



Industrial Stormwater General Permit Annual Report Form

Permit No. WA000917

DO NOT ALTER THIS FORM

Use this form to submit your annual report to Ecology. Attach corrective action documentation, and/or additional sheets if necessary. **ALL FACILITIES MUST SUBMIT A SIGNED ANNUAL REPORT EACH YEAR ON OR BEFORE MAY 15TH.** Retain a copy of your submitted report onsite for Ecology review.

1. Benchmarks Exceeded

Did you exceed the benchmark for any parameter during the previous calendar year (Jan 1st – Dec 31st)?

Yes ☒ - Complete Sections 2 and 3 and sign and submit the form as described in Section 4.

No ☐ - Complete Section 2, skip Section 3, and sign and submit the form as described in Section 4.

Include any additional comments here:

2ND Q4 2010 WAS 232% OF \$ INC
NEXT MEASURABLE WAS 43 % OF \$ INC

2. Stormwater Problems Identified At the Facility

Instructions: Based on the best available information, briefly describe any potential or actual stormwater pollution problem(s) you identified during the previous calendar year (Jan 1st – Dec 31st).

- Sources of available information may include (but may not be limited to): SWPPP reviews, audits made by consultants or providers of technical assistance, inspection reports or other notification made by federal/state/local authorities, visual observations, and/or your facility's monthly site inspections (self-inspections).
- For each problem identified, provide the date you discovered the problem (estimate if necessary).
- Do not include problems discovered through stormwater sampling. This information is covered in Section 3.

Date Problem Discovered: Describe the Problem:

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DEPARTMENT OF ECOLOGY

SEP 29 2011

WATER QUALITY PROGRAM

3. Corrective Actions Planned or Taken

Instructions: Complete this section for each pollutant parameter (e.g., turbidity, copper, etc.) that exceeded a benchmark during the previous calendar year (Jan 1st – Dec 31st). The permit requires you to identify the condition triggering the need for corrective action review. To do this, indicate below which quarters had a sample result that exceeded the benchmark. If more than one sample was taken at a sample location, indicate which quarters had an average sample result that exceeded the benchmark. Note: If you exceeded the benchmark for more than one parameter (e.g., turbidity and zinc, make additional copies of Section 3 and complete one for each parameter.

Pollutant Parameter: _____ benchmark was exceeded during the following quarters (check all that apply):

☐ 1st Quarter (January, February, March)

☒ 2nd Quarter (April, May, June)

NEXT TEST WAS OK

☐ 3rd Quarter (July, August, September)

☐ 4th Quarter (October, November, December)

Instructions: For the pollutant parameter above, summarize any Level 1, 2 or 3 corrective actions completed during the previous calendar year and include the dates you completed the corrective actions.

☒ Level 1 corrective action

Describe the additional *operational source control* BMPs you implemented (Permit Condition S8.B):

Date corrective action was completed:

☐ Level 2 corrective action

Describe the additional *structural source control* BMPs you implemented (Permit Condition S8.C):

Date corrective action was completed:

☐ Level 3 corrective action

Describe the additional *treatment* BMPs you implemented (Permit Condition S8.D):

Date corrective action was completed:

Instructions: For the pollutant parameter listed above, describe the status of any Level 2 or 3 corrective actions, triggered during the previous calendar year, but that have not yet been completed. Identify the date you expect to complete corrective actions.

☐ Level 2 corrective action

Describe the status of the corrective action:

Date you expect to complete corrective action:

☐ Level 3 Corrective Action

Describe the status of the corrective action:

Date you expect to complete corrective action:

4. Certification by Permittee

"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 assure 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 persons 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 HARVEY S. BAMFORD	Company CENTRALIA SCHOOL DIST TRANSPORTATION	Date 9/26/11
Signature* Harvey S Bamford SHOP SUPERVISOR		

* Federal regulations require this report to be signed by the following person, or a duly authorized representative:

- A. In the case of corporations, by a principal executive officer of at least the level of vice president.
- B. In the case of a partnership, by a general partner of a partnership.
- C. In the case of sole proprietorship, by the proprietor.
- D. In the case of a municipality, state, federal, or other public facility: by either a principal executive officer or ranking elected official.

A person is a duly authorized representative only if:

- 1. The authorization is made in writing by a person described above and submitted to Ecology.
- 2. The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility, such as the position of plant manager, superintendent, position of equivalent responsibility, or an individual or position having overall responsibility for environmental matters.

Please return this signed, original document to the address below. Make sure you retain a copy for your records.

Washington Department of Ecology
Water Quality Program – Industrial Stormwater
PO Box 47696
Olympia, WA 98504-7696

If you have questions about this form, contact the following Ecology staff:

Location	Contact Name	Phone	E-mail
City of Seattle, Kitsap, Pierce, and Thurston counties	Josh Klimek	360-407-7451	jokl461@ecy.wa.gov
Island, King, and San Juan counties	Clay Keown	360-407-6048	ckeo461@ecy.wa.gov
Adams, Asotin, Columbia, Ferry, Franklin, Garfield, Grant, Lincoln, Pend Oreille, Skagit, Snohomish, Spokane, Stevens, Walla, Whatcom, and Whitman counties	Shawn Hopkins	360-407-6442	shop461@ecy.wa.gov
Benton, Chelan, Clallam, Clark, Cowlitz, Douglas, Grays Harbor, Jefferson, Kittitas, Klickitat, Lewis, Mason, Okanogan, Pacific, Skamania, Wahkiakum, and Yakima counties.	Joyce Smith	360-407-6858	josm461@ecy.wa.gov

To ask about the availability of this document in a version for the visually impaired call the Water Quality Program at 360-407-6401. Persons with hearing loss, call 711 for Washington Relay Service. Persons with a speech disability, call 877-833-6341.

SO3-009917A
INDUSTRIAL STORMWATER GENERAL PERMIT
DISCHARGE MONITORING REPORT

MONITORING PERIOD for (year/quarter): 2010 ☐ Jan/Feb/Mar ☐ Apr/May/Jun ☐ Jul/Aug/Sep ☒ Oct/Nov/Dec

Facility/Site Information

CHEHALIS-CENTRALIA PUPIL TRANSPORT CO-OP
Location: 1119 W CHESTNUT ST, CENTRALIA
County: LEWIS

Primary SIC Code: 4151

Mailing Information

CENTRALIA SCHOOL DIST
PO BOX 610
CENTRALIA WA 98531-0610

You must send a Discharge Monitoring Report (DMR) to Ecology every quarter. If there was no discharge or you have suspended sampling because of consistent attainment of benchmark values, mark the appropriate boxes and send the DMR to Ecology. Please read the instructions before completing the DMR.

Discharge Point <u>D1</u>						
<input type="checkbox"/> There was no qualifying storm event this quarter so no values are entered below (see explanation)						
Quarterly Monitoring		AVERAGE	MAXIMUM	UNITS	Sample Type	Events Sampled
Turbidity	<input type="checkbox"/> Consistent Attainment	10.5	10.5	NTU	GRAB	
pH	<input type="checkbox"/> Consistent Attainment	6.5	6.5	Standard Units	GRAB	
Zinc (total)	<input type="checkbox"/> Consistent Attainment	43	43	µg/L	GRAB	
^{slender} Oil & Grease	<input type="checkbox"/> Consistent Attainment	6	6	mg/L	Grab	

Copper

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)

Harvey S. Sanfero
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER (TYPED OR PRINTED)

11-22 10
DATE: MO DAY YEAR

Harvey S. Sanfero
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NUMBER

COMMENTS/EXPLANATIONS

copy

