



Victor Valley Wastewater Reclamation Authority

A Joint Powers Authority and Public Agency of the State of California

Administrative Offices

15776 Main Street, Suite 3, Hesperia, CA 92345

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28 June 2013

Lahontan Region Water Quality Control Board

Mr. Jay Cass

Victorville Branch Office

14440 Civic Drive, Suite 200

Victorville, CA 92392-2306

Re: VVWRA WDID No. 6B361005756

Storm Water Annual Report

Dear Mr. Cass,

During the storm water monitoring period of July 1, 2011 through June 28, 2012 the Victor Valley Wastewater Reclamation Authority (VVWRA) received sufficient precipitation to cause three (3) events of storm water discharge. Samples were taken and analyzed as required at the Storm Water South Discharge Point.

The completed Storm Water Annual Report for this monitoring period is enclosed.

If you have questions regarding this report, please contact Logan Olds at (760) 948-9849.

Sincerely,

Gina Cloutier

Laboratory / Environmental Compliance Supervisor

State of California
STATE WATER RESOURCES CONTROL BOARD

2012-2013
ANNUAL REPORT
FOR
STORM WATER DISCHARGES ASSOCIATED
WITH INDUSTRIAL ACTIVITIES

Reporting Period July 1, 2012 through June 30, 2013

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

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

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

GENERAL INFORMATION:

A. Facility Information:

Facility WDID No: 6B361005756

Facility Business Name: Victor Valley Wastewater Reclamation A. Contact Person: Logan Olds
Physical Address: 20111 Shay Road e-mail: LOLDS@VWVRA.COM
City: Victorville **CA** Zip: 92394 Phone: (760) 246-8638
Standard Industrial Classification (SIC) Code(s): 4952

B. Facility Operator Information:

Operator Name: Gilbert Perez Contact Person: Gilbert Perez
Mailing Address: 15776 Main Street, Suite 3 e-mail: GPerez@VWVRA.COM
City: Hesperia State: CA Zip: 92345 Phone: (760) 246-8638

C. Facility Billing Information:

Operator Name: Logan Olds Contact Person: Logan Olds
Mailing Address: 15776 Main Street, Suite 3 e-mail: LOLDS@VWVRA.COM
City City: Hesperia State: CA Zip: 92345 Phone: (760) 948-9849

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SPECIFIC INFORMATION

MONITORING AND REPORTING PROGRAM

D. SAMPLING AND ANALYSIS EXEMPTIONS AND REDUCTIONS

1. For the reporting period, was your facility exempt from collecting and analyzing samples from **two** storm events in accordance with sections B.12 or 15 of the General Permit?

YES Go to Item D.2 **NO** Go to Section E

2. Indicate the reason your facility is exempt from collecting and analyzing samples from **two** storm events. Attach a copy of the first page of the appropriate certification if you check boxes ii, iii, iv, or v.

i. Participating in an Approved Group Monitoring Plan **Group Name:** _____

ii. Submitted **No Exposure Certification (NEC)** Date Submitted: ____ / ____ / ____

Re-evaluation Date: ____ / ____ / ____

Does facility continue to satisfy NEC conditions? YES NO

iii. Submitted **Sampling Reduction Certification (SRC)** Date Submitted: ____ / ____ / ____

Re-evaluation Date: ____ / ____ / ____

Does facility continue to satisfy SRC conditions? YES NO

iv. Received Regional Board Certification Certification Date: ____ / ____ / ____

v. Received Local Agency Certification Certification Date: ____ / ____ / ____

3. If you checked boxes i or iii above, were you scheduled to sample **one** storm event during the reporting year?

YES Go to Section E **NO** Go to Section F

4. If you checked boxes ii, iv, or v, go to Section F.

E. SAMPLING AND ANALYSIS RESULTS

1. How many storm events did you sample? Three (3)

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

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

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

3. How many storm water discharge locations are at your facility? Two (2)

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4. For each storm event sampled, did you collect and analyze a sample from each of the facility's' storm water discharge locations? YES, go to Item E.6 NO
5. Was sample collection or analysis reduced in accordance with Section B.7.d of the General Permit? YES NO, **attach explanation**

Explanation: The south percolation ponds are protected from stormwater drainage by a drainage channel and stormwater retention basin, which diverts and collects stormwater run-off (uncontaminated by the percolation ponds) for percolation. If the retention basin were to fill completely with stormwater, it would discharge to a wash and drain to the Mojave River. Stormwater which contacts the percolation ponds is collected by the south percolation ponds and not released. A sample is collected at the plant stormwater discharge point to the Mojave River.

If "YES", **attach documentation** supporting your determination that two or more drainage areas are substantially identical.

Date facility's drainage areas were last evaluated ___ / ___ / ___

6. Were all samples collected during the first hour of discharge? YES NO, **attach explanation**
7. Was all storm water sampling preceded by three (3) working days without a storm water discharge? YES NO, **attach explanation**
8. Were there any discharges of storm water that had been temporarily stored or contained? (such as from a pond) YES NO, go to Item E.10
9. Did you collect and analyze samples of temporarily stored or contained storm water discharges from two storm events? (or one storm event if you checked item D.2.i or iii. above) YES NO, **attach explanation**
10. Section B.5. of the General Permit requires you to analyze storm water samples for pH, Total Suspended Solids (TSS), Specific Conductance (SC), Total Organic Carbon (TOC) or Oil and Grease (O&G), other pollutants likely to be present in storm water discharges in significant quantities, and analytical parameters listed in Table D of the General Permit.
- a. Does Table D contain any additional parameters related to your facility's SIC code(s)? YES NO, Go to Item E.11
- b. Did you analyze all storm water samples for the applicable parameters listed in Table D? YES NO
- c. If you did not analyze all storm water samples for the applicable Table D parameters, check one of the following reasons:

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

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

_____ Other. **Attach explanation**

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

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

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F. QUARTERLY VISUAL OBSERVATIONS

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

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

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

YES NO Go to Item F.2

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

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

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

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

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

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

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

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

July-September YES NO October-December YES NO

January-March YES NO April-June YES NO

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

YES NO Go to Item F.2.d

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

YES NO **Attach explanation**

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

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

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G. MONTHLY WET SEASON VISUAL OBSERVATIONS

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

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

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

2. Report monthly wet season visual observations using **Form 4** or provide the following information:

- a. date, time, and location of observation
- b. name and title of observer
- c. characteristics of the discharge (i.e., odor, color, etc.) and source of any pollutants observed
- d. **any new or revised BMPs necessary to reduce or prevent pollutants in storm water discharges.** Provide new or revised BMP implementation date.

ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION (ACSCE)

H. ACSCE CHECKLIST

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

1. Have you inspected all potential pollutant sources and industrial activities areas? YES NO
The following areas should be inspected:
 - areas where spills and leaks have occurred during the last year
 - outdoor wash and rinse areas
 - process/manufacturing areas
 - loading, unloading, and transfer areas
 - waste storage/disposal areas
 - dust/particulate generating areas
 - erosion areas
 - building repair, remodeling, and construction
 - material storage areas
 - vehicle/equipment storage areas
 - truck parking and access areas
 - rooftop equipment areas
 - vehicle fueling/maintenance areas
 - non-storm water discharge generating areas
2. Have you reviewed your SWPPP to assure that its BMPs address existing potential pollutant sources and industrial activities areas? YES NO
3. Have you inspected the entire facility to verify that the SWPPP's site map is up-to-date? The following site map items should be verified: YES NO
 - facility boundaries
 - outline of all storm water drainage areas
 - areas impacted by run-on
 - storm water discharges locations
 - storm water collection and conveyance system
 - structural control measures such as catch basins, berms, containment areas, oil/water separators, etc.

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

The following records should be reviewed:

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

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

The following SWPPP items should be reviewed:

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

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

The following BMP categories should be reviewed:

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

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

I. ACSCE EVALUATION REPORT

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

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

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

J. ACSCE CERTIFICATION

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

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

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

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ATTACHMENT SUMMARY

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

- 1. Have you attached Forms 1,2,3,4, and 5 or their equivalent? YES (Mandatory)
- 2. If you conducted sampling and analysis, have you attached the laboratory analytical reports? YES NO NA
- 3. If you checked box II, III, IV, or V in item D.2 of this Annual Report, have you attached the first page of the appropriate certifications? YES NO NA
- 4. Have you attached an explanation for each "NO" answer in items E.1, E.2, E.5-E.7, E.9, E.10.c, F.1.b, F.2.a, F.2.c, G.1, H.1-H.7, or J? YES NO NA

ANNUAL REPORT CERTIFICATION

I am duly authorized to sign reports required by the INDUSTRIAL ACTIVITIES STORM WATER GENERAL PERMIT (see Standard Provision C.9) and I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those person directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Printed Name: LOGAN OLDS
Signature: Logan Olds Date: 28 June 2013
Title: General Manager

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DESCRIPTION OF BASIC ANALYTICAL PARAMETERS

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

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

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

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

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

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

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

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

See Storm Water Contacts at

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

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): Randy Gillette TITLE: Operator SIGNATURE: _____ Please refer to signature on attached report.

DESCRIBE DISCHARGE LOCATION Example: NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	ANALYTICAL RESULTS For First Storm Event					
			BASIC PARAMETERS					
			PH	TSS	SC	O&G	TOC	OTHER PARAMETERS
Stormwater South Discharge Point	08/30/2012 <input type="checkbox"/> AM 3 : 31 <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM 3 : 19 <input checked="" type="checkbox"/> PM	7.83	1302	412	3.6	110	See Attached Laboratory Reports
	/ / <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:			N/A	1.0	1.0	3.0	3.5	
TEST METHOD USED:			SM4500 H+	SM2540 D	SM2510	EPA1664 A	SM5310 B	
ANALYZED BY (SELF/LAB):			VVWRA Lab	VVWRA Lab	VVWRA Lab	ES Babcock Labs	ES Babcock Labs	

TSS - Total Suspended Solids SC - Specific Conductance O&G - Oil & Grease TOC - Total Organic Carbon

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.

NAME OF PERSON COLLECTING SAMPLE(S): Keith Lueken

TITLE: Operator

SIGNATURE: 

DESCRIBE DISCHARGE LOCATION Example: NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	BASIC PARAMETERS				ANALYTICAL RESULTS For Second Storm Event			
			PH	TSS	SC	O&G	TOC	OTHER PARAMETERS		
Stormwater South Discharge Point	09/10/2012 3 :15 <input checked="" type="checkbox"/> AM	3 :00 <input checked="" type="checkbox"/> PM	8.85	7066	178	3.7	23	See Attached Laboratory Reports		
	/ / : : <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:			N/A	1.0	1.0	3.0	0.7			
TEST METHOD USED:			SM4500 H+	SM2540 D	SM2510	EPA166 4A	SM5310 B			
ANALYZED BY (SELF/LAB):			VWVRA Lab	VWVRA Lab	VWVRA Lab	ES Babcock Labs	ES Babcock Labs			

TSS - Total Suspended Solids SC - Specific Conductance O&G - Oil & Grease TOC - Total Organic Carbon

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SIDE A




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

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

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

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

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

QUARTER: JULY-SEPT. DATE/TIME OF OBSERVATIONS 07/10/12 8:17 AM	Observers Name: Keith Lueken Title: Operator Signature: 	WERE UNAUTHORIZED NSWDs OBSERVED? WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?	If YES to either question, complete reverse side.
QUARTER: OCT.-DEC. DATE/TIME OF OBSERVATIONS 10/23/12 6:43 AM	Observers Name: Keith Lueken Title: Operator Signature: 	WERE UNAUTHORIZED NSWDs OBSERVED? WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?	If YES to either question, complete reverse side. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
QUARTER: JAN.-MARCH DATE/TIME OF OBSERVATIONS 01/08/13 10:59 AM	Observers Name: Randy Gillette Title: Operator Signature: <i>Please refer to signed attached report.</i> GC 6/28/13	WERE UNAUTHORIZED NSWDs OBSERVED? WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?	If YES to either question, complete reverse side. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
QUARTER: APRIL-JUNE DATE/TIME OF OBSERVATIONS 04/02/13 9:32 AM	Observers Name: Brad Adams Title: Operator Signature: 	WERE UNAUTHORIZED NSWDs OBSERVED? WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?	If YES to either question, complete reverse side. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

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

OBSERVATION DATE (FROM REVERSE SIDE)	NAME OF UNAUTHORIZED NSWD <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					

**ANNUAL REPORT
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 _____ 2012 Observers Name: _____ Title: _____ Signature: _____		#1		#2		#3		#4	
Drainage Location Description Observation Time Time Discharge Began Were Pollutants Observed (if yes, complete reverse side)		<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.	: :
Observation Date: November _____ 2012 Observers Name: _____ Title: _____ Signature: _____		#1		#2		#3		#4	
Drainage Location Description Observation Time Time Discharge Began Were Pollutants Observed (if yes, complete reverse side)		<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.	: :
Observation Date: December _____ 2012 Observers Name: _____ Title: _____ Signature: _____		#1		#2		#3		#4	
Drainage Location Description Observation Time Time Discharge Began Were Pollutants Observed (if yes, complete reverse side)		<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.	: :
Observation Date: January _____ 2013 Observers Name: _____ Title: _____ Signature: _____		#1		#2		#3		#4	
Drainage Location Description Observation Time Time Discharge Began Were Pollutants Observed (if yes, complete reverse side)		<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.	: :

ANNUAL REPORT

FORM 4-MONTHLY VISUAL OBSERVATIONS OF
STORM WATER DISCHARGES

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

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

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

Observation Date: February 2013 Observers Name: _____ Title: _____ Signature: _____		#1	#2	#3	#4
Drainage Location Description Observation Time Time Discharge Began 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"/>	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 08 2013 Observers Name: <u>Marshall Locke</u> Title: <u>Operator</u> Signature: <u>(Signature) 6-25-13</u>		#1	#2	#3	#4
Drainage Location Description Observation Time Time Discharge Began Were Pollutants Observed (if yes, complete reverse side)		Stormwater South Discharge Point YES <input type="checkbox"/> NO <input checked="" 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"/> 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 2013 Observers Name: _____ Title: _____ Signature: _____		#1	#2	#3	#4
Drainage Location Description Observation Time Time Discharge Began 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"/>	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 2013 Observers Name: _____ Title: _____ Signature: _____		#1	#2	#3	#4
Drainage Location Description Observation Time Time Discharge Began 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"/>	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"/>

ANNUAL REPORT

FORM 4 (Continued)-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
03 / 08 / 13 07 : 25 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	EXAMPLE: Discharge from material storage Area #2 Stormwater South Discharge Point	Indicate whether storm water discharge is clear, cloudy, or discolored; causing staining; containing floating objects or an oil sheen, has odors, etc. Floating material, Oils/Greases, Foam, Odor, and Color all reported as not present during this discharge event.	EXAMPLE: Oil sheen caused by oil dripped by trucks in vehicle maintenance area. Not Applicable	Not Applicable
/ / : <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				

ANNUAL REPORT

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

John Clark

EVALUATION DATE: 06/28/2013 INSPECTOR NAME: Logan Olds TITLE: General Manager SIGNATURE: _____

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	ARE ADDITIONAL/REVISED BMPs NECESSARY? <input type="checkbox"/> YES <input checked="" 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/revised BMPs or corrective actions and their date(s) of implementation
Hazardous Materials Storage, Engine Lube Maintenance Room Storage	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	ARE ADDITIONAL/REVISED BMPs NECESSARY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP implementation The interior storage area is disorganized, dirty, and requires additional spill containment.	Describe additional/revised BMPs or corrective actions and their date(s) of implementation Area cleaned and organized by July 31, 2013.
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	ARE ADDITIONAL/REVISED BMPs NECESSARY? <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/revised BMPs or corrective actions and their date(s) of implementation
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	ARE ADDITIONAL/REVISED BMPs NECESSARY? <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/revised BMPs or corrective actions and their date(s) of implementation
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	ARE ADDITIONAL/REVISED BMPs NECESSARY? <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/revised BMPs or corrective actions and their date(s) of implementation



Victor Valley Wastewater Reclamation Authority

A Joint Powers Authority and Public Agency of the State of California

Plant Address: 20111 Shay Road · Victorville, CA 92394 · TEL: (760) 246-8638 FAX: (760) 246-5440

Administration Office Address: 15776 Main Street, Suite 3 · Hesperia, CA 92345 · TEL: (760) 948-9849

Website: www.vvwra.com E-mail: mail@vwvra.com

California Department of Public Health - Environmental Laboratory Accreditation Program Certificate # 2561

Laboratory Analysis Report

Sample Location: VWVRA Stormwater Discharge 2012 - 2013 Storm # 1
Laboratory ID #: 120830-13
Discharge Date/Time: 08/30/2012 1519
Collection Date/Time: 08/30/2012 1531
Collection Method: Grab
Sample Collected By: Randy Gillette
Sample Comments: See Attached Inspection and Sampling Report.

Constituent	Result	Units	Method	R.L.	Analyst
pH	7.83	pH Units	SM 4500-H+	N/A	G. Cloutier
Conductivity	412	µS/cm	SM 2510-B	1.0 µS/cm	G. Cloutier
Total Suspended Solids	1302	mg/L	SM 2540-D	1.0 mg/L	G. Cloutier
Total Dissolved Solids	501	mg/L	SM 2540-C	1.0 mg/L	G.Cloutier/C.Wills

Analyst Comments: Additional analyses conducted by E.S. Babcock & Sons Laboratory. See attached report.

Gina Cloutier, Laboratory Supervisor

Reviewed By:

Victor Valley Wastewater Reclamation Authority River and Stormwater Quarterly Inspection and Sampling Report

Dry Season Inspections: June 1st to September 30th

Wet Season Inspections: October 1st to May 31st

Wet season inspections shall be made during the first hour of one storm event – per month – which occurs during normal business hours and which produces stormwater discharge from the flood gate located at the south discharge point.

Report Date: 8-30-12

Print Name: Randy Gillette

Signature: Randy Gillette

Stormwater Monitoring

South Discharge Point

Time of Observation: 1531 AM PM

Parameter:	Observation:	Observation:
Floating Material: _____	<input checked="" type="checkbox"/> Present	<input type="checkbox"/> Not Present
Oils & Grease: _____	<input type="checkbox"/> Present	<input checked="" type="checkbox"/> Not Present
Foam: _____	<input checked="" type="checkbox"/> Present	<input type="checkbox"/> Not Present
Odor: _____	<input type="checkbox"/> Present	<input checked="" type="checkbox"/> Not Present
Color: <u>DARK BROWN</u>	<input checked="" type="checkbox"/> Present	<input type="checkbox"/> Not Present

Other Observations / Comments: SAMPLE IS VERY DARK. ALOT OF SAND

Upstream Sampling Station

Time of Observation: _____ AM PM

Parameter:	Observation / Concentration:
Floating Material: _____	<input type="checkbox"/> Present <input type="checkbox"/> Not Present
Oils & Grease: _____	<input type="checkbox"/> Present <input type="checkbox"/> Not Present
Foam: _____	<input type="checkbox"/> Present <input type="checkbox"/> Not Present
Odor: _____	<input type="checkbox"/> Objectionable <input type="checkbox"/> Not Objectionable
Color: _____	<input type="checkbox"/> Present <input type="checkbox"/> Clear
Dissolved Oxygen: _____	mg/L: _____ Temperature (C): _____
pH: _____	pH Units: _____
Residual Chlorine: _____	mg/L: _____
Turbidity: _____	NTU: _____

Other Observations / Comments: _____

Downstream Sampling Station

Time of Observation: _____ AM PM

Parameter:	Observation / Concentration:
Floating Material: _____	<input type="checkbox"/> Present <input type="checkbox"/> Not Present
Oils & Grease: _____	<input type="checkbox"/> Present <input type="checkbox"/> Not Present
Foam: _____	<input type="checkbox"/> Present <input type="checkbox"/> Not Present
Odor: _____	<input type="checkbox"/> Objectionable <input type="checkbox"/> Not Objectionable
Color: _____	<input type="checkbox"/> Present <input type="checkbox"/> Clear
Dissolved Oxygen: _____	mg/L: _____ Temperature (C): _____
pH: _____	pH Units: _____
Residual Chlorine: _____	mg/L: _____
Turbidity: _____	NTU: _____

Other Observations / Comments: _____



E.S.BABCOCK&Sons, Inc.
Environmental Laboratories *est. 1906*

Client Name: Victor Valley Reclamation Authority
Contact: Gina Cloutier
Address: 15776 Main St. Suite 3
Hesperia, CA 92345

Analytical Report: Page 1 of 4
Project Name: VVWRA-Stormwater PS Discf
Project Number: [none]

Work Order Number: B2I0221
Received on Ice (Y/N): Yes Temp: 8 °C

Report Date: 13-Sep-2012

Attached is the analytical report for the sample(s) received for your project. Below is a list of the individual sample descriptions with the corresponding laboratory number(s). Also, enclosed is a copy of the Chain of Custody document (if received with your sample(s)). Please note any unused portion of the sample(s) may be responsibly discarded after 30 days from the above report date, unless you have requested otherwise.

Thank you for the opportunity to serve your analytical needs. If you have any questions or concerns regarding this report please contact our client service department.

Sample Identification

<u>Lab Sample #</u>	<u>Client Sample ID</u>	<u>Matrix</u>	<u>Date Sampled</u>	<u>By</u>	<u>Date Submitted</u>	<u>By</u>
B2I0221-01	#120830-13 Stormwater Pump Station Discharge Pt. to Mojave River Grab	Liquid	08/30/12 15:31	Randy Gillette	09/04/12 15:25	Courier (J. Mendez)



E.S.BABCOCK & Sons, Inc.
 Environmental Laboratories *est. 1906*

Client Name: Victor Valley Reclamation Authority
 Contact: Gina Cloutier
 Address: 15776 Main St. Suite 3
 Hesperia, CA 92345

Analytical Report: Page 2 of 4
 Project Name: VVWRA-Stormwater PS Disc
 Project Number: [none]

Report Date: 13-Sep-2012

Work Order Number: **B2I0221**
 Received on Ice (Y/N): Yes Temp: 8 °C

Laboratory Reference Number
B2I0221-01

<u>Sample Description</u>	<u>Matrix</u>	<u>Sampled Date/Time</u>	<u>Received Date/Time</u>
#120830-13 Stormwater Pump Station Discharge Pt. to Mojave River	Liquid	08/30/12 15:31	09/04/12 15:25

Analyte(s)	Result	RDL	Units	Method	Analysis Date	Analyst	Flag
Aggregate Organic Compounds							
Total Organic Carbon	110	3.5	mg/L	SM 5310B	09/11/12 09:11	ss	
Oil & Grease (HEM)	3.6	3.0	mg/L	EPA 1664A	09/11/12 14:15	hgg	
Total Petroleum Hydrocarbons	ND	1.1	mg/L	EPA 418.1	09/12/12 13:45	srp	
Metals and Metalloids							
Antimony	ND	10	ug/L	EPA 200.8	09/07/12 19:57	KRV	
Arsenic	17	5.0	ug/L	EPA 200.8	09/07/12 19:57	KRV	
Barium	390	20	ug/L	EPA 200.8	09/07/12 19:57	KRV	
Beryllium	ND	10	ug/L	EPA 200.8	09/07/12 19:57	KRV	
Cadmium	ND	2.0	ug/L	EPA 200.8	09/07/12 19:57	KRV	
Total Chromium	50	20	ug/L	EPA 200.8	09/07/12 19:57	KRV	
Cobalt	17	10	ug/L	EPA 200.8	09/07/12 19:57	KRV	
Copper	220	10	ug/L	EPA 200.8	09/07/12 19:57	KRV	
Lead	94	10	ug/L	EPA 200.8	09/07/12 19:57	KRV	
Mercury	0.46	0.20	ug/L	EPA 200.8	09/07/12 19:57	KRV	
Molybdenum	ND	10	ug/L	EPA 200.8	09/07/12 19:57	KRV	
Nickel	65	20	ug/L	EPA 200.8	09/07/12 19:57	KRV	
Selenium	ND	5.0	ug/L	EPA 200.8	09/07/12 19:57	KRV	
Silver	ND	10	ug/L	EPA 200.8	09/07/12 19:57	KRV	
Thallium	ND	200	ug/L	EPA 200.8	09/07/12 19:57	KRV	
Vanadium	100	10	ug/L	EPA 200.8	09/07/12 19:57	KRV	
Zinc	1000	10	ug/L	EPA 200.8	09/07/12 19:57	KRV	
Organochlorine Pesticides and PCBs by EPA 608							
4,4'-DDD	ND	0.12	ug/L	EPA 608	09/07/12 04:33	cya	
4,4'-DDE	ND	0.044	ug/L	EPA 608	09/07/12 04:33	cya	
4,4'-DDT	ND	0.13	ug/L	EPA 608	09/07/12 04:33	cya	
a-BHC	ND	0.033	ug/L	EPA 608	09/07/12 04:33	cya	
Aldrin	ND	0.044	ug/L	EPA 608	09/07/12 04:33	cya	
Aroclor 1016	ND	1.1	ug/L	EPA 608	09/07/12 04:33	cya	
Aroclor 1221	ND	1.1	ug/L	EPA 608	09/07/12 04:33	cya	
Aroclor 1232	ND	1.1	ug/L	EPA 608	09/07/12 04:33	cya	
Aroclor 1242	ND	1.1	ug/L	EPA 608	09/07/12 04:33	cya	



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 Environmental Laboratories *est. 1906*

Client Name: Victor Valley Reclamation Authority
 Contact: Gina Cloutier
 Address: 15776 Main St. Suite 3
 Hesperia, CA 92345

Analytical Report: Page 3 of 4
 Project Name: VVWRA-Stormwater PS Discr
 Project Number: [none]

Report Date: 13-Sep-2012

Work Order Number: **B2I0221**
 Received on Ice (Y/N): Yes Temp: 8 °C

Laboratory Reference Number
B2I0221-01

<u>Sample Description</u>	<u>Matrix</u>	<u>Sampled Date/Time</u>	<u>Received Date/Time</u>
#120830-13 Stormwater Pump Station Discharge Pt. to Mojave River	Liquid	08/30/12 15:31	09/04/12 15:25

Analyte(s)	Result	RDL	Units	Method	Analysis Date	Analyst	Flag
Organochlorine Pesticides and PCBs by EPA 608							
Aroclor 1248	ND	1.1	ug/L	EPA 608	09/07/12 04:33	cya	
Aroclor 1254	ND	1.1	ug/L	EPA 608	09/07/12 04:33	cya	
Aroclor 1260	ND	1.1	ug/L	EPA 608	09/07/12 04:33	cya	
b-BHC	ND	0.067	ug/L	EPA 608	09/07/12 04:33	cya	
Chlordane	ND	0.11	ug/L	EPA 608	09/07/12 04:33	cya	
d-BHC	ND	0.10	ug/L	EPA 608	09/07/12 04:33	cya	
Dieldrin	ND	0.022	ug/L	EPA 608	09/07/12 04:33	cya	
Endosulfan I	ND	0.16	ug/L	EPA 608	09/07/12 04:33	cya	
Endosulfan II	ND	0.044	ug/L	EPA 608	09/07/12 04:33	cya	
Endosulfan Sulfate	ND	0.73	ug/L	EPA 608	09/07/12 04:33	cya	
Endrin	ND	0.067	ug/L	EPA 608	09/07/12 04:33	cya	
Endrin Aldehyde	ND	0.26	ug/L	EPA 608	09/07/12 04:33	cya	
Heptachlor	ND	0.011	ug/L	EPA 608	09/07/12 04:33	cya	
Heptachlor Epoxide	ND	0.011	ug/L	EPA 608	09/07/12 04:33	cya	
Lindane	ND	0.044	ug/L	EPA 608	09/07/12 04:33	cya	
Methoxychlor	ND	2.0	ug/L	EPA 608	09/07/12 04:33	cya	
Toxaphene	ND	1.1	ug/L	EPA 608	09/07/12 04:33	cya	
Surrogate: Decachlorobiphenyl	27.7	% 5-138		EPA 608	09/07/12 04:33	cya	

mailing

P.O. Box 432

location

6100 Quail Valley Court

P 951 653 3351

F 951 653 1662

NELAP no. 02101CA

CA Elap no. 2698



E.S.BABCOCK & Sons, Inc.
Environmental Laboratories *est 1906*

Client Name: Victor Valley Reclamation Authority
Contact: Gina Cloutier
Address: 15776 Main St. Suite 3
Hesperia, CA 92345

Analytical Report: Page 4 of 4
Project Name: VVWRA-Stormwater PS Disc
Project Number: [none]

Report Date: 13-Sep-2012

Work Order Number: **B2I0221**
Received on Ice (Y/N): Yes Temp: 8 °C

Notes and Definitions

- ND: Analyte NOT DETECTED at or above the Method Detection Limit (if MDL is reported), otherwise at or above the Reportable Detection Limit (RDL)
- NR: Not Reported
- RDL: Reportable Detection Limit
- MDL: Method Detection Limit
- * / " : NELAP does not offer accreditation for this analyte/method/matrix combination

Approval

Enclosed are the analytical results for the submitted sample(s). Babcock Laboratories certify the data presented as part of this report meet the minimum quality standards in the referenced analytical methods. Any exceptions have been noted. Babcock Laboratories and its officers and employees assume no responsibility and make no warranty, express or implied, for uses or interpretations made by any recipients, intended or unintended, of this report.

DN: CN = Lorenzo Rodriguez C = US O =
Babcock Laboratories OU = Project Manager
Date: 2012.09.14 18:02:14 -07'00'

cc:

e-Standardt.rpt

mailing
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NELAP no. 02101CA
CA Elap no. 2698
EPA no. CA00102



Victor Valley Wastewater Reclamation Authority

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Website: www.vvwra.com E-mail: mail@vwvra.com

California Department of Public Health - Environmental Laboratory Accreditation Program Certificate # 2561

Laboratory Analysis Report

Sample Location: VVWRA Stormwater Discharge 2012 - 2013 Storm # 2
Laboratory ID #: 120910-15
Discharge Date/Time: 09/10/2012 1500
Collection Date/Time: 09/10/2012 1515
Collection Method: Grab
Sample Collected By: Keith Lueken
Sample Comments: See Attached Inspection and Sampling Report.

Constituent	Result	Units	Method	R.L.	Analyst
pH	8.85	pH Units	SM 4500-H+	N/A	K.Lueken
Conductivity	178	µS/cm	SM 2510-B	1.0 µS/cm	C. Wills
Total Suspended Solids	7066	mg/L	SM 2540-D	1.0 mg/L	C. Wills
Total Dissolved Solids	114	mg/L	SM 2540-C	1.0 mg/L	C. Wills

Analyst Comments: Additional analyses conducted by E.S. Babcock & Sons Laboratory. See attached report.

Gina Cloutier, Laboratory Supervisor

Reviewed By:

Victor Valley Wastewater Reclamation Authority

River and Stormwater Quarterly Inspection and Sampling Report

Dry Season Inspections: June 1st to September 30th

Wet Season Inspections: October 1st to May 31st

Wet season inspections shall be made during the first hour of one storm event – per month – which occurs during normal business hours and which produces stormwater discharge from the flood gate located at the south discharge point.

Report Date: 9/10/12
 Print Name: Keith Weber

Signature: 

S t o r m w a t e r M o n i t o r i n g

South Discharge Point

Time of Observation: 1515 AM PM

Parameter:

Floating Material: _____
 Oils & Grease: _____
 Foam: _____
 Odor: _____
 Color: _____

Observation:

<input checked="" type="checkbox"/> Present	<input type="checkbox"/> Not Present
<input type="checkbox"/> Present	<input checked="" type="checkbox"/> Not Present
<input type="checkbox"/> Present	<input checked="" type="checkbox"/> Not Present
<input type="checkbox"/> Present	<input checked="" type="checkbox"/> Not Present
<input checked="" type="checkbox"/> Present	<input type="checkbox"/> Not Present

Other Observations / Comments: Storm Drain overflow due to storm event

Upstream Sampling Station

Time of Observation: _____ AM PM

Parameter:

Floating Material: _____
 Oils & Grease: _____
 Foam: _____
 Odor: _____
 Color: _____
 Dissolved Oxygen: _____
 pH: _____
 Residual Chlorine: _____
 Turbidity: _____

Observation / Concentration:

<input type="checkbox"/> Present	<input type="checkbox"/> Not Present
<input type="checkbox"/> Present	<input type="checkbox"/> Not Present
<input type="checkbox"/> Present	<input type="checkbox"/> Not Present
<input type="checkbox"/> Objectionable	<input type="checkbox"/> Not Objectionable
<input type="checkbox"/> Present	<input type="checkbox"/> Clear
mg/L: <input type="text"/>	Temperature (C): <input type="text"/>
pH Units: <input type="text"/>	
mg/L: <input type="text"/>	
NTU: <input type="text"/>	

Other Observations / Comments: _____

Downstream Sampling Station

Time of Observation: _____ AM PM

Parameter:

Floating Material: _____
 Oils & Grease: _____
 Foam: _____
 Odor: _____
 Color: _____
 Dissolved Oxygen: _____
 pH: _____
 Residual Chlorine: _____
 Turbidity: _____

Observation / Concentration:

<input type="checkbox"/> Present	<input type="checkbox"/> Not Present
<input type="checkbox"/> Present	<input type="checkbox"/> Not Present
<input type="checkbox"/> Present	<input type="checkbox"/> Not Present
<input type="checkbox"/> Objectionable	<input type="checkbox"/> Not Objectionable
<input type="checkbox"/> Present	<input type="checkbox"/> Clear
mg/L: <input type="text"/>	Temperature (C): <input type="text"/>
pH Units: <input type="text"/>	
mg/L: <input type="text"/>	
NTU: <input type="text"/>	

Other Observations / Comments: _____



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 Environmental Laboratories *est. 1906*

Client Name: Victor Valley Reclamation Authority
 Contact: Gina Cloutier
 Address: 15776 Main St. Suite 3
 Hesperia, CA 92345

Analytical Report: Page 1 of 4
 Project Name: VVWRA-Stormwater PS Disc
 Project Number: [none]

Work Order Number: B211058

Report Date: 24-Sep-2012

Received on Ice (Y/N): Yes Temp: 12 °C

Attached is the analytical report for the sample(s) received for your project. Below is a list of the individual sample descriptions with the corresponding laboratory number(s). Also, enclosed is a copy of the Chain of Custody document (if received with your sample(s)). Please note any unused portion of the sample(s) may be responsibly discarded after 30 days from the above report date, unless you have requested otherwise.

Thank you for the opportunity to serve your analytical needs. If you have any questions or concerns regarding this report please contact our client service department.

Sample Identification

<u>Lab Sample #</u>	<u>Client Sample ID</u>	<u>Matrix</u>	<u>Date Sampled</u>	<u>By</u>	<u>Date Submitted</u>	<u>By</u>
B211058-01	#120910-15 Stormwater Pump Station S. Discharge Pt. to Mojave River Grab	Liquid	09/10/12 15:15	Keith Lueken	09/11/12 16:05	Courier (J. Mendez)

mailing
 P.O. Box 432
 Riverside, CA 92502-0432

location
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 Riverside, CA 92507-0704

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 F 951 653 1662
 www.babcocklabs.com

NELAP no. 02101CA
 CA Elap no. 2698
 EPA no. CA00102



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Environmental Laboratories *est. 1905*

Client Name: Victor Valley Reclamation Authority
Contact: Gina Cloutier
Address: 15776 Main St. Suite 3
Hesperia, CA 92345

Analytical Report: Page 2 of 4
Project Name: VVRA-Stormwater PS Discf
Project Number: [none]

Report Date: 24-Sep-2012

Work Order Number: B211058

Received on Ice (Y/N): Yes Temp: 12 °C

Laboratory Reference Number

B211058-01

Sample Description: #120910-15 Stormwater Pump Station S. Discharge Pt. to Mojave River
Matrix: Liquid
Sampled Date/Time: 09/10/12 15:15
Received Date/Time: 09/11/12 16:05

Table with 8 columns: Analyte(s), Result, RDL, Units, Method, Analysis Date, Analyst, Flag. Rows include Aggregate Organic Compounds, Metals and Metalloids, and Organochlorine Pesticides and PCBs by EPA 608.

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Client Name: Victor Valley Reclamation Authority
 Contact: Gina Cloutier
 Address: 15776 Main St. Suite 3
 Hesperia, CA 92345

Analytical Report: Page 3 of 4
 Project Name: VVRA-Stormwater PS Disc
 Project Number: [none]

Work Order Number: B2I1058

Report Date: 24-Sep-2012

Received on Ice (Y/N): Yes Temp: 12 °C

Laboratory Reference Number
B2I1058-01

<u>Sample Description</u>	<u>Matrix</u>	<u>Sampled Date/Time</u>	<u>Received Date/Time</u>
#120910-15 Stormwater Pump Station S. Discharge Pt. to Mojave River	Liquid	09/10/12 15:15	09/11/12 16:05

Analyte(s)	Result	RDL	Units	Method	Analysis Date	Analyst	Flag
Organochlorine Pesticides and PCBs by EPA 608							
Aroclor 1248	ND	1.1	ug/L	EPA 608	09/14/12 13:10	cya	
Aroclor 1254	ND	1.1	ug/L	EPA 608	09/14/12 13:10	cya	
Aroclor 1260	ND	1.1	ug/L	EPA 608	09/14/12 13:10	cya	
b-BHC	ND	0.067	ug/L	EPA 608	09/14/12 13:10	cya	
Chlordane	ND	0.11	ug/L	EPA 608	09/14/12 13:10	cya	
d-BHC	ND	0.10	ug/L	EPA 608	09/14/12 13:10	cya	
Dieldrin	ND	0.022	ug/L	EPA 608	09/14/12 13:10	cya	
Endosulfan I	ND	0.16	ug/L	EPA 608	09/14/12 13:10	cya	
Endosulfan II	ND	0.044	ug/L	EPA 608	09/14/12 13:10	cya	
Endosulfan Sulfate	ND	0.73	ug/L	EPA 608	09/14/12 13:10	cya	
Endrin	ND	0.067	ug/L	EPA 608	09/14/12 13:10	cya	
Endrin Aldehyde	ND	0.26	ug/L	EPA 608	09/14/12 13:10	cya	
Heptachlor	0.012	0.011	ug/L	EPA 608	09/14/12 13:10	cya	
Heptachlor Epoxide	ND	0.011	ug/L	EPA 608	09/14/12 13:10	cya	
Lindane	ND	0.044	ug/L	EPA 608	09/14/12 13:10	cya	
Methoxychlor	ND	2.0	ug/L	EPA 608	09/14/12 13:10	cya	
Toxaphene	ND	1.1	ug/L	EPA 608	09/14/12 13:10	cya	
Surrogate: Decachlorobiphenyl	48.1	% 5-138		EPA 608	09/14/12 13:10	cya	

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NELAP no. 02101CA
 CA Elap no. 2698
 EPA no. CA00102



E.S.BABCOCK&Sons,Inc.
Environmental Laboratories *est. 1906*

Client Name: Victor Valley Reclamation Authority
Contact: Gina Cloutier
Address: 15776 Main St. Suite 3
Hesperia, CA 92345

Analytical Report: Page 4 of 4
Project Name: VVWRA-Stormwater PS Disc
Project Number: [none]

Work Order Number: B2I1058

Report Date: 24-Sep-2012

Received on Ice (Y/N): Yes Temp: 12 °C

Notes and Definitions

- ND: Analyte NOT DETECTED at or above the Method Detection Limit (if MDL is reported), otherwise at or above the Reportable Detection Limit (RDL)
- NR: Not Reported
- RDL: Reportable Detection Limit
- MDL: Method Detection Limit
- * / " : NELAP does not offer accreditation for this analyte/method/matrix combination

Approval

Enclosed are the analytical results for the submitted sample(s). Babcock Laboratories certify the data presented as part of this report meet the minimum quality standards in the referenced analytical methods. Any exceptions have been noted. Babcock Laboratories and its officers and employees assume no responsibility and make no warranty, express or implied, for uses or interpretations made by any recipients, intended or unintended, of this report.

DN: CN = Lorenzo Rodriguez C = US O =
Babcock Laboratories OU = Project Manager
Date: 2012.09.25 11:34:14 -07'00'

cc:

e-Standardt.rpt

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Client Name: Victor Valley Reclamation Authority
Contact: Gina Cloutier
Address: 15776 Main St. Suite 3
Hesperia, CA 92345

Analytical Report: Page 1 of 1
Project Name: VVWRA-Stormwater PS Discr
Project Number: [none]

Work Order Number: B211058

Report Date: 24-Sep-2012

Received on Ice (Y/N): Yes Temp: 12 °C

SUBCONTRACT LABORATORY CHAIN OF CUSTODY & ANALYSIS REQUEST RECORD

Victor Valley Wastewater Reclamation Authority

A Joint Powers Authority and Public Agency of the State of California

Plant Address: 20111 Shay Road · Victorville, CA 92394 · TEL: (760) 246-8638 FAX: (760) 246-5440

Administration Office Address: 15776 Main Street, Suite 3 · Hesperia, CA 92345 · TEL: (760) 948-9849

Website: www.vvwra.com E-mail: gcloutier@vvwra.com



Main custody form table with columns for Project Name, Sample Location/Description, Date/Time, Received By (Sign), Relinquished By (Sign), Laboratory Analyses Requested, Sample Preservation Methods, and Sample Matrix.

Please Fax a copy of the completed Chain of Custody document to: Gina Cloutier, VVWRA at (760) 246-5440

Stormwater Chain of Custody Template

SEP 11 2012

mailing
P.O. Box 432
Riverside, CA 92502-0432

location
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Riverside, CA 92507-0704

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NELAP no. 02101CA
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Administration Office Address: 15776 Main Street, Suite 3 · Hesperia, CA 92345 · TEL: (760) 948-9849

Website: www.vvwra.com E-mail: mail@vwvra.com

California Department of Public Health - Environmental Laboratory Accreditation Program Certificate # 2561

Laboratory Analysis Report

Sample Location: VVWRA Stormwater Discharge 2012 - 2013 Storm # 3
Laboratory ID #: 130308-13
Discharge Date/Time: 03/08/13 0720 Estimated
Collection Date/Time: 03/08/13 0739
Collection Method: Grab
Sample Collected By: Marshall Locke
Sample Comments: See Attached Inspection and Sampling Report.

Constituent	Result	Units	Method	R.L.
pH	7.65	pH Units	SM 4500-H+	N/A
Conductivity	49	µS/cm	SM 2510-B	1.0 µS/cm
Total Suspended Solids	13	mg/L	SM 2540-D	1.0 mg/L
Total Dissolved Solids	46	mg/L	SM 2540-C	1.0 mg/L

Analyst Comments: Additional analyses conducted by E.S. Babcock & Sons Laboratory. See attached report.

Gina Cloutier, Laboratory Supervisor

Reviewed By: Carl

Victor Valley Wastewater Reclamation Authority

River and Stormwater Quarterly Inspection and Sampling Report

Dry Season Inspections: June 1st to September 30th

Wet Season Inspections: October 1st to May 31st

Wet season inspections shall be made during the first hour of one storm event – per month – which occurs during normal business hours and which produces stormwater discharge from the flood gate located at the south discharge point.

Report Date: Fri. 3-8-13
 Print Name: MARSHALL LOCKE

Signature: Marshall Locke

Stormwater Monitoring

South Discharge Point

Time of Observation: 0725 (EST) AM PM

Parameter:

Floating Material: _____
 Oils & Grease: _____
 Foam: _____
 Odor: _____
 Color: _____

Observation:

<input type="checkbox"/> Present	<input checked="" type="checkbox"/> Not Present
<input type="checkbox"/> Present	<input checked="" type="checkbox"/> Not Present
<input type="checkbox"/> Present	<input checked="" type="checkbox"/> Not Present
<input type="checkbox"/> Present	<input checked="" type="checkbox"/> Not Present
<input type="checkbox"/> Present	<input checked="" type="checkbox"/> Not Present

Other Observations / Comments: _____

Upstream Sampling Station

Time of Observation: 0720 (EST) AM PM

Parameter:

Floating Material: _____
 Oils & Grease: _____
 Foam: _____
 Odor: _____
 Color: _____
 Dissolved Oxygen: _____
 pH: _____
 Residual Chlorine: _____
 Turbidity: _____

Observation / Concentration:

<input type="checkbox"/> Present	<input checked="" type="checkbox"/> Not Present
<input type="checkbox"/> Present	<input checked="" type="checkbox"/> Not Present
<input type="checkbox"/> Present	<input checked="" type="checkbox"/> Not Present
<input type="checkbox"/> Objectionable	<input checked="" type="checkbox"/> Not Objectionable
<input type="checkbox"/> Present	<input checked="" type="checkbox"/> Clear
mg/L: _____	Temperature (C): _____
pH Units: _____	
mg/L: _____	
NTU: _____	

Other Observations / Comments: _____

Downstream Sampling Station

Time of Observation: _____ AM PM

Parameter:

Floating Material: _____
 Oils & Grease: _____
 Foam: _____
 Odor: _____
 Color: _____
 Dissolved Oxygen: _____
 pH: _____
 Residual Chlorine: _____
 Turbidity: _____

Observation / Concentration:

<input type="checkbox"/> Present	<input type="checkbox"/> Not Present
<input type="checkbox"/> Present	<input type="checkbox"/> Not Present
<input type="checkbox"/> Present	<input type="checkbox"/> Not Present
<input type="checkbox"/> Objectionable	<input type="checkbox"/> Not Objectionable
<input type="checkbox"/> Present	<input type="checkbox"/> Clear
mg/L: _____	Temperature (C): _____
pH Units: _____	
mg/L: _____	
NTU: _____	

Other Observations / Comments: _____



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Client Name: Victor Valley Reclamation Authority
 Contact: Gina Cloutier
 Address: 15776 Main St. Suite 3
 Hesperia, CA 92345

Analytical Report: Page 1 of 4
 Project Name: VVWRA-Stormwater PS Dischl
 Project Number: [none]

Report Date: 27-Mar-2013

Work Order Number: B3C1265
 Received on Ice (Y/N): Yes Temp: 7 °C

Attached is the analytical report for the sample(s) received for your project. Below is a list of the individual sample descriptions with the corresponding laboratory number(s). Also, enclosed is a copy of the Chain of Custody document (if received with your sample(s)). Please note any unused portion of the sample(s) may be responsibly discarded after 30 days from the above report date, unless you have requested otherwise.

Thank you for the opportunity to serve your analytical needs. If you have any questions or concerns regarding this report please contact our client service department.

Sample Identification

<u>Lab Sample #</u>	<u>Client Sample ID</u>	<u>Matrix</u>	<u>Date Sampled</u>	<u>By</u>	<u>Date Submitted</u>	<u>By</u>
B3C1265-01	130308-13 Stormwater Pump Stn. Disch. S. Pt. To Mojave Riv. Grab	Liquid	03/08/13 07:39	Marshall Locke	03/12/13 15:55	Courier (J. Mendez)

mailing
 P.O. Box 432
 Riverside, CA 92502-0432

location
 6100 Quail Valley Court
 Riverside, CA 92507-0704

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NELAP no. 02101CA
 CA Elap no. 2698
 EPA no. CA00102



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Client Name: Victor Valley Reclamation Authority
 Contact: Gina Cloutier
 Address: 15776 Main St. Suite 3
 Hesperia, CA 92345

Analytical Report: Page 2 of 4
 Project Name: VVWRA-Stormwater PS Disc
 Project Number: [none]

Report Date: 27-Mar-2013

Work Order Number: **B3C1265**
 Received on Ice (Y/N): Yes Temp: 7 °C

Laboratory Reference Number
B3C1265-01

<u>Sample Description</u>	<u>Matrix</u>	<u>Sampled Date/Time</u>	<u>Received Date/Time</u>
130308-13 Stormwater Pump Stn. Disch. S. Pt. To Mojave Riv. Grab	Liquid	03/08/13 07:39	03/12/13 15:55

Analyte(s)	Result	RDL	Units	Method	Analysis Date	Analyst	Flag
Aggregate Organic Compounds							
Total Organic Carbon	8.1	1.4	mg/L	SM 5310B	03/20/13 23:23	mel	
Oil & Grease (HEM)	ND	3.5	mg/L	EPA 1664A	03/19/13 20:05	kam	
Total Petroleum Hydrocarbons	ND	1.0	mg/L	EPA 418.1	03/20/13 14:40	ss	
Metals and Metalloids							
Antimony	ND	10	ug/L	EPA 200.8	03/20/13 15:50	era	
Arsenic	ND	5.0	ug/L	EPA 200.8	03/20/13 15:50	era	
Barium	ND	20	ug/L	EPA 200.8	03/20/13 15:50	era	
Beryllium	ND	10	ug/L	EPA 200.8	03/20/13 15:50	era	
Cadmium	ND	2.0	ug/L	EPA 200.8	03/20/13 15:50	era	
Total Chromium	ND	20	ug/L	EPA 200.8	03/20/13 15:50	era	
Cobalt	ND	10	ug/L	EPA 200.8	03/20/13 15:50	era	
Copper	13	10	ug/L	EPA 200.8	03/20/13 15:50	era	
Lead	ND	10	ug/L	EPA 200.8	03/20/13 15:50	era	
Mercury	ND	0.20	ug/L	EPA 200.8	03/20/13 15:50	era	
Molybdenum	ND	10	ug/L	EPA 200.8	03/20/13 15:50	era	
Nickel	ND	20	ug/L	EPA 200.8	03/20/13 15:50	era	
Selenium	ND	5.0	ug/L	EPA 200.8	03/20/13 15:50	era	
Silver	ND	10	ug/L	EPA 200.8	03/20/13 15:50	era	
Thallium	ND	200	ug/L	EPA 200.8	03/20/13 15:50	era	
Vanadium	ND	10	ug/L	EPA 200.8	03/20/13 15:50	era	
Zinc	49	10	ug/L	EPA 200.8	03/20/13 15:50	era	
Organochlorine Pesticides and PCBs by EPA 608							
4,4'-DDD	ND	0.14	ug/L	EPA 608	03/15/13 12:30	sbart	
4,4'-DDE	ND	0.050	ug/L	EPA 608	03/15/13 12:30	sbart	
4,4'-DDT	ND	0.15	ug/L	EPA 608	03/15/13 12:30	sbart	
a-BHC	ND	0.038	ug/L	EPA 608	03/15/13 12:30	sbart	
Aldrin	ND	0.050	ug/L	EPA 608	03/15/13 12:30	sbart	
Aroclor 1016	ND	1.2	ug/L	EPA 608	03/15/13 12:30	sbart	
Aroclor 1221	ND	1.2	ug/L	EPA 608	03/15/13 12:30	sbart	
Aroclor 1232	ND	1.2	ug/L	EPA 608	03/15/13 12:30	sbart	
Aroclor 1242	ND	1.2	ug/L	EPA 608	03/15/13 12:30	sbart	

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Client Name: Victor Valley Reclamation Authority
 Contact: Gina Cloutier
 Address: 15776 Main St. Suite 3
 Hesperia, CA 92345

Analytical Report: Page 3 of 4
 Project Name: VVRA-Stormwater PS Disch
 Project Number: [none]

Work Order Number: B3C1265

Report Date: 27-Mar-2013

Received on Ice (Y/N): Yes Temp: 7 °C

Laboratory Reference Number
B3C1265-01

<u>Sample Description</u>	<u>Matrix</u>	<u>Sampled Date/Time</u>	<u>Received Date/Time</u>
130308-13 Stormwater Pump Stn. Disch. S. Pt. To Mojave Riv. Grab	Liquid	03/08/13 07:39	03/12/13 15:55

Analyte(s)	Result	RDL	Units	Method	Analysis Date	Analyst	Flag
Organochlorine Pesticides and PCBs by EPA 608							
Aroclor 1248	ND	1.2	ug/L	EPA 608	03/15/13 12:30	sbart	
Aroclor 1254	ND	1.2	ug/L	EPA 608	03/15/13 12:30	sbart	
Aroclor 1260	ND	1.2	ug/L	EPA 608	03/15/13 12:30	sbart	
b-BHC	ND	0.075	ug/L	EPA 608	03/15/13 12:30	sbart	
Chlordane	ND	0.12	ug/L	EPA 608	03/15/13 12:30	sbart	
d-BHC	ND	0.11	ug/L	EPA 608	03/15/13 12:30	sbart	
Dieldrin	ND	0.025	ug/L	EPA 608	03/15/13 12:30	sbart	
Endosulfan I	ND	0.18	ug/L	EPA 608	03/15/13 12:30	sbart	
Endosulfan II	ND	0.050	ug/L	EPA 608	03/15/13 12:30	sbart	
Endosulfan Sulfate	ND	0.82	ug/L	EPA 608	03/15/13 12:30	sbart	
Endrin	ND	0.075	ug/L	EPA 608	03/15/13 12:30	sbart	
Endrin Aldehyde	ND	0.29	ug/L	EPA 608	03/15/13 12:30	sbart	
Heptachlor	ND	0.012	ug/L	EPA 608	03/15/13 12:30	sbart	
Heptachlor Epoxide	ND	0.012	ug/L	EPA 608	03/15/13 12:30	sbart	
Lindane	ND	0.050	ug/L	EPA 608	03/15/13 12:30	sbart	
Methoxychlor	ND	2.2	ug/L	EPA 608	03/15/13 12:30	sbart	
Toxaphene	ND	1.2	ug/L	EPA 608	03/15/13 12:30	sbart	
Surrogate: Decachlorobiphenyl	23.7	% 5-138		EPA 608	03/15/13 12:30	sbart	

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 EPA no. CA00102



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Client Name: Victor Valley Reclamation Authority
Contact: Gina Cloutier
Address: 15776 Main St. Suite 3
Hesperia, CA 92345

Analytical Report: Page 4 of 4
Project Name: VVWRA-Stormwater PS Disc
Project Number: [none]

Work Order Number: B3C1265

Report Date: 27-Mar-2013

Received on Ice (Y/N): Yes Temp: 7 °C

Notes and Definitions

- ND: Analyte NOT DETECTED at or above the Method Detection Limit (if MDL is reported), otherwise at or above the Reportable Detection Limit (RDL)
- NR: Not Reported
- RDL: Reportable Detection Limit
- MDL: Method Detection Limit
- * / " : NELAP does not offer accreditation for this analyte/method/matrix combination

Approval

Enclosed are the analytical results for the submitted sample(s). Babcock Laboratories certify the data presented as part of this report meet the minimum quality standards in the referenced analytical methods. Any exceptions have been noted. Babcock Laboratories and its officers and employees assume no responsibility and make no warranty, express or implied, for uses or interpretations made by any recipients, intended or unintended, of this report.

Taylor Cariaga
CN = Taylor Cariaga C = US O = Babcock
Laboratories, Inc. OU = Project Manager Assistant
2013.03.27 15:44:18 -07'00'

cc:

e-Standardt.rpt

<i>mailing</i> P.O. Box 432 Riverside, CA 92502-0432	<i>location</i> 6100 Quail Valley Court Riverside, CA 92507-0704	P 951 653 3351 F 951 653 1662 www.babcocklabs.com	NELAP no. 02101CA CA Elap no. 2698 EPA no. CA00102
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Client Name: Victor Valley Reclamation Authority
Contact: Gina Cloutier
Address: 15776 Main St. Suite 3
Hesperia, CA 92345

Analytical Report: Page 1 of 1
Project Name: VVWRA-Stormwater PS Discl
Project Number: [none]

Report Date: 27-Mar-2013

Work Order Number: B3C1265

Received on Ice (Y/N): Yes Temp: 7 °C

SUBCONTRACT LABORATORY CHAIN OF CUSTODY & ANALYSIS REQUEST RECORD

Victor Valley Wastewater Reclamation Authority

A Joint Powers Authority and Public Agency of the State of California

Plant Address: 20111 Shay Road - Victorville, CA 92394 - TEL: (760) 246-8638 FAX: (760) 246-5440

Administration Office Address: 15776 Main Street, Suite 3 - Hesperia, CA 92345 - TEL: (760) 948-9849

Website: www.vvwra.com E-mail: gcloutier@vwra.com



Form with multiple sections: Laboratory Analyses Requested, Sample Type, Sample Preservation Methods, and a table for Relinquished/Received by Laboratory with columns for Date/Time, Signatures, and Company.

MAR 12 2013

Please Fax a copy of the completed Chain of Custody document to: Gina Cloutier, VVWRA at (760) 246-5440

Stormwater Chain of Custody Template

mailing
P.O. Box 432
Riverside, CA 92502-0432

location
6100 Quail Valley Court
Riverside, CA 92507-0704

P 951 653 3351
F 951 653 1662
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NELAP no. 02101CA
CA Elap no. 2698
EPA no. CA00102

Victor Valley Wastewater Reclamation Authority
 River and Stormwater Quarterly Inspection and Sampling Report

Dry Season Inspections: May 1st to September 31st

Wet Season Inspections: October 1st to April 30th

Wet season inspections shall be made during the first hour of one storm event – per month – which occurs during normal business hours and which produces stormwater discharge from the flood gate located at the south discharge point.

Report Date: 7/10/12
 Print Name: Keith Lueken

Signature: [Signature]

Stormwater Monitoring

South Discharge Point

Time of Observation: 0617 AM PM

Parameter:
 Floating Material: _____
 Oils & Grease: _____
 Foam: _____
 Odor: _____
 Color: _____

Observation:	
<input type="checkbox"/> Present	<input checked="" type="checkbox"/> Not Present
<input type="checkbox"/> Present	<input checked="" type="checkbox"/> Not Present
<input type="checkbox"/> Present	<input checked="" type="checkbox"/> Not Present
<input type="checkbox"/> Present	<input checked="" type="checkbox"/> Not Present
<input type="checkbox"/> Present	<input checked="" type="checkbox"/> Not Present

Other Observations / Comments: Dry/Dusty

Upstream Sampling Station

Time of Observation: 1003/1055 AM PM

Parameter:
 Floating Material: _____
 Oils & Grease: _____
 Foam: _____
 Odor: _____
 Color: _____
 Dissolved Oxygen: _____
 pH: _____
 Residual Chlorine: _____
 Turbidity: _____

Observation / Concentration:	
<input checked="" type="checkbox"/> Present	<input checked="" type="checkbox"/> Not Present
<input type="checkbox"/> Present	<input checked="" type="checkbox"/> Not Present
<input type="checkbox"/> Present	<input checked="" type="checkbox"/> Not Present
<input type="checkbox"/> Objectionable	<input checked="" type="checkbox"/> Not Objectionable
<input type="checkbox"/> Present	<input checked="" type="checkbox"/> Clear
mg/L: <u>6.89</u>	Temperature (C): <u>26.8</u>
pH Units: <u>7.51</u>	
mg/L: _____	
NTU: _____	

Other Observations / Comments: Light vegetation

Downstream Sampling Station

Time of Observation: 1003 AM PM

Parameter:
 Floating Material: _____
 Oils & Grease: _____
 Foam: _____
 Odor: _____
 Color: _____
 Dissolved Oxygen: _____
 pH: _____
 Residual Chlorine: _____
 Turbidity: _____

Observation / Concentration:	
<input type="checkbox"/> Present	<input checked="" type="checkbox"/> Not Present
<input type="checkbox"/> Present	<input checked="" type="checkbox"/> Not Present
<input type="checkbox"/> Present	<input checked="" type="checkbox"/> Not Present
<input type="checkbox"/> Objectionable	<input checked="" type="checkbox"/> Not Objectionable
<input type="checkbox"/> Present	<input checked="" type="checkbox"/> Clear
mg/L: <u>6.4</u>	Temperature (C): <u>22.8</u>
pH Units: <u>7.51</u>	
mg/L: _____	
NTU: _____	

Other Observations / Comments: _____

Victor Valley Wastewater Reclamation Authority
River and Stormwater Quarterly Inspection and Sampling Report

Dry Season Inspections: May 1st to September 31st

Wet Season Inspections: October 1st to April 30th

Wet season inspections shall be made during the first hour of one storm event – per month – which occurs during normal business hours and which produces stormwater discharge from the flood gate located at the south discharge point.

Report Date: 10/23/12

Print Name: Keith Locker

Signature: [Signature]

Stormwater Monitoring

South Discharge Point

Time of Observation: 0643 AM PM

Parameter:	Observation:
Floating Material: _____	<input type="checkbox"/> Present <input checked="" type="checkbox"/> Not Present
Oils & Grease: _____	<input type="checkbox"/> Present <input checked="" type="checkbox"/> Not Present
Foam: _____	<input type="checkbox"/> Present <input checked="" type="checkbox"/> Not Present
Odor: _____	<input type="checkbox"/> Present <input checked="" type="checkbox"/> Not Present
Color: _____	<input type="checkbox"/> Present <input checked="" type="checkbox"/> Not Present

Other Observations / Comments: Small amount of dirt otherwise clear and dry

Upstream Sampling Station

Time of Observation: 1240 AM PM

Parameter:	Observation / Concentration:
Floating Material: _____	<input checked="" type="checkbox"/> Present <input checked="" type="checkbox"/> Not Present
Oils & Grease: _____	<input type="checkbox"/> Present <input checked="" type="checkbox"/> Not Present
Foam: _____	<input type="checkbox"/> Present <input checked="" type="checkbox"/> Not Present
Odor: _____	<input type="checkbox"/> Objectionable <input checked="" type="checkbox"/> Not Objectionable
Color: _____	<input type="checkbox"/> Present <input checked="" type="checkbox"/> Clear
Dissolved Oxygen: _____	mg/L: <u>8.75</u> Temperature (C): <u>18.3</u>
pH: _____	pH Units: <u>8.09</u>
Residual Chlorine: _____	mg/L: <u>0.012</u>
Turbidity: _____	NTU: _____

Other Observations / Comments: Scarcely vegetation.

Downstream Sampling Station XL

Time of Observation: ~~7:39~~ 1140 AM PM

Parameter:	Observation / Concentration:
Floating Material: _____	<input checked="" type="checkbox"/> Present <input checked="" type="checkbox"/> Not Present
Oils & Grease: _____	<input type="checkbox"/> Present <input checked="" type="checkbox"/> Not Present
Foam: _____	<input type="checkbox"/> Present <input checked="" type="checkbox"/> Not Present
Odor: _____	<input type="checkbox"/> Objectionable <input checked="" type="checkbox"/> Not Objectionable
Color: _____	<input type="checkbox"/> Present <input checked="" type="checkbox"/> Clear
Dissolved Oxygen: _____	mg/L: <u>6.13</u> Temperature (C): <u>19.7</u>
pH: _____	pH Units: <u>7.47</u>
Residual Chlorine: _____	mg/L: <u>0.017</u>
Turbidity: _____	NTU: _____

Other Observations / Comments: Very light vegetation

Victor Valley Wastewater Reclamation Authority

River and Stormwater Quarterly Inspection and Sampling Report

Dry Season Inspections: May 1st to September 31st

Wet Season Inspections: October 1st to April 30th

Wet season inspections shall be made during the first hour of one storm event – per month – which occurs during normal business hours and which produces stormwater discharge from the flood gate located at the south discharge point.

Report Date: 1-8-13

Print Name: Randy Gillette / Char. W. 11

Signature: Randy Gillette

Stormwater Monitoring

South Discharge Point

Time of Observation: 10:59 AM PM

From Final Effluent
Grab Sample
Time. GC

Parameter:
Floating Material: _____
Oils & Grease: _____
Foam: _____
Odor: _____
Color: _____

Observation:	
<input type="checkbox"/> Present	<input checked="" type="checkbox"/> Not Present
<input type="checkbox"/> Present	<input checked="" type="checkbox"/> Not Present
<input type="checkbox"/> Present	<input checked="" type="checkbox"/> Not Present
<input type="checkbox"/> Present	<input checked="" type="checkbox"/> Not Present
<input type="checkbox"/> Present	<input checked="" type="checkbox"/> Not Present

Other Observations / Comments: DAMP SPOTS, DRYING IN SUN; DUE TO LIGHT RAIN ON 1-7-13

Upstream Sampling Station

Time of Observation: 1422 AM PM

Parameter:
Floating Material: _____
Oils & Grease: _____
Foam: _____
Odor: _____
Color: _____
Dissolved Oxygen: _____
pH: _____
Residual Chlorine: _____
Turbidity: _____

Observation / Concentration:	
<input type="checkbox"/> Present	<input checked="" type="checkbox"/> Not Present
<input type="checkbox"/> Present	<input checked="" type="checkbox"/> Not Present
<input type="checkbox"/> Present	<input checked="" type="checkbox"/> Not Present
<input type="checkbox"/> Objectionable	<input checked="" type="checkbox"/> Not Objectionable
<input type="checkbox"/> Present	<input checked="" type="checkbox"/> Clear
mg/L: <u>9.83</u>	Temperature (C): <u>12.1</u>
pH Units: <u>8.19</u>	
mg/L: <u>0.006</u>	
NTU: <u>1.27</u>	

Other Observations / Comments: _____

Downstream Sampling Station

Time of Observation: 1333 AM PM

Parameter:
Floating Material: TYPICAL DEBRIS
Oils & Grease: _____
Foam: _____
Odor: _____
Color: GOLD TINT
Dissolved Oxygen: _____
pH: _____
Residual Chlorine: _____
Turbidity: _____

Observation / Concentration:	
<input checked="" type="checkbox"/> Present	<input type="checkbox"/> Not Present
<input type="checkbox"/> Present	<input checked="" type="checkbox"/> Not Present
<input type="checkbox"/> Present	<input checked="" type="checkbox"/> Not Present
<input type="checkbox"/> Objectionable	<input checked="" type="checkbox"/> Not Objectionable
<input checked="" type="checkbox"/> Present	<input checked="" type="checkbox"/> Clear
mg/L: <u>7.60</u>	Temperature (C): <u>14.7</u>
pH Units: <u>8.05</u>	
mg/L: <u>0.014</u>	
NTU: <u>1.87</u>	

Other Observations / Comments: _____

Victor Valley Wastewater Reclamation Authority

River and Stormwater Quarterly Inspection and Sampling Report

Dry Season Inspections: May 1st to September 31st

Wet Season Inspections: October 1st to April 30th

Wet season inspections shall be made during the first hour of one storm event – per month – which occurs during normal business hours and which produces stormwater discharge from the flood gate located at the south discharge point.

Report Date: 4-2-13

Print Name: Chris (w/11)

Signature: 

Stormwater Monitoring

South Discharge Point

Time of Observation: 0932 AM PM

Parameter:

Floating Material: _____

Oils & Grease: _____

Foam: _____

Odor: _____

Color: _____

Observation:	
<input type="checkbox"/> Present	<input checked="" type="checkbox"/> Not Present
<input type="checkbox"/> Present	<input checked="" type="checkbox"/> Not Present
<input type="checkbox"/> Present	<input checked="" type="checkbox"/> Not Present
<input type="checkbox"/> Present	<input checked="" type="checkbox"/> Not Present
<input type="checkbox"/> Present	<input checked="" type="checkbox"/> Not Present

With Bobby Hesse
 & Brad Adams,
 Operations Dept.
 GC

Other Observations / Comments: No flow, Dry.

Upstream Sampling Station

Time of Observation: 1312 AM PM

Parameter:

Floating Material: _____

Oils & Grease: _____

Foam: _____

Odor: _____

Color: _____

Dissolved Oxygen: _____

pH: _____

Residual Chlorine: _____

Turbidity: _____

Observation / Concentration:	
<input type="checkbox"/> Present	<input checked="" type="checkbox"/> Not Present
<input type="checkbox"/> Present	<input checked="" type="checkbox"/> Not Present
<input type="checkbox"/> Present	<input checked="" type="checkbox"/> Not Present
<input type="checkbox"/> Objectionable	<input checked="" type="checkbox"/> Not Objectionable
<input type="checkbox"/> Present	<input checked="" type="checkbox"/> Clear
mg/L: <u>8.30</u>	Temperature (C): <u>18.0°C</u>
pH Units: <u>8.01</u>	
mg/L: _____	
NTU: _____	

Other Observations / Comments: _____

Downstream Sampling Station

Time of Observation: 1215 AM PM

Parameter:

Floating Material: Light Vegetation

Oils & Grease: _____

Foam: Very light

Odor: _____

Color: _____

Dissolved Oxygen: _____

pH: _____

Residual Chlorine: _____

Turbidity: _____

Observation / Concentration:	
<input checked="" type="checkbox"/> Present	<input type="checkbox"/> Not Present
<input type="checkbox"/> Present	<input checked="" type="checkbox"/> Not Present
<input checked="" type="checkbox"/> Present	<input type="checkbox"/> Not Present
<input type="checkbox"/> Objectionable	<input checked="" type="checkbox"/> Not Objectionable
<input type="checkbox"/> Present	<input checked="" type="checkbox"/> Clear
mg/L: <u>7.13</u>	Temperature (C): <u>17.9°C</u>
pH Units: <u>8.1</u>	
mg/L: _____	
NTU: _____	

Other Observations / Comments: _____