



Victor Valley Wastewater Reclamation Authority

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

Administrative Offices

20111 Shay Road, Victorville California 92394

Telephone: (760) 246-8638

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8 October 2014

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, 2013 through June 28, 2014 the Victor Valley Wastewater Reclamation Authority (VVWRA) received sufficient precipitation to cause three (4) 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) 246-8638.

Sincerely,

Gilbert Perez
Director of Operations



State Water Resources Control Board

To Interested Parties:

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

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

To register to use SMARTS please visit: <https://smarts.waterboards.ca.gov> and download the SMARTS LRP registration form and instructions. Please fill out the form and mail it back to: SMARTS Registration, P.O. Box 1977, Sacramento, CA 95812. Once a complete registration form is received, a login name and password will be emailed to you.

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

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

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

Sincerely,

Storm Water Section

California Environmental Protection Agency



State of California
STATE WATER RESOURCES CONTROL BOARD

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

Reporting Period July 1, 2013 through June 30, 2014

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

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

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

GENERAL INFORMATION:

A. Facility Information:

Facility Business Name: Victor Valley Wastewater Reclamation
Physical Address: 20111 Shay Road
City: Victorville
Standard Industrial Classification (SIC) Code(s): 4952

Facility WDID No: 6B361005756

Contact Person: Logan Olds
e-mail: lolds@vwwra.com
CA Zip: 92394 Phone: (760) 246-8638

B. Facility Operator Information:

Operator Name: Gilbert Perez
Mailing Address: 20111 Shay Road
City: Victorville

Contact Person: Gilbert Perez
e-mail: gperez@vwwra.com
State: CA Zip: 92394 Phone: (760) 246-8638

C. Facility Billing Information:

Operator Name: Logan Olds
Mailing Address: 20111 Shay Road
City: Victorville

Contact Person: Logan Olds
e-mail: lolds@vwwra.com
State: CA Zip: 92394 Phone: (760) 246-8638

2013-2014
ANNUAL REPORT

SPECIFIC INFORMATION

MONITORING AND REPORTING PROGRAM

D. SAMPLING AND ANALYSIS EXEMPTIONS AND REDUCTIONS

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

YES Go to Item D.2

NO Go to Section E

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

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

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

Re-evaluation Date: _____

Does facility continue to satisfy NEC conditions? YES NO

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

Re-evaluation Date: _____

Does facility continue to satisfy SRC conditions? YES NO

iv. Received Regional Board Certification Certification Date: _____

v. Received Local Agency Certification Certification Date: _____

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

YES Go to Section E

NO Go to Section F

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

E. SAMPLING AND ANALYSIS RESULTS

1. How many storm events did you sample? 4

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)

4. For each storm event sampled, did you collect and analyze a sample from each of the facility's storm water discharge locations? YES, go to Item E.6 NO
5. Was sample collection or analysis reduced in accordance with Section B.7.d of the General Permit? YES NO, **attach explanation**
- If "YES", **attach documentation** supporting your determination that two or more drainage areas are substantially identical.
- Date facility's drainage areas were last evaluated _____
6. Were all samples collected during the first hour of discharge? YES NO, **attach explanation**
7. Was all storm water sampling preceded by three (3) working days without a storm water discharge? YES NO, **attach explanation**
8. Were there any discharges of stormwater that had been temporarily stored or contained? (such as from a pond) YES NO, go to Item E.10
9. Did you collect and analyze samples of temporarily stored or contained storm water discharges from two storm events? (or one storm event if you checked item D.2.i or iii. above) YES NO, **attach explanation**
10. Section B.5. of the General Permit requires you to analyze storm water samples for pH, Total Suspended Solids (TSS), Specific Conductance (SC), Total Organic Carbon (TOC) or Oil and Grease (O&G), other pollutants likely to be present in storm water discharges in significant quantities, and analytical parameters listed in Table D of the General Permit.
- a. Does Table D contain any additional parameters related to your facility's SIC code(s)? YES NO, Go to Item E.11
- b. Did you analyze all storm water samples for the applicable parameters listed in Table D? YES NO
- c. If you did not analyze all storm water samples for the applicable Table D parameters, check one of the following reasons:
- _____ In prior sampling years, the parameter(s) have not been detected in significant quantities from two consecutive sampling events. **Attach explanation**
- _____ The parameter(s) is not likely to be present in storm water discharges and authorized non-storm water discharges in significant quantities based upon the facility operator's evaluation. **Attach explanation**
- _____ Other. **Attach explanation**
11. For each storm event sampled, attach a copy of the laboratory analytical reports and report the sampling and analysis results using **Form 1** or its equivalent. The following must be provided for each sample collected:
- Date and time of sample collection
 - Name and title of sampler.
 - Parameters tested.
 - Name of analytical testing laboratory.
 - Discharge location identification.
 - Testing results.
 - Test methods used.
 - Test detection limits.
 - Date of testing.
 - Copies of the laboratory analytical results.

F. QUARTERLY VISUAL OBSERVATIONS

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

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

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

YES NO Go to Item F.2

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

July -September YES NO N/A October-December YES NO N/A
 January-March YES NO N/A April-June YES NO N/A

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

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

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

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

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

July -September YES NO October-December YES NO
 January-March YES NO April-June YES NO

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

YES NO Go to item F.2.d

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

YES NO **Attach explanation**

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

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

G. MONTHLY WET SEASON VISUAL OBSERVATIONS

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

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

	YES	NO		YES	NO
October	<input 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.

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
- quarterly unauthorized non-storm water discharge visual observations
- monthly storm water discharge visual observation
- Sampling and Analysis records
- records of spills/leaks and associated clean-up/response activities
- 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
- assessment of potential pollutant sources
- list of significant materials
- identification and description of the BMPs to be implemented for each potential pollutant source
- description of potential pollutant sources

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

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

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

J. ACSCE CERTIFICATION

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

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

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

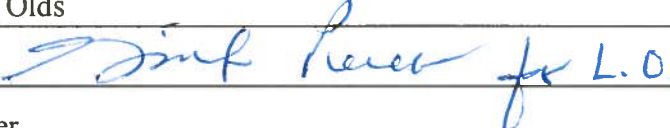
ATTACHMENT SUMMARY

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

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

ANNUAL REPORT CERTIFICATION

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

Printed Name: Logan Olds
Signature:  Date: 10/8/2014
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.swrcb.ca.gov>. It is contained in the Sampling and Analysis Reduction Certification.

See Storm Water Contacts at

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

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SIDE A

FORM 1-SAMPLING & ANALYSIS RESULTS

FIRST STORM EVENT

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

NAME OF PERSON COLLECTING SAMPLE(S): Thomas Hinojosa

TITLE: Operator

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					
Stormwater South Discharge Point	11/21/2013 <input type="checkbox"/> AM 11:57 <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	7.86	34	76.6		15	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	ES Babcock					

TSS - Total Suspended Solids

SC - Specific Conductance

O&G - Oil & Grease

TOC - Total Organic Carbon

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SIDE B

FORM 1-SAMPLING & ANALYSIS RESULTS

SECOND STORM EVENT

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

NAME OF PERSON COLLECTING SAMPLE(S): Eugene Davis TITLE: Operator SIGNATURE: 

DESCRIBE DISCHARGE LOCATION <small>Example: NW Out Fall</small>	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	ANALYTICAL RESULTS For First Storm Event									
			BASIC PARAMETERS					OTHER PARAMETERS				
			pH	TSS	SC	O&G	TOC					
Stormwater South Discharge Point	<u>12/09/2013</u> <input type="checkbox"/> AM 17:22 <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	8.39	345		ND	6.4	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	EPA 1664 A	SM5310 B					
ANALYZED BY (SELF/LAB):			VVWRA Lab	VVWRA Lab	VVWRA Lab	ES Babcock	ES Babcock					

TSS - Total Suspended Solids

SC - Specific Conductance

O&G - Oil & Grease

TOC - Total Organic Carbon

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SIDE A

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

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

QUARTER: JULY-SEPT. DATE: _____	Observers Name: _____ Title: _____ Signature: _____	WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER? <input type="checkbox"/> YES <input checked="" 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 checked="" 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 checked="" 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 checked="" 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 <u>EXAMPLE:</u> Air conditioner Units on Building C	NAME OF AUTHORIZED NSWD <u>EXAMPLE:</u> Air conditioner condensate	DESCRIBE AUTHORIZED NSWD CHARACTERISTICS <small>Indicate whether authorized NSWD is clear, cloudy, or discolored, causing staining, contains floating objects or an oil sheen, has odors, etc.</small>		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>7/9/13 06:39 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM</p>	<p>Observers Name: <u>Keith Lueken</u></p> <p>Title: <u>Operator</u></p> <p>Signature: </p>	<p>WERE UNAUTHORIZED NSWDs OBSERVED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs? <input type="checkbox"/> YES <input checked="" 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>10/8/13 10:10 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM</p>	<p>Observers Name: <u>Brad Adams</u></p> <p>Title: <u>Operator</u></p> <p>Signature: </p>	<p>WERE UNAUTHORIZED NSWDs OBSERVED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs? <input type="checkbox"/> YES <input checked="" 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>1/7/14 13:45 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM</p>	<p>Observers Name: <u>Ryan Love</u></p> <p>Title: <u>Operator</u></p> <p>Signature: </p>	<p>WERE UNAUTHORIZED NSWDs OBSERVED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs? <input type="checkbox"/> YES <input checked="" 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>4/1/14 12:23 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM</p>	<p>Observers Name: <u>Bobby Hesse</u></p> <p>Title: <u>Operator</u></p> <p>Signature: </p>	<p>WERE UNAUTHORIZED NSWDs OBSERVED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs? <input type="checkbox"/> YES <input checked="" 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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ANNUAL REPORT
FORM 4-MONTHLY VISUAL OBSERVATIONS OF
STORM WATER DISCHARGES

SIDE A

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

Observation Date: October ____ 2013		#1	#2	#3	#4
Observers Name _____	Drainage Location Description				
Title _____	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.
Signature _____	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 <u>21</u> 2013		#1	#2	#3	#4
Observers Name <u>Tom Hinojosa</u>	Drainage Location Description	Stormwater South Discharge Point			
Title <u>Operator</u>	Observation Time	22:00 <input checked="" 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.
Signature 	Time Discharge Began	21:50 <input checked="" 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.
<u>TH-NAFS-Retired</u>	Were Pollutants Observed (If yes, complete reverse side)	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"/>
Observation Date: December <u>9</u> 2013		#1	#2	#3	#4
Observers Name <u>Eugene Davis</u>	Drainage Location Description	Stormwater South Discharge Point			
Title <u>Operator</u>	Observation Time	17:22 <input checked="" 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.
Signature 	Time Discharge Began	17:10 <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 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"/>
Observation Date: January ____ 2014		#1	#2	#3	#4
Observers Name _____	Drainage Location Description				
Title _____	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.
Signature _____	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
<u>11/21/13</u> 22:00 <input type="checkbox"/> AM <input checked="" 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 leaves were observed. No oil/grease, foam, odor present during this discharge. Color was noted as "sandy".	EXAMPLE: Oil sheen caused by oil dripped by trucks in vehicle maintenance area Not Applicable	Not Applicable
<u>12/9/13</u> 17:22 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Stormwater South Discharge Point	Floating material, oil/grease, foam, odor reported as not present during this discharge event. Color was noted as "dark".	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				

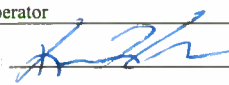
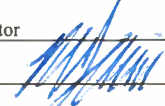
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ANNUAL REPORT
FORM 4 (Continued)-MONTHLY VISUAL OBSERVATIONS OF

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 <u>28</u> 2014		#1			
Observers Name <u>Keith Lueken</u>	Drainage Location Description Stormwater South Discharge Point				
Title <u>Operator</u>	Observation Time 10:51 <input type="checkbox"/> P.M. <input checked="" 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.
Signature 	Time Discharge Began 10:41 <input type="checkbox"/> P.M. <input checked="" 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 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"/>
Observation Date: March _____ 2014		#1	#2	#3	#4
Observers Name _____	Drainage Location Description				
Title _____	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.
Signature _____	Time Discharge Began	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Observation Date: April _____ 2014		#1	#2	#3	#4
Observers Name _____	Drainage Location Description				
Title _____	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.
Signature _____	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 <u>22</u> 2014		#1	#2	#3	#4
Observers Name <u>Michael Gouin</u>	Drainage Location Description Stormwater South Discharge Point				
Title <u>Operator</u>	Observation Time 14:12 <input checked="" type="checkbox"/> P.M. <input type="checkbox"/> A.M.		<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	14:00 <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	14:12 <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
Signature 	Time Discharge Began 14:00 <input checked="" 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.	14:00 <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Were Pollutants Observed (If yes, complete reverse side)	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"/>

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SIDE B

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

DATE/TIME OF OBSERVATION (From Reverse Side)	DRAINAGE AREA DESCRIPTION <i>EXAMPLE:</i> 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 <i>EXAMPLE:</i> Oil sheen caused by oil dripped by trucks in vehicle maintenance area.	DESCRIBE ANY REVISED OR NEW BMPs AND THEIR DATE OF IMPLEMENTATION
<u>2/28/2014</u> 10:51 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Stormwater South Discharge Point	Floating material tumbleweeds were observed. No oil/grease, foam, odor present during this discharge. Color was noted as "dirt".	Not Applicable	Not Applicable
<u>5/22/2014</u> 14:12 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Stormwater South Discharge Point	Floating material, oil/grease, foam, odor reported as not present during this discharge event. Color was noted as "dark, turbid".	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				

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SIDE A

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

EVALUATION DATE: 6/28/201 INSPECTOR NAME: Gilbert Perez TITLE: Director of Operations SIGNATURE: *Gilbert Perez*

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP) Hazardous Material Storage, Engine Lube Maintenance Room Storage	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? <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
	ARE ADDITIONAL/REVISED BMPs NECESSARY? <input type="checkbox"/> YES <input checked="" 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/revised 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/revised 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/revised BMPs or corrective actions and their date(s) of implementation
	ARE ADDITIONAL/REVISED BMPs NECESSARY? <input type="checkbox"/> YES <input type="checkbox"/> NO			

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SIDE B

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

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

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



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@vwra.com

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

Laboratory Analysis Report

Sample Location: VWRA Stormwater Discharge 2013 - 2014 Storm # 1
 Laboratory ID #: 131121-17
 Discharge Date/Time: 11/21/2013 2200
 Collection Date/Time: 11/21/2013 2200
 Collection Method: Grab
 Sample Collected By: Thomas Hinojosa
 Sample Comments: See Attached Inspection and Sampling Report.

Constituent	Result	Units	Method	R.L.	Analyst
pH	7.86	pH Units	SM 4500-H+	N/A	Chris Wills
Conductivity	76.6	µS/cm	SM 2510-B	1.0 µS/cm	Chris Wills
Total Suspended Solids	34	mg/L	SM 2540-D	1.0 mg/L	Gina Cloutier
Total Dissolved Solids	121	mg/L	SM 2540-C	1.0 mg/L	Gina Cloutier

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



 Chris Wills, Laboratory Technician

Reviewed By: IR

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: 11-21-13

Print Name: Thomas Hinojosa

Signature: 

Stormwater Monitoring

South Discharge Point

Time of Observation: 2200 11-21-13 AM PM

Parameter:

Floating Material: leaves

Oils & Grease: -

Foam: -

Odor: none

Color: sandy 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: SAND ON OUTFALL FLOOR + TUMBLE WOOD BY GATE
TH.

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: _____



BABCOCK Laboratories, Inc.
The Standard of Excellence for Over 100 Years

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 Discha
Project Number: 131121

Work Order Number: B3K2119

Report Date: 15-Jan-2014

Received on Ice (Y/N): Yes Temp: 8 °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>
B3K2119-01	131121-17 Stormwater Pump Station Discharge South Point to Mojave River Grab	Liquid	11/21/13 22:00	Thomas Hinojosa	11/22/13 11:57	Courier (J. Mendez)

Case Narrative

Laboratory Number: B3K2119-01

Analysis: EPA 1664A (Oil and Grease)

Note: Requested EPA 1664A analysis for B3K2119-01 was cancelled. The designated sample container was exhausted prior to attempting the requested analysis. The designated sample volume was erroneously utilized as a QC source sample for another analysis leaving no remaining volume to perform the requested analysis.



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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 Discha
 Project Number: 131121

Report Date: 15-Jan-2014

Work Order Number: B3K2119
 Received on Ice (Y/N): Yes Temp: 8 °C

Laboratory Reference Number
B3K2119-01

<u>Sample Description</u>	<u>Matrix</u>	<u>Sampled Date/Time</u>	<u>Received Date/Time</u>
131121-17 Stormwater Pump Station Discharge South Point to Mojave River Grab	Liquid	11/21/13 22:00	11/22/13 11:57

Analyte(s)	Result	RDL	Units	Method	Analysis Date	Analyst	Flag
Aggregate Organic Compounds							
Total Organic Carbon	15	1.4	mg/L	SM 5310B	11/27/13 15:14	mel	
Total Petroleum Hydrocarbons	ND	1.0	mg/L	EPA 418.1	12/05/13 16:20	naa	
Metals and Metalloids							
Antimony	ND	10	ug/L	EPA 200.8	12/04/13 15:46	ERA	
Arsenic	ND	5.0	ug/L	EPA 200.8	12/04/13 15:46	ERA	
Barium	31	20	ug/L	EPA 200.8	12/04/13 15:46	ERA	
Beryllium	ND	10	ug/L	EPA 200.8	12/04/13 15:46	ERA	
Cadmium	ND	2.0	ug/L	EPA 200.8	12/04/13 15:46	ERA	
Total Chromium	ND	20	ug/L	EPA 200.8	12/04/13 15:46	ERA	
Cobalt	ND	10	ug/L	EPA 200.8	12/04/13 15:46	ERA	
Copper	38	10	ug/L	EPA 200.8	12/04/13 15:46	ERA	
Lead	ND	10	ug/L	EPA 200.8	12/04/13 15:46	ERA	
Mercury	ND	0.20	ug/L	EPA 200.8	12/04/13 15:46	ERA	
Molybdenum	ND	10	ug/L	EPA 200.8	12/04/13 15:46	ERA	
Nickel	ND	20	ug/L	EPA 200.8	12/04/13 15:46	ERA	
Selenium	ND	5.0	ug/L	EPA 200.8	12/04/13 15:46	ERA	
Silver	15	10	ug/L	EPA 200.8	12/04/13 15:46	ERA	
Thallium	ND	200	ug/L	EPA 200.8	12/04/13 15:46	ERA	
Vanadium	15	10	ug/L	EPA 200.8	12/04/13 15:46	ERA	
Zinc	140	10	ug/L	EPA 200.8	12/04/13 15:46	ERA	
Organochlorine Pesticides and PCBs by EPA 608							
4,4'-DDD	ND	0.11	ug/L	EPA 608	11/26/13 18:49	sbart	
4,4'-DDE	ND	0.040	ug/L	EPA 608	11/26/13 18:49	sbart	
4,4'-DDT	ND	0.12	ug/L	EPA 608	11/26/13 18:49	sbart	
a-BHC	ND	0.030	ug/L	EPA 608	11/26/13 18:49	sbart	
Aldrin	ND	0.040	ug/L	EPA 608	11/26/13 18:49	sbart	
Aroclor 1016	ND	1.0	ug/L	EPA 608	11/26/13 18:49	sbart	
Aroclor 1221	ND	1.0	ug/L	EPA 608	11/26/13 18:49	sbart	
Aroclor 1232	ND	1.0	ug/L	EPA 608	11/26/13 18:49	sbart	
Aroclor 1242	ND	1.0	ug/L	EPA 608	11/26/13 18:49	sbart	
Aroclor 1248	ND	1.0	ug/L	EPA 608	11/26/13 18:49	sbart	

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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 3 of 4
 Project Name: VVWRA-Stormwater PS Dischal
 Project Number: 131121

Work Order Number: B3K2119

Report Date: 15-Jan-2014

Received on Ice (Y/N): Yes Temp: 8 °C

Laboratory Reference Number
B3K2119-01

<u>Sample Description</u>	<u>Matrix</u>	<u>Sampled Date/Time</u>	<u>Received Date/Time</u>
131121-17 Stormwater Pump Station Discharge South Point to Mojave River Grab	Liquid	11/21/13 22:00	11/22/13 11:57

Analyte(s)	Result	RDL	Units	Method	Analysis Date	Analyst	Flag
Organochlorine Pesticides and PCBs by EPA 608							
Aroclor 1254	ND	1.0	ug/L	EPA 608	11/26/13 18:49	sbart	
Aroclor 1260	ND	1.0	ug/L	EPA 608	11/26/13 18:49	sbart	
b-BHC	ND	0.060	ug/L	EPA 608	11/26/13 18:49	sbart	
Chlordane	ND	0.10	ug/L	EPA 608	11/26/13 18:49	sbart	
d-BHC	ND	0.090	ug/L	EPA 608	11/26/13 18:49	sbart	
Dieldrin	ND	0.020	ug/L	EPA 608	11/26/13 18:49	sbart	
Endosulfan I	ND	0.14	ug/L	EPA 608	11/26/13 18:49	sbart	
Endosulfan II	ND	0.040	ug/L	EPA 608	11/26/13 18:49	sbart	
Endosulfan Sulfate	ND	0.66	ug/L	EPA 608	11/26/13 18:49	sbart	
Endrin	ND	0.060	ug/L	EPA 608	11/26/13 18:49	sbart	
Endrin Aldehyde	ND	0.23	ug/L	EPA 608	11/26/13 18:49	sbart	
Heptachlor	ND	0.010	ug/L	EPA 608	11/26/13 18:49	sbart	
Heptachlor Epoxide	ND	0.010	ug/L	EPA 608	11/26/13 18:49	sbart	
Lindane	ND	0.040	ug/L	EPA 608	11/26/13 18:49	sbart	
Methoxychlor	ND	1.8	ug/L	EPA 608	11/26/13 18:49	sbart	
Toxaphene	ND	1.0	ug/L	EPA 608	11/26/13 18:49	sbart	
Surrogate: Decachlorobiphenyl	8.06	% 5-138		EPA 608	11/26/13 18:49	sbart	



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Client Name: Victor Valley Reclamation Authority
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 Address: 15776 Main St. Suite 3
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Analytical Report: Page 4 of 4
 Project Name: VWWRA-Stormwater PS Discha
 Project Number: 131121

Report Date: 15-Jan-2014

Work Order Number: B3K2119
 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.

Digitally signed by: Cindy Waddell
 DN: CN = Cindy Waddell C = US O = Babcock
 Laboratories OU = Project Manager Assistant
 Date: 2014.01.15 13:37:02 -07'00'

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e-Short_No Alias

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 2
 Project Name: VVWRA-Stormwater PS Discha
 Project Number: 131121

Report Date: 15-Jan-2014

Work Order Number: B3K2119

Received on Ice (Y/N): Yes Temp: 8 °C



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

December 23, 2013

Attention: Gina Cloutier
 Victor Valley Water Reclamation Authority
 15776 Main St, Suite 3
 Hesperia, CA 92345

RE: B3K2119

Mrs. Cloutier,

On November 22, 2013 samples were received by Babcock Laboratory for Storm Water testing. Although all samples were received by the laboratory and logged-in for the correct analyses, an error occurred when sample storage location for Oil and Grease was designated. The Oil and Grease sample container was stored with the EPA 418.1 sample containers. The assigned analyst for EPA 418.1 inadvertently used what appeared to be extra volume as the source for batch QC. This in turn left no sample volume to run the requested Oil and Grease.

Corrective action was initiated immediately to address this issue. The sample receiving department manager provided additional training and ensured that the systems in place are being followed. We are very sorry for this error and any inconvenience it has caused your facility.

If you need any further assistance or clarification, please do not hesitate to contact your Project Manager.

Sincerely,

Caroline Sangari
 Client Services Manager
 Edward S. Babcock & Sons, Inc.

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

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NELAP no. 02101CA
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Victor Valley Wastewater Reclamation Authority

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

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

Website: www.vvra.com E-mail: mail@vvra.com

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

Laboratory Analysis Report

Sample Location: VWRA Stormwater Discharge 2013 - 2014 Storm # 2
Laboratory ID #: 131209-15
Discharge Date/Time: 12/09/2013 1722
Collection Date/Time: 12/09/2013 1722
Collection Method: Grab
Sample Collected By: Eugene Davis
Sample Comments: See Attached Inspection and Sampling Report.

Constituent	Result	Units	Method	R.L.	Analyst
pH	8.39	pH Units	SM 4500-H+	N/A	Eugene Davis
Conductivity	*	µS/cm	SM 2510-B	1.0 µS/cm	*
Total Suspended Solids	345	mg/L	SM 2540-D	1.0 mg/L	Chris Wills
Total Dissolved Solids	368	mg/L	SM 2540-C	1.0 mg/L	Chris Wills

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

* value not measured

Chris Wills, Laboratory Technician

Reviewed By: IR

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: 12-9-13

Print Name: Eugene Davis

Signature: 

Stormwater Monitoring

South Discharge Point

Time of Observation: 1722 hrs 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 checked="" type="checkbox"/> Present	<input type="checkbox"/> Not Present

Other Observations / Comments: Dark color

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 Discha
 Project Number: 131209

Work Order Number: B3L0896

Report Date: 26-Dec-2013

Received on Ice (Y/N): Yes Temp: 4 °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>
B3L0896-01	131209-15 Stormwater Pump Station Discharge South Point to Mojave River Grab	Liquid	12/09/13 17:22	Eugene Davis	12/10/13 11:53	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



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 Discha
Project Number: 131209

Report Date: 26-Dec-2013

Work Order Number: **B3L0896**
Received on Ice (Y/N): Yes Temp: 4 °C

Laboratory Reference Number
B3L0896-01

<u>Sample Description</u>	<u>Matrix</u>	<u>Sampled Date/Time</u>	<u>Received Date/Time</u>
131209-15 Stormwater Pump Station Discharge South Point to Mojave River Grab	Liquid	12/09/13 17:22	12/10/13 11:53

Analyte(s)	Result	RDL	Units	Method	Analysis Date	Analyst	Flag
Aggregate Organic Compounds							
Total Organic Carbon	6.4	1.4	mg/L	SM 5310B	12/17/13 02:11	mel	
Oil & Grease (HEM)	ND	2.5	mg/L	EPA 1664A	12/13/13 19:20	kam	
Total Petroleum Hydrocarbons	ND	1.0	mg/L	EPA 418.1	12/17/13 12:07	jmr	
Metals and Metalloids							
Antimony	ND	10	ug/L	EPA 200.8	12/13/13 12:26	ERA	
Arsenic	ND	5.0	ug/L	EPA 200.8	12/13/13 12:26	ERA	
Barium	56	20	ug/L	EPA 200.8	12/13/13 12:26	ERA	
Beryllium	ND	10	ug/L	EPA 200.8	12/13/13 12:26	ERA	
Cadmium	ND	2.0	ug/L	EPA 200.8	12/13/13 12:26	ERA	
Total Chromium	ND	20	ug/L	EPA 200.8	12/13/13 12:26	ERA	
Cobalt	ND	10	ug/L	EPA 200.8	12/13/13 12:26	ERA	
Copper	12	10	ug/L	EPA 200.8	12/13/13 12:26	ERA	
Lead	ND	10	ug/L	EPA 200.8	12/13/13 12:26	ERA	
Mercury	ND	0.20	ug/L	EPA 200.8	12/13/13 12:26	ERA	
Molybdenum	ND	10	ug/L	EPA 200.8	12/13/13 12:26	ERA	
Nickel	ND	20	ug/L	EPA 200.8	12/13/13 12:26	ERA	
Selenium	ND	5.0	ug/L	EPA 200.8	12/13/13 12:26	ERA	
Silver	ND	10	ug/L	EPA 200.8	12/13/13 12:26	ERA	
Thallium	ND	200	ug/L	EPA 200.8	12/13/13 12:26	ERA	
Vanadium	22	10	ug/L	EPA 200.8	12/13/13 12:26	ERA	
Zinc	83	10	ug/L	EPA 200.8	12/13/13 12:26	ERA	
Organochlorine Pesticides and PCBs by EPA 608							
4,4'-DDD	ND	0.11	ug/L	EPA 608	12/13/13 22:42	sbart	
4,4'-DDE	ND	0.040	ug/L	EPA 608	12/13/13 22:42	sbart	
4,4'-DDT	ND	0.12	ug/L	EPA 608	12/13/13 22:42	sbart	
a-BHC	ND	0.030	ug/L	EPA 608	12/13/13 22:42	sbart	
Aldrin	ND	0.040	ug/L	EPA 608	12/13/13 22:42	sbart	
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Aroclor 1221	ND	1.0	ug/L	EPA 608	12/13/13 22:42	sbart	
Aroclor 1232	ND	1.0	ug/L	EPA 608	12/13/13 22:42	sbart	
Aroclor 1242	ND	1.0	ug/L	EPA 608	12/13/13 22:42	sbart	
Aroclor 1248	ND	1.0	ug/L	EPA 608	12/13/13 22:42	sbart	

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NELAP no. 02101CA
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EPA no. CA00102



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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 Discharge
Project Number: 131209

Work Order Number: B3L0896

Report Date: 26-Dec-2013

Received on Ice (Y/N): Yes Temp: 4 °C

Laboratory Reference Number
B3L0896-01

<u>Sample Description</u>	<u>Matrix</u>	<u>Sampled Date/Time</u>	<u>Received Date/Time</u>
131209-15 Stormwater Pump Station Discharge South Point to Mojave River Grab	Liquid	12/09/13 17:22	12/10/13 11:53

Analyte(s)	Result	RDL	Units	Method	Analysis Date	Analyst	Flag
Organochlorine Pesticides and PCBs by EPA 608							
Aroclor 1254	ND	1.0	ug/L	EPA 608	12/13/13 22:42	sbart	
Aroclor 1260	ND	1.0	ug/L	EPA 608	12/13/13 22:42	sbart	
b-BHC	ND	0.060	ug/L	EPA 608	12/13/13 22:42	sbart	
Chlordane	ND	0.10	ug/L	EPA 608	12/13/13 22:42	sbart	
d-BHC	ND	0.090	ug/L	EPA 608	12/13/13 22:42	sbart	
Dieldrin	ND	0.020	ug/L	EPA 608	12/13/13 22:42	sbart	
Endosulfan I	ND	0.14	ug/L	EPA 608	12/13/13 22:42	sbart	
Endosulfan II	ND	0.040	ug/L	EPA 608	12/13/13 22:42	sbart	
Endosulfan Sulfate	ND	0.66	ug/L	EPA 608	12/13/13 22:42	sbart	
Endrin	ND	0.060	ug/L	EPA 608	12/13/13 22:42	sbart	
Endrin Aldehyde	ND	0.23	ug/L	EPA 608	12/13/13 22:42	sbart	
Heptachlor	ND	0.010	ug/L	EPA 608	12/13/13 22:42	sbart	
Heptachlor Epoxide	ND	0.010	ug/L	EPA 608	12/13/13 22:42	sbart	
Lindane	ND	0.040	ug/L	EPA 608	12/13/13 22:42	sbart	
Methoxychlor	ND	1.8	ug/L	EPA 608	12/13/13 22:42	sbart	
Toxaphene	ND	1.0	ug/L	EPA 608	12/13/13 22:42	sbart	
Surrogate: Decachlorobiphenyl	28.5	% 5-138		EPA 608	12/13/13 22:42	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 4 of 4
Project Name: VVWRA-Stormwater PS Discha
Project Number: 131209

Report Date: 26-Dec-2013

Work Order Number: **B3L0896**

Received on Ice (Y/N): Yes Temp: 4 °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.

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Client Name: Victor Valley Reclamation Authority
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Address: 15776 Main St. Suite 3
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Analytical Report: Page 1 of 1
Project Name: VVWRA-Stormwater PS Discha
Project Number: 131209

Work Order Number: B3L0896

Report Date: 26-Dec-2013

Received on Ice (Y/N): Yes Temp: 4 °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 Slay 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



Form with multiple sections: Project Name, Project Contact, Sampler Name, Sampler Signature, Sample Location/Description, Sample Date, Sample Time, Sample Type, Laboratory Analyses Requested, Sample Preservation Methods, Total # of Containers, Received By, Relinquished By, and Laboratory Notes.

DEC 10 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
www.babcocklabs.com

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



Victor Valley Wastewater Reclamation Authority

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

Website: www.vvwa.com E-mail: mail@vvwa.com

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

Laboratory Analysis Report

Sample Location: VWRA Stormwater Discharge 2013 - 2014 Storm # 3
Laboratory ID #: 140228-12
Discharge Date/Time: 02/28/2014 1051
Collection Date/Time: 02/28/2014 1051
Collection Method: Grab
Sample Collected By: Keith Lueken
Sample Comments: See Attached Inspection and Sampling Report.

Constituent	Result	Units	Method	R.L.	Analyst
pH	7.98	pH Units	SM 4500-H+	N/A	Chris Wills
Conductivity	367	µS/cm	SM 2510-B	1.0 µS/cm	Chris Wills
Total Suspended Solids	614	mg/L	SM 2540-D	1.0 mg/L	Cindy Myers
Total Dissolved Solids	351	mg/L	SM 2540-C	1.0 mg/L	Cindy Myers

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

Chris Wills, Laboratory Technician

Reviewed By: IR

**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: 2/28/14

Print Name: Keith Luellen

Signature: 

Stormwater Monitoring

South Discharge Point

Time of Observation: 1051 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: Tumble weeds & Dirt

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: _____	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 Discha
 Project Number: [none]

Work Order Number: B4C0491

Report Date: 24-Mar-2014

Received on Ice (Y/N): Yes Temp: 11 °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>
B4C0491-01	140228-12 Stormwater Pump Station Discharge South Point to Mojave River Grab	Liquid	02/28/14 10:51	Ryan Love/Keit	03/04/14 15:00	Courier (J. Mendez)



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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 Discha
 Project Number: [none]

Report Date: 24-Mar-2014

Work Order Number: B4C0491

Received on Ice (Y/N): Yes Temp: 11 °C

Laboratory Reference Number
B4C0491-01

<u>Sample Description</u>	<u>Matrix</u>	<u>Sampled Date/Time</u>	<u>Received Date/Time</u>
140228-12 Stormwater Pump Station Discharge South Point to Mojave River Grab	Liquid	02/28/14 10:51	03/04/14 15:00

Analyte(s)	Result	RDL	Units	Method	Analysis Date	Analyst	Flag
Aggregate Organic Compounds							
Total Organic Carbon	65	3.5	mg/L	SM 5310B	03/18/14 03:43	mel	
Oil & Grease (HEM)	4.2	2.6	mg/L	EPA 1664A	03/20/14 20:02	kam	
Total Petroleum Hydrocarbons	ND	0.89	mg/L	EPA 418.1	03/12/14 15:55	jmr	
Metals and Metalloids							
Antimony	ND	10	ug/L	EPA 200.8	03/12/14 17:44	ERA	
Arsenic	6.0	5.0	ug/L	EPA 200.8	03/12/14 17:44	ERA	
Barium	200	20	ug/L	EPA 200.8	03/12/14 17:44	ERA	
Beryllium	ND	10	ug/L	EPA 200.8	03/12/14 17:44	ERA	
Cadmium	ND	2.0	ug/L	EPA 200.8	03/12/14 17:44	ERA	
Total Chromium	21	20	ug/L	EPA 200.8	03/12/14 17:44	ERA	
Cobalt	ND	10	ug/L	EPA 200.8	03/12/14 17:44	ERA	
Copper	100	10	ug/L	EPA 200.8	03/14/14 14:11	ERA	
Lead	39	10	ug/L	EPA 200.8	03/12/14 17:44	ERA	
Mercury	ND	0.20	ug/L	EPA 200.8	03/12/14 17:44	ERA	
Molybdenum	ND	10	ug/L	EPA 200.8	03/12/14 17:44	ERA	
Nickel	29	20	ug/L	EPA 200.8	03/12/14 17:44	ERA	
Selenium	ND	5.0	ug/L	EPA 200.8	03/12/14 17:44	ERA	
Silver	ND	10	ug/L	EPA 200.8	03/12/14 17:44	ERA	
Thallium	ND	200	ug/L	EPA 200.8	03/12/14 17:44	ERA	
Vanadium	44	10	ug/L	EPA 200.8	03/12/14 17:44	ERA	
Zinc	550	10	ug/L	EPA 200.8	03/12/14 17:44	ERA	
Organochlorine Pesticides and PCBs by EPA 608							
4,4'-DDD	ND	0.11	ug/L	EPA 608	03/11/14 13:51	sbart	
4,4'-DDE	ND	0.040	ug/L	EPA 608	03/11/14 13:51	sbart	
4,4'-DDT	ND	0.12	ug/L	EPA 608	03/11/14 13:51	sbart	
a-BHC	ND	0.030	ug/L	EPA 608	03/11/14 13:51	sbart	
Aldrin	ND	0.040	ug/L	EPA 608	03/11/14 13:51	sbart	
Aroclor 1016	ND	1.0	ug/L	EPA 608	03/11/14 13:51	sbart	
Aroclor 1221	ND	1.0	ug/L	EPA 608	03/11/14 13:51	sbart	
Aroclor 1232	ND	1.0	ug/L	EPA 608	03/11/14 13:51	sbart	
Aroclor 1242	ND	1.0	ug/L	EPA 608	03/11/14 13:51	sbart	
Aroclor 1248	ND	1.0	ug/L	EPA 608	03/11/14 13:51	sbart	
Aroclor 1254	ND	1.0	ug/L	EPA 608	03/11/14 13:51	sbart	

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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 3 of 4
 Project Name: VVWRA-Stormwater PS Discha
 Project Number: [none]

Work Order Number: B4C0491

Report Date: 24-Mar-2014

Received on Ice (Y/N): Yes Temp: 11 °C

Laboratory Reference Number
B4C0491-01

<u>Sample Description</u>	<u>Matrix</u>	<u>Sampled Date/Time</u>	<u>Received Date/Time</u>
140228-12 Stormwater Pump Station Discharge South Point to Mojave River Grab	Liquid	02/28/14 10:51	03/04/14 15:00

Analyte(s)	Result	RDL	Units	Method	Analysis Date	Analyst	Flag
Organochlorine Pesticides and PCBs by EPA 608							
Aroclor 1260	ND	1.0	ug/L	EPA 608	03/11/14 13:51	sbart	
b-BHC	ND	0.060	ug/L	EPA 608	03/11/14 13:51	sbart	
Chlordane	ND	0.10	ug/L	EPA 608	03/11/14 13:51	sbart	
d-BHC	ND	0.090	ug/L	EPA 608	03/11/14 13:51	sbart	
Dieldrin	ND	0.020	ug/L	EPA 608	03/11/14 13:51	sbart	
Endosulfan I	ND	0.14	ug/L	EPA 608	03/11/14 13:51	sbart	
Endosulfan II	ND	0.040	ug/L	EPA 608	03/11/14 13:51	sbart	
Endosulfan Sulfate	ND	0.66	ug/L	EPA 608	03/11/14 13:51	sbart	
Endrin	ND	0.060	ug/L	EPA 608	03/11/14 13:51	sbart	
Endrin Aldehyde	ND	0.23	ug/L	EPA 608	03/11/14 13:51	sbart	
Heptachlor	ND	0.010	ug/L	EPA 608	03/11/14 13:51	sbart	
Heptachlor Epoxide	ND	0.010	ug/L	EPA 608	03/11/14 13:51	sbart	
Lindane	ND	0.040	ug/L	EPA 608	03/11/14 13:51	sbart	
Methoxychlor	ND	1.8	ug/L	EPA 608	03/11/14 13:51	sbart	
Toxaphene	ND	1.0	ug/L	EPA 608	03/11/14 13:51	sbart	
Surrogate: Decachlorobiphenyl	8.48	% 5-138		EPA 608	03/11/14 13:51	sbart	

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NELAP no. 02101CA
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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 Discha
 Project Number: [none]

Report Date: 24-Mar-2014

Work Order Number: B4C0491
 Received on Ice (Y/N): Yes Temp: 11 °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.

Digitally signed by: Cindy Waddell
 DN: CN = Cindy Waddell C = US O = Babcock
 Laboratories OU = Project Manager Assistant
 Date: 2014.03.24 10:41:47 -07'00'

cc:

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e-Short_No Alias
 NELAP no. 02101CA
 CA Elap no. 2698
 EPA no. CA00102



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

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

Laboratory Analysis Report

Sample Location: VWRA Stormwater Discharge 2013 - 2014 Storm # 4
Laboratory ID #: 140522-11
Discharge Date/Time: 05/22/2014 1412
Collection Date/Time: 05/22/2014 1412
Collection Method: Grab
Sample Collected By: Michael Gouin
Sample Comments: See Attached Inspection and Sampling Report.

Constituent	Result	Units	Method	R.L.	Analyst
pH	7.78	pH Units	SM 4500-H+	N/A	Chris Wills
Conductivity	274	µS/cm	SM 2510-B	1.0 µS/cm	Chris Wills
Total Suspended Solids	2278	mg/L	SM 2540-D	1.0 mg/L	Chris Wills
Total Dissolved Solids	242	mg/L	SM 2540-C	1.0 mg/L	Cindy Myers

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

Chris Wills, Laboratory Technician

Reviewed By: IR

**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: 5-22-14
Print Name: MICHAEL Gouin

Signature: 

Stormwater Monitoring

South Discharge Point

Time of Observation: 1412 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 checked="" type="checkbox"/> Present	<input type="checkbox"/> Not Present

Other Observations / Comments: Dark, Turbid Color

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: _____	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: 20111 Shay Road
Victorville, CA 92394

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

Work Order Number: B4E2298

Report Date: 16-Jun-2014

Received on Ice (Y/N): Yes Temp: 6 °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>
B4E2298-01	140522-11 Stormwater Pump Station Discharge South Point to Mojave River Grab	Liquid	05/22/14 14:12	Ryan Love	05/23/14 11:42	Courier (J. Mendez)



BABCOCK Laboratories, Inc.
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Client Name: Victor Valley Reclamation Authority
 Contact: Gina Cloutier
 Address: 20111 Shay Road
 Victorville, CA 92394

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

Report Date: 16-Jun-2014

Work Order Number: B4E2298
 Received on Ice (Y/N): Yes Temp: 6 °C

Laboratory Reference Number
B4E2298-01

<u>Sample Description</u>	<u>Matrix</u>	<u>Sampled Date/Time</u>	<u>Received Date/Time</u>
140522-11 Stormwater Pump Station Discharge South Point to Mojave River Grab	Liquid	05/22/14 14:12	05/23/14 11:42

Analyte(s)	Result	RD L	Units	Method	Analysis Date	Analyst	Flag
Aggregate Organic Compounds							
Total Organic Carbon	60	3.5	mg/L	SM 5310B	05/27/14 22:53	mel	
Oil & Grease (HEM)	ND	2.6	mg/L	EPA 1664A	05/27/14 20:40	kam	
Total Petroleum Hydrocarbons	ND	1.0	mg/L	EPA 418.1	06/12/14 10:10	jmr	
Metals and Metalloids							
Antimony	ND	10	ug/L	EPA 200.8	05/28/14 16:16	ap	
Arsenic	9.0	5.0	ug/L	EPA 200.8	05/28/14 16:16	ap	
Barium	340	40	ug/L	EPA 200.8	05/28/14 16:16	ap	
Beryllium	ND	10	ug/L	EPA 200.8	05/28/14 16:16	ap	
Cadmium	ND	2.0	ug/L	EPA 200.8	05/28/14 16:16	ap	
Total Chromium	38	20	ug/L	EPA 200.8	05/28/14 16:16	ap	
Cobalt	14	10	ug/L	EPA 200.8	05/28/14 16:16	ap	
Copper	190	20	ug/L	EPA 200.8	05/28/14 16:16	ap	
Lead	58	20	ug/L	EPA 200.8	05/28/14 16:16	ap	
Mercury	0.56	0.40	ug/L	EPA 200.8	05/28/14 16:16	ap	
Molybdenum	32	20	ug/L	EPA 200.8	05/28/14 16:16	ap	
Nickel	42	40	ug/L	EPA 200.8	05/28/14 16:16	ap	
Selenium	ND	5.0	ug/L	EPA 200.8	05/28/14 16:16	ap	
Silver	ND	10	ug/L	EPA 200.8	05/28/14 16:16	ap	
Thallium	ND	200	ug/L	EPA 200.8	05/28/14 16:16	ap	
Vanadium	80	20	ug/L	EPA 200.8	05/28/14 16:16	ap	
Zinc	890	20	ug/L	EPA 200.8	05/28/14 16:16	ap	
Organochlorine Pesticides and PCBs by EPA 608							
4,4'-DDD	ND	0.11	ug/L	EPA 608	05/29/14 13:21	sbart	NMint
4,4'-DDE	ND	0.040	ug/L	EPA 608	05/29/14 13:21	sbart	NMint
4,4'-DDT	ND	0.12	ug/L	EPA 608	05/29/14 13:21	sbart	NMint
a-BHC	ND	0.030	ug/L	EPA 608	05/29/14 13:21	sbart	
Aldrin	ND	0.040	ug/L	EPA 608	05/29/14 13:21	sbart	NMint
Aroclor 1016	ND	1.0	ug/L	EPA 608	05/29/14 13:21	sbart	
Aroclor 1221	ND	1.0	ug/L	EPA 608	05/29/14 13:21	sbart	
Aroclor 1232	ND	1.0	ug/L	EPA 608	05/29/14 13:21	sbart	
Aroclor 1242	ND	1.0	ug/L	EPA 608	05/29/14 13:21	sbart	
Aroclor 1248	ND	1.0	ug/L	EPA 608	05/29/14 13:21	sbart	
Aroclor 1254	ND	1.0	ug/L	EPA 608	05/29/14 13:21	sbart	
Aroclor 1260	ND	1.0	ug/L	EPA 608	05/29/14 13:21	sbart	
b-BHC	ND	0.060	ug/L	EPA 608	05/29/14 13:21	sbart	

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location
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 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: 20111 Shay Road
 Victorville, CA 92394

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

Work Order Number: B4E2298

Report Date: 16-Jun-2014

Received on Ice (Y/N): Yes Temp: 6 °C

Laboratory Reference Number
B4E2298-01

<u>Sample Description</u>	<u>Matrix</u>	<u>Sampled Date/Time</u>	<u>Received Date/Time</u>
140522-11 Stormwater Pump Station Discharge South Point to Mojave River Grab	Liquid	05/22/14 14:12	05/23/14 11:42

<u>Analyte(s)</u>	<u>Result</u>	<u>RDL</u>	<u>Units</u>	<u>Method</u>	<u>Analysis Date</u>	<u>Analyst</u>	<u>Flag</u>
Organochlorine Pesticides and PCBs by EPA 608							
Chlordane	ND	0.10	ug/L	EPA 608	05/29/14 13:21	sbart	
d-BHC	ND	0.090	ug/L	EPA 608	05/29/14 13:21	sbart	
Dieldrin	ND	0.020	ug/L	EPA 608	05/29/14 13:21	sbart	NMint
Endosulfan I	ND	0.14	ug/L	EPA 608	05/29/14 13:21	sbart	NMint
Endosulfan II	ND	0.040	ug/L	EPA 608	05/29/14 13:21	sbart	
Endosulfan Sulfate	ND	0.66	ug/L	EPA 608	05/29/14 13:21	sbart	
Endrin	ND	0.060	ug/L	EPA 608	05/29/14 13:21	sbart	
Endrin Aldehyde	ND	0.23	ug/L	EPA 608	05/29/14 13:21	sbart	
Heptachlor	ND	0.010	ug/L	EPA 608	05/29/14 13:21	sbart	NMint
Heptachlor Epoxide	ND	0.010	ug/L	EPA 608	05/29/14 13:21	sbart	NMint
Lindane	ND	0.040	ug/L	EPA 608	05/29/14 13:21	sbart	
Methoxychlor	ND	1.8	ug/L	EPA 608	05/29/14 13:21	sbart	
Toxaphene	ND	1.0	ug/L	EPA 608	05/29/14 13:21	sbart	
Surrogate: Decachlorobiphenyl	19.1	% 5-138		EPA 608	05/29/14 13:21	sbart	

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



BABCOCK Laboratories, Inc.
The Standard of Excellence for Over 100 Years

Client Name: Victor Valley Reclamation Authority
Contact: Gina Cloutier
Address: 20111 Shay Road
Victorville, CA 92394

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

Report Date: 16-Jun-2014

Work Order Number: B4E2298
Received on Ice (Y/N): Yes Temp: 6 °C

Notes and Definitions

- NMint: Due to matrix interference, the matrix spike and/or matrix spike duplicate performed on this sample did not meet laboratory acceptance criteria.
- 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.

Digitally signed by: Cindy Waddell
DN: CN = Cindy Waddell C = US O = Babcock
Laboratories OU = Project Manager Assistant
Date: 2014.06.19 18:56:16 -07'00'

cc:

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

location
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Riverside, CA 92507-0704

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e-Short_No Alias
NELAP no. 02101CA
CA Elap no. 2698
EPA no. CA00102



BABCOCK Laboratories, Inc.
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Client Name: Victor Valley Reclamation Authority
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Address: 20111 Shay Road
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Analytical Report: Page 1 of 1
Project Name: VVWRA-Stormwater PS Discha
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Work Order Number: **B4E2298**

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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

Project Name: VVWRA Stormwater P.S. Discharge Sampling/Analysis		Sample Type		Laboratory Analyses Requested		Sample Preservation Methods		Sample Matrix (WW, DW, GW, SG)					
Project Contact: Gina Cloutier (760) 246-8638 ext. 216		Composite		Total # of Containers		Total # of Containers		Misc water					
Sampler Name: <i>Gina Cloutier</i>	Sampler Signature: <i>[Signature]</i>	Sample Date	Sample Time	Oil and Grease, 1664	Heavy Metals *	Pesticides - EPA 608	Total Petroleum	Hydrocarbons, 418.1	Refrigeration	HNO ₃ pH=2	Zn, Cu, Pb	NaOH pH>12	HCl
VVWRA ID #	Stormwater Pump Station Discharge South Discharge Point to Mojave River Grab	05/22/14	1412	X	X	X	X	X	5	1	3	1	
Received By (Sign): <i>[Signature]</i>	Date/Time: 05/22/14 1422	Relinquished By (Sign): <i>[Signature]</i>	Date/Time: 5-23-14	Received By (Sign): <i>[Signature]</i>	Date/Time: 9:35	Relinquished By (Sign): <i>[Signature]</i>	Date/Time: 5-23-14	Received By (Sign): <i>[Signature]</i>	Date/Time: 5-23-14	Relinquished By (Sign): <i>[Signature]</i>	Date/Time: 5-23-14	Received By (Sign): <i>[Signature]</i>	Date/Time: 5-23-14
Print: <i>[Signature]</i>	Company: <i>[Signature]</i>	Print: <i>[Signature]</i>	Company: <i>[Signature]</i>	Print: <i>[Signature]</i>	Company: <i>[Signature]</i>	Print: <i>[Signature]</i>	Company: <i>[Signature]</i>	Print: <i>[Signature]</i>	Company: <i>[Signature]</i>	Print: <i>[Signature]</i>	Company: <i>[Signature]</i>	Print: <i>[Signature]</i>	Company: <i>[Signature]</i>
Sample Condition Upon Receipt by Laboratory: Samples Received on Ice? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Samples Received intact? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Temperature: 6 °C		Laboratory Notes: *Metals to include: AG, AS, BA, BE, V, CD, CO, CR, CU, HG, MO, NI, PB, SB, SE, TL, V, ZN		Samples sent via courier to: E.S. Babcock Laboratories Lab # <i>B4E2298 W</i>							

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

Stormwater Chain of Custody Template

MAY 29 2014

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: 2/9/13

Print Name: Keith Luken

Signature: 

Stormwater Monitoring

South Discharge Point

Time of Observation: 0639 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: Dry dirt, mble weeds

Upstream Sampling Station

Time of Observation: 7/09/13 1018 AM PM

Parameter:	Observation / Concentration:	
Floating Material: <u>Vegetation</u>	<input checked="" type="checkbox"/> Present	<input checked="" type="checkbox"/> Not Present <u>6/17/09/13</u>
Oils & Grease:	<input type="checkbox"/> Present	<input checked="" type="checkbox"/> Not Present
Foam:	<input type="checkbox"/> Present	<input checked="" type="checkbox"/> Not Present
Odor: <u>decomposing vegetation</u>	<input checked="" type="checkbox"/> Objectionable	<input type="checkbox"/> Not Objectionable
Color:	<input type="checkbox"/> Present	<input type="checkbox"/> Clear
Dissolved Oxygen: <u>3.69</u>	mg/L: <u>3.69</u>	Temperature (C): <u>24.1°C</u>
pH:	pH Units: <u>7.60</u>	
Residual Chlorine:	mg/L: <input type="text"/>	
Turbidity:	NTU: <input type="text"/>	

Other Observations / Comments: USGS also sampling in sampling area. Dead crayfish in area. Swampy. flow through area low + vegetation is decomposing. Samples pulled 1033

Downstream Sampling Station

Time of Observation: 0915 AM PM GC/KL

Parameter:	Observation / Concentration:	
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"/> Objectionable	<input checked="" type="checkbox"/> Not Objectionable
Color:	<input type="checkbox"/> Present	<input checked="" type="checkbox"/> Clear
Dissolved Oxygen:	mg/L: <u>6.08</u>	Temperature (C): <u>21.1°C</u>
pH:	pH Units: <u>7.67 @ 20.6°</u>	
Residual Chlorine:	mg/L: <input type="text"/>	
Turbidity:	NTU: <input type="text"/>	

Other Observations / Comments: Abandoned car near sampling location. Samples pulled 0928

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: 10-8-13

Print Name: TRHA ADAMS

Signature: *[Handwritten Signature]*

Stormwater Monitoring

South Discharge Point

Time of Observation: 1010 AM PM

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

Other Observations / Comments: D.I.

Upstream Sampling Station

Time of Observation: 1222 AM PM

Parameter:	Observation / Concentration:	
Floating Material	<input checked="" type="checkbox"/> Present	Not Present
Oils & Grease	Present	<input checked="" type="checkbox"/> Not Present
Foam	Present	<input checked="" type="checkbox"/> Not Present
Odor	Objectionable	<input checked="" type="checkbox"/> Not Objectionable
Color	Present	<input checked="" type="checkbox"/> Clear
Dissolved Oxygen	mg/L: 7.0	Temperature (C): 11.3
pH:	pH Units: 7.95	
Residual Chlorine	mg/L:	
Turbidity:	NTU:	

Other Observations / Comments: (handwritten note)

Downstream Sampling Station

Time of Observation: 1103 AM PM

Parameter:	Observation / Concentration:	
Floating Material	<input checked="" type="checkbox"/> Present	<input checked="" type="checkbox"/> Not Present
Oils & Grease	Present	<input checked="" type="checkbox"/> Not Present
Foam	Present	<input checked="" type="checkbox"/> Not Present
Odor	Objectionable	<input checked="" type="checkbox"/> Not Objectionable
Color:	Present	<input checked="" type="checkbox"/> Clear
Dissolved Oxygen	mg/L: 6.57	Temperature (C) 16.4
pH	pH Units: 7.60	
Residual Chlorine	mg/L:	
Turbidity	NTU:	

Other Observations / Comments: (handwritten note)

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: 01/27/14

Print Name: Kym Lewis

Signature: Kym Lewis

Stormwater Monitoring

South Discharge Point

Time of Observation: 1345 AM PM

Parameter:

Floating Material: N/A
 Oils & Grease: N/A
 Foam: N/A
 Odor: N/A
 Color: N/A

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: 2 Present

Upstream Sampling Station

Time of Observation: 1224 AM PM

Parameter:

Floating Material: 1 gal veg oil
 Oils & Grease: 1 gal veg oil
 Foam: N/A
 Odor: N/A
 Color: N/A

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 type="checkbox"/> Present	<input checked="" type="checkbox"/> Clear

Dissolved Oxygen: 10.5 @ 27 mg/L: 10.5 Temperature (C): 8.9

pH: 8.09 @ 27 pH Units: 8.09

Residual Chlorine: mg/L: _____

Turbidity: NTU: _____

Other Observations / Comments: USGS present @ side chemistry sampling 1/27-14

Downstream Sampling Station

Time of Observation: 1127 AM PM

Parameter:

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

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

Dissolved Oxygen: 8.18 mg/L: 8.18 Temperature (C): 11.7

pH: 7.8 @ 11.7 pH Units: 7.8

Residual Chlorine: mg/L: _____

Turbidity: 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: 4-1-14

Print Name: Bobby Heise

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:

AM PM

Parameter:

Observation:

Floating Material: 1.5 ft

Present

Not Present

Oils & Grease

Present

Not Present

Foam

Present

Not Present

Odor

Present

Not Present

Color

Present

Not Present

Other Observations / Comments

Upstream Sampling Station

Time of Observation:

1223

AM PM

Parameter:

Observation / Concentration:

Floating Material

Present

Not Present

Oils & Grease

Present

Not Present

Foam

Present

Not Present

Odor

Objectionable

Not Objectionable

Color

Present

Clear

Dissolved Oxygen

mg/L: 7.25

Temperature (C): 15.0

pH:

pH Units: 8.14

Residual Chlorine

mg/L

Turbidity

NTU

Other Observations / Comments

Downstream Sampling Station

Time of Observation:

1136

AM PM

Parameter:

Observation / Concentration:

Floating Material: light vest

Present

Not Present

Oils & Grease: N

Present

Not Present

Foam: light

Present

Not Present

Odor: N

Objectionable

Not Objectionable

Color: clear

Present

Clear

Dissolved Oxygen: 9.19 = 16.5

mg/L

Temperature (C): 16.5

pH: 8.13

pH Units

Residual Chlorine:

mg/L

Turbidity:

NTU

Other Observations / Comments

