

APPENDIX

*City of San Rafael – Initial Study/Mitigated Negative Declaration
Marin Sanitary Services Facility Project – 1050 Andersen Drive/535-565 Jacoby Street, San
Rafael, CA*

Source Reference 9

Marin Sanitary Service 2012/2013 Annual
Report for Storm Water Discharges Associated
with Industrial Activities, State of CA Water
Resources Control Board (aka, MUPA
Appendix C)

Marin Sanitary Service

Master Use Permit

December 2013

Appendix C: 2013/2014 Storm Water
Discharge Annual Report



MARIN SANITARY SERVICE

2013 / 2014

ANNUAL REPORT

FOR

**STORM WATER DISCHARGES ASSOCIATED
WITH INDUSTRIAL ACTIVITIES**

**State of California
STATE WATER RESOURCES CONTROL BOARD**



Marin Sanitary Service 2013/2014 Storm Water Report Evaluation Report

On September 27, 2013 Joe Garbarino, Ron Piombo and Cliff Spencer conducted a site evaluation of the M.S.S. facility to ensure it was in compliance and ready for the wet season. We also reviewed all of the BMP categories. As in the past M.S.S. continues to implement a storm water pollution prevention plan that is effective in reducing contaminants in its storm water discharge. Quality maintenance and diligent monitoring are the key elements of M.S.S' prevention plan.

Contributing factors of the plan include:

MSS facility streets, driveway and parking lots are swept, at a minimum of six hours per day by our Tymco 600 sweeper. We will continue with this schedule.

Catch basins are regularly cleaned and maintained by our Tymco 600 sweeper. We cover our storm drains catch basins in summer. Prior to the annual wet season catch basins and storm drains are cleared. The first week of September 2013 roofs are washed and all catch basins, sumps, and lines were cleaned. The 42" storm drain in section T 1 was also checked at this time. We tarp the wood and dirt piles.

Drainage channels, down slope chutes, and sediment basins are inspected and maintained year around. This year we added a Bioswale at 1060 Andersen Dr in front of the employee parking lot.

The facility is completed and all operations are on concrete. Our facility is well established and we have not had any expansion in our operations over the past several years. We have continued to maintain it to the high standards.

Do to the fact that M.S.S. has several street sweepers and operators it makes it easy to maintain our driveways and catch basins year around.

We continue to maintain our landscaping further reducing the possibility of erosion and run off.

Landscaping has been properly maintained throughout the facilities.

These major points and in conjunction with an everyday awareness of proper maintenance create an effective program.



June 20 2014 2013 / 2014 Storm Report

Explanation for E. 1. Sampling and Analysis Results

On February 28, 2014 we took our first sampling and analysis. This was the first storm of the wet season that produced discharge from the facility.

Under normal conditions we would take our first in November or December. However we did not have a storm that produced a discharge during secluded facility operating hours.

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 Offices addresses are indicated below.

REGIONAL BOARD INFORMATION:

San Francisco Bay Region
1515 Clay Street, Ste.1400
Oakland, CA 94612

Contact: Danny Pham
Tel: (510) 622-2300
Email: r2stormwater@waterboards.ca.gov

GENERAL INFORMATION

A. Facility Information:

Marin Sanitary Service
1050 Andersen Dr
San Rafael, CA 94901
WDID NO: 2 211000154

Contact: JOE Garbarino
Email:
Tel: 415-456-2601

SIC Code(s):

4953 Refuse Systems

B. Facility Operator Information:

Marin Sanitary Service
PO Box 10067
San Rafael, CA 94912

Contact: Joe Garbarino
Email:
Tel: 415-456-2601

C. Facility Billing Information:

Marin Sanitary Service
1050 Andersen Dr
San Rafael, CA 94901

Contact: Ron Piombo
Email:
Tel: 415-456-2601

Additional Table D Parameters: Fe

(Hazardous Waste Facilities, see Table D, Sector K of the Permit for Additional Parameters)

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? _____ 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? 4

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.

- date, time, and location of observation
- name and title of observer
- characteristics of the discharge (i.e., odor, color, etc.) and source of any pollutants observed.
- 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
- monthly storm water discharge visual observation
- records of spills/leaks and associated clean-up/response activities
- quarterly unauthorized non-storm water discharge visual observations
- Sampling and Analysis records
- preventative maintenance inspection and maintenance records

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

The following SWPPP items should be reviewed:

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

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

The following BMP categories should be reviewed:

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

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

I. ACSCE EVALUATION REPORT

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

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

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

J. ACSCE CERTIFICATION

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

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

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

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: Joseph J. Gerbaino
Signature: Joseph Gerbaino Date: 6/17/10
Title: Chairman of the Board