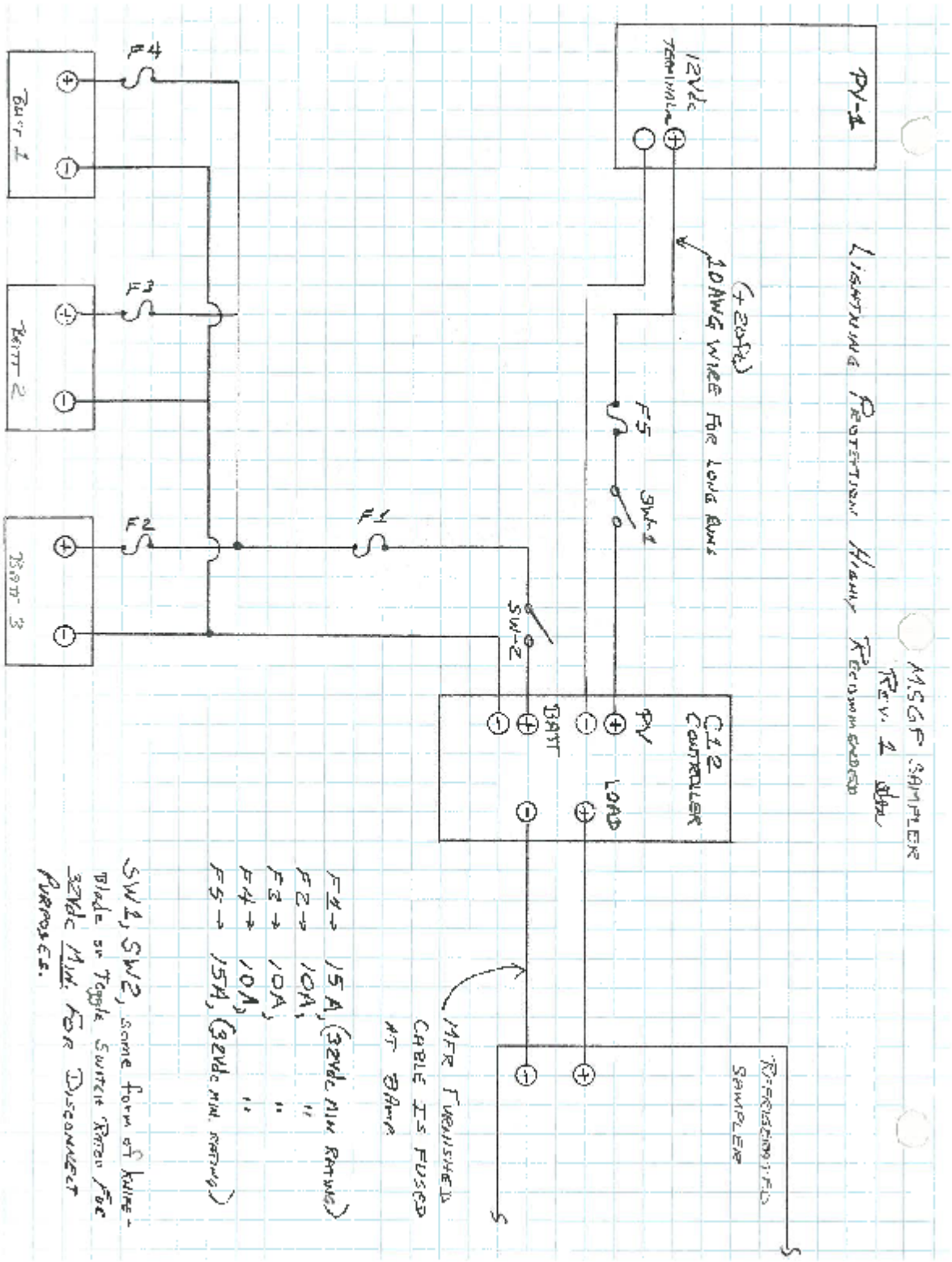
Equipment	Manufacturer	Model	Serial No.	Specification	Configuration
Actuator	ISCO	1640	210J01660		
Charge Controller	Xantrex	C-12	B20037667		
ISCO 3700 Sampler	Teledyne	3700	198H00978	Bottle Set	12c- 1 1L Glass, 11 1L Poly
ISCO 3700 Sampler	Teledyne	3700	198H00978	Program	Time / Multiplex no delay
ISCO 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-S85P	11004467		

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.	❒Yes ❒No
Deploy Avalanche sampler matching serial number listed in equipment list above for installation.	❒Yes ❒No
Deploy and install pH and Temperature Probe listed in equipment list above and probe saturation reservior.	❒Yes ❒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?	❒Yes ❒No
Is the sampler installed according to steps in ENV-QP-045.0?	❒Yes ❒No
Is a Greenlee box used?	❒Yes ❒No
Are electrical connections secure?	❒Yes ❒No
Record battery voltage(s). Voltage(s) > 11.7 V ?	❒Yes ❒No
Is the sampler physically configured for the types and number of bottles specified above (i.e., correct carousel, base, arm)?	❒Yes ❒No
Is the sampler programmed correctly per ENV-QP-045.0 for the program / bottle set specified above?	❒Yes ❒No
Does sampler pass the ISCO diagnostics test ?	❒Yes ❒No
Does sample tubing pass suction test?	❒Yes ❒No
Is sampler ON upon departure?	❒Yes ❒No
Does ISCO display either "Sampler Inhibited" or "Program Disabled"?	❒Yes ❒No
Has the actuator switch been reset to "Latch"?	❒Yes ❒No
If any maintenance completed, check YES and describe.	❒Yes ❒No
If any follow-on maintenance is required, check YES and describe.	❒Yes ❒No

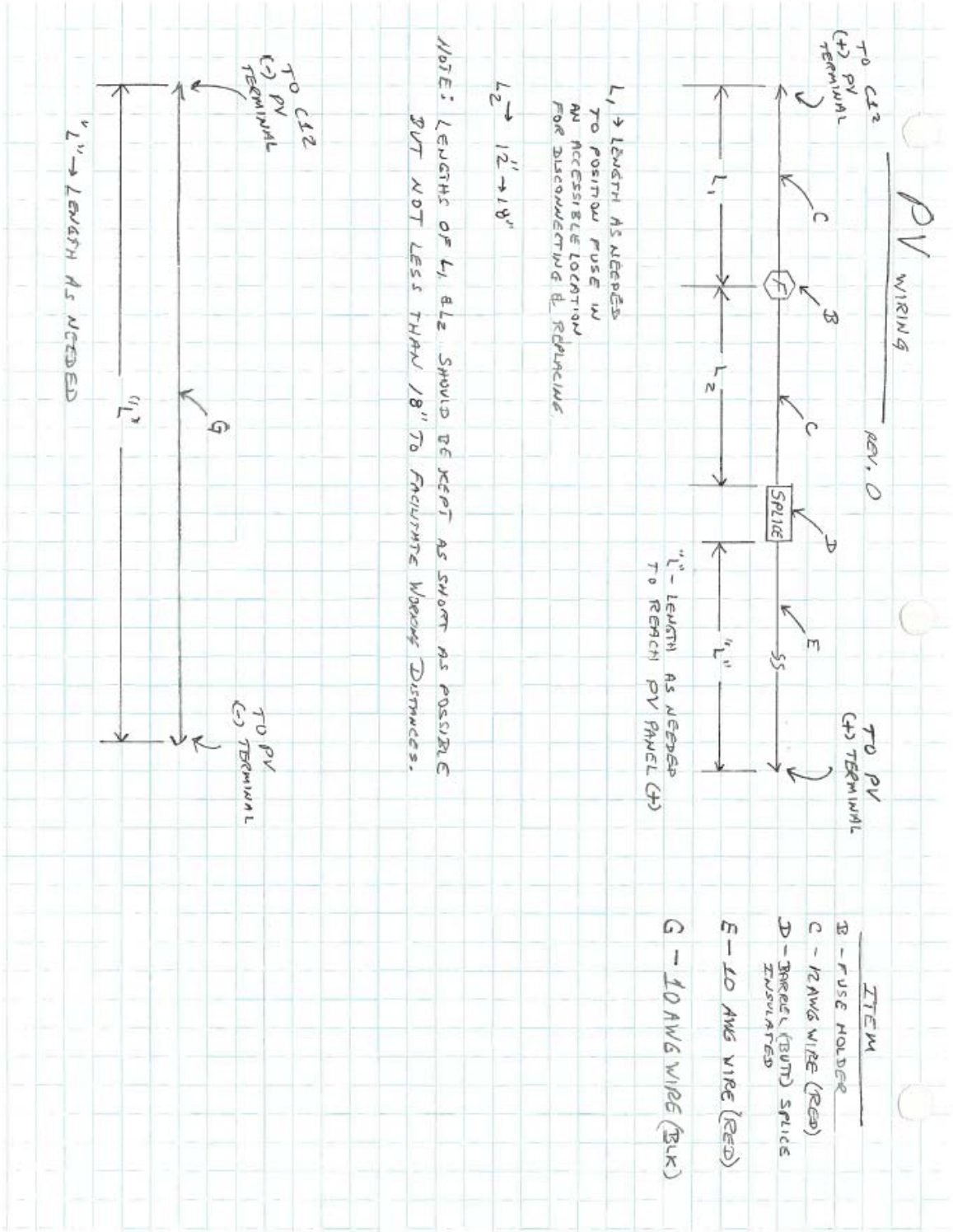
LANL PERSONNEL USE ONLY (Initials and dates)		
Accepted	Tech QC	ENV-RCRA Review
_____	_____	_____

Page 1 of 1 for MSGP-31193

ATTACHMENT 2- WIRING DIAGRAM FOR AVALANCHE SAMPLER

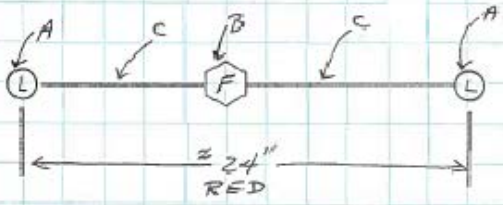


ATTACHMENT 3 – BATTERY PHOTOVOLTAIC CONNECTION WIRING

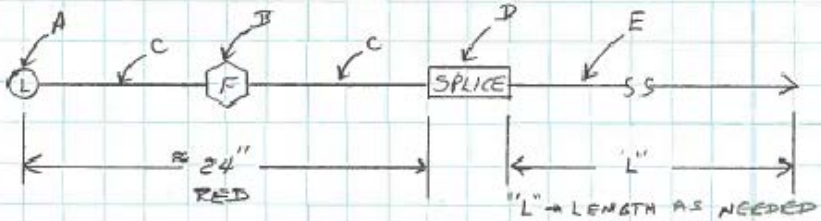


BATTERY CABLE OPTIONS

REV. 0



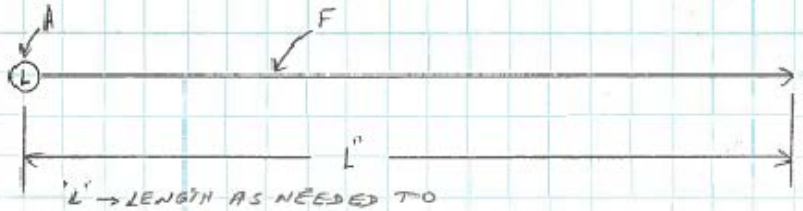
INBETWEEN (+) TERMINAL BATTERY CONNECTIONS



"L" → LENGTH AS NEEDED TO REACH CHARGE CNTRLLR

FROM LAST BATTERY (+) TERMINAL TO (+) BATT INPUT OF C12 CHRG CNTRLLR

INBETWEEN (-) TERMINAL BATTERY CONNECTIONS



"L" → LENGTH AS NEEDED TO REACH CHARGE CNTRLLR

FROM LAST BATTERY (-) TERMINAL TO (-) BATT. INPUT OF C12 CHRG CNTLLR

ITEM	
A	TERMINAL LUGS
B	FUSE HOLDER
C	12 AWG WIRE 12" (RED)
D	BARREL (BUTT) SPLICE INSULATED
E	10 AWG WIRE (RED)
F	12 AWG WIRE 24" (BLACK)

ATTACHMENT 4 - ISCO 3700 CONFIGURATION SETTINGS

Parameter	Storm sampling with multiplex, timed delay	Time sampling with multiplex	Flow sampling with multiplex
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
2nd bottle group	Time
2nd 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
Two-Part Program			
Part A	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
Part B	N/A	N/A	Yes
Pacing	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

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
Reset Sampler			
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.	❒ Yes ❒ No	
Does sampler pass the ISCO diagnostics test?	❒ Yes ❒ No	
Are electrical connections secure?	❒ Yes ❒ No	
Record battery voltage(s). Is/are voltage(s) > 11.7 V?	❒ Yes ❒ No	
Does ISCO display either "Bottle 1 of X afer 1" or "Sampler Inhibited"?	❒ Yes ❒ No	
Is bottle set described above installed?	❒ Yes ❒ No	
Is recorded height of actuator above channel bottom correct?	❒ Yes ❒ No	
If any maintenance completed, check Yes: Describe. If any follow-on maintenance is required, check Yes: Describe.	❒ Yes ❒ No ❒ Yes ❒ No	
Is sampler ON upon departure?	❒ Yes ❒ No	

Additional Notes:

LANL PERSONNEL USE ONLY (Initials and dates)		
Accepted	Tech QC	RNV-RCRA Review
_____	_____	_____

Page 1 of 1 for MSGP-12785

ATTACHMENT 7 – ISCO AVALANCHE CONFIGURATION SETTINGS

ISCO Avalanche Configuration Settings

Parameter	**All programs**
Maintenance	
Set Clock	[Set to MST]
Pump Tube Alarm	[1,000,000]
Reset pump counter	No
Run diagnostics	Yes
Re-initialize	No
Software Options	
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
Manual Functions	
Grab Sample	Manual option
Calibrate volume	Manual option
Operate pump	Manual option
Move distributor	Manual option
Other Settings/Misc	
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**
Program			
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
One-Part Program			
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 | Form 045-5 (3/2011)

LANL Multi-Sector General Permit
ISCO Sampler Winter Shutdown Form

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."	❒Yes ❒No	
Place caps securely on bottles in the sample carousel.	❒Yes ❒No	
Verify equipment list above.	❒Yes ❒No	
ISCO 3700 Sampler Units		
Disconnect and remove battery. Transport battery to MSGP stockroom for maintenance and storage.	❒Yes ❒No	
Place battery cables securely inside Greenlee box or ISCO casing.	❒Yes ❒No	
Pull up actuator and tubing and store in Greenlee box or ISCO casing.	❒Yes ❒No	
Avalanche ISCO Sampler Units:		
Disconnect and remove batteries. Transport batteries to MSGP stockroom for maintenance and storage.	❒Yes ❒No	
Place battery cables securely inside Greenlee box or ISCO casing.	❒Yes ❒No	
Pull up actuator and tubing and store inside Greenlee box or ISCO casing.	❒Yes ❒No	
Transport Avalanche sampler to MSGP stockroom for maintenance and storage.	❒Yes ❒No	

Additional Notes:

LANL PERSONNEL USE ONLY (Initials and dates)		
Accepted	Tech QC	ENV-RCRA Review
_____	_____	_____

Page 1 of 1 for MSGP-12803

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?	❒ Yes ❒ No	
Turn sampler "OFF." Remove bottles from carousel.	❒ Yes ❒ No	
Disconnect and remove battery(ies), solar panel, and cables (as applicable).	❒ Yes ❒ No	
Pull up actuator and tubing. Disconnect from sampler unit.	❒ Yes ❒ No	
Uninstall Greenlee box, as applicable.	❒ Yes ❒ No	
Transport all removed equipment to the MSGP stockroom for maintenance and storage.	❒ Yes ❒ No	

Additional Notes:

LANL PERSONNEL USE ONLY (Initials and dates)		
Accepted	Tech QC	ENV-RCRA Review
_____	_____	_____

Page 1 of 1 for MSGP-12804

ENV-CP-QAPP-MSGP, R5	
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

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Derivative Classifier: ☐ **Unclassified** ☒ **DUSA** **ENVPRO**

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History of Revisions

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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.

Table of Contents

1.0 QUALITY PROGRAM 5
1.1 Quality Program Purpose 5
1.2 Organization 5
1.3 Responsibilities 6
2.0 PERSONNEL DEVELOPMENT 6
2.1 MSGP Curricula 6
2.2 MSGP Inspector Qualifications 8
2.3 MSGP SWPPP Preparer Qualifications 8
5.4 MSGP Visual Assessor Qualifications 9
5.5 Training Responsibilities 9
3.0 QUALITY IMPROVEMENT 10
3.1 Corrective Actions within ENV-RCRA 10
3.3 Quality Improvement Responsibilities 10
4.0 DOCUMENT CONTROL/RECORDS MANAGEMENT 10
4.1 Program Records 11
4.2 Program Records Responsibilities 11
4.3 Electronic Media 12
4.4 Databases 12
4.4 Implementation Responsibilities 13
5.0 PLANNING AND PERFORMING WORK 13
5.1 Work Processes 14
5.3 Work Performance 14
5.4 StormWater Pollution Prevention Plan 14
5.5 Inspections 16
5.6 StormWater Monitoring 16
5.7 Discharge Monitoring Reports 19
5.8 Adverse Weather Conditions and Climates with Irregular Stormwater Runoff 20
5.9 Reporting and Recordkeeping 21
5.10 Best Management Practices 22
5.11 Information Management 22
5.12 Responding to Water Quality Exceedances 22
5.13 Instrumentation and Equipment 24
6.0 DESIGN 24
7.0 PROCUREMENT 25
8.0 INSPECTION AND ACCEPTANCE TESTING 26
9.0 MANAGEMENT ASSESSMENT 26
10.0 INDEPENDENT ASSESSMENT 27
11.0 ATTACHMENTS 27

Attachment 1- MSGP Program Organization 28
Attachment 2 – Annual Reporting Form 29
Attachment 3 – Routine Inspection Form 35
Attachment 4 -- MSGP Facilities and Storm Water Monitored Outfalls Associated with Industrial Activity 2011, Permit NMR05GB21 37
Attachment 5 – Pollutants Under Impaired Waters Monitoring 38
Attachment 6 – Analytes by Industrial Sector 39
Attachment 7 – References and Guidance Documents 40

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

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*

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:

- 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	Identify opportunities for process improvement, health and safety enhancement, environmental protection, or other improvements of the program's operations. Discuss the identified opportunities with the Project Lead. Ensure issues are reported and corrected in a timely manner.

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*.

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 SD330, *Los Alamos National Laboratory Quality Assurance Program*
Program Lead	Conduct annual review of records to ensure compliance with project requirements.

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.

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.

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 S*ector-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

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:

Who	What
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

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	Ensure that all project monitoring requirements are performed in accordance with the MSGP. Review and update the MSGP Sampling and Analysis Plan annually.

	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	• Implement monitoring program as required by the MSGP Project Lead. • Conduct stormwater sampling in accordance with the MSGP Sampling and Analysis Plan and applicable procedures. • Ensure procedures for sample handling and control during sample preparation and retrieval are followed.
Sample Management Office	• Develop Statements of Work (SOW) for all analytical laboratories that perform analytical work for the MSGP project in accordance with P840-1, *Procurement Quality*. • Ensure analytical laboratories comply with the DOE's SOW. Conduct an annual audit of the laboratory to ensure compliance with the SOW. • Approve Statements of Work for analytical laboratories that are contracted to analyze water samples. • Approve analytical laboratories that are contracted to analyze water samples for regulatory compliance purposes. • Accept samples and submit them to and approved analytical laboratory for analysis. • Track progress of samples at the analytical laboratory and resolve issues with sample analysis. • Receive data packages from the analytical laboratory and enter data into the database. • Provide the MSGP Project Lead with monthly invoice updates. • Perform V&V of field data submitted and uploaded from forms when samples are submitted to the SMO.
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	• Ensure implementing procedures for sample analyses are used. • Ensure that MDMRs are submitted to EPA and NMED in accordance with the MSGP.
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	• Coordinate with Project Lead and provide funding as needed to install, inspect, maintain and implement identified BMPs. • Certify the corrective actions identified by the Project Lead and/or facility personnel (or their representatives) for their individual facilities in the Annual Report.

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 Acton

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	• Assure that analytical data is reviewed and accurate. • Notify appropriate SWPPP owners, Laboratory management, and Deployed Environmental Professionals. • Develop a corrective action plan. • Follow up with corrective actions if required. • Track corrective actions.
Facility Management and DEP	• Review analytical data with Project Lead and provide input into a possible corrective action necessary to improve water quality where needed. • Evaluate and improve BMPs in accordance with site conditions, industry standards, and manufacturer

	recommendations.

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	• Ensure data are collected and equipment is operated and maintained in accordance with project requirements. • 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.

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	• Provide input to the design process in accordance with appropriate standards, requirements, and implementing procedures. • Determine the qualifications required to perform a review of design documents. • Identify a resource with skills, knowledge, ability, training, and certifications required to complete the review of the facility engineering design documents. • Communicate the results of the review to the requestor.
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 SD330, *Los Alamos National Laboratory Quality Assurance Program* 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	• Approve audit schedules. • Provide input to the QA Specialist as to the content of audit. • Review audit reports for factual accuracy. Address all findings and implement corrective actions as appropriate.
QA Specialist	• Identify areas to be addressed during internal audits. • Contract with the Quality Management Group to perform annual internal audits. • Review audit procedures to ensure they meet the requirements in this section.
Team Members	Cooperate with auditors by providing information, data, etc. Implement corrective actions as directed by the Project Lead.

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

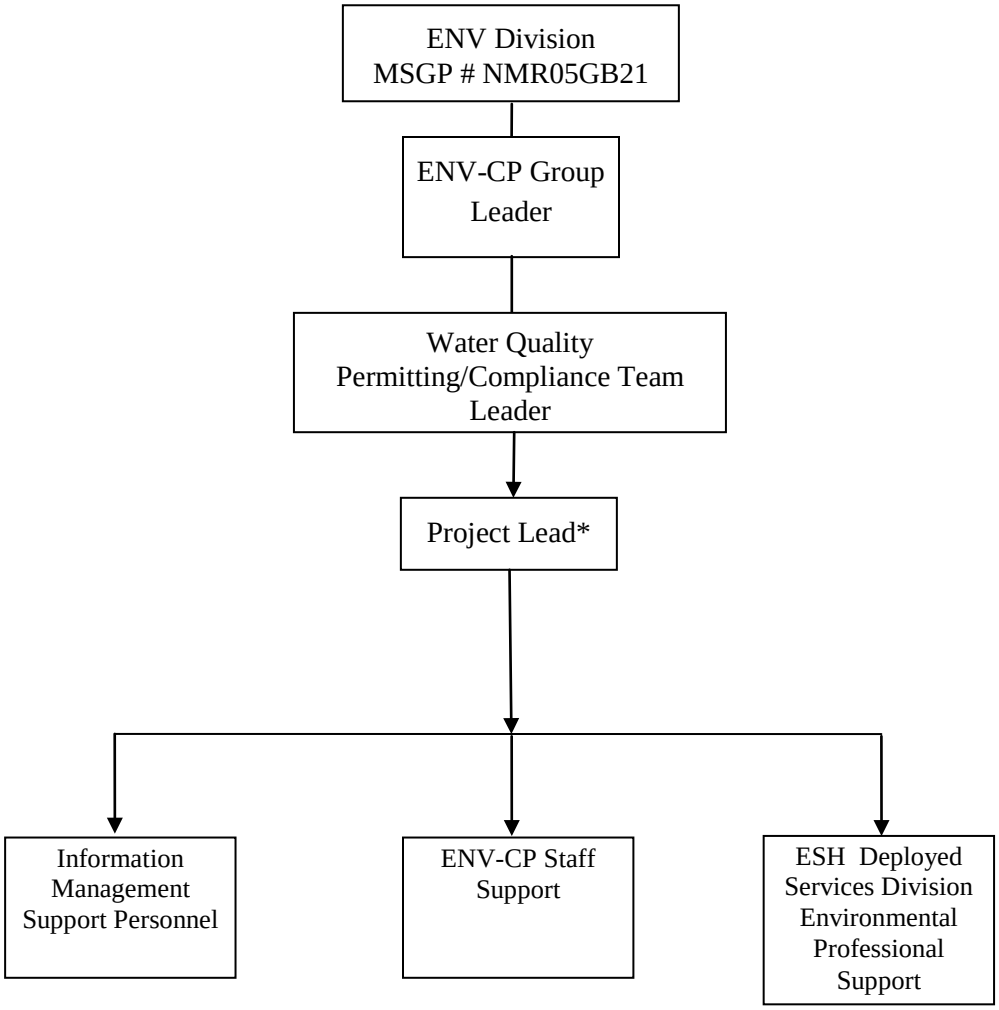
Attachment 5 – Pollutants under Impaired Waters Monitoring

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.:

EPA

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, DC 20460

Annual Reporting Form

A. GENERAL INFORMATION

1. Facility Name:

2. NPDES Permit Tracking No.:

3. Facility Physical Address:

a. Street:

b. City: c. State: d. Zip Code: -

4. Lead Inspectors Name: Title:

Additional Inspectors Name(s):

5. Contact Person: Title:

Phone: - - Ext. E-mail:

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? ☐☐

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 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 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 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.: ☐☐☐☐☐☐☐☐☐☐

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 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.:

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:

ATTACHMENT 3 – ROUTINE INSPECTION FORM

Name of Facility:	**Responsible FOD (Name & Organization):**	
Qualified Inspector(s): **Others Present:**	**Inspection type:** □ **Quarterly** □ **Other**	**Date of inspection (MM/DD/YYYY):** **Time of inspection:**

Weather: ❑ **Clear** ❑**Cloudy** ❑ **Rain** ❑ **Sleet** ❑ **Fog** ❑ **Snow** ❑ **High Winds** ❑ **Other:**
Temperature: **° 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.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12					

Were additional BMPs or Control Measures implemented? □ **Yes** □ **No Describe:**

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			
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? □ Yes □ No			
Were any Corrective Actions initiated or completed? □ Yes □ No Describe:			
Are there any conditions requiring Corrective Action? □ Yes □ No If Yes, List Number of Corrective Actions Required _____ **(Note – You need enter a Corrective Action in the MSGP Corrective Action Report database for each listed)**			

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 3-PSP-5 3-PSP-8	• Sandia • •
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 P P	60-RG-1 60-RG-3 60-RG-8	• Mortandad • Sandia • 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

ATTACHMENT 5 – POLLUTANTS UNDER IMPAIRED WATERS MONITORING

Permitted Facility	Monitored Outfall	Assessment Unit	Canyon	Pollutant
TA-54 Area G TA-54 Area L TA-54-RANT	54-G-2 54-L-1 54-RANT-1	NM-128.A_00	Canada del Buey (within LANL)	PCBs Aluminum Gross Alpha
TA-54 Area G TA-54 Area G TA-54 Area G	54-G-1 54-G-3 54-G-4	NM-128.A_08	Pajarito Canyon (within LANL below Arroyo de la Delfe)	PCBs Aluminum Copper Gross Alpha
TA-15-185 PHERMEX	15-PHRMX-1	NM-128.A_13	Water Canyon (within LANL below Area-A Canyon)	PCBs Aluminum Gross Alpha
TA-3-39 & 102 Metal Shop	3-TS-1	NM-128.A_15	Two Mile Canyon (Pajarito to headwaters)	PCBs Aluminum Gross Alpha
TA-9-28 Heavy Equipment Maintenance	9-HEM-1	NM-128.A_16	Arroyo de la Delfe (Pajarito Canyon to headwaters)	Aluminum Mercury Gross Alpha
TA-60 Asphalt Batch Plant TA-3-0034 Metal Shop TA-60 Roads and Grounds	60-ABP-1 3-MST-1 60-RG-1	NM-9000.A_042	Mortandad Canyon (within LANL)	Aluminum Copper Gross Alpha
TA-3-38 Metals Fab Shop TA-3-22 Power & Steam Plant TA-3-22 Power & Steam Plant TA-3-22 Power & Steam Plant TA-3-66 Sigma Complex TA-60-1 Heavy Equipment Yard TA-60 MRF TA-60 Roads and Grounds TA-60 Roads and Grounds TA-60-2 Warehouse	3-MFS-1 3-PSP-1 3-PSP-5 3-PSP-8 3-Sigma-6 60-HEY-2 60-MRF-1 60-RG-3 60-RG-8 60-WH-1	NM-9000.A_047	Sandia Canyon (Sigma Canyon to NPDES outfall 001)	PCBs Aluminum Copper Gross Alpha Mercury

ATTACHMENT 6 – ANALYTES BY INDUSTRIAL SECTOR

Permitted Facility	Monitored Outfall	Sector	Activity	Analyte	Monitoring Requirement
TA-3-0034 Metal Shop TA-3-38 Metals Fab Shop TA-3-39 & 102 Metal Shop	3-MST-1 3-MFS-1 3-TS-1	AA	Fabricated Metals	Aluminum Iron Nitrate plus Nitrite Nitrogen Zinc	Quarterly Benchmark Monitoring (QBM) QBM QBM QBM
TA-60 Asphalt Batch Plant	60-ABP-1	D	Asphalt Paving	Oil and Grease pH Total Suspended Solids	Effluent Limitations Guidelines (ELG) ELG QBM and ELG
TA-3-66 Sigma Complex	3-Sigma-6	F	Primary Metals	Copper Zinc	QBM QBM
TA-54 Area G TA-54 Area G TA-54 Area G TA-54 Area G TA-54 Area L TA-54 RANT	54-G-1 54-G-2 54-G-3 54-G-4 54-L-1 54-RANT-1	K	Treatment, Storage or Disposal Facility (TSD)	Ammonia Arsenic Cadmium Chemical Oxygen Demand Cyanide Lead Magnesium Mercury Selenium Silver	QBM QBM QBM QBM QBM QBM QBM QBM QBM QBM
TA-60 MRF	60-MRF-1	N	Scrap Recycling	Aluminum Chemical Oxygen Demand Copper Iron Lead Total Suspended Solids Zinc	QBM QBM QBM QBM QBM QBM QBM
TA-3-22 Power & Steam Plant	3-PSP-1 3-PSP-5 3-PSP-8	O	Steam Electric Power	Iron	QBM

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

ENV-RCRA-QP-022.2	
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

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Derivative Classifier: ☒ **Unclassified**

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CONTROLLED DOCUMENT

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History of Revisions

Document Number *[Include revision number, beginning with Revision 0]*	**Effective Date** *[Document Control Coordinator inserts effective date]*	**Description of Changes** *[List specific changes made since the previous revision]*
0	08/10	New Document.
1	11/10	Incorporated ENV-RCRA-QP-062 *MSGP Routine Inspections* into this document.
2	01/13	Biennial revision, new template implemented.

Table of Contents

1.0 PURPOSE 4

2.0 SCOPE 4

2.1 Hazard review 4

3.0 RESPONSIBILITIES 4

3.1 Roles and Responsibilities 5

3.2 Prerequisites 6

4.0 DOCUMENT CONTROL/RECORDS MANAGEMENT 7

5.0 WORK PROCESSES 7

5.1 Identifying Corrective Actions 7

5.2 Routine Inspections 8

5.3 Comprehensive Inspections 8

5.4 Spills 9

5.5 Allowable Non-Storm Water Discharges 9

5.6 Entering Corrective Actions 10

5.7 Updating Corrective Actions 12

5.8 Validating Corrective Actions 12

5.9 Institutional Performance Feedback and Improvement Tracking System (PFITS) 13

5.10 Notifications for New and Overdue Corrective Actions 14

6.0 REFERENCES 14

7.0 DEFINITIONS 15

8.0 ATTACHMENTS 15

ATTACHMENT 1- Annual Reporting Form 16

ATTACHMENT 2- NPDES Multi-Sector General Permit Routine Inspection Form 22

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").

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.

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:

- *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.

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 29th 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;

- 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 6th. 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);

- 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	From this web page: http://int.lanl.gov/environment/water/guidance/swmgp.shtml, under the heading "Compliance Tools". Click on the link "MSGP Corrective Action Report Findings Database" Click on "Enter New Corrective Action."
2	Under the "Corrective Action Header" tab, enter the following: • Facility Name by clicking on the "List" tab and selecting a facility. • Date Problem was Identified (mm/dd/yyyy) • Date of Notification to ENV-RCRA (mm/dd/yyyy) • FOD Responsible for CA (Name & Org) by clicking in the box. FOD designations (for example "STO") and the associated name will come up. Just select the appropriate FOD. **NOTE:** Contact the MSGP Project Leader at 667-1312 or hbensen@lanl.gov if the FOD name or organization is incorrect, so this can be corrected. • Describe Specific Evaluation Location (for example "Northeast corner of Building TA-3-66") • 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. Once all of the above information is entered correctly, click "Save" and go

	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	Click "Go To Corrective Action Details" in the middle of the screen. Under the "Corrective Action Details" tab, enter the following: • 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. • 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. **NOTE:** Spills or other emergency situations may identify the need for a corrective action that was not identified during an inspection. • 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. • 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. • Did/will the corrective action require modification of your SWPPP. Type in "Y" for yes and "N" for no. • Date Corrective action was initiated (mm/dd/yyyy) • Date corrective action was completed **OR** expected completion date (mm/dd/yyyy) **NOTE:** If the corrective action has not been completed, enter an expected completion date. Do not put a date in both locations. 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. **NOTE:** This should only be filled out if the corrective action has not been completed. If the corrective action has been completed, enter "N/A." 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.

	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: http://int.lanl.gov/environment/water/guidance/swmgp.shtml, under the heading "Compliance Tools". Click on the link "MSGP Corrective Action Report Findings Database" 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 **OR** 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: http://int.lanl.gov/environment/water/guidance/swmgp.shtml, under the heading "Compliance Tools". Click on the link "MSGP Corrective Action Report Findings Database" to access the database.

2	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. All information shall be validated before running the final annual report.
3	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.

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;

- 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.

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

NPDES Permit Tracking No.:

EPA

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, DC 20460

Annual Reporting Form

A. GENERAL INFORMATION

1. Facility Name:
2. NPDES Permit Tracking No.:
3. Facility Physical Address:
   a. Street:
   b. City: c. State: d. Zip Code: -
4. Lead Inspectors Name: Title:
   Additional Inspectors Name(s):
5. Contact Person: Title:
   Phone: - - Ext. E-mail:
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? ☐☐

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 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 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 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.: ☐☐☐☐☐☐☐☐☐☐

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 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.:

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: _____

ATTACHMENT 2- NPDES MULTI-SECTOR GENERAL PERMIT ROUTINE INSPECTION FORM

Los Alamos National Laboratory
ENV-RCRA

NPDES Multi-Sector General Permit Routine Inspection Form
(rev. 03/2009) Page 1 of __ (use additional sheets if necessary)

Name of Facility:	**Responsible FOD (Name & Organization):**	
Qualified Inspector(s): **Others Present:**	**Inspection type:** ☐ Quarterly ☐ Other	**Date of inspection (MM/DD/YYYY):** **Time of inspection:**

Weather: ☐ Clear ☐ Cloudy ☐ Rain ☐ Sleet ☐ Fog ☐ Snow ☐ High Winds ☐ Other:
Temperature: ° 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.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12					

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

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			
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? ☐ Yes ☐ No

Were any Corrective Actions initiated or completed? ☐ Yes ☐ No **Describe:**

Are there any conditions requiring Corrective Action? ☐ Yes ☐ No **If Yes, List Number of Corrective Actions Required** _____
(Note – need a Corrective Action Form for each listed)

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:
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Derivative Classifier: ☐ **Unclassified or** ☒ **DUSA ENVPRO**

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REVISION HISTORY

Document Number and Revision *[Include revision number, beginning with Revision 0]*	**Effective Date** *[Document Control Coordinator inserts effective date]*	**Description of Changes** *[List specific changes made since the previous revision]*
ENV-RCRA-QP-064, R0	7/09	New document *MSGP Storm Water Visual Inspection*s.
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.

Table of Contents

Quality Procedure 1
Revision History 2
Table of Contents 3
1.0 Introduction 4
1.1 Purpose 4
1.2 Scope 4
1.3 Applicability 4
2.0 Precautions and Limitations 4
3.0 Prerequisite Actions 5
3.1 Planning and Coordination 5
3.2 Tools and Equipment 6
4.0 Visual Assessment of Stormwater 6
4.1 Documenting Sample Information 7
4.2 Assessing Parameters 8
4.3 Completing the Assessment Form 10
4.4 Completing the Certification Statement 11
5.0 Evidence of Stormwater Pollution 12
6.0 Training 12
7.0 Records 12
8.0 Definitions and Acronyms 12
8.1 Definitions 13
8.2 Acronyms 13
9.0 References 14
10.0 Attachments 14
Attachment 1: Screenshot Examples of EPC-CP-Form-1021 in MC Express 15
Attachment 2: Crosswalk of EPC-CP-Form-1021 Hard Copy Format to Electronic Format 18
Attachment 3: Screenshot Examples of Printing from Maintenance Connection 20

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 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**.

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.

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.

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.

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.).

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, course).

    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, course).

    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).

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.

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 interupted.

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.

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*.

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

NPDES	National Pollutant Discharge Elimination System

9.0 REFERENCES

P1020-1, Laboratory Records Management

ADESH-AP-006, Records Management Plan

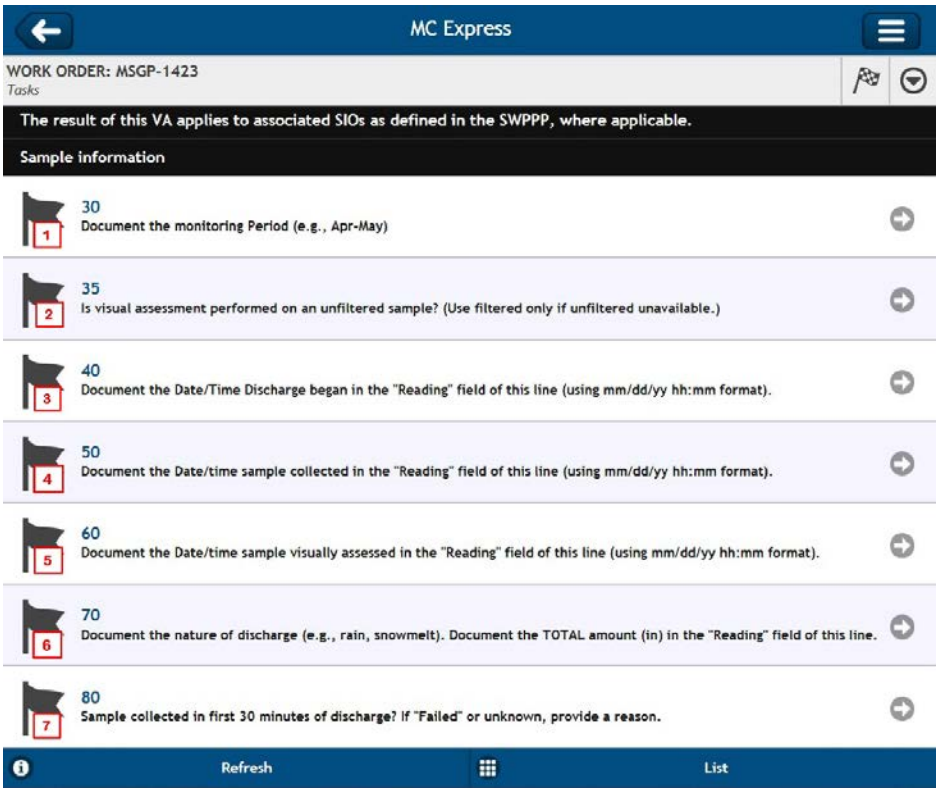
EPC-CP-QP-022, MSGP Stormwater Routine Facility Inspections and Corrective Actions

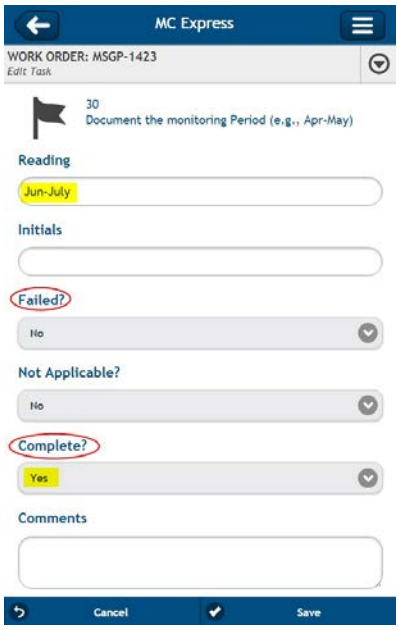
10.0 ATTACHMENTS

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*

Attachment 1: Screenshot Examples of EPC-CP-Form-1021 in MC Express

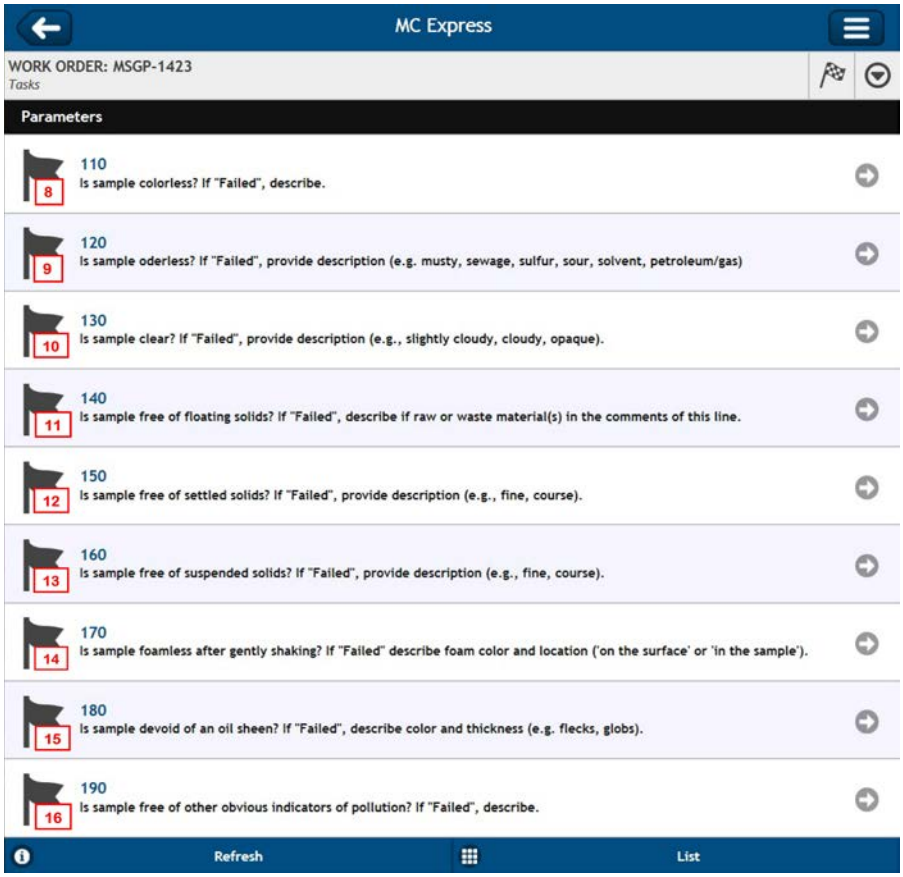
Page 1 of 3

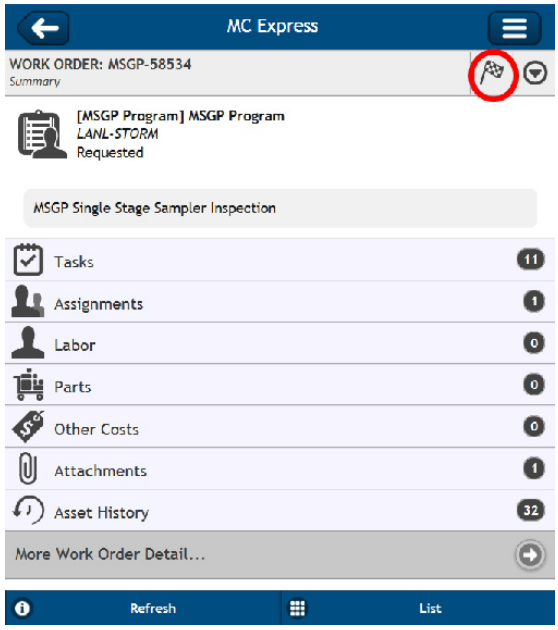




Attachment 1: Screenshot Examples of EPC-CP-Form-1021 in MC Express (cont.)

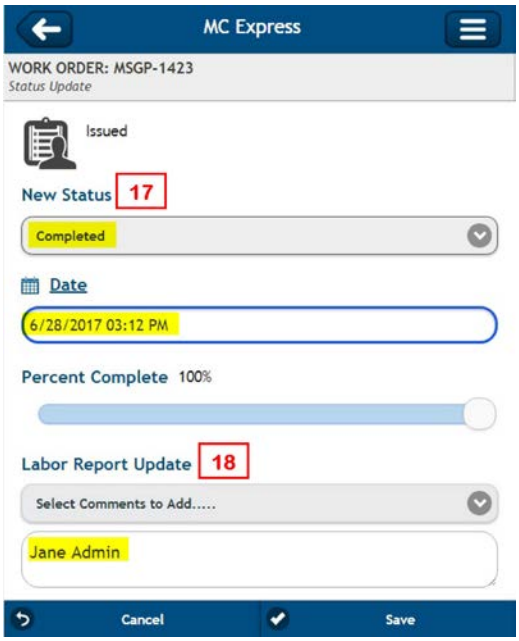
Page 2 of 3





Attachment 1: Screenshot Examples of EPC-CP-Form-1021 in MC Express (cont.)

Page 3 of 3



Attachment 2: Crosswalk of EPC-CP-Form-1021 Hard Copy Format to Electronic Format

Page 1 of 2

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.				
		Sample information				
1	30	Document the monitoring Period (e.g., Apr-May)		☐	☐	☐
2	35	Is visual assessment performed on an unfiltered sample? (Use filtered only if unfiltered unavailable.)		☐	☐	☐
3	40	Document the Date/Time Discharge began in the "Reading" field of this line (using mm/dd/yy hh:mm format).		☐	☐	☐
4	50	Document the Date/time sample collected in the "Reading" field of this line (using mm/dd/yy hh:mm format).		☐	☐	☐
5	60	Document the Date/time sample visually assessed in the "Reading" field of this line (using mm/dd/yy hh:mm format).		☐	☐	☐
6	70	Document the nature of discharge (e.g., rain, snowmelt). Document the TOTAL amount (in) in the "Reading" field of this line.		☐	☐	☐
7	80	Sample collected in first 30 minutes of discharge? If "Failed" or unknown, provide a reason.		☐	☐	☐
		Parameters				
8	110	Is sample colorless? If "Failed", describe.		☐	☐	☐
9	120	Is sample oderless? If "Failed", provide description (e.g. musty, sewage, sulfur, sour, solvent, petroleum/gas)		☐	☐	☐
10	130	Is sample clear? If "Failed", provide description (e.g., slightly cloudy, cloudy, opaque).		☐	☐	☐
11	140	Is sample free of floating solids? If "Failed", describe if raw or waste material(s) in the comments of this line.		☐	☐	☐
12	150	Is sample free of settled solids? If "Failed", provide description (e.g., fine, course).		☐	☐	☐
13	160	Is sample free of suspended solids? If "Failed", provide description (e.g., fine, course).		☐	☐	☐
14	170	Is sample foamless after gently shaking? If "Failed" describe foam color and location (e.g.,'on the surface' or 'in the sample').		☐	☐	☐
15	180	Is sample devoid of an oil sheen? If "Failed", describe color and thickness (e.g. flecks, globs).		☐	☐	☐
16	190	Is sample free of other obvious indicators of pollution? If "Failed", describe.		☐	☐	☐

Labor Report

17 **Completed:** 6/28/2017 3:23:00 PM

18 **Report:** Jane Admin

19 Jane Admin — Signature / Name; 6/28/2017 — Date; Signature / Name; Date

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

EPC-CP-Form-1021.1 07/2017

Attachment 2: Crosswalk of EPC-CP-Form-1021 Hard Copy Format to Electronic Format (cont.)

Page 2 of 2

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)

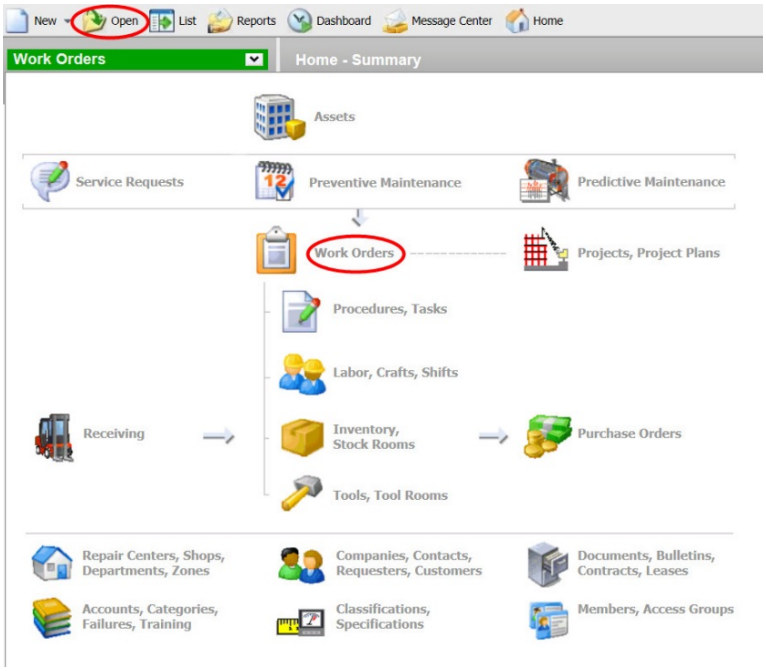
20 Print name and title:_____

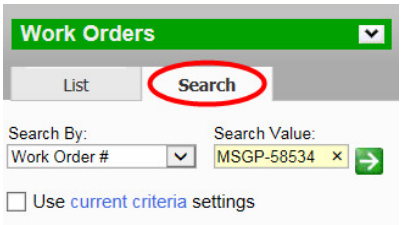
Signature:_____Date:_____

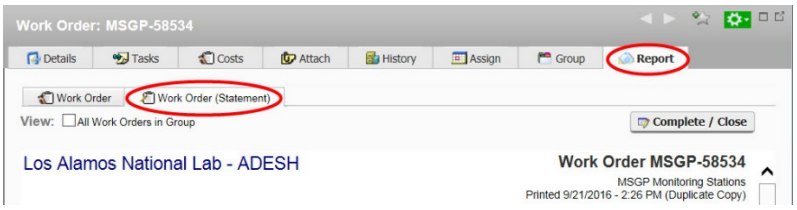
EPC-CP-Form-1021.1 07/2017

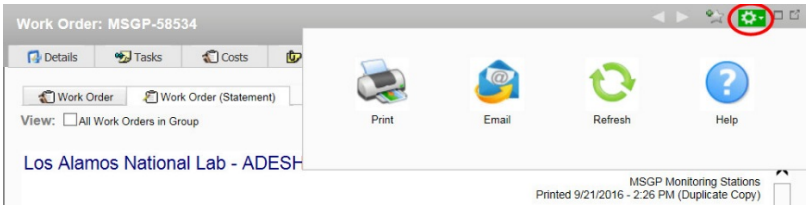
Attachment 3: Screenshot Examples of Printing from Maintenance Connection

Page 1 of 1









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:

Name:	Organization:	Signature:	Date:
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Derivative Classifier: ☐ **Unclassified or** ☒ **DUSA ENVPRO**

Name:	Organization:	Signature:	Date:
Ellena I. Martinez	EPC-CP	Signature on File	8-22-17

Approval Signatures:

Subject Matter Expert:	Organization:	Signature:	Date:
Holly L. Wheeler	EPC-CP	Signature on File	9-5-17
Responsible Line Manager:	Organization:	Signature:	Date:
Terrill W. Lemke	EPC-CP Team Leader	Signature on File	9-5-17
Responsible Line Manager:	Organization:	Signature:	Date:
Anthony R. Grieggs	EPC-CP Group Leader	Signature on File	9-6-17

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REVISION HISTORY

Document Number and Revision *[Include revision number, beginning with Revision 0]*	**Effective Date** *[Document Control Coordinator inserts effective date]*	**Description of Changes** *[List specific changes made since the previous revision]*
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.

Table of Contents

Quality Procedure 1
Revision History 2
Table of Contents 3
1.0 Introduction 4
1.1 Purpose 4
1.2 Scope 4
1.3 Applicability 4
2.0 Precautions and Limitations 4
3.0 Prerequisite Actions 5
3.1 Planning and Coordination 5
3.2 Tools and Equipment 6
4.0 Inspecting Stormwater samplers and retrieving samples 7
4.1 Inspecting the Sampler 7
4.1.1 On Arrival 7
4.1.2 Water Collection Information 8
4.1.3 Water Retrieval Information 9
4.1.4 On Departure 9
4.1.5 Equipment Specific Tasks 10
4.1.6 Maintenance Information 11
4.1.7 Bottle Information 12
4.2 Retrieving Samples 12
4.3 Completing the Inspection Form 13
4.4 Removing Stormwater Samples from the field 14
5.0 Training 14
6.0 Records 15
7.0 Definitions and Acronyms 15
7.1 Definitions 15
7.2 Acronyms 15
8.0 References 15
9.0 Attachments 16
Attachment 1: Screenshot Examples of EPC-CP-Form-1010.02 in MC Express 17
Attachment 2: Crosswalk of EPC-CP-Form-1010.02 Hard Copy Format to Electronic Format 24
Attachment 3: Flow Chart for Sample Retrieval 26

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

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.

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

- 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 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".

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".

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 dis-similar 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 (≥11.7 for non-floating charged batteries at ISCO 3700 samplers and ≥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.

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

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.

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

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.

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 interupted.

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.

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

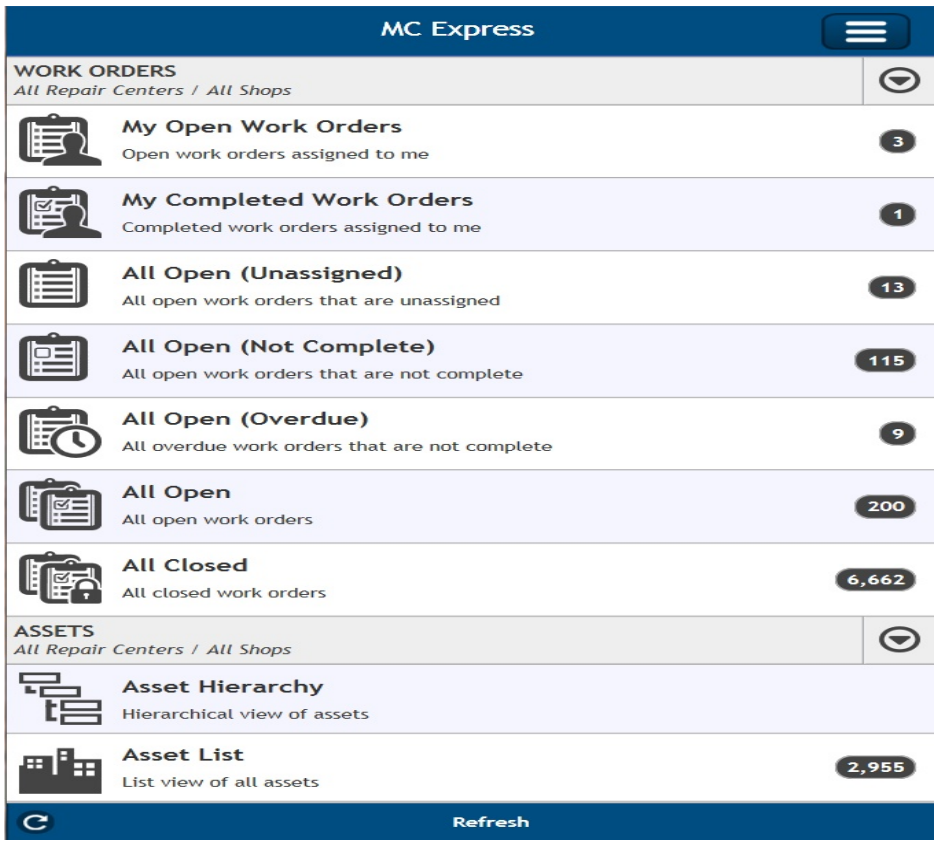
None.

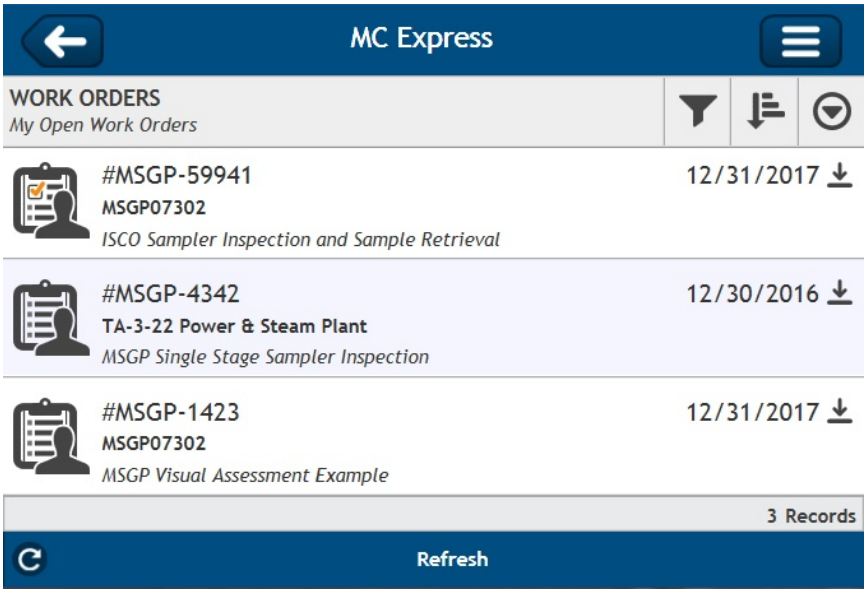
9.0 ATTACHMENTS

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

Attachment 1: Screenshot Examples of EPC-CP-Form-1010.02 in MC Express

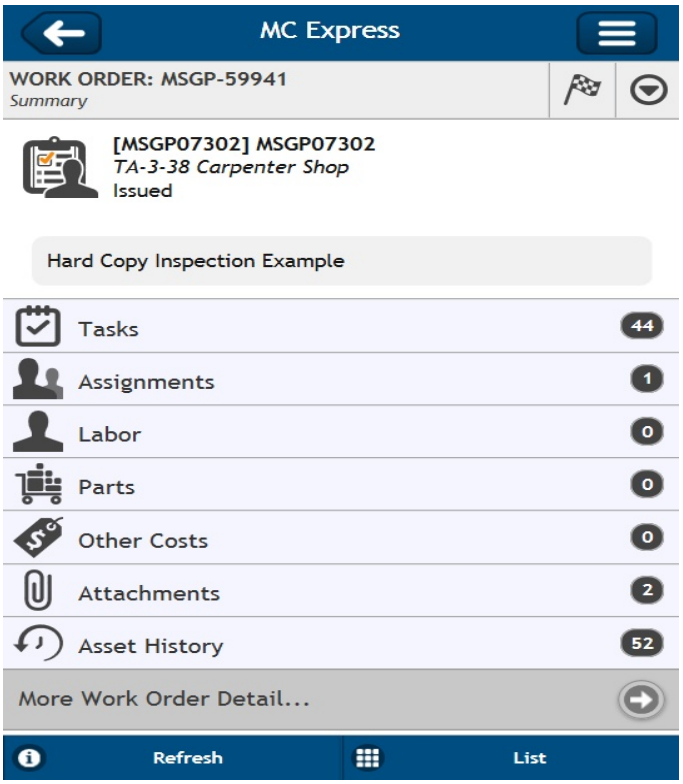
Page 1 of 7

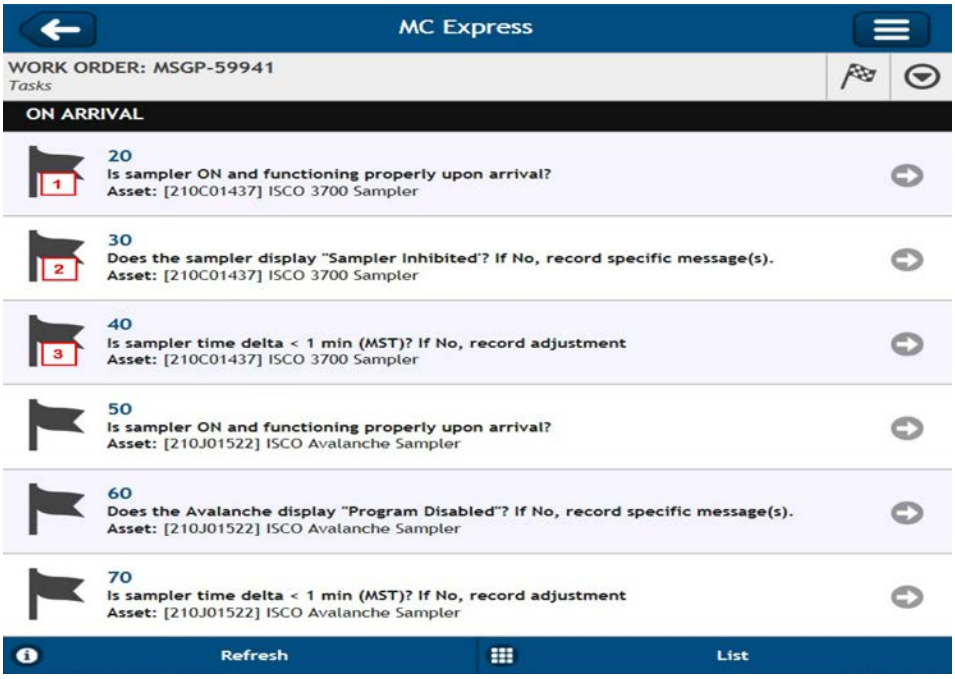




Attachment 1: Screenshot Examples of EPC-CP-Form-1010.02 in MC Express (cont.)

Page 2 of 7





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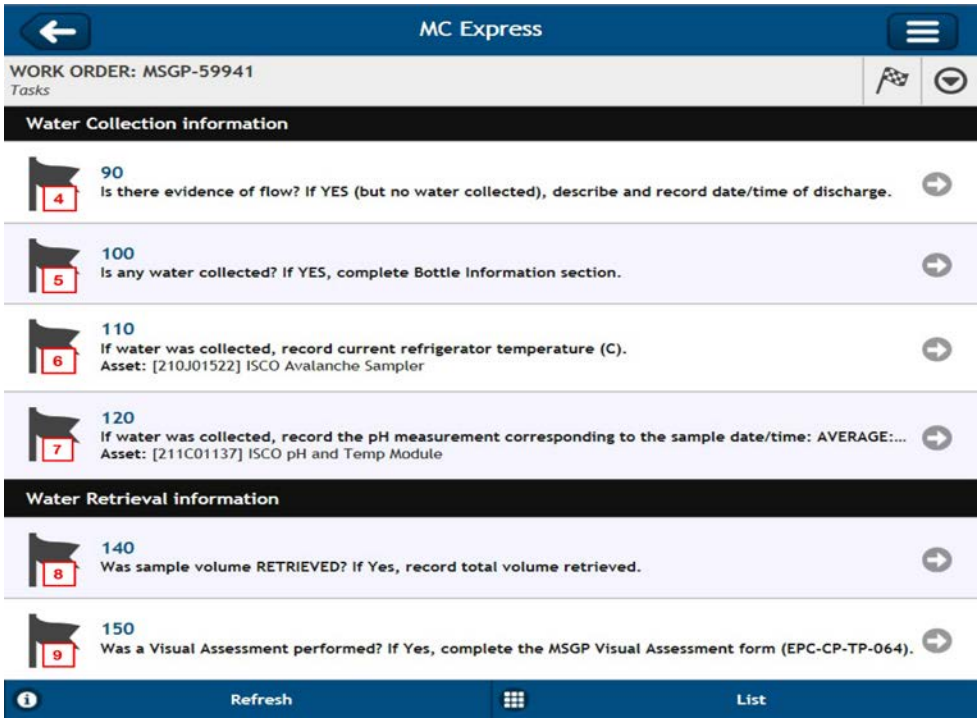
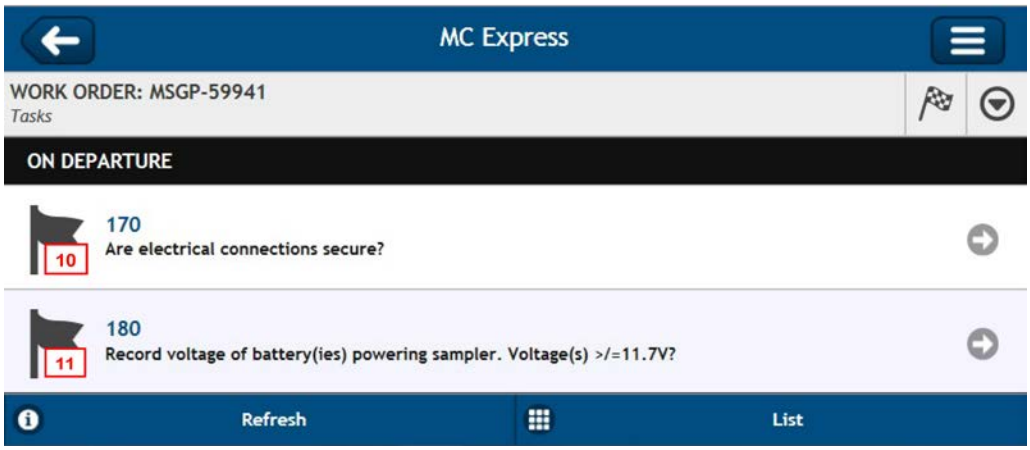
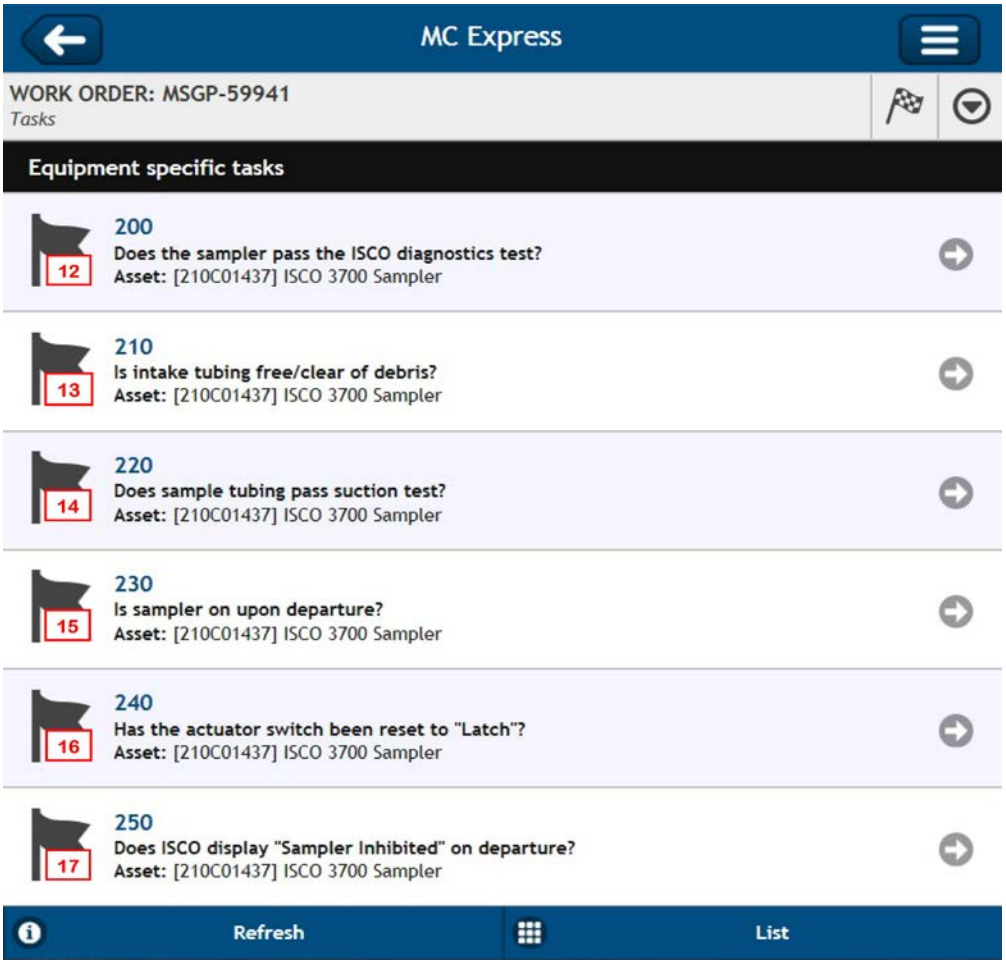
Page 3 of 7



Attachment 1: Screenshot Examples of EPC-CP-Form-1010.02 in MC Express (cont.)

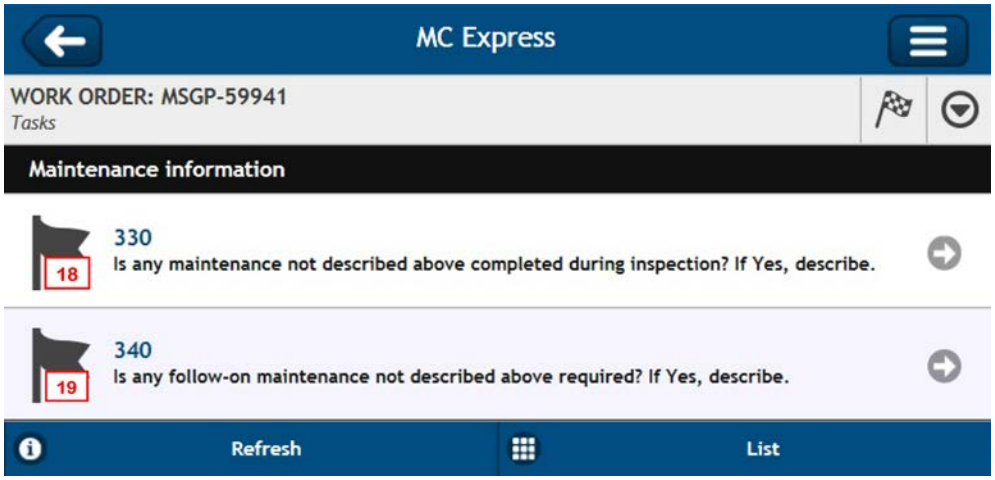
Page 4 of 7

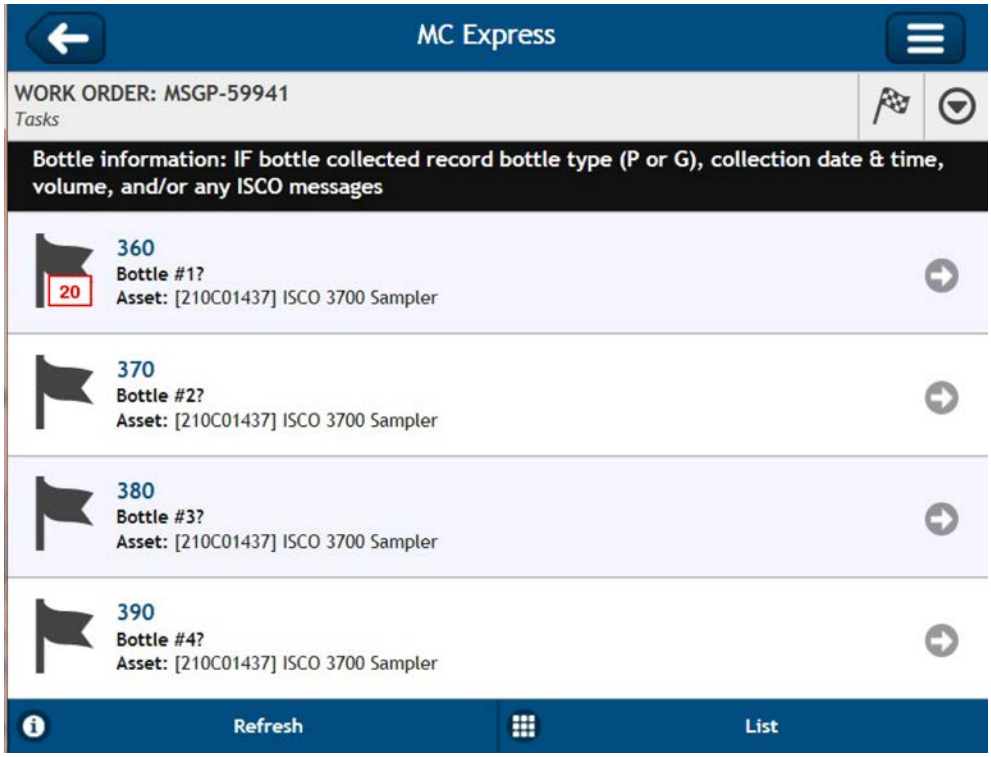




Attachment 1: Screenshot Examples of EPC-CP-Form-1010.02 in MC Express (cont.)

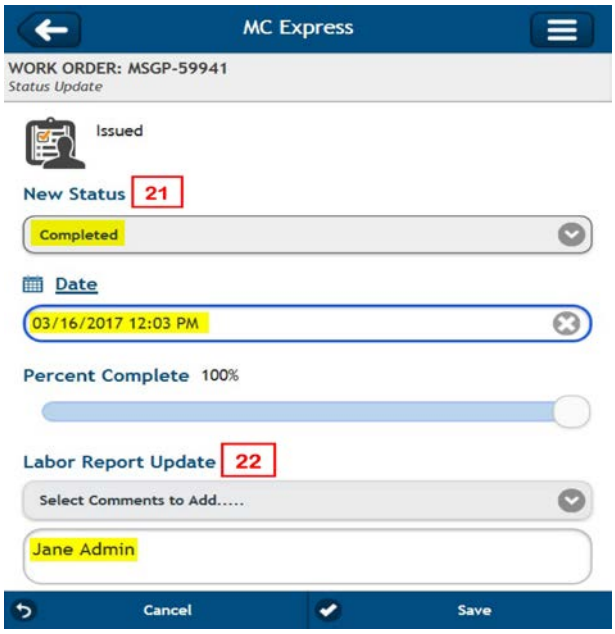
Page 5 of 7





Attachment 1: Screenshot Examples of EPC-CP-Form-1010.02 in MC Express (cont.)

Page 6 of 7



Attachment 1: Screenshot Examples of EPC-CP-Form-1010.02 in MC Express (cont.)

Page 7 of 7

Attachment 2: Crosswalk of EPC-CP-Form-1010.02 Hard Copy Format to Electronic Format

Page 1 of 2

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
Procedure: MSGP ISCO Sampler Inspection and Sample Retrieval (EPC-CP-Form-1010.2 2)
Last PM: 7/20/2017
Project: ISCO Inspections wk 8/7/17 (P-MSGP-5212)

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

Reason: Hard Copy ISCO Sampler Inspection and Sample Retrieval

Tasks

	#	Description	Meas.	No	N/A	Yes
		ON ARRIVAL				
1	20	**ISCO 3700 Sampler [210C01437]** Is sampler ON and functioning properly upon arrival?		☐	☐	☐
2	30	**ISCO 3700 Sampler [210C01437]** Does the sampler display "Sampler Inhibited"? If No, record specific message(s).		☐	☐	☐
3	40	**ISCO 3700 Sampler [210C01437]** Is sampler time delta < 1 min (MST)? If No, record adjustment		☐	☐	☐
	50	**ISCO Avalanche Sampler [210J01522]** Is sampler ON and functioning properly upon arrival?		☐	☐	☐
	60	**ISCO Avalanche Sampler [210J01522]** Does the Avalanche display "Program Disabled"? If No, record specific message(s).		☐	☐	☐
	70	**ISCO Avalanche Sampler [210J01522]** Is sampler time delta < 1 min (MST)? If No, record adjustment		☐	☐	☐
		Water Collection information				
4	90	Is there evidence of flow? If YES (but no water collected), describe and record date/time of discharge.		☐	☐	☐
5	100	Is any water collected? If YES, complete Bottle Information section.		☐	☐	☐
6	110	**ISCO Avalanche Sampler [210J01522]** If water was collected, record current refrigerator temperature (C).		☐	☐	☐
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:		☐	☐	☐
		Water Retrieval information				
8	140	Was sample volume RETRIEVED? If Yes, record total volume retrieved.		☐	☐	☐
9	150	Was a Visual Assessment performed? If Yes, complete the MSGP Visual Assessment form (EPC-CP-TP-064).		☐	☐	☐
		ON DEPARTURE				
10	170	Are electrical connections secure?		☐	☐	☐
11	180	Record voltage of battery(ies) powering sampler. Voltage(s) >/=11.7V?		☐	☐	☐
		Equipment specific tasks				
12	200	**ISCO 3700 Sampler [210C01437]** Does the sampler pass the ISCO diagnostics test?		☐	☐	☐
13	210	**ISCO 3700 Sampler [210C01437]** Is intake tubing free/clear of debris?		☐	☐	☐
14	220	**ISCO 3700 Sampler [210C01437]** Does sample tubing pass suction test?		☐	☐	☐
15	230	**ISCO 3700 Sampler [210C01437]** Is sampler on upon departure?		☐	☐	☐
16	240	**ISCO 3700 Sampler [210C01437]** Has the actuator switch been reset to "Latch"?		☐	☐	☐
17	250	**ISCO 3700 Sampler [210C01437]** Does ISCO display "Sampler Inhibited" on departure?		☐	☐	☐

Attachment 2: Crosswalk of EPC-CP-Form-1010.02 Hard Copy Format to Electronic Format (cont.)

Page 2 of 2

260	**ISCO Avalanche Sampler [210J01522]** Does the sampler pass the ISCO diagnostics test?		☐	☐	☐
270	**ISCO Avalanche Sampler [210J01522]** Is intake tubing free/clear of debris?		☐	☐	☐
280	**ISCO Avalanche Sampler [210J01522]** Does sample tubing pass suction test?		☐	☐	☐
290	**ISCO Avalanche Sampler [210J01522]** Is sampler on upon departure?		☐	☐	☐
300	**ISCO Avalanche Sampler [210J01522]** Has the actuator switch been reset to "Latch"?		☐	☐	☐
310	**ISCO Avalanche Sampler [210J01522]** Does Avalanche display "Program Disabled" on departure?		☐	☐	☐
	Maintenance information				
18 330	Is any maintenance not described above completed during inspection? If Yes, describe.		☐	☐	☐
19 340	Is any follow-on maintenance not described above required? If Yes, describe.		☐	☐	☐
	Bottle information: IF bottle collected record bottle type (P or G), collection date & time, volume, and/or any ISCO messages				
20 360	**ISCO 3700 Sampler [210C01437]** Bottle #1?		☐	☐	☐
370	**ISCO 3700 Sampler [210C01437]** Bottle #2?		☐	☐	☐
380	**ISCO 3700 Sampler [210C01437]** Bottle #3?		☐	☐	☐
390	**ISCO 3700 Sampler [210C01437]** Bottle #4?		☐	☐	☐
400	**ISCO 3700 Sampler [210C01437]** Bottle #5?		☐	☐	☐
410	**ISCO 3700 Sampler [210C01437]** Bottle #6?		☐	☐	☐
420	**ISCO 3700 Sampler [210C01437]** Bottle #7?		☐	☐	☐
430	**ISCO 3700 Sampler [210C01437]** Bottle #8?		☐	☐	☐
440	**ISCO 3700 Sampler [210C01437]** Bottle #9?		☐	☐	☐
450	**ISCO 3700 Sampler [210C01437]** Bottle #10?		☐	☐	☐
460	**ISCO 3700 Sampler [210C01437]** Bottle #11?		☐	☐	☐
470	**ISCO 3700 Sampler [210C01437]** Bottle #12?		☐	☐	☐
480	**ISCO Avalanche Sampler [210J01522]** Bottle #1?		☐	☐	☐
490	**ISCO Avalanche Sampler [210J01522]** Bottle #2?		☐	☐	☐
500	**ISCO Avalanche Sampler [210J01522]** Bottle #3?		☐	☐	☐
510	**ISCO Avalanche Sampler [210J01522]** Bottle #4?		☐	☐	☐

Labor Report

Completed: 5/30/2017 4:44:00 PM

Report: Jane Admin

Signature / Name	Date	Signature / Name	Date
Jane Admin	5/30/2017		

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

WO ID:_____ Page ____of____

21 Date:_____ Time:_____

22 Name/Z#:_____

Name/Z#:_____

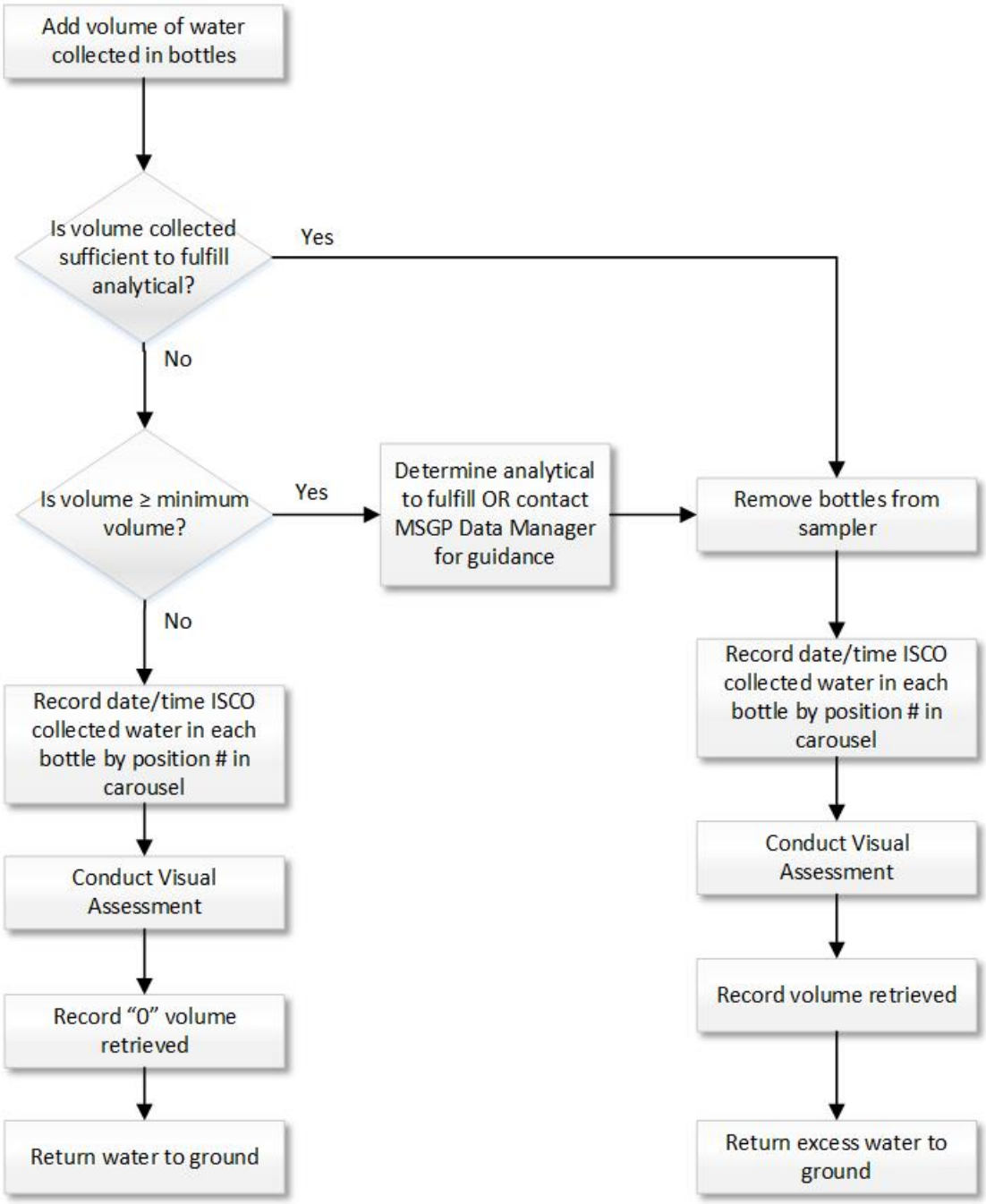
23 Lead Signature:_____

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

EPC-CP-Form-1010.02 08/2017

Attachment 3: Flow Chart for Sample Retrieval

Page 1 of 1



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

Document Owner/Subject Matter Expert:

Name:	Organization:	Signature:	Date:
Holly L. Wheeler	EPC-CP	Signature on File	10-4-17

Derivative Classifier: ☐ **Unclassified or** ☒ **DUSA ENVPRO**

Name:	Organization:	Signature:	Date:
Ellena Martinez	EPC-CP	Signature on File	10-3-17

Approval Signatures:

Subject Matter Expert:	Organization:	Signature:	Date:
Holly L. Wheeler	EPC-CP	Signature on File	10-4-17
Responsible Line Manager:	Organization:	Signature:	Date:
Terrill W. Lemke	EPC-CP Team Leader	Signature on File	10-5-17
Responsible Line Manager:	Organization:	Signature:	Date:
Michael Saladen	EPC-CP Group Leader, Acting	Signature on File	10-5-17

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REVISION HISTORY

Document Number and Revision *[Include revision number, beginning with Revision 0]*	**Effective Date** *[Document Control Coordinator inserts effective date]*	**Description of Changes** *[List specific changes made since the previous revision]*
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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.

Table of Contents

Quality Procedure 1
Revision History 2
Table of Contents 3
1.0 Introduction 4
1.1 Purpose 4
1.2 Scope 4
1.3 Applicability 4
2.0 Precautions and Limitations 4
3.0 Prerequisite Actions 5
3.1 Planning and Coordination 5
3.2 Tools and Equipment 5
4.0 Processing samples 6
4.1 Preparation for Processing Samples 6
4.2 Filtering Samples 7
4.3 Preserving Unfiltered and Filtered Samples 8
4.4 Handling Excess Stormwater 8
4.5 Submit Samples for Shipping to Offsite Analytical Laboratory 9
5.0 Training 10
6.0 Records 10
7.0 Definitions and Acronyms 10
7.1 Definitions 10
7.2 Acronyms 11
8.0 References 11
9.0 Attachments 11
Attachment 1: Sample Collection Log/Field Chain of Custody Example 12
Attachment 2: Sample Container Labels Example 13
Attachment 3: Chain Of Custody/Analysis Request Example 14

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).

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®, 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)

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, HNO3). 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”.

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.

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_3), and sulfuric acid (H_2SO_4). 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_3). 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.

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 (≤4° 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.

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*.

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

Page 1 of 1

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/YYY):		4/01/17	FIELD MATRIX:	WT	
TIME COLLECTED (HH:MM):		16:03	MEDIA:		
PRS ID:			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:

Visual WO# MSGP-58866

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

EXAMPLE

ATTACHMENT 2: SAMPLE CONTAINER LABELS EXAMPLE

Page 1 of 1

Los Alamos National Laboratory			
Sample ID: MSGP-17-131786			
Container: 500 ML POLY		1 of 1	
Preservative: HNO3 ICE			
Analysis: NPDES-Al-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-Al-Total Recoverable			
Date/ 04/01/2017		Time: 16:03	

EXAMPLE

ATTACHMENT 3: CHAIN OF CUSTODY/ANALYSIS REQUEST EXAMPLE

Page 1 of 1

LANL SMO
Los Alamos NM

Chain of Custody/Analysis Request

COC/Lab Request #: 2017-1326
Page 1 of 1

Client Contact:

Lab Agreement #:

Site Name: Los Alamos National Laboratory

Project Number:

Analysis Turnaround Time:
24 Hour - ☐ Other - ☐
7 Days - ☐
14 Days - ☐
21 Days - ☐
28 Days - ☒

Rad Screening Info:

Lab Reporting Limit Type: Method Detection Limit

Field Sample ID	Sample Date	Sample Time	Sample Matrix	MSGP-Zn
MSGP-17-131904	Apr 1 2017	16:03	W	1
MSGP-17-132187	Apr 1 2017	16:03	W	1

EXAMPLE

Special Instructions:

4/12/17

Relinquished by: Jane Doe	Print Name: Jane Doe	Date/Time: 4/12/17 15:10	Received by:	Print Name: B Green	Date/Time: 3:10
Relinquished by:	Print Name:	Date/Time:	Received by:	Print Name:	Date/Time:
Relinquished by:	Print Name:	Date/Time:	Received by:	Print Name:	Date/Time:

EPC-DO-QP-101	Revision: **3**	
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Environment, Safety, and Health Directorate

Environmental Protection and Compliance Division – Compliance Programs

Quality Procedure

Environmental Reporting Requirements for Releases or Events

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Derivative Classifier: ☒ **Unclassified or** ☐ **DUSA ENVPRO**

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EPC-DO-QP-101 R3	08/07/17	Revision and update. This document replaces ENV-DO-QP-101 R2. New document number reflects organizational name change.

Table of Contents

Quality Procedure 1
Revision History 2
Table of Contents 3
1.0 Introduction 4
1.1 Purpose 4
1.2 Applicability 4
2.0 Precautions and Limitations 4
3.0 Responsibilities 4
4.0 Work Processes 5
4.1 Responsibility of On-Call Representative 5
4.2 Follow-Up Reporting 6
4.3 Summary of Policy Reporting 6
4.4 Using this Procedure 6
4.5 Determining if a Release is Reportable under RCRA 7
4.6 Determining if a Release is Reportable under TSCA 7
4.7 Determining if a Release is Reportable under the NM Water Quality Act or the CWA 8
4.7.1 Reporting Requirement for Petroleum Storage Tanks 9
4.7.2 Additional Reporting Requirements under the NPDES Pesticide General Permit 10
4.8 Determining if a Release is Reportable under CERCLA or EPCRA 11
4.8.1 Regulatory Classification of the Released Material 11
4.9 Determining Release Impacts to Biological or Cultural Resources 13
4.10 Reporting a Release or Event 13
4.10.1 Steps to Notify LANL Management and DOE 14
5.0 Records 15
6.0 Definitions and Acronyms 16
6.1 Definitions 16
7.0 References 18
8.0 Attachments or Appendices 19
Attachment 1: Emergency Notification Requirements for RCRA 20
Attachment 2: Summary of Emergency Release or Event Reporting Requirements 21

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").

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.

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

- 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.

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.

If the spill is ...	**Then...**
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.

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

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, <u>and</u>
2. The person or non-target organism suffered a <u>toxic or adverse effect</u>.

The phrase <u>toxic or adverse effect</u> 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 <u>toxic or adverse effects</u> 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).

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

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	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. 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. **Immediate evaluation – RQ comparison (of a radioactive material release)** **If the release…** — **Then…** Is equal to or greater than the RQ — Proceed to section 4.10 *Reporting a Release or Event.* Is less than the RQ — No immediate reporting is required; contact EPC environmental health physicist to complete follow-up dose assessment.
4	If this is a release of non-rad material, it is reportable if the RQ is exceeded. **If the amount released is..,** — **Then…** Equal to or greater than the RQ — Proceed to Section 4.10 *Reporting a Release or Event.* 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.

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*.

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:

Step	Action
1	Compile release information including : • The source, cause, type and quantity of the release • Time and duration of the release • Extent of any protective and corrective actions taken • Name, address, and telephone number of the person to contact for further information • Whether the substance is an HS or EHS • Associated health risks and medical attention necessary for exposed individuals • If available, information concerning the release of any hazardous and/or mixed waste which may endanger public or private drinking water supplies • Assessment of actual or potential hazards to human health or the environment outside the facility • If available, estimated quantity and disposition of recovered material that resulted from the incident • 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 • Any other information which may help emergency personnel responding to the incident • Environmental media impacted from the release
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.

Step	Action
1	Determine that a release to the environment is reportable to state or federal entities as

	required under applicable regulations. **NOTE:** 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

- 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

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

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

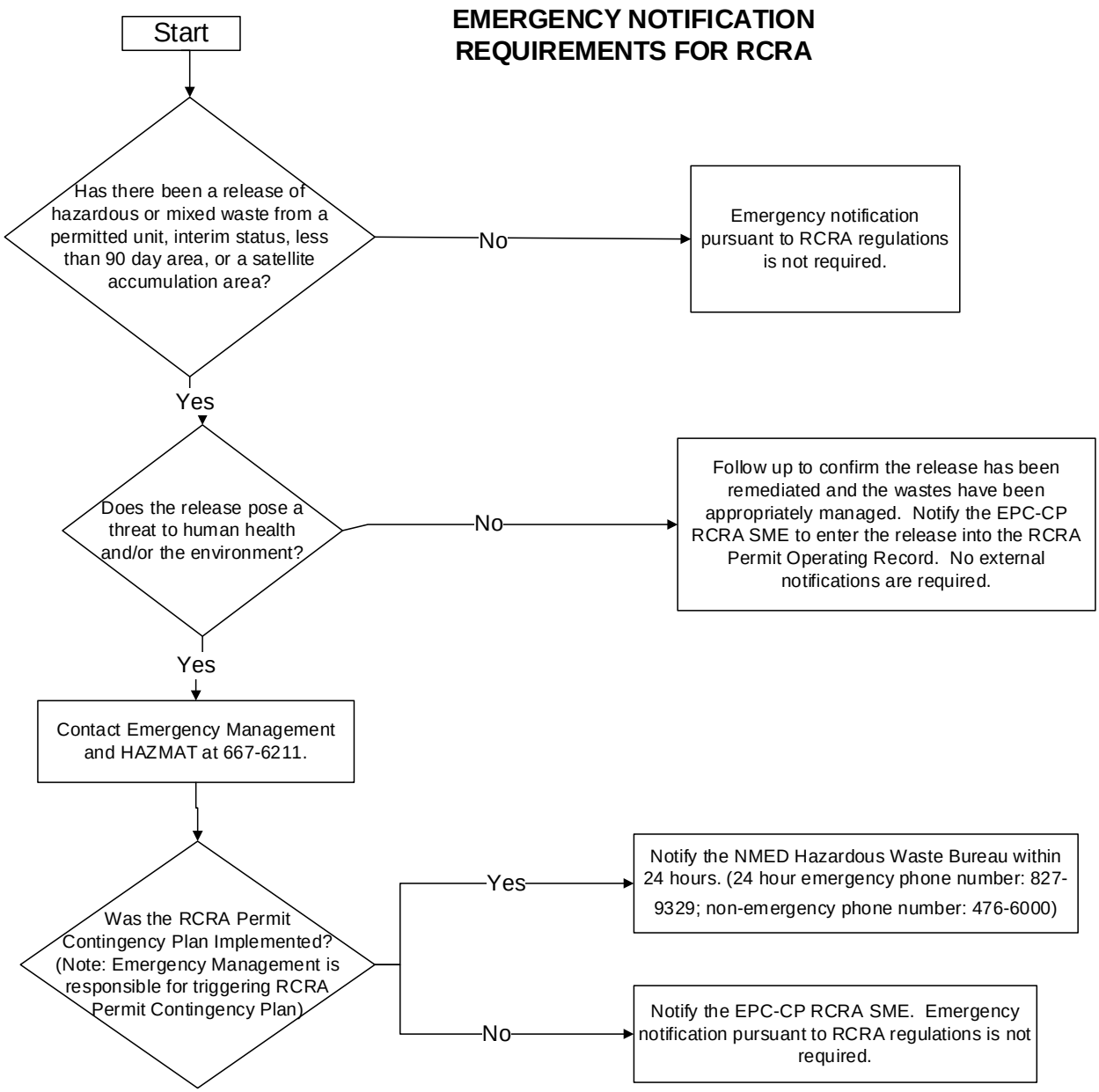
- National Response Center (NRC) Web Site: http://www.nrc.uscg.mil/
- NMWQCC Regulations, 20.6.2 NMAC, dated December 1, 2001
- P407, Water Quality
- P1020-1, Laboratory Records Management
- ADESH-AP-006, Records Management Plan

8.0 ATTACHMENTS OR APPENDICES

Attachment 1: Emergency Notification Requirements for RCRA

Attachment 2: Summary of Emergency Release or Event Reporting Requirements

Attachment 1: Emergency Notification Requirements for RCRA



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).

STATUTE	REGULATIONS	INCIDENT	Immediate Reporting Requirements	Follow Up Reporting Requirements
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.

STATUTE	REGULATIONS	INCIDENT	Immediate Reporting Requirements	Follow Up Reporting Requirements
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.