

### Storm Water Management Program for Garages

### Presented by the Environmental Compliance Group

Office of Environmental Health & Safety Los Angeles Unified School District

# VISUAL MONITORING REQUIREMENTS

- Quarterly Dry Period Observations
  - Authorized Non-Storm Water Discharges
  - Unauthorized Non-Storm Water Discharges
- Monthly Wet Season Observations
- Annual Comprehensive Site Compliance Evaluation

## Authorized and Unauthorized Discharges

Authorized Non-Storm Water Discharges

- Fire hydrant flushing
- Refrigerant, air conditioning and compressor condensate
- Landscape irrigation
- Discharge of uncontaminated groundwater
- Drinking fountain water
- Potable water related to the operation, maintenance, or testing of potable water systems

Unauthorized Non-Storm Water Discharges

- Washing truck and equipment using hoses
- Cleaning pavements using hoses
- High pressure washes
- Steam Cleaning
- Process water
- Sanitary wastewater
- Cooling tower water

# Quarterly Visual Observations of <u>Authorized</u> Non-Storm Water Discharges

- Use form 2-Side A & form 2-Side B
- Conduct visual observations quarterly
- Conduct visual observations <u>not</u> more than 16 weeks apart
- Conduct visual observations during operating hours in daylight
- Conduct visual observations when there are no storm water discharges
- Submit completed forms to Office of Environmental Health and Safety (OEHS) by June 7 each year

SIDE A

#### FORM 2-QUARTERLY VISUAL OBSERVATIONS OF <u>AUTHORIZED</u> 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:	VES WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?	If <b>YES</b> , complete reverse side of this form.
QUARTER: <b>OCTDEC.</b> DATE: //	Observers Name:            Title:            Signature:	VERE ANY AUTHORIZED NSWDS DISCHARGED DURING THIS QUARTER?	If <b>YES</b> , complete reverse side of this form.
QUARTER: JANMARCH DATE: /_/	Observers Name:            Title:            Signature:	VERE ANY AUTHORIZED NSWDS DISCHARGED DURING THIS QUARTER?	If <b>YES</b> , complete reverse side of this form.
QUARTER: <b>APRIL-JUNE</b> DATE: //	Observers Name: Title: Signature:	VERE ANY AUTHORIZED NSWDS DISCHARGED DURING THIS QUARTER?	If <b>YES</b> , complete reverse side of this form.

SIDE B

#### FORM 2-QUARTERLY VISUAL OBSERVATIONS OF <u>AUTHORIZED</u> NON-STORM WATER DISCHARGES (NSWDs)

DATE /TIME OF OBSERVATION	SOURCE AND LOCATION OF AUTHORIZED NSWD	NAME OF AUTHORIZED NSWD	CHARA Indicate whether authori discolored, causing stain	JTHORIZED NSWD CTERISTICS zed NSWD is clear, cloudy, or ning, contains floating objects en, has odors, etc.	DESCRIBE ANY REVISED OR NEW BMPs AND PROVIDE THEIR IMPLEMENTATION DATE
	EXAMPLE: Air conditioner Units on Building C	EXAMPLE: Air conditioner condensate	At the NSWD Source	At the NSWD Drainage Area and Discharge Location	
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## Quarterly Visual Observations of <u>Unauthorized</u> Non-Storm Water Discharges

- Use form 3-Side A & form 3-Side B
- Conduct visual observations quarterly
- Conduct visual observations <u>not</u> more than 16 weeks apart
- Conduct visual observations during operating hours in daylight
- Conduct visual observations when there are no storm water discharges
- Submit completed forms to OEHS by June 7 of each year

#### FORM 3-QUARTERLY VISUAL OBSERVATIONS OF <u>UNAUTHORIZED</u> 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.

QUARTER: JULY-SEPT. DATE/TIME OF OBSERVATIONS AM _/_/ PM	Observers Name: Title: Signature:	WERE UNAUTHORIZED NSWDs OBSERVED? WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?	□yes □no □yes □no	If <b>YES</b> to either question, complete reverse side.
QUARTER: OCTDEC. DATE/TIME OF OBSERVATIONS AM _/_/ AM PM	Observers Name: Title: Signature:	WERE UNAUTHORIZED NSWDs OBSERVED? WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?		If <b>YES</b> to either question, complete reverse side.
QUARTER: JANMARCH DATE/TIME OF OBSERVATIONS AM	Observers Name: Title: Signature:	WERE UNAUTHORIZED NSWDs OBSERVED? WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?	□ YES □NO □ YES □NO	If <b>YES</b> to either question, complete reverse side.
QUARTER: APRIL-JUNE DATE/TIME OF OBSERVATIONS AM _/ /:	Observers Name: Title: Signature:	WERE UNAUTHORIZED NSWDs OBSERVED? WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?	□ YES □NO □ YES □NO	If <b>YES</b> to either question, complete reverse side.

SIDE B

### FORM 3 QUARTERLY VISUAL OBSERVATIONS OF <u>UNAUTHORIZED</u> NON-STORM WATER DISCHARGES (NSWDs)

OBSERVATION DATE (FROM REVERSE SIDE)	NAME OF UNAUTHORIZED NSWD	SOURCE AND LOCATION OF UNAUTHORIZED	DESCRIBE UNAUTHORIZED Indicate whether unauthoriz discolored, causing stains; con sheen, has	DESCRIBE CORRECTIVE ACTIONS TO ELIMINATE UNAUTHORIZED NSWD AND TO CLEAN IMPACTED	
	<u>EXAMPLE:</u> Vehicle Wash Water	NSWD EXAMPLE: NW Corner of Parking Lot	AT THE UNAUTHORIZED NSWD SOURCE	DRAINAGE AREAS. PROVIDE UNAUTHORIZED NSWD ELIMINATION DATE.	
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## Monthly Visual Observations of Storm Water Discharges

- Use form 4-Side A (two pages) and form 4-Side B (two pages)
- Conduct visual observations monthly from October 1 to May 31
- Conduct visual observations at all discharge locations
- Conduct visual observations during the first hour of discharge
- Conduct visual observations during daylight hours
- Conduct visual observations for storm water discharges that are preceded by at least 3 working days without storm water discharges
- Conduct visual observations during scheduled facility operating hours
- Submit completed forms to OEHS by June 7 of each year

#### FORM 4-MONTHLY VISUAL OBSERVATIONS OF 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: October       Drainage Location Description       P.M.       P.			#1	#2	#3	#4
Drainage Location Description	Observation Date: October		#1	#2	#3	#4
Title:		Drainage Location Description				
Doservation Time       : A.M.       : A	Ohner and Name					
Title:						
Signature:       Time Discharge Began       :       A.M.       :       M.O       YES<	<b>-</b>	Observation Time				
Signature:						□P.M.
Observation Date: November       (If yes, complete reverse side)       YES       NO       YES       MO       YES       MO       YES       MO       YES       MO       YES       NO       <			: A.M.	: A.M.	:A.M.	: 🗆 A.M.
Observation Date: November       Drainage Location Description       #1       #2       #3       #4         Observation Date: November       Drainage Location Description       #1       #2       #3       #4         Observation Date: November       Observation Time       :       A.M.       :       P.M.       :       P.M.       :       P.M.       :       P.M.       :       P.M.       :       Image: Construction Time       :       Image: Constructi	Signature:					
Observation Date: November       Drainage Location Description       Image Location Description		(II yes, complete reverse side)				
Drainage Location Description			#1	#2	#3	#4
Observers Name:	Observation Date: November	Drainage Logation Description				
Doservation Time       :       A.M.       :       Image: Construction Co		Drainage Location Description				
Observation Time       :       A.M.       :       Image: Construction Constructio	Dbservers Name:		P.M.	□ P.M.	□ P.M.	□P.M.
Title:		Observation Time	: 🗖 A.M.	: 🗖 A.M.	: A.M.	: 🗖 A.M.
Signature:       Time Discharge Began       Image Discharge Began	Гitle:					
Signature:       Were Pollutants Observed (If yes, complete reverse side)       YES       NO		Time Discharge Began		: ⊣A.M.		: 🗖 A.M.
Observation Date: December       Image Location Description       #1       #2       #3       #4         Observation Date: December       Drainage Location Description       #1       #2       #3       #4       #4         Observation Date: December       Drainage Location Description       #1       #2       #3       #4       #4         Observation Time       Image Location Description       Image Location	Signature:					
Observation Date: December       Drainage Location Description       Image Location Description	•	(If yes, complete reverse side)			YES 📙 NO 🖵	
Observation Date: December       Drainage Location Description       Image Location Description			#1	#2	#3	#4
Observers Name:	Observation Date: December			=		
Dbservation Time       : A.M.       : A		Drainage Location Description				
Observation Time       : : : : : : : : : : : : : : : : : : :	Deservors Name		ПРМ		Прм	□P.M.
Title:		Observation Time				
Time Discharge Began       Image: March Marc	Fitle:	Observation Time				P.M.
Signature:         Were Pollutants Observed (If yes, complete reverse side)         YES         NO         YES         YES	IIIC	Timo Dischargo Bogan			I : На.м.	
Observation Date: January       (If yes, complete reverse side)       YES       NO       YES       NO <t< th=""><td>Signature</td><td></td><td> ·</td><td> <u> </u></td><td></td><td></td></t<>	Signature		·	<u> </u>		
Observation Date: January #1 #2 #3 #4			YES 🔲 NO 🗖	YES 🔲 NO 🗖	YES 🔲 NO 🗖	YES 🔲 NO 🗖
Observation Date: January		(, ), ·	#4	#D	# <b>2</b>	<i>щ</i> л
	Observation Date: January		#1	#2	#3	#4
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	Ubservers Name:					P.M.
		Observation Time				
	itte:					P.M.
			: A.M.		L : □ <sup>A.M.</sup>	: 🗖 A.M.
Signature: Were Pollutants Observed (If yes, complete reverse side) YES NO	Signature:					YES NO
(If yes, complete reverse side)		(ii yes, complete reverse side)				

#### FORM 4 (Continued)-MONTHLY VISUAL OBSERVATIONS OF 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.

		#1	#2	#3	#4
Observation Date: February	Drainage Location Description	<i>"</i> ·			
Observers Name:		□ □ P.M.	P.M.	P.M.	□ P.M.
	Observation Time	: A.M.	: A.M.	: A.M.	
Title:	Time Discharge Began	□ P.M. : □ A.M.	□ P.M. : □ A.M.	: ☐ P.M. : ☐ A.M.	□ P.M. : □ A.M.
Signature:	Were Pollutants Observed (If yes, complete reverse side)				
Observation Date: March		#1	#2	#3	#4
	Drainage Location Description				
Observers Name:	Observation Time	□ P.M. : □ A.M.	□ P.M. : □ A.M.	: D.M. A.M.	: P.M. : A.M.
Title:	Time Discharge Began	□ P.M. : □ A.M.	□ P.M. : □ A.M.	P.M. : A.M.	□ P.M. : □ A.M.
Signature:	Were Pollutants Observed (If yes, complete reverse side)				
Observation Date: April		#1	#2	#3	#4
	Drainage Location Description				
Observers Name:	Observation Time	□ P.M. : □ A.M.	□ P.M. : □ A.M.	□ P.M. : □ A.M.	□ P.M. : □ A.M.
Title:		P.M.	□ P.M.	P.M.	□ P.M.
Signature:	Time Discharge Began Were Pollutants Observed	: 🗆 A.M.	: A.M.	: <u>A.M.</u>	: 🗖 A.M.
	(If yes, complete reverse side)	YES 🔲 NO 🗖	YES 🔲 NO 🗌	YES 🔲 NO 🗖	YES 🔲 NO 🗌
Observation Date: Mar		#1	#2	#3	#4
Observation Date: May	Drainage Location Description				
Observers Name:	Observation Time	□ P.M. : □ A.M.	□ P.M. : □ A.M.	□ P.M. : □ A.M.	□ P.M. : □ A.M.
Title:	Observation Time		□ A.M. □ P.M.	□ P.M.	P.M.
	Time Discharge Began Were Pollutants Observed	: 🗖 A.M.	: 🗖 A.M.	: 🗖 A.M.	: 🗖 A.M.
Signature:					

#### 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
	EXAMPLE: Discharge from material storage Area #2	Indicate whether storm water discharge is clear, cloudy, or discolored; causing staining; containing floating objects or an oil sheen, has odors, etc.	EXAMPLE: Oil sheen caused by oil dripped by trucks in vehicle maintenance area.	
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# Annual Comprehensive Site Compliance Evaluation

- Use form # 5
- OEHS is responsible to conduct an annual inspection by June 7 of each year

SIDE A

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

EVALUATION DATE: / / / _ INS	SPECTOR NAME:		TITLE	NATURE:	
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP) HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?			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?	□YES □NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?	□YES □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?	□ <sup>YES</sup> □ <sup>NO</sup>			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPS NOT BEEN FULLY IMPLEMENTED?	□YES □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?	□YES □NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?	□YES □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?	□YES □NO			

# Sampling

- Collect storm water samples during wet season from October 1 to May 31
- Collect samples from the designated sampling points
- Collect samples at the first hour of discharge
- Collect samples from storm water discharges that occur during scheduled facility operating hours
- Collect samples from storm water discharges that are preceded by at least 3 working days without storm water discharge
- Complete chain of custody
- Keep samples in the ice chest with blue ice or in the refrigerator
- Call OEHS at (213) 241-3199 to pick-up samples
- Collect samples from the first two qualifying storm events

### 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)
- When analysis is done using portable analysis (such as portable pH meters, SC meters, etc.), indicate "PA" in the appropriate test method used box.
- If you did not analyze for a required parameter, do not report "0". Instead, leave the appropriate box blank Make additional copies of this form as necessary. ٠

NAME OF PERSON COLLECTING SAMPLE(S): TITLE: SIGNATURE:

			ANALYTICAL RESULTS For First Storm Event									
DESCRIBE DISCHARGE	DATE/TIME OF SAMPLE	TIME DISCHARGE		BAS	IC PARAMET	ERS			ОТН	IER PARAMI	ETERS	
LOCATION Example: NW Out Fall	COLLECTION	STARTED	PH	TSS	SC	O&G	TOC					
	/_/ □ AM _: □ PM	□ AM PM										
	/_/ AM : PM	AM PM										
	/_/AM PM	AM :PM										
	/_/	AM :PM										
TEST REPORTING	UNITS:		pH Units	mg/l	umho/cm	mg/l	mg/l					
TEST METHOD DETECTION LIMIT:												
TEST METHOD USED:												
ANALYZED BY (SELF/LAB):			fic Conductan	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	086-0	Dil & Grease		TOC - 1	Fotal Organic	Carbon		

## Chain of Custody

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SAMPLE ANALYSIS REQUEST FORM AND CHAIN OF CUSTODY

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## **Annual Report**

OEHS shall prepare and submit an annual report to Regional Water Quality Board (RWQCB) by July 1 of each year.