

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

| | | | | | |
|--------------------------|------------|------------------------|----------------|-----------------------|--------------|
| Sample Location | | | | | |
| Quarter / Year: | | Date / Time Collected: | 6/11/21 | Date / Time Examined: | 6/11/21 1250 |
| Qualifying Storm Event? | Yes | No | Runoff Source: | <u>Rainfall</u> | Snowmelt |
| Collector's Name & Title | Tony Owens | | Flex worker I | | |
| Examiner's Name & Title | " | | | | |

| Parameter | Parameter Description | Parameter Characteristics |
|---------------------|--|--|
| 1. Color | Does the stormwater appear to have any color? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (Clear) | If Yes, describe: Yellow Brown Red Gray Other: |
| 2. Clarity | Is the stormwater clear? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | If not clear, which of the following best describes the clarity of the stormwater? Suspended Solids Milky/Cloudy Opaque Other: |
| 3. Oil Sheen | Can you see a rainbow effect or sheen on the water surface? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Which best describes the sheen? Rainbow sheet Floating oil globules Other: |
| 4. Odor | Does the sample have an odor? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other: |
| 5. Floating Solids | Is there anything on the surface of the sample? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other: |
| 6. Suspended Solids | Is there anything suspended in the sample? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Describe: |

Leave sample undisturbed for 30 minutes.

| | | |
|-------------------|---|---|
| 7. Settled Solids | Is there anything settled on the bottom of the sample? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Describe: (note type, size and material after sample is not disturbed for 30 minutes) |
| 8. Foam | Does foam or material form on the top of the sample surface if you shake it? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Describe: |

9. If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.

Stormwater Collector's Signature and Date: [Signature] 6/11/21
Stormwater Examiner's Signature and Date: [Signature] 6/11/21

Note - Sample should be collected and analyzed in a colorless glass or plastic bottle.

ANNUAL SWPPP INSPECTION CHECKLIST

Site Name: Piney Orchard

Date: 6/11/21

Inspector: Lowy Jones

| Inspection Item | Y | N | N/A |
|---|-------------------------------------|-------------------------------------|--------------------------|
| Has any construction occurred that changes the site map, drainage conditions, or any other portion of the facilities SWPPP? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Describe noted problems: | | | |
| Have any changes occurred in facility operations that could be identified as new sources for possible contamination of stormwater? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Describe noted problems: | | | |
| Have any changes occurred in facility personnel, P2 team members, or emergency contacts? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Describe noted problems: | | | |
| Are materials stored, handled, or disposed of in a manner that may allow exposure to stormwater not currently addressed in the SWPPP? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Describe noted problems: | | | |
| Are housekeeping practices adequate to ensure that outdoor storage and activity areas are kept neat and orderly to minimize exposure to stormwater? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Describe noted problems: | | | |
| Has the inventory of chemicals and materials listed in the SWPPP changed? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Describe noted problems: | | | |

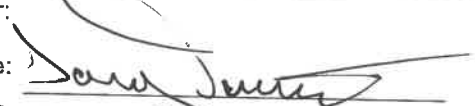
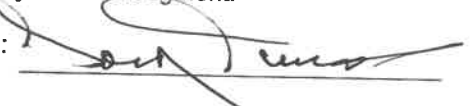
| | | | |
|--|---|---|--|
| Are drips or leaks from tanks, equipment, and machinery being properly controlled? | Y | | |
| Describe noted problems: | | | |
| Is there evidence of spills or leaks that have not been or are in need of immediate cleanup? | | N | |
| Describe noted problems: | | | |
| Are containment dikes, secondary containment, or other measures sufficient to adequately contain spills or leaks from chemical or fuel storage tanks? | Y | | |
| Describe noted problems: | | | |
| Are the storage tank secondary containmnet structures free of all debris, water, and oil? | Y | | |
| Describe noted problems: | | | |
| Are spill response materials(including absorbent) adequately stocked, labeled, and stored in a place easily accessible? | Y | | |
| Describe noted problems: | | | |
| Does the facility's SWPPP need to be amended due to any inadequacies that the plan may have to effectively control pollutants from entering the stormwater that is discharged from the facility? | | N | |
| Describe noted problems: | | | |
| Were all stormwater structures (inlets, outfalls, swales, ponds, etc) visually assessed during this inspection? | Y | | |
| Describe noted problems: | | | |

Were any deficiencies observed with the stormwater structures (inlets, outfalls, swales, ponds, etc) inspected that require immediate attention?

W

Describe noted problems:

Additional Remarks:

| | | |
|--|----------------------|--|
| Inspector: | | |
| Signature:  | Date: 6/11/21 | |
| Name: Tony Owens | Title: Flex worker I | |
| Facility Acknowledgment: | | |
| Signature:  | Date: 6/11/21 | |
| Name: | Title: Flex worker I | |

Additional Remarks:

| | |
|--|---|
| INSPECTOR: _____ | DATE: _____ |
| SIGNATURE: <u> <i>B. Terry</i> </u> | DATE: <u> 5/17/2021 </u> |
| NAME: <u> Brandon Terry </u> | TITLE: <u> Flex Worker 2 </u> |
| <u>FACILITY ACKNOWLEDGEMENT:</u> | |
| SIGNATURE: _____ | DATE: _____ |
| NAME: _____ | TITLE: _____ |

Quarterly SWPPP Inspection Checklist

Site Name: Piney Orchard Date: 2-4-21 Inspector(s): Desmond

| | Y | N | N/A |
|--|-------------------------------------|-------------------------------------|--------------------------|
| Is any construction currently occurring on site that may impact stormwater runoff? Describe noted problems: | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Are all chemicals and materials being stored properly to minimize contact with stormwater runoff? Describe noted problems: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there evidence of spills or leaks that have not been or are in need of immediate cleanup? Describe noted problems: | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Are drips or leaks from tanks, equipment, and machinery being properly controlled? Describe noted problems: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are any spill booms, pads, absorbent material, or other containment equipment currently being utilized for spill containment or cleanup? Describe noted problems: | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Is there evidence of recurring spills or leaks (i.e. used spill cleanup material, staining, or spotting)? Describe noted problems: | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Are the storage tank secondary containment structures free of all debris, water, and oil? Describe noted problems: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there a large amount of debris and trash present in or around any stormwater inlets, swales, ponds, or other stormwater structures Describe noted problems: | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Additional Remarks:

| | |
|---|-----------------------------|
| INSPECTOR: | |
| SIGNATURE: <u><i>Desmond Keemer</i></u> | DATE: <u>2-11-21</u> |
| NAME: <u>Desmond Keemer</u> | TITLE: <u>Flex worker 1</u> |
| FACILITY ACKNOWLEDGEMENT: | |
| SIGNATURE: _____ | DATE: _____ |
| NAME: _____ | TITLE: _____ |

20494100 1HR

Quarterly SWPPP Inspection Checklist

Site Name: PINEY ORCHARD Date: 9/14/20 Inspector(s): M. Kowalczyk
For July 2020

| | Y | N | N/A |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| Is any construction currently occurring on site that may impact stormwater runoff? Describe noted problems: | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Are all chemicals and materials being stored properly to minimize contact with stormwater runoff? Describe noted problems: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there evidence of spills or leaks that have not been or are in need of immediate cleanup? Describe noted problems: | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Are drips or leaks from tanks, equipment, and machinery being properly controlled? Describe noted problems: | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Are any spill booms, pads, absorbent material, or other containment equipment currently being utilized for spill containment or cleanup? Describe noted problems: | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Is there evidence of recurring spills or leaks (i.e. used spill cleanup material, staining, or spotting)? Describe noted problems: | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Are the storage tank secondary containment structures free of all debris, water, and oil? Describe noted problems: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there a large amount of debris and trash present in or around any stormwater inlets, swales, ponds, or other stormwater structures? Describe noted problems: | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Additional Remarks:

| | | | |
|---|--|---------------------------------------|--|
| INSPECTOR: | | | |
| SIGNATURE: <i>Michael Kowalewski</i> | | DATE: <i>9/14/20</i> | |
| NAME: <i>Michael Kowalewski</i> | | TITLE: <i>OPERATOR II 4023</i> | |
| FACILITY ACKNOWLEDGEMENT: | | | |
| SIGNATURE: _____ | | DATE: _____ | |
| NAME: _____ | | TITLE: _____ | |

20500896
7 Hr

ANNUAL SWPPP INSPECTION CHECKLIST

Site Name: Piney Orchard Date: 9/14/20 Inspector(s): Michael Kowalczyk

| Inspection Item | Y | N | N/A |
|---|---|---|-----|
| Has any construction occurred that changes the site map, drainage conditions, or any other portion of the facilities SWPPP? | | X | |
| Describe noted problems: | | | |
| Have any changes occurred in facility operations that could be identified as new sources for possible contamination of stormwater? | | X | |
| Describe noted problems: | | | |
| Have any changes occurred in facility personnel, P2 team members, or emergency contacts? | | X | |
| Describe noted problems: | | | |
| Are materials stored, handled, or disposed of in a manner that may allow exposure to stormwater not currently addressed in the SWPPP? | | X | |
| Describe noted problems: | | | |
| Are housekeeping practices adequate to ensure that outdoor storage and activity areas are kept neat and orderly to minimize exposure to stormwater? | X | | |
| Describe noted problems: <u>NO PROBLEMS AT THE MOMENT.</u> | | | |

ANNUAL SWPPP INSPECTION CHECKLIST

| Inspection Item | Y | N | N/A |
|---|-------------------------------------|-------------------------------------|-------------------------------------|
| Has the inventory of chemicals and materials listed in the SWPPP changed? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Describe noted problems: | | | |
| Are drips or leaks from tanks, equipment, and machinery being properly controlled? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Describe noted problems: | | | |
| Is there evidence of spills or leaks that have not been or are in need of immediate cleanup? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Describe noted problems: | | | |
| Are containment dikes, secondary containment, or other measures sufficient to adequately contain spills or leaks from chemical or fuel storage tanks? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Describe noted problems: | | | |
| Are the storage tank secondary containment structures free of all debris, water, and oil? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Describe noted problems: | | | |
| Are spill response materials (including absorbent) adequately stocked, labeled, and stored in a place easily accessible? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Describe noted problems: <i>spill abs absorbent in maintenance shop AND NOTED ON DIN.</i> | | | |

ANNUAL SWPPP INSPECTION CHECKLIST

| Inspection Item | Y | N | N/A |
|--|---|---|-----|
| Does the facility's SWPPP need to be amended due to any inadequacies that the plan may have to effectively control pollutants from entering the stormwater that is discharged from the facility? | | X | |
| Describe noted problems: | | | |
| Were all stormwater structures (inlets, outfalls, swales, ponds, etc) visually assessed during this inspection? | X | | |
| Describe noted problems: | | | |
| Were any deficiencies observed with the stormwater structures (inlets, outfalls, swales, ponds, etc) inspected that require immediate attention? | | X | |
| Describe noted problems: | | | |

Additional Remarks:

| | | |
|------------------------------------|--|--|
| INSPECTOR: | | |
| SIGNATURE: <u>Michael Kowalski</u> | DATE: <u>9/14/20</u> | |
| NAME: <u>Michael Kowalski</u> | TITLE: <u>ENVIRONMENTAL SPECIALIST</u> | |
| FACILITY ACKNOWLEDGEMENT: | | |
| SIGNATURE: <u>Michael Kowalski</u> | DATE: <u>9/14/20</u> | |
| NAME: <u>Michael Kowalski</u> | TITLE: <u>OPERATOR II 4023</u> | |

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

| Sample Location | Storm Drain Ditch (Adjacent to Process tanks & Clarifiers) | | |
|---|---|---|--|
| Quarter / Year: | 120 | Date / Time Collected: | 7/13/20 |
| Qualifying Storm Event? | <input checked="" type="radio"/> Yes | <input type="radio"/> No | Date / Time Examined: 7/13/20 ⁰⁷²⁰ |
| Collector's Name & Title | Towij Owens Operator | | |
| Examiner's Name & Title | " | | |
| Runoff Source: | <input checked="" type="radio"/> Rainfall <input type="radio"/> Snowmelt | | |
| Parameter | Parameter Description | Parameter Characteristics | |
| 1. Color | Does the stormwater appear to have any color? <input type="radio"/> Yes <input checked="" type="radio"/> No (Clear) | If Yes, describe: Yellow Brown Red Gray Other: | |
| 2. Clarity | Is the stormwater clear? <input checked="" type="radio"/> Yes <input type="radio"/> No | If not clear, which of the following best describes the clarity of the stormwater? Suspended Solids Milky/Cloudy Opaque Other: | |
| 3. Oil/Sheen | Can you see a rainbow effect or sheen on the water surface? <input type="radio"/> Yes <input checked="" type="radio"/> No | Which best describes the sheen? Rainbow sheet Floating oil globules Other: | |
| 4. Odor | Does the sample have an odor? <input type="radio"/> Yes <input checked="" type="radio"/> No | If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other: | |
| 5. Floating Solids | Is there anything on the surface of the sample? <input type="radio"/> Yes <input checked="" type="radio"/> No | If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other: | |
| 6. Suspended Solids | Is there anything suspended in the sample? <input type="radio"/> Yes <input checked="" type="radio"/> No | Describe: | |
| ***Leave sample undisturbed for 30 minutes.*** | | | |
| 7. Settled Solids | Is there anything settled on the bottom of the sample? <input type="radio"/> Yes <input checked="" type="radio"/> No | Describe: (note type, size and material after sample is not disturbed for 30 minutes) | |
| 8. Foam | Does foam or material form on the top of the sample surface if you shake it? <input type="radio"/> Yes <input checked="" type="radio"/> No | Describe: | |

9. If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.

N/A

Stormwater Collector's Signature and Date: Towij Owens 7/13/20

Stormwater Examiner's Signature and Date: Towij Owens 7/13/20

Note - Sample should be collected and analyzed in a colorless glass or plastic bottle.

7:30AM - 8:30AM

Quarterly SWPPP Inspection Checklist

Site Name: Piney Orchard WRF Date: 6/24/20 Inspector(s): Michael Kowalczyk

| | Y | N | N/A |
|---|-------------------------------------|-------------------------------------|-----|
| Is any construction currently occurring on site that may impact stormwater runoff? Describe noted problems: | | <input checked="" type="checkbox"/> | |
| Are all chemicals and materials being stored properly to minimize contact with stormwater runoff? Describe noted problems: | <input checked="" type="checkbox"/> | | |
| Is there evidence of spills or leaks that have not been or are in need of immediate cleanup? Describe noted problems: | | <input checked="" type="checkbox"/> | |
| Are drips or leaks from tanks, equipment, and machinery being properly controlled? Describe noted problems: <u>MAR pump HAS A VERY SLIGHT LEAK, BUT YOU WOULD HAVE TO TEAR PUMP COMPLETELY DOWN. SEAL LEAK. (WE ONLY RUN PUMP DURING OPERATIONS) (KRAUS KNOWS ALL OF THIS) ALUMINUM SUBPATE: PUMP NEEDS TO BE REFINED. SOME ARE BAD. BUT RUNS OFF IN CONFINEMENT AGAIN TO PREVENT ANYWAYS.</u> | <input checked="" type="checkbox"/> | | |
| Are any spill booms, pads, absorbent material, or other containment equipment currently being utilized for spill containment or cleanup? Describe noted problems: | | <input checked="" type="checkbox"/> | |
| Is there evidence of recurring spills or leaks (i.e. used spill cleanup material, staining, or spotting)? Describe noted problems: | | <input checked="" type="checkbox"/> | |
| Are the storage tank secondary containment structures free of all debris, water, and oil? Describe noted problems: | <input checked="" type="checkbox"/> | | |
| Is there a large amount of debris and trash present in or around any stormwater inlets, swales, ponds, or other stormwater structures? Describe noted problems: | | <input checked="" type="checkbox"/> | |

(MK)

Additional Remarks:

* PLANT PRETTY CLEAN, Daily Routine to pickup my loose TRASH/DeFree!

Both chemical pumps are need of replacing, but due to Coronavirus, It's been put on hold. (But) Rob Keras knows about these pumps. They are still functional, and will be fine under daily observation. (M.K.)

| | |
|--|--------------------------------|
| INSPECTOR: | |
| SIGNATURE: <u>Michael R. Kowalczyk</u> | DATE: <u>6/24/20</u> |
| NAME: <u>Michael R. Kowalczyk</u> | TITLE: <u>OPERATOR TECH II</u> |
| FACILITY ACKNOWLEDGEMENT: | |
| SIGNATURE: _____ | DATE: _____ |
| NAME: _____ | TITLE: _____ |