



MONITORING PROGRAM PLAN

Prepared for:

Santa Barbara Municipal Airport
Santa Barbara, California

Prepared by:

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A. INTRODUCTION

This document presents the Monitoring Program Plan (MPP) for Santa Barbara Airport located in Santa Barbara, California (the site). This MPP was prepared in accordance with the California State Water Resources Control Board (SWRCB), National Pollutant Discharge Elimination System (NPDES) General Permit for Storm Water Discharges Associated with Industrial Activities dated April 17, 1997 (General Permit).

B. PLAN OBJECTIVES

This document is a companion document to the Storm Water Pollution Prevention Plan (SWPPP). The objectives of the MPP are to:

- demonstrate compliance with the General Permit;
- aid in the implementation and revision of the SWPPP;
- identify the presence of non-storm water discharges;
- ensure that practices at the facility to reduce or prevent pollutants in storm water discharges and authorized non-storm water discharges are evaluated and revised to meet changing facility conditions; and
- measure the effectiveness of BMPs in preventing or reducing pollutants in storm water discharges and authorized non-storm water discharges.

This MPP describes the visual monitoring, analytical monitoring and the reporting requirements specified in the General Permit.

C. PERSONNEL

Trained facility compliance personnel are responsible for the visual monitoring, site inspection activities, and storm water sampling described herein. A list of facility employees selected for these tasks is provided in the SWPPP (Section B). These personnel are knowledgeable of the facility's operations, the SWPPP, and the requirements of the General Permit.

D. STORM WATER DRAINAGE

The portion of the facility addressed by the SWPPP covers 857 acres, approximately 35 percent of which is paved or covered. There are a total of 30 storm water outfall locations at the facility, six of which are sampled, and the remaining are visually monitored. The sampling locations receive flow from portions of the Airport that are occupied by Airport Maintenance and FBO/tenants with significant outdoor activity (Outfalls 1, 2, 5, 6, 9b, and 10). These outfalls are currently equipped with “duckbill” backflow devices to prevent intrusion of brackish tidal flows into the Airport storm water drainage system; however, each of these outfalls, except Outfall 2, are submerged, to some extent, up to twice daily depending on tidal conditions. Airport staff will inspect these sampling points during a variety of high tide conditions to assess if tidal flows are intruding to the sample point. Due to flat topography and low slope of the storm water collection system, it is possible that tidal influence could flow in to the storm water collection system beyond the last inlet, thereby potentially impacting sample results. If this is found to be the case, alternative solutions will be developed, if possible.

Airport sampling locations have been chosen to consistently provide a representative sample of storm water and to maximize employee safety when sampling. Outfalls which collect storm water from industrial areas at the Airport are subject to tidal flow. The locations of the outfalls create three problems for sampling:

- Outfalls are routinely submerged and not accessible for sample collection,
- Sample results may be impacted by tide water flow into the duckbill equipped outfall, and
- Sample collection staff are exposed to hazardous conditions such as steep, slick creek banks and strong currents during storm events.

The Airport has selected sampling locations up gradient from the outfalls as shown on the Site Map attached as Figure 1, in light of these conditions.

The visual observation areas receive flow from areas of similar activity to the sampling outfalls and/or receive flow from less impacted areas, such as runways, taxiways, access roads, parking lot areas or other non-industrial areas. In addition to the sampling outfall locations, there are a

total of three outfalls where storm water discharges significantly similar activity, and include outfalls 8, 14, and 19. Outfalls 9c, 11, 12, 13, 17, 20 and 24-29 receive flow from infield portions of the Airport, such as the runways, taxiways, access roads, and safety areas. Outfall locations that receive contribution from non-industrial areas of the Airport include outfalls 3, 4, 7, 9a, 15, 16, 18, 21, 22, 23 and 30. The drainage areas and outfall locations are shown on the Site Map attached as Figure 1. The outfalls include the following:

D. STORM WATER DRAINAGE (CONT.)

Site Number	Tributary Area	Description of Outfall	Visual Observation or Sampled
1	Drainage area north of runway 7/25 and from Forest Service Ramp, Hangar 1 and Cook Place.	30" duckbill outfall pipe to Carneros Creek. North of Runway 7	Sampled
2	Discharge from the maintenance yard, except for the northeastern portion of the yard.	12" outfall pipe with duckbill to Carneros Creek. south of Maintenance Yard	Sampled
3	Drainage area south of Firestone Road from Cass Place and areas surrounding FAA control tower to Building 304.	16" outfall pipe to Carneros Creek.	Visual observation
4	Building 114 & Goleta Water District well.	18" outfall pipe to San Pedro Creek	Visual observation
5	Discharge from FBOs, helicopter pads, runway 7/25, and some commercial/industrial north of Hollister Ave.	30" duckbill outfall N.E. of Runway 25, at San Pedro Creek.	Sampled
6	Discharge airfield, AOA, service road and commercial apron/Terminal area.	30" duckbill outfall S.E. of Runway 25, at San Pedro Creek.	Sampled
7	Drainage area from airline terminal parking lot.	18" outfall culvert to wetlands south of the Long Term Parking Lot at Fowler Road.	Visual observation
8	Discharge from car rental area and parking lots.	Two 12" outfall pipes to wetlands east of the Short Term Parking Lot at Moffett Place.	Visual observation
9a, 9b and 9c	9a, drains south end of Moffett Pl and the Atlantic parking lot; 9b, drains the Atlantic aircraft ramp area; and 9c drains infield between runway 15L/33R and taxiway B.	9a. 18" concrete outfall to Goleta Slough south of Taxiway B. 9b. and 9c. (2) 30" duckbill outfall pipes to Goleta Slough, south of Taxiway B.	9a. Visual observation 9b. Sampled 9c. Visual observation
10	Discharge primarily from aircraft ramps, FBOs, runway and taxiways.	36" duckbill concrete outlet to Goleta Slough, south of Taxiway A, west of Taxiway F.	Sampled
11	Discharge primarily from runways 15R/33L.	24" CMP duckbill outlet to the Goleta Slough, west of Runway 33L, north of Taxiway E. (SE of windsock).	Visual observation
12	Drainage area south of runway 7/25.	24" CMP duckbill outlet to the Goleta Slough south of Taxiway A, east of Taxiway F.	Visual observation

D. STORM WATER DRAINAGE (CONT.)

13	Drainage area south of runway 7/25.	24" CMP duckbill outlet to the Goleta Slough south of Taxiway, west of Taxiway F and Outlet No. 10	Visual observation
14	Discharge from northeastern portion of maintenance yard.	18" steel pipe outlet to Carneros Creek, south of Firestone Road.	Visual observation
15	North of Hollister- Airport and Goleta commercial/industrial areas.	Double box culvert from Firestone swale to Carneros Creek south of Firestone Road.	Visual observation
16	Drainage area from airline terminal parking lot area.	Two (2) conc. 18" outlet pipe to wetlands south of Fowler Vista parking lot exit.	Visual observation
17a and 17b	Drainage area near FAA ASR Radar.	24" conc. duckbill pipes to Goleta Slough south of Radar Site, west of Rwy 15R.	Visual observation
18	Drainage area from open field space near FAA localizer.	18" CMP to East Side of San Pedro Creek, west of Fairview Ave., east of Rwy 7 end.	Visual observation
19	Discharge from hangars 248 & 249.	18" PVC at Boneyard to west Side of San Pedro Creek.	Visual observation
20	Drainage from runway 7/25	30" conc. duckbill pipe west of Twy. D to west side of San Pedro Creek.	Visual observation
21	Downstream of maintenance yard and north of runway.	10" steel pipe south of Troup Road to north side of Carneros Creek.	Visual observation
22	Goleta and Airport commercial/industrial properties south of railroad track.	18" concrete pipe discharges on east side of Hayward to San Pedro Creek.	Visual observation
23	Downstream of maintenance yard and north of runway. Commercial/industrial areas north of Hollister. Airport open space south of Hollister, west of Troup Road.	36" CMP duckbill to Carneros Creek west of Troup Road and north of the west end of Runway 7.	Visual observation
24	Safety Area on west end of the airfield.	18"RCP duckbill SW of bunker to north side Tecolotito Creek.	Visual observation
25	Safety Area on west end of the airfield.	24" RCP duckbill south of FAA MALS building to north side of Tecolotito Creek.	Visual observation
26	Safety Area on west end of the airfield.	24" RCP duckbill south of western most end of airfield service road to north side of Tecolotito Creek.	Visual observation
27	Local drainage of the safety area west end of the airfield, serves one inlet.	10" Corrugated plastic pipe to south side of confluence of Carneros and Tecolotito Creeks.	Visual observation

D. STORM WATER DRAINAGE (CONT.)

28	Local drainage of the safety area west end of the airfield, serves one inlet.	10" Corrugated plastic pipe SW of FAA Hollister RTR facility to south side of Carneros Creek.	Visual observation
29	Local drainage of the safety area west end of the airfield, serves one inlet.	10" Corrugated plastic pipe south of FAA Hollister RTR facility to south side of Carneros Creek.	Visual observation
30	Hollister Avenue at Tecolotito Creek.	8" PVC to west side of Tecolotito Creek at south side of bridge on Hollister Ave.	Visual observation

E. VISUAL MONITORING REQUIREMENTS

The General Permit specifies that visual monitoring be performed throughout the year. The visual monitoring requirements for the Santa Barbara Airport are as follows:

- observe/test for non-storm water discharges on a quarterly basis at all 30 outfalls locations.
- perform monthly visual monitoring at all 30 outfalls locations during the wet season (October 1 through May 31); and
- perform an Annual Comprehensive Site Compliance Evaluation (ACSCE) in accordance with the requirements of the General Permit (see Section G).

These requirements are described in the following subsections

E.1 NON-STORM WATER DISCHARGE MONITORING

The General Permit prohibits discharges of materials other than storm water (non-storm water discharges) that are not specifically authorized by the General Permit. To ensure that unauthorized non-storm water discharges do not occur, monitoring for the presence of non-storm water discharges on a quarterly basis is required. The quarterly visual observations should be conducted within six to eighteen weeks of each other, within each of the following periods: July - September, October - December, January - March and April - June.

Non-storm water discharge information should be documented using the Seasonal Dry Weather Visual Inspection Report provided with this MPP (Appendix A). Non-storm water discharge information should include the name(s) of inspector(s), designated storm water outfalls observed, the time of day and date the outfalls were observed, and additional testing method(s) and test results (if appropriate). Visual non-storm water discharge observations should document the presence of any discoloration, stains, odors, and floating materials, as well as the source of any discharge. The inspector should observe for the presence of both unauthorized and authorized non-storm water discharges as described below

Unauthorized Non-Storm Water Discharges

Unauthorized non-storm water discharges are those discharges specifically prohibited under the General Permit. The prohibited non-storm water discharges are as follows:

- waters from the rinsing or washing of vehicles, equipment, buildings, or pavement;
- materials that have been improperly disposed of or dumped, and spilled including contact and non-contact cooling water and boiler blowdown;
- leaked materials; and
- any other non-storm water discharge not specifically authorized by the General Permit.

Authorized Non-Storm Water Discharges

The following non-storm water discharges are specifically authorized by the General Permit provided that they satisfy certain conditions specified in the General Permit (Item D, Special Conditions):

- fire hydrant flushing;
- potable water sources, including potable water related to the operation, maintenance, or testing of potable water systems;
- drinking fountain water;
- atmospheric condensate including refrigeration, air conditioning, and compressor condensate;
- irrigation drainage;
- landscape watering;
- springs;
- ground water;
- foundation or footing drainage; and
- sea water infiltration where the sea waters are discharged back into the sea water source.

The conditions specified in Item D, Special Conditions of the General Permit include:

- the non-storm water discharges are in compliance with Regional Water Quality Control Board requirements.
- the non-storm water discharges are in compliance with local agency ordinances and/or requirements.
- best management practices (BMPs) are specifically included in the SWPPP to (1) prevent or reduce the contact of non-storm water discharges with significant materials or equipment and (2) minimize, to the extent practicable, the flow or volume of non-storm water discharges.
- the non-storm water discharges do not contain significant quantities of pollutants.
- the monitoring program includes quarterly visual observations of each non-storm water discharge and its sources to ensure that BMPs are being implemented and are effective.
- the non-storm water discharges are reported and described annually as part of the annual report.

In addition to the authorized non-storm water discharges listed above, the General Permit authorized discharges from firefighting activities.

E.2 WET SEASON MONITORING

The General Permit specifies that visual inspection of storm water discharges be performed once every month during the wet season (October 1 through May 30). The inspection should be performed during a storm event that meets the following requirements:

- 1) the storm event occurs during scheduled facility operating hours; and
- 2) the storm event is preceded by at least three working days without storm water discharge (Note: the three working days may be separated by non-working days such

as weekends and holidays provided that no storm water discharges occur during the three working days and the non-working days).

The results of the visual monitoring should be documented in the Seasonal Wet Weather Visual Inspection Report (Appendix A) provided in this plan. The recorded information should include the date and time, name(s) of inspector(s), designated storm water discharge outfall location, observations made, source(s) of observed pollutants, and response taken to reduce or prevent pollutants in storm water discharges. If possible, the observations should be performed within the first hour of the storm event. If the observations are performed after the first hour of the storm event, the reason(s) should be documented on the Storm Event Record form.

- The wet season monitoring should observe and check for the presence of floating and suspended materials, oil and grease, discoloration, turbidity, and odor and should be performed at each outfall. If it is not possible to visually inspect the discharge, it may be necessary to pull a sample for observation as described in section F.2. Examples of descriptions to be noted on the Record of Wet Season Monitoring during the wet season observations are shown in the following table:

TYPICAL STORM WATER DESCRIPTIONS FOR WET SEASON MONITORING

Category	Terms
Odor	Musty, Sewage, Oil, Gasoline, Rotten Eggs, Sour Milk
Color	Red, Brown, Yellow, Green, Blue, Grey
Turbidity	Clear, Cloudy, Opaque, Suspended Materials
Floatables	Garbage, Paper, Wood, Leaves, Plastic, Sewage
Oily Sheen	Describe if present

Under the following conditions, a facility may be exempt from making wet season observations:

- the facility was unable to conduct wet season observations because of climatic conditions, such as drought, extended freeze, and dangerous weather and/or site conditions; or
- a significant storm event did not occur during the daylight portion of normally scheduled facility operating hours.

If the facility was unable to perform a wet season observation for the reasons listed above, a description should be documented directly on the Seasonal Wet Weather Visual Inspection Report.

F. SAMPLING AND ANALYSIS REQUIREMENTS

This section of the MPP describes the sampling and analysis requirements of the General Permit. Storm water sampling should be performed by the facility personnel described in section B of the SWPPP.

F.1 QUALIFYING STORM EVENT

Storm water samples must be collected during the first hour of discharge from the first qualifying storm event and at least one other qualifying storm events and analyzed during each wet season (October 1 through May 31). A qualifying storm event is defined as a storm event that:

- occurs during scheduled facility operating hours; and
- is preceded by at least three working days without storm water discharge (Note: the three working days may be separated by non-working days such as weekends and holidays provided that no storm water discharges occur during the three working days and the non-working days).

The General Permit requires samples to be collected for two storm events per year. If the first storm event of the wet season is not sampled, the facility is still required to collect samples from two other storm events of the wet season and explain the reason(s) for not sampling the first storm event. The facility is not required to collect a sample during adverse climatic and site conditions (drought, extended freeze, dangerous weather conditions, inaccessible terrain, etc.). Explanations describing the reason(s) for not sampling the first storm event and any conditions that prevent the collection of samples during a given wet season should be documented.

F.2 SAMPLING LOCATIONS AND PROCEDURES

Storm water samples will be collected from Outfalls 1, 2, 5, 6, 9b, and 10, which receive flow from the primary outdoor industrial areas of the facility. Outfall 1 is located in the northeastern portion of the airport and receives flow from the area north of runway 7/25, from the Forest Service Ramp, Hangar 1 and Cook Place (non-industrial). Outfall 2 is located at the southeastern corner of the maintenance yard and received contribution from the majority of the maintenance yard, except for the northeastern portion. Outfall 5 is located at the eastern border of the site, adjacent to runway 7/25 and the discharge to this outfall is primarily from FBOs, helicopter pads, runway 7/25, and some commercial/industrial north of Hollister Ave. Outfall 6 is also located on the eastern border of the property, however, receives flow from the access road and commercial apron/terminal area. Outfall 9b is located at the southern portion of the airport and receives flow from the FBO. Outfall 10 is located near the southwestern border of the airport, near runway 7/25 and receives contribution from FBOs, runways, taxiways and non-industrial areas near the Airport Administration building. Samples collected from 1, 2, 5, 6, 9b, and 10 are expected to be representative of the quality of storm water runoff from industrial activity areas for the site. Outfalls 3, 4, 7, 8, 9a/c, 11, 12-16, 17a/b, and 18-30 will be visually

monitored during qualifying storm events, but are not designated for sample collection because they either receive flow from non-industrial areas or receive flow that is expected to be significantly similar to the designated sampling locations.

Storm water samples should be collected within the first hour of discharge from a qualifying storm event (defined in section C1). If it is not feasible for samples to be collected within the first hour of discharge, a “delayed” sample can still be collected. The reason(s) for the delay should be documented.

The sampling personnel should wear clean, water proof, chemical resistant gloves and safety glasses. The sampler should avoid contact with the pollutants that may be present in the storm water and from the chemicals used as a preservative in the sample bottles, if the laboratory supplies sample bottles containing preservatives. The sample bottle requirements are described in Table 1.

Prior to collecting a sample, the collection container should be rinsed with two or three volumes of storm water from the flow of the outfall being sampled.

The grab sample should be collected by lowering the sample collection container into the storm water flow with the container opening facing upstream. Avoid collecting large floating debris. Avoid touching the inside of the bottle.

The sample bottles should be filled to the top or to the level indicated on the bottle.

The bottles should be labeled and promptly placed in the cooler.

A Chain-of-Custody Record which can be obtained from the analytical laboratory should be completed. The Chain-of-Custody Record is a legal document used to track the samples from collection through analysis. The Chain-of-Custody Record must be signed by the sampler and the person taking custody of the samples.

Upon completion of sampling, the laboratory should be called to pick up the samples. Samples should not be left in a cooler for an extended time because the temperature in the cooler may rise. Also, samples not preserved at the time of collection should be shipped as soon as possible to the laboratory for the addition of preservatives. The results of the analysis of samples that were not properly cooled or preserved may not be considered valid.

F.3 ANALYTICAL REQUIREMENTS

The facility should contract with a state-certified laboratory for storm water sample analysis. The laboratory should provide an ice chest as well as the appropriate number of sample containers to collect storm water samples.

Based on the requirements in the General Permit, the facilities standard industrial classification (SIC) code, and additional requirements from the Regional Water Quality Control Board, storm water samples collected from Santa Barbara Airport should be analyzed for the following:

Parameters required by the General Permit:

- pH;
- total suspended solids;
- specific conductance;
- oil and grease (Airport is analyzing for total recoverable petroleum hydrocarbons (TRPH))
- biochemical oxygen demand;
- chemical oxygen demand;
- ammonia;

Additional parameters required by the Regional Water Quality Control Board:

- sulfate;
- o-phosphate;
- total iron; and
- ethylene glycol (outfall 6 only)

A description of the container requirements, test methods, and collection methods for these parameters is presented in Table 1.

G. ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION

The facility should perform an Annual Comprehensive Site Compliance Evaluation (ACSCE) every year using the Annual Comprehensive Site Compliance Evaluation Form (Appendix A). The ACSCE should be conducted once each year and be included with the annual report (Section H). The requirements of the ACSCE are as follows:

- review all visual observation records, inspection records, and sampling and analysis results;
- visually inspect all potential pollutant sources for evidence of, or the potential for, pollutants entering the drainage system;
- review and evaluate all BMPs to determine whether the BMPs are adequate, properly implemented and maintained, or whether additional BMPs are needed. A visual inspection of equipment needed to implement the SWPPP, such as spill response equipment, shall be included; and
- complete an evaluation report that includes: (1) identification of personnel performing the

evaluation; (2) the date(s) of the evaluation; (3) necessary SWPPP revisions; (4) schedule, as required in Section A.10.e. of the General Permit, for implementing SWPPP revisions; (5) any incidents of non-compliance and the corrective actions taken; and (6) a certification that Santa Barbara Airport is in compliance with the General Permit. If the above certification cannot be provided, the airport should explain in the evaluation report why the facility is not in compliance with the General Permit. The evaluation report should be submitted as part of the annual report, retained for at least five years, and signed and certified in accordance with Standard Provisions 9. and 10. of Section C of the General Permit.

The facility inspector should follow the steps outlined below when conducting the ACSCE.

1. Review the facility's SWPPP and list the industrial areas that are exposed to storm water (SWPPP Sections C, D, and F) on the Annual Comprehensive Site Compliance Evaluation Form (Appendix A).
2. Conduct a facility reconnaissance to confirm that all of the industrial areas exposed to storm water are listed on the ACSCE Form. Visually inspect each of the industrial areas for evidence of, or the potential for, pollutants entering the drainage system. Any industrial areas exposed to storm water that are not listed should be added. Likewise, any areas listed that are no longer exposed to storm water should be removed from the list. The facility's SWPPP must be updated if any areas are added or removed.
3. Evaluate whether all BMPs are implemented for each listed industrial area. The BMPs are included in Sections L through U of the SWPPP.
4. Determine if BMPs are adequate, properly implemented, and maintained for each listed area. This assessment also includes an inspection of any equipment necessary for the BMP such as spill control equipment. The inspector should check the appropriate box next to each listed area on the ACSCE Form.
5. Evaluate if the BMPs are sufficient to reduce or eliminate storm water pollution or if additional controls are needed. The evaluation should be based on the ACSCE, a review of the visual monitoring records, inspection records, and analytical monitoring data. Based upon the results of these evaluations, the inspector should check the appropriate box on the ACSCE Form.
6. If an additional BMP(s) is deemed necessary, a description of this BMP(s) should be included along with a schedule for implementation. The SWPPP should be also updated accordingly.
7. If applicable, provide an attached description of any incidents of non-compliance (with the General Permit) observed during the ACSCE, non-storm water discharge monitoring, wet season monitoring, and/or analytical monitoring results. A description of the corrective action(s) for each incident of non-compliance should also be provided.

In accordance with the General Permit, the SWPPP shall be revised, as appropriate, and the revisions implemented within 90 days of the ACSCE. If any part of the SWPPP is infeasible to implement within 90 days, the facility should submit a report to the appropriate Regional Water Quality Control Board, in accordance with Section A.10.e. of the General Permit.

H. ANNUAL REPORT

By July 1 of each year, the facility shall submit a Storm Water Annual Report to the Regional Water Quality Control Board - Central Coast Region. The Annual Report should include visual monitoring inspections, sampling information, and the ACSCE completed for the subject year. A copy of the Annual Report is normally sent to the facility by the State Water Resources Control Board. Alternatively, a copy of the current Annual Report Form can be obtained on the State Water Resources Control Board internet web site (<http://www.swrcb.ca.gov/html/stormwtr.html>).

I. RECORDKEEPING

Records of all storm water visual monitoring and inspections, sampling results, and all reporting forms included in the Storm Water Annual Report should be retained permanently per the City of Santa Barbara Records Management Program, Policy and Procedures Manual.

TABLES

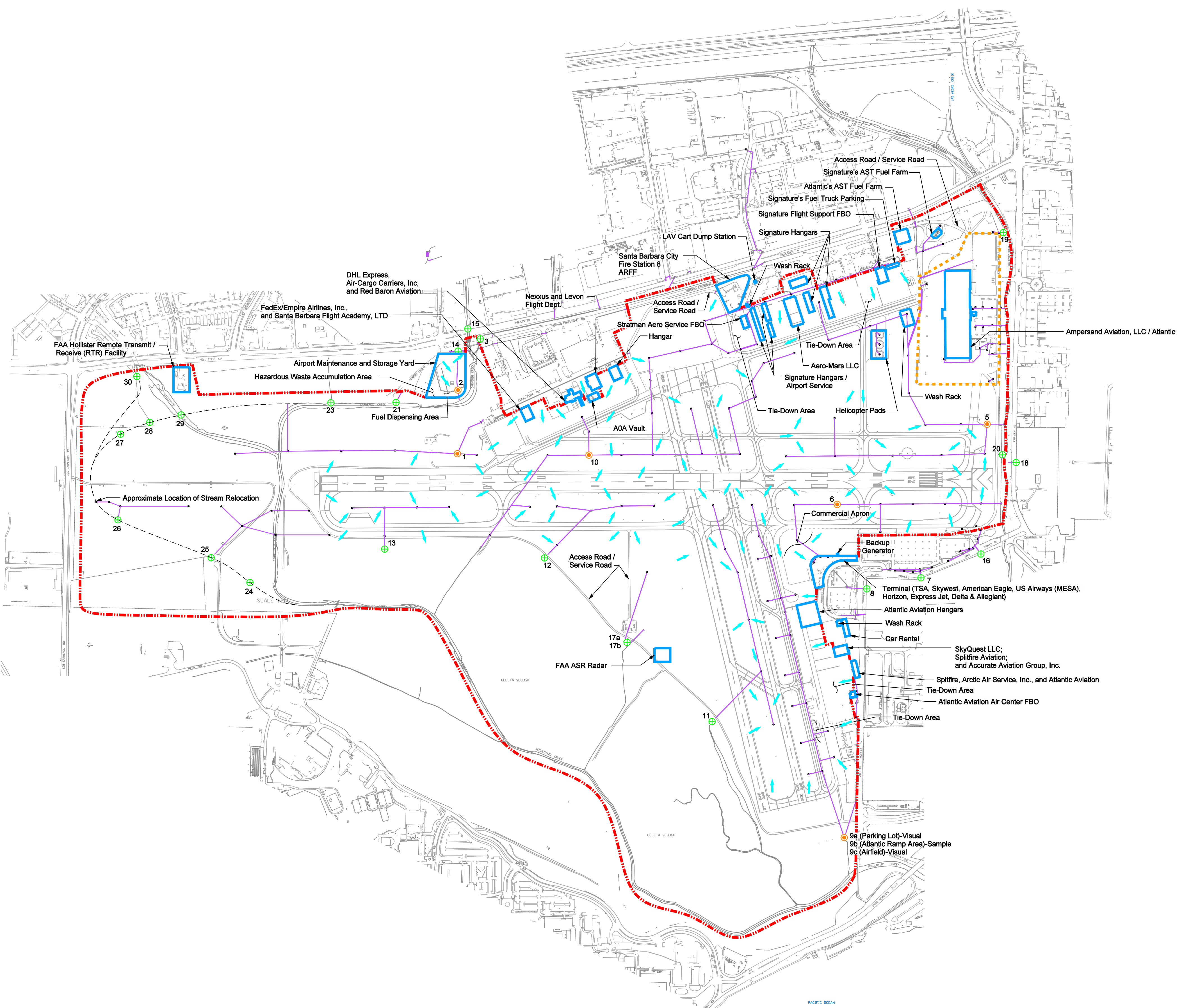
TABLE 1
CONTAINER REQUIREMENTS, ANALYTICAL PARAMETERS, TEST METHODS, AND COLLECTION METHODS
 Santa Barbara Airport
 Santa Barbara, California

Outfall	Container	Parameter	Test Method	Method Detection Limit	Collection Method
1,2,5,6,9b, 10	(1) 1-liter Plastic	pH TSS ¹ Specific Conductance	EPA Method 150.1 EPA Method 160.2 EPA Method 120.1	NA ² 5.0 mg/l 1 µmho/cm	Grab
1,2,5,6,9b, 10	(1) 500 milliliter amber glass with H ₂ SO ₄ preservative	TRPH ³	EPA Method 418.1	1.0 mg/l	Grab
1,2,5,6,9b, 10	(1) 500-milliliter poly with sulfuric acid preservative	Chemical Oxygen Demand	EPA Method 410.4	20 mg/l	Grab
1,2,5,6,9b, 10	(1) 500 milliliter Poly w/ no preservative	Biochemical Oxygen Demand	SM ⁴ 5210B	3.0 mg/l	Grab
6	(1) 1-liter amber glass w/ no preservative	Ethylene Glycol	EPA Method 8015B Modified	0.5 mg/l	Grab
1,2,5,6,9b, 10	(1) 250 milliliter plastic bottle with HNO ₃ preservative	Iron	EPA Method 6010B	0.1 mg/l	Grab
1,2,5,6,9b, 10	(1) 1-liter amber glass with H ₂ SO ₄ preservative	Ammonia	SM 4500-NH ₃ B/E	0.1 mg/l	Grab
1,2,5,6,9b, 10	(1) 125 milliliter plastic unpreserved	Sulfate	EPA Method 300.0	1.0 mg/l	Grab
1,2,5,6,9b, 10	(1) 125 milliliter plastic unpreserved	Total Phosphate	SM 4500 – P B/E	0.1 mg/l	Grab

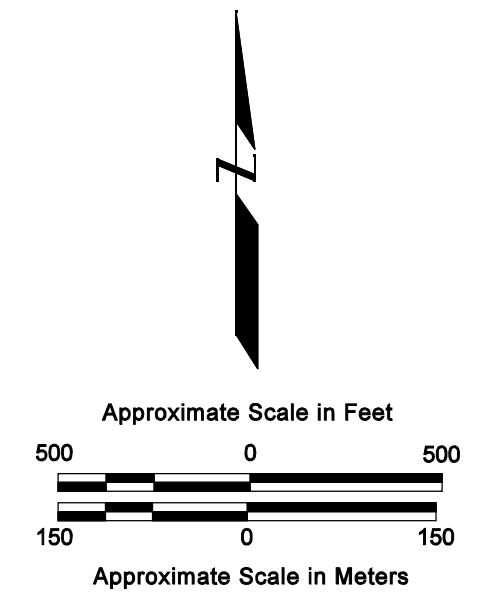
Notes:

1. Total Suspended Solids
2. Not Applicable
3. Total Recoverable Petroleum Hydrocarbons
4. Standard

FIGURE



- Explanation**
- 10 ○ Outfall sample location
 - 23 ⊕ Outfall visual observation location
 - Drainage pipe and catch basins / storm drains
 - Flow direction
 - Tenant site layout
 - - - Ampersand boundary line. Facility operates under separate industrial permit.
 - SWPPP boundary
- Note:**
All locations are approximate.



Basemap modified from site plan provided by Santa Barbara Airport dated February 19, 2007

SANTA BARBARA AIRPORT SITE MAP		
Santa Barbara Airport Santa Barbara, California		
By: kle	Date: 7/17/08	Project No: 13038
AMEC Geomatrix		Figure 1

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APPENDIX A

Monitoring Forms

2008-2009
ANNUAL REPORT

SIDE A

FORM 1-SAMPLING & ANALYSIS RESULTS

FIRST STORM EVENT

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

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

DESCRIBE DISCHARGE LOCATION Example: NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	ANALYTICAL RESULTS For First Storm Event										
			BASIC PARAMETERS					OTHER PARAMETERS					
			pH	TSS	SC	O&G	TOC						
	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM											
	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM											
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	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM											
TEST REPORTING UNITS:			pH Units	mg/l	umho/cm	mg/l	mg/l						
TEST METHOD DETECTION LIMIT:													
TEST METHOD USED:													
ANALYZED BY (SELF/LAB):													

TSS - Total Suspended Solids

SC - Specific Conductance

O&G - Oil & Grease

TOC - Total Organic Carbon

2008-2009
ANNUAL REPORT

SIDE B

FORM 1-SAMPLING & ANALYSIS RESULTS

SECOND STORM EVENT

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

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

DESCRIBE DISCHARGE LOCATION Example: NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	ANALYTICAL RESULTS For First Storm Event										
			BASIC PARAMETERS					OTHER PARAMETERS					
			pH	TSS	SC	O&G	TOC						
	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM											
	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM											
	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM											
	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM											
TEST REPORTING UNITS:			pH Units	mg/l	umho/cm	mg/l	mg/l						
TEST METHOD DETECTION LIMIT:													
TEST METHOD USED:													
ANALYZED BY (SELF/LAB):													

TSS - Total Suspended Solids

SC - Specific Conductance

O&G - Oil & Grease

TOC - Total Organic Carbon

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

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

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

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SIDE B

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

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

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SIDE A

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

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

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

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SIDE B

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

OBSERVATION DATE (FROM REVERSE SIDE)	NAME OF UNAUTHORIZED NSWD <u>EXAMPLE:</u> Vehicle Wash Water	SOURCE AND LOCATION OF UNAUTHORIZED NSWD <u>EXAMPLE:</u> NW Corner of Parking Lot	DESCRIBE UNAUTHORIZED NSWD CHARACTERISTICS Indicate whether unauthorized NSWD is clear, cloudy, discolored, causing stains; contains floating objects or an oil sheen, has odors, etc.		DESCRIBE CORRECTIVE ACTIONS TO ELIMINATE UNAUTHORIZED NSWD AND TO CLEAN IMPACTED DRAINAGE AREAS. PROVIDE UNAUTHORIZED NSWD ELIMINATION DATE.
			AT THE UNAUTHORIZED NSWD SOURCE	AT THE UNAUTHORIZED NSWD AREA AND DISCHARGE LOCATION	
_____ _____ <input type="checkbox"/> AM <input type="checkbox"/> PM					
_____ _____ <input type="checkbox"/> AM <input type="checkbox"/> PM					
_____ _____ <input type="checkbox"/> AM <input type="checkbox"/> PM					
_____ _____ <input type="checkbox"/> AM <input type="checkbox"/> PM					

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FORM 4-MONTHLY VISUAL OBSERVATIONS OF**

STORM WATER DISCHARGES

- Storm water discharge visual observations are required for at least one storm event per month between October 1 and May 31.
- Visual observations must be conducted during the first hour of discharge at all discharge locations.
- Discharges of temporarily stored or contained storm water must be observed at the time of discharge.
- Indicate "None" in the first column of this form if you did not conduct a monthly visual observation.
- Make additional copies of this form as necessary.
- Until a monthly visual observation is made, record any eligible storm events that do not result in a storm water discharge and note the date, time, name, and title of who observed there was no storm water discharge.

Observation Date: October ____ 2008 Observers Name: _____ Title: _____ Signature: _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Time Discharge Began	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Observation Date: November ____ 2008 Observers Name: _____ Title: _____ Signature: _____	Drainage Location Description	#1	#2	#3
Observation Time		<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
Time Discharge Began		<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
Were Pollutants Observed (If yes, complete reverse side)		YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Observation Date: December ____ 2008 Observers Name: _____ Title: _____ Signature: _____		Drainage Location Description	#1	#2	#3
	Observation Time	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Time Discharge Began	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Observation Date: January ____ 2009 Observers Name: _____ Title: _____ Signature: _____	Drainage Location Description	#1	#2	#3
Observation Time		<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
Time Discharge Began		<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
Were Pollutants Observed (If yes, complete reverse side)		YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

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SIDE B

**FORM 4-MONTHLY VISUAL OBSERVATIONS OF
 STORM WATER DISCHARGES**

DATE/TIME OF OBSERVATION (From Reverse Side)	DRAINAGE AREA DESCRIPTION	DESCRIBE STORM WATER DISCHARGE CHARACTERISTICS	IDENTIFY AND DESCRIBE SOURCE(S) OF POLLUTANTS	DESCRIBE ANY REVISED OR NEW BMPs AND THEIR DATE OF IMPLEMENTATION
_____ _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	<u>EXAMPLE:</u> Discharge from material storage Area #2	Indicate whether storm water discharge is clear, cloudy, or discolored; causing staining; containing floating objects or an oil sheen, has odors, etc.	<u>EXAMPLE:</u> Oil sheen caused by oil dripped by trucks in vehicle maintenance area.	
_____ _____ <input type="checkbox"/> AM <input type="checkbox"/> PM				
_____ _____ <input type="checkbox"/> AM <input type="checkbox"/> PM				
_____ _____ <input type="checkbox"/> AM <input type="checkbox"/> PM				
_____ _____ <input type="checkbox"/> AM <input type="checkbox"/> PM				

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FORM 4 (Continued)-MONTHLY VISUAL OBSERVATIONS OF

SIDE A

STORM WATER DISCHARGES

- Storm water discharge visual observations are required for at least one storm event per month between October 1 and May 31.
- Visual observations must be conducted during the first hour of discharge at all discharge locations.
- Discharges of temporarily stored or contained storm water must be observed at the time of discharge.

- Indicate "None" in the first column of this form if you did not conduct a monthly visual observation.
- Make additional copies of this form as necessary.
- Until a monthly visual observation is made, record any eligible storm events that do not result in a storm water discharge and note the date, time, name, and title of who observed there was no storm water discharge.

Observation Date: February ____ 2009 Observers Name: _____ Title: _____ Signature: _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Time Discharge Began	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Observation Date: March ____ 2009 Observers Name: _____ Title: _____ Signature: _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Time Discharge Began	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Observation Date: April ____ 2009 Observers Name: _____ Title: _____ Signature: _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Time Discharge Began	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Observation Date: May ____ 2009 Observers Name: _____ Title: _____ Signature: _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Time Discharge Began	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

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

DATE/TIME OF OBSERVATION (From Reverse Side)	DRAINAGE AREA DESCRIPTION <u>EXAMPLE:</u> Discharge from material storage Area #2	DESCRIBE STORM WATER DISCHARGE CHARACTERISTICS Indicate whether storm water discharge is clear, cloudy, or discolored; causing staining; containing floating objects or an oil sheen, has odors, etc.	IDENTIFY AND DESCRIBE SOURCE(S) OF POLLUTANTS <u>EXAMPLE:</u> Oil sheen caused by oil dripped by trucks in vehicle maintenance area.	DESCRIBE ANY REVISED OR NEW BMPs AND THEIR DATE OF IMPLEMENTATION
_____ _____ <input type="checkbox"/> AM <input type="checkbox"/> PM				
_____ _____ <input type="checkbox"/> AM <input type="checkbox"/> PM				
_____ _____ <input type="checkbox"/> AM <input type="checkbox"/> PM				
_____ _____ <input type="checkbox"/> AM <input type="checkbox"/> PM				
_____ _____ <input type="checkbox"/> AM <input type="checkbox"/> PM				

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SIDE A

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

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

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP implementation	Describe additional/revise BMPs or corrective actions and their date(s) of implementation
	ARE ADDITIONAL/REVISED BMPs NECESSARY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP implementation	Describe additional/revise BMPs or corrective actions and their date(s) of implementation
	ARE ADDITIONAL/REVISED BMPs NECESSARY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP implementation	Describe additional/revise BMPs or corrective actions and their date(s) of implementation
	ARE ADDITIONAL/REVISED BMPs NECESSARY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP implementation	Describe additional/revise BMPs or corrective actions and their date(s) of implementation
	ARE ADDITIONAL/REVISED BMPs NECESSARY? <input type="checkbox"/> YES <input type="checkbox"/> NO			