

CONSTRUCTION SERVICES**FAXED**
3/29/99

1300 POWELL STREET, EMERYVILLE, CALIFORNIA 94608

TELEPHONE (510) 652-6800

FAX (510) 652-6877

March 26, 1999

Ms. Susan Hugo
Hazardous Material Specialist
Environmental Health Services
1131 Harbor Bay Parkway, Ste. 250
Alameda, CA 94502-6577

RE: 1300 Powell St., Emeryville, CA 94608
Richard I. Becker Property

Dear Ms. Hugo:

Please be advised that I, Gary Robinson, President and 100% owner of Gary Robinson Enterprises Inc., dba Construction Services will:

1. Construct, operate and maintain a "wash water" recycling system of proper specifications to enable any water used in truck washing to be properly treated before discharge; and
2. Construction Services personnel will clean and continue to maintain excellent housekeeping of all areas around storm drains on the property.

Regards,

Gary Robinson, Pres.
CONSTRUCTION SERVICES

Ms. Susan L. Hugo
Hazardous Material Specialist
Environmental Health Services
1131 Harbor Bay Parkway, Suite 250
Alameda, Calif. 94502-6577

ENVIRONMENTAL
PROTECTION

MAR 26 AM 9:26

Subject: 1300 Powell Street, Emeryville, Calif. 94608

Dear Ms. Hugo:

I have received your letter of March 2, 1999. A corrective action plan has been developed to answer the paving issue in your letter.

The northwestern part of the yard, which is unpaved, will be paved, covering the exposed surface soil. The paving must wait until the seasonal rains stop and the under soil is dry, an acceptable contractor is available, and the tenant is ready. This should be done by Summer, 1999.

The steam cleaning and housekeeping issues are not under my control.

Sincerely,



R. I. Becker

cc: David Elias, Cambria, 1144 65th St. Suite B, Emeryville, Calif. 94608
Gary Robinson, 1300 Powell St., Emeryville, Calif. 94608

Mr Gary Robinson
1300 Powell Street
Emeryville, Calif.94608

Subject: Steam cleaning and maintenace at 1300 Powell St., Emeryville,
Calif. .

Mr. Robinson:

We have discussed Ms. Hugo's letter of March 2, 1999 several times. It is my understanding that you are not going to do any more truck and equipment washing at the subject site. This will eliminate the concern for item one of the March 2 letter. Also, I understood you to say that you will comply with the housekeeping and maintenance requirements of the letter. If this is not your understanding, the concerned parties should be informed immediately.

Sincerely,



R.I. Becker

cc: Ms. Susan L. Hugo, 1131 Harbor Bay Parkway, Suite 250, Alameda, Cali
David Elias, Cambria, 1144 65th St. Suite B, Emeryville, Calif. 94608

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



ENVIRONMENTAL HEALTH SERVICES
ENVIRONMENTAL PROTECTION
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577
(510) 567-6700

March 2, 1999

Mr. Gary Robinson
Construction Services
1300 Powell Street
Emeryville, CA 94608

Mr. Richard Becker
160 La Cuesta Drive
Greenbrae, California 94904

**Subject: Discharge of Water Run-Off at Construction Services
1300 Powell Street, Emeryville, California 94608 (SLIC #322)**

Dear Messrs. Robinson and Becker:

As you both know, this agency conducted an inspection of the facility on February 24, 1999 and February 26, 1999 to follow up a reported water run-off associated with the steam washing of rental trucks and equipment at the subject site.

During the inspection, it was noted that rental trucks and equipment are washed at the site. Drains in the wash area (outside the building in the yard) appeared to discharge into the storm drains. You were advised to discontinue washing the trucks and equipment at the site until preventive measures can be implemented to capture any of the water run-off from discharging pollutants into the storm drains. During the previous inspection of the facility in 1994 and 1997, you were notified to discontinue the washing of trucks and equipment because of the water run-off discharging into the storm drains. A corrective action plan must be submitted which addresses the following issues at the subject site:

- 1) Water run-off associated with trucks and equipment washing must be prevented from discharging into the storm drains.
- 2) The northwestern part of the yard is unpaved with exposed surface soil and the asphalt outside the building is weathered. Surface spillage associated with truck & equipment washing at the site must be evaluated as a potential source of contamination. Petroleum hydrocarbon was detected in shallow soil and groundwater at the site.


Messrs. Robinson and Becker
RE: 1300 Powell Street, Emeryville, CA 94608
March 2, 1999
Page 2 of 2

- 3) Storm drain found in the backyard appeared to be surrounded with dirt and sediments. The areas near the storm drain must be cleaned. The storm drains must be maintained and inspected periodically.

Your corrective action work plan must be submitted no later than March 30, 1999.

If you have any questions regarding this letter or the subject site, please contact me at (510) 567-6780.

Sincerely,


Susan L. Hugo
Hazardous Materials Specialist

c: Derek Lee, San Francisco Bay RWQCB
 Dick Pantages, Chief, Hazardous Materials Division
 Tom Peacock, Manager, Hazardous Materials Program
 David Elias, Cambria, 1144 65th Street, Suite B, Emeryville, CA 94608
 ✓ SH / files

HAZARDOUS WASTE GENERATOR INSPECTION REPORT

STID #: 322 FACILITY NAME: CONSTRUCTION SERVICES PG. 1 OF 1

SUPPLEMENTAL FORM 1300 Powell St. Emeryville 94608

Follow-up Inspection regarding a complaint - steam washing trucks & equipment in the yard & water runoff goes into the storm drain.

No preventive measures are in place to capture water runoff associated with washing trucks & equipment.

* Need to discontinue the washing (steam) until preventive measures are implemented.

* Need to prevent materials ^{stored} outside from contact with storm water by covering or storing them inside.

* Areas near the storm drains should be cleaned. periodic inspection & maintenance should be done.

PRINT NAME: [Signature] INSPECTED BY: Susan A. Hugo
SIGNATURE: [Signature] DATE: 2/26/99

white -env.health
yellow -facility
pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Inspection Form

1131 Harbor Bay Pkwy.
Suite 250
Alameda, CA 94502-6577
(510) 567-6700

II, III

II.A BUSINESS PLANS (Title 19)

- ___ 1. Immediate Reporting 2703
- ___ 2. Bus. Plan Stds. 25503(b)
- ___ 3. RR Cars > 30 days 25503.7
- ___ 4. Inventory Information 25504(a)
- ___ 5. Inventory Complete 2730
- ___ 6. Emergency Response 25504(b)
- ___ 7. Training 25504(c)
- ___ 8. Deficiency 25505(a)
- ___ 9. Modification 25505(b)

II.B ACUTELY HAZ. MATLS

- ___ 10. Registration Form Filed 25533(a)
- ___ 11. Form Complete 25533(b)
- ___ 12. RMPP Contents 25534(c)
- ___ 13. Implement Sch. Req'd? (Y/N)
- ___ 14. OffSite Conseq. Assess. 25524(c)
- ___ 15. Probable Risk Assessment 25534(d)
- ___ 16. Persons Responsible 25534(g)
- ___ 17. Certification 25534(f)
- ___ 18. Exemption Request? (Y/N) 25536(b)
- ___ 19. Trade Secret Requested? 25538

III. UNDERGROUND TANKS (Title 23)

- General**
- ___ 1. Permit Application 25284 (H&S)
- ___ 2. Pipeline Leak Detection 25292 (H&S)
- ___ 3. Records Maintenance 2712
- ___ 4. Release Report 2651
- ___ 5. Closure Plans 2670
- ___ 6. Method
- 1) Monthly Test
- 2) Daily Vadose
- Semi-annual groundwater
- One time soils
- 3) Daily Vadose
- One time soils
- Annual tank test
- 4) Monthly Groundwater
- One time soils
- 5) Daily Inventory
- Annual tank testing
- Cont pipe leak det
- Vadose/gndwater mon.
- 6) Daily Inventory
- Annual tank testing
- Cont pipe leak det
- 7) Weekly Tank Gauge
- Annual tank testing
- 8) Annual Tank Testing
- Daily Inventory
- 9) Other _____
- ___ 7. Precs Tank Test 2643
- Date: _____
- ___ 8. Inventory Rec. 2644
- ___ 9. Soil Testing 2646
- ___ 10. Ground Water 2647
- Monitoring for Existing Tanks**
- ___ 11. Monitor Plan 2632
- ___ 12. Access. Secure 2634
- ___ 13. Plans Submit 2711
- Date: _____
- New Tanks**
- ___ 14. As Built 2635
- Date: _____

Site ID # 322 Site Name CONSTRUCTION SERVICES Today's Date 9/23/97

Site Address 1300 POWELL STREET

City EMERYVILLE Zip 94608 Phone 652-6800

MAX AMT stored > 500 lbs, 55 gal., 200 cft.?

Inspection Categories:

- I. Haz. Mat/Waste GENERATOR/TRANSPORTER
- II. Business Plans, Acute Hazardous Materials
- ___ III. Underground Tanks

* Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

Comments:

- ON SITE RE REGARDING A COMPLAINT RECEIVED ON 8/19/97 IN REGARD TO IMPROPER STORAGE OF HAZ. WASTE.

Some subsurface investigation was done by the landowner with ~~EMERYVILLE~~ ^{BY THROUGH} COMPANY (920700) (DAVID ELIAS). Susan H. Jobe of ORNATE is available on this site.

Ensure no runoff of any tank/segment early up in the street and on storm drain inside the yard.

- LAST SOLVENT PICKUP BY SMART-KLEEN 2/23/97
- PROVIDE LABEL & fill in LABELS on ALL HAZ. WASTE CONTAINERS.

- LAST WASTE OIL PICKUP BY BIG SKY ENTERPRISES 8/24/97
- ~~FILED IN AMBP~~
Verified 9/23/97 ✓

II, III

Contact: _____

Title: _____

Signature: Gary Robinson

Inspector: Amir K. Ghodami

Signature: [Signature]

ALAMEDA COUNTY ENVIRONMENTAL HEALTH / HAZARDOUS MATERIALS DIVISION
1131 Harbor Bay Pkwy, Rm. 250, Alameda, CA 94502-6577 (510) 567-6700 Fax (510) 337-9335

FACILITY SURVEY 

GENERAL INFORMATION

STID # 214
County Use Only

1. Facility Name: Construction Services
2. Site Address: 1300 Powell St
City: Emeryville Zip: 6005
3. Billing Address (if different): /
City: _____ Zip: _____
4. Contact Person: GARY ROBINSON Phone: 652-6800
5. Business Owner Name: SAA Phone: _____
6. Date you started business: 4/1/1998
7. Type of Business: Equipment Rental 8. SIC #: _____
9. Number of Employees Handling Haz. Waste: _____ 9a. Total Number of Employees 7
10. EPA ID # CA 00009537
11. Name of Previous Owner: _____

PERMITS

Check (✓) if you have permits from any of the following:

Local Agencies:

12. Sanitary Sewer District
Name of District: _____
13. City or Local Fire Dept. (Underground tanks, Hazardous Materials Business Plan)
Name of City or Dept.: _____
14. S.F. Regional Water Quality Control Board (NPDES - General or Individual Permit): Circle One
15. Bay Area Air Quality Management District

OTHER

Please check (✓) if the following applies at your facility:

16. Acutely hazardous materials are handled.
17. 500 Lbs., 55 Gal., 200 Cu. Ft. or more of hazardous materials are handled.
18. Hazardous Materials or Hazardous Waste are contained in underground tanks.
19. The following category(s) of hazardous waste are handled at this facility:
 Toxic Corrosive Ignitable Reactive

CERTIFICATION

I hereby certify, to the best of my knowledge, that the information on this form is true and complete.

Print Name: X Title _____
Signature: Gary Robinson Date: 6/16/97

Date: 1/23/96
6/16/97 (circled)

em 7/10/97

Reason for Inspection: <input type="checkbox"/> First Inspection <input checked="" type="checkbox"/> Routine Inspection <input type="checkbox"/> Response to Complaint <input type="checkbox"/> Facility has closed or Facility Information has changed			
NAME OF FACILITY Construction Services	SITE ADDRESS 1300 Powell St 94608		
CONTACT NAME Gary Robinson	PHONE 652-6800	BUSINESS TYPE/ACTIVITY Equipment Rental	SIC
Is the property owner different than the facility owner? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no If yes, complete the following:			

221209

CONSTRUCTION SERVICES

DIVISION OF BECKER MACHINERY CO.



1300 POWELL STREET, EMERYVILLE, CALIFORNIA 94608

TELEPHONE (510) 652-6800

May 21, 1996

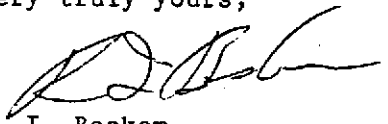
- COUNTY OF ALAMEDA
- HEALTH CARE SERVICES AGENCY
- DRAWER N
- ALAMEDA, CA 94501


This letter is to notify you of the change of ownership of Construction Services. As of April 1, 1996, Construction Services is owned by Gary Robinson Enterprises, Inc. dba Construction Services, Fed. ID #94-3241346.

Any payments made for purchases dated prior to April 1, 1996 belong to Becker Machinery Co., Inc., Fed ID #94-1629377. Payments made for purchases dated 4/1/96 or after are for Gary Robinson Enterprises, Inc., Fed ID #94-3241346.

Please make note of these changes.

Very truly yours,


R. I. Becker
Becker Machinery Co., Inc.


Gary Robinson
Gary Robinson Enterprises, Inc.



Alameda Countywide
Clean Water Program
Standard Stormwater Facility Inspection Report Form

001/1/25/96

Municipality: Emeryville
Date: 1/23/96

Reason for Inspection: First Inspection Routine Inspection Response to Complaint Facility has closed or Facility Information has changed

NAME OF FACILITY: Construction Services SITE ADDRESS: 1300 Powell St Emeryville 946

CONTACT NAME: Dick Becker PHONE: 652-6877 BUSINESS TYPE/ACTIVITY: RENTAL SIC:

Is the property owner different than the facility owner? yes no If yes, complete the following:
NAME: _____ PHONE: _____
MAILING ADDRESS: _____

Is the facility covered under any other programs or permits? (Check all that apply.)
 Air quality Hazmat business plan None Sanitary sewer
 Fire department(hazmat storage) Hazmat waste generator Underground storage tanks Aboveground storage tanks
 Other _____

Is the facility covered under a storm water permit? Does not need Coverage No, but may need to be (Refer to Regional Board)
 Individual General: Does the facility have a SWPPP? yes no

N/A = Not Applicable; PTNL = POTENTIAL for Pollutant Discharge: 1 = low potential, 2 = medium potential, 3 = high potential
ACTUAL Type of Discharge: BMP: 0 = BMPs are effective, 1 = BMPs are fairly/almost effective, 2 = BMPs are not effective, 3 = No BMPs are implemented
PEX = Pollutant Exposure, NSW = Non-Stormwater Discharge

AREAS OF ACTIVITY	N/A	PTNL	ACTUAL Type of Discharge			REMARKS: Describe recommendations, requirements, and time to implement. Check box if remark is a requirement.
			BMP	PEX	NSW	
A. Outdoor Process/Manufacturing Areas	<input checked="" type="checkbox"/>					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> } BMPs are being used BMPR
B. Outdoor Material Storage Areas		1	1			
C. Outdoor Waste Storage/Disposal Areas		1	1			
D. Outdoor Vehicle and Heavy Equipment Storage, Maintenance Areas		3	1			
E. Outdoor Parking Areas and Access Roads		1	1			
F. Outdoor Wash Areas	<input checked="" type="checkbox"/>					
G. Rooftop Equipment	<input checked="" type="checkbox"/>					
H. Outdoor Drainage from Indoor Areas	<input checked="" type="checkbox"/>					
I. Other (describe):						

ADDITIONAL COMMENTS/REMARKS
Note: activities on site have included paving areas and covering hazardous waste/materials storage areas
good effort
 See attached for more comments.

FIRST Follow-up Inspection (Date & Findings): _____ SECOND Follow-up Inspection (Date & Findings): _____

PRIORITY FOR RE-INSPECTION: 1; First 2; Second 3; Third

ENFORCEMENT: None Verbal Notice Warning Notice Informal Violation Formal Violation Legal Action

Facility Representative Signature: [Signature] Date: 1/23/96

Print Name of Facility Representative: [Name] Inspector's Signature: [Signature]



Alameda County Urban Runoff Clean Water Program

A Consortium of Local Agencies

Municipality: Emeryville

Agency Conducting Inspection: AL Co Division of HazMat

Inspector: BRIAN P. OLIVA

Date of inspection: 1-13-94

Date of last inspection:

Facility ID #: 322

Handwritten initials/signature

Standard Industrial and Commercial Business Inspection Checklist A

I. Background Information (as reported by Facility Contact)	
1. Name of Facility: <u>Construction Services</u>	2. ACURID#:
3. Starting Date of Business: <u>1980</u>	4. Business Owner: <u>Dick Becker</u>
5. Facility Contact (include title): <u>Dick Becker - owner</u>	6. Phone No. of Contact: <u>652-6800</u>
7. Site Address: <u>1300 Powell ST Emeryville Ca 94608</u>	
8. Mailing Address:	
9. Property Owner (if different from Business Owner): <u>SAA</u>	10. Phone No. of Property Owner:
11. Mailing Address for Property Owner:	
12. Business Type: <u>Construction Rentals</u>	13. Standard Industrial Classification Codes:
14. Does facility have Spill Prevention Plans? yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	
15. Is facility covered under a NPDES permit to discharge storm water? general <input type="checkbox"/> individual <input type="checkbox"/> none <input checked="" type="checkbox"/>	
16. Is facility covered under any other permits? none <input checked="" type="checkbox"/> air quality <input type="checkbox"/> sanitary sewer <input type="checkbox"/> underground storage tanks <input type="checkbox"/>	
17. Operating Schedule: Continues throughout year <input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> (circle the months that the facility is in operation) Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec	
II. Monitoring (as reported by Facility Contact)	
Is storm water sampled? yes <input type="checkbox"/> no <input type="checkbox"/> If yes, indicate sampling locations on facility layout.	
Sampling method: grab <input type="checkbox"/> composite <input type="checkbox"/> other <input type="checkbox"/>	Sample monitoring: last sampling date <input type="checkbox"/> frequency of sampling <input type="checkbox"/>
Parameters tested for: pH <input type="checkbox"/> TSS <input type="checkbox"/> oil & grease <input type="checkbox"/> bioassay <input type="checkbox"/> conductivity <input type="checkbox"/> other <input type="checkbox"/> TOC <input type="checkbox"/>	
III. Facility Layout	
Attach map(s) that identify and describe locations of storm drains/inlets, outdoor/indoor (storm and sewer) drains, storm water conveyance structures, storage areas, unit process areas, vehicle and heavy equipment wash and maintenance areas, and storm water sampling locations. If facility operator cannot provide an existing map, include a sketch on page 6.	
See Attachment A for sample facility map.	

Standard Inspection Checklist A

IV. Outdoor Material Storage Areas	Not Applicable <input type="checkbox"/>
1. How are outdoor storage areas cleaned swept <input checked="" type="checkbox"/> wiped <input checked="" type="checkbox"/> absorbent material <input checked="" type="checkbox"/> other: _____	
2. How often are outdoor storage areas cleaned? <u>as needed</u>	
3. Are materials stored in specified areas?	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>
4. Are storage containers (including drums) inspected regularly for cracks and leaks?	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>
5. Are storage containers (including drums) free of cracks/leaks?	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>
6. Are the covers/lids of containers kept closed or are containers not exposed to rainwater?	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>
7. If storage containers are cleaned, describe how wash water and/or the residual material is disposed. _____	
8. Is the surface of the storage area paved and impermeable? <u>not completely</u>	yes <input type="checkbox"/> no <input type="checkbox"/>
9. Where do surface drains in this area discharge? no drains <input type="checkbox"/> storm drains <input checked="" type="checkbox"/> sanitary <input type="checkbox"/> unknown <input type="checkbox"/>	
10. Is the outdoor storage area covered and unexposed to rainwater?	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
11. Has the potential for storm water runoff or runoff from the storage areas been eliminated?	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
12. Is the ground surface free of any stains or other signs of pollutants?	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
13. Describe best management practices (BMPs) used to prevent materials from outdoor storage areas from contacting storm water and discharging to storm drains. <u>maintain area in a clean fascia i keep area clean and free from discharge of Hazardous waste</u>	
V. Waste Disposal Areas and Practices	Not Applicable <input type="checkbox"/>
1. Are the lids on any waste dumpsters and/or trash compactors onsite kept closed?	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>
2. Are dumpsters and/or trash compactors inspected regularly for cracks/leaks?	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>
3. Are dumpsters and/or trash compactors free of cracks/leaks?	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>
4. Is the area free of litter?	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>
5. Where do drains discharge? no drains <input type="checkbox"/> storm drains <input checked="" type="checkbox"/> sanitary <input type="checkbox"/> unknown <input type="checkbox"/>	
6. Is waste storage area enclosed or covered from rainfall?	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
7. Has the potential for storm water runoff or runoff from the waste disposal areas been eliminated?	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
8. Is the floor/ground surface free of any stains or other signs of pollutants on the floor?	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>
9. Describe BMPs used to prevent pollutants from waste disposal areas from contacting storm water and discharging to storm drains. <u>keep dumpster under cover during rain storm</u>	

Facility Name: Construction Services
Date: 1-14-94

Fac ID# 322

Standard Inspection Checklist A

VI. Vehicle and Heavy Equipment Storage and Maintenance Areas	Not Applicable <input type="checkbox"/>
A. Parking Areas and Access Roads	
1. Are vehicles and/or heavy equipment parked onsite?	yes <input type="checkbox"/> no <input type="checkbox"/>
2. How often are parking areas cleaned?	<u>as needed.</u>
3. Describe method for cleaning parking areas.	<u>swept, absorbent used</u>
4. Where do drains in parking areas discharge?	no drains <input type="checkbox"/> storm drains <input checked="" type="checkbox"/> sanitary <input type="checkbox"/> unknown <input type="checkbox"/>
5. Are parking areas covered or enclosed?	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
6. Are parking areas or access roads free of any sign of past spills?	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
7. Are parking areas or access roads free of signs of excessive leaking from oil and/or motor fluids?	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
B. Vehicle and Heavy Equipment Repair and Maintenance Areas	Not Applicable <input type="checkbox"/>
1. Where do drains in repair and maintenance areas discharge?	no drains <input type="checkbox"/> storm drains <input checked="" type="checkbox"/> sanitary <input type="checkbox"/> unknown <input type="checkbox"/>
2. Are repair and maintenance activity areas onsite enclosed or covered and unexposed to rainwater?	yes <input type="checkbox"/> no <input type="checkbox"/>
3. Has the potential for storm water runoff or runoff from repair/maintenance areas been eliminated?	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
4. Is the floor/ground surface of repair/maintenance area free of any stains or other signs of pollutants?	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
C. Vehicle and Heavy Equipment Wash Areas	Not Applicable <input type="checkbox"/>
1. Where do drains in wash areas discharge?	no drain <input type="checkbox"/> recycled <input type="checkbox"/> storm drains <input checked="" type="checkbox"/> sanitary <input type="checkbox"/> unknown <input type="checkbox"/>
2. Is wash area covered or enclosed and unexposed to rainwater?	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
3. Has the potential for storm water runoff or runoff from the wash area been eliminated?	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
4. Is the floor of the wash area free of any stains or other signs of pollutants?	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
5. Describe BMP's used to minimize the discharge of pollutants from access roads and vehicle and heavy equipment parking, repair, maintenance, and wash areas to storm water.	<u>① Discontinue the washing of trucks at facility.</u> <u>② Design a "vehicle wash area" to flow into the sanitary sewer system or filter system.</u>
VII. Rooftop Equipment	Not Applicable <input type="checkbox"/>
Describe the potential for pollutants from rooftop equipment to be exposed to storm water runoff (e.g. condensation, exhaust gas, emissions, exposed motors/pumps, etc.).	

Facility Name: Construction Services Fac ID# 322
 Date: 1-13-94

Standard Inspection Checklist A

VIII. Storm Water Conveyance System and Spill Response/Prevention Practices Not Applicable

1. How often are storm drain inlets (including catch basins) inspected, maintained, and/or cleaned?

2. Describe method of cleaning. vacuum flush with water other: _____
3. Describe any testing for illicit connections to the storm drain system conducted by the facility (e.g. visual inspection, dye tests, etc.). _____
4. If there are any other areas onsite that may be exposed to storm water (e.g. process and/or work areas, indoor storage areas, materials handling areas, etc.), fill out appropriate section of **Attachment B**.
 all areas of the facility have been described see Attachment B for further information
5. Briefly describe BMPs taken to prevent spills from entering the storm drain system and methods for clean-up should a spill occur.

IX. Significant Materials (Materials that may have potential to be released with storm water discharges)

Estimate degree of material exposure to storm water using Code: 0 - None

- 1 - Little Potential for exposure to storm water
- 2 - Some potential for exposure to storm water
- 3 - Great potential for exposure to storm water

Raw Materials used in processing or production
 Finished Materials
 Hazardous Substances
 Metals (especially copper, lead, zinc) solids (e.g. metal scraps) and solutions
 Waste Products
 Other

(Code)	Describe Materials if appropriate:
1	Product STORAGE
0	—
3	waste.
1	Products stored on site.
3	waste oil

Standard Inspection Checklist A

X. Conclusions (to be completed by the Inspector)

1. For each area of activity, indicate a numerical code to describe the level of potential discharge to the storm drains AND a letter code to describe the type of potential discharge found.

Level of Potential Discharge:

- 0 - not applicable for facility
- 1 - little potential for pollutant discharge to storm drains
- 2 - some potential for pollutant discharge to storm drains
- 3 - great potential for pollutant discharge to storm drains

Type of Potential Discharge:

- A - illicit connection
- B - where drain discharges unknown
- C - activity area and/or material exposed to storm water
- D - other (please specify)

Areas of Activity:

Outdoor Material Storage Areas 3C

Waste Disposal Areas 2C

Rooftop Equipment 0

Vehicle and Heavy Equipment Storage and Maintenance Areas

parking areas and access roads 1C

repair and maintenance areas 2C

wash areas 2C

Other Areas: _____

2. Is a General Permit required? yes no questionable*

*need clarification from Regional Water Quality Control Board whether permit is required.

3. Does the facility have a Storm Water Pollution Prevention Plan (SWPPP)? yes no

4. Did the inspector use facility's SWPPP during the inspection? yes no

5. Describe outreach performed by inspector to promote the Alameda County Urban Runoff Clean Water Program.

general ACURCWP brochure industrial brochure

verbal BMP handouts (describe below)

Informed facility that General Permit may be necessary Other (describe below)

6. Follow-up Activities: None Warning Notice

Informal Violation Formal Violation

If a violation was identified, indicate date of follow-up inspection if scheduled: _____

no follow-up inspection necessary follow-up inspection to be scheduled at a later date

7. Time to perform inspection: 2.25 hours

Recommended actions:

- ① Discontinue washing vehicles on site
- ② eliminate waste products on surface

Comments:

There is a specific need to change practices of handling and storing of hazardous materials so as to prevent them from being discharged onto the surface and subsequently flowing down the storm drains

Facility Representative Signature: [Signature]

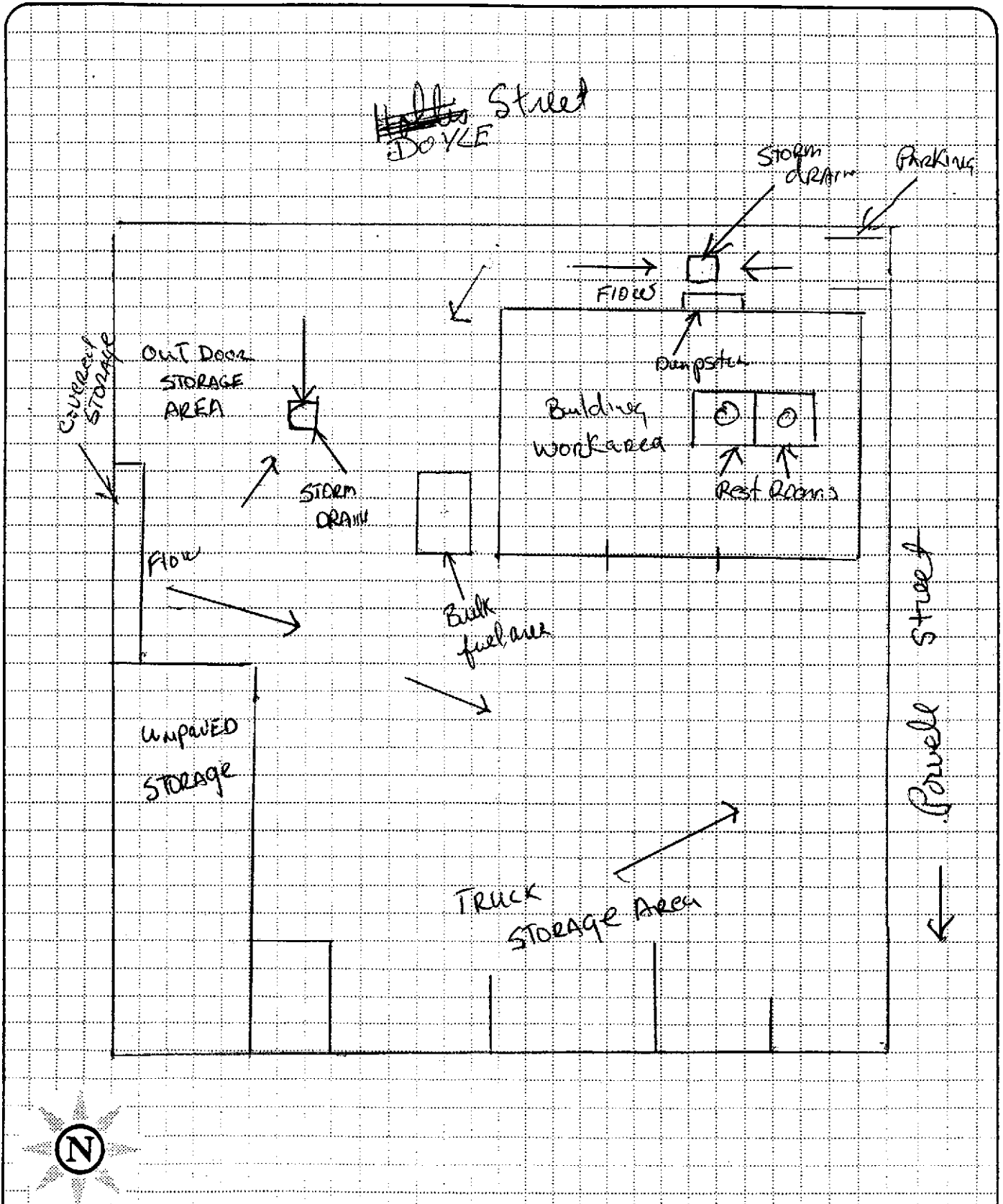
Date: 1-13-94

Print Facility Rep. Name: R.I. BECKER

Inspector's Signature: [Signature]



1 Facility ID #: _____ Facility Name: _____ Date: _____



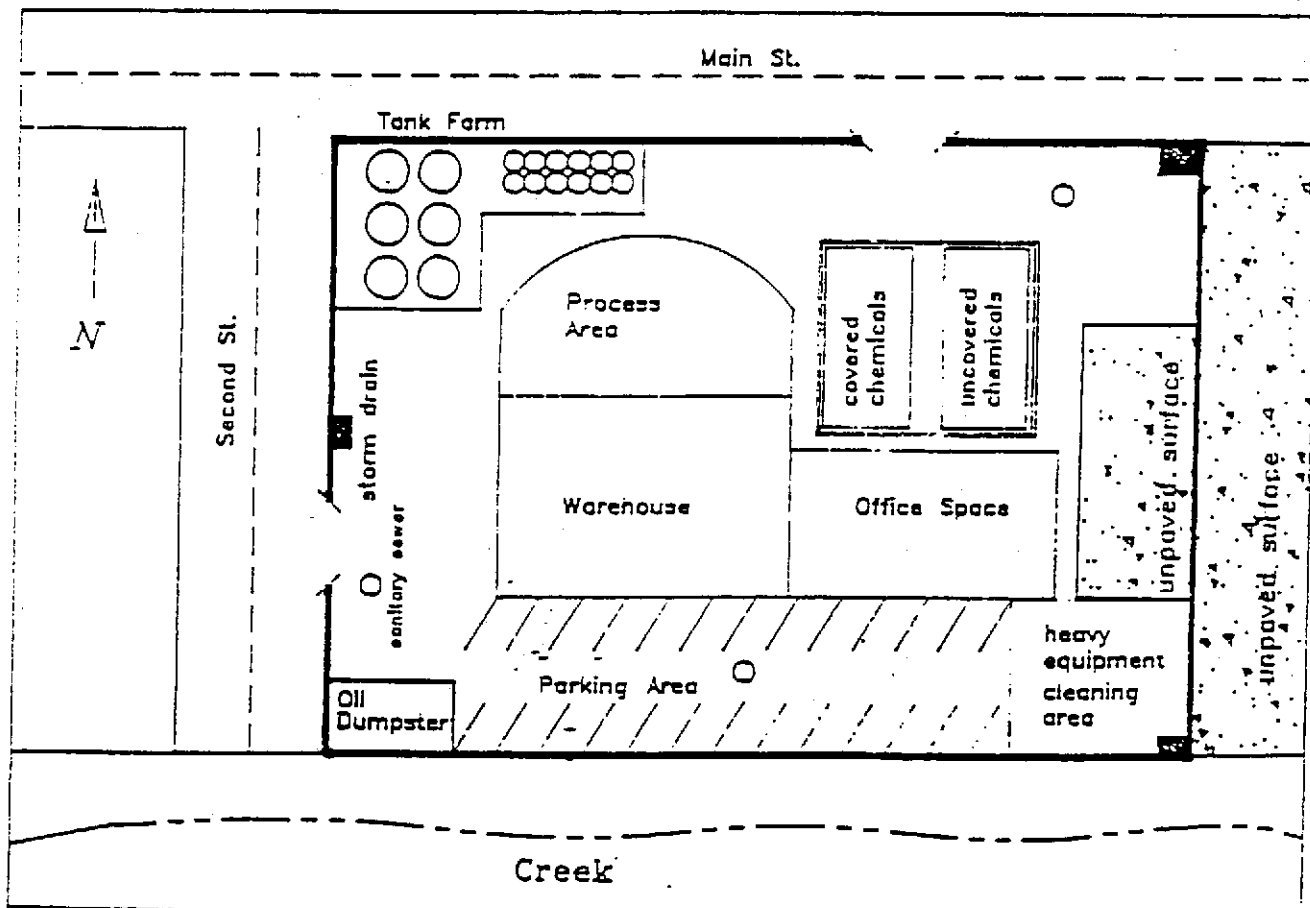
101993; mt; Storm-FacMap

Circle appropriate north arrow 2	SCALE: 1" = _____ feet (= 5 squares)	4 O = Sewer Drains; □ = Storm Drains	6 * = Possible Sources of Contamination
		5 → = Surface Flow Direction	

ATTACHMENT A: SAMPLE FACILITY MAP

The following items listed should be included in the facility map, but not limited to just the items stated.

1. Indicate North orientation.
2. Highlight property boundaries.
3. Label all adjacent streets.
4. Locate storm drains/inlets and sanitary sewer drains
5. Indicate whether adjacent borders are paved or unpaved.
6. Illustrate parking areas.
7. Display any onsite monitoring wells and storm water monitoring locations.
8. Outline building placement and orientation.
9. Illustrate any above- and below ground tanks
10. Locate outdoor storage areas. Differentiate if area is covered/uncovered.
11. Display all process/manufacturing rooms.
12. Illustrate any visible "discharge points" to the creek.



Facility Name: _____ Fac ID#: _____
 Date: _____

Standard Inspection Checklist A

ATTACHMENT B

	A. Process and/or Work Area	B. Indoor Storage Area
	1. Describe the area.	_____
2. Describe the activities performed and materials stored in this area.	_____	_____
3. Describe BMPs used to prevent non-storm water discharges to storm drains or to minimize the discharge of pollutants in storm water.	_____	_____
4. Where do drains discharge?	storm drains <input type="checkbox"/> sanitary <input type="checkbox"/> unknown <input type="checkbox"/>	storm drain <input type="checkbox"/> sanitary <input type="checkbox"/> unknown <input type="checkbox"/>
5. Is area enclosed or covered?	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
6. Is there potential for storm water to run-onto or run-off from this area?	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
7. Are there any stains or other signs of pollutants on the floor or ground surface?	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
	C. Materials Handling Area	D. Other _____
1. Describe the area.	_____	_____
2. Describe the activities performed and materials stored in this area.	_____	_____
3. Describe BMPs used to prevent non-storm water discharges to storm drains or to minimize the discharge of pollutants into storm water.	_____	_____
4. Where do drains discharge?	storm drains <input type="checkbox"/> sanitary <input type="checkbox"/> unknown <input type="checkbox"/>	storm drains <input type="checkbox"/> sanitary <input type="checkbox"/> unknown <input type="checkbox"/>
5. Is area enclosed or covered?	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
6. Is there potential for storm water to run-onto or run-off from this area?	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
7. Are there any stains or other signs of pollutants on the floor or ground surface?	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>