



Industrial Stormwater General Permit Annual Report Form

Permit No. WAR-000639 _____
Site Name: Meltec
Site County: King

POSTED

Use this form to submit your annual report to Ecology. This form is not protected. Use your mouse or F11 to navigate through the fields. Do not change the text in this form. 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

This report is based on samples collected during calendar year 2017.

Did you exceed the benchmark for any parameter during the above noted calendar year (Jan 1st – Dec 31st)? **Note:** If you sampled a parameter (other than pH or visible oil sheen) at a discharge point more than once during a quarter, the average of the sample results must be compared to the benchmark.

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:

DEPARTMENT OF ECOLOGY
JAN 17 2018
WATER QUALITY PROGRAM

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:
Date Problem Discovered:	Describe the Problem:
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3. Corrective Actions Planned or Taken

Instructions: Complete this section for each pollutant parameter (e.g., turbidity, copper) 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: Zinc benchmark was exceeded during the following quarters (check all that apply):

- 1st Quarter (January, February, March)
 2nd Quarter (April, May, June)
 3rd Quarter (July, August, September) XX
 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):

The 3Q2017 sample was taken following an unusually protracted antecedent dry period for the region, which left the surfaces of the treatment media un-wetted for several months. This may have changed the surface properties through extensive drying and biological activity. It is likely that the surfaces remained un-wetted during a short period of time following resumed precipitation, which limited the mass transfer of pollutants onto the treatment media.

On consultation with the manufacturer, it is recommended that the media be replaced on the standard schedule regardless of precipitation, to eliminate the formation of dried crusts and/or biological activity that may inhibit material sorption. The media was observed to wet normally in subsequent inspections, so the reduced efficacy was likely a short term phenomena. Subsequent samples met benchmarks by wide margins.

Date corrective action was completed: 10/17

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:

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

- 1st Quarter (January, February, March)
 2nd Quarter (April, May, June)
 3rd Quarter (July, August, September) XX
 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):

The 3Q2017 sample was taken following an unusually protracted antecedent dry period for the region, which left the surfaces of the treatment media un-wetted for several months. This may have changed the surface properties through extensive drying and biological activity. It is likely that the surfaces remained unwetted during a short period of time following resumed precipitation, which limited the mass transfer of pollutants onto the treatment media.

On consultation with the manufacturer, it is recommended that the media be replaced on the standard schedule regardless of precipitation, to eliminate the formation of dried crusts and/or biological activity that may inhibit material sorption. The media was observed to wet normally in subsequent inspections, so the reduced efficacy was likely a short term phenomena. Subsequent samples met benchmarks by wide margins."

Date corrective action was completed: 10/17

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:

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

1st Quarter (January, February, March)

2nd Quarter (April, May, June)

3rd Quarter (July, August, September) XX

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):

The 3Q2017 sample was taken following an unusually protracted antecedent dry period for the region, which left the surfaces of the treatment media un-wetted for several months. This may have changed the surface properties through extensive drying and biological activity. It is likely that the surfaces remained unwetted during a short period of time following resumed precipitation, which limited the mass transfer of pollutants onto the treatment media.

On consultation with the manufacturer, it is recommended that the media be replaced on the standard schedule regardless of precipitation, to eliminate the formation of dried crusts and/or biological activity that may inhibit material sorption. The media was observed to wet normally in subsequent inspections, so the reduced efficacy was likely a short term phenomena. Subsequent samples met benchmarks by wide margins.

Date corrective action was completed: 10/17

__ 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:

"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."

Richard Snyder, EH&S Director

Meltec Division of Young Corp.

1/11/18

Printed Name

Company

Signature*



*** 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 State 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
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