SDMS DOCID 2181759

[redacted]

Exhibit C

Scott C

APPLICATION FOR PERMIT TO CONSTRUCT AND PERMIT TO OPERATE

SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT
P.O. BOX 4944
Diamond Bar, California 91765-0944

FORM 400A

NC/NOV NUMBER _____
INSPECTOR _____ SECTOR _____
ISSUE DATE _____

COMPANY INFORMATION

LEGAL NAME OF APPLICANT — ☒ IRS OR ☐ S.S. NUMBER
FOIA ex 6, Personal Privacy

PERMIT TO BE ISSUED TO: (SEE INSTRUCTIONS)
T-CHEM Products, Inc

BUSINESS MAILING ADDRESS
9028 Dice Rd Santa Fe Springs, Ca 90670

TYPE OF ORGANIZATION
☒ CORPORATION ☐ LIMITED PARTNERSHIP ☐ GOVERNMENT ENTITY
☐ INDIVIDUAL ☐ GENERAL PARTNERSHIP ☐ OTHER _____

ARE YOU A SMALL BUSINESS? (SEE INSTRUCTIONS) ☐ YES ☒ NO
AVERAGE ANNUAL GROSS RECEIPTS: 40 mm
NUMBER OF EMPLOYEES: 115
IS YOUR BUSINESS 51 PERCENT OR MORE WOMAN/MINORITY OWNED? (OPTIONAL) ☐ YES ☒ NO

ARE ALL FACILITIES UNDER SAME OWNERSHIP IN CALIFORNIA IN COMPLIANCE WITH FEDERAL, STATE AND LOCAL AIR POLLUTION CONTROL RULES? ☒ YES ☐ NO

ARE YOU THE OWNER OF THE EQUIPMENT UNDER THIS APPLICATION? ☒ YES ☐ NO ☒ IRS OR ☐ S.S. NUMBER OF THE OWNER

IF NO, ENTER LEGAL NAME OF OWNER
FOIA ex 6, Personal Privacy

FACILITY INFORMATION

EQUIPMENT ADDRESS/LOCATION
9028 Dice Rd
NUMBER / STREET
Santa Fe Springs, CA 90670
CITY OR COMMUNITY ZIP CODE

FACILITY NAME
T-CHEM Products
FACILITY ID NUMBER (SEE INSTRUCTIONS)
0 1 8 0 6 5

CONTACT PERSON AND TITLE
Greg Wiese
CONTACT TELEPHONE NUMBER
310 946 6427
NUMBER OF EMPLOYEES AT THIS FACILITY:
115

TYPE OF BUSINESS AT THIS FACILITY
Household Cleaning Products
BUSINESS TYPE CODE (SEE INSTRUCTIONS) 2 8 4 1
IS THERE A SCHOOL WITHIN 1,000 FEET OF YOUR PROPERTY?
YES ☐ NO ☒

EQUIPMENT INFORMATION

EQUIPMENT DESCRIPTION (SEE INSTRUCTIONS)
Bleach Process Scrubber

APPLICATION FOR: (SEE INSTRUCTIONS)
☐ NEW CONSTRUCTION ☐ MODIFICATION ☐ CHANGE OF LOCATION
☒ EXISTING EQUIPMENT OPERATING WITHOUT PERMIT ☐ CHANGE OF PERMITTEE ☐ CHANGE OF PERMIT CONDITION
☐ EXISTING EQUIPMENT WITH EXPIRED PERMIT

ARE YOU SUBMITTING MULTIPLE APPLICATIONS FOR EQUIPMENT IDENTICAL TO THAT DESCRIBED ABOVE?
☐ YES ☒ NO

HAVE YOU BEEN ISSUED A NOTICE TO COMPLY (NC) OR A NOTICE OF VIOLATION (NOV) FOR THIS EQUIPMENT? ☒ YES ☐ NO
NC NUMBER: NOV NUMBER: L07509 NOTICE ISSUE DATE: 12-07-92
NUMBER OF EMPLOYEES NEEDED TO OPERATE THIS EQUIPMENT: 1

IF THE EQUIPMENT HAS A PREVIOUS WRITTEN PERMIT, STATE NAME OF PERMITTEE:
PREVIOUS PERMIT NUMBER:

FOR NEW CONSTRUCTION OR MODIFICATION, ENTER ESTIMATED COST OF:
BASIC EQUIPMENT $
AIR POLLUTION CONTROL EQUIPMENT $

FOR NEW CONSTRUCTION OR MODIFICATION, ENTER ESTIMATED START DATE:
ESTIMATED COMPLETION DATE:

FOR CHANGE OF PERMITTEE, LOCATION OR CONDITION, ENTER DATE OF OCCURRENCE:
FOR EXISTING EQUIPMENT IN OPERATION WITHOUT PRIOR PERMIT, ENTER INITIAL OPERATION DATE: 5-86

FOR THIS PROJECT, HAS A CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA) DOCUMENT BEEN REQUIRED BY ANOTHER GOVERNMENTAL AGENCY? ☐ YES ☒ NO

IF YES, ENTER NAME: AND SUBMIT A COPY IF APPROVED

DO YOU CLAIM CONFIDENTIALITY OF DATA ? (SEE INSTRUCTIONS) ☒ YES ☐ NO

I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS APPLICATION ARE TRUE AND CORRECT

SIGNATURE Greg J Wiese
OFFICIAL TITLE OF SIGNER: Exec. V.P.
TYPE OR PRINT NAME OF SIGNER: Greg J Wiese
TELEPHONE NUMBER: (310) 946-6427
DATE: 12-07-92

SCAQMD USE ONLY

APPLICATION NUMBER	TYPE B C D	EQUIPMENT CATEGORY NUMBER	ASSIGNMENT UNIT ENGINEER	CLASS I III IV	ENF. SECT.

ENGR. A R DATE INITIAL	ENGR. A R DATE INITIAL	FEE SCHEDULE $	VALIDATION	CHECK OR MONEY ORDER NUMBER AMOUNT

DISTRIBUTION – WHITE – ENGINEERING – CANARY – ENFORCEMENT – PINK – APPLICANT

T-CHEM PRODUCTS, INC.

9028 DICE ROAD, P.O. BOX 3807
SANTA FE SPRINGS, CA 90670-1807

March 5, 1993

Mr. Emmanuel Ruivivar
South Coast Air Quality Management Department
P.O. Box 4947
Diamond Bar, California 91765

Re: D60679

Dear Mr. Ruivivar:

In response to the scrubber for the Powell continuous Bleach Plant, this information is offered.

The scrubber was offered as an option to the bleach plant and was purchased by T-Chem along with the bleach plant.

The scrubber has a vent line attached to it from the Recycle Tank to scrub chlorine vapor (gas) in the event that not all of the chlorine is reacted in the bleach process. The chlorine off-loading lines are also attached to the scrubber so that at the end of processing the residual liquid and gaseous chlorine can be scrubbed.

The scrubber is in a stand-by mode for 16 hour per day, 6 days a week and actively used for 6 hours per week for evacuating the off-loading lines for disconnection or maintenance on the chlorine system. In the process of evacuating the off-loading lines, the amount of gaseous chlorine to the scrubber is a maximum of 25 SCFM. The scrubber is maintained by a millivolt output and is recharged when the millivolt reading reaches 530 mv.

Sincerely,

Greg J. Wiese/xc

Greg J. Wiese
Executive Vice President

Attachments

cc: Don Thurmond
Nenita Labrador
Bob Brown
Scott Chancellor
Ray Wetter

FACSIMILE: (310) 941-9780 TELEPHONE: (310) 946-6427

DESCRIPTION OF SCRUBBER

- 550 gallon cross linked high density polyethylene tank, (48"D x 78"H), 1/4" wall thickness.

- 1" drain opening on side of tank near bottom consisting of PVC bulkhead fitting, viton gasket, CPVC Sch 80 nipple, and CPVC Chemtrol ballvalve.

- 1" top opening to dilute caustic in, consisting of one-1" PVC threaded bulkhead fitting.

- 4" tank vent and overflow consisting of necessary 4" PVC SCH 80 material to pipe vent to within 2" of the floor.

- 4" recycle tank inlet consisting of 4" CPVC SCH 80 for materials of construction. Inlet to the scrubber tank will start with a 4" CPVC flange, 4" pipe to the bottom of the tank and a 4" cap on the end of the dip pipe. Sparging holes are drilled in the end of the pipe equal in area to the 4" pipe. A 1/4" diameter relief hole is drilled above the liquid level to provide a vacuum break on the recycle tank vent.

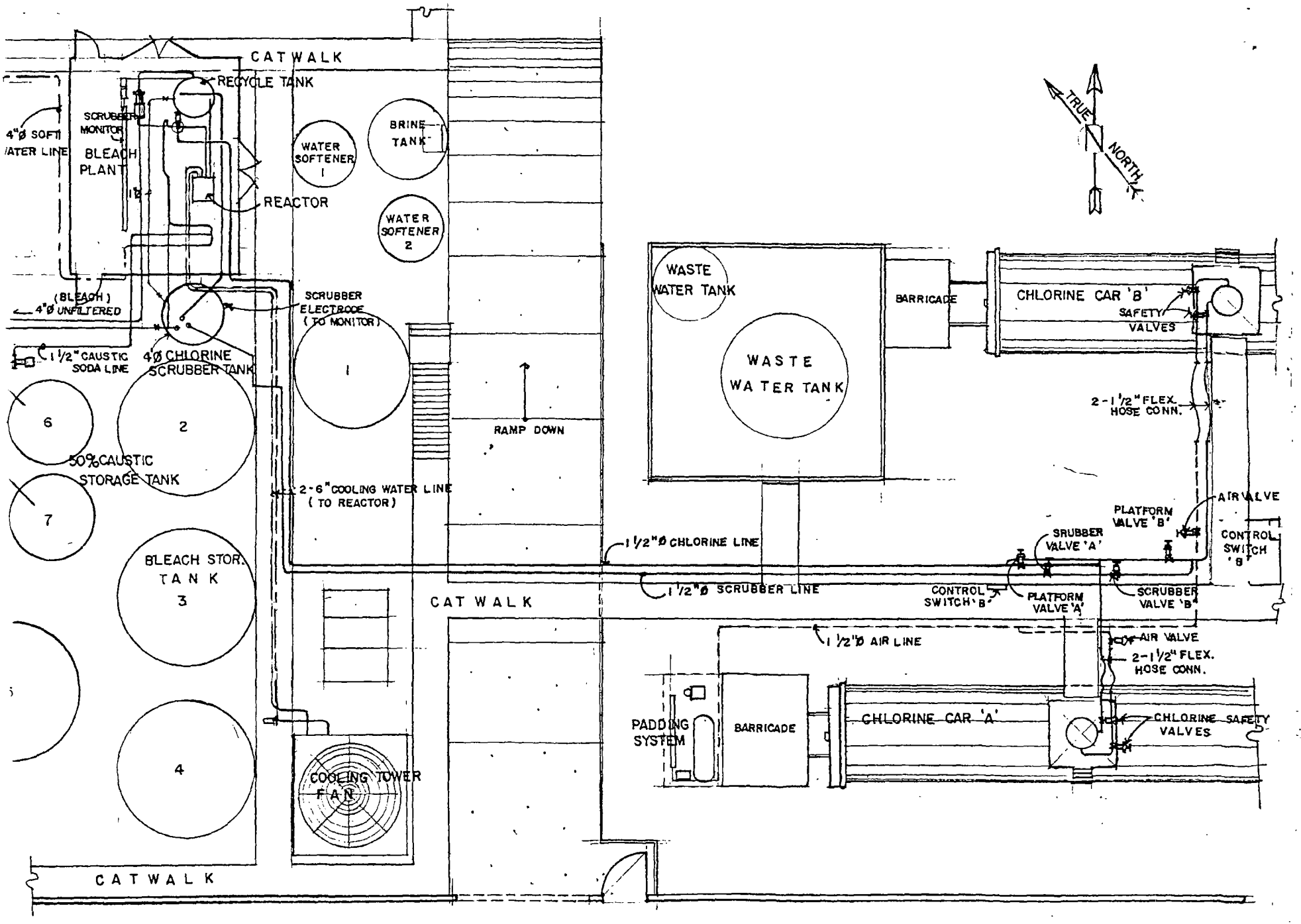
- 1" opening is provided for the chlorine inlet from your chlorine line. This sparging line consists of a 1" SCH 80 Kynar dip pipe to the bottom of the tank. This dip pipe is completely encased inside of a 1-1/2" SCH 80 Kynar dip pipe. The outer dip pipe provides rigidity to the inner pipe fail, serves as a backup. Special Kynar 2A" spacers are drilled and tapped to hold the dip pipes and a Dow Kynar lined 2 x 1 filler flange reduces the connection to 1"-150# flange connection for your use.

Note: You need a barometric loop from your chlorine line to the scrubber tank. The downstream side of the loop should be a lined steel pipe such a Kynar.

- 2" side opening at center of tank for electrodes of PVC bulkhead fittings with viton gasket, CPVC Sch 80 nipple, CPVC flange, Kynar 2" blend flange with 2 - holes drilled and tapped for electrodes, one 1172-42, positive electrode, one 1173-411 negative electrode, each with moisture resistant cap.

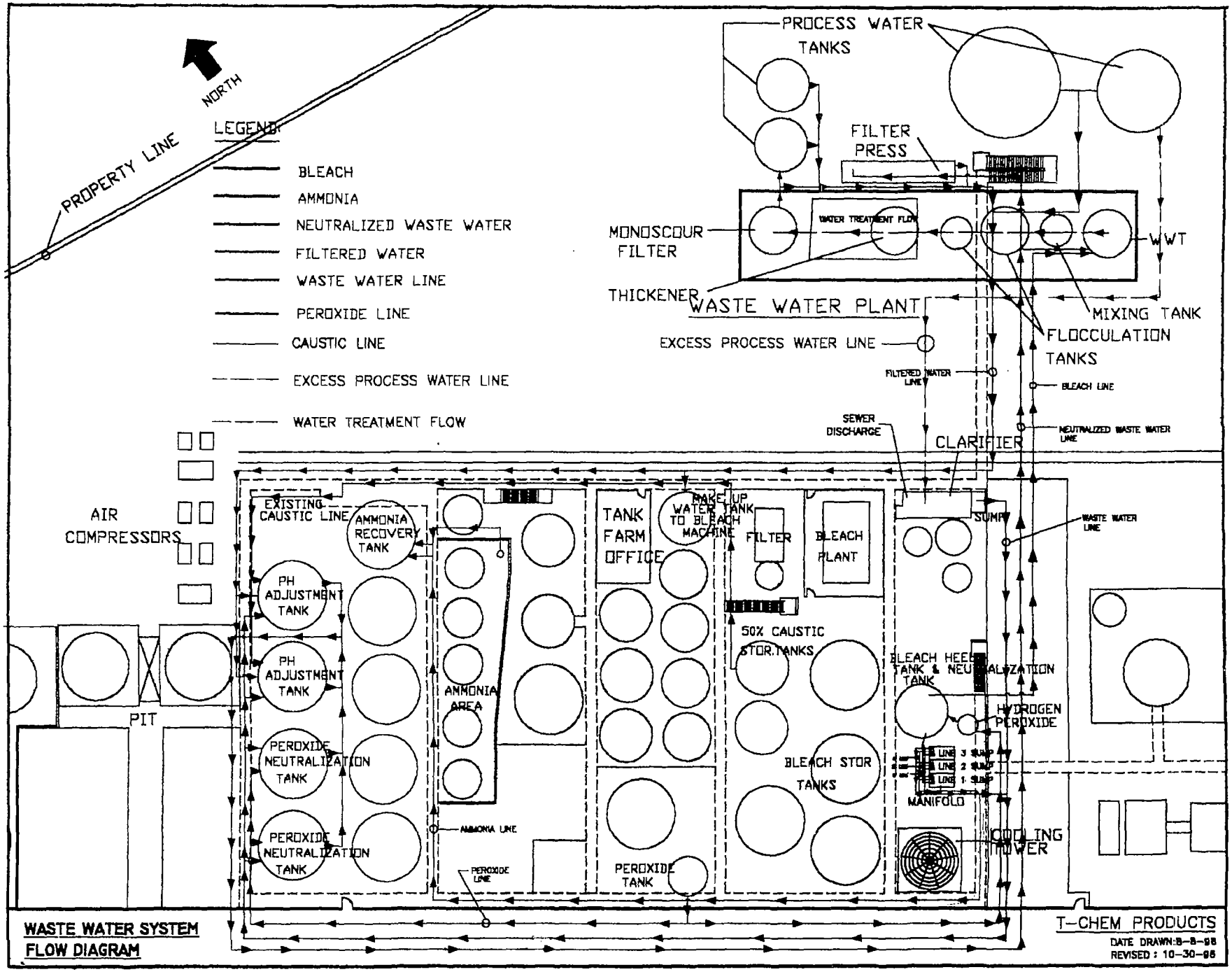
Note: When connected to a D.C. voltmeter this option will tell you when the caustic is lower than 2% of residual. This may help prevent over-chlorination of your scrubber tank.

- 35 feet of 1" Kynar lined steel pipe above the liquid level of the tank. We will provide in addition to the vertical pipe, 2 - 1" Kynar lined elbows and a cut 1" pipe spool approximately 5 feet long. This assumes the scrubber tank is set next to the bleach plant from the platform . After the tank is set into place and the vertical pipe installed, you measure the required horizontal pipe spool and we will fabricate the exact length.



CHLORINE SCRUBBER SYSTEM

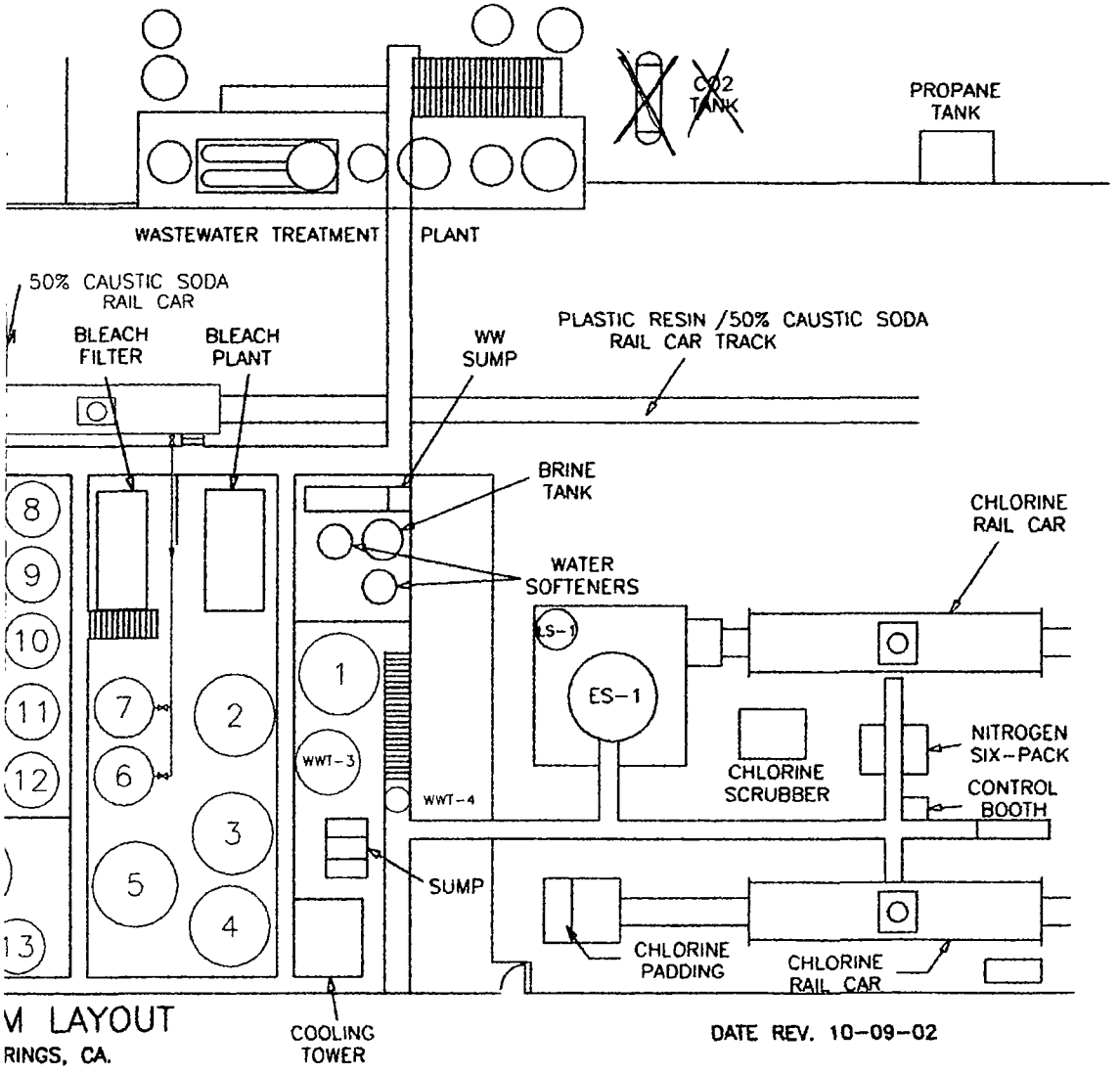
2-24-93


NORTH
PROPERTY LINE
LEGEND:
BLEACH
AMMONIA
NEUTRALIZED WASTE WATER
FILTERED WATER
WASTE WATER LINE
PEROXIDE LINE
CAUSTIC LINE
EXCESS PROCESS WATER LINE
WATER TREATMENT FLOW
PROCESS WATER TANKS
FILTER PRESS
MONOSCOUR FILTER
WWT
THICKENER
WASTE WATER PLANT
MIXING TANK
FLOCCULATION TANKS
EXCESS PROCESS WATER LINE
FILTERED WATER LINE
BLEACH LINE
NEUTRALIZED WASTE WATER LINE
SEWER DISCHARGE
CLARIFIER
AIR COMPRESSORS
EXISTING CAUSTIC LINE
AMMONIA RECOVERY TANK
PH ADJUSTMENT TANK
PH ADJUSTMENT TANK
PEROXIDE NEUTRALIZATION TANK
PEROXIDE NEUTRALIZATION TANK
PIT
AMMONIA AREA
AMMONIA LINE
PEROXIDE LINE
TANK FARM OFFICE
MAKE UP WATER TANK TO BLEACH MACHINE
FILTER
BLEACH PLANT
50% CAUSTIC STOR.TANKS
PEROXIDE TANK
BLEACH STOR TANKS
SUMP
WASTE WATER LINE
BLEACH HEEL TANK & NEUTRALIZATION TANK
HYDROGEN PEROXIDE
MANIFOLD
COOLING TOWER
WASTE WATER SYSTEM
FLOW DIAGRAM
T-CHEM PRODUCTS
DATE DRAWN: 8-8-98
REVISED : 10-30-98

23 AMMONIA
24 AMMONIA
25 AMMONIA
26 AMMONIA
27 29% AQUA AMMONIA
28 BIOSOFT
29 AMMONIA RECOVERY
30 AMMONIA

31 AMMONIA
32 STORAGE
33 AMMONIA
34 WASTEWATER
35 WASTEWATER
36 WASTEWATER
37 WASTEWATER
38 RINSE STORAGE
39 HDPE POLYETHYLENE

43 POLYETHYLENE
44 DETERGENT
45 POTASSIUM HYPOCHLORITE
47 POTASSIUM HYDROXIDE
49 BLENDING
ES-1 CAUSTIC
LS-1 CAUSTIC
WWT-3 WASTE WATER
WWT-4 500 GALS. 50% H2O2



1-18-1

cc: GW

State of California
State Water Resources Control Board

1997-1998

ANNUAL REPORT

FOR
STORM WATER DISCHARGES ASSOCIATED
WITH INDUSTRIAL ACTIVITIES

Reporting Period July 1, 1997 through June 30, 1998

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.**

If any information contained in Items A, B, and C below is incorrect, please cross out or highlight the incorrect information (do not white out or erase) and provide the correct information next to or above the incorrect information.

If you have any questions, please contact your Regional Board Storm Water Program Contact. The address of your Regional Board (where the Annual Report must be filed) along with the name and telephone number of the contact person is indicated below.

REGIONAL BOARD INFORMATION:

LOS ANGELES REGIONAL WATER BOARD
101 CENTRE PLAZA DR.
MONTEREY PARK, CA 91754-2156

DAN RADULESCU
(213) 266-7630

GENERAL INFORMATION

A. Facility WDID NO: 4 19S000151

B. Facility Operator Information:

T-CHEM
9028 DICE ROAD
SANTA FE SPRINGS, CA 90670-1807

Contact Person: DERELL JOHNSON/GREG WIESE
Phone: (213) 946-6427

C. Facility Information:

T-CHEM

9028 DICE ROAD

SANTA FE SPRINGS, CA 90670-1

Contact Person: DERELL JOHNSON/GREG WI (213) 946-6427

SIC Code(s):

2841 Soap & Other Detergents, except Specialty Cleaners

4. For each storm event sampled, did you collect and analyze a sample from each of the facilitys' storm water discharge locations? [X] 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? [X] YES [ ] NO, attach explanation

7. Was all storm water sampling preceded by three (3) working days without a storm water discharge? [X] YES [ ] NO, attach explanation

8. Were there any discharges of stormwater that had been temporarily stored or contained? (such as from a pond) [ ] YES [X] 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. Is your facility required to analyze additional parameters listed in Table D of the General Permit? [ ] YES [X] 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:

_____ The parameter has not been detected in significant quantities from the last two consecutive sampling events. **Attach explanation**

_____ The parameter 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.

4. For each storm event sampled, did you collect and analyze a sample from each of the facilitys' storm water discharge locations? [X] 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? [X] YES [ ] NO, attach explanation

7. Was all storm water sampling preceded by three (3) working days without a storm water discharge? [X] YES [ ] NO, attach explanation

8. Were there any discharges of stormwater that had been temporarily stored or contained? (such as from a pond) [ ] YES [X] 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. Is your facility required to analyze additional parameters listed in Table D of the General Permit? [ ] YES [X] 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:

_____ The parameter has not been detected in significant quantities from the last two consecutive sampling events. **Attach explanation**

_____ The parameter 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.

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.**

	YES	NO		YES	NO
October	☐	☒	February	☐	☒
November	☒	☐	March	☒	☐
December	☒	☐	April	☐	☒
January	☐	☒	May	☐	☒

2. Report monthly wet season visual observations using **Form 4** or provide the following information.

   a. date, time, and location of observation
   b. name and title of observer
   c. characteristics of the discharge (i.e., odor, color, etc.) and source of any pollutants observed.
   d. 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 occured 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

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? [X] 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

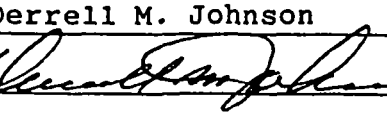
Answer the questions below to help you determine what should be attached to this annual report. Answer NA (Not Applicable) to questions 2-4 if you are not required to provide those attachments.

1. Have you attached Forms 1,2,3,4, and 5 or their equivalent?	[X] YES (Mandatory)		
2. If you conducted sampling and analysis, have you attached the laboratory analytical reports?	[X] 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	[X] 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?	[X] 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: Derrell M. Johnson

Signature:  Date: 6/26/98

Title: Safety/Environmental Supervisor

SD USE ONLY

AB REPORT	SIGNATURE
☐ N ☐	Y ☐ N ☐
TE RECEIVED	INITIALS

SANITATION DISTRICTS OF LOS ANGELES COUNTY
Charles N Carry Chief Engineer & General Manager
For information please call (562) 699-7411 ext 2900

INDUSTRIAL WASTEWATER SELF MONITORING REPORT

Report due no later than **01/15/99**

CC

PERMIT NO 013623

SURCHARGE ACCOUNT NO 1975174

ame of Company Having Wastewater Discharge: -CHEM PRODUCTS INC D	2 Has the Ownership or Occupancy Changed Since the Last Report? ☐ Yes ☒ No
ddress of Wastewater Discharge: 028 DICE RD SANTA FE SPRINGS CA 90670	4 Name of Industrial Wastewater Contact: MR. DERRELL JOHNSO; 5. Phone No: (310 906-2240
ailing Address (If Different From Above): 028 DICE RD SANTA FE SPRINGS CA 90670	7. Sic No (s): 2841; 8. Reporting Period From: 07/01/98 To: 12/31/98
Print) Name of Company Collecting Wastewater Sample: T-chem	10. (Print) Sample Date: 10/20/98; 11 (Print) Sample Location(s): sample Box
Daily Wastewater Discharge For Reporting Period (Gal) erage 2894 ximum 3000	13. Method For Determining Wastewater Flow For Sampling Day (Z01, Z02): ☒ Direct Measurement ☐ Adjusted Metered Water Supply ☐ No Discharge During Reporting Period; 14 Type of Composite Sample: ☒ Time Composite ☐ Flow Proportioned Composite

NOTE

ODE			RESULTS (2)	LAB CODE (3)
01	WASTEWATER FLOW, TOTAL(GPD)			
02	WASTEWATER FLOW,PEAK(GPM)			
01	PH (UNITS)	GRAB	10.1	10143
11	TEMPERATURE (DEG.F.)			
51	SUSPENDED SOLIDS (MG/L)	COMPOSITE	28	10143
52	SOLUBLE SULFIDE (MG/L)	GRAB	<0.10	10143
15	SURFACTANTS (MBAS) (MG/L)	COMPOSITE	3.88	10143
03	TOTAL COD (MG/L)	COMPOSITE	1,180	10143
08	OIL & GREASE (MG/L)	GRAB	<5	10143

Report the test results from the most recent sample collected within the reporting period and include all laboratory test sheets with the self-monitoring report form
Test results are valid only if the correct sampling method is observed and the laboratory analysis is performed by a State or Sanitation Districts' approved laboratory
Indicate the appropriate laboratory certification I D. Code for each testing parameter.

CERTIFICATION BY PERMITEE

ertify 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 erly 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 formation 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 e and imprisonment for knowing violations.

ature of responsible company official [signature] Date 1/14/99

ame of official DERRELL JOHNSON Title SAFETY / ENVIRO. SUPV

se submit this report to Sanitation Districts of Los Angeles County Industrial Waste Section PO Box 4998 Whittier, CA 90607

Weck Laboratories, Inc.

Analytical & Environmental Services

Client: T-Chem Products
9028 Dice Road
Santa Fe Springs, CA 90670-1807

Report Date: October 28, 1998
Received Date: October 20, 1998
Tuesday 14:55/TGN

Attn.: Nita Labrador x214 (562) 946-6427 x FAX (562) 941-9780

Project Name:
Project #:
Purchase Order #: 25180___ Normal Turnaround

Certificate of Analysis

Lab#: 9827998 **Sample ID:** Composite 10/20/98 **Matrix:** Waste Water
Sampled By: Client **Date:** 10/20/1998 **Time:**

Parameter	Result	Units	PQL	Method	Analyzed	Run #
pH	10.1	Units		SM4500-H B	10/20/1998	98145728
Total Suspended Solids	28	mg/L	5	EPA 160.2	10/21/1998	98145781
Sulfides, Dissolved	ND	mg/L	0.10	SM 4500S2 D	10/21/1998	98145820
MBAS, calculated as LAS MW 342	3.88	mg/L	1	SM 5540C	10/22/1998	98145885
Chemical Oxygen Demand	1,180	mg/L	5	EPA 410.4	10/22/1998	98145848
Oil & Grease	ND	mg/L	5	EPA 413.1	10/22/1998	98145847

ND = Not Detected
PQL = Practical Quantifiable Limit
e = Estimated (> MDL, but < PQL)

Authorized Signature

Any remaining sample(s) for testing will be disposed of three weeks from the final report date unless other arrangements are made in advance.

CALIFORNIA LAND USE CONTROLS

LOCATION: 9028 Dice Road, Santa Fe Springs, California

FLOOD DISASTER PROTECTION ACT OF 1973

1. Property is located within the city limits.

2. The subject property is located within FEMA Special Flood Hazard Area Zone C

3. Community-Panel Number 060158 001B, effective date 4/15/80.

4. Contact: Public Works, L.A. County Phone Number (818) 458-4306

5. The community is participating in the insurance program.

6. Regular insurance is available.

7. A map has been published.

ENVIRONMENTAL QUALITY ISSUES AND LAND USE RESTRICTIONS

8. The property does not require a **special study report such as an Environmental Impact Report-EIR** (as per the California Environmental Quality Act of 1970) before approvals can be granted (only on proposed construction.)

9. A **special study report** (i.e. EIR) has not been issued; **and is required.**

10. The property is not **located within a seismic special studies zone.** (In California, these are designated by the State Division of Mines and Geology, according to the Alquist-Priolo Special Studies Zones Act of 1972.)

11. The community has **adopted a seismic element to its general plan.**

12. The property is not within the **Coastal Resources Management Area (CRMA)** as established by the California Coastal Act of 1976.

13. There are not local **governmental laws, ordinances, or acts which would impede development** of the project.

14. The property is not subject to the **California Land Conservation Act of 1965 (Williamson Act).**

15. The property is not within a **"Wetlands" area as designated by the U.S. Army Corps. of Engineers.**

ENVIRONMENTAL CHECKLIST

LOCATION: 9028 Dice Road, Santa Fe Springs, California

COMPLETED BY: Bill Bailey

	OBSERVED	
	Yes	No
A. **Site Use/History:** Has any evidence of site clearing in the past, which could indicate the vacant site had a previous improved use, been observed?	☐	☒
Does the site appear to have ever been used for agricultural, commercial, or industrial activity in the past?	☐	☒
Have any adjacent or nearby facilities been reported to have known environmental problems?	☐	☒
x.**Asbestos:** Do any buildings or other improvements located on the property appear to potentially contain asbestos?	☐	☒
C.**PCB-Containing Equipment:** Have any electrical transformers or similar looking equipment been observed on the site?	☐	☒
D.**Storage, Tanks, Drums, Pipelines:** Have any underground storage tanks (UST) been observed to be present on the property?	☒	☐
Have any drums or other containers which may contain chemicals been observed on the property?	☒	☐
E.**Air Emissions:** Have any distinctive chemical odors been noted on the property?	☐	☒
F.**Water and Wastewater:** Have any signs of stains or seepage on the ground been observed?	☐	☒
G.**Waste Generation, Storage and Disposal:** Does the site appear to have ever been used for waste disposal, treatment or storage?	☐	☒
H.**Pesticides/Herbicides and Agricultural Chemicals:** Have any unexplained areas of vegetation stress been observed at the site?	☐	☒

The answers provided for completion of this checklist are based on visual observations undertaken as part of the normal field inspection of the property by the appraiser or otherwise supportable indications of the site conditions. The appraiser is not qualified to confirm or deny the existence of hazardous conditions and completion of this checklist is not to be construed as such confirmation or denial. Confirmation of site conditions relative to hazardous materials and/or wastes would require assessment by a duly qualified professional with direct training and experience in environmental assessment of real property.

Initials / Date: WAB 4/11/92

INSURABLE VALUE WORKSHEET

LOCATION: 9028 Dice Road, Santa Fe Springs, California

INSURABLE VALUE

Structure(s)[1]	$	$3,829,255
Plus: Tenant Improvements (Currently In-Place)	$	$ 0
Plus: Tenant Improvements (Yet To Be Installed)	$	$ 0
Plus: FF & E[2]	$	
TOTAL INSURABLE VALUE[3]	$	$3,830,000

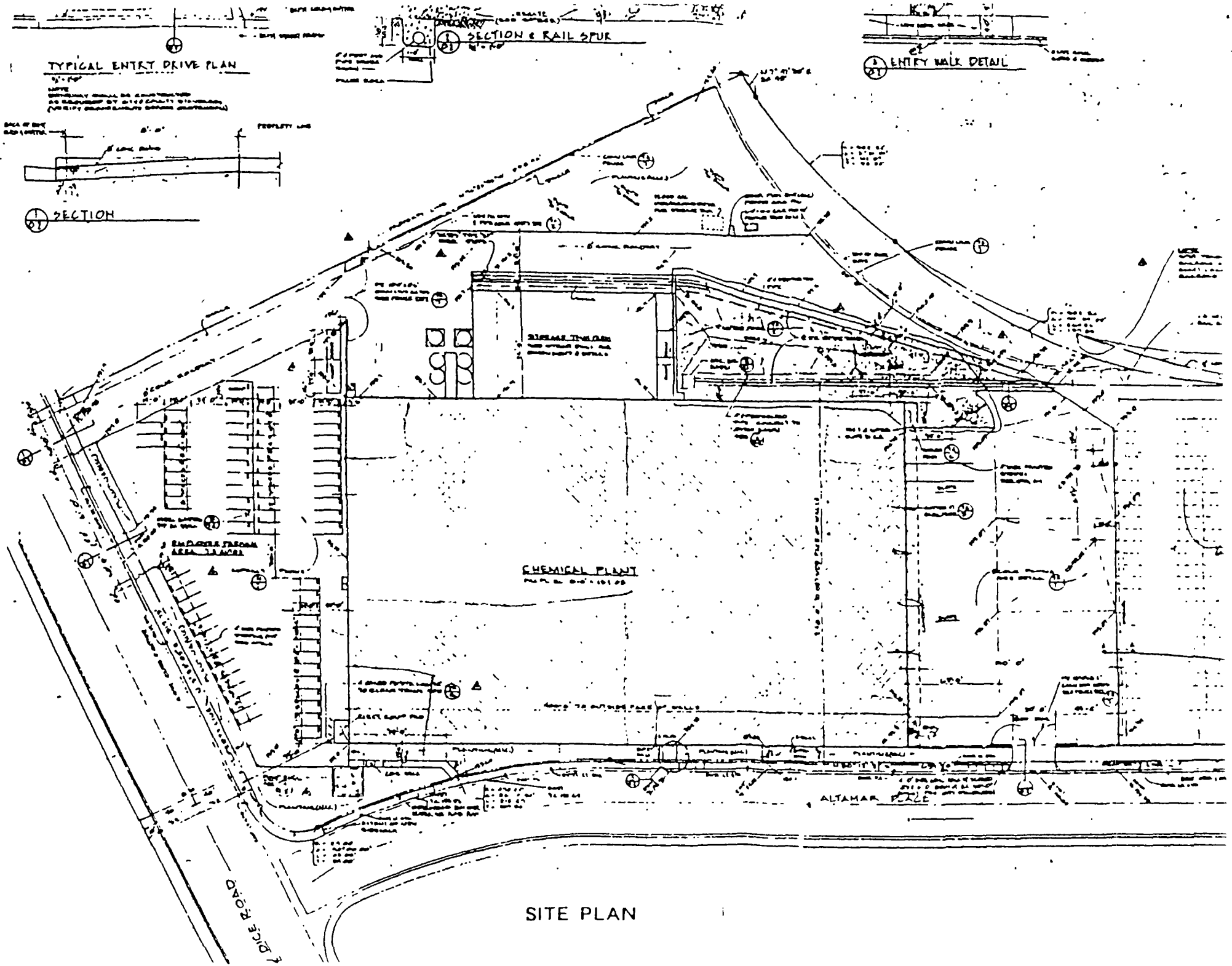
---

[1] This estimate is based on "Replacement Costs New" (i.e., no depreciation) and should reflect only "direct" or "hard" construction costs such as construction labor and materials; repair design/engineering; permit fees; and contractor's profit, contingency, and overhead. It should not include surveys, site development, financing, or land acquisition costs. **If Marshall Valuation costs are used, all indirect cost items (A&E Fees, Construction Interest, etc.) must be netted out. Marshall's indirect cost items typically constitute about 10% of their estimate.**

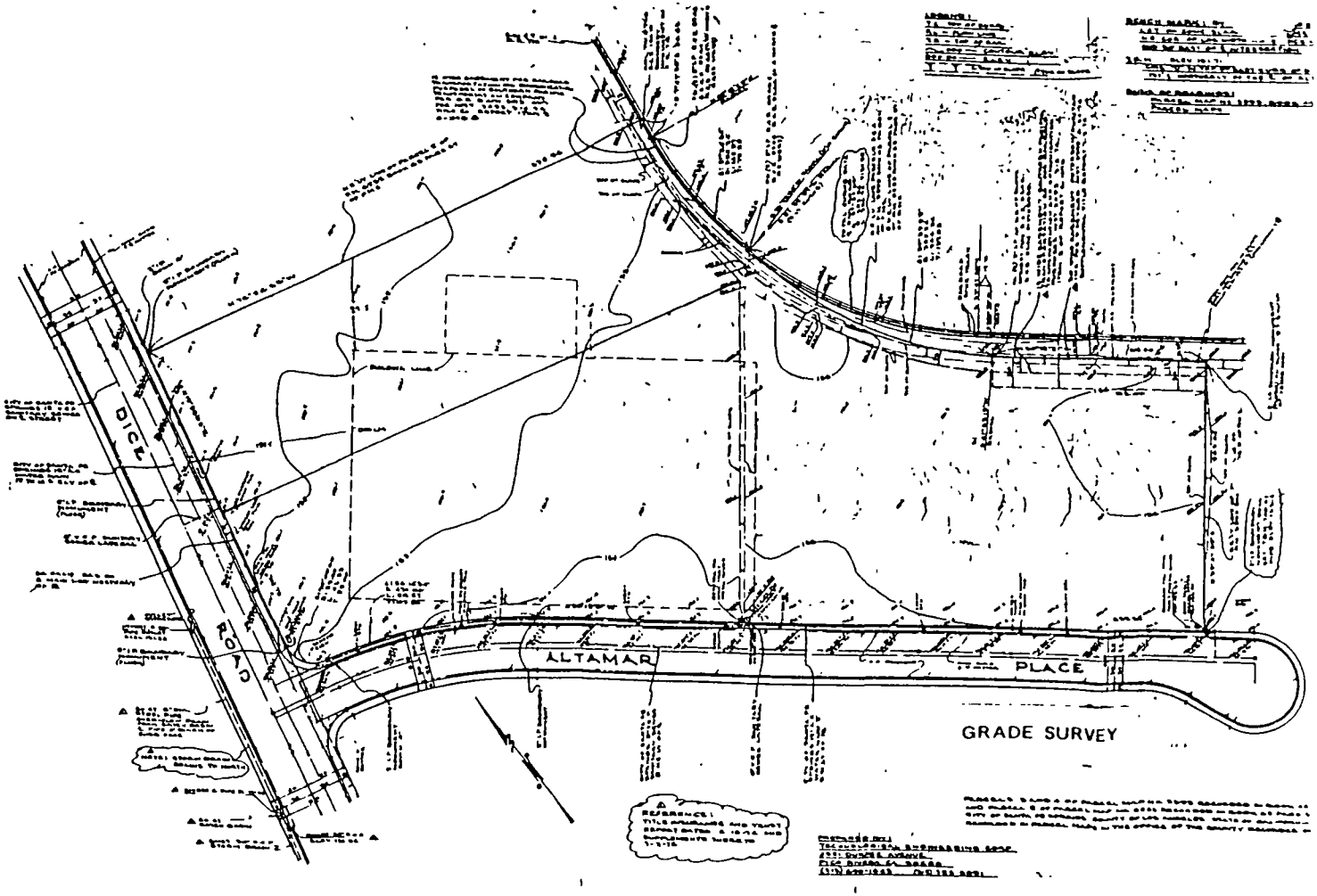
For commercial and industrial properties this would reflect the cost of the shell. For subdivisions (including condos and PUDs) this would reflect the cost per unit plus the cost of the garage multiplied by the number of units.

[2] 100% of the "Value in Exchange" of any personal property necessary for the operation, management, and marketing of the project and/or going concern. Examples are the refrigerators and drapes in an apartment, the kitchen equipment in a restaurant, and furnishings of a hotel. This estimate must be made by either an FF&E Specialist or an appraiser with the appropriate expertise.

[3] Rounded up to the nearest $10,000.


TYPICAL ENTRY DRIVE PLAN
SECTION
SECTION @ RAIL SPUR
ENTRY WALK DETAIL
CHEMICAL PLANT
ALTAMAR
POLICE ROAD

SITE PLAN


DICE
ROAD
ALTAMAR
PLACE
GRADE SURVEY

August 23, 2007

Los Angeles Region Water Quality Control Board
320 West 4th Street, Ste. 200
Los Angeles, CA 90013

Re: 2006-2007Annual Report
WDID#: 419I05890
KIK-SoCal Inc.
9028 Dice Road
Santa Fe Springs, CA 90670

To Whom It May Concern:

Enclosed is KIK-SoCal Inc.'s 2006-2007 Annual Report. It was completed at U.S. Compliance Corporation with information supplied by Ray Wetter of KIK-SoCal Inc.

If you have any questions or concerns in regards to this Annual Report, you may contact either Ray Wetter at (562) 946-6427 or Miranda Clark at (952) 252-3000 ext. 102 at U.S. Compliance Corporation or by email at mclark@uscompliance.com.

Sincerely,

Raymond Wetter

Ray Wetter
Logistics Manager

Enclosures

cc: Miranda Clark, Environmental Specialist – U.S. Compliance Corporation

State of California
STATE WATER RESOURCES CONTROL BOARD

2006-2007

ANNUAL REPORT

FOR
STORM WATER DISCHARGES ASSOCIATED
WITH INDUSTRIAL ACTIVITIES

Reporting Period July 1, 2006 through June 30, 2007

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 office addresses can be found at http://www swrcb.ca.gov/stormwtr/contact.html. To find your Regional Board information, match the first digit of your WDID number with the corresponding number that appears in parenthesis on the first line of each Regional Board office.

GENERAL INFORMATION:

A. *Facility Information:*

Facility WDID No: 419I05890

Facility Business Name: KIK-SoCal Inc.
Contact Person. Ray Wetter
Physical Address: 9028 Dice Road
e-mail RWetter@KIKCORP com
City: Santa Fe Springs
CA Zip: 90670 Phone (562) 946-6427
Standard Industrial Classification (SIC) Code(s). 2841

B. *Facility Operator Information:*

Operator Name: KIK Southern California
Contact Person: Ray Wetter
Mailing Address: 9028 Dice Road
e-mail. RWetter@KIKCORP com
City. Santa Fe Springs
State CA Zip: 90670 Phone: (562) 946-6427

C. *Facility Billing Information:*

Operator Name. KIK Southern California
Contact Person Ray Wetter
Mailing Address: 9028 Dice Road
e-mail: RWetter@KIKCORP.com
City: Santa Fe Springs
State CA Zip. 90670 Phone: (562) 946-6427

2006-2007

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? 2 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? 2

4. For each storm event sampled, did you collect and analyze a sample from each of the facilitys' storm water discharge locations? [X] 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? [X] YES [ ] NO, **attach explanation**

7. Was all storm water sampling preceded by three (3) working days without a storm water discharge? [X] YES [ ] NO, **attach explanation**

8. Were there any discharges of stormwater that had been temporarily stored or contained? (such as from a pond) [ ] YES [X] 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)? [X] YES [ ] NO, Go to Item E 11

    b. Did you analyze all storm water samples for the applicable parameters listed in Table D? [X] 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	[X]	[ ]	February	[X]	[ ]
November	[X]	[ ]	March	[X]	[ ]
December	[X]	[ ]	April	[X]	[ ]
January	[X]	[ ]	May	[X]	[ ]

2. Report monthly wet season visual observations using **Form 4** or provide the following information

   a date, time, and location of observation
   b. name and title of observer
   c. characteristics of the discharge (i.e., odor, color, etc.) and source of any pollutants observed
   d. 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? [X] YES [ ] NO
   The following areas should be inspected

   - areas where spills and leaks have occured 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? [X] 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: [X] 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? [X] 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? [X] 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? [X] 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? [X] 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? [X] 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: Bob Brown

Signature: _____ Date: 3-24-07

Title: General Manager

Attachment to 2006-2007 Annual Report

Form 1:
Sampling and Analysis Results

2006-2007

ANNUAL REPORT

SIDE A

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

NAME OF PERSON COLLECTING SAMPLE(S): Francisco Calvo TITLE: Waste Water Operator SIGNATURE: Francisco Calvo

DESCRIBE DISCHARGE LOCATION Example. NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	ANALYTICAL RESULTS For First Storm Event									
			BASIC PARAMETERS					OTHER PARAMETERS				
			pH	TSS	SC	O&G	TOC	Zinc	N+N			
NW Gate	12/22/06 ☒ AM 7:15 ☐ PM	☒ AM 6:45 ☐ PM	6.8	<10.0	40.1	<5 9	5 8	0.372	1.0			
NE Drain	12/22/06 ☒ AM 7:00 ☐ PM	☒ AM 6:30 ☐ PM	6.7	23.8	66.9	<5.6	8.8	0.634	1.8			
	☐ AM ☐ PM	☐ AM ☐ PM										
	☐ AM ☐ PM	☐ AM ☐ PM										
TEST REPORTING UNITS			pH Units	mg/l	umho/cm	mg/l	mg/l	mg/l	mg/l			
TEST METHOD DETECTION LIMIT:			NA	10 0	1 0	5.9	2.0	0.02	0.10			
TEST METHOD USED:			EPA 150.1	EPA 160.2	EPA 120.1	EPA 1664	SM 5310C	EPA 200.7	EPA 353.1			
ANALYZED BY (SELF/LAB).			LAB	LAB	LAB	LAB	LAB	LAB	LAB			

TSS - Total Suspended Solids SC - Specific Conductance O&G - Oil & Grease TOC - Total Organic Carbon

2006-2007

ANNUAL REPORT

SIDE B

FORM 1-SAMPLING & ANALYSIS RESULTS

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

NAME OF PERSON COLLECTING SAMPLE(S): Francisco Calvo TITLE: Waste Water Operator SIGNATURE:

DESCRIBE DISCHARGE LOCATION Example NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	ANALYTICAL RESULTS For First Storm Event									
			BASIC PARAMETERS					OTHER PARAMETERS				
			pH	TSS	SC	O&G	TOC	Zinc	N+N			
NW Gate	2/20/07 ☒ AM 9:00 ☐ PM	☒ AM 8:30 ☐ PM	8.2	60 9	103	<7.1	<2.0	0.856	1.2			
NE Drain	2/20/07 ☒ AM 9 20 ☐ PM	☒ AM 8:45 ☐ PM	7.3	18	105	<7.1	<2.0	0.750	1.2			
	☐ AM ☐ PM	☐ AM ☐ PM										
	☐ AM ☐ PM	☐ AM ☐ PM										
TEST REPORTING UNITS:			pH Units	mg/l	umho/cm	mg/l	mg/l	mg/l	mg/l			
TEST METHOD DETECTION LIMIT:			NA	10 0	1 0	7.1	2.0	0.02	0 10			
TEST METHOD USED:			EPA 150.1	EPA 160.2	EPA 120.1	EPA 1664	SM 5310C	EPA 200.7	EPA 353.1			
ANALYZED BY (SELF/LAB).												

TSS - Total Suspended Solids SC - Specific Conductance O&G - Oil & Grease TOC - Total Organic Carbon

Pace Analytical Services, Inc.
1700 Elm Street, Suite 200
Minneapolis MN 55414
Phone (612)607-1700
Fax (612)607-6444

ANALYTICAL RESULTS

Project KIK-SOCAL INC
Pace Project No.: 1044115

Sample: KIK-NW GATE Lab ID: 1044115001 Collected 12/22/06 07 15 Received. 12/23/06 09:30 Matrix. Water

Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
200.7 MET ICP	Analytical Method EPA 200 7 Preparation Method EPA 200 7							
Zinc	372	ug/L	20 0	1	12/27/06 00 00	12/27/06 07:35	7440-66-6	
120.1 Specific Conductance	Analytical Method EPA 120 1							
Specific Conductance	40.1	umhos/cm	1 0	1		12/26/06 20 16		
150.1 pH	Analytical Method EPA 150 1							
pH	6.8	Std. Units		1		12/27/06 15 57		H6
160.2 Total Suspended Solids	Analytical Method EPA 160 2							
Total Suspended Solids	ND	mg/L	10 0	1		12/27/06 00 00		
1664 HEM, Oil and Grease	Analytical Method EPA 1664 OG							
Oil and Grease	ND	mg/L	5 9	1		01/03/07 09 22		
353.1 *Nitrate + Nitrite pres.*	Analytical Method EPA 353 1							
Nitrogen, NO2 plus NO3	1.0	mg/L	0 10	1		12/29/06 12.23		

This report shall not be reproduced except in full,
without the written consent of Pace Analytical Services Inc.

Pace Analytical Services, Inc.
1700 Elm Street, Suite 200
Minneapolis MN 55414
Phone (612)607-1700
Fax (612)607-6444

ANALYTICAL RESULTS

Project: KIK-SOCAL INC
Pace Project No: 1044115

Sample: KIK-NE DRAIN | Lab ID: 1044115002 | Collected: 12/22/06 07:00 | Received: 12/23/06 09:30 | Matrix: Water

Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No	Qual
200.7 MET ICP	Analytical Method: EPA 200.7		Preparation Method: EPA 200.7					
Copper	816	ug/L	10.0	1	12/27/06 00:00	12/27/06 07:35	7440-50-8	
Lead	16.9	ug/L	3.0	1	12/27/06 00:00	12/27/06 07:35	7439-92-1	
Zinc	634	ug/L	20.0	1	12/27/06 00:00	12/27/06 07:35	7440-66-6	
120.1 Specific Conductance	Analytical Method: EPA 120.1							
Specific Conductance	66.9	umhos/cm	1.0	1		12/26/06 20:16		
150.1 pH	Analytical Method: EPA 150.1							
pH	6.7	Std. Units		1		12/27/06 15:57		H6
160.2 Total Suspended Solids	Analytical Method: EPA 160.2							
Total Suspended Solids	23.8	mg/L	10.0	1		12/27/06 00:00		
1664 HEM, Oil and Grease	Analytical Method: EPA 1664 OG							
Oil and Grease	ND	mg/L	5.6	1		01/03/07 09:22		
353.1 Nitrate + Nitrite pres.	Analytical Method: EPA 353.1							
Nitrogen, NO2 plus NO3	1.8	mg/L	0.20	2		12/29/06 12:42		

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Phone (612)607-1700
Fax (612)607-6444

QUALITY CONTROL DATA

Project: KIK-SOCAL INC
Pace Project No 1044115

QC Batch: WET/8406 Analysis Method EPA 120 1
QC Batch Method: EPA 120 1 Analysis Description 120 1 Specific Conductance
Associated Lab Samples 1044115001, 1044115002

METHOD BLANK: 297619
Associated Lab Samples 1044115001, 1044115002

Parameter	Units	Blank Result	Reporting Limit	Qualifiers
Specific Conductance	umhos/cm	ND	1 0	

LABORATORY CONTROL SAMPLE: 297620

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Specific Conductance	umhos/cm	1000	1000	100	90-110	

SAMPLE DUPLICATE: 297621

Parameter	Units	173069001 Result	Dup Result	RPD	Qualifiers
Specific Conductance	umhos/cm	1 3	1 2	7	

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QUALITY CONTROL DATA

Project: KIK-SOCAL INC
Pace Project No 1044115

QC Batch MPRP/8085 Analysis Method EPA 200 7
QC Batch Method: EPA 200 7 Analysis Description: 200.7 MET
Associated Lab Samples: 1044115001, 1044115002

METHOD BLANK: 297695
Associated Lab Samples: 1044115001, 1044115002

Parameter	Units	Blank Result	Reporting Limit	Qualifiers
Copper	ug/L	ND	10 0	
Lead	ug/L	ND	3 0	
Zinc	ug/L	ND	20 0	

LABORATORY CONTROL SAMPLE: 297696

Parameter	Units	Spike Conc	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Copper	ug/L	1000	987	99	85-115	
Lead	ug/L	1000	985	98	85-115	
Zinc	ug/L	1000	1020	102	85-115	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 297697 297698

Parameter	Units	879584001 Result	MS Spike Conc.	MSD Spike Conc	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Qual
Copper	ug/L	41 4	1000	1000	1010	1010	97	. 97	70-130	0	
Lead	ug/L	ND	1000	1000	922	918	92	92	70-130	.4	
Zinc	ug/L	66 4	1000	1000	1030	1020	96	95	70-130	1	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 297699 297700

Parameter	Units	1044115002 Result	MS Spike Conc	MSD Spike Conc	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Qual
Copper	ug/L	816	1000	1000	1820	1830	100	101	70-130	5	
Lead	ug/L	16 9	1000	1000	1040	1030	102	101	70-130	1	
Zinc	ug/L	634	1000	1000	1650	1660	102	103	70-130	6	

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nelac

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QUALITY CONTROL DATA

Project KIK-SOCAL INC
Pace Project No. 1044115

QC Batch WET/8415 Analysis Method EPA 150 1
QC Batch Method. EPA 150 1 Analysis Description 150.1 pH
Associated Lab Samples 1044115001, 1044115002

LABORATORY CONTROL SAMPLE: 297727

Parameter	Units	Spike Conc	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
pH	Std Units	5	5 0	100	98-102	H6

SAMPLE DUPLICATE 297728

Parameter	Units	1044040001 Result	Dup Result	RPD	Qualifiers
pH	Std Units	4 7	4 7	0	H6

SAMPLE DUPLICATE: 297729

Parameter	Units	1044115001 Result	Dup Result	RPD	Qualifiers
pH	Std Units	6 8	6 8	7	H6

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QUALITY CONTROL DATA

Project: KIK-SOCAL INC
Pace Project No.: 1044115

QC Batch: WET/8419 — Analysis Method: EPA 160.2
QC Batch Method: EPA 160.2 — Analysis Description: 160.2 Total Suspended Solids
Associated Lab Samples: 1044115001, 1044115002

METHOD BLANK: 297849
Associated Lab Samples: 1044115001, 1044115002

Parameter	Units	Blank Result	Reporting Limit	Qualifiers
Total Suspended Solids	mg/L	ND	10.0	

METHOD BLANK: 297852
Associated Lab Samples: 1044115001, 1044115002

Parameter	Units	Blank Result	Reporting Limit	Qualifiers
Total Suspended Solids	mg/L	ND	10.0	

LABORATORY CONTROL SAMPLE: 297850

Parameter	Units	Spike Conc	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Total Suspended Solids	mg/L	100	91.5	92	80-120	

SAMPLE DUPLICATE: 297851

Parameter	Units	1044082001 Result	Dup Result	RPD	Qualifiers
Total Suspended Solids	mg/L	21.8	23.2	6	

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QUALITY CONTROL DATA

Project KIK-SOCAL INC
Pace Project No. 1044115

QC Batch WETA/4425 — Analysis Method EPA 353 1
QC Batch Method EPA 353 1 — Analysis Description 353 1 Nitrate + Nitrite, preserved
Associated Lab Samples 1044115001, 1044115002

METHOD BLANK. 298324
Associated Lab Samples 1044115001, 1044115002

Parameter	Units	Blank Result	Reporting Limit	Qualifiers
Nitrogen, NO2 plus NO3	mg/L	ND	0 10	

LABORATORY CONTROL SAMPLE 298325

Parameter	Units	Spike Conc	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Nitrogen, NO2 plus NO3	mg/L	1	1.1	106	90-110	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE 298326 298327

Parameter	Units	1044115001 Result	MS Spike Conc	MSD Spike Conc	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Qual
Nitrogen, NO2 plus NO3	mg/L	1 0	1	1	1 9	2 0	88	102	80-120	7	

SAMPLE DUPLICATE 298328

Parameter	Units	1044115002 Result	Dup Result	RPD	Qualifiers
Nitrogen, NO2 plus NO3	mg/L	1 8	1 8	2	

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QUALITY CONTROL DATA

Project KIK-SOCAL INC
Pace Project No 1044115

QC Batch WET/8448
QC Batch Method EPA 1664 OG
Analysis Method EPA 1664 OG
Analysis Description 1664 HEM, Oil and Grease
Associated Lab Samples 1044115001, 1044115002

METHOD BLANK 298787
Associated Lab Samples 1044115001, 1044115002

Parameter	Units	Blank Result	Reporting Limit	Qualifiers
Oil and Grease	mg/L	ND	5.0	

LABORATORY CONTROL SAMPLE & LCSD 298788 298789

Parameter	Units	Spike Conc	LCS Result	LCSD Result	LCS % Rec	LCSD % Rec	% Rec Limits	RPD	Max RPD	Qualifiers
Oil and Grease	mg/L	40	35 4	34 5	88	86	78-114	3	18	

MATRIX SPIKE SAMPLE 298790

Parameter	Units	1044115001 Result	Spike Conc.	MS Result	MS % Rec	% Rec Limits	Qualifiers
Oil and Grease	mg/L	ND	42 1	37 9	84	78-114	

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QUALIFIERS

Project KIK-SOCAL INC
Pace Project No 1044115

DEFINITIONS

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to changes in sample preparation, dilution of the sample aliquot, or moisture content

ND - Not Detected at or above adjusted reporting limit

J - Estimated concentration above the adjusted method detection limit and below the adjusted reporting limit

MDL - Adjusted Method Detection Limit

S - Surrogate

1,2-Diphenylhydrazine (8270 listed analyte) decomposes to Azobenzene

Consistent with EPA guidelines, unrounded data are displayed and have been used to calculate % recovery and RPD values.

LCS(D) - Laboratory Control Sample (Duplicate)

MS(D) - Matrix Spike (Duplicate)

DUP - Sample Duplicate

RPD - Relative Percent Difference

NC - Not Calculable

SAMPLE QUALIFIERS

Sample 1044115001

[1] The samples were received outside of required temperature range. Analysis was completed upon client approval

Sample 1044115002

[1] The samples were received outside of required temperature range. Analysis was completed upon client approval.

ANALYTE QUALIFIERS

H6 Analysis initiated more than 15 minutes after sample collection.

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1241 Bellevue Street, Suite 9
Green Bay, WI 54302
920-469-2436, Fax: 920-469-8827

Analytical Report Number: 879716

Client: PACE ANALYTICAL SERVICES
Lab Contact: Brian Basten

Project Name: US COMPLIANCE

Project Number: 1044115

Lab Sample Number	Field ID	Matrix	Collection Date
879716-001	KIK - NW GATE	WATER	12/22/06 07:15
879716-002	KIK - NE DRAIN	WATER	12/22/06 07:00

MS/MSD: If the Form 3 header for the MS/MSD QC indicates that the MS/MSD was "Batch QC", then the MS/MSD results may not be directly applicable to your samples

I certify that the data contained in this Final Report has been generated and reviewed in accordance with approved methods and Laboratory Standard Operating Procedure. Exceptions, if any, are discussed in the accompanying sample comments. Release of this final report is authorized by Laboratory management, as is verified by the following signature. This report shall not be reproduced, except in full, without the written consent of Pace Analytical Services, Inc. The sample results relate only to the analytes of interest tested.

Approval Signature

1-2-07
Date

Pace Analytical Services, Inc.

1241 Bellevue Street
Green Bay, WI 54302
920-469-2436

Analytical Report Number: 879716

Client : PACE ANALYTICAL SERVICES
Project Name : US COMPLIANCE
Project Number : 1044115
Field ID : KIK - NW GATE

Matrix Type : WATER
Collection Date : 12/22/06
Report Date : 01/02/07
Lab Sample Number : 879716-001

INORGANICS

Test	Result	EQL	Dilution	Units	Code	Anl Date	Prep Method	Anl Method
TOC as NPOC	5 8	2.0	1	mg/L		01/02/07	SM 5310C	SM 5310C

Pace Analytical
Services, Inc.

Analytical Report Number: 879716

1241 Bellevue Street
Green Bay, WI 54302
920-469-2436

Client : PACE ANALYTICAL SERVICES
Project Name : US COMPLIANCE
Project Number : 1044115
Field ID : KIK - NE DRAIN

Matrix Type : WATER
Collection Date : 12/22/06
Report Date : 01/02/07
Lab Sample Number : 879716 002

INORGANICS

Test	Result	EQL	Dilution	Units	Code	Anl Date	Prep Method	Anl Method
TOC as NPOC	8 8	2 0	1	mg/L	X	01/02/07	SM 5310C	SM 5310C

Pace Analytical Services, Inc.

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Green Bay, WI 54302
920-469-2436
Fax 920-469-8827

Lab Number	TestGroupID	Field ID	Comment
879716-002	W-TOC-W	KIK - NE DRAIN	X - Unable to achieve 10% RPD on consecutive injections. The average of 5 injections was reported

Qualifier Codes

Flag	Applies To	Explanation
A	Inorganic	Analyte is detected in the method blank. Method blank criteria is evaluated to the laboratory method detection limit. Additionally, method blank acceptance may be based on project specific criteria or determined from analyte concentrations in the sample and are evaluated on a sample by sample basis
B	Inorganic	The analyte has been detected between the method detection limit and the reporting limit.
B	Organic	Analyte is present in the method blank. Method blank criteria is evaluated to the laboratory method detection limit. Additionally, method blank acceptance may be based on project specific criteria or determined from analyte concentrations in the sample and are evaluated on a sample by sample basis.
C	All	Elevated detection limit.
D	All	Analyte value from diluted analysis or surrogate result not applicable due to sample dilution.
E	Inorganic	Estimated concentration due to matrix interferences. During the metals analysis the serial dilution failed to meet the established control limits of 0-10%. The sample concentration is greater than 50 times the IDL for analysis done on the ICP or 100 times the IDL for analysis done on the ICP-MS. The result was flagged with the E qualifier to indicate that a physical interference was observed.
E	Organic	Analyte concentration exceeds calibration range
F	Inorganic	Due to potential interferences for this analysis by Inductively Coupled Plasma techniques (SW-846 Method 6010), this analyte has been confirmed by and reported from an alternate method.
F	Organic	Surrogate results outside control criteria.
G	All	The result is estimated because the concentration is less than the lowest calibration standard concentration utilized in the initial calibration. The method detection limit is less than the reporting limit specified for this project.
H	All	Preservation, extraction or analysis performed past holding time.
HF	Inorganic	This test is considered a field parameter, and the recommended holding time is 15 minutes from collection. The analysis was performed in the laboratory beyond the recommended holding time
J	All	Concentration detected equal to or greater than the method detection limit but less than the reporting limit.
K	Inorganic	Sample received unpreserved. Sample was either preserved at the time of receipt or at the time of sample preparation.
K	Organic	Detection limit may be elevated due to the presence of an unrequested analyte
L	All	Elevated detection limit due to low sample volume.
M	Organic	Sample pH was greater than 2
N	All	Spiked sample recovery not within control limits.
O	Organic	Sample received overweight.
P	Organic	The relative percent difference between the two columns for detected concentrations was greater than 40%.
Q	All	The analyte has been detected between the limit of detection (LOD) and limit of quantitation (LOQ) The results are qualified due to the uncertainty of analyte concentrations within this range.
S	Organic	The relative percent difference between quantitation and confirmation columns exceeds internal quality control criteria. Because the result is unconfirmed, it has been reported as a non-detect with an elevated detection limit.
U	All	The analyte was not detected at or above the reporting limit.
V	All	Sample received with headspace.
W	All	A second aliquot of sample was analyzed from a container with headspace
X	All	See Sample Narrative
Z	Organics	This compound was separated in the check standard but it did not meet the resolution criteria as set forth in SW846
&	All	Laboratory Control Spike recovery not within control limits.
*	All	Precision not within control limits.
+	Inorganic	The sample result is greater than four times the spike level; therefore, the percent recovery is not evaluated.
<	All	The analyte was not detected at or above the reporting limit.
1	Inorganic	Dissolved analyte or filtered analyte greater than total analyte; analyses passed QC based on precision criteria.
2	Inorganic	Dissolved analyte or filtered analyte greater than total analyte; analyses failed QC based on precision criteria.
3	Inorganic	BOD result is estimated due to the BOD blank exceeding the allowable oxygen depletion.
4	Inorganic	BOD duplicate precision not within control limits Due to the 48 hour holding time for this test, it is not practical to reanalyze and try to correct the deficiency.
5	Inorganic	BOD result is estimated due to insufficient oxygen depletion. Due to the 48 hour holding time for this test, it is not practical to reanalyze and try to correct the deficiency
6	Inorganic	BOD laboratory control sample not within control limits. Due to the 48 hour holding time for this test, it is not practical to reanalyze and try to correct the deficiency
7	Inorganic	BOD result is estimated due to complete oxygen depletion. Due to the 48 hour holding time for this test, it is not practical to reanalyze and try to correct the deficiency.

Pace Analytical Services, Inc.

Analysis Summary by Laboratory

1241 Bellevue Street
Green Bay, WI 54302

Test Group Name	879716-001	879716-002
TOC AS NPOC	B	B

Code	Facility	Address	MN Certification
B	Green Bay Lab (Bellevue St)	1241 Bellevue Street, Suite 9 Green Bay, WI 54302	055-999-334

Sample Condition Upon Receipt

PaceAnalytical

Client Name: Pace - MN Project # 879716

Courier: ☐ Fed Ex ☐ UPS ☐ USPS ☐ Client ☒ Dunham Commercial ☐ Pace Other _____

Tracking #: _____

Custody Seal on Cooler/Box Present: ☐ yes ☒ no Seals intact: ☐ yes ☐ no

Packing Material: ☐ Bubble Wrap ☒ Bubble Bags ☐ None ☐ Other _____

Thermometer Used JB Type of Ice: Wet Blue None ☑ Samples on Ice, cooling process has begun

Cooler Temperature 2.5 Biological Tissue is Frozen: Yes No

Temp should be above freezing to 6°C

Date and Initials of person examining contents: 12-27-06 CL 12/27/06

Comments:

Chain of Custody Present:	☒Yes ☐No ☐N/A	1.
Chain of Custody Filled Out:	☒Yes ☐No ☐N/A	2.
Chain of Custody Relinquished:	☒Yes ☐No ☐N/A	3.
Sampler Name & Signature on COC:	☒Yes ☐No ☐N/A	4.
Samples Arrived within Hold Time:	☒Yes ☐No ☐N/A	5.
Short Hold Time Analysis (<72hr):	☐Yes ☒No ☐N/A	6.
Rush Turn Around Time Requested:	☐Yes ☒No ☐N/A	7. Needed by 1/8/07 CJ
Sufficient Volume:	☒Yes ☐No ☐N/A	8.
Correct Containers Used:	☒Yes ☐No ☐N/A	9.
-Pace Containers Used:	☒Yes ☐No ☐N/A	
Containers Intact:	☒Yes ☐No ☐N/A	10.
Filtered volume received for Dissolved tests	☐Yes ☐No ☒N/A	11.
Sample Labels match COC:	☒Yes ☐No ☐N/A	12.
-Includes date/time/ID/Analysis Matrix: W		
All containers needing preservation have been checked.	☐Yes ☐No ☒N/A	13.
All containers needing preservation are found to be in compliance with EPA recommendation.	☐Yes ☐No ☒N/A	
exceptions VOA, coliform, TOC, O&G, WI-DRO (water)	☐Yes ☐No	Initial when completed / Lot # of added preservative
Samples checked for dechlorination:	☐Yes ☐No ☒N/A	14
Headspace in VOA Vials (>6mm):	☐Yes ☐No ☒N/A	15.
Trip Blank Present:	☐Yes ☒No ☐N/A	16.
Trip Blank Custody Seals Present	☐Yes ☐No ☒N/A	
Pace Trip Blank Lot # (if purchased) _____		

Client Notification/ Resolution: Field Data Required? Y / N

Person Contacted: _____ Date/Time. _____

Comments/ Resolution. _____

Project Manager Review: [signature] Date: 12-27-06

Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e out of hold, incorrect preservative, out of temp, incorrect containers)

F-ALLC003rev.3, 11September2006

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UPPER MIDWEST REGION
MN: 612-607-1700 WI: 920-469-2436

COC No.

CHAIN OF CUSTODY

*Preservation Codes
A=None B=HCL C=H2SO4 D=HNO3 E=DI Water F=Methanol G=NaOH
H=Sodium Bisulfate Solution I=Sodium Thiosulfate J=Other

(Please Print Clearly)	
Company Name:	Pace Analytical
Branch/Location:	MN
Project Contact:	Paul Kirchberg
Phone:	(612) 607-6323
Fax:	(612) 607-6444
Email:	paul.kirchberg@pacelabs.com
Project Number:	1044115
Project Name:	KIK So-Cal, Inc.
Needed by:	1/8/2007
PO #:	
Regulatory Program:	

Quote #:	
Mail To Contact:	Paul Kirchberg
Mail To Company:	Pace Analytical
Mail To Address:	1700 Elm Street Suite 200 Minneapolis, MN 55414
Invoice To Contact:	same as above
Invoice To Company:	
Invoice To Address:	
Invoice To Phone:	

Data Package Options (billable)
EPA Level III
EPA Level IV

MS/MSD
On your sample (billable)
NOT needed on your sample

Matrix Codes
A = Air; B = Biota; C = Charcoal; O = Oil; S = Soil; SI = Sludge; W = Water; DW = Drinking Water; GW = Ground Water; SW = Surface Water; WW = Waste Water; WP = Wipe

FILTERED? (YES/NO)
PRESERVATION (CODE)*

PACE LAB #	CLIENT FIELD ID	COLLECTION DATE	COLLECTION TIME	MATRIX	Y/N	Pick Letter	Analyses Requested: TOC	CLIENT COMMENTS	LAB COMMENTS (Lab Use Only)	Profile #
001	KIK - NW GATE	12/22/06	0715	W			x		1-250 ag	
002	KIK - NE DRAIN	12/22/06	0700	W			x		↓	

Comments	Sampled By: (signed)	Sampled By: (please print)	PACE Project No
	Relinquished By: [signature] Date/Time: 12/22/06	Received By: Dunham Date/Time:	879716
	Relinquished By: Kirchberg (PAS) - MP Date/Time: 12-27-06 0845	Received By: [signature] Date/Time: 12-27-06 0845	Receipt Temp = 25 °C
	Relinquished By: Dunham Date/Time:	Received By: Date/Time:	Sample Receipt pH OK / Adjusted
Samples on HOLD are subject to special pricing and release of liability	Relinquished By: Date/Time:	Received By: Date/Time:	Cooler Custody Seal Present / Not Present; Intact / Not Intact

C019e(27Jun2006)

Version 6.0 06/14/06

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CHAIN-OF-CUSTODY / Analytical Request Document

The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields must be completed accurately.

Page: 101

Required Client Information: Section A	Required Client Information: Section B	Client Information (Check quote/contract):	To Be Completed by Pace Analytical Client: Section C
Company: U S. Compliance Corporation	Report To: Dave Nickel	Requested Due Date:	Quote Reference:
Address: 301 Carlson Parkway	Copy To:	*TAT: Regular	Project Manager: Paul Kirchberg
Suite 200	Invoice To: Accounts Payable	* Turn around times less than 14 days subject	Project #: 1044115
Phone: 952-252-3000 Fax: 952-252-3001	P.O.:	laboratory and contractual obligations and may	Profile #:
	Project Name: KIK-SoCal Inc	in a Rush Turnaround Surcharge.	
	Project Number:	Turn Around Time (TAT) in calender days.	

Required Client Information: Section D

SAMPLE ID (One charater per box.)

Valid Matrix Codes

Matrix	Code
Water	WT
Soil	SL
Oil	OL
Wipe	WP
Air	AR
Tissue	TS
Other	OT

ITEM NUMBER	SAMPLE ID	MATRIX CODE	DATE COLLECTED	TIME COLLECTED	Preservatives: # Containers	Unpreserved	H2SO4	HNO3	HCl	NaOH	Na2S2O3	Methanol	Requested Analysis: TSS 160.2	pH 150.1	Conductance 120.1	TOC 415.2	O&G 1664	NH3-N 353.1	Zn 200.7	REMARKS / Lab ID
1	KKNW_GA_E	WT	12-22-06	7:15AM	6	X	X	X					X	X	X	X	X	X	X	001
2	KKN_DRAIN	WT	12-22-06	7:00AM	6	X	X	X					X	X	X	X	X	X	X	002
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				
11																				
12																				

SHIPMENT METHOD	AIRBILL NO.	SHIPPING DATE	NO. OF COOLERS	ITEM #	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME
								J. Richardson	12/23/06	9:30

SAMPLE CONDITION:

Temp In C	13.4
Received on Ice	Y / (N)
Sealed Cooler	Y / (N)
Sample Intact	(Y) N

SAMPLE NOTES:

Additional Comments:

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: FRANCISCO CALVO

SIGNATURE of SAMPLER:

DATE Signed: 12-22-06

Sample Condition Upon Receipt

Pace Analytical

Client Name: U.S Compliance Project # 1044115

Courier: ☒ Fed Ex ☐ UPS ☐ USPS ☐ Client ☐ Commercial ☐ Pace Other _____

Optional: Proj. Due Date: Proj. Name:

Tracking #: 7906 3696 8613

Custody Seal on Cooler/Box Present: ☐ yes ☒ no Seals intact: ☐ yes ☐ no

Packing Material: ☒ Bubble Wrap ☒ Bubble Bags ☐ None ☐ Other _____

Thermometer Used 230194010 Type of Ice: Wet Blue (None) ☐ Samples on ice, cooling process has begun

Cooler Temperature 13.4° Biological Tissue is Frozen: Yes No

Date and Initials of person examining contents: 12/23/06 JK

Temp should be above freezing to 6°C

		Comments:
Chain of Custody Present:	☒Yes ☐No ☐N/A	1.
Chain of Custody Filled Out:	☒Yes ☐No ☐N/A	2.
Chain of Custody Relinquished:	☐Yes ☒No ☐N/A	3
Sampler Name & Signature on COC:	☒Yes ☐No ☐N/A	4.
Samples Arrived within Hold Time.	☒Yes ☐No ☐N/A	5
Short Hold Time Analysis (<72hr):	☐Yes ☒No ☐N/A	6.
Rush Turn Around Time Requested:	☐Yes ☒No ☐N/A	7.
Sufficient Volume.	☒Yes ☐No ☐N/A	8.
Correct Containers Used:	☒Yes ☐No ☐N/A	9.
-Pace Containers Used:	☒Yes ☐No ☐N/A	
Containers Intact:	☒Yes ☐No ☐N/A	10.
Filtered volume received for Dissolved tests	☐Yes ☐No ☒N/A	11.
Sample Labels match COC:	☒Yes ☐No ☐N/A	12.
-Includes date/time/ID/Analysis Matrix: WT		
All containers needing preservation have been checked	☒Yes ☐No ☐N/A	13.
All containers needing preservation are found to be in compliance with EPA recommendation	☒Yes ☐No ☐N/A	
exceptions VOA, coliform, TOC, O&G, WI-DRO (water)	☐Yes ☒No	Initial when completed JK / Lot # of added preservative
Samples checked for dechlorination:	☐Yes ☐No ☒N/A	14.
Headspace in VOA Vials (>6mm):	☐Yes ☐No ☒N/A	15.
Trip Blank Present.	☐Yes ☒No ☐N/A	16
Trip Blank Custody Seals Present	☐Yes ☐No ☒N/A	
Pace Trip Blank Lot # (if purchased):		

Client Notification/ Resolution: Field Data Required? Y / N

Person Contacted. _____ Date/Time: _____

Comments/ Resolution. _____

Project Manager Review: _____ Date: 12/26/06

Note. Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e out of hold, incorrect preservative, out of temp, incorrect containers)

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Minneapolis, MN 55414
Phone (612)607-1700
Fax (612)607-6444

ANALYTICAL RESULTS

Project: KIK SO CAL.
Pace Project No : 1046714

Sample: STORM WATER SAMPLES NW Lab ID: 1046714001 Collected Received 02/20/07 08 35 Matrix: Water

Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
200.7 MET ICP	Analytical Method EPA 200 7		Preparation Method EPA 200 7					
Zinc	**856**	ug/L	20 0	1	02/22/07 00.00	02/26/07 10·50	7440-66-6	
120.1 Specific Conductance	Analytical Method EPA 120.1							
Specific Conductance	**103**	umhos/cm	1 0	1		02/22/07 20 05		
150.1 pH	Analytical Method EPA 150 1							
pH	**8.2**	Std Units		1		02/21/07 13 24		H6
160.2 Total Suspended Solids	Analytical Method EPA 160 2							
Total Suspended Solids	**60,9**	mg/L	10 0	1		02/21/07 00·00		
1664 HEM, Oil and Grease	Analytical Method EPA 1664 OG							
Oil and Grease	ND	mg/L	7 1	1		02/27/07 07 24		
353.1 Nitrate + Nitrite pres.	Analytical Method EPA 353 1							
Nitrogen, NO2 plus NO3	**1.2**	mg/L	0 10	1		02/22/07 19 36		

REPORT OF LABORATORY ANALYSIS

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ANALYTICAL RESULTS

Project KIK SO CAL
Pace Project No. 1046714

Sample: STORM WATER SAMPLES NE **Lab ID: 1046714002** Collected Received 02/20/07 08.35 Matrix Water

Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
200.7 MET ICP	Analytical Method EPA 200.7 Preparation Method. EPA 200 7							
Zinc	**750**	ug/L	20 0	1	02/22/07 00 00	02/26/07 11 02	7440-66-6	
120.1 Specific Conductance	Analytical Method EPA 120 1							
Specific Conductance	**105**	umhos/cm	1 0	1		02/22/07 20 05		
150.1 pH	Analytical Method EPA 150 1							
pH	**7.3**	Std. Units		1		02/21/07 13.24		H6
160.2 Total Suspended Solids	Analytical Method EPA 160 2							
Total Suspended Solids	**18.0**	mg/L	10 0	1		02/21/07 00:00		
1664 HEM, Oil and Grease	Analytical Method EPA 1664 OG							
Oil and Grease	ND	mg/L	7 1	1		02/27/07 07 24		
353.1 Nitrate + Nitrite pres.	Analytical Method EPA 353 1							
Nitrogen, NO2 plus NO3	**1 2**	mg/L	0 10	1		02/22/07 19 36		

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QUALITY CONTROL DATA

Project KIK SO CAL
Pace Project No 1046714

QC Batch WET/8861 Analysis Method EPA 150 1
QC Batch Method. EPA 150 1 Analysis Description 150.1 pH
Associated Lab Samples 1046714001, 1046714002

LABORATORY CONTROL SAMPLE 312771

Parameter	Units	Spike Conc	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
pH	Std Units	5	5 0	99	98-102	H6

SAMPLE DUPLICATE: 312772

Parameter	Units	1046724002 Result	Dup Result	RPD	Qualifiers
pH	Std Units	10 2	10 2	0	H6

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QUALITY CONTROL DATA

Project KIK SO CAL
Pace Project No 1046714

QC Batch WET/8862 Analysis Method EPA 160 2
QC Batch Method EPA 160 2 Analysis Description 160 2 Total Suspended Solids
Associated Lab Samples 1046714001, 1046714002

METHOD BLANK 312774
Associated Lab Samples 1046714001, 1046714002

Parameter	Units	Blank Result	Reporting Limit	Qualifiers
Total Suspended Solids	mg/L	ND	10 0	

METHOD BLANK 312778
Associated Lab Samples 1046714001, 1046714002

Parameter	Units	Blank Result	Reporting Limit	Qualifiers
Total Suspended Solids	mg/L	ND	10 0	

LABORATORY CONTROL SAMPLE 312775

Parameter	Units	Spike Conc	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Total Suspended Solids	mg/L	100	93 1	93	80-120	

SAMPLE DUPLICATE 312776

Parameter	Units	1046733001 Result	Dup Result	RPD	Qualifiers
Total Suspended Solids	mg/L	ND	ND	75	D7

SAMPLE DUPLICATE 312777

Parameter	Units	1046727001 Result	Dup Result	RPD	Qualifiers
Total Suspended Solids	mg/L	84 8	82.8	2	

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QUALITY CONTROL DATA

Project KIK SO CAL
Pace Project No 1046714

QC Batch WETA/4629 Analysis Method: EPA 353 1
QC Batch Method EPA 353 1 Analysis Description 353 1 Nitrate + Nitrite, preserved
Associated Lab Samples: 1046714001, 1046714002

METHOD BLANK 313168
Associated Lab Samples 1046714001, 1046714002

Parameter	Units	Blank Result	Reporting Limit	Qualifiers
Nitrogen, NO2 plus NO3	mg/L	ND	0 10	

LABORATORY CONTROL SAMPLE 313169

Parameter	Units	Spike Conc	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Nitrogen, NO2 plus NO3	mg/L	1	1 0	101	90-110	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE 313170 313171

Parameter	Units	1045638001 Result	MS Spike Conc	MSD Spike Conc	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Qual
Nitrogen, NO2 plus NO3	mg/L	0 13	1	1	0 71	0 70	58	57	80-120	1	M0

SAMPLE DUPLICATE 313172

Parameter	Units	1045638002 Result	Dup Result	RPD	Qualifiers
Nitrogen, NO2 plus NO3	mg/L	0 79	0 83	5	

REPORT OF LABORATORY ANALYSIS

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QUALITY CONTROL DATA

Project KIK SO CAL
Pace Project No 1046714

QC Batch WET/8871 Analysis Method EPA 120 1
QC Batch Method EPA 120 1 Analysis Description 120.1 Specific Conductance
Associated Lab Samples 1046714001, 1046714002

METHOD BLANK 313190
Associated Lab Samples 1046714001, 1046714002

Parameter	Units	Blank Result	Reporting Limit	Qualifiers
Specific Conductance	umhos/cm	ND	10	

LABORATORY CONTROL SAMPLE 313191

Parameter	Units	Spike Conc	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Specific Conductance	umhos/cm	1000	986	99	90-110	

SAMPLE DUPLICATE 313192

Parameter	Units	1046213001 Result	Dup Result	RPD	Qualifiers
Specific Conductance	umhos/cm	280	273	3	

SAMPLE DUPLICATE 313193

Parameter	Units	1046714002 Result	Dup Result	RPD	Qualifiers
Specific Conductance	umhos/cm	105	108	3	

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Fax (612)607-6444

QUALITY CONTROL DATA

Project: KIK SO CAL
Pace Project No: 1046714

QC Batch: MPRP/8413 | Analysis Method: EPA 200 7
QC Batch Method: EPA 200 7 | Analysis Description: 200 7 MET
Associated Lab Samples: 1046714001, 1046714002

METHOD BLANK 313271

Associated Lab Samples 1046714001, 1046714002

Parameter	Units	Blank Result	Reporting Limit	Qualifiers
Zinc	ug/L	ND	20 0	

LABORATORY CONTROL SAMPLE 313272

Parameter	Units	Spike Conc	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Zinc	ug/L	1000	1140	114	85-115	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE 313273 313274

Parameter	Units	1046714001 Result	MS Spike Conc	MSD Spike Conc	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Qual
Zinc	ug/L	856	1000	1000	1960	1980	110	112	70-130	1	

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nelac

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QUALITY CONTROL DATA

Project KIK SO CAL
Pace Project No 1046714

QC Batch WET/8905 | Analysis Method EPA 1664 OG
QC Batch Method EPA 1664 OG | Analysis Description 1664 HEM, Oil and Grease
Associated Lab Samples 1046714001, 1046714002

METHOD BLANK 313932
Associated Lab Samples 1046714001, 1046714002

Parameter	Units	Blank Result	Reporting Limit	Qualifiers
Oil and Grease	mg/L	ND	5 0	

LABORATORY CONTROL SAMPLE & LCSD 313933 313934

Parameter	Units	Spike Conc	LCS Result	LCSD Result	LCS % Rec	LCSD % Rec	% Rec Limits	RPD	Max RPD	Qualifiers
Oil and Grease	mg/L	40	37 8	34 7	94	87	78-114	9	18	

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QUALIFIERS

Project KIK SO CAL
Pace Project No 1046714

DEFINITIONS

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to changes in sample preparation, dilution of the sample aliquot, or moisture content

ND - Not Detected at or above adjusted reporting limit

J - Estimated concentration above the adjusted method detection limit and below the adjusted reporting limit.

MDL - Adjusted Method Detection Limit

S - Surrogate

1,2-Diphenylhydrazine (8270 listed analyte) decomposes to Azobenzene

Consistent with EPA guidelines, unrounded data are displayed and have been used to calculate % recovery and RPD values

LCS(D) - Laboratory Control Sample (Duplicate)

MS(D) - Matrix Spike (Duplicate)

DUP - Sample Duplicate

RPD - Relative Percent Difference

NC - Not Calculable

ANALYTE QUALIFIERS

D7	The sample and/or duplicate results for this parameter are less than the reporting limit, calculations are based on estimated values and may be statistically unreliable
H6	Analysis initiated more than 15 minutes after sample collection
M0	Matrix spike recovery was outside laboratory control limits

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1241 Bellevue Street, Suite 9
Green Bay, WI 54302
920-469-2436, Fax 920-469-8827

Analytical Report Number: 881114

Client: PACE ANALYTICAL SERVICES
Lab Contact: Brian Basten
Project Name: KEYS
Project Number: 1046921

Lab Sample Number	Field ID	Matrix	Collection Date
881114-001	WATER 1046921001	WATER	02/22/07 18 00

MS/MSD. If the Form 3 header for the MS/MSD QC indicates that the MS/MSD was "Batch QC", then the MS/MSD results may not be directly applicable to your samples

I certify that the data contained in this Final Report has been generated and reviewed in accordance with approved methods and Laboratory Standard Operating Procedure. Exceptions, if any, are discussed in the accompanying sample comments. Release of this final report is authorized by Laboratory management, as is verified by the following signature. This report shall not be reproduced, except in full, without the written consent of Pace Analytical Services, Inc. The sample results relate only to the analytes of interest tested.

Approval Signature

3-6-07
Date

Pace Analytical Services, Inc.

1241 Bellevue Street
Green Bay, WI 54302
920-469-2436

Analytical Report Number: 881114

Client: PACE ANALYTICAL SERVICES
Project Name: KEYS
Project Number: 1046921
Field ID: WATER 1046921001

Matrix Type: WATER
Collection Date: 02/22/07
Report Date: 03/06/07
Lab Sample Number: 881114-001

INORGANICS

Test		Result	EQL	Dilution	Units	Code	Anl Date	Prep Method	Anl Method
TOC as NPOC	<	2.0	2.0	1	mg/L		03/06/07	SM 5310C	SM 5310C

Qualifier Codes

Flag	Applies To	Explanation
A	Inorganic	Analyte is detected in the method blank Method blank criteria is evaluated to the laboratory method detection limit Additionally, method blank acceptance may be based on project specific criteria or determined from analyte concentrations in the sample and are evaluated on a sample by sample basis
B	Inorganic	The analyte has been detected between the method detection limit and the reporting limit
B	Organic	Analyte is present in the method blank. Method blank criteria is evaluated to the laboratory method detection limit. Additionally, method blank acceptance may be based on project specific criteria or determined from analyte concentrations in the sample and are evaluated on a sample by sample basis.
C	All	Elevated detection limit
D	All	Analyte value from diluted analysis or surrogate result not applicable due to sample dilution.
E	Inorganic	Estimated concentration due to matrix interferences During the metals analysis the serial dilution failed to meet the established control limits of 0-10%. The sample concentration is greater than 50 times the IDL for analysis done on the ICP or 100 times the IDL for analysis done on the ICP-MS The result was flagged with the E qualifier to indicate that a physical interference was observed
E	Organic	Analyte concentration exceeds calibration range
F	Inorganic	Due to potential interferences for this analysis by Inductively Coupled Plasma techniques (SW-846 Method 6010), this analyte has been confirmed by and reported from an alternate method.
F	Organic	Surrogate results outside control criteria
G	All	The result is estimated because the concentration is less than the lowest calibration standard concentration utilized in the initial calibration. The method detection limit is less than the reporting limit specified for this project
H	All	Preservation, extraction or analysis performed past holding time
HF	Inorganic	This test is considered a field parameter, and the recommended holding time is 15 minutes from collection. The analysis was performed in the laboratory beyond the recommended holding time
J	All	Concentration detected equal to or greater than the method detection limit but less than the reporting limit
K	Organic	Detection limit may be elevated due to the presence of an unrequested analyte
L	All	Elevated detection limit due to low sample volume.
M	Organic	Sample pH was greater than 2
N	All	Spiked sample recovery not within control limits
O	Organic	Sample received overweight
P	Organic	The relative percent difference between the two columns for detected concentrations was greater than 40%
Q	All	The analyte has been detected between the limit of detection (LOD) and limit of quantitation (LOQ) The results are qualified due to the uncertainty of analyte concentrations within this range.
S	Organic	The relative percent difference between quantitation and confirmation columns exceeds internal quality control criteria. Because the result is unconfirmed, it has been reported as a non-detect with an elevated detection limit.
U	All	The analyte was not detected at or above the reporting limit
V	All	Sample received with headspace
W	All	A second aliquot of sample was analyzed from a container with headspace
X	All	See Sample Narrative.
Z	Organics	This compound was separated in the check standard but it did not meet the resolution criteria as set forth in SW846.
&	All	Laboratory Control Spike recovery not within control limits
*	All	Precision not within control limits.
+	Inorganic	The sample result is greater than four times the spike level therefore, the percent recovery is not evaluated
<	All	The analyte was not detected at or above the reporting limit
1	Inorganic	Dissolved analyte or filtered analyte greater than total analyte, analyses passed QC based on precision criteria
2	Inorganic	Dissolved analyte or filtered analyte greater than total analyte, analyses failed QC based on precision criteria
3	Inorganic	BOD result is estimated due to the BOD blank exceeding the allowable oxygen depletion
4	Inorganic	BOD duplicate precision not within control limits. Due to the 48 hour holding time for this test, it is not practical to reanalyze and try to correct the deficiency
5	Inorganic	BOD result is estimated due to insufficient oxygen depletion Due to the 48 hour holding time for this test, it is not practical to reanalyze and try to correct the deficiency
6	Inorganic	BOD laboratory control sample not within control limits Due to the 48 hour holding time for this test, it is not practical to reanalyze and try to correct the deficiency
7	Inorganic	BOD result is estimated due to complete oxygen depletion Due to the 48 hour holding time for this test, it is not practical to reanalyze and try to correct the deficiency
8	Inorganic	Sample was received unpreserved Sample was preserved either at the time of receipt or at the time of sample preparation
9	Inorganic	Sample was received with insufficient preservation Acid was added either at the time of receipt or at the time of sample preparation

Pace Analytical Services, Inc.

Analysis Summary by Laboratory

1241 Bellevue Street
Green Bay, WI 54302

Test Group Name	881114-001
TOC AS NPOC	B

Code	MN Certification
B	055-999-334

Sample Condition Upon Receipt

Pace Analytical

Client Name: Pace Project # 881124

Courier: [X] Fed Ex [ ] UPS [ ] USPS [ ] Client [ ] Commercial [ ] Pace [ ] Other _____

Tracking #: _____

Custody Seal on Cooler/Box Present: [ ] yes [X] no Seals intact [ ] yes [ ] no

Packing Material: [ ] Bubble Wrap [X] Bubble Bags [ ] None [ ] Other _____

Thermometer Used: IR Type of Ice: (Wet) Blue None [ ] Samples on ice, cooling process has begun

Cooler Temperature: 2.0 Biological Tissue is Frozen: Yes No

Date and Initials of person examining contents: LM 2-24-07, CK 2-24-07

Temp should be above freezing to 6°C Comments:

Chain of Custody Present:	[X]Yes	[ ]No	[ ]N/A	1.
Chain of Custody Filled Out.	[X]Yes	[ ]No	[ ]N/A	2
Chain of Custody Relinquished	[X]Yes	[ ]No	[ ]N/A	3
Sampler Name & Signature on COC:	[ ]Yes	[X]No	[ ]N/A	4
Samples Arrived within Hold Time.	[X]Yes	[ ]No	[ ]N/A	5.
Short Hold Time Analysis (<72hr):	[ ]Yes	[X]No	[ ]N/A	6.
Rush Turn Around Time Requested:	[X]Yes	[ ]No	[ ]N/A	7. Date Needed 3-7-07 LC 2-24-07
Sufficient Volume:	[X]Yes	[ ]No	[ ]N/A	8.
Correct Containers Used:	[X]Yes	[ ]No	[ ]N/A	9.
-Pace Containers Used:	[X]Yes	[ ]No	[ ]N/A	
Containers Intact.	[X]Yes	[ ]No	[ ]N/A	10.
Filtered volume received for Dissolved tests	[ ]Yes	[ ]No	[X]N/A	11.
Sample Labels match COC:	[X]Yes	[ ]No	[ ]N/A	12
-Includes date/time/ID/Analysis Matrix: W				
All containers needing preservation have been checked.	[ ]Yes	[ ]No	[X]N/A	13.
All containers needing preservation are found to be in compliance with EPA recommendation.	[ ]Yes	[ ]No	[X]N/A	
exceptions: VOA, coliform, TOC, O&G, WI-DRO (water)	[ ]Yes	[ ]No		Initial when completed / Lot # of added preservative
Samples checked for dechlorination:	[ ]Yes	[ ]No	[X]N/A	14.
Headspace in VOA Vials (>6mm)	[ ]Yes	[ ]No	[X]N/A	15
Trip Blank Present:	[ ]Yes	[X]No	[ ]N/A	16.
Trip Blank Custody Seals Present	[ ]Yes	[ ]No	[X]N/A	
Pace Trip Blank Lot # (if purchased) _____				

Client Notification/ Resolution: Field Data Required? Y / N

Person Contacted _____ Date/Time _____

Comments/ Resolution. _____

Project Manager Review: _____ **Date:** 2-26-07

Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e out of hold, incorrect preservative, out of temp, incorrect containers)

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UPPER MIDWEST REGION
MN: 612-607-1700 WI 920-469-2436

JY

CHAIN OF CUSTODY

COC No.

*Preservation Codes
A=None B=HCL C=H2SO4 D=HNO3 E=DI Water F=Methanol G=NaOH
H=Sodium Bisulfate Solution I=Sodium Thiosulfate J=Other

(Please Print Clearly)	
Company Name:	Pace Analytical
Branch/Location:	MN
Project Contact:	Paul Kirchberg
Phone:	(612) 607-6323
Fax:	(612) 607-6444
Email:	paul.kirchberg@pacelabs.com
Project Number:	1046921
Project Name:	Taylors Falls - Test Wells
Needed by	3/7/2007
PO #:	Regulatory Program

Quote #:	
Mail To Contact:	Paul Kirchberg
Mail To Company	Pace Analytical
Mail To Address:	1700 Elm Street Suite 200 Minneapolis, MN 55414
Invoice To Contact:	same as above
Invoice To Company:	
Invoice To Address:	
Invoice To Phone:	

Data Package Options (billable)
EPA Level III
EPA Level IV

MS/MSD
On your sample (billable)
NOT needed on your sample

Matrix Codes
A = Air, B = Biota, C = Charcoal, O = Oil, S = Soil, SL = Sludge, W = Water, DW = Drinking Water, GW = Ground Water, SW = Surface Water, WW = Waste Water, WP = Wipe

PACE LAB #	CLIENT FIELD ID	COLLECTION DATE	COLLECTION TIME	MATRIX	FILTERED? (YES/NO) Y/N	PRESERVATION (CODE)* Pick Letter	Analyses Requested: TOC	CLIENT COMMENTS	LAB COMMENTS (Lab Use Only)	Profile #
					A	C				
801	Water	2/22/07	1800	W			X		1-250mL	

Comments	Sampled By (signed)	Sampled By (please print)	PACE Project No.
subbed to GB	Relinquished By: [signature] Date/Time: 2/23/07 1700	Received By: Date/Time:	881114
	Relinquished By: K Kirchberg RAS-MN Date/Time:	Received By: Fed Ex Date/Time:	Receipt Temp = 2.0 °C
	Relinquished By: Fed Ex 2-24-07 0930 Date/Time:	Received By: Latonia Martin 2-24-07 0930 Date/Time:	Sample Receipt pH OK / Adjusted
Samples on HOLD are subject to special pricing and release of liability	Relinquished By: Date/Time:	Received By: Date/Time:	Cooler Custody Seal Present / Not Present; Intact / Not Intact

C019a(27Jun2006)

Version 6.0 06/14/06

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CHAIN-OF-CUSTODY / Analytical Request Document

The Chain-of-Custody is a LEGAL DOCUMENT All relevant fields must be completed accurately.

1046714

Page: of 1013600

Section A Required Client Information.	Section B Required Project Information:	Section C Invoice Information.
Company KIK SoCAL.	Report To: David Nickel	Attention:
Address 9028 Dice Rd.	Copy To:	Company Name.
Santa Fe Spring CA 90670		Address:
Email To	Purchase Order No:	Pace Quote Reference
Phone (562) 946 6427 Fax	Project Name.	Pace Project Manager:
Requested Due Date/TAT:	Project Number.	Pace Profile #

REGULATORY AGENCY

☐ NPDES ☐ GROUND WATER ☐ DRINKING WATER
☐ UST ☐ RCRA ☐ Other_____

SITE LOCATION ☐GA ☐IL ☐IN ☐MI ☐MN ☐NC ☐OH ☐SC ☐WI ☐OTHER_____

Section D Required Client Information

SAMPLE ID

One Character per box. (A-Z, 0-9 / -) Samples IDs MUST BE UNIQUE

Valid Matrix Codes: MATRIX / CODE — DRINKING WATER DW; WATER WT; WASTE WATER WW; PRODUCT P; SOIL/SOLID SL; OIL OL; WIPE WP; AIR AR; OTHER OT; TISSUE TS

ITEM #	SAMPLE ID	MATRIX CODE	SAMPLE TYPE G=GRAB C=COMP	COLLECTED COMPOSITE START DATE	COMPOSITE START TIME	COMPOSITE END/GRAB DATE	COMPOSITE END/GRAB TIME	SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Preservatives: Unpreserved	H_2SO_4	HNO_3	HCl	NaOH	$Na_2S_2O_3$	Methanol	Other	Filtered (Y/N) / Requested Analysis: TSS	DH	Spec Cond	Nitrate + Nitrite	2-7	O+G	TOC	Residual Chlorine (Y/N)	Pace Project Number / Lab I D
1	STORM WATER SAMPLES NW																	X	X	X	X	X	X	X		001
2	" " " NE		2/20/07															X	X	X	X	X	X	X		002
3																										
4																										
5																										
6																										
7																										
8																										
9																										
10																										
11																										
12																										

2/20/07 per David Nickel

RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME	SAMPLE CONDITION			
			[signature]	2/20/07	8:35	14.4	Y/N	Y/N	Y/N
							Y/N	Y/N	Y/N
							Y/N	Y/N	Y/N
							Y/N	Y/N	Y/N
						Temp in °C	Received on Ice	Custody Sealed Cooler	Samples Intact

Additional Comments:

Randomly split into 2 samples, one called NE & one called NW, per David Nickel @ US Compliance

2/20/07

SEE REVERSE SIDE FOR INSTRUCTIONS

ORIGINAL

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: FRANCISCO CALVO.

SIGNATURE OF SAMPLER: FRANCISCO CALVO.

DATE Signed (MM / DD / YY): 2-19-07

LQ020rev 3,31Mar05

Sample Condition Upon Receipt

Pace Analytical

Client Name: KiK International Project # 10460714

Courier: ☒ Fed Ex ☐ UPS ☐ USPS ☐ Client ☐ Commercial ☐ Pace Other _____

Tracking #: 7929 3599 3039

Optional: Proj. Due Date: Proj. Name:

Custody Seal on Cooler/Box Present: ☐ yes ☒ no Seals intact ☐ yes ☐ no

Packing Material: ☐ Bubble Wrap ☒ Bubble Bags ☐ None ☐ Other _____

Thermometer Used 230194010 Type of Ice: Wet Blue (None) ☐ Samples on ice, cooling process has begun

Cooler Temperature 14.4 Biological Tissue is Frozen: Yes No

Date and Initials of person examining contents: 2/20/07

Temp should be above freezing to 6°C

		Comments:
Chain of Custody Present:	☒Yes ☐No ☐N/A	1
Chain of Custody Filled Out:	☐Yes ☐No ☐N/A	2 There is no tests dates
Chain of Custody Relinquished:	☐Yes ☐No ☐N/A	3. or Times.
Sampler Name & Signature on COC:	☒Yes ☐No ☐N/A	4.
Samples Arrived within Hold Time:	☐Yes ☐No ☐N/A	5
Short Hold Time Analysis (<72hr):	☐Yes ☐No ☐N/A	6
Rush Turn Around Time Requested:	☐Yes ☐No ☐N/A	7
Sufficient Volume	☒Yes ☐No ☐N/A	8.
Correct Containers Used:	☒Yes ☐No ☐N/A	9.
-Pace Containers Used:	☒Yes ☐No ☐N/A	
Containers Intact:	☒Yes ☐No ☐N/A	10.
Filtered volume received for Dissolved tests	☐Yes ☐No ☐N/A	11
Sample Labels match COC:	☐Yes ☐No ☐N/A	12. There are NO labels on bottles
-Includes date/time/ID/Analysis Matrix:		
All containers needing preservation have been checked	☒Yes ☐No ☐N/A	13.
All containers needing preservation are found to be in compliance with EPA recommendation	☒Yes ☐No ☐N/A	
exceptions VOA, coliform, TOC, O&G, WI-DRO (water)	☐Yes ☐No	Initial when completed JR / Lot # of added preservative
Samples checked for dechlorination	☐Yes ☐No ☐N/A	14
Headspace in VOA Vials (>6mm):	☐Yes ☐No ☐N/A	15.
Trip Blank Present:	☐Yes ☐No ☐N/A	16
Trip Blank Custody Seals Present	☐Yes ☐No ☐N/A	
Pace Trip Blank Lot # (if purchased):		

Client Notification/ Resolution: Field Data Required? Y / N

Person Contacted: _____ Date/Time _____

Comments/ Resolution: _____

Project Manager Review: _____ **Date:** 2/20/07

Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i e out of hold, incorrect preservative, out of temp, incorrect containers)

Form 2:
Quarterly Visual Observations of Authorized Non-Storm Water Discharges (NSWDs)

2006-2007

ANNUAL REPORT

SIDE A

FORM 2-QUARTERLY VISUAL OBSERVATIONS OF AUTHORIZED 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: 9/28/06	Observers Name: Francisco Calvo Title: Waste Water Operator Signature:	WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER? ☐ YES ☒ NO If YES, complete reverse side of this form.
QUARTER: **OCT.-DEC.** DATE 12/29/06	Observers Name. Francisco Calvo Title: Waste Water Operator Signature:	WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER? ☐ YES ☒ NO If YES, complete reverse side of this form.
QUARTER: **JAN.-MARCH** DATE: 3/30/07	Observers Name. *Francisco Calvo* Title: *Waste Water Operator* Signature:	WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER? ☐ YES ☒ NO If YES, complete reverse side of this form.
QUARTER. **APRIL-JUNE** DATE. 6/29/07	Observers Name: Francisco Calvo Title: Waste Water Operator Signature:	WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER? ☐ YES ☒ NO If YES, complete reverse side of this form.

2006-2007

ANNUAL REPORT

SIDE B

FORM 2-QUARTERLY VISUAL OBSERVATIONS OF AUTHORIZED NON-STORM WATER DISCHARGES (NSWDs)

DATE /TIME OF OBSERVATION	SOURCE AND LOCATION OF AUTHORIZED NSWD EXAMPLE: Air conditioner Units on Building C	NAME OF AUTHORIZED NSWD EXAMPLE: Air conditioner condensate	DESCRIBE AUTHORIZED NSWD CHARACTERISTICS *Indicate whether authorized NSWD is clear, cloudy, or discolored, causing staining, contains floating objects or an oil sheen, has odors, etc.*		DESCRIBE ANY REVISED OR NEW BMPs AND PROVIDE THEIR IMPLEMENTATION DATE
			At the NSWD Source	At the NSWD Drainage Area and Discharge Location	
_____ ____ ☐ AM ☐ PM					
_____ ____ ☐ AM ☐ PM					
_____ ____ ☐ AM ☐ PM					
_____ ____ ☐ AM ☐ PM					
_____ ____ ☐ AM ☐ PM					

Form 3:
Quarterly Visual Observations of Unauthorized Non-Storm Water discharges (NSWDs)

2006-2007

ANNUAL REPORT

SIDE A

FORM 3-QUARTERLY VISUAL OBSERVATIONS OF UNAUTHORIZED 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** 9/28/06 7:00 ☒ AM ☐ PM	**Observers Name:** Francisco Calvo **Title:** Waste Water Operator **Signature:**	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☒ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☒ NO	If **YES** to either question, complete reverse side.
QUARTER: **OCT.-DEC.** **DATE/TIME OF OBSERVATIONS** 12/29/06 7:00 ☒ AM ☐ PM	**Observers Name:** Francisco Calvo **Title:** Waste Water Operator **Signature:**	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☒ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☒ NO	If **YES** to either question, complete reverse side.
QUARTER: **JAN.-MARCH** **DATE/TIME OF OBSERVATIONS** 3/13/07 7:00 ☒ AM ☐ PM	**Observers Name:** Francisco Calvo **Title:** Waste Water Operator **Signature:**	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☒ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☒ NO	If **YES** to either question, complete reverse side.
QUARTER: **APRIL-JUNE** **DATE/TIME OF OBSERVATIONS** 6/18/07 7:00 ☒ AM ☐ PM	**Observers Name:** Francisco Calvo **Title:** Waste Water Operator **Signature:**	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☒ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☒ NO	If **YES** to either question, complete reverse side.

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SIDE B

FORM 3 QUARTERLY VISUAL OBSERVATIONS OF UNAUTHORIZED NON-STORM WATER DISCHARGES (NSWDs)

OBSERVATION DATE (FROM REVERSE SIDE)	NAME OF UNAUTHORIZED NSWD EXAMPLE: Vehicle Wash Water	SOURCE AND LOCATION OF UNAUTHORIZED NSWD EXAMPLE NW Corner of Parking Lot	DESCRIBE UNAUTHORIZED NSWD CHARACTERISTICS Indicate whether unauthorized NSWD is clear, cloudy, discolored, causing stains; contains floating objects or an oil sheen, has odors, etc.		DESCRIBE CORRECTIVE ACTIONS TO ELIMINATE UNAUTHORIZED NSWD AND TO CLEAN IMPACTED DRAINAGE AREAS. PROVIDE UNAUTHORIZED NSWD ELIMINATION DATE.
			AT THE UNAUTHORIZED NSWD SOURCE	AT THE UNAUTHORIZED NSWD AREA AND DISCHARGE LOCATION	
_____ ____ ☐ AM ☐ PM					
_____ ____ ☐ AM ☐ PM					
_____ ____ ☐ AM ☐ PM					
_____ ____ ☐ AM ☐ PM					

Form 4:
Monthly Visual Observations of Storm Water Discharges

2006-2007

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FORM 4-MONTHLY VISUAL OBSERVATIONS OF

SIDE A

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 13 2006 Observers Name Francisco Calvo Title Waste Water Operator Signature	Drainage Location Description	#1 NW Gate	#2 NE Drain	#3	#4
	Observation Time	6:00 ☐ P.M. ☒ A.M.	6:00 ☐ P.M. ☒ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Time Discharge Began	6:00 ☐ P.M. ☒ A.M.	6:00 ☐ P.M. ☒ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☒	YES ☐ NO ☒	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: November 27 2006 Observers Name Francisco Calvo Title Waste Water Operator Signature	Drainage Location Description	#1 NW Gate	#2 NE Drain	#3	#4
	Observation Time	6.00 ☐ P.M. ☒ A.M.	6:00 ☐ P.M. ☒ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Time Discharge Began	6:00 ☐ P.M. ☒ A.M.	6:00 ☐ P.M. ☒ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☒	YES ☒ NO ☒	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: December 27 2006 Observers Name Francisco Calvo Title Waste Water Operator Signature	Drainage Location Description	#1 NW Gate	#2 NE Drain	#3	#4
	Observation Time	6.00 ☐ P.M. ☒ A.M.	6:00 ☐ P.M. ☒ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Time Discharge Began	6:00 ☐ P.M. ☒ A.M.	6:00 ☐ P.M. ☒ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☒	YES ☐ NO ☒	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: January 4 2007 Observers Name Francisco Calvo Title Waste Water Operator Signature	Drainage Location Description	#1 NW Gate	#2 NE Drain	#3	#4
	Observation Time	6:00 ☐ P.M. ☒ A.M.	6:00 ☐ P.M. ☒ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Time Discharge Began	6:00 ☐ P.M. ☒ A.M.	6.00 ☐ P.M. ☒ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☒	YES ☐ NO ☒	YES ☐ NO ☐	YES ☐ NO ☐

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SIDE B

FORM 4-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

DATE/TIME OF OBSERVATION (From Reverse Side)	DRAINAGE AREA DESCRIPTION EXAMPLE: Discharge from material storage Area #2	DESCRIBE STORM WATER DISCHARGE CHARACTERISTICS Indicate whether storm water discharge is clear, cloudy, or discolored; causing staining, containing floating objects or an oil sheen, has odors, etc.	IDENTIFY AND DESCRIBE SOURCE(S) OF POLLUTANTS EXAMPLE: Oil sheen caused by oil dripped by trucks in vehicle maintenance area.	DESCRIBE ANY REVISED OR NEW BMPs AND THEIR DATE OF IMPLEMENTATION
_____ ____ ☐ AM ☐ PM				
_____ ____ ☐ AM ☐ PM				
_____ ____ ☐ AM ☐ PM				
_____ ____ ☐ AM ☐ PM				
_____ ____ ☐ AM ☐ PM				

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FORM 4 (Continued)-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

SIDE A

- 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: February 27 2007 Observers Name Francisco Calvo Title Waste Water Operator Signature	Drainage Location Description	#1 NW Gate	#2 NE Drain	#3	#4
	Observation Time	6:00 ☐ P.M. ☒ A.M.	6:00 ☐ P.M. ☒ A.M.	☐ P.M ☐ A.M.	☐ P.M ☐ A.M.
	Time Discharge Began	6:00 ☐ P.M. ☒ A.M.	6:00 ☐ P.M. ☒ A.M	☐ P.M. ☐ A.M	☐ P.M ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☒	YES ☐ NO ☒	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: March 27 2007 Observers Name Francisco Calvo Title Waste Water Operator Signature	Drainage Location Description	#1 NW Gate	#2 NE Drain	#3	#4
	Observation Time	6:00 ☐ P.M ☒ A.M.	6:00 ☐ P.M. ☒ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M
	Time Discharge Began	6:00 ☐ P.M. ☒ A.M.	6:00 ☐ P.M. ☒ A.M.	☐ P.M ☐ A.M.	☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☒	YES ☐ NO ☒	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: April 27 2007 Observers Name Francisco Calvo Title Waste Water Operator Signature	Drainage Location Description	#1 NW Gate	#2 NE Drain	#3	#4
	Observation Time	6:00 ☐ P.M. ☒ A M	6.00 ☐ P.M ☒ A.M.	☐ P M ☐ A M	☐ P.M ☐ A M
	Time Discharge Began	6:00 ☐ P.M. ☒ A.M.	6:00 ☐ P M ☒ A M	☐ P.M. ☐ A.M.	☐ P M ☐ A.M
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☒	YES ☐ NO ☒	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: May 25 2007 Observers Name Francisco Calvo Title Waste Water Operator Signature	Drainage Location Description	#1 NW Gate	#2 NE Drain	#3	#4
	Observation Time	6.00 ☐ P.M. ☒ A.M.	6:00 ☐ P M ☒ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Time Discharge Began	6:00 ☐ P M. ☒ A.M.	6:00 ☐ P M. ☒ A.M.	☐ P.M. ☐ A.M	☐ P M ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☒	YES ☐ NO ☒	YES ☐ NO ☐	YES ☐ NO ☐

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SIDE B

FORM 4 (Continued)-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

DATE/TIME OF OBSERVATION (From Reverse Side)	DRAINAGE AREA DESCRIPTION EXAMPLE Discharge from material storage Area #2	DESCRIBE STORM WATER DISCHARGE CHARACTERISTICS Indicate whether storm water discharge is clear, cloudy, or discolored, causing staining, containing floating objects or an oil sheen, has odors, etc	IDENTIFY AND DESCRIBE SOURCE(S) OF POLLUTANTS EXAMPLE: Oil sheen caused by oil dripped by trucks in vehicle maintenance area.	DESCRIBE ANY REVISED OR NEW BMPs AND THEIR DATE OF IMPLEMENTATION
_____ ☐ AM ☐ PM				
_____ ☐ AM ☐ PM				
_____ ☐ AM ☐ PM				
_____ ☐ AM ☐ PM				
_____ ☐ AM ☐ PM				

Form 5:
Annual Comprehensive Site Compliance Evaluation, Potential Pollutant Source/ Industrial Activity BMP Status

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SIDE A

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

EVALUATION DATE: 3/30/07 INSPECTOR NAME: Raymond Wetter TITLE: Logistics Manager SIGNATURE: Raymond Wetter

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
Waste Plastic Dumpsters	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☒NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☒NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
Industrial Equipment and Metal Parts	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☒NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☒NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO			

2006-2007

ANNUAL REPORT

SIDE B

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

EVALUATION DATE: _____ INSPECTOR NAME: _____ TITLE: _____ SIGNATURE: _____

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO			

United States Compliance

June 29, 2006

Bob Brown
KIK-SoCal Inc.
9028 Dice Road
Santa Fe Springs, CA 90670

Dear Bob Brown:

Enclosed are two copies of KIK-SoCal Inc.'s 2005-2006 Annual Report. One copy of the Annual Report needs to be sent to the Regional Water Quality Control Board and the other copy is for your records. *Please review the report for accuracy, then sign and date where indicated on Forms 1-5.* Lastly mail the original signed report (certified mail, return receipt requested) along with the enclosed cover letter and envelope, to the following address:

Los Angeles Region Water Quality Control Board
320 West 4th Street, Ste. 200
Los Angeles, CA 90013

This report needs to be submitted to the Regional Water Quality Control Board no later than June 30, 2006.

If you have any questions or concerns in regards to this report, please feel free to contact me at U.S. Compliance Corporation or by email at dnickel@uscompliance.com.

Sincerely,

David Nickel
Environmental Specialist

Enclosures

United States Compliance

June 29, 2006

Los Angeles Region Water Quality Control Board
320 West 4th Street, Ste. 200
Los Angeles, CA 90013

Re: **WDID#: 419I05890**
KIK-SoCal Inc.
9028 Dice Road
Santa Fe Springs, CA 90670

To Whom It May Concern:

Enclosed is KIK-SoCal Inc.'s 2005-2006 Annual Report. It was completed at our office with information supplied by Bob Brown of KIK-SoCal Inc.

If you have any questions or concerns in regards to this report, you can contact either Bob Brown at (562) 946-6427 or myself at U.S. Compliance Corporation or by email at dnickel@uscompliance.com.

Sincerely,

David Nickel
Environmental Specialist

Enclosures

cc: Bob Brown, General Manager – KIK-SoCal Inc.

State of California
STATE WATER RESOURCES CONTROL BOARD

2005-2006

ANNUAL REPORT

FOR
STORM WATER DISCHARGES ASSOCIATED
WITH INDUSTRIAL ACTIVITIES

Reporting Period July 1, 2005 through June 30, 2006

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 office addresses can be found at http://www.swrcb.ca.gov/stormwtr/contact.html. To find your Regional Board information, match the first digit of your WDID number with the corresponding number that appears in parenthesis on the first line of each Regional Board office.

GENERAL INFORMATION:

A. *Facility Information:*

Facility WDID No: 419I05890

Facility Business Name: KIK-SoCal Inc.
Contact Person. Bob Brown
Physical Address: 9028 Dice Road
e-mail: BBrown@KIKCORP.com
City: Santa Fe Springs
CA Zip 90670 Phone: (562) 946-6427
Standard Industrial Classification (SIC) Code(s): 2841

B. *Facility Operator Information:*

Operator Name KIK Southern California
Contact Person Bob Brown
Mailing Address: 9028 Dice Road
e-mail: BBrown@KIKCORP.com
City: Santa Fe Springs
State: CA Zip: 90670 Phone. (562) 946-6427

C. *Facility Billing Information:*

Operator Name: KIK Southern California
Contact Person: Bob Brown
Mailing Address: 9028 Dice Road
e-mail: BBrown@KIKCORP.com
City: Santa Fe Springs
State: CA Zip. 90670 Phone: (562) 946-6427

2005-2006

ANNUAL REPORT

SPECIFIC INFORMATION

MONITORING AND REPORTING PROGRAM

D. SAMPLING AND ANALYSIS EXEMPTIONS AND REDUCTIONS

1. For the reporting penod, 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 appropnate certification if you check boxes ii, iii, iv, or v.

   i ☐ Participating in an Approved Group Monitonng 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 Cetification 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? 2 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? 2

4 For each storm event sampled, did you collect and analyze a sample from each of the facilitys' storm water discharge locations? [X] 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? [X] YES [ ] NO, **attach explanation**

7. Was all storm water sampling preceded by three (3) working days without a storm water discharge? [X] YES [ ] NO, **attach explanation**

8. Were there any discharges of stormwater that had been temporarily stored or contained? (such as from a pond) [ ] YES [X] 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)? [X] YES [ ] NO, Go to Item E.11

    b. Did you analyze all storm water samples for the applicable parameters listed in Table D? [X] 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	[x]	[ ]	February	[x]	[ ]
November	[ ]	[x]	March	[ ]	[x]
December	[ ]	[x]	April	[ ]	[x]
January	[ ]	[x]	May	[ ]	[x]

2. Report monthly wet season visual observations using **Form 4** or provide the following information.

   a. date, time, and location of observation
   b. name and title of observer
   c characteristics of the discharge (i.e., odor, color, etc) and source of any pollutants observed.
   d **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? [x] YES [ ] NO
   The following areas should be inspected.

   - areas where spills and leaks have occured 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? [x] 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: [x] 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? [x] 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? [x] 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? [x] 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? [x] 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? [x] 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?	[x] YES (Mandatory)		
2. If you conducted sampling and analysis, have you attached the laboratory analytical reports?	[x] 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	[x] 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?	[x] 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: Robert Brown

Signature: _____ Date: _____

Title: General Manager

Form 1:
Sampling and Analysis
Results

2005-2006

ANNUAL REPORT

SIDE A

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

NAME OF PERSON COLLECTING SAMPLE(S): Robert Brown **TITLE:** General Manager **SIGNATURE:** _____

DESCRIBE DISCHARGE LOCATION Example: NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	ANALYTICAL RESULTS For First Storm Event									
			BASIC PARAMETERS					OTHER PARAMETERS				
			pH	TSS	SC	O&G	TOC	N+N	Zinc	Surfactants		
NW Gate	10/18/05 ☒ AM 8:00 ☐ PM	☒ AM 8:00 ☐ PM	9.01	10	17200	33.8		<0.02	0.475	37.1		
NE Drain	10/18/05 ☒ AM 8:00 ☐ PM	☒ AM 8:00 ☐ PM	10.25	12	389	4.2		3.98	0.116	0.54		
	_____ ☐ AM ____ ☐ PM	☐ AM ____ ☐ PM										
	_____ ☐ AM ____ ☐ PM	☐ AM ____ ☐ PM										
TEST REPORTING UNITS:			pH Units	mg/l	umho/cm	mg/l	mg/l	mg/L	mg/L	mg/L		
TEST METHOD DETECTION LIMIT:			NA	2.0	1	0.3		0.02	0.004	0.1		
TEST METHOD USED:			EPA 150.1	EPA 160.2	EPA 120.1	EPA 1664		EPA 300.0	SOP 7040	SM 5440 C		
ANALYZED BY (SELF/LAB):			LAB	LAB	LAB	LAB		LAB	LAB	LAB		

TSS - Total Suspended Solids SC - Specific Conductance O&G - Oil & Grease TOC - Total Organic Carbon

2005-2006

ANNUAL REPORT

SIDE B

FORM 1-SAMPLING & ANALYSIS RESULTS

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

NAME OF PERSON COLLECTING SAMPLE(S): Robert Brown **TITLE:** General Manager **SIGNATURE:** _____

DESCRIBE DISCHARGE LOCATION Example. NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	ANALYTICAL RESULTS For First Storm Event									
			BASIC PARAMETERS					OTHER PARAMETERS				
			pH	TSS	SC	O&G	TOC	N+N	Zinc	Surfactants		
NW Gate	2/27/06 ☐ AM 4.00 ☒ PM	☐ AM 3:00 ☒ PM	11.22	20	3190	38.3		2.89	0.339	6.9		
NE Drain	2/27/06 ☐ AM 4.00 ☒ PM	☐ AM 3:00 ☒ PM	9.75	3.5	1390	3.0		7.02	0.045	0.15		
	☐ AM ☐ PM	☐ AM ☐ PM										
	☐ AM ☐ PM	☐ AM ☐ PM										
TEST REPORTING UNITS:			pH Units	mg/l	umho/cm	mg/l	mg/l	mg/L	mg/L	mg/L		
TEST METHOD DETECTION LIMIT:			NA	2.0	1	0.3		0.02	0 004	0.1		
TEST METHOD USED:			EPA 150.1	EPA 160.2	EPA 120.1	EPA 1664		EPA 300.0	SOP 7040	SM 5440 C		
ANALYZED BY (SELF/LAB):			LAB	LAB	LAB	LAB		LAB	LAB	LAB		

TSS - Total Suspended Solids SC - Specific Conductance O&G - Oil & Grease TOC - Total Organic Carbon

NL
RB
Rocks

November 4, 2005

KIK International
9028 Dice Rd
Santa Fe Springs, CA 90670

Attn: Darrel Johnson

Job No: 82048 SL

LABORATORY REPORT

Samples Received: Six (6) Samples
Date Received. 10/20/2005
Purchase Order No: 31068

The samples were analyzed as follows.

Analysis	Page
Anions by EPA 300 0	2 - 3
Total Suspended Solids by EPA 160 2	4 - 5
Conductivity by EPA 120.1	4 - 5
pH by EPA 150.1	4 - 5
Hexane Extractable Materials by EPA 1664	4 - 5
Surfactants by SM 5540 C	4 - 5
Zinc by SOP 7040, Rev 8	6

Charles Jacks, PhD
Senior Staff Chemist

Michael Shelton
Senior Staff Chemist

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WEST COAST ANALYTICAL SERVICE, INC.

KIK International
Attn: Darrel Johnson

Job No: 82048
November 4, 2005

Anions by EPA 300.0
Ion Chromatography-Suppressed Conductivity

Column:	Dionex AS9-SC/AG9-SC
Eluent:	2 mM Na_2CO_3, 0.75 mM $NaHCO_3$
Flow:	2.0 mL/min
Injection:	300 µL
Detection:	Suppressed Conductivity

The samples were analyzed undiluted. One sample (Northwest Gate Area) had a very large amount of chloride which interfered with the assay of both nitrite and nitrate. For nitrate, the sample was diluted by 1:100 with water. For nitrite, the sample was diluted 1:300 with water, and also analyzed after treatment with a chloride removal cartridge at the 1:100 dilution. Nitrite spike recovery as nitrite was low for both methods of analyzing this sample. The nitrite spike was either partially or totally converted to nitrate in the spikes of this sample.

Sample ID	Nitrite mg/L	Detection Limit	Nitrate mg/L	Detection Limit
Northeast Drain	0.33	0.02	3.65	0.02
Northwest Gate Area	ND *	2	10	2
Method Blank	ND	0 02	ND	0.02
Chloride Removal Cartridge Blank	ND	2		

* Sample treated with chloride removal cartridge for nitrite analysis.

Date Analyzed: 10-20-05

Calibration Summary

Sample ID: 1 PPM Reference Standard

Analyte	Result	% Rec	% Rec Limits
Nitrite	1.02	102	90 - 110
Nitrate	1.01	101	90 - 110

Date Analyzed: 10-20-05

Standard Curves (n = 5) $r^2 > 0.999$ for all anions.

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WEST COAST ANALYTICAL SERVICE, INC.

KIK International
Attn: Darrel Johnson

Job No: 82048
November 4, 2005

Quality Control Summary (Continued)

Sample ID: Northeast Drain

Analyte	Sample Result	Spike Conc	Spike Result	Spike % Rec	Spike Dup Result	Spike Dup % Rec	Spike RPD
Nitrite	0 33	2.00	2 53	110	2.62	115	3
Nitrate	3.65	4.00	7 71	102	7.85	105	2

Quality Control Guidelines

Analyte	% Rec Limits	RPD Limits
Nitrite	72 - 123	11
Nitrate	67 - 126	15

Sample ID: Northwest Gate Area (Cl Removal Cartridge, 1:100 dilution)

Analyte	Sample Result as NO_2	Spike Conc	Spike Result as NO_2	Spike % Rec
Nitrite	ND	100	ND	0
Nitrate	8	0	107	99
Sum				99

Sample ID: Northwest Gate Area (untreated, 1:300 dilution)

Analyte	Sample Result as NO_2	Spike Conc	Spike Result as NO_2	Spike % Rec
Nitrite	ND	300	136	45
Nitrate	7	0	185	59
Sum				104

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WEST COAST ANALYTICAL SERVICE, INC.

KIK International
Attn. Darrel Johnson

Job No: 82048
November 4, 2005

Sample ID: Northwest Gate Area

Analysis	Result	Units	Method	Detection Limit
Total Suspended Solids	10	mg/L	EPA 160.2	2
Conductivity	17200	µmho/cm	EPA 120.1	1
pH	9.01	Units	EPA 150.1	N/A
Hexane Extractable Materials	33.8	mg/L	EPA 1664	0.3
Surfactants	37.1	mg/L	SM 5540 C	0.1

Sample ID: Northeast Drain

Analysis	Result	Units	Method	Detection Limit
Total Suspended Solids	12	mg/L	EPA 160.2	2
Conductivity	389	µmho/cm	EPA 120.1	1
pH	10.25	Units	EPA 150.1	N/A
Hexane Extractable Materials	4.2	mg/L	EPA 1664	0.3
Surfactants	0.54	mg/L	SM 5540 C	0.1

Dates Analyzed: 10-20-05 to 11-02-05

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WEST COAST ANALYTICAL SERVICE, INC.

KIK International
Attn. Darrel Johnson

Job No: 82048
November 4, 2005

Quality Control Summary

Sample ID: Northeast Drain

Analyte	Sample Result	Duplicate Result	Difference	Difference Limit
pH	10.25	10.26	0.01	0.10

Sample ID: Batch QC

Analyte	Sample Result	Duplicate Result	Sample RPD	RPD Limit
Conductivity	39.8	40.5	2	20

Sample ID: Batch QC

Analyte	Sample Result	Duplicate Result	Sample RPD	RPD Limit
Total Suspended Solids	141	146	3	20

Sample ID: Laboratory Fortified Blank

Analyte	Blank Result	Spike Conc	Spike Result	Spike % Rec	Spike Dup Result	Spike Dup % Rec	Spike RPD
Hexane Extractable Materials	ND	40 1	30.6	76	30.0	75	2
QC Guidelines				73 - 109		73 - 109	7

Sample ID: Northeast Drain

Analyte	Sample Result	Duplicate Result	Sample RPD	Spike Conc	Spike Result	Spike % Rec
Surfactants	0.55	0.53	4	2.00	2.35	91
QC Guidelines			20			10 - 162

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WEST COAST ANALYTICAL SERVICE, INC.

KIK International
Attn: Darrel Johnson

Job No: 82048
November 4, 2005

Zinc by SOP 7040, Rev 8
Quantitative Analysis Report
Inductively Coupled Plasma-Mass Spectrometry

Parts Per Million (mg/L)

Sample ID	Zinc
Northwest Gate Area	0.475
Northeast Drain	0.116
Detection Limit:	0.004

Date Analyzed: 10-24-05

Quality Control Summary

Sample: Northeast Drain

Analyte	Sample Result	Duplicate Result	Average Result	Sample RPD	Spike Conc	Spike Result	Spike % Rec
Zinc	0.116	0.111	0.1135	4.4	1.00	1.21	110

Date Analyzed. 10-24-05

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Chain-of-Custody

Mail Report to the following:
Company: K/K SO CAL
Contact: DERRELL JOHNSON (BOBBY BROWN)
Address:
Address: 9028 DICE RD.
City/St/Zip: SANTA FE SPRINGS, CA 90670
Phone: _____ Fax: _____

Project Information:
Project Manager:
Project Name: STORM WATER SAMPLES
Project No:
Purchase Order No.: 31068
Purchasing Contact:
Purchasing Phone No.:

West Coast Analytical Service, Inc.
9240 Santa Fe Springs Rd
Santa Fe Springs, CA 90670
562.948.2225 fax 562.948.5850
wcas.com

Turn-around-time
- ☐ Normal (7-10 work days)
- ☐ Rush 5 day
- ☐ Rush 3 day
- ☐ Rush 1 day

} Extra Charge

Hazards:

Comments:

Sampler's Name(s):
K/K So Cal. ROBERT D. BROWN

If there are multiple choices for an item please circle one.

Sample Identification	Sampling Date	Sampling Time	Preservation	# of Containers	Water	Drinking	Ground	Waste	Soil	Waste	Other	CCR Metals: TTLC / STLC	RCRA Metals: Totals / TCLP	Hexavalent Chromium: 218.6 / 7199	Total Chromium by ICPMS	Volatile Organics by GCMS	Semivolatile Organics by GCMS	Organochlorine Pest/PCB	Hydrocarbons by 8015M	Hexane Ext. by 1664: HEM / SGT/HEM	Remarks
Corner Sump Outlet	10/18/05	800 AM		3																	
Rail Car Area	10/18/05	800 AM		3																	

Check One

Relinquished by	Company	Date	Time	Received by	Company
Robert D. Brown	K/K				Courier
Relinquished by	Company:	Date	Time	Received by:	Company:
Relinquished by:	Company: Courier	Date: 10-20-05	Time: 18:18	Received by: Caitlin M. Sheehan	Company: WCAS

NOTES: Samples will be discarded 30 days after invoicing unless notified in writing or high hazard.
All services provided will adhere to the WCAS Terms & Conditions as in effect

From:K/K SOCAL 19094E417 OCT. 23 2006 12:23 #141 P.002/005

March 21, 2006

KIK International
9028 Dice Rd
Santa Fe Springs, CA 90670

Attn: Derrell Johnson

Job No: 84924 DL

LABORATORY REPORT

Samples Received: Eight (8) Samples
Date Received: 02/28/2006
Purchase Order No: 31125

The samples were analyzed as follows:

Analysis	Page
Nitrate and Nitrite by EPA 300.0	2 - 3
pH by EPA 150.1	4 - 5
Total Suspended Solids by EPA 160.2	4 - 5
Conductivity by EPA 120.1	4 - 5
Hexane Extractable Materials by EPA 1664	4 - 5
Surfactants by SM 5540 C	4 - 5
Zinc by SOP 7040, Rev 8	6

D.J. Northington, Ph.D.
Technical Director

Michael Shelton
Senior Staff Chemist

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WEST COAST ANALYTICAL SERVICE, INC.

KIK International
Attn. Derrell Johnson

Job No. 84924
March 21, 2006

Nitrate and Nitrite by EPA 300 0
Ion Chromatography-Suppressed Conductivity

Column: Dionex AS9-SC/AG9-SC
Eluent: 2.0 mM Na_2CO_3, 0.75 mM $NaHCO_3$
Flow: 2.0 mL/min
Injection: 300 µL
Detection: Suppressed Conductivity

The samples were diluted 1:10 with water for analysis.

Sample ID	Nitrite mg/L	Nitrite as N mg/L	Nitrate mg/L	Nitrate as N mg/L
N. Gate	1.0	0.30	1.3	0.29
NE Area Sump	0.5	0.15	5.2	1.17
Method Blank	ND	ND	ND	ND
Detection Limit	0.2	0.06	0.2	0.05

Date Analyzed: 02-28-06

Calibration Summary

Sample ID: 1 ppm Reference Standard

Analyte	Result	% Rec	% Rec Limits
Nitrite	0.98	98	90 - 110
Nitrate	0.98	98	90 - 110

Standard Curves (n = 5) $r^2 > 0.999$ for all anions.
Date Analyzed: 02-28-06

Quality Control Summary

Sample ID: N Gate

Analyte	Sample Result	Duplicate Result	Average Result	Sample RPD	RPD Limit
Nitrite	1.0	1.1	1.1	9	11
Nitrate	1.3	1.3	1.3	0	15

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WEST COAST ANALYTICAL SERVICE, INC

KIK International
Attn: Derrell Johnson

Job No: 84924
March 21, 2006

Quality Control Summary (Continued)

Sample ID: NE Area Sump

Analyte	Sample Result	Spike Conc	Spike Result	Spike % Rec	Spike Dup Result	Spike Dup % Rec	Spike RPD
Nitrite	0.5	5 0	5 1	92	5.1	92	0
Nitrate	5 2	5.0	10 2	100	10.2	100	0

Quality Control Guidelines

Analyte	% Rec Limits	RPD Limits
Nitrite	72 - 123	11
Nitrate	67 - 126	15

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WEST COAST ANALYTICAL SERVICE, INC.

KIK International
Attn: Derrell Johnson

Job No: 84924
March 21, 2006

Sample ID: N. Gate

Analysis	Result	Units	Method	Detection Limit
pH	11.22	Units	EPA 150.1	N/A
Total Suspended Solids	20	mg/L	EPA 160.2	1
Conductivity	3190	µmho/cm	EPA 120.1	1
Hexane Extractable Materials	38.3	mg/L	EPA 1664	0.3
Surfactants	6.9	mg/L	SM 5540 C	0.1

Sample ID: NE Area Sump

Analysis	Result	Units	Method	Detection Limit
pH	9.75	Units	EPA 150.1	N/A
Total Suspended Solids	3.5	mg/L	EPA 160.2	0 5
Conductivity	1390	µmho/cm	EPA 120.1	1
Hexane Extractable Materials	3 0	mg/L	EPA 1664	0.3
Surfactants	0 15	mg/L	SM 5540 C	0.1

Dates Analyzed: 02-28-06 to 03-08-06

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WEST COAST ANALYTICAL SERVICE, INC.

KIK International
Attn: Derrell Johnson

Job No: 84924
March 21, 2006

Quality Control Summary

Sample ID: Batch QC

Analyte	Sample Result	Duplicate Result	Difference	Difference Limit
pH	7.58	7.51	0.07	± 0.10

Sample ID: Batch QC

Analyte	Sample Result	Duplicate Result	Sample RPD	RPD Limit
Conductivity	397	390	2	20

Sample ID: Batch QC

Analyte	Sample Result	Duplicate Result	Sample RPD	RPD Limit
Total Suspended Solids	38	41	8	20

Sample ID: Laboratory Fortified Blank

Analyte	Blank Result	Spike Conc	Spike Result	Spike % Rec	Spike Dup Result	Spike Dup % Rec	Spike RPD
Hexane Extractable Materials	ND	40.1	38 0	95	40.7	101	6
QC Guidelines				78-114		78-114	7

Sample ID NE Area Sump

Analyte	Sample Result	Duplicate Result	Sample RPD	Spike Conc	Spike Result	Spike % Rec
Surfactants	0 16	0.15	7	2.00	1.99	92
QC Guidelines			20			10 - 162

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WEST COAST ANALYTICAL SERVICE, INC.

KIK International
Attn: Derrell Johnson

Job No: 84924
March 21, 2006

Zinc by SOP 7040, Rev 8
Quantitative Analysis Report
Inductively Coupled Plasma-Mass Spectrometry

Parts Per Million (mg/L)

Sample ID	Zinc
N. Gate	0.339
NE Area Sump	0 045
Detection Limit:	0.002

Date Analyzed: 03-02-06

Quality Control Summary

Sample. NE Area Sump

Analyte	Sample Result	Duplicate Result	Average Result	Sample RPD	Spike Conc	Spike Result	Spike % Rec
Zinc	0.045	0 046	0.0455	2.2	1 0	1.01	96

Date Analyzed: 03-02-06

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From:KIK SOCAL 15629465417 06/23/2006 12:25 #041 P.016/035

Chain-of-Custody

West Coast Analytical Service, Inc.
9240 Santa Fe Springs Rd
Santa Fe Springs, CA 90670
562.948.2225 fax 562.948.5850
wcas.com

ail Report to the following:

ompany: _____
ontact: _____
ddress: _____
ddress: _____
ty/St/Zip: _____
hone: _____ Fax: _____

Project Information:

Project Manager: _____
Project Name: _____
Project No.: _____
Purchase Order No.: _____
Purchasing Contact: _____
Purchasing Phone No. : _____

Turn-around-time

] Normal (7-10 work days)
] Rush 5 day
] Rush 3 day
] Rush 1 day
} *Extra Charge*

Hazards:

omments:

mpler's Name(s):

If there are multiple choices for an item please circle one.

Sample Identification	Sampling Date	Sampling Time	Preservation	# of Containers	Water Drinking Ground Waste	Soil	Waste	Other	CCR Metals: TTLC STLC -	RCRA Metals Totals TCLP	Hexavalent Chromium 218.6 7199	Total Chromium by ICPMS	Volatile Organics by GCMS	Semivolatile Organics by GCMS	Organochlorine Pest /PCB	Hydrocarbons by 8015M	Hexane Ext by 1664. HEM SGT/HEM								Remarks
					Check One																				

linquished by:	Company:	Date	Time	Received by:	Company
linquished by	Company.	Date.	Time	Received by	Company
linquished by	Company.	Date	Time	Received by:	Company

TES Samples will be discarded 30 days after invoicing unless notified in writing or high hazard.

N 8492

Form 2:
Quarterly Visual Observations of Authorized Non-Storm Water Discharges (NSWDs)

2005-2006

ANNUAL REPORT

SIDE A

FORM 2-QUARTERLY VISUAL OBSERVATIONS OF AUTHORIZED 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: 9/30/06	**Observers Name:** Bob Brown **Title:** General Manager **Signature:**	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ **YES** ☒ **NO** If **YES**, complete reverse side of this form.
QUARTER: **OCT.-DEC.** DATE: 12/31/05	**Observers Name:** Bob Brown **Title:** General Manager **Signature:**	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ **YES** ☒ **NO** If **YES**, complete reverse side of this form.
QUARTER: **JAN.-MARCH** DATE: 3/31/06	**Observers Name:** Bob Brown **Title:** General Manager **Signature:**	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ **YES** ☒ **NO** If **YES**, complete reverse side of this form.
QUARTER: **APRIL-JUNE** DATE: 6/23/06	**Observers Name:** Bob Brown **Title:** General Manager **Signature:**	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ **YES** ☒ **NO** If **YES**, complete reverse side of this form.

2005-2006

ANNUAL REPORT

SIDE B

FORM 2-QUARTERLY VISUAL OBSERVATIONS OF AUTHORIZED NON-STORM WATER DISCHARGES (NSWDs)

DATE /TIME OF OBSERVATION	SOURCE AND LOCATION OF AUTHORIZED NSWD EXAMPLE: Air conditioner Units on Building C	NAME OF AUTHORIZED NSWD EXAMPLE: Air conditioner condensate	DESCRIBE AUTHORIZED NSWD CHARACTERISTICS Indicate whether authorized NSWD is clear, cloudy, or discolored, causing staining, contains floating objects or an oil sheen, has odors, etc		DESCRIBE ANY REVISED OR NEW BMPs AND PROVIDE THEIR IMPLEMENTATION DATE
			At the NSWD Source	At the NSWD Drainage Area and Discharge Location	
_____ ____ ☐ AM ☐ PM					
_____ ____ ☐ AM ☐ PM					
_____ ____ ☐ AM ☐ PM					
_____ ____ ☐ AM ☐ PM					
_____ ____ ☐ AM ☐ PM					

Form 3: Quarterly Visual Observations of Unauthorized Non-Storm Water discharges (NSWDs)

2005-2006

ANNUAL REPORT

SIDE A

FORM 3-QUARTERLY VISUAL OBSERVATIONS OF UNAUTHORIZED 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** 9/30/05 11:51 ☒ AM ☐ PM	**Observers Name:** Bob Brown **Title:** General Manager **Signature:**	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☒ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☒ NO	If **YES** to either question, complete reverse side.
QUARTER: **OCT.-DEC.** **DATE/TIME OF OBSERVATIONS** 12/30/05 3:23 ☒ AM ☐ PM	**Observers Name:** Bob Brown **Title:** General Manager **Signature:**	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☒ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☒ NO	If **YES** to either question, complete reverse side.
QUARTER: **JAN.-MARCH** **DATE/TIME OF OBSERVATIONS** 3/31/06 9:21 ☒ AM ☐ PM	**Observers Name:** Bob Brown **Title:** General Manager **Signature:**	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☒ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☒ NO	If **YES** to either question, complete reverse side.
QUARTER: **APRIL-JUNE** **DATE/TIME OF OBSERVATIONS** 6/23/06 11:40 ☒ AM ☐ PM	**Observers Name:** Bob Brown **Title:** General Manager **Signature:**	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☒ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☒ NO	If **YES** to either question, complete reverse side.

2005-2006
ANNUAL REPORT

SIDE B

FORM 3 QUARTERLY VISUAL OBSERVATIONS OF UNAUTHORIZED NON-STORM WATER DISCHARGES (NSWDs)

OBSERVATION DATE (FROM REVERSE SIDE)	NAME OF UNAUTHORIZED NSWD EXAMPLE: Vehicle Wash Water	SOURCE AND LOCATION OF UNAUTHORIZED NSWD EXAMPLE: NW Corner of Parking Lot	DESCRIBE UNAUTHORIZED NSWD CHARACTERISTICS Indicate whether unauthorized NSWD is clear, cloudy, discolored, causing stains; contains floating objects or an oil sheen, has odors, etc.		DESCRIBE CORRECTIVE ACTIONS TO ELIMINATE UNAUTHORIZED NSWD AND TO CLEAN IMPACTED DRAINAGE AREAS. PROVIDE UNAUTHORIZED NSWD ELIMINATION DATE.
			AT THE UNAUTHORIZED NSWD SOURCE	AT THE UNAUTHORIZED NSWD AREA AND DISCHARGE LOCATION	
_____ ____ ☐ AM ☐ PM					
_____ ____ ☐ AM ☐ PM					
_____ ____ ☐ AM ☐ PM					
_____ ____ ☐ AM ☐ PM					

Form 4:
Monthly Visual Observations of Storm Water Discharges

2005-2006

ANNUAL REPORT

FORM 4-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

SIDE A

- 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 20 2005 Observers Name Bob Brown Title General Manager Signature	Drainage Location Description	#1 NW Gate	#2 NE Drain	#3	#4
	Observation Time	8:00 ☐ P.M. ☒ A.M.	8:00 ☐ P.M. ☒ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Time Discharge Began	8:00 ☐ P.M. ☒ A.M.	8:00 ☐ P.M. ☒ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☒	YES ☐ NO ☒	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: November 2005 Observers Name No Storm Event Title Signature	Drainage Location Description	#1	#2	#3	#4
	Observation Time	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Time Discharge Began	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: December 2005 Observers Name No Storm Event Title Signature	Drainage Location Description	#1	#2	#3	#4
	Observation Time	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Time Discharge Began	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: January 2006 Observers Name No Storm Event Title Signature	Drainage Location Description	#1	#2	#3	#4
	Observation Time	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Time Discharge Began	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

2005-2006

ANNUAL REPORT

SIDE B

FORM 4-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

DATE/TIME OF OBSERVATION (From Reverse Side)	DRAINAGE AREA DESCRIPTION EXAMPLE: Discharge from material storage Area #2	DESCRIBE STORM WATER DISCHARGE CHARACTERISTICS Indicate whether storm water discharge is clear, cloudy, or discolored, causing staining; containing floating objects or an oil sheen, has odors, etc	IDENTIFY AND DESCRIBE SOURCE(S) OF POLLUTANTS EXAMPLE Oil sheen caused by oil dripped by trucks in vehicle maintenance area	DESCRIBE ANY REVISED OR NEW *BMPs AND THEIR* DATE OF IMPLEMENTATION
_____ ____ ☐ AM ☐ PM				
_____ ____ ☐ AM ☐ PM				
_____ ____ ☐ AM ☐ PM				
_____ ____ ☐ AM ☐ PM				
_____ ____ ☐ AM ☐ PM				

2005-2006

ANNUAL REPORT

FORM 4 (Continued)-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

SIDE A

- 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: February 27 2006 Observers Name Bob Brown Title General Manager Signature	Drainage Location Description	#1 NW Gate	#2 NE Drain	#3	#4
	Observation Time	4:00 ☒ P.M. ☐ A.M.	4:00 ☒ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M ☐ A.M
	Time Discharge Began	3:00 ☒ P.M ☐ A.M.	3:00 ☒ P.M ☐ A.M.	☐ P.M. ☐ A.M	☐ P.M ☐ A.M
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☒	YES ☐ NO ☒	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: March ____ 2006 Observers Name No Storm Event Title Signature	Drainage Location Description	#1	#2	#3	#4
	Observation Time	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M	☐ P.M. ☐ A.M	☐ P.M. ☐ A.M
	Time Discharge Began	☐ P.M. ☐ A.M.	☐ P.M ☐ A.M	☐ P.M. ☐ A.M	☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: April ____ 2006 Observers Name No Storm Event Title Signature	Drainage Location Description	#1	#2	#3	#4
	Observation Time	☐ P M ☐ A M.	☐ P M ☐ A.M	☐ P M ☐ A M	☐ P M ☐ A M
	Time Discharge Began	☐ P M ☐ A.M.	☐ P.M. ☐ A M	☐ P M ☐ A M	☐ P M ☐ A M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: May ____ 2006 Observers Name No Storm Event Title Signature	Drainage Location Description	#1	#2	#3	#4
	Observation Time	☐ P M ☐ A M	☐ P.M. ☐ A M.	☐ P M ☐ A M.	☐ P M ☐ A M
	Time Discharge Began	☐ P M ☐ A.M	☐ P M ☐ A.M.	☐ P M ☐ A M	☐ P M ☐ A M
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

2005-2006

ANNUAL REPORT

SIDE B

FORM 4 (Continued)-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

DATE/TIME OF OBSERVATION (From Reverse Side)	DRAINAGE AREA DESCRIPTION EXAMPLE Discharge from material storage Area #2	DESCRIBE STORM WATER DISCHARGE CHARACTERISTICS Indicate whether storm water discharge is clear, cloudy, or discolored, causing staining, containing floating objects or an oil sheen, has odors, etc.	IDENTIFY AND DESCRIBE SOURCE(S) OF POLLUTANTS EXAMPLE. Oil sheen caused by oil dripped by trucks in vehicle maintenance area	DESCRIBE ANY REVISED OR NEW BMPs AND THEIR DATE OF IMPLEMENTATION
_____ ____☐ AM ☐ PM				
_____ ____☐ AM ☐ PM				
_____ ____☐ AM ☐ PM				
_____ ____☐ AM ☐ PM				
_____ ____☐ AM ☐ PM				

Form 5:
Annual Comprehensive Site Compliance Evaluation, Potential Pollutant Source/ Industrial Activity BMP Status

2005-2006
ANNUAL REPORT

SIDE A

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

EVALUATION DATE: 6/23/06 INSPECTOR NAME: Bob Brown TITLE: General Manager SIGNATURE: _____

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
Outdoor Storage Operations	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☒NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☒NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
Outdoor Disposal Operations	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☒NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☒NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO			

2005-2006

ANNUAL REPORT

SIDE B

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

EVALUATION DATE: _____ INSPECTOR NAME: _____ TITLE: _____ SIGNATURE: _____

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO			

Attachment to 2005-2006 Annual Report

Attachment to 2005-2006 Annual Report

KIK-SoCal Inc.
9028 Dice Road
Santa Fe Springs, CA 90670

Monitoring and Reporting Program

(G) MONTHLY WET SEASON VISUAL OBSERVATIONS

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.*

No Monthly Wet Season Visual Observations were made during November, December, January, March, April, and May of 2005-2006 because there were no eligible storm events that occurred during regular facility operating hours.

Book
File
CESCC

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
2004-2005 ANNUAL REPORT
FOR STORM WATER DISCHARGES ASSOCIATED
WITH INDUSTRIAL ACTIVITIES

Reporting Period July 1, 2004 through June 30, 2005

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:

Los Angeles Region
320 W 4th Street, Ste.200
Los Angeles, CA 90013

Contact: Sumaira Noreen
Tel (213) 620-6363
Email kchung@waterboards.ca gov

GENERAL INFORMATION

A. Facility Information:

Kik So Cal
9028 Dice Rd
Santa Fe Springs, CA 90670
WDID No: 4 19I015890

Contact: ~~Greg Wiese~~ Bob Brown
Email. BBrown@kikcorp.com
Tel (562) 946-6427

SIC Code(s):

2841 Soaps and Other Detergents, Except Speciality Cleaners

B. Facility Operator Information:

Kik Southern California
9028 Dice Rd
Santa Fe Springs, CA 90670

Contact ~~Greg Wiese~~ Bob Brown
Email: BBrown@kikcorp.com
Tel: (562) 946-6427

C. Facility Billing Information:

Kik Southern California
9028 Dice Rd
Santa Fe Springs, CA 90670

Contact ~~Greg Wiese~~ Bob Brown
Email BBrown@kikcorp.com
Tel: (562) 946-6427

Additional Table D Parameters N+N,Zn

2004-2005

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 Cetification 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? 2

4. For each storm event sampled, did you collect and analyze a sample from each of the facilitys' storm water discharge locations? [X] 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? [X] YES [ ] NO, **attach explanation**

7. Was all storm water sampling preceded by three (3) working days without a storm water discharge? [X] YES [ ] NO, **attach explanation**

8 Were there any discharges of stormwater that had been temporarily stored or contained? (such as from a pond) [ ] YES [X] 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 [X] 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	☐	☒	February	☐	☒
November	☐	☒	March	☐	☒
December	☐	☒	April	☐	☒
January	☐	☒	May	☐	☒

2. Report monthly wet season visual observations using **Form 4** or provide the following information

   a date, time, and location of observation
   b. name and title of observer
   c characteristics of the discharge (i e., odor, color, etc.) and source of any pollutants observed.
   d. **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 occured 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? [x] 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? [x] 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? [x] 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? [x] 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? [x] 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?	[X] YES (Mandatory)		
2	If you conducted sampling and analysis, have you attached the laboratory analytical reports?	[X] 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	[X] 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?	[X] 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: ROBERT R. BROWN

Signature Robert R. Brown Date 6-28-05

Title: GENERAL MANAGER

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DESCRIPTION OF BASIC ANALYTICAL PARAMETERS

The Industrial Activities Storm Water General Permit (General Permit) requires you to analyze storm water samples for at least four parameters These are pH, Total Suspended Solids (TSS), Specific Conductance (SC),and Total Organic Carbon (TOC) Oil and Grease (O&G) may be substituted for TOC In addition, you must monitor for any other pollutants which you believe to be present in your storm water discharge as a result of industrial activity and analytical parameters listed in Table D of the General Permit There are no numeric limitations for the parameters you test for.

The four parameters which the General Permit requires to be tested are considered *indicator* parameters. In other words, regardless of what type of facility you operate, these parameters are nonspecific and general enough to usually provide some indication whether pollutants are present in your storm water discharge. The following briefly explains what each of these parameters mean.

pH is a numeric measure of the hydrogen-ion concentration The neutral, or acceptable, range is within 6 5 to 8.5. At values less than 6 5, the water is considered acidic, above 8 5 it is considered alkaline or basic An example of an acidic substance is vinegar, and a alkaline or basic substance is liquid antacid Pure rainfall tends to have a pH of a little less than 7 There may be sources of materials or industrial activities which could increase or decrease the pH of your storm water discharge. If the pH levels of your storm water discharge are high or low, you should conduct a thorough evaluation of all potential pollutant sources at your site

Total Suspended Solids (TSS) is a measure of the undissolved solids that are present in your storm water discharge Sources of TSS include sediment from erosion of exposed land, and dirt from impervious (i.e. paved) areas Sediment by itself can be very toxic to aquatic life because it covers feeding and breeding grounds, and can smother organisms living on the bottom of a water body Toxic chemicals and other pollutants also adhere to sediment particles This provides a medium by which toxic or other pollutants end up in our water ways and ultimately in human and aquatic life TSS levels vary in runoff from undisturbed land It has been shown that TSS levels increase significantly due to land development

Specific Conductance (SC) is a numerical expression of the ability of the water to carry an electric current. SC can be used to assess the degree of mineralization, salinity, or estimate the total dissolved solids concentration of a water sample. Because of air pollution, most rain water has a SC a little above zero A high SC could affect the usability of waters for drinking, irrigation, and other commercial or industrial use

Total Organic Carbon (TOC) is a measure of the total organic matter present in water (All organic matter contains carbon) This test is sensitive and able to detect small concentrations of organic matter. Organic matter is naturally occurring in animals, plants, and man Organic matter may also be man made (so called synthetic organics) Synthetic organics include pesticides, fuels, solvents, and paints. Natural organic matter utilizes the oxygen in a receiving water to biodegrade Too much organic matter could place a significant oxygen demand on the water, and possibly impact its quality Synthetic organics either do not biodegrade or biodegrade very slowly Synthetic organics are a source of toxic chemicals that can have adverse affects at very low concentrations Some of these chemicals bioaccumulate in aquatic life If your levels of TOC are high, you should evaluate all sources of natural or synthetic organics you may use at your site

Oil and Grease (O&G) is a measure of the amount of oil and grease present in your storm water discharge. At very low concentrations, O&G can cause a sheen (that floating "rainbow") on the surface of water (1 qt of oil can pollute 250,000 gallons of water) O&G can adversely affect aquatic life and create unsightly floating material and film on water, thus making it undrinkable Sources of O&G include maintenance shops, vehicles, machines and roadways

If you have any questions regarding whether or not your constituent concentrations are too high, please contact your local Regional Board office. The United States Environmental Protection Agency (USEPA) has published stormwater discharge benchmarks for a number of parameters These benchmarks may be helpful when evaluating whether additional BMPs are appropriate These benchmarks can be accessed at our website at http //www swrcb ca gov It is contained in the Sampling and Analysis Reduction Certification.

See Storm Water Contacts at

http://www.waterboards.ca.gov/stormwtr/contact.html

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SIDE A

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

NAME OF PERSON COLLECTING SAMPLE(S). ROBERT D BROWN TITLE: WW TREATMENT SUPV SIGNATURE: Robert D. Brown

DESCRIBE DISCHARGE LOCATION Example NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	ANALYTICAL RESULTS For First Storm Event									
			BASIC PARAMETERS					OTHER PARAMETERS				
			pH	TSS	SC	O&G	TOC					
NNORHEAST AREA ATTACHED	10/26/04 ☐ AM 18.00 ☒ PM	☐ AM 17 30 ☒ PM										
NORTH GATE AREA ATTACHECD	10/26/04 ☐ AM 18 00 ☐ PM	☐ AM 17 30 ☒ 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).												

TSS - Total Suspended Solids SC - Specific Conductance O&G - Oil & Grease TOC - Total Organic Carbon

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SIDE B

FORM 1-SAMPLING & ANALYSIS RESULTS

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

NAME OF PERSON COLLECTING SAMPLE(S): ROBERT D BROWN TITLE. WW TREATMENT SUPV. SIGNATURE: Robert D. Brown

DESCRIBE DISCHARGE LOCATION Example NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	ANALYTICAL RESULTS For First Storm Event									
			BASIC PARAMETERS					OTHER PARAMETERS				
			pH	TSS	SC	O&G	TOC					
NORTHEEAST AREA ATTACHED	12/28/04 ☒ AM 7.30AM ☐ PM	☒ AM 6 30 ☐ PM										
NORTH GATE AREA ATTACHED	12/28/04 ☒ AM 7 30 ☐ PM	☐ AM 6 30 ☐ 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)												

TSS - Total Suspended Solids SC - Specific Conductance O&G - Oil & Grease TOC - Total Organic Carbon

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SIDE A

FORM 2-QUARTERLY VISUAL OBSERVATIONS OF AUTHORIZED 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. N/A Title: _____ Signature. _____	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ YES ☒ NO If **YES**, complete reverse side of this form
QUARTER **OCT.-DEC.** DATE _____	Observers Name: _____ Title: _____ Signature: _____	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ YES ☐ NO If **YES**, complete reverse side of this form.
QUARTER **JAN.-MARCH** DATE _____	Observers Name. _____ Title. _____ Signature: _____	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ YES ☐ NO If **YES**, complete reverse side of this form
QUARTER **APRIL-JUNE** DATE. _____	Observers Name. _____ Title: _____ Signature _____	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ YES ☐ NO If **YES**, complete reverse side of this form

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SIDE B

FORM 2-QUARTERLY VISUAL OBSERVATIONS OF AUTHORIZED NON-STORM WATER DISCHARGES (NSWDs)

DATE /TIME OF OBSERVATION	SOURCE AND LOCATION OF AUTHORIZED NSWD	NAME OF AUTHORIZED NSWD	DESCRIBE AUTHORIZED NSWD CHARACTERISTICS Indicate whether authorized NSWD is clear, cloudy, or discolored, causing staining, contains floating objects or an oil sheen, 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	
_____ ____ ☐ AM ☐ PM					
_____ ____ ☐ AM ☐ PM					
_____ ____ ☐ AM ☐ PM					
_____ ____ ☐ AM ☐ PM					
_____ ____ ☐ AM ☐ PM					

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SIDE B

FORM 3 QUARTERLY VISUAL OBSERVATIONS OF UNAUTHORIZED NON-STORM WATER DISCHARGES (NSWDs)

OBSERVATION DATE (FROM REVERSE SIDE)	NAME OF UNAUTHORIZED NSWD EXAMPLE. Vehicle Wash Water	SOURCE AND LOCATION OF UNAUTHORIZED NSWD EXAMPLE: NW Corner of Parking Lot	DESCRIBE UNAUTHORIZED NSWD CHARACTERISTICS Indicate whether unauthorized NSWD is clear, cloudy, discolored, causing stains; contains floating objects or an oil sheen, has odors, etc		DESCRIBE CORRECTIVE ACTIONS TO ELIMINATE UNAUTHORIZED NSWD AND TO CLEAN IMPACTED DRAINAGE AREAS. PROVIDE UNAUTHORIZED NSWD ELIMINATION DATE.
			AT THE UNAUTHORIZED NSWD SOURCE	AT THE UNAUTHORIZED NSWD AREA AND DISCHARGE LOCATION	
____ ____ ☐ AM ☐ PM					
____ ____ ☐ AM ☐ PM					
____ ____ ☐ AM ☐ PM					
____ ____ ☐ AM ☐ PM					

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SIDE A

FORM 3-QUARTERLY VISUAL OBSERVATIONS OF UNAUTHORIZED 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 9/08/04 10 00	Observers Name: DERRELL JOHNSON Title: SAFETY/ENVIRONMENTAL SUPV. Signature:	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☒ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☒ NO	If **YES** to either question, complete reverse side.
QUARTER: **OCT.-DEC.** **DATE/TIME OF OBSERVATIONS** ☐ AM ☒ PM 11/10/04 1 00	Observers Name: DERRELL JOHNSON Title: SAFETY/ENVIRONMENTAL SUPV Signature.	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☒ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☒ NO	If **YES** to either question, complete reverse side.
QUARTER: **JAN.-MARCH** **DATE/TIME OF OBSERVATIONS** ☐ AM ☒ PM 2/16/05 1 00	Observers Name: DERRELL JOHNSON Title: SAFETY/ENVIRONMENTAL SUPV Signature.	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☒ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☒ NO	If **YES** to either question, complete reverse side.
QUARTER: **APRIL-JUNE** **DATE/TIME OF OBSERVATIONS** ☒ AM ☐ PM 5/18/05 10 00	Observers Name: DERRELL JOHNSON Title. SAFETY/ENVIRONMENTAL SUPV Signature.	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☒ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☒ NO	If **YES** to either question, complete reverse side.

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ANNUAL REPORT

FORM 4-MONTHLY VISUAL OBSERVATIONS OF

SIDE A

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 26 2004 Observers Name NONE Title 1st STORM WATER SAMPLE Signature E T Eckard	Drainage Location Description	#1	#2	#3	#4
	Observation Time	☐P M ☐A M	☐P M ☐A M	☐P M ☐A M	☐P M ☐A M
	Time Discharge Began	☐P M ☐A M	☐P M ☐A M	☐P M ☐A M	☐P M ☐A M
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date. November - 2004 Observers Name NONE Title NO STORM WITHIN SWPP GUIDELI Signature	Drainage Location Description	#1	#2	#3	#4
	Observation Time	☐P M ☐A M	☐P M ☐A M	☐P M ☐A M	☐P M ☐A M
	Time Discharge Began	☐P M ☐A M	☐P M ☐A M	☐P M ☐A M	☐P M ☐A M
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date. December 28 2004 Observers Name NONE Title 2nd STORM WATER SAMPLE Signature	Drainage Location Description	#1	#2	#3	#4
	Observation Time	☐P M ☐A M	☐P M ☐A M	☐P M ☐A M	☐P M ☐A M
	Time Discharge Began	☐P M ☐A M	☐P M ☐A M	☐P M ☐A M	☐P M ☐A M
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: January - 2005 Observers Name NONE Title NO STORM WITHIN SWPP GUIDELI Signature	Drainage Location Description	#1	#2	#3	#4
	Observation Time	☐P M ☐A M	☐P M ☐A M	☐P M ☐A M	☐P M ☐A M
	Time Discharge Began	☐P M ☐A M	☐P M ☐A M	☐P M ☐A M	☐P M ☐A M
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

2004-2005
ANNUAL REPORT

SIDE B

FORM 4-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

DATE/TIME OF OBSERVATION (From Reverse Side)	DRAINAGE AREA DESCRIPTION EXAMPLE Discharge from material storage Area #2	DESCRIBE STORM WATER DISCHARGE CHARACTERISTICS Indicate whether storm water discharge is clear, cloudy, or discolored, causing staining, containing floating objects or an oil sheen, has odors, etc	IDENTIFY AND DESCRIBE SOURCE(S) OF POLLUTANTS EXAMPLE Oil sheen caused by oil dripped by trucks in vehicle maintenance area	DESCRIBE ANY REVISED OR NEW BMPs AND THEIR DATE OF IMPLEMENTATION
_____ ____ ☐ AM ☐ PM				
_____ ____ ☐ AM ☐ PM				
_____ ____ ☐ AM ☐ PM				
_____ ____ ☐ AM ☐ PM				
_____ ____ ☐ AM ☐ PM				

2004-2005

ANNUAL REPORT

FORM 4 (Continued)-MONTHLY VISUAL OBSERVATIONS OF

SIDE A

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 visua 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. February 11 2005 Observers Name ROBERT D BROWN Title WW TREATMENT PLANT SUPV Signature Robert D Brown	Drainage Location Description	#1 NORTHEAST AREA	#2 NORTH GATE AREA	#3	#4
	Observation Time	7 00 ☐PM ☒AM	7.00 ☐PM ☒AM	☐PM ☐AM	☐PM ☐AM
	Time Discharge Began	2.00 ☐PM ☒AM	2 00 ☐PM ☒AM	☐PM ☐AM	☐PM ☐AM
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: March - 2005 Observers Name NONE Title NO STORM WITHIN SWPP GUIDELI Signature	Drainage Location Description	#1	#2	#3	#4
	Observation Time	☐PM ☐AM	☐PM ☐AM	☐PM ☐AM	☐PM ☐AM
	Time Discharge Began	☐PM ☐AM	☐PM ☐AM	☐PM ☐AM	☐PM ☐AM
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: April - 2005 Observers Name NONE Title NO NO STORM WITHIN SWPP GUID Signature	Drainage Location Description	#1	#2	#3	#4
	Observation Time	☐PM ☐AM	☐PM. ☐AM	☐PM ☐AM	☐PM ☐AM
	Time Discharge Began	☐PM ☐AM	☐PM ☐AM	☐PM ☐AM	☐PM ☐AM
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: May - 2005 Observers Name NONE Title NO STORM WITHIN SWPP GUIDELI Signature	Drainage Location Description	#1	#2	#3	#4
	Observation Time	☐PM ☐AM	☐PM ☐AM	☐PM ☐AM	☐PM ☐AM.
	Time Discharge Began	☐PM ☐AM	☐PM ☐AM	☐PM ☐AM	☐PM ☐AM
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

2004-2005

ANNUAL REPORT

SIDE B

FORM 4 (Continued)-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

DATE/TIME OF OBSERVATION (From Reverse Side)	DRAINAGE AREA DESCRIPTION EXAMPLE Discharge from material storage Area #2	DESCRIBE STORM WATER DISCHARGE CHARACTERISTICS Indicate whether storm water discharge is clear, cloudy, or discolored, causing staining, containing floating objects or an oil sheen, has odors, etc	IDENTIFY AND DESCRIBE SOURCE(S) OF POLLUTANTS EXAMPLE: Oil sheen caused by oil dripped by trucks in vehicle maintenance area	DESCRIBE ANY REVISED CR NEW BMPs AND THEIR DATE OF IMPLEMENTATION
2/11/04 7:00 ☒ AM ☐ PM	NORHEAST AREA	DISCHARGE CLEAR	N/A	N/A
2/11/04 7:00 ☒ AM ☐ PM	NORTH GATE AREA	DISCHARGE CLEAR	N/A	N/A
_____ ☐ AM ☐ PM				
_____ ☐ AM ☐ PM				
_____ ☐ AM ☐ PM				

2004-2005

ANNUAL REPORT

SIDE A

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

EVALUATION DATE: 6/08/05 INSPECTOR NAME: DERRELL JOHNSON TITLE: SAFETY/ENVIRONSUPV SIGNATURE:

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
NORTHEAST AREA OIL AND GREASE WAREHOUSE PARKING	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?	☐ YES ☒ NO		
	ARE ADDITIONAL/REVISED BMPs NECESSARY?	☐ YES ☒ NO		
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
NORTH GATE AREA OIL & GREASE EMPLOYEE PARKING AREA DETERGENT STORAGE AREA	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?	☐ YES ☐ NO		
	ARE ADDITIONAL/REVISED BMPs NECESSARY?	☐ YES ☒ NO		
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?	☐ YES ☐ NO		
	ARE ADDITIONAL/REVISED BMPs NECESSARY?	☐ YES ☐ NO		
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?	☐ YES ☐ NO		
	ARE ADDITIONAL/REVISED BMPs NECESSARY?	☐ YES ☐ NO		

If yes, to either question, complete the next two columns of this form

2004-2005

ANNUAL REPORT

SIDE B

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

EVALUATION DATE: _____ INSPECTOR NAME: _____ TITLE: _____ SIGNATURE: _____

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO			

November 8, 2004

KIK International
9028 Dice Road
Santa Fe Springs, CA 90670

Attn Darrel Johnson

Job No. 73912 SF

LABORATORY REPORT

Samples Received: Three (3) Samples
Date Received: 10/27/2004
Purchase Order No. 84951

The samples were analyzed as follows

Analysis	Page
Nitrate and Nitrite by EPA 300 0	2 - 3
Total Suspended Solids by EPA 160 2	4
Conductivity by EPA 120.1	4
pH by EPA 150.1	4
Hexane Extractable Materials by EPA 1664	4
Surfactants by SM 5540 C	4 - 5
Zinc by SOP 7040, Rev 8	6

Charles Jacks, Ph.D
Senior Staff Chemist

Michael Shelton
Senior Staff Chemist

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WEST COAST ANALYTICAL SERVICE, INC

KIK International
Attn Darrel Johnson

Job No. 73912
November 8, 2004

Nitrate and Nitrite by EPA 300 0
Ion Chromatography-Suppressed Conductivity

Column:	Dionex AS9-SC/AG9-SC
Eluent:	3 mM Na_2CO_3, 1.125 mM $NaHCO_3$
Flow:	2.0 mL/min
Injection:	300 µL
Detection:	*Suppressed Conductivity*

Due to interference from the chloride peak the sample had to be diluted by 1:5 for analysis of nitrite. The detection limit was adjusted for the dilution

	Parts per Million (mg/L)			
Sample ID	Nitrite	Nitrite as N	Nitrate	Nitrate as N
North Gate Area	ND	ND	1.01	0.228
Method Blank	ND	ND	ND	ND
Detection Limit	0.1	0 03	0.02	0.005

Date Analyzed: 10-28-04

Calibration Summary

Sample ID: Laboratory Control Standard (1.00 ppm Second Source Standard)

Analyte	Result	% Rec	% Rec Limits
Nitrite	0 97	97	90-110
Nitrate	1.00	100	90-110

Standard Curves (n = 5) $r^2 \geq 0$ 999 for all anions
Date Analyzed 10-28-04

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WEST COAST ANALYTICAL SERVICE, INC

KIK International
Attn: Darrel Johnson

Job No: 73912
November 8, 2004

Quality Control Summary

Sample ID: Batch QC

Analyte	Sample Result	Spike Conc	Spike Result	Spike % Rec	Spike Dup Result	Spike Dup % Rec	Spike RPD
Nitrite	0 05	5.00	5.09	101	5.10	101	0
Nitrate	1.18	5.00	6.36	104	6.26	102	2

Quality Control Guidelines

Analyte	% Rec Limits	RPD Limits
Nitrite	72 - 123	15
Nitrate	67 - 126	11

Limits are for spikes of aqueous samples.

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WEST COAST ANALYTICAL SERVICE, INC

KJK International
Attn. Darrel Johnson

Job No: 73912
November 8, 2004

Sample ID. North Gate Area

Analysis	Result	Units	Method	Detection Limit
Total Suspended Solids	5 00	mg/L	EPA 160.2	1
Conductivity	478	µmho/cm	EPA 120.1	1
pH	8 98	Units	EPA 150.1	N/A
Hexane Extractable Materials	2 7	mg/L	EPA 1664	0.3
Surfactants	4.5	mg/L	SM 5540 C	0.1

Dates Analyzed: 10-27-04 to 11-04-04

Quality Control Summary

Sample ID: QC Batch

Analyte	Sample Result	Duplicate Result	Difference	Difference Limit
pH	9.37	9.37	0.00	0.10

Sample ID: QC Batch

Analyte	Sample Result	Duplicate Result	Sample RPD	RPD Limit
Conductivity	65.2	65.4	< 1	20

Sample ID: QC Batch

Analyte	Sample Result	Duplicate Result	Sample RPD	RPD Limit
Total Suspended Solids	622	514	19	20

Sample ID: Laboratory Fortified Blank

Analyte	Blank Result	Spike Conc	Spike Result	Spike % Rec	Spike Dup Result	Spike Dup % Rec	Spike RPD
Hexane Extractable Materials	ND	40 4	39.1	97	41 2	102	5
QC Guidelines				73 - 109		73 - 109	7

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WEST COAST ANALYTICAL SERVICE, INC.

KIK International
Attn: Darrel Johnson

Job No: 73912
November 8, 2004

Quality Control Summary

Sample ID. North Gate Area

Analyte	Sample Result	Duplicate Result	Sample RPD	Spike Conc	Spike Result	Spike % Rec
Surfactants	4.5	4.6	2	2.0	6.7	N/A
QC Guidelines			20			10 - 162

N/A - Not Applicable Sample result exceeds spike amount.

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WEST COAST ANALYTICAL SERVICE, INC.

KIK International
Attn: Darrel Johnson

Job No: 73912
November 8, 2004

Zinc by SOP 7040, Rev 8
Quantitative Analysis Report
Inductively Coupled Plasma-Mass Spectrometry

Parts Per Million (mg/L)

Sample ID	Zinc
North Gate Area	0.249
Detection Limit:	0.002

Date Analyzed. 10-29-04

Quality Control Summary

Sample: Batch QC

Analyte	Sample Result	Duplicate Result	Average Result	Sample RPD	Spike Conc	Spike Result	Spike % Rec
Zinc	0.589	0.589	0.589	0	1	1.61	102

Date Analyzed· 10-29-04

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cc: Book
NC
BB
FLB

WCAS

Analytical Chemists

January 13, 2005

KIK International
9028 Dice Rd
Santa Fe Springs, CA 90670

Attn: Darrel Johnson

Job No: 75268 SF

LABORATORY REPORT

Samples Received: Six (6) Samples
Date Received: 12/29/2004
Purchase Order No: 30922

The samples were analyzed as follows:

Analysis	Page
Total Suspended Solids by EPA 160.2	2 - 3
Conductivity by EPA 120.1	2 - 3
pH by EPA 150.1	2 - 3
Hexane Extractable Materials by EPA 1664	2 - 3
Surfactants by SM 5540 C	2 - 3
Nitrate and Nitrite by EPA 300 0	4 - 5
Zinc by SOP 7040, Rev 8	6

D.J. Northington, Ph D.
Quality Assurance Officer

Michael Shelton
Senior Staff Chemist

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9240 Santa Fe Springs Road • Santa Fe Springs, CA 90670 • Tel 562.948 2225 Fax 562 948 5850 • wcas com

West Coast Analytical Service, Inc.

WEST COAST ANALYTICAL SERVICE, INC.

KIK International
Attn: Darrel Johnson

Job No: 75268
January 13, 2005

Sample ID. North East Drain

Analysis	Result	Units	Method	Detection Limit
Total Suspended Solids	5.0	mg/L	EPA 160.2	1
Conductivity	27.9	µmho/cm	EPA 120 1	1
pH	7.49	Units	EPA 150.1	N/A
Hexane Extractable Materials	0.9	mg/L	EPA 1664	0 3
Surfactants	ND	mg/L	SM 5540 C	0.1

Sample ID: North Fence/Gate Drain

Analysis	Result	Units	Method	Detection Limit
Total Suspended Solids	7.0	mg/L	EPA 160.2	1
Conductivity	461	µmho/cm	EPA 120.1	1
pH	9.54	Units	EPA 150.1	N/A
Hexane Extractable Materials	3.2	mg/L	EPA 1664	0.3
Surfactants	7.1	mg/L	SM 5540 C	0.1

Dates Analyzed: 12-30-04 to 01-12-05

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WEST COAST ANALYTICAL SERVICE, INC.

KIK International
Attn: Darrel Johnson

Job No: 75268
January 13, 2005

Quality Control Summary

Sample ID: North East Drain

Analyte	Sample Result	Duplicate Result	Difference	Difference Limit
pH	7.47	7.50	0.03	0.10

Sample ID: North East Drain

Analyte	Sample Result	Duplicate Result	Sample RPD	RPD Limit
Conductivity	27.9	27 9	< 1	20

Sample ID: QC Batch

Analyte	Sample Result	Duplicate Result	Sample RPD	RPD Limit
Total Suspended Solids	14.0	14 0	< 1	20

Sample ID: Laboratory Fortified Blank

Analyte	Blank Result	Spike Conc	Spike Result	Spike % Rec
Hexane Extractable Materials	1 1	40.4	31.5	75
QC Guidelines				73 - 109

Sample ID: North Fence/Gate Drain

Analyte	Sample Result	Duplicate Result	Sample RPD	Spike Conc	Spike Result	Spike % Rec
Surfactants	7 3	6.8	7	2	9 1	100
QC Guidelines			20			10 - 162

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WEST COAST ANALYTICAL SERVICE, INC.

KIK International
Attn: Darrel Johnson

Job No: 75268
January 13, 2005

Nitrate and Nitrite by EPA 300.0
Ion Chromatography-Suppressed Conductivity

Column:	Dionex AS9-SC/AG9-SC
Eluent:	3 mM Na_2CO_3, 1.125 mM $NaHCO_3$
Flow:	2.0 mL/min
Injection:	300 µL
Detection:	Suppressed Conductivity

Due to interference from the chloride peak the North Fence/Gate Drain sample had to be diluted by 1:100 for analysis of nitrite. The detection limit was adjusted for the dilution.

	Parts per Million (mg/L)			
Sample ID	Nitrite	Nitrite as N	Nitrate	Nitrate as N
North East Drain	0 04	0.012	0.46	0.104
Method Blank	ND	ND	ND	ND
Detection Limit	0.02	0.006	0.02	0.005
North Fence/Gate Drain	ND	ND	0.94	0.212
Detection Limit	2	0.6	0.02	0.005

Date Analyzed: 12-29-04

Calibration Summary

Sample ID: Laboratory Control Standard (1.00 ppm Second Source Standard)

Analyte	Result	% Rec	% Rec Limits
Nitrite	0.95	95	90-110
Nitrate	1.08	108	90-110

Standard Curves (n = 5) $r^2 > 0.999$ for all anions
Date Analyzed: 12-29-04

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WEST COAST ANALYTICAL SERVICE, INC.

KIK International
Attn: Darrel Johnson

Job No: 75268
January 13, 2005

Quality Control Summary

Sample ID: North East Drain

Analyte	Sample Result	Duplicate Result	RPD
Nitrite	0.04	0.07	NA
Nitrate	0.46	0.47	2

Sample ID: North East Drain

Analyte	Average Result	Spike Conc	Spike Result	Spike % Rec	Spike Dup Result	Spike Dup % Rec	Spike RPD
Nitrite	0.06	1.00	1.10	104	1.09	103	1
Nitrate	0.47	1.00	1.52	105	1.49	102	2

Quality Control Guidelines

Analyte	% Rec Limits	RPD Limits
Nitrite	72 - 123	15
Nitrate	67 - 126	11

Limits are for spikes of aqueous samples.

This report is to be reproduced in its entirety.

WEST COAST ANALYTICAL SERVICE, INC.

KIK International
Attn: Darrel Johnson

Job No: 75268
January 13, 2005

Zinc by SOP 7040, Rev 8
Quantitative Analysis Report
Inductively Coupled Plasma-Mass Spectrometry

Parts Per Million (mg/L)

Sample ID	Zinc
North East Drain	0.186
North Fence/Gate Drain	0.203
Detection Limit:	0.001

Date Analyzed: 01-03-05

Quality Control Summary

Sample: North Fence/Gate Drain

Analyte	Sample Result	Duplicate Result	Average Result	Sample RPD	Spike Conc	Spike Result	Spike % Rec
Zinc	0.203	0.200	0.2015	1.5	1	1.14	94

Date Analyzed: 01-03-05

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Chain-of-Custody

Mail Report to the following:

Company: _____
Contact: _____
Address: _____
Address: _____
City/St/Zip: _____
Phone: _____ Fax: _____

Project Information:

Project Manager: _____
Project Name: _____
Project No.: _____
Purchase Order No.: _____
Purchasing Contact: _____
Purchasing Phone No. : _____

West Coast Analytical Service, Inc.
9240 Santa Fe Springs Rd
Santa Fe Springs, CA 90670
562.948.2225 fax 562.948.5850
wcas.com

Turn-around-time

- [x] Normal (7-10 work days)
- [ ] Rush 5 day
- [ ] Rush 3 day
- [ ] Rush 1 day

} Extra Charge

Hazards:

If there are multiple choices for an item please circle one.

Comments:

RAIN WATER SAMPLES.

ROBERT D. PIERSON

Sampler's Name(s):

ROBERT D. PIERSON

Sample Identification	Sampling Date	Sampling Time	Preservation	# of Containers	Check One: Water / Drinking / Ground / Waste	Check One: Soil	Check One: Waste	Check One: Other	CCR Metals: TTLC / STLC - ___	RCRA Metals: Totals / TCLP	Hexavalent Chromium: 218.6 / 7199	Total Chromium by ICPMS	Volatile Organics by GCMS	Semivolatile Organics by GCMS	Organochlorine Pest./PCB	Hydrocarbons by 8015M ___	Hexane Ext. by 1664: HEM / SGT/HEM	Remarks
NORTH EAST DRAIN	12/28	7:05 AM		3														
NORTH FENCE / GATE DRAIN	12/28	7:09 AM		3														
SAMPLE LABELED W/ ID:																		
FENCE / GATE DRAIN (B)																		

Relinquished by	Company:	Date	Time	Received by	Company
Relinquished by:	Company.	Date	Time	Received by:	Company:
Relinquished by:	Company: CLIENT	Date 12-29-04	Time 8:58	Received by:	Company: WCAS

NOTES: Samples will be discarded 30 days after invoicing unless notified in writing or high hazard.
All services provided will adhere to the WCAS Terms & Conditions found on the back.

White Copy - WCAS • *Yellow* - Report • *Pink* - Client

CTL Environmental Services
Environmental Site Assessment & Remediation

Duff Kerwin, REA

Casey –

24404 S Vermont Avenue, #307
Harbor City, CA 90710
TEL (310) 530-5006
FAX (310) 530-0792

LAIDLAW
ENVIRONMENTAL
SERVICES

June 14, 1995

JOHN HOUCK
T-CHEM PRODUCTS
9028 DICE ROAD
SANTA FE SPRINGS, CA 90670

RE: SUMP WASTE
FROM SANTA FE SPRINGS

Dear Sir:

This letter is to inform you that Laidlaw Environmental Services (Imperial Valley), Inc. has the appropriate permits for and will accept the waste identified above. Should any significant changes occur in this specific waste stream from the time the test data and/or predisposal samples were shipped, please contact Marianna Buoni or me prior to shipping.

We have assigned the following Waste Approval Number to this waste:

14415-ITC-0695

Unless otherwise notified, this number will expire one year from the date indicated above.

This number must be written on the manifest accompanying each load of waste. You have profiled this waste stream as California Hazardous. Place the Waste Approval Number in Section 15 of the California Hazardous Waste Manifest.

Sincerely,

Eric Almberg
Treatment Manager

Laidlaw Environmental Services (Lokern), Inc
2500 West Lokern Road Post Office Box 787 Buttonwillow, California 93206
Phone 805 762 7372 Fax 805 762 7681

WORK ORDER

LAIDLAW ENVIRONMENTAL SERVICES

221 E. "D" ST. • P.O. Box 1175
WILMINGTON, CA 90748-1175
(310) 518-4700 • (800) 955-5359

CUSTOMER/ACCT NO

WORK ORDER NO.
15244

15024

BILLING ADDRESS

T-CHEM PRODUCTS INC
9020 DICE ROAD
SANTA FE SPRINGS CA
90670

SERVICE ADDRESS

SAME

ORDER DATE	DATE TO BE DONE	CUSTOMER P.O. #	ORDERED BY	TELEPHONE#	CONTACT PERSON
06/26/95	06/30/95		JOHN HOUCK	(310)9062219	J.HOUCK

REP	DIV. #	DEPARTMENT	CUSTOMER'S EPA #	CUSTOMER'S BD OF EQUAL #	CONTACT PHONE #
JR	516-200	FIELD SERVICES	CAD051482784	HAHQ360455719	(310)9062219

ONE VAC TRUCK TO PUMP MATERIAL FROM 3 SUMPS AND TRANSPORT
TO TOKEN FOR STABILIZATION ON SITE 0900

DRIVER COMPLETE:

SERVICES PERFORMED 1 PUMP + CLEAN 4 SUMPS
AND HAUL LOAD TO YD. for A.M DISPOSAL
AS DIR. TO.

START TIME 0600 STOP TIME _____ START MILES 193874 END MILES _____ TRUCK NUMBER 16046 TRAILER NUMBER 16045.T

Manifest Number _____ Date Completed _____ Drivers Name J. KILPATRICK

Comments _____

In the event of any litigation arising out of this agreement or any transaction contemplated hereby, the prevailing party shall be entitled to reasonable attorney's fees, expenses and costs

NOT AN INVOICE - BILLING WILL FOLLOW

AGENT FOR T-CHEM

Customer Signature _____

State of California—Environmental Protection Agency
Form Approved OMB No 2050-0039 (Expires 9-30 94)
Please print or type. *Form designed for use on elite (12-pitch) typewriter*

See Instructions on back of page 6.

Department of Toxic Substances Control
Sacramento, California

95130798

IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA, CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No. / Manifest Document No: CAD051482784 3017 9 8

2 Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: T-CHEM PRODUCTS INC, 9028 DICE ROAD SANTA FE SPRINGS, CA 90760

4 Generator's Phone (310) 906-2219

A. State Manifest Document Number: 95130798

B. State Generator's ID: MAH436045717

5. Transporter 1 Company Name: LAIDLAW ENVIRONMENTAL SERVICES OF CALIFORNIA INC.

6 US EPA ID Number: CAD000083121

C. State Transporter's ID: 448027

D. Transporter's Phone: 310 537 6700

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9 Designated Facility Name and Site Address: LAIDLAW ENVIRONMENTAL 5295 S. EARLY ROAD WESTMORLAND, CA 92281

10 US EPA ID Number: CAD000063164

G. State Facility's ID

H. Facility's Phone: 619-351-4325

11 US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)	12 Containers No	12 Containers Type	13 Total Quantity	14 Unit Wt/Vol	Waste Numbers
a. NON-RCRA HAZARDOUS WASTE LIQUID (WATER AND SURFACTANTS)	001	TT	02560	L	State: 561 EPA/Other: N/A
b					State: EPA/Other:
c.					State: EPA/Other:
d.					State: EPA/Other:

J. Additional Descriptions for Materials Listed Above: 11A) PROFILE # 1445-JDC-0695

K. Handling Codes for Wastes Listed Above: a. b. c. d.

15. Special Handling Instructions and Additional Information: WEAR PROPER SAFETY EQUIPMENT

24 HOUR EMERGENCY PHONE # 1-800-727-3270

16 **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford

Printed/Typed Name	Signature	Month	Day	Year
JOHN HOUCK		06	11	95

17 Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
JESSE KILPATRICK		06	30	95

18 Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

19. Discrepancy Indication Space

20 Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19

Printed/Typed Name	Signature	Month	Day	Year

DO NOT WRITE BELOW THIS LINE.

DTSC 8022A (9/93)
EPA 8700—22

Yellow· GENERATOR RETAINS

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
2002-2003 ANNUAL REPORT
FOR STORM WATER DISCHARGES ASSOCIATED
WITH INDUSTRIAL ACTIVITIES

Reporting Period July 1, 2002 through June 30, 2003

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.**

If any information contained in Items A, B, and C below is incorrect, please cross out or highlight the incorrect information (do not white out or erase) and provide the correct information next to or above the incorrect information so that we can update our records. Please remember that a Notice of Termination and new Notice of Intent is required whenever your facility is relocated or changes ownership.

If you have any questions, please contact your Regional Board Storm Water Program Contact. The address of the Regional Board (where the Annual Report must be submitted) along with the name, telephone number, and e-mail address of the contact is indicated below. Additional copies of the Annual Report may be obtained from our web site at **www.swrcb.ca.gov/stormwtr/ industrial.html.**

REGIONAL BOARD INFORMATION:

LOS ANGELES REGIONAL WATER BOARD
320 W. 4TH STREET, STE 200
LOS ANGELES, CA 90013

SUMAIRA NOREEN
Tel: (213) 620-6363
Email: snoreen@rb4.swrcb.ca.gov

GENERAL INFORMATION

A. Facility Location:

KIK SO CAL
9028 DICE ROAD
SANTA FE SPRINGS, CA 90670-2520

Facility WDID No: 419S015890

B. Facility Operator Information:

Contact Person:
GREG WIESE
Tel: (562) 946-6427

KIK SO CAL
9028 DICE RD
SANTA FE SPRINGS, CA 90670-2520

C. Facility Information:

Contact Person:
GREG WIESE
Tel: (562) 946-6427

Mailing Address:

KIK SO CAL
9028 DICE ROAD
SANTA FE SPRINGS, CA 90670-2520

SIC Code(s):
2841 Soap & Other Detergents, except Specialty Cleaners

Additional Table D Parameters. N+N,Zn

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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? 2 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? 2

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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.

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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 storm water 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

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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	☐	☒	February	☐	☒
November	☐	☒	March	☐	☒
December	☐	☒	April	☐	☒
January	☐	☒	May	☐	☒

2. Report monthly wet season visual observations using **Form 4** or provide the following information:

   a. date, time, and location of observation
   b name and title of observer
   c. characteristics of the discharge (i.e , odor, color, etc) and source of any pollutants observed
   d. **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.

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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: Robert R. Brown

Signature: Robert R Brown Date: 6-26-03

Title: General Manager

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DESCRIPTION OF BASIC ANALYTICAL PARAMETERS

The Industrial Activities Storm Water General Permit (General Permit) requires you to analyze storm water samples for at least four parameters These are pH, Total Suspended Solids (TSS), Specific Conductance (SC),and Total Organic Carbon (TOC) Oil and Grease (O&G) may be substituted for TOC In addition, you must monitor for any other pollutants which you believe to be present in your storm water discharge as a result of industrial activity and analytical parameters listed in Table D of the General Permit There are no numeric limitations for the parameters you test for.

The four parameters which the General Permit requires to be tested are considered *indicator* parameters. In other words, regardless of what type of facility you operate, these parameters are nonspecific and general enough to usually provide some indication whether pollutants are present in your storm water discharge. The following briefly explains what each of these parameters mean:

pH is a numeric measure of the hydrogen-ion concentration. The neutral, or acceptable, range is within 6.5 to 8.5 At values less than 6.5, the water is considered acidic; above 8.5 it is considered alkaline or basic. An example of an acidic substance is vinegar, and a alkaline or basic substance is liquid antacid. Pure rainfall tends to have a pH of a little less than 7. There may be sources of materials or industrial activities which could increase or decrease the pH of your storm water discharge If the pH levels of your storm water discharge are high or low, you should conduct a thorough evaluation of all potential pollutant sources at your site.

Total Suspended Solids (TSS) is a measure of the undissolved solids that are present in your storm water discharge. Sources of TSS include sediment from erosion of exposed land, and dirt from impervious (i e paved) areas. Sediment by itself can be very toxic to aquatic life because it covers feeding and breeding grounds, and can smother organisms living on the bottom of a water body. Toxic chemicals and other pollutants also adhere to sediment particles. This provides a medium by which toxic or other pollutants end up in our water ways and ultimately in human and aquatic life TSS levels vary in runoff from undisturbed land. It has been shown that TSS levels increase significantly due to land development.

Specific Conductance (SC) is a numerical expression of the ability of the water to carry an electric current. SC can be used to assess the degree of mineralization, salinity, or estimate the total dissolved solids concentration of a water sample. Because of air pollution, most rain water has a SC a little above zero. A high SC could affect the usability of waters for drinking, irrigation, and other commercial or industrial use.

Total Organic Carbon (TOC) is a measure of the total organic matter present in water. (All organic matter contains carbon) This test is sensitive and able to detect small concentrations of organic matter. Organic matter is naturally occurring in animals, plants, and man Organic matter may also be man made (so called synthetic organics). Synthetic organics include pesticides, fuels, solvents, and paints. Natural organic matter utilizes the oxygen in a receiving water to biodegrade. Too much organic matter could place a significant oxygen demand on the water, and possibly impact its quality. Synthetic organics either do not biodegrade or biodegrade very slowly. Synthetic organics are a source of toxic chemicals that can have adverse affects at very low concentrations Some of these chemicals bioaccumulate in aquatic life If your levels of TOC are high, you should evaluate all sources of natural or synthetic organics you may use at your site

Oil and Grease (O&G) is a measure of the amount of oil and grease present in your storm water discharge At very low concentrations, O&G can cause a sheen (that floating "rainbow") on the surface of water (1 qt of oil can pollute 250,000 gallons of water). O&G can adversely affect aquatic life and create unsightly floating material and film on water, thus making it undrinkable. Sources of O&G include maintenance shops, vehicles, machines and roadways

If you have any questions regarding whether or not your constituent concentrations are too high, please contact your local Regional Board office The United States Environmental Protection Agency (USEPA) has published stormwater discharge benchmarks for a number of parameters These benchmarks may be helpful when evaluating whether additional BMPs are appropriate These benchmarks can be accessed at our website at http://www swrcb ca gov. It is contained in the Sampling and Analysis Reduction Certification

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See Storm Water Contacts at

http://www.swrcb.ca.gov/stormwtr/contact.html

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SIDE

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

NAME OF PERSON COLLECTING SAMPLE(S): Robert D. Brown TITLE: WW Treatment Supv. SIGNATURE: Robert D. Brown

DESCRIBE DISCHARGE LOCATION Example. NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	ANALYTICAL RESULTS For First Storm Event									
			BASIC PARAMETERS					OTHER PARAMETERS				
			PH	TSS	SC	O&G	TOC					
Gate Area Attached	11 / 8 /03 ☑ AM 1: 00 ☐ PM	☒ AM 12: 30 ☐ PM										
NE Area Attached	11 / 8 /03 ☒ AM 1 :00 ☐ PM	☒ AM 12: 30 ☐ 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):												

TSS - Total Suspended Solids SC - Specific Conductance O&G - Oil & Grease TOC - Total Organic Carbon

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FORM 1-SAMPLING & ANALYSIS RESULTS

SECOND 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)
- If you did not analyze for a required parameter, do not report "0" Instead, leave the appropriate box blank
- When analysis is done using portable analysis (such as portable pH meters, SC meters, etc), indicate "PA" in the appropriate test method used box

NAME OF PERSON COLLECTING SAMPLE(S): Robert D. Brown TITLE: WW Treatment Supv. SIGNATURE: Robert D. Brown

DESCRIBE DISCHARGE LOCATION Example: NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	ANALYTICAL RESULTS For Second Storm Event									
			BASIC PARAMETERS					OTHER PARAMETERS				
			PH	TSS	SC	O&G	TOC					
Gate Area Attached	12/ 16/ 03 7:00 ☒ AM ☐ PM	6 : 00 ☒ AM ☐ PM										
NE Area Attached	12 / 16/03 7 :00 ☒ AM ☐ PM	6: 00 ☒ 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):												

TSS - Total Suspended Solids SC - Specific Conductance O&G - Oil & Grease TOC - Total Organic Carbon

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FORM 2-QUARTERLY VISUAL OBSERVATIONS OF AUTHORIZED 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 of the General Permit
- Make additional copies of this form as necessary

QUARTER: **JULY-SEPT.** DATE: __/__/__	**Observers Name:** N/A **Title:** _____ **Signature:** _____	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ **YES** If **YES**, complete reverse side of this form. ☒ **NO**
QUARTER: **OCT.-DEC.** DATE: __/__/__	**Observers Name:** _____ **Title:** _____ **Signature:** _____	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ **YES** If **YES**, complete reverse side of this form. ☐ **NO**
QUARTER: **JAN.-MARCH** DATE: __/__/__	**Observers Name:** _____ **Title:** _____ **Signature:** _____	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ **YES** If **YES**, complete reverse side of this form. ☐ **NO**
QUARTER: **APRIL-JUNE** DATE: __/__/__	**Observers Name:** _____ **Title:** _____ **Signature:** _____	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ **YES** If **YES**, complete reverse side of this form. ☐ **NO**

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FORM 2-QUARTERLY VISUAL OBSERVATIONS OF AUTHORIZED NON-STORM WATER DISCHARGES (NSWDs)

DATE /TIME OF OBSERVATION	SOURCE AND LOCATION OF AUTHORIZED NSWD EXAMPLE: Air conditioner Units on Building C	NAME OF AUTHORIZED NSWD EXAMPLE: Air conditioner condensate	DESCRIBE AUTHORIZED NSWD CHARACTERISTICS Indicate whether authorized NSWD is clear, cloudy, or discolored, causing staining, contains floating objects or an oil sheen, has odors, etc		DESCRIBE ANY REVISED OR NEW BMPs AND PROVIDE THEIR IMPLEMENTATION DATE
			At the NSWD Source	At the NSWD Drainage Area and Discharge Location	
/ / : ☐ AM ☐ PM					
/ / : ☐ AM ☐ PM					
/ / : ☐ AM ☐ PM					
/ / : ☐ AM ☐ PM					
/ / : ☐ AM ☐ PM					

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FORM 3-QUARTERLY VISUAL OBSERVATIONS OF UNAUTHORIZED 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 9/18/02 10:00 ☐ PM	**Observers Name:** Derrell Johnson **Title:** Safety environmental Supervisor **Signature:**	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☒ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☒ NO	If **YES** to either question, complete reverse side.
QUARTER: **OCT.-DEC.** **DATE/TIME OF OBSERVATIONS** ☒ AM 12/12/02 1 00 ☐ PM	**Observers Name:** Derrell Johnson **Title:** Safety Environmental Supervisor **Signature:**	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☒ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☒ NO	If **YES** to either question, complete reverse side.
QUARTER: **JAN.-MARCH** **DATE/TIME OF OBSERVATIONS** ☒ AM 3/20/03 10:00 ☐ PM	**Observers Name:** Derrell Johnson **Title:** Safety Environmental Supervisor **Signature:**	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☒ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☒ NO	If **YES** to either question, complete reverse side.
QUARTER: **APRIL-JUNE** **DATE/TIME OF OBSERVATIONS** ☐ AM 5/22/03 2:00 ☒ PM	**Observers Name:** Derrell Johnson **Title:** Safety Environmental Supervisor **Signature:**	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☒ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☒ NO	If **YES** to either question, complete reverse side

2002-2003

ANNUAL REPORT

SII B

FORM 3 QUARTERLY VISUAL OBSERVATIONS OF UNAUTHORIZED NON-STORM WATER DISCHARGES (NSWDs)

OBSERVATION DATE (FROM REVERSE SIDE)	NAME OF UNAUTHORIZED NSWD EXAMPLE: Vehicle Wash Water	SOURCE AND LOCATION OF UNAUTHORIZED NSWD EXAMPLE: NW Corner of Parking Lot	DESCRIBE UNAUTHORIZED NSWD CHARACTERISTICS Indicate whether unauthorized NSWD is clear, cloudy, discolored, causing stains; contains floating objects or an oil sheen, has odors, etc.		DESCRIBE CORRECTIVE ACTIONS TO ELIMINATE UNAUTHORIZED NSWD AN TO CLEAN IMPACTED DRAINAGE AREAS. PROVIDE UNAUTHORIZED NSWD ELIMINATION DATE
			AT THE UNAUTHORIZED NSWD SOURCE	AT THE UNAUTHORIZED NSWD AREA AND DISCHARGE LOCATION	
/ / : ☐ AM ☐ PM					
/ / : ☐ AM ☐ PM					
/ / : ☐ AM ☐ PM					
/ / : ☐ AM ☐ PM					

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FORM 4-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

SIDE A

- 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 discharge and note the date, time, name, and title of who observed there was no storm water discharge

Observation Date: October — 2002 Observers Name None Title No Storms within SWPP Guidelines Signature	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: ☐P.M. ☐A.M	: ☐P.M ☐A.M.	: ☐P.M ☐A.M.	: ☐ ☐
	Time Discharge Began	: ☐P.M. ☐A.M.	: ☐P.M ☐A.M	: ☐P.M ☐A.M	: ☐ ☐
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: November 8 2002 Observers Name None Title 1st Storm Water Sample Signature: Attached	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: ☐P M ☐A.M.	: ☐P.M. ☐A.M.	: ☐P M ☐A.M	: ☐ ☐
	Time Discharge Began	: ☐P.M. ☐A M	: ☐P.M ☐A M	: ☐P M ☐A M	: ☐ ☐
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: December 16 2002 Observers Name: None Title: 2nd Storm water sample Signature Attached	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: ☐P M. ☐A M	: ☐P.M ☐A M.	: ☐P.M ☐A M	: ☐ ☐
	Time Discharge Began	: ☐P M ☐A.M	: ☐P.M ☐A.M.	: ☐P M ☐A.M	: ☐ ☐
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: January — 2003 Observers Name None Title No Storms within SWPP Guidelines Signature	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: ☐P.M ☐A M.	: ☐P.M ☐A M.	: ☐P.M ☐A M	: ☐ ☐
	Time Discharge Began	: ☐P M ☐A M.	: ☐P M ☐A M.	: ☐P M ☐A M	: ☐ ☐
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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ANNUAL REPORT

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 stor* discharge and note the date, time, name, and title of who observed there was no storm water discharg

Observation Date: February — 2003	Drainage Location Description	#1	#2	#3	#4
Observers Name: None	Observation Time	: ☐P M ☐A M	: ☐P M ☐A M.	: ☐ P M ☐ A M	: ☐ ☐
Title No Storms Within SWPP Guidelines	Time Discharge Began	: ☐P M ☐A M	: ☐P.M ☐A.M.	: ☐ P.M. ☐ A M.	: ☐ ☐
Signature	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: March — 2003	Drainage Location Description	#1	#2	#3	#4
Observers Name None	Observation Time	: ☐P M ☐A M	: ☐P M ☐A M	: ☐ P M. ☐ A.M.	: ☐ ☐
Title No Storm within SWPP Guidelines	Time Discharge Began	: ☐P.M ☐A M	: ☐P.M ☐A M	: ☐ P M ☐ A.M	: ☐ ☐
Signature	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: April 14 2003	Drainage Location Description	#1 Gate Area	#2 North East Area	#3	#4
Observers Name Robert D Brown	Observation Time	12 : 30 ☒ P M ☐ A M	12: 30 ☒P.M ☐ A M	: ☐ P M ☐ A M	: ☐ ☐
Title Wastewater Treatment Supervisor	Time Discharge Began	11: 45 ☐P M ☒ A M	11: 45 ☐P.M ☒A M	: ☐ P M. ☐ A M	: ☐ ☐
Signature	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☒	YES ☐ NO ☒	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: May — 2003	Drainage Location Description	#1	#2	#3	#4
Observers Name None	Observation Time	: ☐P M. ☐A.M.	: ☐P M. ☐A M.	: ☐ P M ☐ A.M.	: ☐ ☐
Title No Storms Within SWPP Guidelines	Time Discharge Began	: ☐P M ☐A M	: ☐P M ☐A M	: ☐ P M. ☐ A M	: ☐ ☐
Signature	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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ANNUAL REPORT

FORM 4 (Continued)-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

DATE/TIME OF OBSERVATION (From Reverse Side)	DRAINAGE AREA DESCRIPTION EXAMPLE Discharge from material storage Area #2	DESCRIBE STORM WATER DISCHARGE CHARACTERISTICS Indicate whether storm water discharge is clear, cloudy, or discolored, causing staining; containing floating objects or an oil sheen, has odors, etc.	IDENTIFY AND DESCRIBE SOURCE(S) OF POLLUTANTS EXAMPLE, Oil sheen caused by oil dripped by trucks in vehicle maintenance area	DESCRIBE ANY REVISED OR NEW BMPs A THEIR DATE OF IMPLEMENTATION
/ / : ☐ AM ☐ PM				
/ / : ☐ AM ☐ PM				
/ / : ☐ AM ☐ PM				
/ / : ☐ AM ☐ PM				
/ / : ☐ AM ☐ PM				

2002-2003
ANNUAL REPORT

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

VALUATION DATE: 6 /19/03 INSPECTOR NAME: Derrell Johnson TITLE: Safety/Environmental Supervisor SIGNATURE:

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs corrective actions and their date(s implementation
NE Area (TC-2) Oil & Grease Warehouse Parking	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?	☐ YES ☒ NO	If yes, to either question, complete the next two columns of this form	
	ARE ADDITIONAL/REVISED BMPs NECESSARY?	☐ YES ☒ NO		
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs corrective actions and their date(s implementation
Gate Area (TC-1) Oil & Grease Employee Parking	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?	☐ YES ☒ NO	If yes, to either question, complete the next two columns of this form	
	ARE ADDITIONAL/REVISED BMPs NECESSARY?	☐ YES ☒ NO		
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs corrective actions and their date(s implementation
Gate Area (TC-1) Detergent Storage Area	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?	☐ YES ☒ NO	If yes, to either question, complete the next two columns of this form	
	ARE ADDITIONAL/REVISED BMPs NECESSARY?	☐ YES ☒ NO		
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs corrective actions and their date(s implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?	☐ YES ☐ NO	If yes, to either question, complete the next two columns of this form	
	ARE ADDITIONAL/REVISED BMPs NECESSARY?	☐ YES ☐ NO		

2002-2003

ANNUAL REPORT

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

VALUATION DATE: ___/___/___ INSPECTOR NAME: _____ TITLE: _____ SIGNATURE:

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs corrective actions and their date(s implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs corrective actions and their date(s implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs corrective actions and their date(s implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs corrective actions and their date(s implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO			

John L. Hunter
AND ASSOCIATES, INC

13310 Firestone Boulevard, Suite A-2
Santa Fe Springs, California 90670
(562) 802-7880
FAX (562) 802-2297

STORMWATER SAMPLING REPORT

KIK Int'l-So. Cal

9028 Dice Road
Santa Fe Springs, California 90670

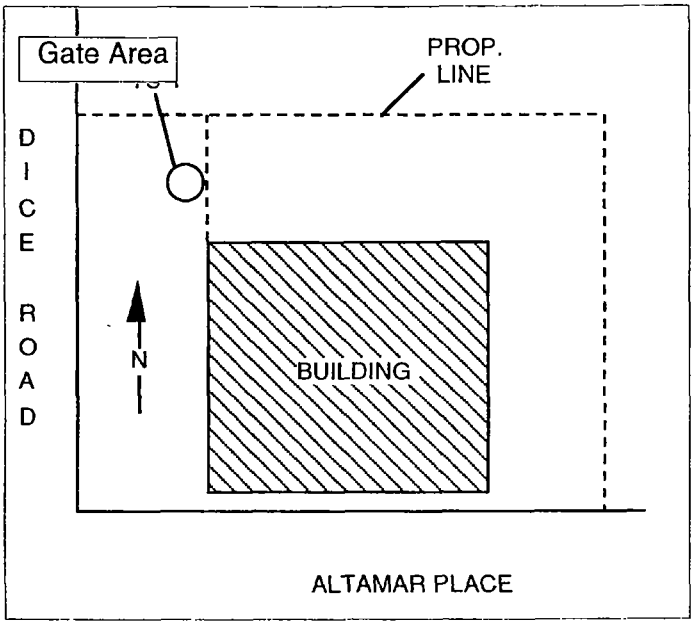
Sample Point Gate area

Sample Name Gate Area
Collection Date November 8, 2002
Sampler Name KIK Staff

FIELD OBSERVATIONS

No significant observations reported.

SITE MAP



SAMPLE RESULTS

Gate Area					
Analysis	Sample Type	Method	Time	Result	Regulatory Benchmarks
pH	Grab	150.1	N/A	9.49units	6.0-9.0
Suspende S.	Grab	160.2	N/A	22.3 mg/L	0-100
Conductance	Grab	120.1	N/A	899 umho/cm	0-200
Surfactants	Grab	5540C	N/A	2.4- mg/L	--
Zinc	Grab	ICPMS	N/A	1.14 mg/L	0.117
Nitrate	Grab	300.0	N/A	9.2 mg/L	0.68
Nitrite	Grab	300.0	N/A	.9 mg/L	0.68
Oil & Grease	Grab	413.2	N/A	14.5 mg/L	15

The table above is a summary of laboratory results obtained from the stormwater sample taken at the site For additional laboratory results, please see the attached laboratory reports

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13310 Firestone Boulevard, Suite A-2
Santa Fe Springs, California 90670
(562) 802-7880
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STORMWATER SAMPLING REPORT

KIK Int'l-So. Cal.

9028 Dice Road
Santa Fe Springs, California 90670

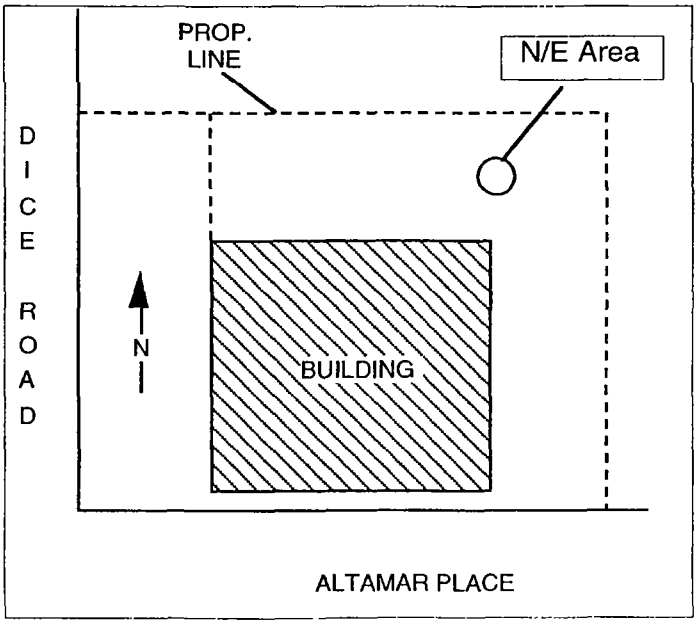
Sample Point Northeastern lot area

Sample Name Northeastern lot area
Collection Date November 8, 2002
Sampler Name KIK Staff

FIELD OBSERVATIONS

No significant observations reported.

SITE MAP



SAMPLE RESULTS

Northeastern Lot Area					
Analysis	Sample Type	Method	Time	Result	Regulatory Benchmarks
pH	Grab	150.1	N/A	8.29units	6.0-9.0
Suspende S.	Grab	160.2	N/A	18.2 mg/L	0-100
Conductance	Grab	120.1	N/A	100 umho/cm	0-200
Surfactants	Grab	5540C	N/A	.2 mg/L	--
Zinc	Grab	ICPMS	N/A	1.10 mg/L	0.117
Nitrate	Grab	300.0	N/A	4.45 mg/L	0.68
Nitrite	Grab	300.0	N/A	.26 mg/L	0.68
Oil & Grease	Grab	413.2	N/A	.5 mg/L	15

The table above is a summary of laboratory results obtained from the stormwater sample taken at the site. For additional laboratory results, please see the attached laboratory reports.

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AND ASSOCIATES, INC.

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Santa Fe Springs, California 90670
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STORMWATER SAMPLING REPORT

KIK Int'l-So. Cal

9028 Dice Road
Santa Fe Springs, California 90670

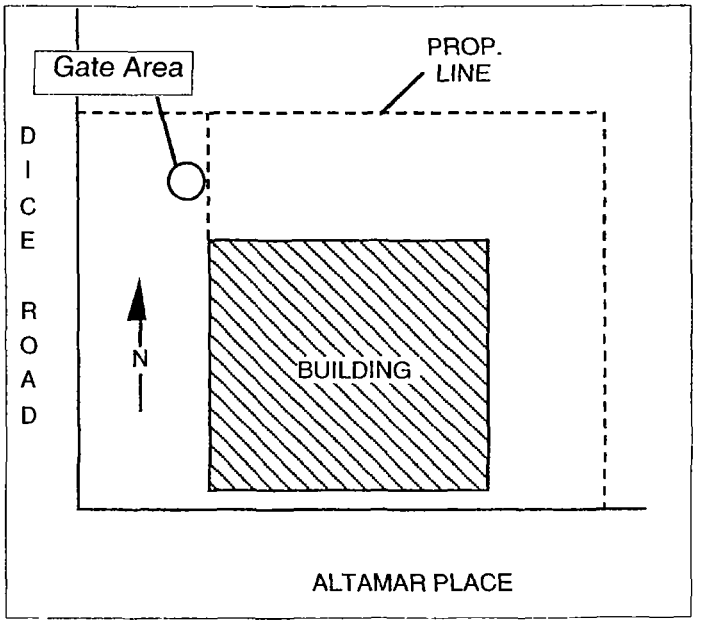
Sample Point Gate area

Sample Name Gate area 16 00.
Collection Date December ~~18~~, 2002
Sampler Name KIK Staff

FIELD OBSERVATIONS

No significant observations reported.

SITE MAP



SAMPLE RESULTS

Gate Area					
Analysis	Sample Type	Method	Time	Result	Regulatory Benchmarks
pH	Grab	150.1	N/A	9.58units	6.0-9.0
Suspende S.	Grab	160.2	N/A	7.16 mg/L	0-100
Conductance	Grab	120.1	N/A	2720 umho/cm	0-200
Surfactants	Grab	5540C	N/A	.7 mg/L	--
Zinc	Grab	ICPMS	N/A	.25 mg/L	0.117
Nitrate	Grab	300.0	N/A	2.01 mg/L	0.68
Nitrite	Grab	300.0	N/A	.22 mg/L	0.68
Oil & Grease	Grab	413.2	N/A	3.3 mg/L	15

The table above is a summary of laboratory results obtained from the stormwater sample taken at the site For additional laboratory results, please see the attached laboratory reports

John L. Hunter
AND ASSOCIATES, INC.

13310 Firestone Boulevard, Suite A-2
Santa Fe Springs, California 90670
(562) 802-7880
FAX (562) 802-2297

STORMWATER SAMPLING REPORT

KIK Int'l-So. Cal.

9028 Dice Road
Santa Fe Springs, California 90670

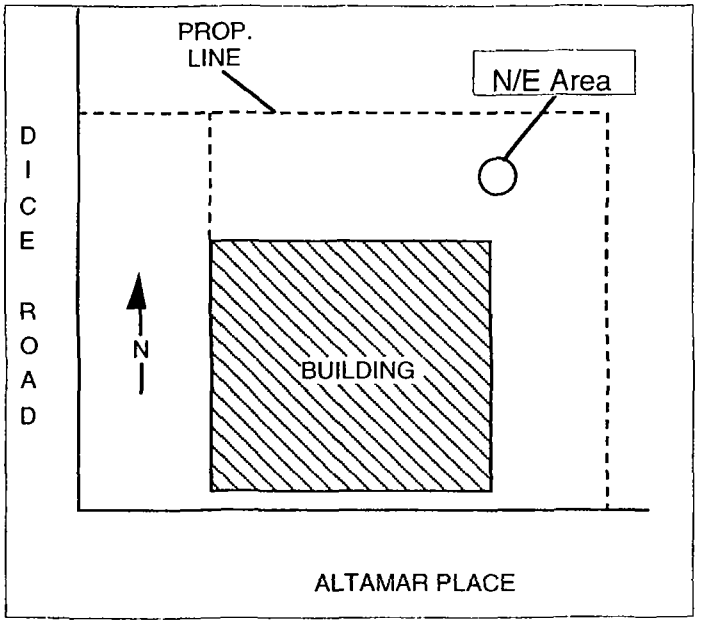
Sample Point Northeastern lot area

Sample Name Northeastern lot area
Collection Date December ~~18~~ 16, 2002
Sampler Name ~~Brad Downing~~ KIK STAFF

FIELD OBSERVATIONS

No significant observations at time of sampling.

SITE MAP



SAMPLE RESULTS

Northeastern Lot Area

Analysis	Sample Type	Method	Time	Result	Regulatory Benchmarks
pH	Grab	150.1	N/A	8.82units	6.0-9
Suspende S.	Grab	160.2	N/A	17.0 mg/L	0-100
Conductance	Grab	120.1	N/A	194 umho/cm	0-200
Surfactants	Grab	5540C	N/A	0.2 mg/L	--
Zinc	Grab	ICPMS	N/A	0.194 mg/L	.117
Nitrate	Grab	300.0	N/A	2.25 mg/L	.68
Nitrite	Grab	300.0	N/A	0.19 mg/L	.68
Oil & Grease	Grab	413.2	N/A	0.8 mg/L	15

The table above is a summary of laboratory results obtained from the stormwater sample taken at the site For additional laboratory results, please see the attached laboratory reports.

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD

2001-2002 ANNUAL REPORT

FOR STORM WATER DISCHARGES ASSOCIATED
WITH INDUSTRIAL ACTIVITIES

Reporting Period July 1, 2001 through June 30, 2002

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.**

If any information contained in Items A, B, and C below is incorrect, please cross out or highlight the incorrect information (do not white out or erase) and provide the correct information next to or above the incorrect information so that we can update our records. Please remember that a Notice of Termination and new Notice of Intent is required whenever your facility is relocated or changes ownership.

If you have any questions, please contact your Regional Board Storm Water Program Contact. The address of the Regional Board (where the Annual Report must be submitted) along with the name, telephone number, and e-mail address of the contact is indicated below. Additional copies of the Annual Report may be obtained from our web site at **www.swrcb.ca.gov/stormwtr/industrial.html**

REGIONAL BOARD INFORMATION:

LOS ANGELES REGIONAL WATER BOARD
320 W. 4TH STREET, STE 200
LOS ANGELES, CA 90013

SUMAIRA NOREEN
Tel: (213) 576-1369
E-mail: snoreen@rb4.swrcb.ca.gov

GENERAL INFORMATION

A. Facility Location:

KIK SO CAL
9028 Dice Rd
Santa Fe Springs, CA 90670-2520

Facility WDID No: 4 19S015890

B. Facility Operator Information:
Contact Person:
GREG WIESE
Tel: (562) 946-6427

KIK SO CAL
9028 Dice Rd
Santa Fe Springs, CA 90670-2520

C. Facility Information:
Contact Person:
GREG WIESE
Tel: (562) 946-6427

Mailing Address:

KIK SO CAL
9028 Dice Rd
Santa Fe Springs, CA 90670-2520

SIC Code(s):
2841 Soap & Other Detergents, except Specialty Cleaners

Additional Table D Parameters: N+N,Zn

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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 Cetification 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?* 2 *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?

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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.

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4 For each storm event sampled, did you collect and analyze a sample from each of the facilitys' 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.

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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	☐	☒	February	☐	☒
November	☐	☒	March	☐	☒
December	☐	☒	April	☐	☒
January	☐	☒	May	☐	☒

2. Report monthly wet season visual observations using **Form 4** or provide the following information.

   a date, time, and location of observation
   b. name and title of observer
   c. characteristics of the discharge (i.e., odor, color, etc.) and source of any pollutants observed.
   d. **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 occured 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

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ATTACHMENT SUMMARY

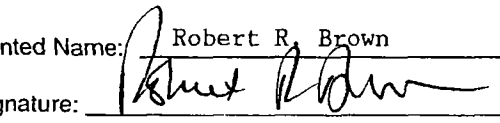
Answer the questions below to help you determine what should be attached to this annual report. Answer NA (Not Applicable) to questions 2-4 if you are not required to provide those attachments.

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: Robert R. Brown

Signature:  Date: 6/14/02

Title: General Manager

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DESCRIPTION OF BASIC ANALYTICAL PARAMETERS

The Industrial Activities Storm Water General Permit (General Permit) requires you to analyze storm water samples for at least four parameters. These are pH, Total Suspended Solids (TSS), Specific Conductance (SC),and Total Organic Carbon (TOC) Oil and Grease (O&G) may be substituted for TOC In addition, you must monitor for any other pollutants which you believe to be present in your storm water discharge as a result of industrial activity and analytical parameters listed in Table D of the General Permit There are no numeric limitations for the parameters you test for.

The four parameters which the General Permit requires to be tested are considered *indicator* parameters. In other words, regardless of what type of facility you operate, these parameters are nonspecific and general enough to usually provide some indication whether pollutants are present in your storm water discharge. The following briefly explains what each of these parameters mean:

pH is a numeric measure of the hydrogen-ion concentration. The neutral, or acceptable, range is within 6.5 to 8.5. At values less than 6.5, the water is considered acidic; above 8.5 it is considered alkaline or basic. An example of an acidic substance is vinegar, and a alkaline or basic substance is liquid antacid. Pure rainfall tends to have a pH of a little less than 7. There may be sources of materials or industrial activities which could increase or decrease the pH of your storm water discharge. If the pH levels of your storm water discharge are high or low, you should conduct a thorough evaluation of all potential pollutant sources at your site.

Total Suspended Solids (TSS) is a measure of the undissolved solids that are present in your storm water discharge. Sources of TSS include sediment from erosion of exposed land, and dirt from impervious (i.e. paved) areas. Sediment by itself can be very toxic to aquatic life because it covers feeding and breeding grounds, and can smother organisms living on the bottom of a water body. Toxic chemicals and other pollutants also adhere to sediment particles. This provides a medium by which toxic or other pollutants end up in our water ways and ultimately in human and aquatic life. TSS levels vary in runoff from undisturbed land It has been shown that TSS levels increase significantly due to land development.

Specific Conductance (SC) is a numerical expression of the ability of the water to carry an electric current. SC can be used to assess the degree of mineralization, salinity, or estimate the total dissolved solids concentration of a water sample. Because of air pollution, most rain water has a SC a little above zero. A high SC could affect the usability of waters for drinking, irrigation, and other commercial or industrial use.

Total Organic Carbon (TOC) is a measure of the total organic matter present in water. (All organic matter contains carbon) This test is sensitive and able to detect small concentrations of organic matter. Organic matter is naturally occurring in animals, plants, and man. Organic matter may also be man made (so called synthetic organics). Synthetic organics include pesticides, fuels, solvents, and paints. Natural organic matter utilizes the oxygen in a receiving water to biodegrade. Too much organic matter could place a significant oxygen demand on the water, and possibly impact its quality. Synthetic organics either do not biodegrade or biodegrade very slowly. Synthetic organics are a source of toxic chemicals that can have adverse affects at very low concentrations. Some of these chemicals bioaccumulate in aquatic life. If your levels of TOC are high, you should evaluate all sources of natural or synthetic organics you may use at your site.

Oil and Grease (O&G) is a measure of the amount of oil and grease present in your storm water discharge. At very low concentrations, O&G can cause a sheen (that floating "rainbow") on the surface of water (1 qt. of oil can pollute 250,000 gallons of water). O&G can adversely affect aquatic life and create unsightly floating material and film on water, thus making it undrinkable. Sources of O&G include maintenance shops, vehicles, machines and roadways.

If you have any questions regarding whether or not your constituent concentrations are too high, please contact your local Regional Board office The United States Environmental Protection Agency (USEPA) has published stormwater discharge benchmarks for a number of parameters. These benchmarks may be helpful when evaluating whether additional BMPs are appropriate. These benchmarks can be accessed at our website at http //www swrcb ca.gov. It is contained in the Sampling and Analysis Reduction Certification.

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SIDE A

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

NAME OF PERSON COLLECTING SAMPLE(S): Robert D. Brown TITLE: Waste Water SIGNATURE: Robert D. Brown

DESCRIBE DISCHARGE LOCATION Example: NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	ANALYTICAL RESULTS For First Storm Event									
			BASIC PARAMETERS					OTHER PARAMETERS				
			pH	TSS	SC	O&G	TOC					
TC-1 Attached	11/12/01 1:30 ☒ AM ☐ PM	1:00 ☒ AM ☐ PM										
TC-2 Attached	11/12/01 1:30 ☒ AM ☐ PM	1:00 ☒ AM ☐ PM										
North Drain Attached	11/12/01 1:30 ☒ AM ☐ PM	1:00 ☒ 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):												

TSS - Total Suspended Solids SC - Specific Conductance O&G - Oil & Grease TOC - Total Organic Carbon

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SIDE B

FORM 1-SAMPLING & ANALYSIS RESULTS

SECOND 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)
- If you did not analyze for a required parameter, do not report "0". Instead, leave the appropriate box *blank*
- When analysis is done using portable analysis (such as portable pH meters, SC meters, etc.), indicate "PA" in the appropriate test method used box.

NAME OF PERSON COLLECTING SAMPLE(S): Robert D. Brown **TITLE:** Wastewater **SIGNATURE:** Robert D. Brown

DESCRIBE DISCHARGE LOCATION Example NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	ANALYTICAL RESULTS For Second Storm Event									
			BASIC PARAMETERS					OTHER PARAMETERS				
			pH	TSS	SC	O&G	TOC					
TC-1 ATTACHED	11/24/01 6:00 ☒ AM ☐ PM	5:00 ☒ AM ☐ PM										
TC-2 ATTACHED	11/24/01 6:00 ☒ AM ☐ PM	5:00 ☒ 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):												

TSS - Total Suspended Solids SC - Specific Conductance O&G - Oil & Grease TOC - Total Organic Carbon

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SIDE A

FORM 2-QUARTERLY VISUAL OBSERVATIONS OF AUTHORIZED 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:** N/A **Title:** _____ **Signature:** _____	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?**	☐ YES ☒ NO If **YES**, complete reverse side of this form.
QUARTER: **OCT.-DEC.** DATE: __/__/__	**Observers Name:** _____ **Title:** _____ **Signature:** _____	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?**	☐ YES ☐ NO If **YES**, complete reverse side of this form.
QUARTER: **JAN.-MARCH** DATE: __/__/__	**Observers Name:** _____ **Title:** _____ **Signature:** _____	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?**	☐ YES ☐ NO If **YES**, complete reverse side of this form.
QUARTER: **APRIL-JUNE** DATE: __/__/__	**Observers Name:** _____ **Title:** _____ **Signature:** _____	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?**	☐ YES ☐ NO If **YES**, complete reverse side of this form.

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SIDE B

FORM 2-QUARTERLY VISUAL OBSERVATIONS OF AUTHORIZED NON-STORM WATER DISCHARGES (NSWDs)

DATE /TIME OF OBSERVATION	SOURCE AND LOCATION OF AUTHORIZED NSWD EXAMPLE: Air conditioner Units on Building C	NAME OF AUTHORIZED NSWD EXAMPLE: Air conditioner condensate	DESCRIBE AUTHORIZED NSWD CHARACTERISTICS *Indicate whether authorized NSWD is clear, cloudy, or discolored, causing staining, contains floating objects or an oil sheen, has odors, etc.*		DESCRIBE ANY REVISED OR NEW BMPs AND PROVIDE THEIR IMPLEMENTATION DATE
			At the NSWD Source	At the NSWD Drainage Area and Discharge Location	
__/__/__ __:__ ☐AM ☐PM					
__/__/__ __:__ ☐AM ☐PM					
__/__/__ __:__ ☐AM ☐PM					
__/__/__ __:__ ☐AM ☐PM					
__/__/__ __:__ ☐AM ☐PM					

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SIDE A

FORM 3-QUARTERLY VISUAL OBSERVATIONS OF UNAUTHORIZED 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 8/16/01 7:00	**Observers Name:** Derrell Johnson **Title:** Safety/Environmental Supvr. **Signature:**	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☒ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☒ NO	If **YES** to either question, complete reverse side.
QUARTER: **OCT.-DEC.** **DATE/TIME OF OBSERVATIONS** ☒ AM ☐ PM 10/8/01 10:00	**Observers Name:** Derrell Johnson **Title:** Safety/Environmental Supvr. **Signature:**	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☒ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☒ NO	If **YES** to either question, complete reverse side.
QUARTER: **JAN.-MARCH** **DATE/TIME OF OBSERVATIONS** ☒ AM ☐ PM 2/28/02 7:00	**Observers Name:** Derrell Johnson **Title:** Safety/Environmental Supvr. **Signature:**	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☒ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☒ NO	If **YES** to either question, complete reverse side.
QUARTER: **APRIL-JUNE** **DATE/TIME OF OBSERVATIONS** ☐ AM ☒ PM 5/23/02 1:00	**Observers Name:** Derrell Johnson **Title:** Safety/Environmental Supvr. **Signature:**	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☒ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☒ NO	If **YES** to either question, complete reverse side.

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SIDE B

FORM 3 QUARTERLY VISUAL OBSERVATIONS OF UNAUTHORIZED NON-STORM WATER DISCHARGES (NSWDs)

OBSERVATION DATE (FROM REVERSE SIDE)	NAME OF UNAUTHORIZED NSWD	SOURCE AND LOCATION OF UNAUTHORIZED NSWD	DESCRIBE UNAUTHORIZED NSWD CHARACTERISTICS Indicate whether unauthorized NSWD is clear, cloudy, discolored, causing stains; contains floating objects or an oil sheen, has odors, etc.		DESCRIBE CORRECTIVE ACTIONS TO ELIMINATE UNAUTHORIZED NSWD AND TO CLEAN IMPACTED DRAINAGE AREAS. PROVIDE UNAUTHORIZED NSWD ELIMINATION DATE.
			AT THE UNAUTHORIZED NSWD SOURCE	AT THE UNAUTHORIZED NSWD AREA AND DISCHARGE LOCATION	
	EXAMPLE: Vehicle Wash Water	EXAMPLE: NW Corner of Parking Lot			
/ / : ☐AM ☐PM					
/ / : ☐AM ☐PM					
/ / : ☐AM ☐PM					
/ / : ☐AM ☐PM					

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FORM 4-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

SIDE A

- 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 ~ 2001 Observers Name None Title No storm within SWPP guidelines Signature	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: ☐ P.M. ☐ A.M	: ☐ P.M. ☐ A.M	: ☐ P.M ☐ A.M	: ☐ P.M ☐ A.M
	Time Discharge Began	: ☐ P.M. ☐ A.M	: ☐ P.M. ☐ A.M	: ☐ P.M ☐ A.M	: ☐ P.M. ☐ A.M
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: November 12 2001 Observers Name None Title 1st storm water sample taken Signature attached	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: ☐ P.M ☐ A.M	: ☐ P.M. ☐ A.M	: ☐ P.M ☐ A.M.	: ☐ P.M ☐ A.M.
	Time Discharge Began	: ☐ P.M ☐ A.M	: ☐ P.M. ☐ A.M.	: ☐ P.M ☐ A.M	: ☐ P.M. ☐ A.M
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: December ~ 2001 Observers Name None Title No storm within SWPP guidelines Signature	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: ☐ P.M ☐ A.M.	: ☐ P.M ☐ A.M	: ☐ P.M. ☐ A.M	: ☐ P.M ☐ A.M
	Time Discharge Began	: ☐ P.M ☐ A.M	: ☐ P.M. ☐ A.M	: ☐ P.M. ☐ A.M	: ☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date. January ~ 2002 Observers Name None Title No storm within SWPP guidelines Signature	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: ☐ P.M ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M ☐ A.M	: ☐ P.M ☐ A.M
	Time Discharge Began	: ☐ P.M ☐ A.M	: ☐ P.M. ☐ A.M.	: ☐ P.M ☐ A.M	: ☐ P.M ☐ A.M
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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SIDE B

FORM 4-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

DATE/TIME OF OBSERVATION (From Reverse Side)	DRAINAGE AREA DESCRIPTION EXAMPLE. Discharge from material storage Area #2	DESCRIBE STORM WATER DISCHARGE CHARACTERISTICS *Indicate whether storm water discharge is clear, cloudy, or discolored, causing staining; containing floating objects or an oil sheen, has odors, etc.*	IDENTIFY AND DESCRIBE SOURCE(S) OF POLLUTANTS EXAMPLE: *Oil sheen caused by oil dripped by trucks in vehicle maintenance area*	DESCRIBE ANY REVISED OR NEW BMPs AND THEIR DATE OF IMPLEMENTATION
__/__/__ __:__ ☐ AM ☐ PM				
__/__/__ __:__ ☐ AM ☐ PM				
__/__/__ __:__ ☐ AM ☐ PM				
__/__/__ __:__ ☐ AM ☐ PM				
__/__/__ __:__ ☐ AM ☐ PM				

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FORM 4 (Continued)-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

SIDE A

- 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: February ____ 2002 Observers Name None Title No storms within SWPP guidelines Signature	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: ☐ PM ☐ AM	: ☐ PM ☐ AM	. ☐ PM ☐ AM	: ☐ PM ☐ AM
	Time Discharge Began	: ☐ PM ☐ AM	: ☐ PM ☐ AM	: ☐ PM ☐ AM	: ☐ PM ☐ AM
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: March ____ 2002 Observers Name None Title No storms within SWPP guidelines Signature	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: ☐ PM ☐ AM	: ☐ PM ☐ AM	: ☐ PM ☐ AM	: ☐ PM ☐ AM
	Time Discharge Began	: ☐ PM ☐ AM	: ☐ PM ☐ AM	: ☐ PM ☐ AM	: ☐ PM ☐ AM
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: April ____ 2002 Observers Name None Title No storm within SWPP guidelines Signature	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: ☐ PM ☐ AM	: ☐ PM ☐ AM	: ☐ PM ☐ AM	: ☐ PM ☐ AM
	Time Discharge Began	: ☐ PM ☐ AM	: ☐ PM ☐ AM	: ☐ PM ☐ AM	: ☐ PM ☐ AM
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: May ____ 2002 Observers Name None Title No storms within SWPP guidelines Signature	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: ☐ PM ☐ AM	: ☐ PM ☐ AM	: ☐ PM ☐ AM	: ☐ PM ☐ AM
	Time Discharge Began	: ☐ PM ☐ AM	: ☐ PM ☐ AM	: ☐ PM ☐ AM	: ☐ PM ☐ AM
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

2001-2002

ANNUAL REPORT

SIDE B

FORM 4 (Continued)-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

DATE/TIME OF OBSERVATION (From Reverse Side)	DRAINAGE AREA DESCRIPTION EXAMPLE. Discharge from material storage Area #2	DESCRIBE STORM WATER DISCHARGE CHARACTERISTICS Indicate whether storm water discharge is clear, cloudy, or discolored; causing staining; containing floating objects or an oil sheen, has odors, etc.	IDENTIFY AND DESCRIBE SOURCE(S) OF POLLUTANTS EXAMPLE. Oil sheen caused by oil dripped by trucks in vehicle maintenance area	DESCRIBE ANY REVISED OR NEW BMPs AND THEIR DATE OF IMPLEMENTATION
/ / : ☐ AM ☐ PM				
/ / : ☐ AM ☐ PM				
/ / : ☐ AM ☐ PM				
/ / : ☐ AM ☐ PM				
/ / : ☐ AM ☐ PM				

2001-2002

ANNUAL REPORT

SIDE A

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

EVALUATION DATE: 6/ 14/ 02 INSPECTOR NAME: Derrell Johnson TITLE: Safety/Environmental Supvr SIGNATURE:

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
TC-2 Oil & Grease Warehouse parking	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐ YES ☒ NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐ YES ☒ NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
TC-1 Oil & Grease Employee parking	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐ YES ☒ NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐ YES ☒ NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
TC-1 Detergent storage area	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐ YES ☒ NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐ YES ☒ NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐ YES ☐ NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐ YES ☐ NO			

2001-2002

ANNUAL REPORT

SIDE B

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

EVALUATION DATE: ___/___/___ INSPECTOR NAME: _____ TITLE: _____ SIGNATURE: _____

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO			

John L. Hunter
AND ASSOCIATES, INC

13310 Firestone Boulevard, Suite A-2
Santa Fe Springs, California 90670
(310) 802-7880
FAX (310) 809-2276

STORMWATER SAMPLING REPORT

T-CHEM Products

9028 Dice Road
Santa Fe Springs, California 90670

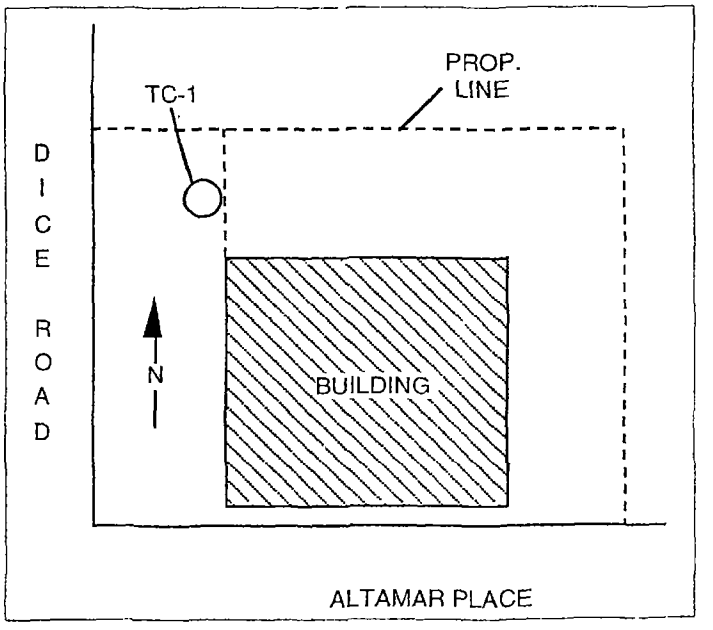
Sample Point Gate area

Sample Name Gate
Collection Date November 12, 2001
Sampler Name KIK Staff

FIELD OBSERVATIONS

No significant observations reported.

SITE MAP



SAMPLE RESULTS

Analysis	Sample Type	Method	Time	Result	Regulatory Benchmarks
pH	Grab	150.1	10:00	-- units	6.0-9.0
Suspended Solids	Grab	160.2	10:00	-- mg/L	0-100
Conductance	Grab	120.1	10:00	-- umho/cm	0-200
TPH	Grab	413.2	10:00	20 mg/L	0-15
Zinc	Grab	ICPMS	10:00	-- mg/L	0.117
Nitrate+Nitrite	Grab	300.0	10:00	-- mg/L	0.68
Aluminum	Grab	ICPMS	10:00	-- mg/L	0.75
Iron	Grab	ICPMS	10:00	-- mg/L	1.0
Lead	Grab	ICPMS	10:00	-- mg/L	0.0816

The table above is a summary of laboratory results obtained from the stormwater sample taken at the site. For additional laboratory results, please see the attached laboratory reports

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AND ASSOCIATES, INC

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STORMWATER SAMPLING REPORT

T-CHEM Products

9028 Dice Road
Santa Fe Springs, California 90670

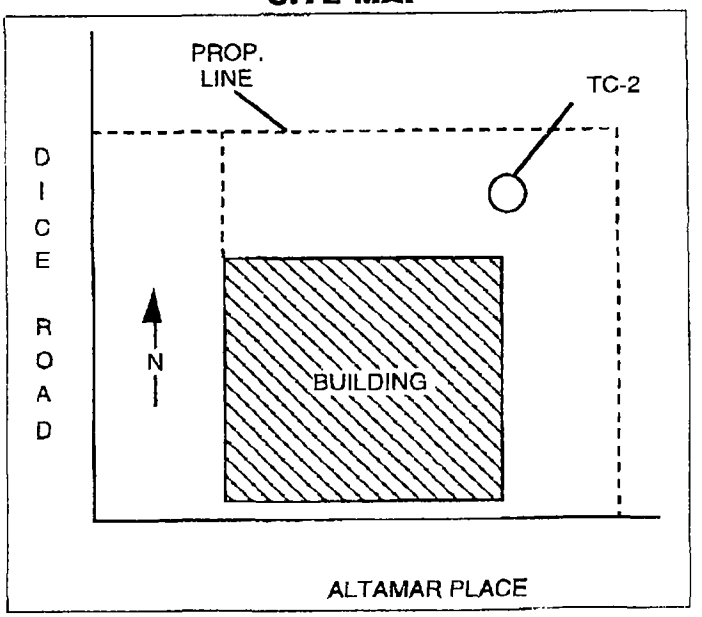
Sample Point Northeastern lot area

Sample Name TC-2 Rail Car
Collection Date November 13, 2001
Sampler Name Eric Young

FIELD OBSERVATIONS

No significant observations reported.

SITE MAP



SAMPLE RESULTS

Analysis	Sample Type	Method	Time	Result	Regulatory Benchmarks
pH	Grab	150.1	10:00	7.66 units	6.0-9.0
Suspended Solids	Grab	160.2	10:00	ND mg/L	0-100
Conductance	Grab	120.1	10:00	63 umho/cm	0-200
TPH	Grab	413.2	10:00	ND mg/L	0-15
Zinc	Grab	ICPMS	10:00	-- mg/L	0.117
Nitrate+Nitrite	Grab	300.0	10:00	1.0 mg/L	0.68
Aluminum	Grab	ICPMS	10:00	-- mg/L	0.75
Iron	Grab	ICPMS	10:00	-- mg/L	1.0
Lead	Grab	ICPMS	10:00	-- mg/L	0.0816

The table above is a summary of laboratory results obtained from the stormwater sample taken at the site. For additional laboratory results, please see the attached laboratory reports.

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Santa Fe Springs, California 90670
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STORMWATER SAMPLING REPORT

T-CHEM Products

9028 Dice Road
Santa Fe Springs, California 90670

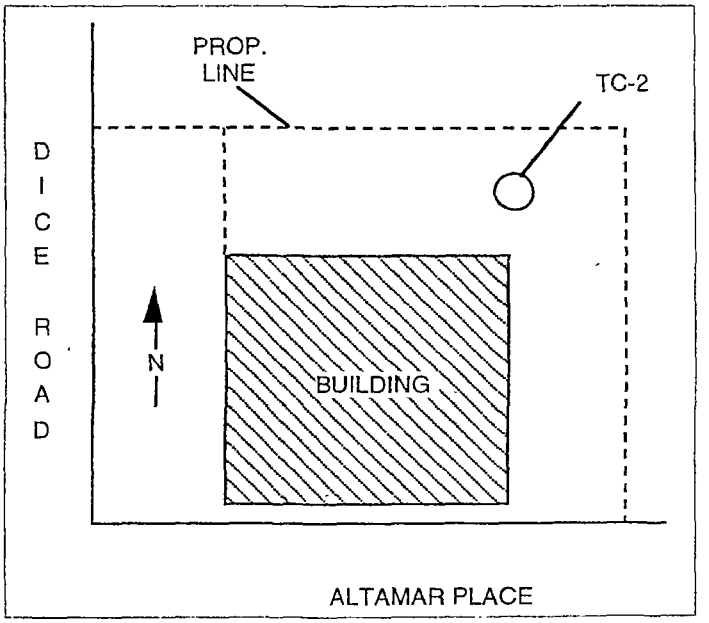
Sample Point Northeastern lot area

Sample Name North Drain
Collection Date November 12, 2001
Sampler Name KIK Staff

FIELD OBSERVATIONS

No significant observations reported.

SITE MAP



SAMPLE RESULTS

Analysis	Sample Type	Method	Time	Result	Regulatory Benchmarks
pH	Grab	150.1	10:00	-- units	6.0-9.0
Suspended Solids	Grab	160.2	10:00	-- mg/L	0-100
Conductance	Grab	120.1	10:00	-- umho/cm	0-200
TPH	Grab	413.2	10:00	-- mg/L	0-15
Zinc	Grab	ICPMS	10:00	0.48 mg/L	0.117
Nitrate+Nitrite	Grab	300.0	10:00	-- mg/L	0.68
Aluminum	Grab	ICPMS	10:00	5.0 mg/L	0.75
Iron	Grab	ICPMS	10:00	6.6 mg/L	1.0
Lead	Grab	ICPMS	10:00	0.012 mg/L	0.0816

The table above is a summary of laboratory results obtained from the stormwater sample taken at the site. For additional laboratory results, please see the attached laboratory reports.

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Santa Fe Springs, California 90670
(310) 802-7880
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STORMWATER SAMPLING REPORT

T-CHEM Products

9028 Dice Road
Santa Fe Springs, California 90670

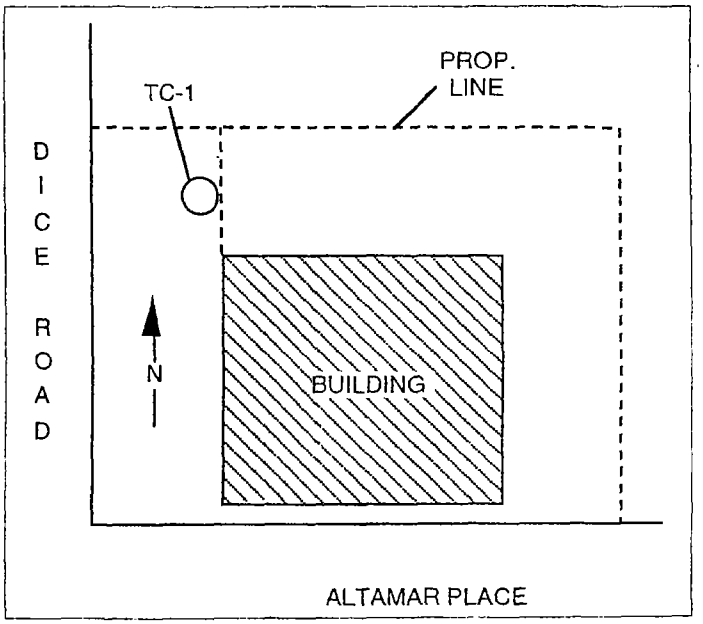
Sample Point Gate area

Sample Name Gate
Collection Date November 29, 2001
Sampler Name KIK Staff

FIELD OBSERVATIONS

No significant observations reported.

SITE MAP



SAMPLE RESULTS

Analysis	Sample Type	Method	Time	Result	Regulatory Benchmarks
pH	Grab	150.1	10:00	9.16 units	6.0-9.0
Suspended Solids	Grab	160.2	10:00	20 mg/L	0-100
Conductance	Grab	120.1	10:00	1300 umho/cm	0-200
TPH	Grab	413.2	10:00	-- mg/L	0-15
Zinc	Grab	ICPMS	10:00	0.57 mg/L	0.117
Nitrate+Nitrite	Grab	300.0	10:00	1.2 mg/L	0.68
Aluminum	Grab	ICPMS	10:00	0.45 mg/L	0.75
Iron	Grab	ICPMS	10:00	0.85 mg/L	1.0
Lead	Grab	ICPMS	10:00	0.0073 mg/L	0.0816

The table above is a summary of laboratory results obtained from the stormwater sample taken at the site. For additional laboratory results, please see the attached laboratory reports

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AND ASSOCIATES, INC.

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Santa Fe Springs, California 90670
(310) 802-7880
FAX (310) 809-2276

STORMWATER SAMPLING REPORT

T-CHEM Products

9028 Dice Road
Santa Fe Springs, California 90670

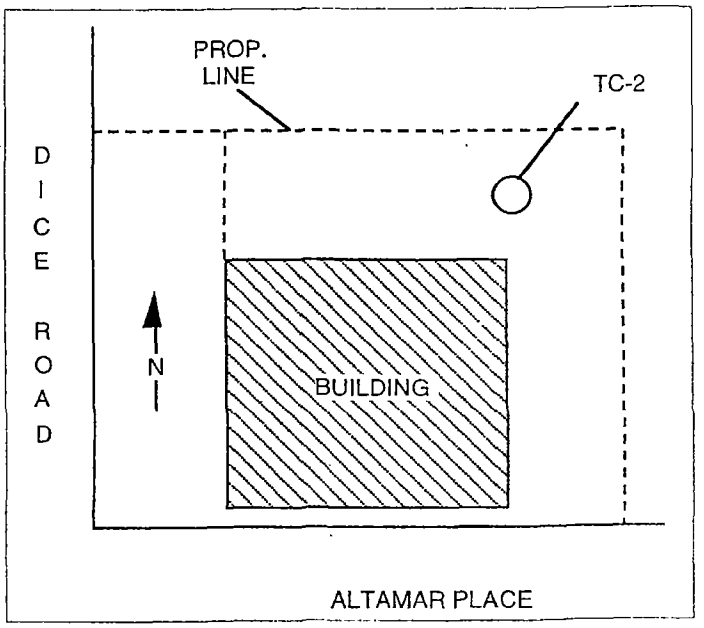
Sample Point Northeastern lot area

Sample Name TC-2 Rail Car
Collection Date November 29, 2001
Sampler Name KIK Staff

FIELD OBSERVATIONS

No significant observations reported.

SITE MAP



SAMPLE RESULTS

Analysis	Sample Type	Method	Time	Result	Regulatory Benchmarks
pH	Grab	150.1	10:00	7.66 units	6.0-9.0
Suspended Solids	Grab	160.2	10:00	ND mg/L	0-100
Conductance	Grab	120.1	10:00	63 umho/cm	0-200
TPH	Grab	413.2	10:00	ND mg/L	0-15
Zinc	Grab	ICPMS	10:00	-- mg/L	0.117
Nitrate+Nitrite	Grab	300.0	10:00	1.0 mg/L	0.68
Aluminum	Grab	ICPMS	10:00	-- mg/L	0.75
Iron	Grab	ICPMS	10:00	-- mg/L	1.0
Lead	Grab	ICPMS	10:00	-- mg/L	0.0816

The table above is a summary of laboratory results obtained from the stormwater sample taken at the site. For additional laboratory results, please see the attached laboratory reports

Invoice

Active Leak Testing, Inc.

1300 S. Beacon Street
San Pedro, CA 90731
(213) 833-8700

Client:	T-Chem P.O. Box 3807 Santa Fe Springs, California	Date: Invoice #: Project #:	12-4-91 36577 039

Attn:

Project Name: T-Chem

Services Rendered: ***Monthly Monitoring Services for the month of*** ***September***

Monthly Monitoring Charge:	$225.00
Total This Invoice	$225.00

#162
12/13/91
LC

Thank you for the opportunity to be of service.

GEN-STD1

ACTIVE LEAK TESTING, INC.

NON-DESTRUCTIVE TEST SERVICES

MONTHLY MONITORING REPORT

MONTH OF: **SEPTEMBER, 1991** JOB NO. **039**

SITE: **T-CHEM PRODUCTS CO.**

On **SEPTEMBER 30, 1991**, Active Leak Testing, Inc., performed a test of the vapor content in monitoring wells around the tanks at the above-addressed premises. We found no indication of a leak based on the results of the vapor analysis tabulated below:

WELL NUMBER	VAPOR CONCENTRATION Baseline (ppm @ -5/10 ft.)	
1	6	BLOCKED
2	10	1 @ 5'
3	15	BLOCKED
4	7.6	0/1

Ken Lehmann
Director Monitoring Systems

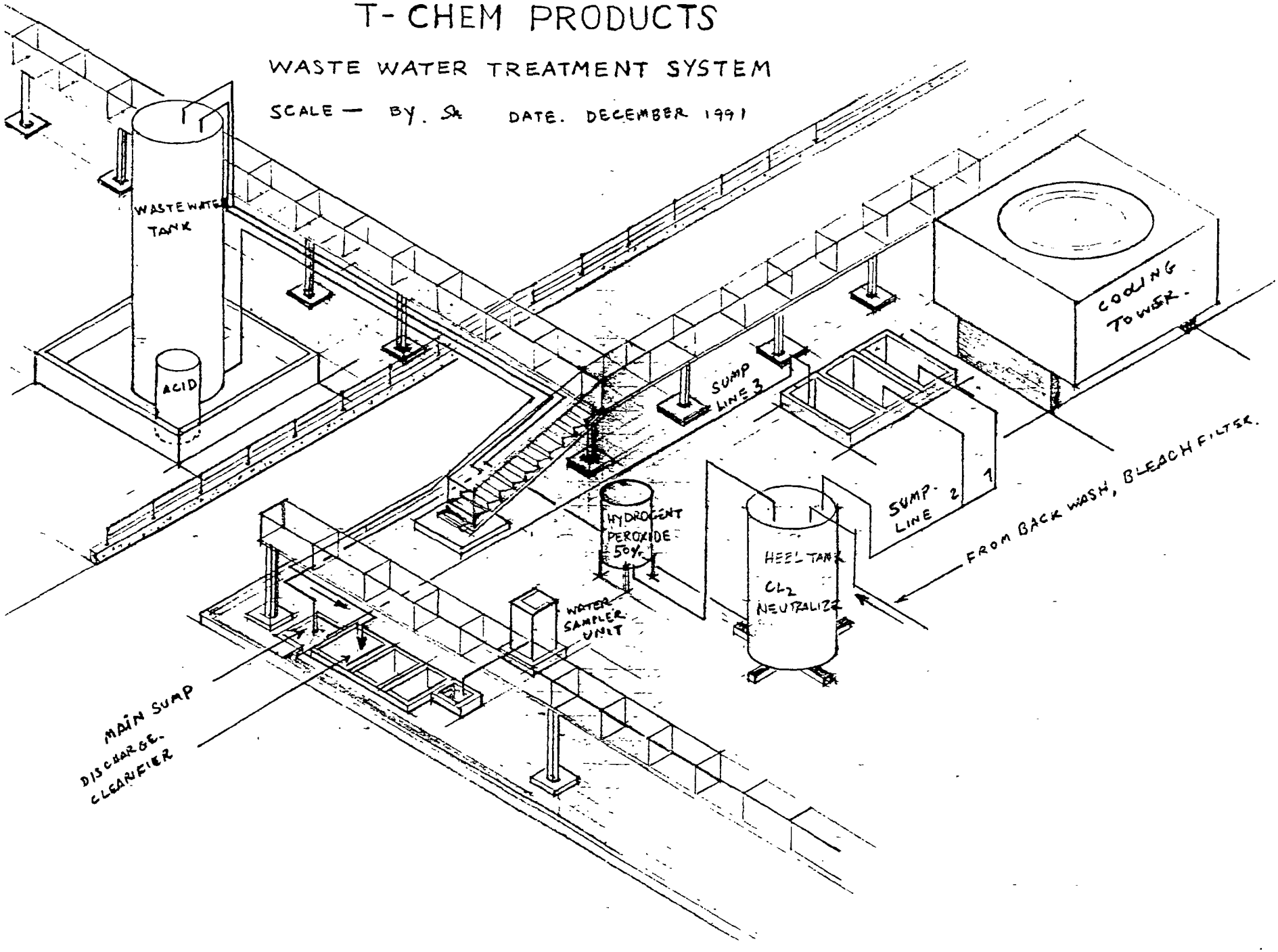
MONRPTS

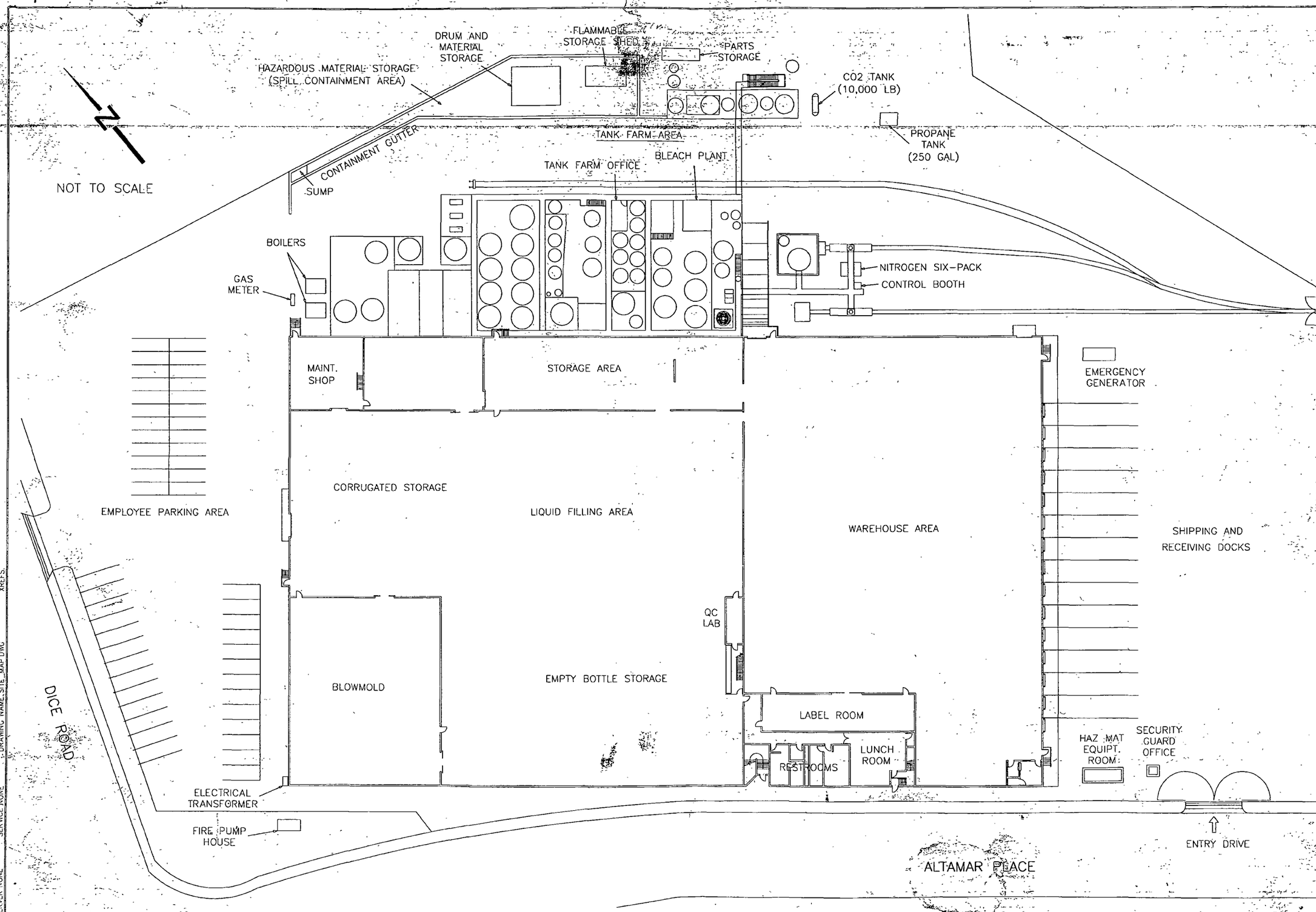
1300 South Beacon Street, Suite 120, San Pedro, California 90731 • (213) 833-8700 • Fax: (213) 832-9411
Home of the Earthprobe System Contractors License No 536701

T-CHEM PRODUCTS

WASTE WATER TREATMENT SYSTEM

SCALE — BY. Sk DATE. DECEMBER 1991





KIK SO-CAL FACILITY
SITE MAP
SANTA FE SPRINGS, CA

PREPARED FOR: KIK INTERNATIONAL DATE SUBMITTED: 4/12/00

NOLTE
BEYOND ENGINEERING
1750 CREEKSIDE OAKS DR SUITE 200, SACRAMENTO, CA 95833
916.641.1500 TEL 916.641.9222 FAX WWW.NOLTE.COM

SHEET NUMBER 1 OF 13 SHEETS

JOB NUMBER SA1420-01

TIME 13:57 SERVER NONE DATE 06/16/00 SERVICE NONE PATH N:\sa1420\Cadd\ DRAWING NAME SITE_MAP.DWG XREFS

NOT TO SCALE

1 BLEACH
2 BLEACH
3 BLEACH
4 OUT OF SERVICE
5 BLEACH
6 CAUSTIC
7 CAUSTIC
8 SOFT WATER
9 BLEACH
10 RECYCLED WATER
11 BLEACH
12 BLEACH
13 PEROXIDE
14 PEROXIDE
15 SURFACTANT
16 BLEACH
17 BLEACH
18 FABRIC SOFTENER
19 RINSE MIX TANK
20 FABRIC SOFTENER
23 AMMONIA
24 AMMONIA
25 AMMONIA
26 AMMONIA
27 AMMONIA
28 BIOSOFT
29 AMMONIA RECOVERY
30 METHANOL
31 METHANOL/AMMONIA
32 STORAGE
33 AMMONIA
34 WASTEWATER
35 WASTEWATER
36 WASTEWATER
37 WASTEWATER
39 HDPE POLYETHYLENE
43 POLYETHYLENE
44 DETERGENT
46 DETERGENT
47 DETERGENT

ES-1 CAUSTIC
LS-1 CAUSTIC

WASTEWATER TREATMENT PLANT
CO2 TANK
PROPANE TANK
SUMP
CONTAINMENT GUTTER
TANK FARM OFFICE
BLEACH FILTER
BLEACH PLANT
WW SUMP
PLASTIC RESIN RAIL CAR TRACK
AIR COMPRESSORS
BRINE TANK
WATER SOFTENERS
CHLORINE RAIL CAR
LS-1
ES-1
GAS METER
BOILERS
CHLORINE SCRUBBER
NITROGEN SIX-PACK
CONTROL BOOTH
WWT-3
WWT-4
SUMP
CHLORINE PADDING
CHLORINE RAIL CAR
COOLING TOWER

KIK SO-CAL
TANK FARM LAYOUT
SANTA FE SPRINGS, CA

PREPARED FOR: KIK INTERNATIONAL DATE SUBMITTED: 4/12/00

NOLTE
BEYOND ENGINEERING
1750 CREEKSIDE OAKS DR. SUITE 200, SACRAMENTO, CA 95833
916.641.1500 TEL 916.641.9222 FAX
WWW.NOLTE.COM

SHEET NUMBER 2
OF 13 SHEETS
JOB NUMBER SA1420-01

XREFS
PATH N:\sa1420\Cadd\
DRAWING NAME TANK_FARM.DWG
DATE 06/16/00
SERVICE NONE
TIME 13:58
SERVER NONE

NOT TO SCALE

29% AMMONIA

VAPOR RETURN

LIQUID DELIVERY

CONNECTIONS

VAPOR RECOVERY

100 & 500 GALLON VAPOR SCRUBBERS

SUMP PUMPS

KIK SO-CAL FACILITY
AMMONIA SYSTEM (1 OF 2)
SANTA FE SPRINGS, CA

PREPARED FOR: KIK INTERNATIONAL DATE SUBMITTED: 4/12/00

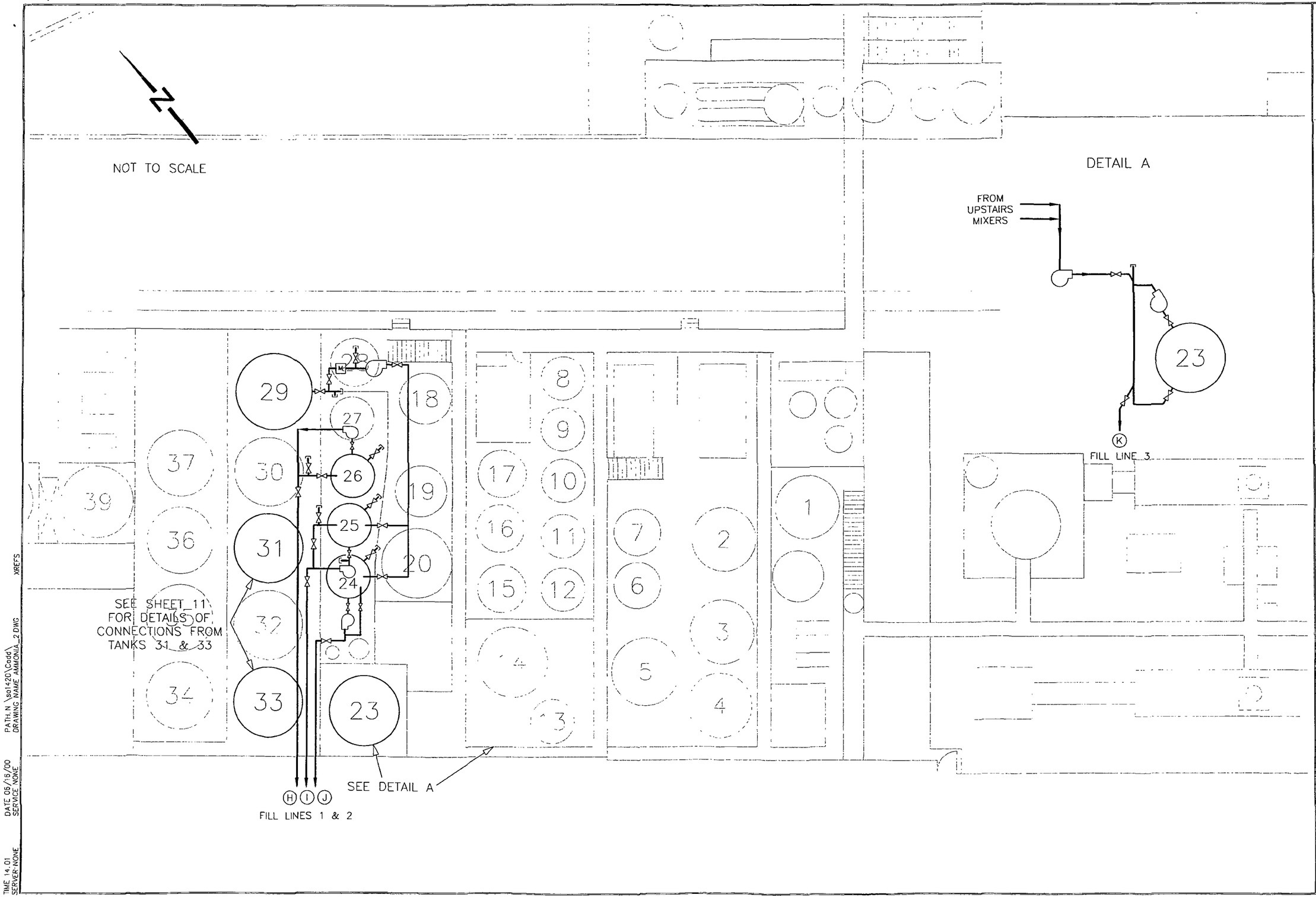
NOLTE
BEYOND ENGINEERING
1750 CREEKSIDE OAKS DR. SUITE 200, SACRAMENTO, CA 95833
916.641.1500 TEL 916.641.9222 FAX WWW.NOLTE.COM

SHEET NUMBER 3 OF 13 SHEETS

JOB NUMBER SA1420-01

TIME 14:00 SERVER NONE
DATE 06/16/00 SERVICE NONE
PATH N:\sa1420\Cadd\ DRAWING NAME AMMONIA_1.DWG XREFS

NOT TO SCALE



DETAIL A

KIK SO-CAL FACILITY
AMMONIA SYSTEM (2 OF 2)
SANTA FE SPRINGS, CA

PREPARED FOR: KIK INTERNATIONAL DATE SUBMITTED: 4/12/00

NOLTE
BEYOND ENGINEERING
1750 CREEKSIDE OAKS DR SUITE 200, SACRAMENTO, CA 95833
916 641.1500 TEL 916 641.9222 FAX WWW.NOLTE.COM

SHEET NUMBER 4 OF 13 SHEETS

JOB NUMBER SA1420-01

XREFS:

PATH: N:\sa1420\Cadd\DRAWING NAME: AMMONIA_2.DWG

DATE: 06/16/00 SERVICE: NONE

TIME: 14:01 SERVER: NONE

NOT TO SCALE

50% CAUSTIC

TO WWTP

SUMP

BLEACH PLANT

SUMP DRAIN

18% CAUSTIC

LS-1

ES-1

SUMP PUMP

CHLORINE SCRUBBER

KIK SO-CAL FACILITY
CAUSTIC SYSTEM
SANTA FE SPRINGS, CA

PREPARED FOR: KIK INTERNATIONAL DATE SUBMITTED: 4/12/00

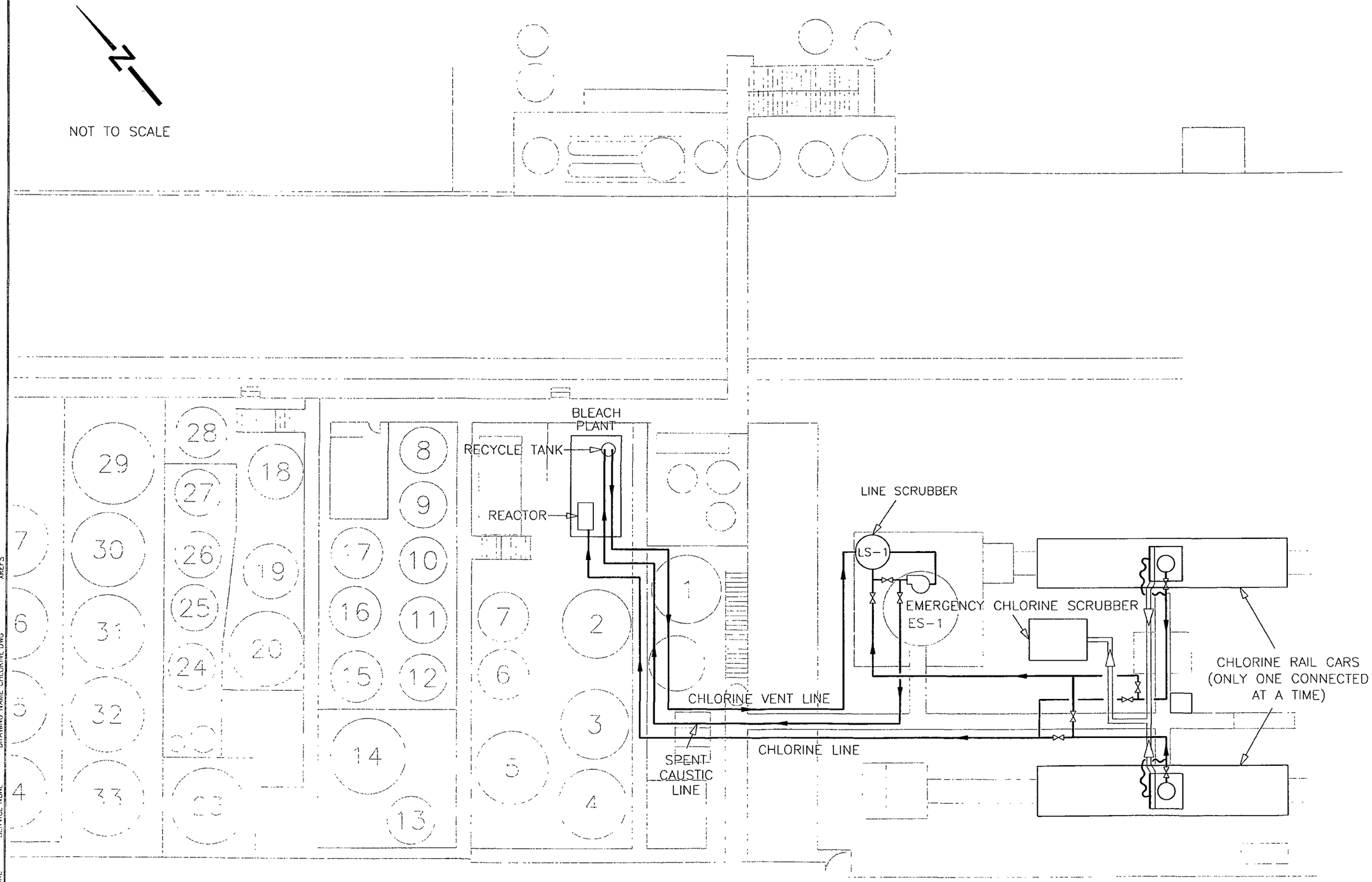
NOLTE
BEYOND ENGINEERING
1750 CREEKSIDE OAKS DR. SUITE 200, SACRAMENTO, CA 95833
916.641.1500 TEL 916.641.9222 FAX WWW.NOLTE.COM

SHEET NUMBER 5 OF 13 SHEETS

JOB NUMBER SA1420-01

TIME 14:05 SERVER NONE
DATE 06/16/00 SERVICE NONE
PATH N:\sa1420\Cadd\ DRAWING NAME CAUSTIC.DWG XREFS

NOT TO SCALE



KIK SO-CAL FACILITY
CHLORINE SYSTEM
SANTA FE SPRINGS, CA

PREPARED FOR: KIK INTERNATIONAL DATE SUBMITTED: 4/12/00

NOLTE
BEYOND ENGINEERING
1750 CREEKSIDE OAKS DR. SUITE 200, SACRAMENTO, CA 95833
916.641.1500 TEL 916.641.9222 FAX WWW.NOLTE.COM

SHEET NUMBER
6
OF 13 SHEETS

JOB NUMBER
SA1420-01

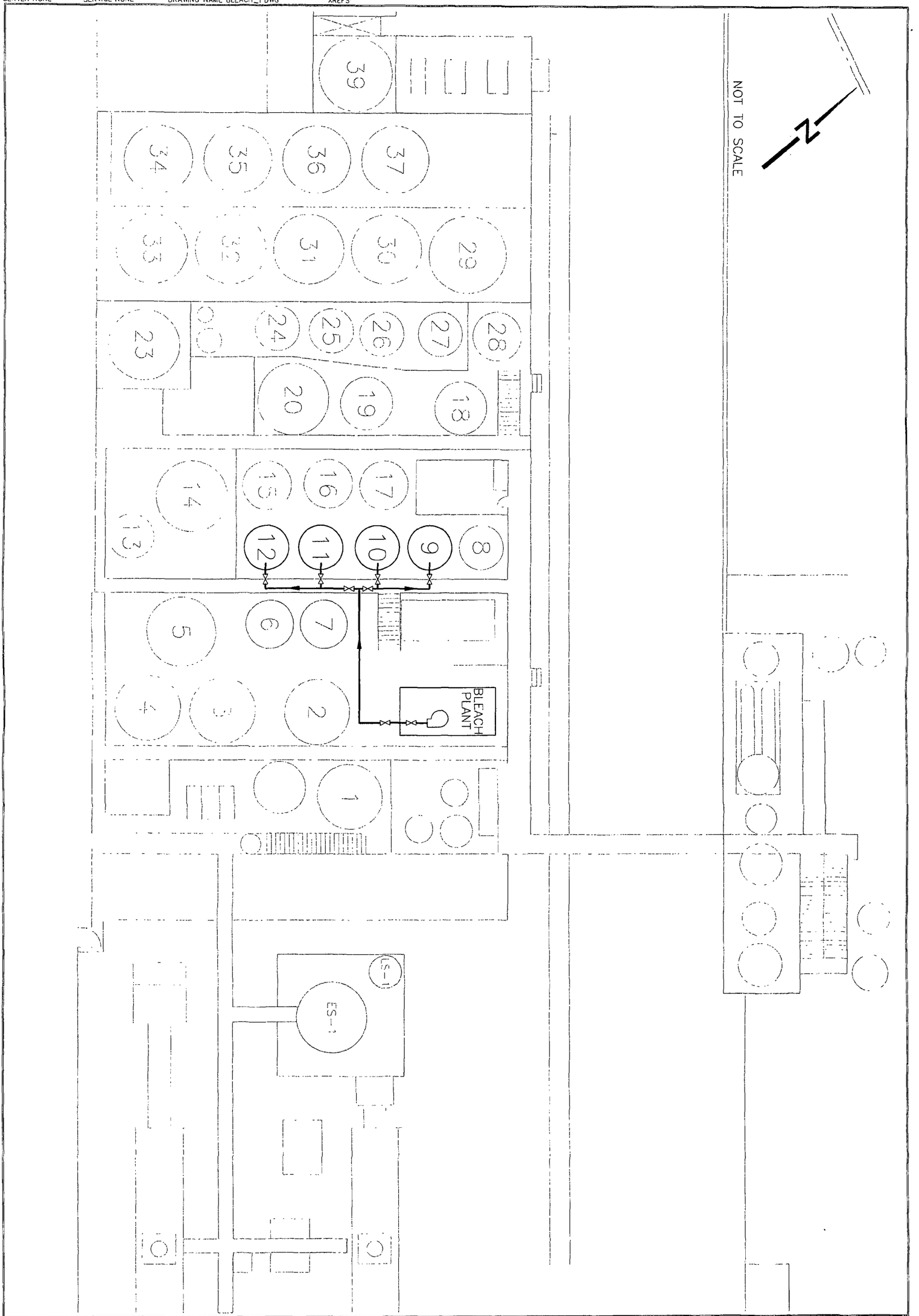
XREFS

PATH N:\sa1420\Cadd\
DRAWING NAME CHLORINE.DWG

DATE 06/15/00
SERVICE NONE

TIME 14:06
SERVER NONE

TIME 14 07 DATE.06/16/00 PATH:N \so1420\Cadd\
SERVER:NONE SERVICE NONE DRAWING NAME:BLEACH_1.DWG XREFS:



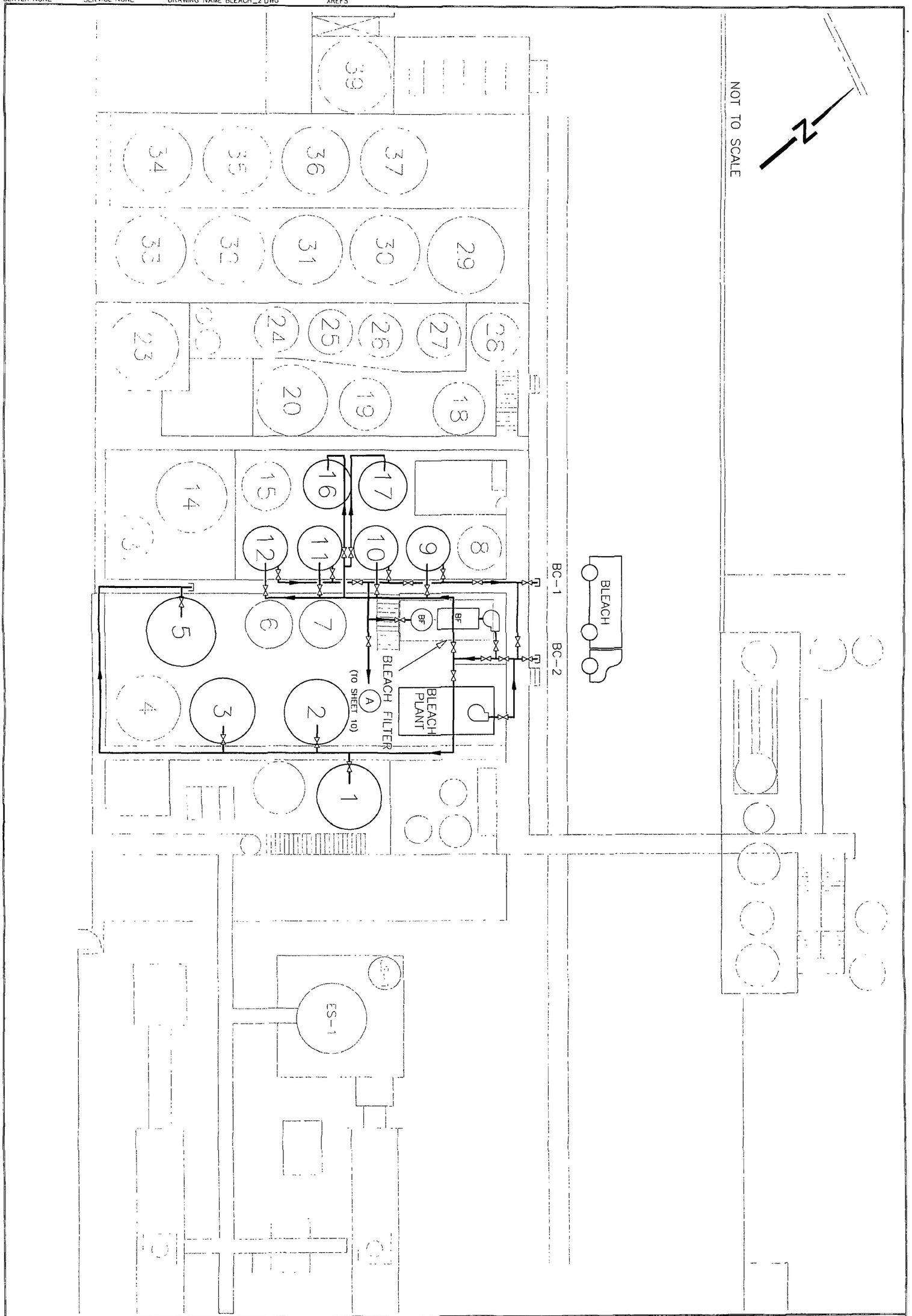
NOLTE
BEYOND ENGINEERING
1750 CREEKSIDE OAKS DR. SUITE 200, SACRAMENTO, CA 95833
916.641.1500 TEL 916.641.9222 FAX WWW.NOLTE.COM

KIK SO-CAL FACILITY
BLEACH SYSTEM (1 OF 4)
SANTA FE SPRINGS, CA

PREPARED FOR: KIK INTERNATIONAL DATE SUBMITTED: 4/12/00

SHEET NUMBER 7 OF 13 SHEETS
JOB NUMBER SA1420-01

TIME 14 10 DATE 06/16/00 PATH N \so1420\Cadd\
SERVER NONE SERVICE NONE DRAWING NAME BLEACH_2.DWG XREFS



NOLTE
BEYOND ENGINEERING
1750 CREEKSIDE OAKS DR. SUITE 200, SACRAMENTO, CA 95833
916.641.1500 TEL 916.641.9222 FAX WWW.NOLTE.COM

KIK SO-CAL FACILITY
BLEACH SYSTEM (2 OF 4)
SANTA FE SPRINGS, CA

PREPARED FOR: KIK INTERNATIONAL DATE SUBMITTED: 4/12/00

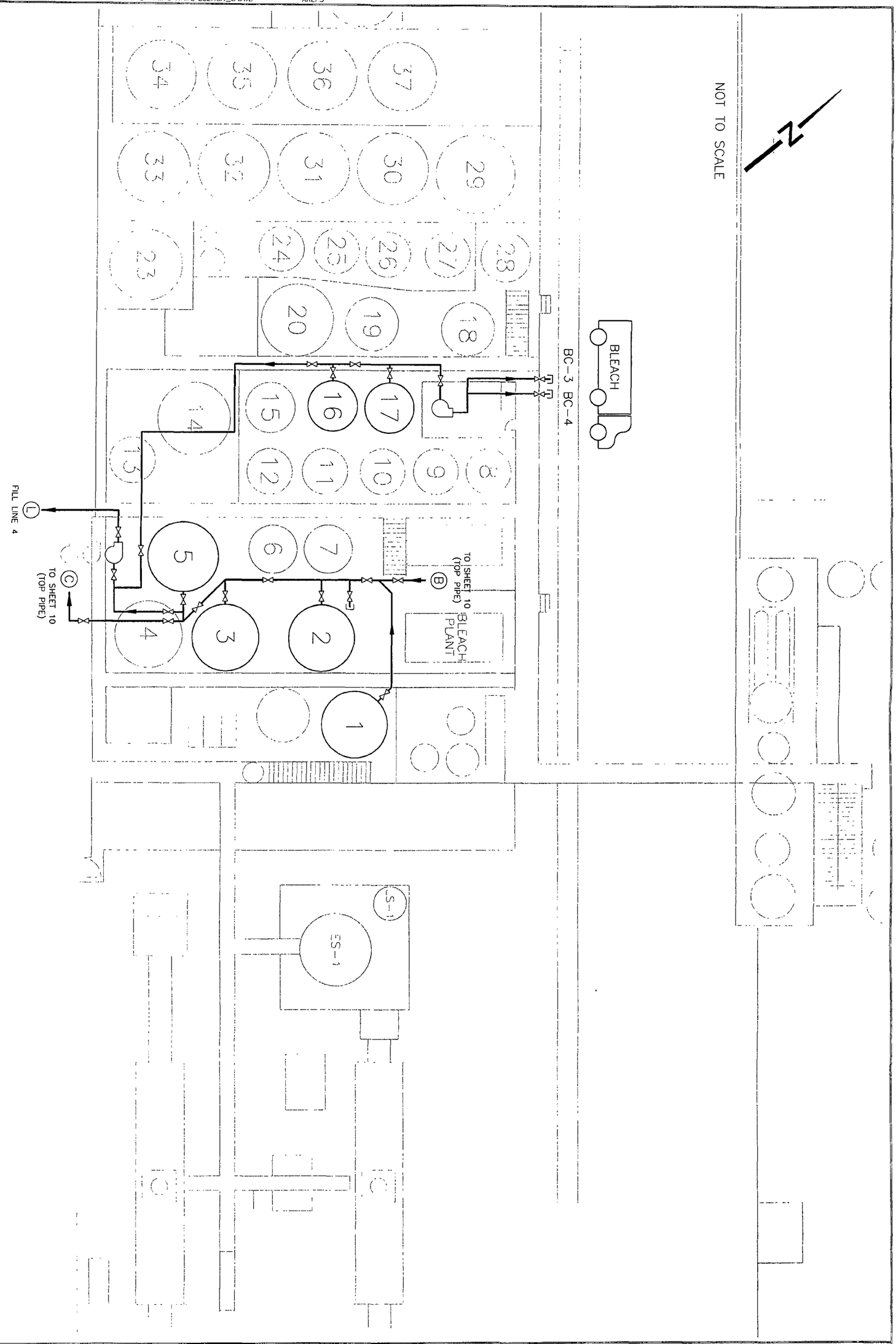
JOB NUMBER SA1420-01
SHEET NUMBER 8 OF 13 SHEETS

TIME 14 11
SERVER NONE

DATE 06/16/00
SERVICE NONE

PATH N \so1420\Cadd\
DRAWING NAME BLEACH_3.DWG

XREFS



JOB NUMBER SA1420-01

SHEET NUMBER 9 OF 13 SHEETS

NOLTE
BEYOND ENGINEERING
1750 CREEKSIDE OAKS DR. SUITE 200, SACRAMENTO, CA 95833
916.641.1500 TEL 916.641.9222 FAX WWW.NOLTE.COM

KIK SO-CAL FACILITY
BLEACH SYSTEM (3 OF 4)
SANTA FE SPRINGS, CA

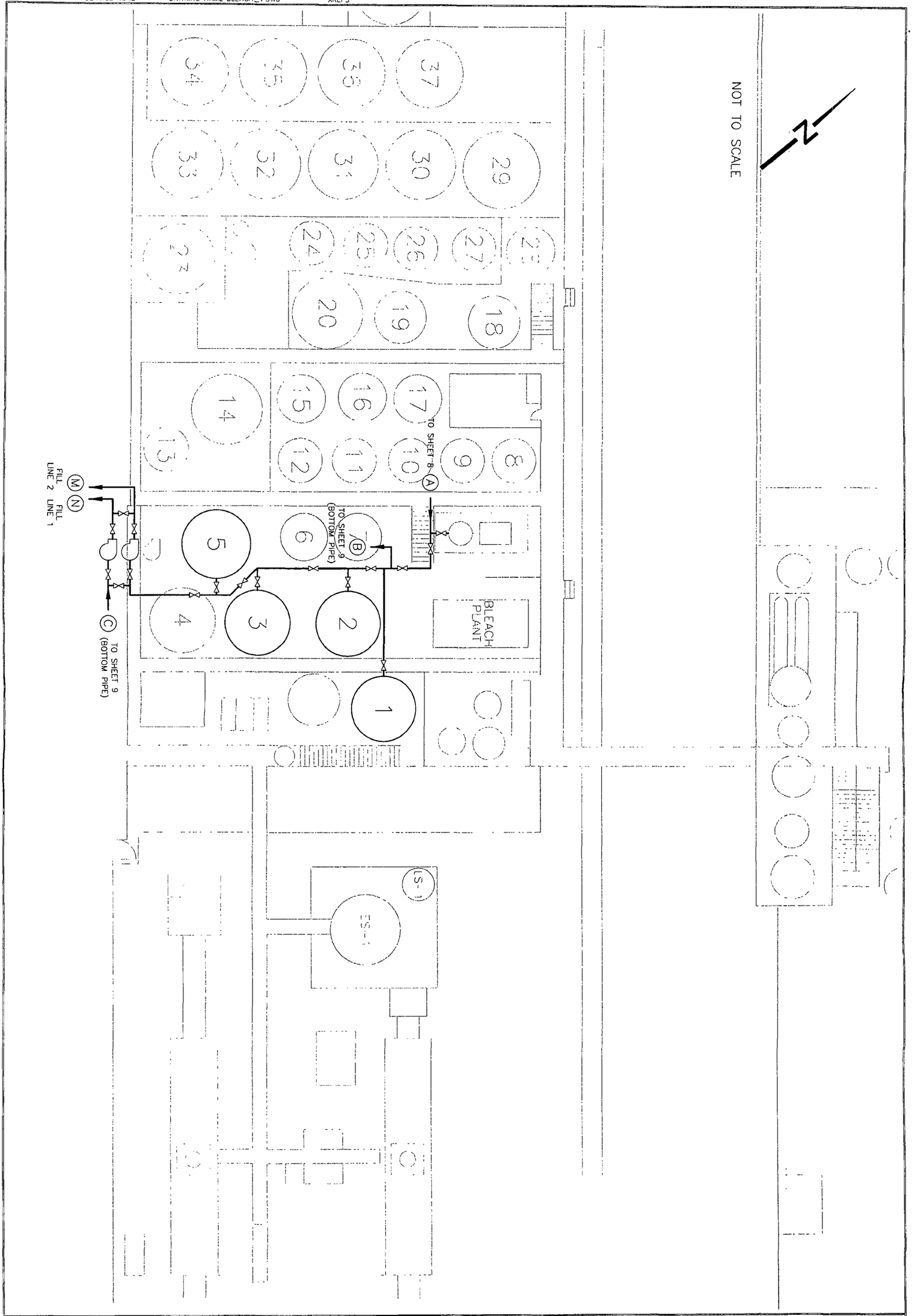
PREPARED FOR: KIK INTERNATIONAL DATE SUBMITTED: 4/12/00

TIME 14:14
SERVER NONE

DATE 06/16/00
SERVICE NONE

PATH N:\sa1420\Cadd\
DRAWING NAME BLEACH_4.DWG

XREFS



NOLTE
BEYOND ENGINEERING
1750 CREEKSIDE OAKS DR SUITE 200, SACRAMENTO, CA 95833
916.641.1500 TEL 916.641.9222 FAX WWW.NOLTE.COM

KIK SO-CAL FACILITY
BLEACH SYSTEM (4 OF 4)
SANTA FE SPRINGS, CA

PREPARED FOR: KIK INTERNATIONAL DATE SUBMITTED: 4/12/00

SHEET NUMBER 10 OF 13 SHEETS
JOB NUMBER SA1420-01

NOT TO SCALE

10% METHANOL

CONNECTION

FILL LINES 1&2 (O) (P) FILL LINE 3

KIK SO-CAL FACILITY
METHANOL SYSTEM
SANTA FE SPRINGS, CA

PREPARED FOR: KIK INTERNATIONAL DATE SUBMITTED: 4/12/00

NOLTE
BEYOND ENGINEERING
1750 CREEKSIDE OAKS DR. SUITE 200, SACRAMENTO, CA 95833
916 641 1500 TEL 916.641 9222 FAX
WWW.NOLTE.COM

SHEET NUMBER
11
OF 13 SHEETS

JOB NUMBER
SA1420-01

XREFS

PATH N:\sa1420\Cadd\
DRAWING NAME METHANOL.DWG

DATE 06/16/00
SERVICE NONE

TIME 14:15
SERVER NONE

NOT TO SCALE

50% PEROXIDE

CONNECTION

WWT-3

WWT-4

FILL LINE 3

KIK SO-CAL FACILITY
PEROXIDE SYSTEM
SANTA FE SPRINGS, CA

PREPARED FOR: KIK INTERNATIONAL

DATE SUBMITTED: 4/12/00

NOLTE
BEYOND ENGINEERING
1750 CREEKSIDE OAKS DR. SUITE 200, SACRAMENTO, CA 95833
916.641.1500 TEL 916.641.9222 FAX
WWW.NOLTE.COM

SHEET NUMBER 12 OF 13 SHEETS

JOB NUMBER SA1420-01

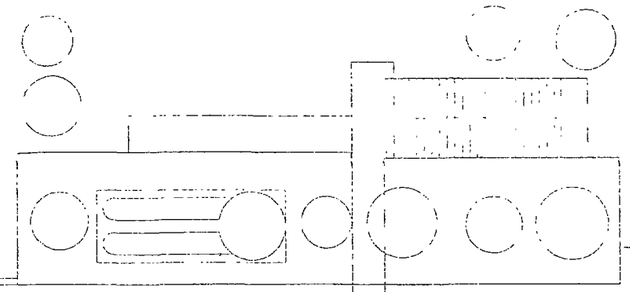
XREFS

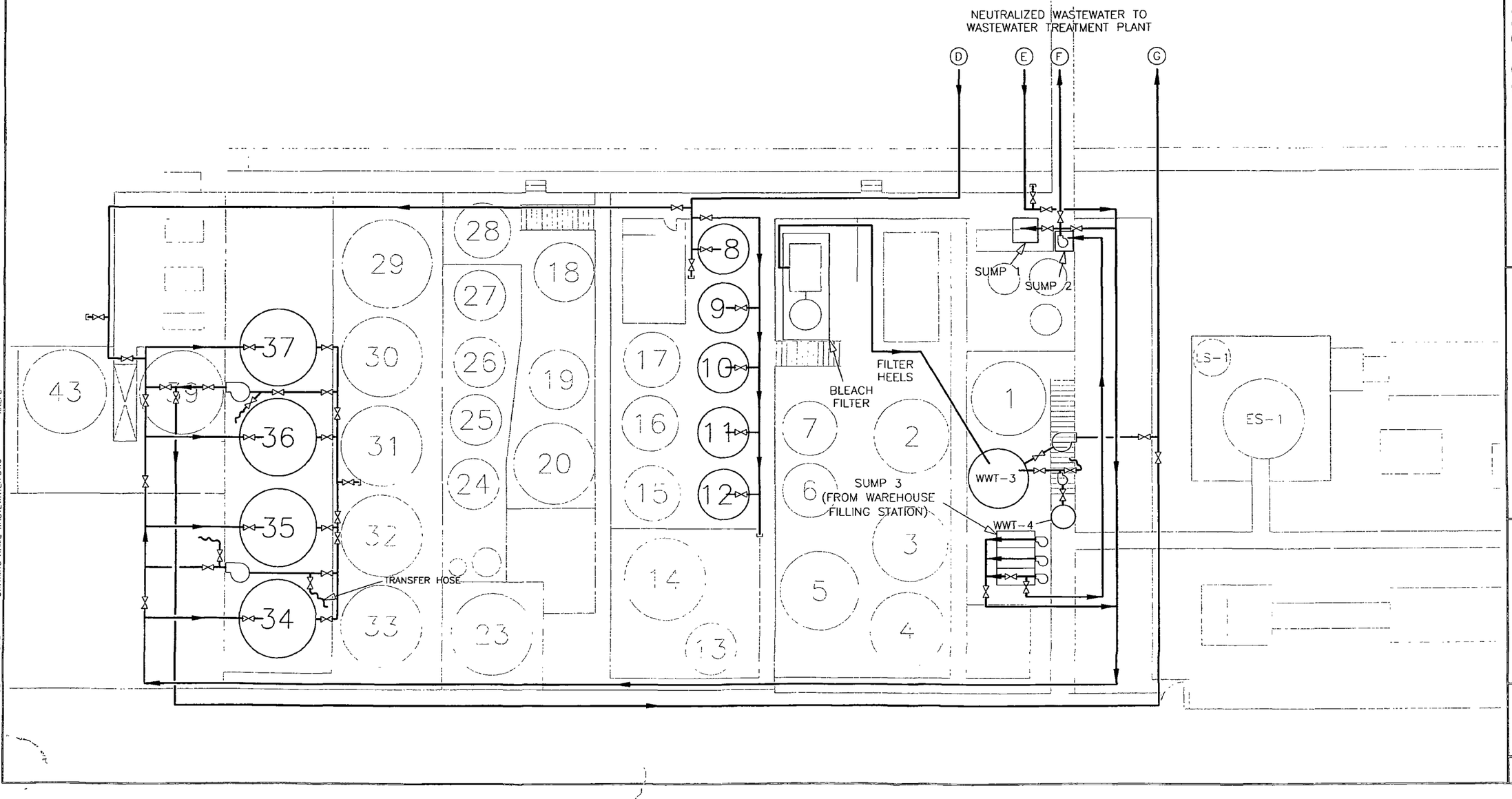
PATH N:\sa1420\Cadd\DRAWING NAME PEROXIDE.DWG

DATE 06/16/00
SERVICE NONE

TIME 14:19
SERVER NONE

NOT TO SCALE





KIK SO-CAL FACILITY
WASTEWATER SYSTEM
SANTA FE SPRINGS, CA

PREPARED FOR: KIK INTERNATIONAL DATE SUBMITTED: 4/12/00

NOLTE
BEYOND ENGINEERING
1750 CREEKSIDE OAKS DR. SUITE 200, SACRAMENTO, CA. 95833
916.641.3500 TEL 916.641.9222 FAX WWW.NOLTE.COM

SHEET NUMBER
13
OF 13 SHEETS

JOB NUMBER
SA1420-01

XREFS

PATH N:\sa1420\Cadd\
DRAWING NAME WASTEWATER.DWG

DATE 06/16/00
SERVICE NONE

TIME 14:21
SERVER NONE

Tel 562-434-2333
Fax 562-434-8533
FOIA ex 6, Personal

FLURY INDUSTRIES, INC.

Dave Flury

11910 Greenstone Ave., Santa Fe Springs, CA 90670
P.O Box 3632, Long Beach, CA 90803

FLURY INDUSTRIES, INC.
11910 Greenstone Ave. Santa Fe Springs, CA 90670
Phone: (562) 607-7393 Fax: (562) 434-8533

April 17, 2006

Mr. Pat Ryan
KIK International
9028 Dice Road
Santa Fe Springs, CA 90670-2520

Re: Facility Waste Water Disposal

Pat, Thank you for considering Flury Industries Incorporated for your special disposal needs. Please accept the following scope of work and associated pricing for your waste water removal.

Scope of Work

Estimated monthly volume of 30,000 Gallons		
Per load Transportation/Disposal Waste Water @	.0975	per Gallon
Cost per load based on 5000 Gallons	$487.50	per Load

Flury Industries is an authorized Transporter for Lakeland Processing Company located in Santa Fe Springs; CA. Disposal from your facility will mean discount prices as well as faster disposal times. All work performed will comply with local, state, and federal regulations. This pricing is based solely on the above listed load volumes. If you should have any questions or concerns, please call me anytime @ (562) 607-7393

Yours truly,

Dave Flury
FLURY INDUSTRIES, INC.

Pages 228-294
Removed Under CBI (Confidential Business Information)
and FX6 (Personal Privacy)

U.S. Compliance Corporation

Storm Water Pollution Prevention Plan (SWP3)

Exhibit C

KIK-SoCal Inc.
9028 Dice Road
Sante Fe Springs, CA 90670

United States Compliance

January 12, 2007

Bob Brown
KIK-SoCal Inc.
9028 Dice Road
Santa Fe Springs, CA 90670

Re: Storm Water Sampling Results

Dear Bob,

Enclosed with this letter you will find KIK-SoCal Inc.'s storm water sampling lab results and results write-up. The samples were taken on December 22, 2006, in the form of several grab samples.

EPA benchmark limits for zinc and nitrate + nitrite N at both sampling points were exceeded. Please review your facility's Storm Water Pollution Prevention Plan and review the Best Management Practices (BMPs) listed within your plan and see if the BMPs within the plan need to be adjusted.

Another set of sampling containers has been arranged to be sent to your attention. Please use the enclosed Chain of Custody and sampling directions to gather and collect the next samples to complete this year's Wet Season Monitoring requirements.

If you have any questions or concerns in regards to this, please feel free to contact me at U.S. Compliance or by email at dnickel@uscompliance.com.

Sincerely,

David Nickel
Environmental Specialist

Enclosures

United States Compliance Corporation

Sampling Protocol

**Before beginning collection, please where the appropriate PPE such as safety goggles and gloves.

Sampling Collection:

1. Complete the label on the jars in the highlighted areas with a **permanent pen or marker**. Please make sure the pen/marker is not water soluble, as the ink may smear once the jars are put on ice.

2. Next fill up each of the twelve sampling containers all the way up to the top of the container with rainwater from a rainfall during the first 30 minutes of the shower. Then seal each container with the lid and make sure the lid is on as tight as possible.

3. Finally, please complete the Chain of Custody form in the highlighted areas. Please be sure to also use the permanent pen or marker when completing this form.

Mailing:

- **Make sure the lids are closed very tight.**
- **Make sure the cooler is filled to the top with ice.**
- **Make sure to include the completed Chain of Custody.**

The samples should be sent **overnight** back to:

Pace Analytical Services
1700 Elm Street, Suite 200
Minneapolis, MN 55414 (A return label should be provided.)

Results will be received within 10-14 business days. Once the test results are received they will be forwarded to your attention immediately.

Pace Analytical®

CHAIN-OF-CUSTODY / Analytical Request Document

The Chain-of-Custody is a LEGAL DOCUMENT All relevant fields must be completed accurately

Page: 101

Required Client Information **Section A**	Required Client Information **Section B**	**Client Information (Check quote/contract):**	To Be Completed by Pace Analytical Client **Section C**
Company U S. Compliance Corporation	Report To. Dave Nickel	Requested Due Date	Quote Reference
Address 301 Carlson Parkway	Copy To	*TAT Regular	Project Manager Paul Kirchberg
Suite 200	Invoice To Accounts Payable	* Turn around times less than 14 days subject	Project #
Phone 952-252-3000 Fax 952-252-3001	P O	laboratory and contractual obligations and may	Profile #
	Project Name. KIK-SoCal Inc	In a Rush Turnaround Surcharge	
	Project Number	Turn Around Time (TAT) In calender days	

Required Client Information **Section D**

SAMPLE ID (One charater per box)

Valid Matrix Codes

Matrix	Code
Water	WT
Soil	SL
Oil	OL
Wipe	WP
Air	AR
Tissue	TS
Other	OT

ITEM NUMBER	SAMPLE ID	MATRIX CODE	DATE COLLECTED	TIME COLLECTED	Preservatives: # Containers	Unpreserved	H2SO4	HNO3	HCl	NaOH	Na2S2O3	Methanol	Requested Analysis: TSS 160 2	pH 150 1	Conductance 120 1	TOC 415 2	O&G 1664	N+N 353 1	Zn 200 7	REMARKS / Lab ID
1	KIK NW GATE	WT			6	X	X	X					X	X	X	X	X	X	X	
2	KIK NE DRAIN	WT			6	X	X	X					X	X	X	X	X	X	X	
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				
11																				
12																				

SHIPMENT METHOD	AIRBILL NO.	SHIPPING DATE	NO. OF COOLERS

SAMPLE CONDITION:

Temp in C	
Received on Ice	Y / N
Sealed Cooler	Y / N
Sample Intact	Y / N

SAMPLE NOTES:

Additional Comments:

ITEM #	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER:

SIGNATURE of SAMPLER | DATE Signed.

KIK Corporation Inc.

Storm Water Pollution Prevention Plan (SWP3)

Permit & Notice of Intent (NOI)

Winston H. Hickox
Secretary for Environmental Protection

State Water Resources Control Board

Division of Water Quality
901 P Street • Sacramento, California 95814 • (916) 657-0903
Mailing Address: P.O. Box 1977 • Sacramento, California • 95812-1977
FAX (916) 657-1011 • Internet Address: http://www.swrcb.ca.gov

Gray Davis
Governor

cc: DJ

June 26,2000

GREG WIESE
KIK SO CAL
9028 DICE ROAD
SANTA FE SPRINGS, CA 90670-2520

RECEIPT OF YOUR NOTICE OF INTENT

The State Water Resources Control Board (State Water Board) has received and processed your NOTICE OF INTENT TO COMPLY WITH THE TERMS OF THE GENERAL PERMIT TO DISCHARGE STORM WATER ASSOCIATED WITH INDUSTRIAL ACTIVITY. Accordingly, you are required to comply with the permit requirements.

Your WDID identification number is: 4 19S015890. Please use this number in any future communications regarding this permit.

FACILITY DESCRIPTION

OPERATOR: KIK SO CAL
FACILITY: KIK SO CAL
COUNTY: LOS ANGELES
FACILITY LOCATION: 9028 DICE ROAD
SANTA FE SPRINGS, CA 90670-2520

When the operator changes (i. e. the business was bought or transferred), a new Notice of Intent (NOI), site map, and fee must be submitted by the new operator. As the previous operator, you are required to submit a Notice of Termination (NOT) to the Regional Water Board stating that your facility is not being operated by you and that you no longer need to be covered by the General Permit. Unless notified, you will continue to be invoiced for the annual fee each April

If you have any questions regarding permit requirements, please contact your Regional Water Board at (213) 576-6600.

Sincerely,

A. Shimizu

Audrey Shimizu
Storm Water Unit
Division of Water Quality

Enclosure

State of California
State Water Resources Control Board

NOTICE OF INTENT

TO COMPLY WITH THE TERMS OF THE.
GENERAL PERMIT TO DISCHARGE STORM WATER
ASSOCIATED WITH INDUSTRIAL ACTIVITY (WQ ORDER No. 97-03-DWQ)
(Excluding Construction Activities)

SECTION I. NOI STATUS (please check only one box)

A. [X] New Permittee B. [ ] Change of Information WDID # [ ]

SECTION II. FACILITY OPERATOR INFORMATION (See instructions)

A. NAME: KIK Social — Phone: 562 - 946 - 6427

Mailing Address: 9028 Dice Road

City: Santa Fe Springs — State: CA — Zip Code: 90670-2520

Contact Person: Gregg Wiesse/Derrell Johnson

B. OPERATOR TYPE: *(check one)* 1.[X] Private 2.[ ]City 3.[ ]County 4.[ ]State 5.[ ]Federal 6.[ ]Special District 7.[ ]Gov. Combo

SECTION III. FACILITY SITE INFORMATION

A. FACILITY NAME: KIK Bpcal — Phone: 562 - 946 - 6427

Facility Location: 9028 Dice Road — County:

City: Santa Fe Springs — State: CA — Zip Code: 90670-2520

B. MAILING ADDRESS: 9028 Dice Road

City: Santa Fe Springs — State: CA — Zip Code: 90670-2520

Contact Person: Gregg Wiesse/Derrell Johnson

C. FACILITY INFORMATION — Total Size of Site: 17½ — (check one) Acres [X] Sq. Ft. [ ] — Percent of Site Impervious *(including rooftops)*: 80 %

D. SIC CODE(S) OF REGULATED ACTIVITY: E. REGULATED ACTIVITY *(describe each SIC code)*:

1. 2841 — Soap & Other Detergents
2. [ ] — Except Specialty Cleaners
3. [ ]

SECTION IV. ADDRESS FOR CORRESPONDENCE

[X] Facility Operator Address [ ] Facility Mailing Address [ ] Both

SECTION V. BILLING ADDRESS INFORMATION

SEND BILL TO: [X]Facility Operator (Section II) [ ]Facility (Section III) [ ]Other (enter information below)

Name: KIK SOCAL

Phone: 516 2-0 141 6-161 42 17

Mailing Address: 9012 8 Dicle R d

City: Santa Fe Springs

State: CA

Zip Code: 9 0 6 7 0-1215 210

Contact Person: Greg Wiese / Dennis Johnson

SECTION VI. RECEIVING WATER INFORMATION

Your facility's storm water discharges flow (check one) [ ] Directly OR [ ] Indirectly to waters of the United States.

Name of receiving water: _____
(river, lake, stream, ocean, etc.)

SECTION VII. IMPLEMENTATION OF PERMIT REQUIREMENTS

A. STORM WATER POLLUTION PREVENTION PLAN (SWPPP) (check one)
[X] A SWPPP has been prepared for this facility and is available for review.
[ ] A SWPPP will be prepared and ready for review by (enter date): ___/___/___.

B. MONITORING PROGRAM (check one)
[X] A Monitoring Program has been prepared for this facility and is available for review.
[ ] A Monitoring Program will be prepared and ready for review by (enter date): ___/___/___.

C. PERMIT COMPLIANCE RESPONSIBILITY
Has a person been assigned responsibility for:

1. Inspecting the facility throughout the year to identify any potential pollution problems? ..... X YES ___NO
2. Collecting storm water samples and having them analyzed? ..... X YES ___NO
3. Preparing and submitting an annual report by July 1 of each year? ..... X YES ___NO
4. Eliminating discharges other than storm water (such as equipment or vehicle wash-water) into the storm drain? ..... X YES ___NO

SECTION VIII. REGULATORY STATUS (Go to Section IX if not applicable)

A. WASTE DISCHARGE REQUIREMENT ORDER NUMBER: _____ B. NPDES PERMIT CA: _____

SECTION IX. SITE MAP

I HAVE ENCLOSED A SITE MAP YES[X] A new NOI submitted without a site map will be rejected.

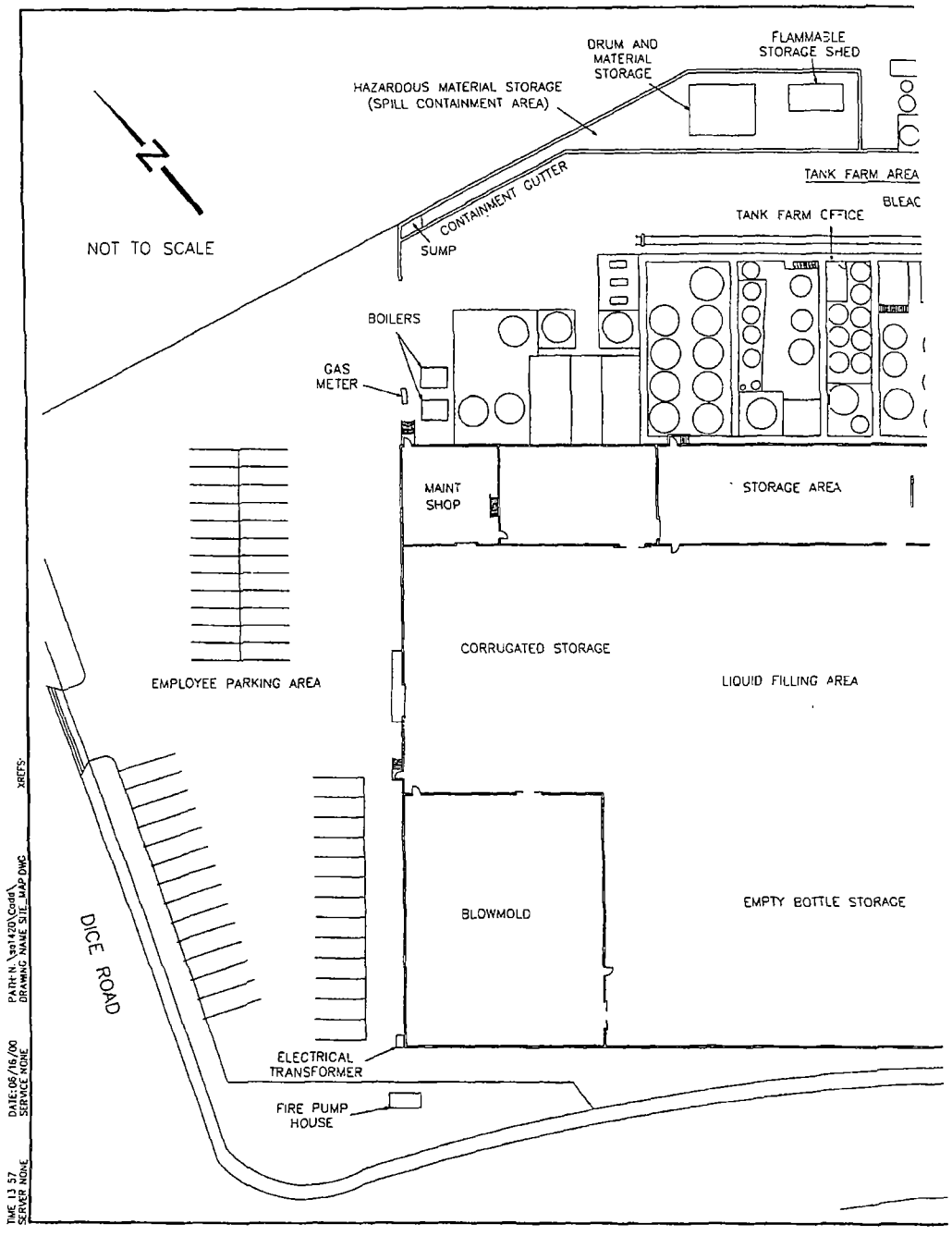
SECTION X. CERTIFICATION

"I certify under penalty of law that this document and all attachments were prepared under my direction and 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. In addition, I certify that the provisions of the permit, including the development and implementation of a Storm Water Pollution Prevention Plan and a Monitoring Program Plan, will be complied with."

Printed Name: Greg Wiese

Signature: Greg J Wiese Date 5/3/00

Title: Western Region Operational Manager


DRUM AND MATERIAL STORAGE
FLAMMABLE STORAGE SHED
HAZARDOUS MATERIAL STORAGE (SPILL CONTAINMENT AREA)
TANK FARM AREA
CONTAINMENT GUTTER
SUMP
NOT TO SCALE
TANK FARM OFFICE
BOILERS
GAS METER
MAINT SHOP
STORAGE AREA
CORRUGATED STORAGE
EMPLOYEE PARKING AREA
LIQUID FILLING AREA
BLOWMOLD
EMPTY BOTTLE STORAGE
DICE ROAD
ELECTRICAL TRANSFORMER
FIRE PUMP HOUSE
XREFS:
PATH: N:\ap1420\Cadd\DRAWING NAME SITE_MAP.DWG
DATE: 06/16/00
SERVICE: NONE
TIME: 13:57
SERVER: NONE

STATE OF CALIFORNIA · CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY
STATE WATER RESOURCES CONTROL BOARD
PAUL R. BONDERSON BUILDING
901 P STREET
P.O. BOX 1977
SACRAMENTO, CALIFORNIA 95812-01 77
(916) 657-0757
FAX: (916) 657-1011

TO: STORM WATER DISCHARGER

SUBJECT: CHECK LIST FOR SUBMITTING A NOTICE OF INTENT

In order for the State Water Resources Control Board to expeditiously process your Notice of Intent (NOI), the following items must be submitted:

1. X NOI with all applicable sections filled out and signed by the owner/operator;

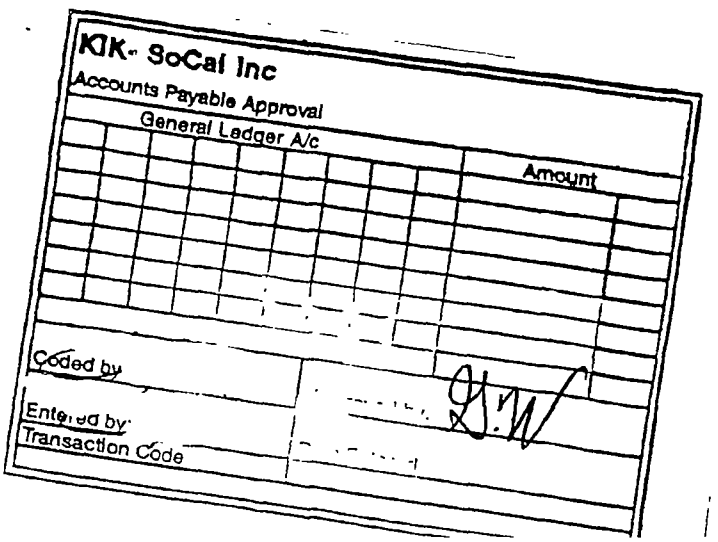
2. X Check made out to the "State Water Resources Control Board" with the appropriate fee; and

   - County Fees: $250.00 OR $500.00
   - Dairy Farms: $2,000.00

3. X Site map displaying the layout of premises.

Please return the above items to the address below. If you have any questions regarding this matter, please contact us at (916) 657-0757.

State Water Resources Control Board
Division of Water Quality
Attn: Storm Water Permit Unit
P.O. Box 1977
Sacramento, CA 95812-1977



CHECK NO.	CHECK DATE	VENDOR NO.
3789	05/04/00	STAWAT

FOIA ex 6, Personal Privacy

KIK-SoCal Inc.
9028 Dice Road
Santa Fe Springs, CA
90670
Bus: (562) 946-6427

FOIA ex 6, Personal Privacy

CHECK AMOUNT
$250.00

TWO HUNDRED FIFTY AND 00/100 DOLLARS

PAY
TO THE
ORDER OF State Water Resources
ATTN: SW
PO Box 100
Sacramento CA 95812-0100
USA

MP MP
AUTHORIZED SIGNATURE

THE SECURITY FEATURES ON THIS DOCUMENT INCLUDE MICRO-PRINT SIGNATURE LINES AND BLEED THROUGH MICR NUMBERING.

FOIA ex 6, Personal Privacy

KIK Socal

Mailing Address: 9028 Dice Road

City: Santa Fe Springs | State: CA | Zip Code: 90670-2520

Contact Person: Gregg Wiese/Derrell Johnson

B. OPERATOR TYPE: (check one) 1.[X] Private 2.[ ]City 3.[ ]County 4.[ ]State 5.[ ]Federal 6.[ ]Special District 7.[ ]Gov. Combo

SECTION III. FACILITY SITE INFORMATION

A. FACILITY NAME: KIK Spcal | Phone: 562-946-6437

Facility Location: 9028 Dice Road | County:

City: Santa Fe Springs | State: CA | Zip Code: 90670-2520

B. MAILING ADDRESS: 9028 Dice Road

City: Santa Fe Springs | State: CA | Zip Code: 90670-2520

Contact Person: Gregg Wiese/Derrell Johnson

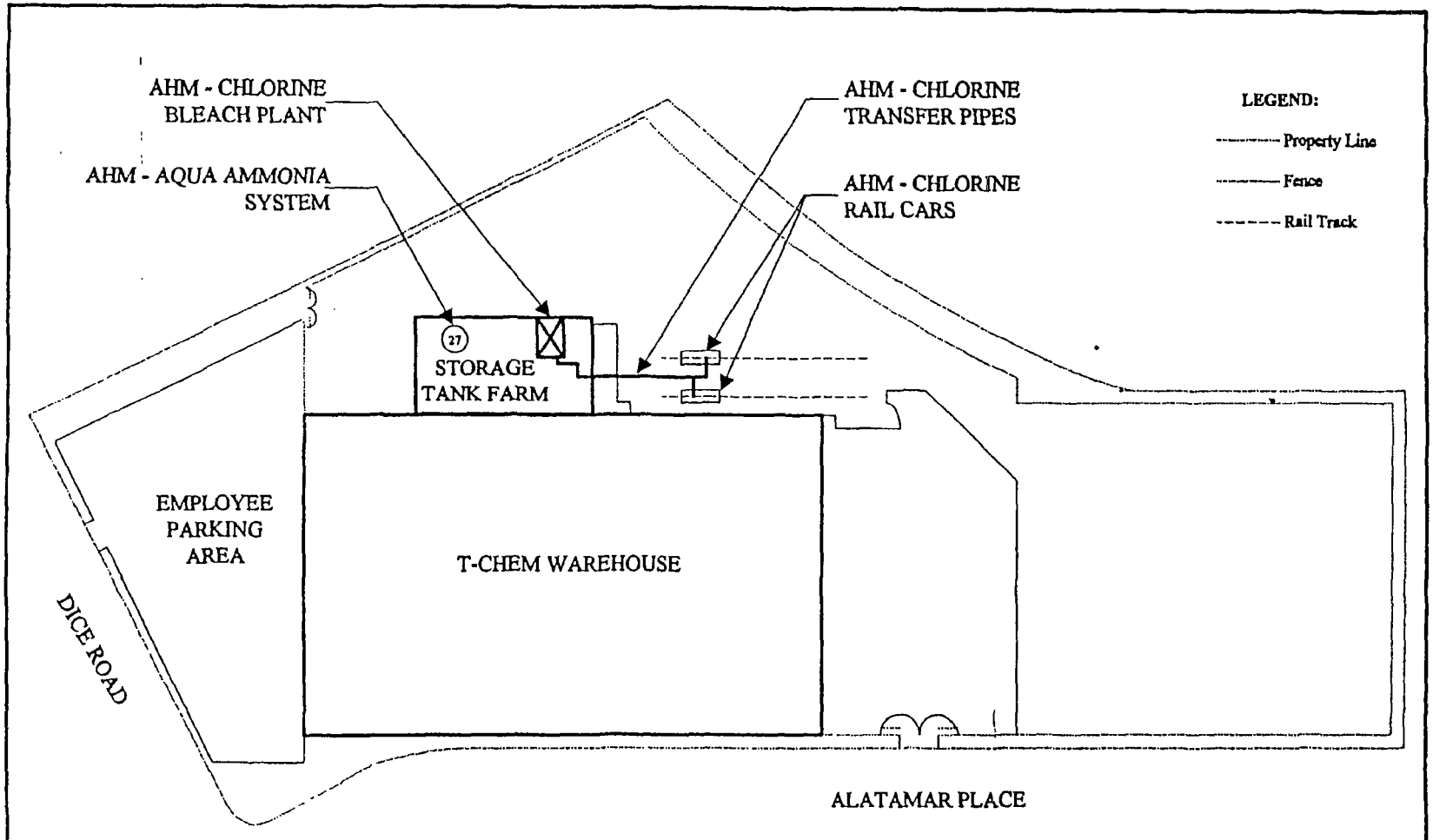
C. FACILITY INFORMATION (check one)
Total Size of Site: 7½ | Acres [X] | Sq. Ft [ ]
Percent of Site Impervious (*including rooftops*): 80 %

D. SIC CODE(S) OF REGULATED ACTIVITY: E. REGULATED ACTIVITY (*describe each SIC code*):

1. 2841 — Soap & Other Detergents
2. — Except Specialty Cleaners
3. —

SECTION IV. ADDRESS FOR CORRESPONDENCE

[X] Facility Operator Address [ ] Facility Mailing Address [ ] Both



Versar INC. ENVIRONMENTAL RISK MANAGEMENT	FACILITY PLAN SCALE: 1" = 120'	T-CHEM Products, Inc. 9028 Dice Road Santa Fe Springs, CA	January 1994 Versar Project: 1952-001	N	FIGURE 1-3

ATE WATER RESOURCES CONTROL BOARD
. R. BONDERSON BUILDING
P STREET
. BOX 1977
RAMENTO, CALIFORNIA 95812-01977
6) 657-0757
: (916) 657-1011

TO: STORM WATER DISCHARGER

SUBJECT: CHECK LIST FOR SUBMITTING A NOTICE OF INTENT

In order for the State Water Resources Control Board to expeditiously process your Notice of Intent (NOI), the following items must be submitted:

1. X NOI with all applicable sections filled out and signed by the owner/operator;

2. X Check made out to the "State Water Resources Control Board" with the appropriate fee; and

   - County Fees: $250.00 OR $500.00
   - Dairy Farms: $2,000.00

3. X Site map displaying the layout of premises.

Please return the above items to the address below. If you have any questions regarding this matter, please contact us at (916) 657-0757.

State Water Resources Control Board
Division of Water Quality
Attn: Storm Water Permit Unit
P.O. Box 1977
Sacramento, CA 95812-1977

Winston H. Hickox
Secretary for Environmental Protection

State Water Resources Control Board

Division of Water Quality
901 P Street • Sacramento, California 95814 • (916) 657-0757
Mailing Address: P.O. Box 1977 • Sacramento, California • 95812-1977
FAX (916) 657-1011 • Internet Address: http://www.swrcb.ca.gov

cc: GW file

Gray Davis
Governor

15-Sep-2000

DERELL JOHNSON/GREG WIESE
T-CHEM
9028 DICE ROAD
SANTA FE SPRINGS, CA 906701807

SUBJECT: TERMINATION OF COVERAGE UNDER THE GENERAL NPDES PERMIT TO DISCHARGE STORM WATER

Per Regional Water Quality Control Board's approval of your Notice of Termination (NOT) on ***9/15/00*** , the State Water Resources Control Board (State Water Board) has terminated your coverage under the General NPDES Permit to Discharge Storm Water associated with **Industrial Activity** for the following facility:

T-CHEM
9028 DICE ROAD
SANTA FE SPRINGS, CA 906701807
WDID = 4 19S000151

Please be advised that the State Water Board processed the NOT at your request and is not making a determination of its validity. Owners of facilities that are found to be in violation of federal regulations requiring coverage under the General NPDES permit may be subject to substantial penalty.

You are still responsible for completing an Annual Report for the period your facility was permitted (July 1 until the date you filed the NOT). For a copy of the Annual Report, please call (916) 657-0919.

If you wish to obtain coverage under the General NPDES Permit in the future, you are required to submit a new Notice of Intent, site map, and appropriate fee. If you have any questions regarding this matter or we can be of further assistance, please call (916) 657-0919.

Sincerely,

A. Shimizu

Audrey Shimizu
Storm Water Unit
Division of Water Quality

State of California
State Water Resources Control Board

NOTICE OF TERMINATION

Submission of this Notice of Termination constitutes notification that the facility operator identified below is no longer required to comply with the **Industrial Activities** Storm Water General Permit No. 97-03-DWQ.

I. WDID NO. 4B195000151

II. FACILITY OPERATOR

NAME T-Chem CONTACT PERSON Derrell Johnson/Greg Wiese

ADDRESS 9028 Dice Road TITLE

CITY Santa Fe Springs STATE CA ZIP 90670 PHONE 213/946-6427

III. FACILITY SITE INFORMATION

FACILITY NAME T-Chem CONTACT PERSON Derrell Johnson/Greg Wiese

LOCATION 9028 Dice Road TITLE

CITY Santa Fe Springs STATE CA ZIP 90670 PHONE 213/946-6427

SIC CODE(S) 2 / 8 / 4 / 1 , / / / TYPE OF BUSINESS Soap & Other Detergents except Specialty Cleaners.

IV. BASIS OF TERMINATION

_____ 1. **Closed Facility.** The facility is closed and all closure, moving, and clean-up activities are complete.

Date of closure ___/___/___ Are you moving to a new location in CA? _____Yes _____No

If Yes, start date at new location? ___/___/___ Will you file new NOI? _____Yes _____No

NEW FACILITY INFORMATION

NAME CONTACT PERSON

MAILING ADDRESS TITLE

CITY STATE ZIP PHONE

_____ 2. **Light Industry Exemption.** Exposure of industrial activities, materials, and equipment to storm water has been eliminated (Applies only to certain facilities - see instructions). Complete and submit Attachment A.

Date of evaluation: ___/___/___ Date exposure eliminated (if applicable): ___/___/___

Planned date of next evaluation: ___/___/___

_____ 3. **No Storm Water Discharge.** Storm water associated with industrial activity does not discharge to waters of the United States because:

____ a. the storm water is retained on site (such as in evaporation or percolation ponds).
____ b. the storm water is discharged to a municipal sanitary sewer systems or municipal combined sewer system.
____ c. the storm water is retained offsite (such as in evaporation or percolation ponds).

____ 4. **Not Required to be Permitted.** The facility is not required by federal regulations to be regulated by an industrial activities storm water NPDES permit.

____ 5. **Regulated by Another Permit.** Discharge of storm water associated with industrial activity is specifically regulated by another general or individual NPDES permit.

NPDES Permit No._____ Date coverage began ___/___/___

X 6. **New Facility Operator.** There is a new facility operator of the identified facility.

Date facility was transferred to new facility operator 3 /1 /99 .

Have you notified the new facility operator of the storm water NPDES Permit requirements? Yes X No___

NEW FACILITY OPERATOR INFORMATION

NAME KIK SoCal CONTACT PERSON Greg Wiese

MAILING ADDRESS 9028 Dice Road TITLE

CITY Santa Fe Springs STATE CA ZIP 90670 PHONE 562/946-6427

V. ADDITIONAL TERMINATION INFORMATION

Are you attaching any additional termination information? Yes X No___ Copy of NOI filed with State

VI. FACILITY PHOTOGRAPHS

Have you attached facility photographs? Yes___ No X (See Instructions)

VII. CERTIFICATION

I certify under penalty of law that 1) I am not required to be permitted under the Industrial Activities Storm Water General Permit No. 97-03-DWQ, and 2) this document and all attachments were prepared under my direction and supervisions in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. I am aware that it is unlawful under the Clean Water Act to discharge storm water associated with industrial activity to waters of the United States if the discharge is not authorized by a NPDES permit, and there are significant penalties for submitting false information. I understand that the facility operator is still required to submit an annual report to the Regional Water Board by July1. I also understand that the submittal of this Notice of Termination does not release a facility operator from liability for any violations of the General Permit or the Clean Water Act.

PRINTED NAME Greg J. Wiese TITLE Western Regional Operations Manager

SIGNATURE Greg J Wiese DATE 4 / 26 / 00

REGIONAL WATER BOARD USE ONLY

Approved and sent to State Board for termination Denied and returned to applicant

Printed Name	Signature	Date
		/ /

Comments: _____

State of California State
Water Resources Control Board

NOTICE OF INTENT

For Existing Facility Operators

585

TO COMPLY WITH THE TERMS OF THE
GENERAL PERMIT TO DISCHARGE STORM WATER
ASSOCIATED WITH INDUSTRIAL ACTIVITY (WQ ORDER No. 97-03-DWQ)

This Notice of Intent (NOI) is being sent to all facility operators that were enrolled under the prior Industrial Storm Water General Permit that has now expired. A new General Permit has been adopted to replace the expired one. To enroll under the new General Permit, review this NOI (and make any necessary corrections), sign the CERTIFICATION on the reverse side, and return this original NOI within 45 days of receipt to: STORM WATER NOI PROCESSING UNIT, STATE WATER RESOURCES CONTROL BOARD, PO BOX 1977, SACRAMENTO, CA 95812-1977

FACILITY OPERATOR INFORMATION:

WDID: 4B19S000151

NAME: T-CHEM

CONTACT & PHONE
DERELL JOHNSON/GREG WIESE
(213) 946-6427

STREET: 9028 DICE ROAD

CITY, STATE, ZIP: SANTA FE SPRINGS, CA 90670-1807

FACILITY LOCATION:

County: Los Angeles

NAME: T-CHEM

CONTACT & PHONE
DERELL JOHNSON/GREG WIESE
(213) 946-6427

STREET: 9028 DICE ROAD

CITY, STATE, ZIP: SANTA FE SPRINGS, CA 90670-1807

FACILITY MAILING ADDRESS: (IF DIFFERENT THAN FACILITY LOCATION)

STREET OR POST OFFICE BOX: _____

CITY, STATE, ZIP: _____

ADDRESS FOR CORRESPONDENCE - SEND TO: (CHECK ONE)

[ ] Facility Operator Address [ ] Facility Mailing Address [ ] Both

BILLING ADDRESS INFORMATION - SEND TO: (CHECK ONE)

[ ] Facility Operator Address [X] Facility Mailing Address [ ] Other (enter below)

NAME: _____

STREET: _____

CITY, STATE, ZIP: _____

CONTACT PERSON: _____ **PHONE:** _____

SIC(S) OF REGULATED ACTIVITY:

2841 Soap & Other Detergents, except Specialty Cleaners

(CERTIFICATION continued on the reverse side)

CERTIFICATION: ***WDID:*** 4B19S000151

"I certify under penaty of law that this document and all attachments were prepared under my direction and 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. In addition, I certify that the provisions of the permit, including the development of and implementation of a Storm Water Pollution Prevention Plan and a Monitoring Program Plan, will be complied with."

Printed Name: Greg J. Wiese

Signature: Greg J Wiese Date: June 11, 1997

Title: Executive Vice President

DERELL JOHNSON/GREG WIESE
T-CHEM
9028 DICE ROAD
SANTA FE SPRINGS, CA 90670-1807

For State Water Board Use

Cal/EPA

State Water Resources Control Board

Mailing Address:
P O Box 100
Sacramento, CA
95812-0100

901 P Street
Sacramento, CA
95814
(916) 657-0919
FAX (916) 657-1011

MAY 1 1997

Pete Wilson
Governor

TO: Current Facility Operators

REISSUED INDUSTRIAL ACTIVITIES STORM WATER GENERAL PERMIT

Enclosed are the Industrial Activities Storm Water General Permit (General Permit) adopted by the State Water Resources Control Board (SWRCB) on April 17, 1997 and a facility specific Notice of Intent (NOI) that must be reviewed, signed, and returned within 45 days of receipt. An addressed return envelope is also enclosed for your convenience. As a facility operator that had previously submitted an NOI for the now expired General Permit, you are not required to submit a fee or site map with this NOI.

The reissued General Permit contains many revisions as compared to the expired General Permit. The reverse side of this letter lists some of the important changes that may effect your Storm Water Pollution Prevention Plan (SWPPP) and Monitoring Program. You are required to review, and revise, as necessary, your SWPPP and Monitoring Program by August 1, 1997 to ensure that they comply with the reissued General Permit.

Please note that the reissued General Permit requires you to complete all your remaining 1996-97 activities required by the expired General Permit. For example, you must submit an Annual Report to the local Regional Water Quality Control Board (RWQCB) by July 1, 1997.

You should discuss any questions or issues related to this reissued General Permit with the appropriate RWQCB staff. Attachment 2 of the General Permit lists the RWQCB addresses, telephone numbers, and staff contacts.

If you have any questions for SWRCB staff, please call our industrial activities message line at 916/657-0919.

Sincerely,

for Walt Pettit
Executive Director

Enclosures

Recycled Paper

SUMMARY OF IMPORTANT REVISION

EXPIRED PERMIT	NEW PERMIT
Non-Storm Water Discharges	
Distinction between authorized and unauthorized non-storm water discharges unclear. Fact Sheet Guidance and Permit Language not entirely consistent.	Provides a specific list of non-storm water discharges that are authorized when certain conditions are met (see pages 5-6, D. Special Conditions).
Storm Water Pollution Prevention Plan (SWPPP)	
- Provided basic description of steps necessary to develop an effective SWPPP. - Authorized non-storm water discharges are not addressed. - No deadline to implement SWPPP revisions in response to violations.	- Provides a better description of the steps necessary to develop an effective SWPPP. - Requires BMPs for authorized non-storm water discharges. - Requires SWPPP revisions within 90 days after a violation is found. - Requires an Annual Comprehensive Site Compliance Evaluation (formerly called an annual site inspection that was included in the Monitoring Program).
Monitoring Program and Reporting Requirements	
- Visual observation for the presence of unauthorized non-storm water discharges twice/year during dry season. - No requirement to observe authorized non-storm water discharges. - Wet Season October 1-April 30. - Sampling required in first 1/2 hour. - Sampling of storms that produce 1 hour of discharge. - Analyze from basic parameters and toxic chemicals and other pollutants. - Sample two storm events/year.	- Visual observation for the presence of unauthorized non-storm water discharges quarterly. - Visual observations of authorized non-storm water discharges quarterly. - Wet Season October 1-May 31. - Sampling required in first hour. - Sampling of a storm event that produces discharge. - In addition, analyze listed Table D parameters. - Sample two storm events/year. Facility operators who have sampled six storm events are eligible for reduced sampling.

* *There are various revisions to the Group Monitoring requirements. Group monitoring participants should contact their group leaders for more details.*

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WATER QUALITY ORDER NO. 97-03-DWQ
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
GENERAL PERMIT NO. CAS000001 (GENERAL PERMIT)

WASTE DISCHARGE REQUIREMENTS (WDRS)
FOR
DISCHARGES OF STORM WATER ASSOCIATED WITH INDUSTRIAL ACTIVITIES
EXCLUDING CONSTRUCTION ACTIVITIES

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FOR

STATE WATER RESOURCES CONTROL BOARD (STATE WATER BOARD)
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GENERAL PERMIT NO. CAS000001 (GENERAL PERMIT)

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FOR
DISCHARGES OF STORM WATER ASSOCIATED WITH INDUSTRIAL ACTIVITIES
EXCLUDING CONSTRUCTION ACTIVITIES

BACKGROUND

In 1972, the Federal Water Pollution Control Act (also referred to as the Clean Water Act [CWA]) was amended to provide that the discharge of pollutants to waters of the United States from any point source is effectively prohibited unless the discharge is in compliance with an NPDES permit. The 1987 amendments to the CWA added Section 402(p) which establishes a framework for regulating municipal and industrial storm water discharges under the NPDES Program. On November 16, 1990, the U.S. Environmental Protection Agency (U.S. EPA) published final regulations that establish application requirements for storm water permits. The regulations require that storm water associated with industrial activity (storm water) that discharges either directly to surface waters or indirectly through municipal separate storm sewers must be regulated by an NPDES permit.

U.S. EPA developed a four-tier permit issuance strategy for storm water discharges associated with industrial activity as follows:

Tier I, Baseline Permitting--One or more general permits will be developed to initially cover the majority of storm water discharges associated with industrial activity.

Tier II, Watershed Permitting--Facilities within watersheds shown to be adversely impacted by storm water discharges associated with industrial activity will be targeted for individual or watershed-specific general permits.

Tier III, Industry-Specific Permitting--Specific industry categories will be targeted for individual or industry-specific general permits.

Tier IV, Facility-Specific Permitting--A variety of factors will be used to target specific facilities for individual permits.

The regulations allow authorized states to issue general permits or individual permits to regulate storm water discharges.

Consistent with Tier I, Baseline Permitting, of the U.S. EPA permitting strategy, the State Water Board issued a statewide General Permit on November 19, 1991 that applied to all storm water discharges requiring a permit except construction activity. The monitoring requirements of this General Permit were amended September 17, 1992. A separate statewide general permit has been issued for construction activity.

To obtain authorization for continued and future storm water discharge under this General Permit, each facility operator must submit a Notice of Intent (NOI). This approach is consistent with the four-tier permitting strategy described in Federal regulations, i.e., Tier 1, Baseline Permitting. Tier 1, Baseline Permitting, enables the State to begin reducing pollutants in industrial storm water in the most efficient manner possible.

This General Permit generally requires facility operators to:

1. Eliminate unauthorized non-storm water discharges;
2. Develop and implement a storm water pollution prevention plan (SWPPP); and
3. Perform monitoring of storm water discharges and authorized non-storm water discharges.

TYPES OF STORM WATER DISCHARGES COVERED BY THIS GENERAL PERMIT

This General Permit is intended to cover all new or existing storm water discharges and authorized non-storm water discharges from facilities required by Federal regulations to obtain a permit including those (1) facilities previously covered by the San Francisco Bay Regional Water Quality Control Board Order No. 92-011 (as amended by Order No. 92-116), (2) facilities designated by the Regional Water Quality Control Boards (Regional Water Boards), (3) facilities whose operators seek coverage under this General Permit, (4) and facilities required by future U.S. EPA storm water regulations.

The General Permit is intended to cover all facilities described in Attachment 1, whether the facility is primary or is auxiliary to the facility operator's function. For example, even though a school district's primary function is education, a facility which it operates for vehicle maintenance of school buses is a transportation facility which is covered by this General Permit.

The definition of "storm water associated with industrial activity" is provided in Attachment 4, Definition 9, of this General Permit. Facilities that discharge storm water associated with industrial activity requiring a General Permit are listed by category in 40 Code of Federal Regulations (CFR) Section 122.26(b)(14) (Federal Register, Volume 55 on

Pages 48065-66) and in Attachment 1 of this General Permit. The facilities can be publicly or privately owned. A general description of these categories are:

1. Facilities subject to storm water effluent limitations guidelines, new source performance standards, or toxic pollutant effluent standards (40 CFR Subchapter N);
2. Manufacturing facilities;
3. Mining/oil and gas facilities;
4. Hazardous waste treatment, storage, or disposal facilities;
5. Landfills, land application sites, and open dumps that receive industrial waste;
6. Recycling facilities such as metal scrap yards, battery reclaimers, salvage yards, automobile yards;
7. Steam electric generating facilities;
8. Transportation facilities that conduct any type of vehicle maintenance such as fueling, cleaning, repairing, etc.;
9. Sewage treatment plants;
10. Construction activity (covered by a separate general permit); and
11. Certain facilities (often referred to as "light industry") where industrial materials, equipment, or activities are exposed to storm water.

For the most part, these facilities are identified in the Federal regulations by a Standard Industrial Classification (SIC).

Category 1 Dischargers

The following categories of facilities currently have storm water effluent limitation guidelines for at least one of their subcategories. They are cement manufacturing (40 CFR Part 411), feedlots (40 CFR Part 412); fertilizer manufacturing (40 CFR Part 418); petroleum refining (40 CFR Part 419); phosphate manufacturing (40 CFR Part 422); steam electric power generation (40 CFR Part 423); coal mining (40 CFR Part 434), mineral mining and processing (40 CFR Part 436); ore mining and dressing (40 CFR Part 440); and asphalt emulsion (40 CFR Part 443). A facility operator whose facility falls into one of these general categories should examine the effluent guidelines to determine if the facility is categorized in one of the subcategories that have storm water effluent guidelines. If

a facility is classified as one of those subcategories, that facility is subject to the standards listed in the CFR for that category and is subject to this General Permit. This General Permit contains additional requirements (see Section B.6.) for facilities with storm water effluent limitations guidelines.

Category 5 Dischargers

Inactive or closed landfills, land application sites, and open dumps that have received industrial wastes (Category 5) may be subject to this General Permit unless the storm water discharges from the sites are already regulated by an NPDES permit issued by the appropriate Regional Water Board. Facility operators of closed landfills that are regulated by waste discharge requirements (WDRs) may be required to comply with this General Permit. In some cases, it may be appropriate for closed landfills to be covered by the State Water Board's General Permit during closure activities. New landfill construction should be covered by the Construction Activities General Permit. Facility operators should contact their Regional Water Board to determine the appropriate permit coverage.

Category 11 Dischargers

Facility operators of Category 11 (light industry) facilities are not subject to this General Permit if they can certify that the following minimum conditions at their facilities are met:

1. All prohibited non-storm water discharges have been eliminated or otherwise permitted.

2. All areas of past exposure have been inspected and cleaned, as appropriate.

3. All materials related to industrial activity (including waste materials) are not exposed to storm water or authorized non-storm water discharges.

4. All industrial activities and industrial equipment are not exposed to storm water or authorized non-storm water discharges.

5. There is no exposure of materials associated with industrial activity through other direct or indirect pathways such as particulates from stacks and exhaust systems.

6. There is periodic re-evaluation of the facility to ensure Conditions 1, 3, 4, and 5 are continuously met.

Currently, facility operators that can certify that the above conditions are met are not required to notify the State Water Board or Regional Water Board. These facility operators are advised to retain such certification documentation on site.

The Ninth Circuit Court of Appeals invalidated the exemption granted by U.S. EPA for storm water discharges from facilities in Category 11 that do not have exposure and remanded the regulation to U.S. EPA for further action. The State Water Board, at this time, is not requiring storm water discharges from facilities in Category 11 that do not have exposure to be covered by this General Permit. Instead, the State Water Board will await future U.S. EPA or court action clarifying the types of storm water discharges that must be permitted. If necessary, the State Water Board will reopen the General Permit to accommodate such a clarification.

Section 1068 of the Intermodel Surface Transportation Act of 1991 exempts municipal agencies serving populations of less than 100,000 from Phase I permit requirements for most facilities they operate (uncontrolled sanitary landfills, power plants, and airports are still required to be permitted in Phase I). Phase II of the Permit Program scheduled to begin August 7, 2001 will cover the facilities that are exempt from Phase I permit requirements.

TYPES OF DISCHARGES NOT COVERED BY THIS GENERAL PERMIT

1. CONSTRUCTION ACTIVITY: Discharges from construction activity of five acres or more, including clearing, grading, and excavation. A separate general permit was adopted on August 20, 1992 for this industrial category.

2. FACILITIES WHICH HAVE NPDES PERMITS CONTAINING STORM WATER PROVISIONS: Some storm water discharges may be regulated by other individual or general NPDES permits issued by the State Water Board or the Regional Water Boards. These discharges *shall not* be regulated by this General Permit. When the individual or general NPDES permits for such discharges expire, the State Water Board or Regional Water Board may authorize coverage under this General Permit or another general NPDES permit, or may issue a new individual NPDES permit consistent with the Federal and State storm water regulations. Interested parties may petition the State Water Board or appropriate Regional Water Board to issue individual or General NPDES Permits. General Permits may be issued for a particular industrial group or watershed area.

3. FACILITIES DETERMINED INELIGIBLE BY REGIONAL WATER BOARDS: Regional Water Boards may determine that discharges from a facility or groups of facilities, otherwise eligible for coverage under this General Permit, have potential water quality impacts that may not be appropriately addressed by

this General Permit. In such cases, a Regional Water Board may require such discharges to be covered by an individual or general NPDES permit. Interested persons may petition the appropriate Regional Water Board to issue individual NPDES permits. The applicability of this General Permit to such discharges will be terminated upon adoption of an individual NPDES permit or a different general NPDES permit.

4. FACILITIES WHICH DO NOT DISCHARGE STORM WATER TO WATERS OF THE UNITED STATES: The discharges from the following facilities are not required to be permitted:

   a. FACILITIES THAT DISCHARGE STORM WATER TO MUNICIPAL SANITARY SEWER SYSTEMS: Facilities that discharge storm water to municipal sanitary sewer systems or combined sewer systems are not required by Federal regulations to be covered by an NPDES storm water permit or to submit an NOI to comply with this General Permit. (It should be noted that many municipalities have sewer use ordinances that prohibit storm drain connections to their sanitary sewers.)

   b. FACILITIES THAT DO NOT DISCHARGE STORM WATER TO SURFACE WATERS OR SEPARATE STORM SEWERS: Storm water that is captured and treated and/or disposed of with the facility's NPDES permitted process wastewater and storm water that is disposed of to evaporation ponds, percolation ponds, or combined sewer systems are not required to obtain a storm water permit. To avoid liability, the facility operator should be certain that no discharge of storm water to surface waters will occur under any circumstances.

5. MOST SILVICULTURAL ACTIVITIES: Storm water discharges from most silvicultural activities such as thinning, harvesting operations, surface drainage, or road construction and maintenance are exempt from this permit. Log sorting or log storage facilities that fall within SIC 2411 are required to be permitted.

6. MINING AND OIL AND GAS FACILITIES: Oil and gas facilities that have not released storm water resulting in a discharge of a reportable quantity (RQ) for which notification is or was required pursuant to 40 CFR Parts 110, 117, and 302 at any time after November 19, 1987 are not required to be permitted unless the industrial storm water discharge contributed to a violation of a water quality standard. Mining facilities that discharge storm water that does not come into contact with any overburden, raw materials, intermediate product, finished product, by-product, or waste

product located at the facility are not required to be permitted. These facilities must be permitted if they have a new release of storm water resulting in a discharge of an RQ

7. FACILITIES ON INDIAN LANDS: Discharges from facilities on Indian lands will be regulated by the U.S. EPA.

NOTIFICATION REQUIREMENTS

Storm water discharges from facilities described in the section titled "Types of Storm Water Discharges Covered by This General Permit" must be covered by an NPDES permit. An NOI must be submitted by the facility operator for each individual facility to obtain coverage. Certification of the NOI signifies that the facility operator intends to comply with the provisions of the General Permit. Facility operators who have filed NOIs for the State Water Board Order No. 91-013-DWQ (as amended by Order No. 92-12-DWQ) or San Francisco Bay Regional Water Board Order No. 92-011 (as amended by Order No. 92-116) will be sent an abbreviated NOI soon after adopting this General Permit that must be completed and returned within 45 days of receipt. Where operations have discontinued and significant materials remain on site (such as at closed landfills), the landowner may be responsible for filing an NOI and complying with this General Permit. A landowner may also file an NOI for a facility if the landowner, rather than the facility operator(s), is responsible for compliance with this General Permit.

A facility operator that does not submit an NOI for a facility must submit an application for an individual NPDES permit. U.S. EPA's regulations [40 CFR 122.21 (a)] exclude facility operators covered by a general permit from requirements to submit an individual permit application unless required by the Regional Water Board. The NOI requirements of this General Permit are intended to establish a mechanism which can be used to establish a clear accounting of the number of facility operators complying with the General Permit, their identities, the nature of operations at the facilities, and location.

All facility operators filing an NOI after the adoption of this General Permit must comply with this General Permit. Existing facility operators who have filed NOIs prior to the adoption of this General Permit shall continue to complete the requirements of the previous General Permit through June 30, 1997 including submitting annual reports to the Regional Water Boards by July 1, 1997. Group Leaders are required to submit an 1996-97 Group Evaluation Report by August 1, 1997.

DESCRIPTION OF GENERAL PERMIT CONDITIONS

Prohibitions

This General Permit authorizes storm water and authorized non-storm water discharges from facilities that are required to be covered by a storm water permit. This General Permit prohibits discharges of material other than storm water (non-storm water discharges) that are not authorized by the General Permit and discharges containing hazardous substances in storm water in excess of reportable quantities established at 40 CFR 117.3 and 40 CFR 302.4. Authorized non-storm water discharges are addressed in the Special Conditions of the General Permit.

Effluent Limitations

NPDES Permits for storm water discharges must meet all applicable provisions of Sections 301 and 402 of the CWA. These provisions require control of pollutant discharges using best available technology economically achievable (BAT) and best conventional pollutant control technology (BCT) to prevent and reduce pollutants and any more stringent controls necessary to meet water quality standards.

U.S. EPA regulations (40 CFR Subchapter N) establish effluent limitation guidelines for storm water discharges from facilities in ten industrial categories. For these facilities, compliance with the effluent limitation guidelines constitutes compliance with BAT and BCT for the specified pollutants and must be met to comply with this General Permit.

For storm water discharges from facilities not among the ten industrial categories listed in 40 CFR Subchapter N, it is not feasible at this time to establish numeric effluent limitations. The reasons why establishment of numeric effluent limitations is not feasible are discussed in detail in State Water Board Orders No. WQ 91-03 and WQ 91-04. Therefore, this General Permit allows the facility operator to implement best management practices (BMPs) to comply with the requirements of this General Permit. This approach is consistent with the U.S. EPA's August 1, 1996 "Interim Permitting Approach for Water Quality Based Effluent Limitations in Storm Water Permits".

Receiving Water Limitations

Storm water discharges shall not cause or contribute to a violation of an applicable water quality standard. The General Permit requires facility operators to reduce or prevent pollutants in storm water discharges and authorized non-storm water discharges through the development and implementation of BMPs which constitutes compliance with BAT and BCT and, in most cases, compliance with water quality standards. If receiving

water quality standards are exceeded, facility operators are required to submit a written report providing additional BMPs that will be implemented to achieve water quality standards.

Storm Water Pollution Prevention Plans (SWPPPs)

All facility operators must prepare, retain on site, and implement an SWPPP. The SWPPP has two major objectives: (1) to help identify the sources of pollution that affect the quality of industrial storm water discharges and authorized non-storm water discharges, and (2) to describe and ensure the implementation of BMPs to reduce or prevent pollutants in industrial storm water discharges and authorized non-storm water discharges

This General Permit requires development and implementation of an SWPPP emphasizing BMPs. This approach provides the flexibility necessary to establish appropriate BMPs for different types of industrial activities and pollutant sources. As this General Permit covers vastly different types of facilities, the State Water Board recognizes that there is no single best way of developing or organizing an SWPPP. The SWPPP requirements contain the essential elements that all facility operators must consider and address in the SWPPP. This General Permit's SWPPP requirements are more detailed than the previous general permit's SWPPP requirements, and the suggested order of the SWPPP elements have been rearranged (1) to correspond more closely with other storm water permits in effect throughout the country, and (2) to generally follow a more logical path. Facility operators that have already developed and implemented SWPPPs under previous general permits are required to review the SWPPP's requirements contained in this General Permit and then review their existing SWPPP for adequacy. If the existing SWPPP adequately identifies and assesses all potential sources of pollutants and describes the appropriate BMPs necessary to reduce or prevent pollutants, the facility operator is not required to revise the existing SWPPP.

One of the major elements of the SWPPP is the elimination of unauthorized non-storm water discharges to the facility's storm drain system. Unauthorized non-storm water discharges can be generated from a wide variety of potential pollutant sources. They include waters from the rinsing or washing of vehicles, equipment, buildings, or pavement; materials that have been improperly disposed of or dumped, and spilled; or leaked materials. Unauthorized non-storm water discharges can contribute a significant pollutant load to receiving waters. Measures to control spills, leakage, and dumping can often be addressed through BMPs. Unauthorized non-storm water discharges may enter the storm drain system via conveyances such as floor drains. All conveyances should be evaluated to determine whether they convey unauthorized non-storm water discharges to the storm

drain system. Unauthorized non-storm water discharges (even when commingled with storm water) shall be eliminated or covered by a separate NPDES Permit.

There are many non-storm water discharges that, under certain conditions, should not contain pollutants associated with industrial activity (i.e., air conditioning condensate, potable water line testing, landscaping overflow, etc.). Item D, Special Conditions, provides the conditions where certain listed non-storm water discharges are authorized by this General Permit.

Monitoring Program

The General Permit requires development and implementation of a monitoring program. The objectives of the monitoring program are to (1) demonstrate compliance with the General Permit, (2) aid in the implementation of the SWPPP, and (3) measure the effectiveness of the BMPs in reducing or preventing pollutants in storm water discharges and authorized non-storm water discharges.

All facility operators (with the exception of inactive mining operations) are required to:

1. Perform visual observations of storm water discharges and authorized storm water discharges.

2. Collect and analyze samples of storm water discharges. Analysis must include pH, total suspended solids (TSS), total organic carbon (TOC), specific conductance, toxic chemicals, and other pollutants which are likely to be present in storm water discharges in significant quantities, and those parameters listed in Table D of this General Permit. The Table D parameters are those listed in the U.S. EPA Multi-Sector General Permit. Facility operators subject to Federal storm water effluent limitation guidelines in 40 CFR Subchapter N must also sample and analyze for any pollutant specified in the appropriate category of 40 CFR Subchapter N.

Facility operators are not required to collect samples or perform visual observations during adverse climatic conditions. Sample collection and visual observations are required only during scheduled facility operating hours. Visual observations are required only during daylight hours. Facility operators that are unable to collect any of the required samples or visual observations because of the above circumstances must provide documentation to the Regional Water Board in their annual report.

Facility operators may be exempt from performing sampling and analysis if they: (1) do not have areas of industrial activity exposed to storm water, (2) receive an exemption from a local agency which has jurisdiction over the storm sewer system, or (3) receive an exemption from the appropriate Regional Water

Board. Facility operators must always perform sampling and analysis for any pollutant specified in storm water effluent limitation guidelines.

This General Permit contains a new procedure where facility operators, if they meet certain minimum conditions, may certify compliance with the General Permit and reduce the number of sampling events required to be sampled for the remaining term of the General Permit. Each Regional Water Board may develop instructions, guidance, and checklists to assist facility operators to complete sampling reduction requests.

Local agencies that wish to provide sampling and analysis exemptions or reductions to facility operators within their jurisdiction shall develop a certification program that clearly indicates the certification procedures and criteria used by the local agency. At a minimum, these programs should include site inspections, a review of the facility operator's SWPPP, and a review of other records such as monitoring data, receiving water data, etc. The certification program shall be approved by the local Regional Water Board prior to implementation.

Alternative Monitoring

Facility operators are required to develop a facility-specific monitoring program that satisfies both the minimum monitoring program requirements and the objectives of the monitoring program. Some facility operators have indicated that cost-effective alternative monitoring programs can be developed that provide equivalent or more accurate indicators of pollutants and/or BMP performance than a monitoring program based upon the minimum monitoring program requirements. An example of such an alternative monitoring program would be one that identifies sample locations at or near pollutant sources rather than sampling an entire drainage area where the storm water discharge has been diluted with storm water from areas with little or no industrial activity.

The State Water Board does not want to preclude facility operators from developing better, and perhaps more cost-effective, monitoring programs. This General Permit allows facility operators to submit alternative monitoring programs for approval by the Regional Water Board. For individual facilities, these proposals must be facility specific and demonstrate how the alternative monitoring program will result in an equivalent or more accurate indicator of pollutants and/or BMP effectiveness. Facility operators with similar industrial activities may also propose alternative monitoring programs for approval by the Regional Water Boards. These proposals must demonstrate how the alternative monitoring program will result in an equivalent or more accurate indicator of pollutants and/or BMP effectiveness for all of the participating facilities.

Facility operators shall continue to comply with the existing monitoring program requirements until receiving approval by the Regional Water Board.

Group Monitoring

Each facility operator may either perform sampling and analysis individually or participate in a group monitoring program. A group monitoring program may be developed either by a group leader representing a group of similar facilities or by a local agency which holds a storm water permit for a municipal separate storm sewer system for industrial facilities within its jurisdiction. The group leader or local agency responsible for the group monitoring program must schedule all participating facilities to sample two storm events over the life of this General Permit. Facility operators subject to Federal effluent limitations guidelines in 40 CFR Subchapter N must individually sample and analyze for pollutants listed in the appropriate Federal regulations.

Participants within a group may be located within the jurisdiction of more than one Regional Water Board. Multi-Regional Water Board groups must receive the approval of the State Water Board Executive Director (with the concurrence of the appropriate Regional Water Boards).

Each group leader or local agency responsible for group sampling must: (1) provide guidance or training so that the monitoring is done correctly, (2) recommend appropriate BMPs to reduce or prevent pollutants in storm water discharges and authorized non-storm water discharges from group participants, (3) evaluate and report the monitoring data to the State Water Board and/or the appropriate Regional Water Board(s), and (4) conduct two on-site inspections at each facility over the five year term of this General Permit to evaluate facility compliance and recommend BMPs to achieve compliance with this General Permit. The group leader or local agency may designate, hire, or train inspectors to conduct these inspections that are or are not directly affiliated with the group leader or local agency. It is the group leader's or local agency's responsibility to select inspectors that are capable of evaluating each facility's compliance with the General Permit and can recommend appropriate BMPs. All group monitoring plans are subject to State Water Board and/or Regional Water Board(s) review. Consistent with the four-tier permitting strategy described in the Federal regulations, the Regional Water Board(s) may evaluate the data and results from group monitoring to establish future permitting decisions. As appropriate, the State Water Board and/or the Regional Water Board(s) may terminate or require substantial amendment to the group monitoring plans. The State Water Board and/or the Regional Water Board(s) may terminate a facility's participation in group monitoring or require additional monitoring activities.

Retention of Records

The facility operator is required to retain records of all monitoring information, copies of all reports required by this General Permit, and records of all data used to complete the NOI for a period of five years from the date of measurement, report, or monitoring activity. This period may be extended by the State and/or Regional Water Boards. All records are public documents and must be provided to the Regional Water Boards on request.

Watershed Management

The State and Regional Water Boards are undertaking a focussed effort in watershed management throughout the State. In reissuing this General Permit, the State Water Board recognizes both the evolving nature of watershed management and the long-term desirability of structuring monitoring programs to support the Watershed Management Initiative. Therefore, the amended monitoring and reporting provisions provide flexibility for individual facility operators or groups of facility operators to propose and participate in, subject to Regional Water Board approval, watershed monitoring programs in lieu of some or all of the monitoring requirements contained in this General Permit.

Facility Operator Compliance Responsibilities

This General Permit has been written to encourage individual facility operators to develop their own SWPPP and monitoring programs. Many facility operators, however, choose to obtain compliance assistance either by hiring a consultant on an individual basis or by participating in a group monitoring plan. Regardless of how a facility operator chooses to pursue compliance, it is the facility operator that is responsible for compliance with this General Permit.

The State Water Board recognizes that industrial activities and operating conditions at many facilities change over time. In addition, new and more effective BMPs are being developed by various facility operators and by industrial groups. The SWPPP and monitoring program requirements include various inspections, reviews, and observations all of which recognize, encourage, and mandate an iterative self-evaluation process that is necessary to consistently comply with this General Permit. In general, facility operators that develop and implement SWPPPs that comply with this General Permit should not be penalized when discovering minor violations through this iterative self-evaluation process. The General Permit provides facility operators up to 90 days to revise and implement the SWPPP to correct such violations.

STATE WATER RESOURCES CONTROL BOARD (STATE WATER BOARD)
WATER QUALITY ORDER NO. 97-03-DWQ
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
GENERAL PERMIT NO. CAS000001 (GENERAL PERMIT)

WASTE DISCHARGE REQUIREMENTS (WDRS)
FOR
DISCHARGES OF STORM WATER ASSOCIATED WITH INDUSTRIAL ACTIVITIES
EXCLUDING CONSTRUCTION ACTIVITIES

The State Water Board finds that:

1. Federal regulations for storm water discharges were issued by the U.S. Environmental Protection Agency (U.S. EPA) on November 16, 1990 (40 Code of Federal Regulations [CFR] Parts 122, 123, and 124). The regulations require operators of specific categories of facilities where discharges of storm water associated with industrial activity (storm water) occur to obtain an NPDES permit and to implement Best Available Technology Economically Achievable (BAT) and Best Conventional Pollutant Control Technology (BCT) to reduce or prevent pollutants associated with industrial activity in storm water discharges and authorized non-storm discharges.

2. This General Permit shall regulate storm water discharges and authorized non-storm water discharges from specific categories of industrial facilities identified in Attachment 1, storm water discharges and authorized non-storm water discharges from facilities as designated by the Regional Water Quality Control Boards (Regional Water Boards), and storm water discharges and authorized non-storm water discharges from other facilities seeking General Permit coverage. This General Permit may also regulate storm water discharges and authorized non-storm water discharges from facilities as required by U.S. EPA regulations. This General Permit shall regulate storm water discharges and authorized non-storm water discharges previously regulated by San Francisco Bay Regional Water Board Order, No.92-11 (as amended by Order No. 92-116). This General Permit excludes storm water discharges and non-storm water discharges that are regulated by other individual or general NPDES permits, storm water discharges and non-storm water discharges from construction activities, and storm water discharges and non-storm water discharges excluded by the Regional Water Boards for coverage by this General Permit. Attachment 2 contains the addresses and telephone numbers of each Regional Water Board office.

3. To obtain coverage for storm water discharges and authorized non-storm water discharges pursuant to this General Permit, operators of facilities (facility operators) must submit a Notice of Intent (NOI), in accordance with the Attachment 3

instructions, and appropriate annual fee to the State Water Board. This includes facility operators that have participated in U.S. EPA's group application process.

4. This General Permit does not preempt or supersede the authority of local agencies to prohibit, restrict, or control storm water discharges and authorized non-storm water discharges to storm drain systems or other watercourses within their jurisdictions as allowed by State and Federal law.

5. If an individual NPDES permit is issued to a facility operator otherwise subject to this General Permit or an alternative NPDES general permit is subsequently adopted which covers storm water discharges and/or authorized non-storm water discharges regulated by this General Permit, the applicability of this General Permit to such discharges is automatically terminated on the effective date of the individual NPDES permit or the date of approval for coverage under the subsequent NPDES general permit.

6. Effluent limitations and toxic and effluent standards established in Sections 208(b), 301, 302, 303(d), 304, 306, 307, and 403 of the Federal Clean Water Act (CWA), as amended, are applicable to storm water discharges and authorized non-storm water discharges regulated by this General Permit.

7. This action to adopt an NPDES general permit is exempt from the provisions of the California Environmental Quality Act (Public Resources Code Section 21100, et seq.) in accordance with Section 13389 of the California Water Code.

8. Federal regulations (40 CFR Subchapter N) establish effluent limitations guidelines for storm water discharges from some facilities in ten industrial categories.

9. For facilities which do not have established effluent limitation guidelines for storm water discharges in 40 CFR Subchapter N, it is not feasible at this time to establish numeric effluent limitations. This is due to the large number of discharges and the complex nature of storm water discharges. This is also consistent with the U.S. EPA's August 1, 1996 "Interim Permitting Approach for Water Quality Based Effluent Limitations in Storm Water Permits."

10. Facility operators are required to comply with the terms and conditions of this General Permit. Compliance with the terms and conditions of this General Permit constitutes compliance with BAT/BCT requirements and with requirements to achieve water quality standards. This includes the development and implementation of an effective Storm Water

Pollution Prevention Plan (SWPPP) to reduce or prevent pollutants associated with industrial activity in storm water discharges and authorized non-storm water discharges.

11. Best Management Practices (BMPs) to reduce or prevent pollutants associated with industrial activity in storm water discharges and authorized non-storm water discharges are appropriate where numeric effluent limitations are infeasible, and the implementation of BMPs is adequate to achieve compliance with BAT/BCT and with water quality standards.

12. The State Water Board has adopted a Watershed Management Initiative that encourages watershed management throughout the State. This General Permit recognizes the Watershed Management Initiative by supporting the development of watershed monitoring programs authorized by the Regional Water Boards.

13. Following adoption of this General Permit, the Regional Water Boards shall enforce its provisions.

14. Following public notice in accordance with State and Federal laws and regulations, the State Water Board held a public hearing on November 12, 1996 and heard and considered all comments pertaining to this General Permit. A response to all significant comments has been prepared and is available for public review.

15. This Order is an NPDES General Permit in compliance with Section 402 of the CWA and shall take effect upon adoption by the State Water Board.

16. All terms that are defined in the CWA, U.S. EPA storm water regulations and the Porter-Cologne Water Quality Control Act will have the same definition in this General Permit unless otherwise stated.

IT IS HEREBY ORDERED that all facility operators required to be regulated by this General Permit shall comply with the following:

A. DISCHARGE PROHIBITIONS:

1. Except as allowed in Special Conditions (D.1.) of this General Permit, materials other than storm water (non-storm water discharges) that discharge either directly or indirectly to waters of the United States are prohibited. Prohibited non-storm water discharges must be either eliminated or permitted by a separate NPDES permit.

2. Storm water discharges and authorized non-storm water discharges shall not cause or threaten to cause pollution, contamination, or nuisance.

B. EFFLUENT LIMITATIONS:

1. Storm water discharges from facilities subject to storm water effluent limitation guidelines in Federal regulations (40 CFR Subchapter N) shall not exceed the specified effluent limitations.

2. Storm water discharges and authorized non-storm water discharges regulated by this General Permit shall not contain a hazardous substance equal to or in excess of a reportable quantity listed in 40 CFR Part 117 and/or 40 CFR Part 302.

3. Facility operators covered by this General Permit must reduce or prevent pollutants associated with industrial activity in storm water discharges and authorized non-storm water discharges through implementation of BAT for toxic and non-conventional pollutants and BCT for conventional pollutants. Development and implementation of an SWPPP that complies with the requirements in Section A of the General Permit and that includes BMPs that achieve BAT/BCT constitutes compliance with this requirement.

C. RECEIVING WATER LIMITATIONS:

1. Storm water discharges and authorized non-storm water discharges to any surface or ground water shall not adversely impact human health or the environment.

2. Storm water discharges and authorized non-storm water discharges shall not cause or contribute to an exceedance of any applicable water quality standards contained in a Statewide Water Quality Control Plan or the applicable Regional Water Board's Basin Plan.

3. A facility operator will not be in violation of Receiving Water Limitation C.2. as long as the facility operator has implemented BMPs that achieve BAT/BCT and the following procedure is followed:

a. The facility operator shall submit a report to the appropriate Regional Water Board that describes the BMPs that are currently being implemented and additional BMPs that will be implemented to prevent or reduce any pollutants that are causing or contributing to the exceedance of water quality

standards. The report shall include an implementation schedule. The Regional Water Board may require modifications to the report.

b. Following approval of the report described above by the Regional Water Board, the facility operator shall revise its SWPPP and monitoring program to incorporate the additional BMPs that have been and will be implemented, the implementation schedule, and any additional monitoring required.

4. A facility operator shall be in violation of this General Permit if he/she fails to do any of the following:

a. Submit the report described above within 60 days after either the facility operator or the Regional Water Board determines that discharges are causing or contributing to an exceedance of an applicable water quality standard;

b. Submit a report that is approved by the Regional Water Board; or

c. Revise its SWPPP and monitoring program as required by the approved report.

D. SPECIAL CONDITIONS

1. Non-Storm Water Discharges

a. The following non-storm water discharges are authorized by this General Permit provided that they satisfy the conditions specified in Paragraph b. below: fire hydrant flushing; potable water sources, including potable water related to the operation, maintenance, or testing of potable water systems; drinking fountain water; atmospheric condensates including refrigeration, air conditioning, and compressor condensate; irrigation drainage, landscape watering, springs; ground water; foundation or footing drainage; and sea water infiltration where the sea waters are discharged back into the sea water source.

b. The non-storm water discharges as provided in Paragraph a. above are authorized by this General Permit if all the following conditions are met:

i. The non-storm water discharges are in compliance with Regional Water Board requirements.

ii. The non-storm water discharges are in compliance with local agency ordinances and/or requirements.

iii. BMPs are specifically included in the SWPPP to (1) prevent or reduce the contact of non-storm water discharges with significant materials or equipment and (2) minimize, to the extent practicable, the flow or volume of non-storm water discharges.

iv. The non-storm water discharges do not contain significant quantities of pollutants.

v. The monitoring program includes quarterly visual observations of each non-storm water discharge and its sources to ensure that BMPs are being implemented and are effective.

vi. The non-storm water discharges are reported and described annually as part of the annual report.

c. The Regional Water Board or its designee may establish additional monitoring programs and reporting requirements for any non-storm water discharge authorized by this General Permit.

d. Discharges from firefighting activities are authorized by this General Permit and are not subject to the conditions of Paragraph b. above.

E. PROVISIONS

1. All facility operators seeking coverage by this General Permit must submit an NOI for each of the facilities they operate. Facility operators filing an NOI after the adoption of this General Permit shall use the NOI form and instructions (Attachment 3) attached to this General Permit. Existing facility operators who have filed an NOI pursuant to State Water Board Order No. 91-013-DWQ (as amended by Order No. 92-12-DWQ) or San Francisco Bay Regional Water Board Order No. 92-11 (as amended by Order No. 92-116) shall submit an abbreviated NOI form provided by the State Water Board. The abbreviated NOI form shall be submitted within 45 days of receipt.

2. Facility operators who have filed an NOI, pursuant to State Water Board Order No. 91-013-DWQ (as amended by Order No. 92-12-DWQ) or San Francisco Bay Regional Water Board Order No. 92-11 (as amended by Order No. 92-116), shall continue to implement their existing SWPPP and shall implement any necessary revisions to their SWPPP in accordance with Section A of this General Permit in a timely manner, but in no case later than August 1, 1997. Facility operators beginning industrial activities after

adoption of this General Permit must develop and implement an SWPPP in accordance with Section A of this General Permit when the industrial activities begin.

3. Facility operators who have filed an NOI, pursuant to State Water Board Order No. 91-013-DWQ (as amended by Order No. 92-116) or San Francisco Bay Regional Water Board Order No. 92-11 (as amended by Order No. 92-116), shall continue to implement their existing Monitoring Program and shall implement any necessary revisions to their Monitoring Program in accordance with Section B of the General Permit in a timely manner, but in no case later than August 1, 1997. Facility operators beginning industrial activities after adoption of this General Permit must develop and implement a Monitoring Program in accordance with Section B of this General Permit when industrial activities begin.

4. Facility operators of feedlots as defined in 40 CFR Part 412 that are in full compliance with Section 2560 to Section 2565, Title 23, California Code of Regulations (Chapter 15) will be in compliance with all effluent limitations and prohibitions contained in this General Permit. Facility operators of feedlots that comply with Chapter 15, however, must perform monitoring in compliance with the requirements of Section B.4.d. and B.14. of this General Permit. Facility operators of feedlots must also comply with any Regional Water Board WDRs or NPDES general permit regulating their storm water discharges.

5. All facility operators must comply with lawful requirements of municipalities, counties, drainage districts, and other local agencies regarding storm water discharges and non-storm water discharges entering storm drain systems or other watercourses under their jurisdiction, including applicable requirements in municipal storm water management programs developed to comply with NPDES permits issued by the Regional Water Boards to local agencies.

6. All facility operators must comply with the standard provisions and reporting requirements for each facility covered by this General Permit contained in Section C, Standard Provisions.

7. Facility operators that operate facilities with co-located industrial activities (facilities that have industrial activities that meet more than one of the descriptions in Attachment 1) that are contiguous to one another are authorized to file a single NOI to comply with the General Permit. Storm water discharges

and authorized non-storm water discharges from the co-located industrial activities are authorized provided that the SWPPP and Monitoring Program addresses each co-located industrial activity.

8. Upon reissuance of a successor NPDES general permit by the State Water Board, the facility operators subject to this reissued General Permit may be required to file an NOI.

9. Facility operators may request to terminate their coverage under this General Permit by filing a Notice of Termination (NOT) with the Regional Water Board. The NOT shall provide all documentation requested by the Regional Water Board. The facility operator will be notified when the NOT has been approved. Should the NOT be denied, facility operators are responsible for continued compliance with the requirements of this General Permit.

10. Facility operators who have filed an NOI, pursuant to State Water Board Order No. 91-013-DWQ (as amended by Order No. 92-12) or San Francisco Bay Regional Water Board Order No. 92-11 (as amended by Order No. 92-116) shall:

    a. Complete the 1996-97 activities required by those general permits. These include, but are not limited to, conducting any remaining visual observations, sample collection, annual site inspection, annual report submittal, and (for group monitoring leaders) Group Evaluation Reports; and

    b. Comply with the requirements of this General Permit no later than August 1, 1997.

11. If the Regional Water Board determines that a discharge may be causing or contributing to an exceedance of any applicable water quality standards contained in a Statewide Water Quality Control Plan or the applicable Regional Water Board's Basin Plan, the Regional Water Board may order the facility operator to comply with the requirements described in Receiving Water Limitation C.3. The facility operator shall comply with the requirements within the time schedule established by the Regional Water Board.

12. If the facility operator determines that its storm water discharges or authorized non-storm water discharges are causing or contributing to an exceedance of any

applicable water quality standards, the facility operator shall comply with the requirements described in Receiving Water Limitation C.3.

13. State Water Board Order No. 91-013-DWQ (as amended by Order No. 92-12-DWQ) and San Francisco Bay Regional Water Board Order No. 91-011 (as amended by Order No. 92-116) are hereby rescinded.

F. REGIONAL WATER BOARD AUTHORITIES

1. Following adoption of this General Permit, Regional Water Boards shall:

   a. Implement the provisions of this General Permit, including, but not limited to, reviewing SWPPPs, reviewing annual reports, conducting compliance inspections, and taking enforcement actions.

   b. Issue other NPDES general permits or individual NPDES storm water permits as they deem appropriate to individual facility operators, facility operators of specific categories of industrial activities, or facility operators in a watershed or geographic area. Upon issuance of such NPDES permits by a Regional Water Board, the affected facility operator shall no longer be regulated by this General Permit. Any new NPDES permit issued by the Regional Water Board may contain different requirements than the requirements of this General Permit.

2. Regional Water Boards may provide guidance to facility operators on the SWPPP and the Monitoring Program and reporting implementation.

3. Regional Water Boards may require facility operators to conduct additional SWPPP and Monitoring Program and reporting activities necessary to achieve compliance with this General Permit.

4. Regional Water Boards may approve requests from facility operators whose facilities include co-located industrial activities that are not contiguous within the facilities (e.g., some military bases) to comply with this General Permit under a single NOI. Storm water discharges and authorized non-storm water discharges from the co-located industrial activities and from other sources within the facility that may generate significant quantities of pollutants are authorized provided the SWPPP and

Monitoring Program addresses each co-located industrial activity and other sources that may generate significant quantities of pollutants.

CERTIFICATION

The undersigned, Administrative Assistant to the State Water Board, does hereby certify that the foregoing is a full, true, and correct copy of an order duly and regularly adopted at a meeting of the State Water Resources Control Board held on April 17, 1997.

AYE: John P. Caffrey
John W. Brown
James M. Stubchaer
Marc Del Piero
Mary Jane Forster

NO: None

ABSENT: None

ABSTAIN: None

4/25/97

Maureen Marché
Administrative Assistant to the Board

SECTION A: STORM WATER POLLUTION PREVENTION PLAN REQUIREMENTS

1. *Implementation Schedule*

A storm water pollution prevention plan (SWPPP) shall be developed and implemented for each facility covered by this General Permit in accordance with the following schedule.

a. Facility operators beginning industrial activities before October 1, 1992 shall develop and implement the SWPPP no later than October 1, 1992. Facility operators beginning industrial activities after October 1, 1992 shall develop and implement the SWPPP when industrial activities begin.

b. Existing facility operators that submitted a Notice of Intent (NOI), pursuant to State Water Resources Control Board (State Water Board) Order No. 91-013-DWQ (as amended by Order No. 92-12) or San Francisco Bay Regional Water Quality Control Board (Regional Water Board) Order No. 92-11 (as amended by Order No. 92-116), shall continue to implement their existing SWPPP and shall implement any necessary revisions to their SWPPP in a timely manner, but in no case later than August 1, 1997.

2. *Objectives*

The SWPPP has two major objectives: (a) to identify and evaluate sources of pollutants associated with industrial activities that may affect the quality of storm water discharges and authorized non-storm water discharges from the facility; and (b) to identify and implement site-specific best management practices (BMPs) to reduce or prevent pollutants associated with industrial activities in storm water discharges and authorized non-storm water discharges. BMPs may include a variety of pollution prevention measures or other low-cost and pollution control measures. They are generally categorized as non-structural BMPs (activity schedules, prohibitions of practices, maintenance procedures, and other low-cost measures) and as structural BMPs (treatment measures, run-off controls, over-head coverage.) To achieve these objectives, facility operators should consider the five phase process for SWPPP development and implementation as shown in Table A.

The SWPPP requirements are designed to be sufficiently flexible to meet the needs of various facilities. SWPPP requirements that are not applicable to a facility should not be included in the SWPPP.

A facility's SWPPP is a written document that shall contain a compliance activity schedule, a description of industrial activities and pollutant sources, descriptions of BMPs, drawings, maps, and relevant copies or references of parts of other plans. The SWPPP shall be revised whenever appropriate and shall be readily available for review by facility employees or Regional Water Board inspectors.

3. *Planning and Organization*

a. *Pollution Prevention Team*

The SWPPP shall identify a specific individual or individuals and their positions within the facility organization as members of a storm water pollution prevention team responsible for developing the SWPPP, assisting the facility manager in SWPPP implementation and revision, and conducting all monitoring program activities required in Section B of this General Permit. The SWPPP shall clearly identify the General Permit related responsibilities, duties, and activities of each team member. For small facilities, storm water pollution prevention teams may consist of one individual where appropriate.

b. *Review Other Requirements and Existing Facility Plans*

The SWPPP may incorporate or reference the appropriate elements of other regulatory requirements. Facility operators should review all local, State, and Federal requirements that impact, complement, or are consistent with the requirements of this General Permit. Facility operators should identify any existing facility plans that contain storm water pollutant control measures or relate to the requirements of this General Permit. As examples, facility operators whose facilities are subject to Federal Spill Prevention Control and Countermeasures' requirements should already have instituted a plan to control spills of certain hazardous materials. Similarly, facility operators whose facilities are subject to air quality related permits and regulations may already have evaluated industrial activities that generate dust or particulates.

4. *Site Map*

The SWPPP shall include a site map. The site map shall be provided on an 8-½ x 11 inch or larger sheet and include notes, legends, and other data as appropriate to ensure that the site map is clear and understandable. If necessary, facility operators may provide the required information on multiple site maps.

TABLE A

FIVE PHASES FOR DEVELOPING AND IMPLEMENTING INDUSTRIAL STORM WATER POLLUTION PREVENTION PLANS

PLANNING AND ORGANIZATION

*Form Pollution Prevention Team
*Review other plans

↓

ASSESSMENT PHASE

*Develop a site map
*Identify potential pollutant sources
*Inventory of materials and chemicals
*List significant spills and leaks
*Identify non-storm water discharges
*Assess pollutant Risks

↓

BEST MANAGEMENT PRACTICES IDENTIFICATION PHASE

*Non-structural BMPs
*Structural BMPs
*Select activity and site-specific BMPs

↓

IMPLEMENTATION PHASE

*Train employees
*Implement BMPs
*Conduct recordkeeping and reporting

↓

EVALUATION / MONITORING

*Conduct annual site evaluation
*Review monitoring information
*Evaluate BMPs
*Review and revise SWPPP

The following information shall be included on the site map:

a. The facility boundaries; the outline of all storm water drainage areas within the facility boundaries; portions of the drainage area impacted by run-on from surrounding areas; and direction of flow of each drainage area, on-site surface water bodies, and areas of soil erosion. The map shall also identify nearby water bodies (such as rivers, lakes, ponds) and municipal storm drain inlets where the facility's storm water discharges and authorized non-storm water discharges may be received

b. The location of the storm water collection and conveyance system, associated points of discharge, and direction of flow. Include any structural control measures that affect storm water discharges, authorized non-storm water discharges, and run-on. Examples of structural control measures are catch basins, berms, detention ponds, secondary containment, oil/water separators, diversion barriers, etc.

c. An outline of all impervious areas of the facility, including paved areas, buildings, covered storage areas, or other roofed structures.

d. Locations where materials are directly exposed to precipitation and the locations where significant spills or leaks identified in Section A.6.a.iv. below have occurred.

e. Areas of industrial activity. This shall include the locations of all storage areas and storage tanks, shipping and receiving areas, fueling areas, vehicle and equipment storage/maintenance areas, material handling and processing areas, waste treatment and disposal areas, dust or particulate generating areas, cleaning and rinsing areas, and other areas of industrial activity which are potential pollutant sources.

5. *List of Significant Materials*

The SWPPP shall include a list of significant materials handled and stored at the site. For each material on the list, describe the locations where the material is being stored, received, shipped, and handled, as well as the typical quantities and frequency. Materials shall include raw materials, intermediate products, final or finished products, recycled materials, and waste or disposed materials.

6 *Description of Potential Pollutant Sources*

a The SWPPP shall include a narrative description of the facility's industrial activities, as identified in Section A.4.e above, associated potential pollutant sources, and potential pollutants that could be discharged in storm water discharges or authorized non-storm water discharges. At a minimum, the following items related to a facility's industrial activities shall be considered

i. Industrial Processes

Describe each industrial process, the type, characteristics, and quantity of significant materials used in or resulting from the process, and a description of the manufacturing, cleaning, rinsing, recycling, disposal, or other activities related to the process. Where applicable, areas protected by containment structures and the corresponding containment capacity shall be described.

ii. Material Handling and Storage Areas

Describe each handling and storage area, type, characteristics, and quantity of significant materials handled or stored, description of the shipping, receiving, and loading procedures, and the spill or leak prevention and response procedures. Where applicable, areas protected by containment structures and the corresponding containment capacity shall be described.

iii Dust and Particulate Generating Activities

Describe all industrial activities that generate dust or particulates that may be deposited within the facility's boundaries and identify their discharge locations, the characteristics of dust and particulate pollutants; the approximate quantity of dust and particulate pollutants that may be deposited within the facility boundaries; and a description of the primary areas of the facility where dust and particulate pollutants would settle.

iv. Significant Spills and Leaks

Describe materials that have spilled or leaked in significant quantities in storm water discharges or non-storm water discharges since April 17, 1994. Include toxic chemicals (listed in 40 CFR, Part 302)

that have been discharged to storm water as reported on U.S. Environmental Protection Agency (U S. EPA) Form R, and oil and hazardous substances in excess of reportable quantities (see 40 Code of Federal Regulations [CFR], Parts 110, 117, and 302).

The description shall include the type, characteristics, and approximate quantity of the material spilled or leaked, the cleanup or remedial actions that have occurred or are planned, the approximate remaining quantity of materials that may be exposed to storm water or non-storm water discharges, and the preventative measures taken to ensure spill or leaks do not reoccur Such list shall be updated as appropriate during the term of this General Permit

v. Non-Storm Water Discharges

Facility operators shall investigate the facility to identify all non-storm water discharges and their sources. As part of this investigation, all drains (inlets and outlets) shall be evaluated to identify whether they connect to the storm drain system

All non-storm water discharges shall be described This shall include the source, quantity, frequency, and characteristics of the non-storm water discharges and associated drainage area

Non-storm water discharges that contain significant quantities of pollutants or that do not meet the conditions provided in Special Conditions D are prohibited by this General Permit (Examples of prohibited non-storm water discharges are contact and non-contact cooling water, boiler blowdown, rinse water, wash water, etc.) Non-storm water discharges that meet the conditions provided in Special Condition D. are authorized by this General Permit The SWPPP must include BMPs to prevent or reduce contact of non-storm water discharges with significant materials or equipment

vi. Soil Erosion

Describe the facility locations where soil erosion may occur as a result of industrial activity, storm water discharges associated with industrial activity, or authorized non-storm water discharges

b. The SWPPP shall include a summary of all areas of industrial activities, potential pollutant sources, and

potential pollutants. This information should be summarized similar to Table B. The last column of Table B, "Control Practices", should be completed in accordance with Section A.8. below.

7. *Assessment of Potential Pollutant Sources*

a. The SWPPP shall include a narrative assessment of all industrial activities and potential pollutant sources as described in A.6 above to determine:

i Which areas of the facility are likely sources of pollutants in storm water discharges and authorized non-storm water discharges, and

ii Which pollutants are likely to be present in storm water discharges and authorized non-storm water discharges Facility operators shall consider and evaluate various factors when performing this assessment such as current storm water BMPs; quantities of significant materials handled, produced, stored, or disposed of; likelihood of exposure to storm water or authorized non-storm water discharges, history of spill or leaks; and run-on from outside sources.

b Facility operators shall summarize the areas of the facility that are likely sources of pollutants and the corresponding pollutants that are likely to be present in storm water discharges and authorized non-storm water discharges

Facility operators are required to develop and implement additional BMPs as appropriate and necessary to prevent or reduce pollutants associated with each pollutant source The BMPs will be narratively described in Section 8 below.

8. *Storm Water Best Management Practices*

The SWPPP shall include a narrative description of the storm water BMPs to be implemented at the facility for each potential pollutant and its source identified in the site assessment phase (Sections A 6 and 7 above) The BMPs shall be developed and implemented to reduce or prevent pollutants in storm water discharges and authorized non-storm water discharges. Each pollutant and its source may require one or more BMPs. Some BMPs may be implemented for multiple pollutants and their sources, while other BMPs will be implemented for a very specific pollutant and its source

TABLE B

EXAMPLE

ASSESSMENT OF POTENTIAL POLLUTION SOURCES AND CORRESPONDING BEST MANAGEMENT PRACTICES
SUMMARY

Area	Activity	Pollutant Source	Pollutant	Best Management Practices
Vehicle & Equipment Fueling	Fueling	Spills and leaks during delivery	fuel oil	- Use spill and overflow protection - Minimize run-on of storm water into the fueling area - Cover fueling area
		Spills caused by topping off fuel tanks	fuel oil	- Use dry cleanup methods rather than hosing down area
		Hosing or washing down fuel area	fuel oil	- Implement proper spill prevention control program - Implement adequate preventative maintenance program to preventive tank and line leaks
		Leaking storage tanks	fuel oil	- Inspect fueling areas regularly to detect problems before they occur
		Rainfall running off fueling area, and rainfall running onto and off fueling area	fuel oil	- Train employees on proper fueling, cleanup, and spill response techniques

The description of the BMPs shall identify the BMPs as (1) existing BMPs, (2) existing BMPs to be revised and implemented, or (3) new BMPs to be implemented. The description shall also include a discussion on the effectiveness of each BMP to reduce or prevent pollutants in storm water discharges and authorized non-storm water discharges. The SWPPP shall provide a summary of all BMPs implemented for each pollutant source. This information should be summarized similar to Table B.

Facility operators shall consider the following BMPs for implementation at the facility:

a. Non-Structural BMPs

Non-structural BMPs generally consist of processes, prohibitions, procedures, schedule of activities, etc., that prevent pollutants associated with industrial activity from contacting with storm water discharges and authorized non-storm water discharges. They are considered low technology, cost-effective measures. Facility operators should consider all possible non-structural BMPs options before considering additional structural BMPs (see Section A.8.b. below) Below is a list of non-structural BMPs that should be considered:

i. Good Housekeeping

Good housekeeping generally consist of practical procedures to maintain a clean and orderly facility.

ii. Preventive Maintenance

Preventive maintenance includes the regular inspection and maintenance of structural storm water controls (catch basins, oil/water separators, etc.) as well as other facility equipment and systems

iii. Spill Response

This includes spill clean-up procedures and necessary clean-up equipment based upon the quantities and locations of significant materials that may spill or leak.

iv. Material Handling and Storage

This includes all procedures to minimize the potential for spills and leaks and to minimize exposure of significant materials to storm water and authorized non-storm water discharges.

v. Employee Training

This includes training of personnel who are responsible for (1) implementing activities identified in the SWPPP, (2) conducting inspections, sampling, and visual observations, and (3) managing storm water. Training should address topics such as spill response, good housekeeping, and material handling procedures, and actions necessary to implement all BMPs identified in the SWPPP. The SWPPP shall identify periodic dates for such training. Records shall be maintained of all training sessions held.

vi. Waste Handling/Recycling

This includes the procedures or processes to handle, store, or dispose of waste materials or recyclable materials.

vii. Recordkeeping and Internal Reporting

This includes the procedures to ensure that all records of inspections, spills, maintenance activities, corrective actions, visual observations, etc., are developed, retained, and provided, as necessary, to the appropriate facility personnel.

viii. Erosion Control and Site Stabilization

This includes a description of all sediment and erosion control activities. This may include the planting and maintenance of vegetation, diversion of run-on and runoff, placement of sandbags, silt screens, or other sediment control devices, etc.

ix. Inspections

This includes, in addition to the preventative maintenance inspections identified above, an inspection schedule of all potential pollutant sources. Tracking and follow-up procedures shall be described to ensure adequate corrective actions are taken and SWPPPs are made.

x. Quality Assurance

This includes the procedures to ensure that all elements of the SWPPP and Monitoring Program are adequately conducted.

b Structural BMPs

Where non-structural BMPs as identified in Section A 8.a above are not effective, structural BMPs shall be considered. Structural BMPs generally consist of structural devices that reduce or prevent pollutants in storm water discharges and authorized non-storm water discharges Below is a list of structural BMPs that should be considered:

i. Overhead Coverage

This includes structures that provide horizontal coverage of materials, chemicals, and pollutant sources from contact with storm water and authorized non-storm water discharges.

ii Retention Ponds

This includes basins, ponds, surface impoundments, bermed areas, etc , that do not allow storm water to discharge from the facility

iii Control Devices

This includes berms or other devices that channel or route run-on and runoff away from pollutant sources.

iv Secondary Containment Structures

This generally includes containment structures around storage tanks and other areas for the purpose of collecting any leaks or spills.

v. Treatment

This includes inlet controls, infiltration devices, oil/water separators, detention ponds, vegetative swales, etc , that reduce the pollutants in storm water discharges and authorized non-storm water discharges.

9 Annual Comprehensive Site Compliance Evaluation

The facility operator shall conduct one comprehensive site compliance evaluation (evaluation) in each reporting period (July 1-June 30) Evaluations shall be conducted within 8-16 months of each other. The SWPPP shall be revised, as appropriate, and the revisions implemented within 90 days of the evaluation. Evaluations shall include the following.

a. A review of all visual observation records, inspection records, and sampling and analysis results

b. A visual inspection of all potential pollutant sources for evidence of, or the potential for, pollutants entering the drainage system

c. A review and evaluation of all BMPs (both structural and non-structural) to determine whether the BMPs are adequate, properly implemented and maintained, or whether additional BMPs are needed A visual inspection of equipment needed to implement the SWPPP, such as spill response equipment, shall be included

d. An evaluation report that includes, (i) identification of personnel performing the evaluation, (ii) the date(s) of the evaluation, (iii) necessary SWPPP revisions, (iv) schedule, as required in Section A.10.e, for implementing SWPPP revisions, (v) any incidents of non-compliance and the corrective actions taken, and (vi) a certification that the facility operator is in compliance with this General Permit If the above certification cannot be provided, explain in the evaluation report why the facility operator is not in compliance with this General Permit. The evaluation report shall be submitted as part of the annual report, retained for at least five years, and signed and certified in accordance with Standard Provisions 9 and 10. of Section C of this General Permit.

10. *SWPPP General Requirements*

a. The SWPPP shall be retained on site and made available upon request of a representative of the Regional Water Board and/or local storm water management agency (local agency) which receives the storm water discharges.

b. The Regional Water Board and/or local agency may notify the facility operator when the SWPPP does not meet one or more of the minimum requirements of this Section. As requested by the Regional Water Board and/or local agency, the facility operator shall submit an SWPPP revision and implementation schedule that meets the minimum requirements of this section to the Regional Water Board and/or local agency that requested the SWPPP revisions. Within 14 days after implementing the required SWPPP revisions, the facility operator shall provide written certification to the Regional Water Board and/or local agency that the revisions have been implemented.

c The SWPPP shall be revised, as appropriate, and implemented prior to changes in industrial activities which (i) may significantly increase the quantities of pollutants in storm water discharge, (ii) cause a new area of industrial activity at the facility to be exposed to storm water, or (iii) begin an industrial activity which would introduce a new pollutant source at the facility.

d Other than as provided in Provisions B.11, B 12, and E 2 of the General Permit, the SWPPP shall be revised and implemented in a timely manner, but in no case more than 90 days after a facility operator determines that the SWPPP is in violation of any requirement(s) of this General Permit.

e When any part of the SWPPP is infeasible to implement by the deadlines specified in Provision E.2 or Sections A.1, A 9, A.10.c, and A.10.d of this General Permit due to proposed significant structural changes, the facility operator shall submit a report to the Regional Water Board prior to the applicable deadline that (i) describes the portion of the SWPPP that is infeasible to implement by the deadline, (ii) provides justification for a time extension, (iii) provides a schedule for completing and implementing that portion of the SWPPP, and (iv) describes the BMPs that will be implemented in the interim period to reduce or prevent pollutants in storm water discharges and authorized non-storm water discharges Such reports are subject to Regional Water Board approval and/or modifications Facility operators shall provide written notification to the Regional Water Board within 14 days after the SWPPP revisions are implemented.

f The SWPPP shall be provided, upon request, to the Regional Water Board The SWPPP is considered a report that shall be available to the public by the Regional Water Board under Section 308(b) of the Clean Water Act

SECTION B. MONITORING PROGRAM AND REPORTING REQUIREMENTS

1 *Implementation Schedule*

Each facility operator shall develop a written monitoring program for each facility covered by this General Permit in accordance with the following schedule

a. Facility operators beginning industrial activities before October 1, 1992 shall develop and implement a monitoring program no later than October 1, 1992. Facility operators beginning operations after October 1, 1992 shall develop and implement a monitoring program when the industrial activities begin

b. Facility operators that submitted a Notice Of Intent (NOI) pursuant to State Water Resources Control Board (State Water Board) Order No 91-013-DWQ (as amended by Order No. 92-12) or San Francisco Bay Regional Water Quality Control Board (Regional Water Board) Order No. 92-11 (as amended by Order No 92-116), shall continue to implement their existing monitoring program and implement any necessary revisions to their monitoring program in a timely manner, but in no case later than August 1, 1997. These facility operators may use the monitoring results conducted in accordance with those expired general permits to satisfy the pollutant/parameter reduction requirements in Section B.5.c., Sampling and Analysis Exemptions and Reduction certifications in Section B.12., and Group Monitoring Sampling credits in B.15.k. For facilities beginning industrial activities after the adoption of this General Permit, the monitoring program shall be developed and implemented when the facility begins the industrial activities.

2 *Objectives*

The objectives of the monitoring program are to.

a. Ensure that storm water discharges are in compliance with the Discharge Prohibitions, Effluent Limitations, and Receiving Water Limitations specified in this General Permit.

b. Ensure practices at the facility to reduce or prevent pollutants in storm water discharges and authorized non-storm water discharges are evaluated and revised to meet changing conditions.

c Aid in the implementation and revision of the SWPPP required by Section A of this General Permit.

d Measure the effectiveness of best management practices (BMPs) to prevent or reduce pollutants in storm water discharges and authorized non-storm water discharges. Much of the information necessary to develop the monitoring program, such as discharge locations, drainage areas, pollutant sources, etc , should be found in the Storm Water Pollution Prevention Plan (SWPPP). The facility's monitoring program shall be a written, site-specific document that shall be revised whenever appropriate and be readily available for review by employees or Regional Water Board inspectors.

3 *Non-storm Water Discharge Visual Observations*

a. Facility operators shall visually observe all drainage areas within their facilities for the presence of unauthorized non-storm water discharges;

b. Facility operators shall visually observe the facility's authorized non-storm water discharges and their sources,

c The visual observations required above shall occur quarterly, during daylight hours, on days with no storm water discharges, and during scheduled facility operating hours[1]. Quarterly visual observations shall be conducted in each of the following periods· January-March, April-June, July-September, and October-December Facility operators shall conduct quarterly visual observations within 6-18 weeks of each other

d Visual observations shall document the presence of any discolorations, stains, odors, floating materials, etc , as well as the source of any discharge. Records shall be maintained of the visual observation dates, locations observed, observations, and response taken to eliminate unauthorized non-storm water discharges and to reduce or prevent pollutants from contacting non-storm water discharges The SWPPP shall be revised, as necessary, and implemented in accordance with Section A of this General Permit.

[1] "Scheduled facility operating hours" are the time periods when the facility is staffed to conduct any function related to industrial activity, but excluding time periods where only routine maintenance, emergency response, security, and/or janitorial services are performed

4. *Storm Water Discharge Visual Observations*

a With the exception of those facilities described in Section B 4.d. below, facility operators shall visually observe storm water discharges from one storm event per month during the wet season (October 1-May 30). These visual observations shall occur during the first hour of discharge and at all discharge locations. Visual observations of stored or contained storm water shall occur at the time of release.

b. Visual observations are only required of storm water discharges that occur during daylight hours that are preceded by at least three (3) working days[2] without storm water discharges and that occur during scheduled facility operating hours.

c. Visual observations shall document the presence of any floating and suspended material, oil and grease, discolorations, turbidity, odor, and source of any pollutants. Records shall be maintained of observation dates, locations observed, observations, and response taken to reduce or prevent pollutants in storm water discharges The SWPPP shall be revised, as necessary, and implemented in accordance with Section A of this General Permit.

d Feedlots (subject to Federal effluent limitations guidelines in 40 Code of Federal Regulations [CFR] Part 412) that are in compliance with Sections 2560 to 2565, Article 6, Chapter 15, Title 23, California Code of Regulations, and facility operators with storm water containment facilities shall conduct monthly inspections of their containment areas to detect leaks and ensure maintenance of adequate freeboard. Records shall be maintained of the inspection dates, observations, and any response taken to eliminate leaks and to maintain adequate freeboard.

5. *Sampling and Analysis*

a. Facility operators shall collect storm water samples during the first hour of discharge from (1) the first storm event of the wet season, and (2) at least one other storm event in the wet season All storm water discharge locations shall be sampled. Sampling of stored or contained storm water shall occur at the time the storeo

[2] Three (3) working days may be separated by non-working days such as weekends and holidays provided that no storm water discharges occur during the three (3) working days and the non-working days

or contained storm water is released. Facility operators that do not collect samples from the first storm event of the wet season are still required to collect samples from two other storm events of the wet season and shall explain in the Annual Report why the first storm event was not sampled

b Sample collection is only required of storm water discharges that occur during scheduled facility operating hours and that are preceded by at least (3) three working days without storm water discharge

c The samples shall be analyzed for:

i. Total suspended solids (TSS) pH, specific conductance, and total organic carbon (TOC) Oil and grease (O&G) may be substituted for TOC, and

ii. Toxic chemicals and other pollutants that are likely to be present in storm water discharges in significant quantities. If these pollutants are not detected in significant quantities after two consecutive sampling events, the facility operator may eliminate the pollutant from future sample analysis until the pollutant is likely to be present again, and

iii. Other analytical parameters as listed in Table D (located at the end of this Section). These parameters are dependent on the facility's standard industrial classification (SIC) code. Facility operators are not required to analyze a parameter listed in Table D when the parameter is not already required to be analyzed pursuant to Section B.5.c.i. and ii. or B 6 of this General Permit, and either of the two following conditions are met: (1) the parameter has not been detected in significant quantities from the last two consecutive sampling events, or (2) the parameter 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 of the facilities industrial activities, potential pollutant sources, and SWPPP. Facility operators that do not analyze for the applicable Table D parameters shall certify in the Annual Report that the above conditions have been satisfied.

iv. Other parameters as required by the Regional Water Board.

6. *Facilities Subject to Federal Storm Water Effluent Limitation Guidelines*

Facility operators with facilities subject to Federal storm water effluent limitation guidelines, in addition to the requirements in Section B.5 above, must complete the following

a. Collect and analyze two samples for any pollutant specified in the appropriate category of 40 CFR Subchapter N. The sampling and analysis exemptions and reductions described in Section B 12 of this General Permit do not apply to these pollutants

b. Estimate or calculate the volume of storm water discharges from each drainage area;

c. Estimate or calculate the mass of each regulated pollutant as defined in the appropriate category of 40 CFR Subchapter N; and

d. Identify the individual(s) performing the estimates or calculations in accordance with Subsections b. and c. above.

7. *Sample Storm Water Discharge Locations*

a. Facility operators shall visually observe and collect samples of storm water discharges from all drainage areas that represent the quality and quantity of the facility's storm water discharges from the storm event

b. If the facility's storm water discharges are commingled with run-on from surrounding areas, the facility operator should identify other visual observation and sample collection locations that have not been commingled by run-on and that represent the quality and quantity of the facility's storm water discharges from the storm event.

c. If visual observation and sample collection locations are difficult to observe or sample (e.g., sheet flow, submerged outfalls), facility operators shall identify and collect samples from other locations that represent the quality and quantity of the facility's storm water discharges from the storm event

d. Facility operators that determine that the industrial activities and BMPs within two or more drainage areas are substantially identical may either (1) collect samples from a reduced number of substantially identical

drainage areas, or (ii) collect samples from each substantially identical drainage area and analyze a combined sample from each substantially identical drainage area Facility operators must document such a determination in the annual report.

8 *Visual Observation and Sample Collection Exceptions*

Facility operators are required to be prepared to collect samples and conduct visual observations at the beginning of the wet season (October 1) and throughout the wet season until the minimum requirements of Sections B 4. and B 5 are completed with the following exceptions:

a. A facility operator is not required to collect a sample and conduct visual observations in accordance with Section B 4 and Section B 5 due to dangerous weather conditions, such as flooding, electrical storm, etc., when storm water discharges begin after scheduled facility operating hours or when storm water discharges are not preceded by three working days without discharge Visual observations are only required during daylight hours. Facility operators that do not collect the required samples or visual observations during a wet season due to these exceptions shall include an explanation in the Annual Report why the sampling or visual observations could not be conducted.

b A facility operator may conduct visual observations and sample collection more than one hour after discharge begins if the facility operator determines that the objectives of this Section will be better satisfied. The facility operator shall include an explanation in the Annual Report why the visual observations and sample collection should be conducted after the first hour of discharge

9. *Alternative Monitoring Procedures*

Facility operators may propose an alternative monitoring program that meets Section B.2 monitoring program objectives for approval by the Regional Water Board. Facility operators shall continue to comply with the monitoring requirements of this Section and may not implement an alternative monitoring plan until the alternative monitoring plan is approved by the Regional Water Board. Alternative monitoring plans are subject to modification by the Regional Water Boards.

10. *Monitoring Methods*

a Facility operators shall explain how the facility's monitoring program will satisfy the monitoring program objectives of Section B.2. This shall include

i. Rationale and description of the visual observation methods, location, and frequency.

ii. Rationale and description of the sampling methods, location, and frequency, and

iii. Identification of the analytical methods and corresponding method detection limits used to detect pollutants in storm water discharges This shall include justification that the method detection limits are adequate to satisfy the objectives of the monitoring program

b. All sampling and sample preservation shall be in accordance with the current edition of "Standard Methods for the Examination of Water and Wastewater" (American Public Health Association) All monitoring instruments and equipment (including a facility operator's own field instruments for measuring pH and Electro Conductivity) shall be calibrated and maintained in accordance with manufacturers' specifications to ensure accurate measurements. All laboratory analyses must be conducted according to test procedures under 40 CFR Part 136, unless other test procedures have been specified in this General Permit or by the Regional Water Board All metals shall be reported as total metals With the exception of analysis conducted by facility operators, all laboratory analyses shall be conducted at a laboratory certified for such analyses by the State Department of Health Services. Facility operators may conduct their own sample analyses if the facility operator has sufficient capability (qualified employees, laboratory equipment, etc.) to adequately perform the test procedures.

11. *Inactive Mining Operations*

Inactive mining operations are defined in Attachment 1 of this General Permit. Where comprehensive site compliance evaluations, non-storm water discharge visual observations, storm water discharge visual observations, and storm water sampling are impracticable, facility operators of inactive mining operations may instead obtain certification once every three years by a Registered Professional Engineer that an SWPPP has been prepared for the facility and is being implemented in accordance with the requirements of this General Permit. By means of these certifications, the

Registered Professional Engineer having examined the facility and being familiar with the provisions of this General Permit shall attest that the SWPPP has been prepared in accordance with good engineering practices Facility operators of mining operations who cannot obtain a certification because of noncompliance must notify the appropriate Regional Water Board and, upon request, the local agency which receives the storm water discharge.

12 *Sampling and Analysis* Exemptions and Reductions

A facility operator who qualifies for sampling and analysis exemptions, as described below in Section B.12.a.i , or who qualifies for reduced sampling and analysis, as described below in Section B 12 b , must submit the appropriate certifications and required documentation to the Regional Water Boards prior to the wet season (October 1) and recertify as part of the Annual Report submittal. A facility operator that qualifies for either the Regional Water Board or local agency certification programs, as described below in Section B.12 a.ii. and iii , shall submit certification and documentation in accordance with the requirements of those programs Facility operators who provide certifications in accordance with this Section are still required to comply with all other monitoring program and reporting requirements Facility operators shall prepare and submit their certifications using forms and instructions provided by the State Water Board, Regional Water Board, or local agency or shall submit their information on a form that contains equivalent information. Facility operators whose facility no longer meets the certification conditions must notify the Regional Water Boards (and local agency) within 30 days and immediately comply with the Section B.5 sampling and analysis requirements Should a Regional Water Board (or local agency) determine that a certification does not meet the conditions set forth below, facility operators must immediately comply with the Section B.5 sampling and analysis requirements.

a. Sampling and Analysis Exemptions

A facility operator is not required to collect and analyze samples in accordance with Section B 5. if the facility operator meets all of the conditions of one of the following certification programs·

i No Exposure Certification (NEC)

This exemption is designed primarily for those facilities where all industrial activities are conducted inside buildings and where all materials stored and handled are not exposed to storm water

To qualify for this exemption, facility operators must certify that their facilities meet all of the following conditions·

(1) All prohibited non-storm water discharges have been eliminated or otherwise permitted

(2) All authorized non-storm water discharges have been identified and addressed in the SWPPP

(3) All areas of past exposure have been inspected and cleaned, as appropriate

(4) All significant materials related to industrial activity (including waste materials) are not exposed to storm water or authorized non-storm water discharges.

(5) All industrial activities and industrial equipment are not exposed to storm water or authorized non-storm water discharges

(6) There is no exposure of storm water to significant materials associated with industrial activity through other direct or indirect pathways such as from industrial activities that generate dust and particulates

(7) There is periodic re-evaluation of the facility to ensure conditions (1), (2), (4), 5), and (6) above are continuously met At a minimum, re-evaluation shall be conducted once a year

ii. Regional Water Board Certification Programs

The Regional Water Board may grant an exemption to the Section B.5. Sampling and Analysis Requirements if it determines a facility operator has met the conditions set forth in a Regional Water Board certification program. Regional Water Board certification programs may include conditions to (1) exempt facility operators whose facilities infrequently discharge storm water to waters of the United States, and (2) exempt facility operators that demonstrate compliance with the terms and conditions of this General Permit.

iii. Local Agency Certifications

A local agency may develop a local agency certification program. Such programs must be approved by the Regional Water Board. An approved local agency program may either grant an exemption

from the Section B.5. Sampling and Analysis Requirements or reduce the frequency of sampling if it determines that a facility operator has demonstrated compliance with the terms and conditions of this General Permit.

b Sampling and Analysis Reduction

i A facility operator may reduce the number of sampling events required to be sampled for the remaining term of this General Permit if the facility operator provides certification that the following conditions have been met:

(1) The facility operator has collected and analyzed samples from a minimum of six storm events from all required drainage areas;

(2) All prohibited non-storm water discharges have been eliminated or otherwise permitted,

(3) The facility operator demonstrates compliance with the terms and conditions of the General Permit for the previous two years (i e , completed Annual Reports, performed visual observations, implemented appropriate BMPs, etc.),

(4) The facility operator demonstrates that the facility's storm water discharges and authorized non-storm water discharges do not contain significant quantities of pollutants, and

(5) Conditions (2), (3), and (4) above are expected to remain in effect for a minimum of one year after filing the certification

ii. Unless otherwise instructed by the Regional Water Board, facility operators shall collect and analyze samples from two additional storm events during the remaining term of this General Permit in accordance with Table C below Facility operators shall collect samples of the first storm event of the wet season. Facility operators that do not collect samples from the first storm event of the wet season shall collect samples from another storm event during the same wet season Facility operators that do not collect a sample in a required wet season shall collect the sample from another storm event in the next wet season. Facility operators shall explain in the Annual Report why the first storm

event of a wet season was not sampled or a sample was not taken from any storm event in accordance with the Table C schedule

Table C
REDUCED MONITORING SAMPLING SCHEDULE

Facility Operator Filing Sampling Reduction Certification By	Samples Shall be Collected and Analyzed in These Wet Seasons	
	Sample 1	Sample 2
Sept. 1, 1997	Oct 1, 1997-May 31, 1998	Oct 1, 1999-May 31, 2000
Sept 1, 1998	Oct. 1, 1998-May 31, 1999	Oct 1, 2000-May 31, 2001
Sept 1, 1999	Oct. 1, 1999-May 31, 2000	Oct 1, 2001-May 31, 2002
Sept 1, 2000	Oct 1, 2000-May 31, 2001	Oct 1, 2002-May 31, 2003
Sept 1, 2001	Oct. 1, 2001-May 31, 2002	Oct 1, 2003-May 31 2004

13 *Records*

Records of all storm water monitoring information and copies of all reports (including the Annual Reports) required by this General Permit shall be retained for a period of at least five years. These records shall include,

a. The date, place, and time of site inspections, sampling, visual observations, and/or measurements,

b. The individual(s) who performed the site inspections, sampling, visual observations, and or measurements,

c. Flow measurements or estimates (if required by Section B.6);

d The date and approximate time of analyses,

e. The individual(s) who performed the analyses,

f. Analytical results, method detection limits, and the analytical techniques or methods used,

g. Quality assurance/quality control records and results,

h. Non-storm water discharge inspections and visual observations and storm water discharge visual observation records (see Sections B.3. and 4.),

i. Visual observation and sample collection exception records (see Section B.5.a, 7.d, 8, and 12.b.ii.),

j. All calibration and maintenance records of on-site instruments used;

k. All Sampling and Analysis Exemption and Reduction certifications and supporting documentation (see Section B 12),

l. The records of any corrective actions and follow-up activities that resulted from the visual observations.

14 *Annual Report*

All facility operators shall submit an Annual Report by July 1 of each year to the Executive Officer of the Regional Water Board responsible for the area in which the facility is located and to the local agency (if requested)

The report shall include a summary of visual observations and sampling results, an evaluation of the visual observation and sampling and analysis results, laboratory reports, the Annual Comprehensive Site Compliance Evaluation Report required in Section A 9., an explanation of why a facility did not implement any activities required by the General Permit (if not already included in the Evaluation Report), and records specified in Section B.13.i. The method detection limit of each analytical parameter shall be included Analytical results that are less than the method detection limit shall be reported as "less than the method detection limit " The Annual Report shall be signed and certified in accordance with Standard Provisions 9. and 10 of Section C of this General Permit. Facility operators shall prepare and submit their Annual Reports using the annual report forms provided by the State Water Board or Regional Water Board or shall submit their information on a form that contains equivalent information.

15. *Group Monitoring*

Facility operators may participate in group monitoring as described below A facility operator that participates in group monitoring shall develop and implement a written site-specific SWPPP and monitoring program in accordance with the General Permit and must satisfy any group monitoring requirements Group monitoring shall be subject to the following requirements

a A group monitoring plan (GMP) shall be developed and implemented by a group leader representing a group of similar facility operators regulated by this General Permit or by a local agency which holds an NPDES permit (local agency permittee) for a municipal separate storm sewer system GMPs with participants that discharge

storm water within the boundaries of a single Regional Water Board shall be approved by that Regional Water Board. GMPs with participants that discharge storm water within the boundaries of multiple Regional Water Boards shall be approved by the State Water Board The State Water Board and/or Regional Water Board(s) may disapprove a facility's participation in a GMP or require a GMP participant to conduct additional monitoring activities

b. At least two samples from each GMP participant shall be collected and analyzed in accordance with Section B.5. over the five-year period of this General Permit The two sample minimum applies to new and existing members The group leader or local agency permittee shall schedule sampling to meet the following conditions· (i) to evenly distribute the sample collection over the five-year term of this General Permit, and (ii) to collect the two samples at each participant's facility in different and non-consecutive wet seasons New participants who join in Years 4 and 5 of this General Permit are not subject to Condition (ii) above Group leaders shall explain in the annual Group Evaluation Report why any scheduled samples were not collected and reschedule the sampling so that all required samples are collected during the term of this General Permit.

c. The group leader or local agency permittee must have the appropriate resources to develop and implement the GMP The group leader or local agency permittee must also have the authority to terminate any participant who is not complying with this General Permit and the GMP

d. The group leader or local agency permittee is responsible for:

i. Developing, implementing, and revising the GMP,

ii. Developing and submitting an annual Group Evaluation Report to the State Water Board and/or Regional Water Board by August 1 of each year that includes

(1) An evaluation and summary of all group monitoring data,

(2) An evaluation of the overall performance of the GMP participants in complying with this General Permit and the GMP,

(3) Recommended baseline and site-specific BMPs that should be considered by each participant based upon Items (1) and (2) above, and

(4) A copy of each evaluation report and recommended BMPs as required in Section B 15.d.v. below.

iii. Recommending appropriate BMPs to reduce or prevent pollutants associated with industrial activities in storm water discharges and authorized non-storm water discharges;

iv. Assisting each participant in completing their Annual Comprehensive Site Compliance Evaluation and Annual Report,

v Conducting a minimum of two on-site inspections of each participant's facility (it is recommended that these inspections be scheduled during the Annual Comprehensive Site Compliance Evaluation) during the term of this General Permit to evaluate the participant's compliance with this General Permit and the GMP, and to recommend any additional BMPs necessary to achieve compliance with this General Permit Participants that join in Years 4 and 5 shall be scheduled for one evaluation. A copy of the evaluation and recommended BMPs shall be provided to the participants;

vi Submitting a GMP (or revisions, as necessary), to the appropriate Regional Water Board(s) and State Water Board no later than September 1, 1997 (or August 1 in subsequent years). Once approved, a group leader or local agency permittee shall submit a letter of intent by August 1 of each year to continue the approved GMP The letter of intent must include a roster of participants, participant's Waste Discharge Identification number (WDID#), updated sampling schedules, and any other revisions to the GMP,

vii. Revising the GMP as instructed by the Regional Water Board or the State Water Board; and

viii. Providing the State Water Board and/or Regional Water Board with quarterly updates of any new or deleted participants and corresponding changes in the sampling and inspection schedule.

e The GMP shall·

i Identify the participants of the GMP by name, location, and WDID number;

ii. Include a narrative description summarizing the industrial activities of participants of the GMP and

explain why the participants, as a whole, have sufficiently similar industrial activities and BMPs to be covered by a group monitoring plan,

iii. Include a list of typical potential pollutant sources associated with the group participant's facilities and recommended baseline BMPs to prevent or reduce pollutants associated with industrial activity in the storm water discharges and authorized non-storm water discharges,

iv. Provide a five-year sampling and inspection schedule in accordance with Subsections b and d v above

v. Identify the pollutants associated with industrial activity that shall be analyzed at each participant's facility in accordance with Section B.5. The selection of these pollutants shall be based upon an assessment of each facility's potential pollutant sources and likelihood that pollutants associated with industrial activity will be present in storm water discharges and authorized non-storm water discharges in significant quantities.

f. Sampling and analysis shall be conducted in accordance with the applicable requirements of this Section.

g. Unless otherwise instructed by the Regional Water Board or the State Water Board Executive Director, the GMPs shall be implemented at the beginning of the wet season (October 1).

h. All participants in an approved GMP that have not been selected to sample in a particular wet season are required to comply with all other monitoring program and reporting requirements of this Section including the submittal of an Annual Report by July 1 of each year to the appropriate Regional Water Board.

i. If any GMP includes participants which are subject to Federal storm water effluent limitation guidelines, each of those participants must perform the monitoring described in Section B.6. and submit the results of the monitoring to the appropriate Regional Water Board in the facility operator's Annual Report.

j. GMPs and Group Evaluation Reports should be prepared in accordance with State Water Board (or Regional Water Board) guidance.

k GMP participants may receive sampling credits in accordance with the following conditions:

i. Current or prior participants (group participants) of approved GMPs, who have not collected and analyzed the six samples necessary to qualify for the Section B 7 b i (1) Sampling and Analysis Reduction, may substitute credit earned through participation in a GMP for up to four of the six required samples. Credits for GMP participation shall be calculated as follows:

(1) Credits may only be earned in years of participation where the GMP participant was not scheduled to sample and the GMP was approved

(2) One credit will be earned for each year of valid GMP participation

(3) One additional credit may be earned for each year the overall GMP sample collection performance is greater than 75 percent.

ii GMP participants substituting credit as calculated above shall provide proof of GMP participation and certification that all the conditions in Section B.12.b.i have been met. GMP participants substituting credits in accordance with Section B 15 k.i (3) shall also provide GMP sample collection performance documentation.

iii. GMP participants that qualify for Sampling and Analysis Reduction and have collected and analyzed one or more samples after October 1, 1997 shall only be required to collect one additional sample during the remainder of this General Permit. The sample shall be collected in accordance with the "Sample 2" schedule in Table C of this Section

n. Group leaders shall furnish, within 60 days of receiving a request from the State Water Board or Regional Water Board, any GMP information and documentation necessary to verify the Section B.15.k. sampling credits. Group leaders may also provide this information and documentation to the group participants.

16 *Watershed Monitoring Option*

Regional Water Boards may approve proposals to substitute watershed monitoring for some or all of the requirements of this Section if the Regional Water Board finds that the watershed monitoring will provide substantially similar monitoring information in evaluating facility operator compliance with the requirements of this General Permit.

TABLE D
ADDITIONAL ANALYTICAL PARAMETERS

Subsector	SIC	Activity Represented	Parameters
SECTOR A. TIMBER PRODUCTS			
A1	2421	General Sawmills and Planing Mills	COD;TSS,Zn
A2	2491	Wood Preserving	As;Cu
A3	2411	Log Storage and Handling	TSS
A4	2426	Hardwood Dimension and Flooring Mills	COD;TSS
A4	2429	Special Product Sawmills, Not Elsewhere Classified	COD;TSS
A4	243X	Millwork, Veneer, Plywood and Structural Wood	COD;TSS
A4		(except 2434--Wood Kitchen Cabinet Manufacturers)	
A4	244X	Wood Containers	COD,TSS
A4	245X	Wood Buildings and Mobile Homes	COD;TSS
A4	2493	Reconstituted Wood Products	COD;TSS
A4	2499	Wood Products, Not Elsewhere Classified	
SECTOR B. PAPER AND ALLIED PRODUCTS MANUFACTURING			
B1	261X	Pulp Mills	
B2	262X	Paper Mills	
B3	263X	Paperboard Mills	COD
B4	265X	Paperboard Containers and Boxes	
B5	267X	Converted Paper and Paperboard Products, Except Containers and Boxes	
SECTOR C. CHEMICAL AND ALLIED PRODUCTS MANUFACTURING			
C1	281X	Industrial Inorganic Chemicals	Al;Fe;N+N
C2	282X	Plastics Materials and Synthetic Resins, Synthetic Rubber, Cellulosic, and Other Manmade Fibers Except Glass	Zn
C4	284X	Soaps, Detergents, and Cleaning Preparations, Perfumes, Cosmetics, and Other Toilet Preparations	N+N;Zn
C5	285X	Paints, Varnishes, Lacquers, Enamels, and Allied Products	
C6	286X	Industrial Organic Chemicals	
C7	287X	Nitrogenous and Phosphatic Basic Fertilizers, Mixed Fertilizer, Pesticides, and Other Agricultural Chemicals	Fe,N+N,Pb;Zn;P
C8	289X	Miscellaneous Chemical Products	
	3952	Inks and Paints, Including China Painting Enamels, India Ink, (limited to list) Drawing Ink, Platinum Paints for Burnt Wood or Leather Work Paints for China Painting, Artist's Paints, and Artist's Watercolors	
SECTOR D. ASPHALT PAVING/ROOFING MATERIALS MANUFACTURERS AND LUBRICANT MANUFACTURERS			
D1	X	Asphalt Paving and Roofing Materials	TSS
D2	2992	Lubricating Oils and Greases	

Parameter Names

Al - Aluminum; As - Arsenic; NH_3 - Ammonia; Zn - Zinc; Cd - Cadmium; CN - Cyanide; Hg - Mercury; TSS - Total Suspended Solids; Cu - Copper; Fe - Iron; P - Phosphorus; COD - Chemical Oxygen Demand; Mg - Magnesium; Ag - Silver; Se - Selenium; BOD - Biochemical Oxygen Demand; N + N - Nitrate & Nitrite Nitrogen; Pb - Lead

Subsector	SIC	Activity Represented	Parameters
SECTOR E. GLASS, CLAY, CEMENT, CONCRETE, AND GYPSUM PRODUCT MANUFACTURING			
E1	3211	Flat Glass	
E1	322X	Glass and Glassware, Pressed or Blown	
E1	323X	Glass Products Made of Purchased Glass	
E2	3241	Hydraulic Cement	
E3	325X	Structural Clay Products	Al
E3	326X	Pottery and Related Products	Al
E3	3297	Non-Clay Refractories	Al
E4	327X	Concrete, Gypsum, and Plaster Products (Except Lime) (except 3274)	TSS;Fe
E4	3295	Minerals and Earths, Ground, or Otherwise Treated	TSS;Fe
SECTOR F. PRIMARY METALS			
F1	331X	Steel Works, Blast Furnaces, Rolling & Finishing Mill	Al;Zn
F2	332X	Iron and Steel Foundries	Al,TSS;Cu;Fe;Zn
F3	333X	Primary Smelting and Refining of Nonferrous Metals	
F4	334X	Secondary Smelting and Refining of Nonferrous Metals	
F5	335X	Rolling, Drawing, and Extruding of Nonferrous Metals	Cu;Zn
F6	336X	Nonferrous Foundries (Castings)	Cu;Zn
F7	339X	Miscellaneous Primary Metal Products	
SECTOR G. METAL MINING (ORE MINING AND DRESSING) EXCEPT INACTIVE METAL MINING ACTIVITIES ON FEDERAL LANDS WHERE AN OPERATOR CANNOT BE IDENTIFIED			
G1	101X	Iron Ores	
G2	102X	Copper Ores	TSS;COD;N+N
G3	103X	Lead and Zinc Ores	
G4	104X	Gold and Silver Ores	
G5	106X	Ferroalloy Ores, Except Vanadium	
G6	108X	Metal Mining Services	
G7	109X	Miscellaneous Metal Ores	
SECTOR H COAL MINES AND COAL MINING-RELATED FACILITIES			
NA	12XX	Coal Mines and Coal Mining-Related Facilities	TSS;Al;Fe
SECTOR I. COAL MINES AND COAL MINING-RELATED FACILITIES			
I1	131X	Crude Petroleum and Natural Gas	
I2	132X	Natural Gas Liquids	
I3	138X	Oil and Gas Field Services	
SECTOR J. MINERAL MINING AND DRESSING EXCEPT INACTIVE MINERAL MINING ACTIVITIES OCCURRING ON FEDERAL LANDS WHERE AN OPERATOR CANNOT BE IDENTIFIED			
J1	141X	Dimension Stone	TSS
J1	142X	Crushed and Broken Stone, Including Rip Rap	TSS
J1	148X	Nonmetallic Minerals, Except Fuels	TSS
J2	144X	Sand and Gravel	TSS;N+N
J3	145X	Clay, Ceramic, and Refractory Materials	
J4	147X	Chemical and Fertilizer Mineral Mining	
J4	149X	Miscellaneous Nonmetallic Minerals, Except Fuels	

Subsector	SIC	Activity Represented	Parameters
SECTOR K. HAZARDOUS WASTE TREATMENT STORAGE OR DISPOSAL FACILITIES			
NA	4953	Hazardous Waste Treatment Storage or Disposal	NH_3,Mg,COD,As Cd;CN,Pb Hg;Se;Ag
SECTOR L. LANDFILLS AND LAND APPLICATION SITES			
NA	4953	Landfills and Land Application Sites That Receive or Have Received Industrial Wastes, Except Inactive Landfills or Land Applications Sites Occurring on Federal Lands Where an Operator Cannot be Identified	TSS,Fe
SECTOR M. AUTOMOBILE SALVAGE YARDS			
NA	5015	Facilities Engaged in Dismantling or Wrecking Used Motor Vehicles for Parts Recycling or Resale and for Scrap	TSS,Fe;Pb;Al
SECTOR N. SCRAP RECYCLING FACILITIES			
NA	5093	Processing, Reclaiming, and Wholesale Distribution of Scrap and Waste Materials	TSS;Fe,Pb Al;Cu;Zn;COD
SECTOR O. STEAM ELECTRIC GENERATING FACILITIES			
NA	4911	Steam Electric Power Generating Facilities	Fe
SECTOR P. LAND TRANSPORTATION FACILITIES THAT HAVE VEHICLE AND EQUIPMENT MAINTENANCE SHOPS AND/OR EQUIPMENT CLEANING OPERATIONS			
P1	40XX	Railroad Transportation	
P2	41XX	Local and Highway Passenger Transportation	
P3	42XX	Motor Freight Transportation and Warehousing	
P4	43XX	United States Postal Service	
P5	5171	Petroleum Bulk Stations and Terminals	
SECTOR Q. WATER TRANSPORTATION FACILITIES THAT HAVE VEHICLE (VESSEL) & EQUIPMENT MAINTENANCE SHOPS AND/OR EQUIPMENT CLEANING OPERATIONS			
NA	44XX	Water Transportation	Al,Fe,Pb;Zn
SECTOR R. SHIP AND BOAT BUILDING OR REPAIRING YARDS			
NA	373X	Ship and Boat Building or Repairing Yards	
SECTOR S. AIR TRANSPORTATION FACILITIES			
NA	45XX	Air Transportation Facilities That Have Vehicle Maintenance Shops, Material Handing Facilities, Equipment Cleaning Operations, or Airport and/or Aircraft Deicing/Anti-icing Operations	BOD,COD,NH_3,pH

Subsector	SIC	Activity Represented	Parameters
SECTOR T. TREATMENT WORKS			
NA	4952	Treatment Works Treating Domestic Sewage or Any Other Sewage Sludge or Wastewater Treatment Device or System Used in the Storage, treatment, recycling, or Reclamation of Municipal or Domestic Sewage with a Design Flow of 1 0 MGD or More or Required to Have an Approved Pretreatment Program	
SECTOR U. FOOD AND KINDRED PRODUCTS			
U1	201X	Meat Products	
U2	202X	Dairy Products	
U3	203X	Canned, Frozen and Preserved Fruits, Vegetables and Food Specialties	
U4	204X	Grain Mill Products	TSS
U5	205X	Bakery Products	
U6	206X	Sugar and Confectionery Products	
U7	207X	Fats and Oils	BOD;COD;TSS;N+N
U8	208X	Beverages	
U9	209X	Miscellaneous Food Preparations and Kindred Products	
NA	21XX	Tobacco Products	
SECTOR V. TEXTILE MILLS, APPAREL, AND OTHER FABRIC PRODUCT MANUFACTURING			
V1	22XX	Textile Mill Products	
V2	23XX	Apparel and Other Finished Products Made From Fabrics and Similar Materials	
SECTOR W. FURNITURE AND FIXTURES			
NA	25XX	Furniture and Fixtures	
NA	2434	Wood Kitchen Cabinets	
SECTOR X. PRINTING AND PUBLISHING			
NA	2732	Book Printing	
NA	2752	Commercial Printing, Lithographic	
NA	2754	Commercial Printing, Gravure	
NA	2759	Commercial Printing, Nor Elsewhere Classified	
NA	2796	Platemaking and Related Services	
SECTOR Y RUBBER, MISCELLANEOUS PLASTIC PRODUCTS, AND MISC MANUFACTURING INDUSTRIES			
Y1	301X	Tires and Inner Tubes	Zn
Y1	302X	Rubber and Plastics Footwear	Zn
Y1	305X	Gaskets, Packing, and Sealing Devices and Rubber and Plastics Hose and Belting	Zn
Y1	306X	Fabricated Rubber Products, Not Elsewhere Classified	Zn
Y2	308X	Miscellaneous Plastics Products	

Subsector	SIC	Activity Represented	Parameters
Y2	393X	Musical Instruments	
Y2	394X	Dolls, Toys, Games, and Sporting and Athletic Goods	
Y2	395X	Pens, Pencils, and Other Artists' Materials	
Y2	396X	Costume Jewelry, Costume Novelties, Buttons, and Miscellaneous Notions, Except Precious Metal	
Y2	399X	Miscellaneous Manufacturing Industries	
SECTOR Z. LEATHER TANNING AND FINISHING			
NA	311X	Leather Tanning and Finishing	
NA	NA	Facilities that Make Fertilizer Solely From Leather Scraps and Leather Dust	
SECTOR AA. FABRICATED METAL PRODUCTS			
AA1	3429	Hardware, Not Elsewhere Classified	Zn;N+N;Fe;Al
AA1	3441	Fabricated Structural Metal	Zn;N+N;Fe;Al
AA1	3442	Metal Doors, Sash, Frames, Molding, and Trim	Zn;N+N;Fe;Al
AA1	3443	Fabricated Plate Work (Boiler Shops)	Zn;N+N;Fe;Al
AA1	3444	Sheet Metal Work	Zn;N+N;Fe;Al
AA1	3451	Screw Machine Products	Zn;N+N;Fe;Al
AA1	3452	Bolts, Nuts, Screws, Rivets, and Washers	Zn;N+N;Fe;Al
AA1	3462	Iron and Steel Forgings	Zn;N+N;Fe;Al
AA1	3471	Electroplating, Plating, Polishing, Anodizing and Coloring	Zn;N+N;Fe;Al
	3494	Valves and Pipe Fittings, Not Elsewhere Classified	Zn,N+N;Fe;Al
AA1	3496	Miscellaneous Fabricated Wire Products	Zn;N+N;Fe;Al
AA1	3499	Fabricated Metal Products, Not Elsewhere Classified	Zn;N+N;Fe;Al
AA1	391X	Jewelry, Silverware, and Plated Ware	Zn;N+N;Fe;Al
AA2	3479	Coating, Engraving, and Allied Services	Zn;N+N
SECTOR AB. TRANSPORTATION EQUIPMENT, INDUSTRIAL OR COMMERCIAL MACHINERY			
NA	35XX	Industrial and Commercial Machinery (except Computer and (except 357X) Office Equipment)	
NA	37XX	Transportation Equipment (except Ship and Boat Building and (except 373X) Repairing	
SECTOR AC. ELECTRONIC, ELECTRICAL, PHOTOGRAPHIC, AND OPTICAL GOODS			
NA	36XX	Electronic and Other Electrical Equipment and Components, Except Computer Equipment	
NA	38XX	Measuring, Analyzing, and Controlling Instruments, Photographic, Medical, and Optical Goods, Watches and Clocks	
NA	357X	Computer and Office Equipment	

Section C: STANDARD PROVISIONS

1 Duty to Comply

The facility operator must comply with all of the conditions of this General Permit Any General Permit noncompliance constitutes a violation of the Clean Water Act (CWA) and the Porter-Cologne Water Quality Control Act and is grounds for (a) enforcement action for (b) General Permit termination, revocation and reissuance, or modification or (c) denial of a General Permit renewal application.

The facility operator shall comply with effluent standards or prohibitions established under Section 307(a) of the CWA for toxic pollutants within the time provided in the regulations that establish these standards or prohibitions, even if this General Permit has not yet been modified to incorporate the requirement.

2. General Permit Actions

This General Permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the facility operator for a General Permit modification, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any General Permit condition.

If any toxic effluent standard or prohibition (including any schedule of compliance specified in such effluent standard or prohibition) is promulgated under Section 307(a) of the CWA for a toxic pollutant which is present in the discharge and that standard or prohibition is more stringent than any limitation on the pollutant in this General Permit, this General Permit shall be modified or revoked and reissued to conform to the toxic effluert standard or prohibition, and the facility operator so notified.

3. Need to Halt or Reduce Activity not a Defense

It shall not be a defense for a facility operator in an enforcement action that it would have been necessary to halt or reduce the general permitted activity in order to maintain compliance with the conditions of this General Permit.

4. Duty to Mitigate

The facility operator shall take all responsible steps to minimize or prevent any discharge in violation of this General Permit which has a reasonable likelihood of adversely affecting human health or the environment.

5 Proper Operation and Maintenance

The facility operator at all times shall properly operate and maintain any facilities and systems of treatment and control (and related appurtenances) which are installed or used by the facility operator to achieve compliance with the conditions of this General Permit and with the requirements of storm water pollution prevention plans (SWPPPs) Proper operation and maintenance also include adequate laboratory controls and appropriate quality assurance procedures. Proper operation and maintenance may require the operation of backup or auxiliary facilities or similar systems installed by a facility operator when necessary to achieve compliance with the conditions of this General Permit

6. Property Rights

This General Permit does not convey any property rights of any sort, or any exclusive privileges, nor does it authorize any injury to private property or any invasion of personal rights, nor any infringement of Federal, State, or local laws or regulations.

7. Duty to Provide Information

The facility operator shall furnish the Regional Water Quality Control Board (Regional Water Board), State Water Resources Control Board (State Water Board), U.S. Environmental Protection Agency (U.S. EPA), or local storm water management agency, within a reasonable time specified by the agencies, any requested information to determine compliance with this General Permit. The facility operator shall also furnish, upon request, copies of records required to be kept by this General Permit.

8. Inspection and Entry

The facility operator shall allow the Regional Water Board, State Water Board, U.S. EPA, and local storm water management agency, upon the presentation of credentials and other documents as may be required by law, to:

a. Enter upon the facility operator's premises where a regulated facility or activity is located or conducted or where records must be kept under the conditions of this General Permit;

b. Have access to and copy at reasonable times any records that must be kept under the conditions of this General Permit;

c Inspect at reasonable times any facilities or equipment (including monitoring and control equipment) that are related to or may impact storm water discharge or authorized non-storm water discharge; and

d Conduct monitoring activities at reasonable times for the purpose of ensuring General Permit compliance.

9 Signatory Requirements

a. All Notices of Intent (NOIs) submitted to the State Water Board shall be signed as follows

(1) For a corporation· by a responsible corporate officer For the purpose of this section, a responsible corporate officer means· (a) a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation; or (b) the manager of the facility if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures;

(2) For a partnership or sole proprietorship: by a general partner or the proprietor, respectively; or

(3) For a municipality, State, Federal, or other public agency: by either a principal executive officer or ranking elected official. The principal executive officer of a Federal agency includes the chief executive officer of the agency or the senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrators of U.S. EPA).

b All reports, certifications, or other information required by the General Permit or requested by the Regional Water Board, State Water Board, U.S. EPA, or local storm water management agency shall be signed by a person-described above or by a duly authorized representative. A person is a duly authorized representative only if.

(1) The authorization is made in writing by a person described above and retained as part of the SWPPP

(2) The authorization specifies either an individual or a position having responsibility for the

overall operation of the regulated facility or activity, such as the position of manager, operator, superintendent, or position of equivalent responsibility or an individual or position having overall responsibility for environmental matters for the company. (A duly authorized representative may thus be either a named individual or any individual occupying a named position.)

(3) If an authorization is no longer accurate because a different individual or position has responsibility for the overall operation of the facility, a new authorization must be attached to the SWPPP prior to submittal of any reports, certifications, or information signed by the authorized representative.

10 Certification

Any person signing documents under Provision 9 above shall make the following certification

"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 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."

11. Reporting Requirements

a. Planned changes: The facility operator shall give advance notice to the Regional Water Board and local storm water management agency of any planned physical alteration or additions to the general permitted facility. Notice is required under this provision only when the alteration or addition could significantly change the nature or increase the quantity of pollutants discharged.

b Anticipated noncompliance· The facility operator will give advance notice to the Regional Water Board and local storm water management agency of any planned changes at the permitted facility which may result in noncompliance with General Permit requirements.

c Compliance schedules Reports of compliance or noncompliance with or any progress reports on interim and final requirements contained in any compliance schedule of this General Permit shall be submitted no later than 14 days following each scheduled date

d Noncompliance reporting: The facility operator shall report any noncompliance at the time monitoring reports are submitted The written submission shall contain (1) a description of the noncompliance and its cause; (2) the period of noncompliance, including exact dates and times, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and (3) steps taken or planned to reduce and prevent recurrence of the noncompliance

12 Oil and Hazardous Substance Liability

Nothing in this General Permit shall be construed to preclude the institution of any legal action or relieve the facility operator from any responsibilities, liabilities, or penalties to which the facility operator is or may be subject under Section 311 of the CWA.

13. Severability

The provisions of this General Permit are severable; and if any provision of this General Permit or the application of any provision of this General Permit to any circumstance is held invalid, the application of such provision to other circumstances and the remainder of this General Permit shall not be affected thereby

14 Reopener Clause

This General Permit may be modified, revoked, and reissued, or terminated for cause due to promulgation of amended regulations, receipt of U S. EPA guidance concerning regulated activities, judicial decision, or in accordance with 40 CFR 122 62, 122.63, 122.64, and 124.5. This General Permit may be reopened to modify the provisions regarding authorized non-storm water discharges specified in Section D Special Conditions

15 Penalties for Violations of General Permit Conditions.

a Section 309 of the CWA provides significant penalties for any person who violates a General Permit condition implementing Sections 301, 302, 306, 307 308, 318, or 405 of the CWA, or any General Permit condition or limitation implementing any such section in a General Permit issued under Section 402. Any person who

violates any General Permit condition of this General Permit is subject to a civil penalty not to exceed $25,000 per day of such violation, as well as any other appropriate sanction provided by Section 309 of the CWA.

b. The Porter-Cologne Water Quality Control Act also provides for civil and criminal penalties in some cases greater than those under the CWA.

16. Availability

A copy of this General Permit shall be maintained at the facility and be available at all times to the appropriate facility personnel and to Regional Water Board and local agency inspectors.

17. Transfers

This General Permit is not transferable from one facility operator to another facility operator nor may it be transferred from one location to another location A new facility operator of an existing facility must submit an NOI in accordance with the requirements of this General Permit to be authorized to discharge under this General Permit.

18. Continuation of Expired General Permit

This General Permit continues in force and effect until a new general permit is issued or the State Water Board rescinds the General Permit. Facility operators authorized to discharge under the expiring general permit are required to file an NOI to be covered by the reissued General Permit

19 Penalties for Falsification of Reports

Section 309(c)(4) of the CWA provides that any person who knowingly makes any false material statement, representation, or certification in any record or other document submitted or required to be maintained under this General Permit, including reports of compliance or noncompliance shall, upon conviction, be punished by a fine of not more than $10,000 or by imprisonment for not more than two years, or by both.

Attachment 1

FACILITIES COVERED BY THIS GENERAL PERMIT

Industrial facilities include Federal, State, municipally owned, and private facilities from the following categories:

1 FACILITIES SUBJECT TO STORM WATER EFFLUENT LIMITATIONS GUIDELINES, NEW SOURCE PERFORMANCE STANDARDS, OR TOXIC POLLUTANT EFFLUENT STANDARDS (40 Code of Federal Regulations (CFR) SUBCHAPTER N) Currently, categories of facilities subject to storm water effluent limitations guidelines are Cement Manufacturing (40 CFR Part 411), Feedlots (40 CFR Part 412), Fertilizer Manufacturing (40 CFR Part 418), Petroleum Refining (40 CFR Part 419), Phosphate Manufacturing (40 CFR Part 422), Steam Electric (40 CFR Part 423), Coal Mining (40 CFR Part 434), Mineral Mining and Processing (40 CFR Part 436), Ore Mining and Dressing (40 CFR Part 440), and Asphalt Emulsion (40 CFR Part 443)

2 MANUFACTURING FACILITIES· Standard Industrial Classifications (SICs) 24 (except 2434), 26 (except 265 and 267), 28 (except 283 and 285) 29, 311, 32 (except 323), 33, 3441, and 373

3 OIL AND GAS/MINING FACILITIES. SICs 10 through 14 including active or inactive mining operations (except for areas of coal mining operations meeting the definition of a reclamation area under 40 CFR 434 11(l) because of performance bond issued to the facility by the appropriate Surface Mining Control and Reclamation Act (SMCRA) authority has been released, or except for area of non-coal mining operations which have been released from applicable State or Federal reclamation requirements after December 17, 1990); oil and gas exploration, production, processing, or treatment operations, or transmission facilities that discharge storm water contaminated by contact with or that has come into contact with any overburden, raw material, intermediate products, finished products, by-products, or waste products located on the site of such operations. Inactive mining operations are mined sites that are not being actively mined but which have an identifiable facility operator Inactive mining sites do not include sites where mining claims are being maintained prior to disturbances associated with the extraction, beneficiation, or processing of mined material; or sites where minimal activities are undertaken for the sole purpose of maintaining a mining claim

4 HAZARDOUS WASTE TREATMENT, STORAGE, OR DISPOSAL FACILITIES· Includes those operating under interim status or a general permit under Subtitle C of the Federal Resource, Conservation, and Recovery Act (RCRA).

5. LANDFILLS, LAND APPLICATION SITES, AND OPEN DUMPS: Sites that receive or have received industrial waste from any of the facilities covered by this General Permit, sites subject to regulation under Subtitle D of RCRA, and sites that have accepted wastes from construction activities (construction activities include any clearing, grading, or excavation that results in disturbance of five acres or more).

6. RECYCLING FACILITIES: SICs 5015 and 5093 These codes include metal scrapyards, battery reclaimers, salvage yards, motor vehicle dismantlers and wreckers, and recycling facilities that are engaged in assembling, breaking up, sorting, and wholesale distribution of scrap and waste material such as bottles, wastepaper, textile wastes, oil waste, etc.

7. STEAM ELECTRIC POWER GENERATING FACILITIES· Includes any facility that generates steam for electric power through the combustion of coal, oil, wood, etc

8. TRANSPORTATION FACILITIES: SICs 40, 41, 42 (except 4221-25), 43, 44, 45, and 5171 which have vehicle maintenance shops, equipment cleaning operations, or airport deicing operations. Only those portions of the facility involved in vehicle maintenance (including vehicle rehabilitation, mechanical repairs, painting, fueling, and lubrication) or other operations identified herein that are associated with industrial activity.

9. SEWAGE OR WASTEWATER TREATMENT WORKS Facilities used in the storage, treatment, recycling, and reclamation of municipal or domestic sewage, including land dedicated to the disposal of sewage sludge that are located within the confines of the facility with a design flow of one million gallons per day or more or required to have an approved pretreatment program under 40 CFR Part 403. Not included are farm lands, domestic gardens, or lands used for sludge management where sludge is beneficially reused and which are not physically located in the confines of the facility, or areas that are in compliance with Section 405 of the Clean Water Act.

10. MANUFACTURING FACILITIES WHERE INDUSTRIAL MATERIALS, EQUIPMENT, OR ACTIVITIES ARE EXPOSED TO STORM WATER SICs 20, 21, 22, 23, 2434, 25, 265, 267, 27, 283, 285, 30, 31 (except 311), 323, 34 (except 3441), 35, 36, 37 (except 373), 38, 39, and 4221-4225.

Attachment 2

STORM WATER CONTACTS FOR
THE STATE AND REGIONAL WATER BOARDS

STATE WATER RESOURCES CONTROL BOARD
Division of Water Quality
Attention. Storm Water Permit Unit
P.O Box 1977
Sacramento, CA 95812-1977
(916) 657-0919 FAX (916) 657-1011
Contact. Bruce Fujimoto

1)NORTH COAST REGION
Benjamin D Kor, Executive Officer
5550 Skylane Boulevard, Suite A
Santa Rosa, CA 95403
(707) 576-2220 FAX (707) 523-0135
Contact: Nathan Quarles

2)SAN FRANCISCO BAY REGION
Loretta Kahn Barsamian, Executive Officer
2101 Webster Street, Suite 500
Oakland, CA 94612
(510) 286-1255 FAX (510) 286-1380
Contact: Tom Mumley

3)CENTRAL COAST REGION
Roger W Briggs, Executive Officer
81 Higuera Street, Suite 200
San Luis Obispo, CA 93401-5427
(805) 549-3147 FAX (805) 543-0397
Contact: Matt Fabry

4)LOS ANGELES REGION
Lawrence P. Kolb, Acting Executive Officer
101 Centre Plaza Drive
Monterey Park, CA 91754-2156
(213) 266-7500 FAX (213) 266-7600
Contact· Xavier Swamikannu

5S)CENTRAL VALLEY REGION
Sacramento Office
Gary M Carlton, Executive Officer
3443 Routier Road, Suite A
Sacramento, CA 95827-3098
(916) 255-3000 FAX·(916) 255-3015
Contact: Pamela Barksdale

5R)CENTRAL VALLEY REGION
Redding Branch Office
James C Pedri, Supervising Engineer
415 Knollcrest Drive
Redding, CA 96002
(916) 224-4849 FAX (916) 224-4857
Contact: Carole Crowe

5f)CENTRAL VALLEY REGION
Fresno Branch Office
Loren J Harlow, Assistant Executive Officer
3614 East Ashlan Avenue
Fresno, CA 93726
(209) 445-5116 FAX (209) 445-5910
Contact. Darrell Evensen

6SLT) LAHONTAN REGION
South Lake Tahoe Office
Harold J Singer, Executive Officer
2501 Lake Tahoe Boulevard
South Lake Tahoe, CA 96150
(916) 542-5400 FAX (916) 544-2271
Contact: John Short

6V)LAHONTAN REGION
Victorville Office
Hisam Basqai, Supervising Engineer
15428 Civic Drive, Suite 100
Victorville, CA 92392
(760) 241-6583 FAX·(760) 241-7308
Contact: Tom Rheiner

7)COLORADO RIVER BASIN REGION
Philip Gruenberg, Executive Officer
73-720 Fred Waring Drive, Suite 100
Palm Desert, CA 92260
(760) 346-7491 FAX·(760) 341-6820
Contact: Orlando Gonzalez

8)SANTA ANA REGION
Gerard J Thibeault, Executive Officer
3737 Main Street, Suite 500
Riverside, CA 92501-3339
(909) 782-4130 FAX (909) 781-6288
Contact: Michael Adackapara

9)SAN DIEGO REGION
John H. Robertus, Executive Officer
9771 Clairmont Mesa Boulevard, Suite A
San Diego, CA 92124
(619) 467-2952 FAX (619) 571-6972
Contact: Gloria Fulton

Attachment 3

NOTICE OF INTENT (NOI) INSTRUCTIONS

TO COMPLY WITH STATE WATER RESOURCES CONTROL BOARD WATER QUALITY ORDER NO. 97-03-DWQ NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) GENERAL PERMIT NO. CAS000001

Who Must Submit

The facility operator must submit an NOI for each industrial facility that is required by U.S Environmental Protection Agency (U.S.EPA) regulations to obtain a storm water permit. The required industrial facilities are listed in Attachment 1 of the General Permit and are also listed in 40 Code of Federal Regulations Section 122.26(b)(14).

The facility operator is typically the owner of the business or operation where the industrial activities requiring a storm water permit occur. The facility operator is responsible for all permit related activities at the facility

Where operations have discontinued and significant materials remain on site (such as at closed landfills), the landowner may be responsible for filing an NOI and complying with this General Permit. Landowners may also file an NOI for a facility if the landowner, rather than the facility operator, is responsible for compliance with this General Permit.

How and Where to Apply

The completed NOI form, a site map, and appropriate fee must be mailed to the State Water Resources Control Board (State Water Board) at the following address

State Water Resources Control Board
Division of Water Quality
P.O. Box 1977
Sacramento, CA 95812-1977
Attn: Storm Water Permitting Unit

Please Note: Do not send the original or copies of the NOI submittal to the Regional Water Quality Control Board (Regional Water Board). The original NOI will be forwarded to the Regional Water Board after processing.

Do not send a copy of your Storm Water Pollution Prevention Plan (SWPPP) with your NOI submittal. Your SWPPP is to be kept on site and made available for review upon request

When to Apply

Facility operators of existing facilities must file an NOI in accordance with these instructions by March 30, 1992 Facility operators of new facilities (those beginning operations after March 30, 1992) must file an NOI in accordance with these instructions at least 14 days prior to the beginning of operations

Once the completed NOI, site map, and appropriate fee have been submitted to the State Water Board, your NOI will be processed and you will be issued a receipt letter with a Waste Discharge Identification (WDID) Number Please refer to this number when you contact either the State or Regional Water Boards.

Fees

The annual fee is either $250 or $500 depending on the facility location. See page 7 of these directions to determine your fee. Feedlots pay a one time fee of $2,000 for their discharge permit. Checks should be made payable to SWRCB

The permit fee is waived for facilities that currently pay an annual fee for a National Pollutant Discharge Elimination System (NPDES) permit or Waste Discharge Requirement (WDR) permit (see Section XIII of the NOI).

Change of Information

If the information provided on the NOI or site map changes, you should report the changes to the State Water Board using an NOI form. Section I of the line-by-line instructions includes information regarding changes to the NOI.

Questions

If you have any questions completing the NOI, please call the appropriate Regional Water Board (Attachment 2) or the State Water Board at (916) 657-0919.

NOI LINE-BY-LINE INSTRUCTIONS

Please type or print your responses on the NOI. Please complete the NOI form in its entirety and sign the certification.

Section I--NOI STATUS

Check box "A" if this is a new NOI registration.

Check box "B" if you are reporting changes to the NOI (e g , new contact person, phone number, mailing address) Include the facility WDID #. Highlight all the information that has been changed.

Please note that a change of information **does not** apply to a change of facility operator or a change in the location of the facility. These changes require a Notice of Termination (NOT) and submittal of a new NOI and annual fee Contact the State Water Board or Regional Water Boards for more information on the NOT Form and instructions.

Regardless of whether you are submitting a new or revised NOI, you must complete the NOI in its entirety and the NOI must be signed.

Section II--Facility Operator Information

Part A: The facility operator is the legal entity that is responsible for all permit related compliance activities at the facility In most cases, the facility operator is the owner of the business or operation where the industrial activity occurs Give the legal name and the address of the person, firm, public organization, or any other entity that is responsible for complying with the General Permit.

Part B: Check the box that indicates the type of operation

Section III--Facility Site Information

Part A: Enter the facility's official or legal name and provide the address. Facilities that do not have a street address must provide cross-streets or parcel numbers. Do not include a P.O. Box address in Part A.

Part B: Enter the mailing address of the facility if different than Part A. This address may be a P O. Box.

The contact person should be the plant or site manager who is familiar with the facility and responsible for overseeing compliance of the General Permit requirements.

Part C: Enter the total size of the facility in either acres or square feet. Also include the percentage

of the site that is impervious (areas that water cannot soak into the ground, such as concrete, asphalt, and rooftops).

Part D: Determine the Standard Industrial Classification (SIC) code which best identifies the industrial activity that is taking place at the facility. This information can be obtained by referring to the Standard Industrial Classification Manual prepared by the Federal Office of Management and Budget which is available at public libraries. The code you determine should identify the industrial activity that requires you to submit the NOI (For example, if the business is high school education and the activity is school bus maintenance, the code you choose would be bus maintenance, not education.) Most facilities have only one code; however, additional spaces are provided for those facilities that have more than one activity

Part E: Identify the title of the industrial activity that requires you to submit the NOI (e.g., the title of SIC Code 2421 is Sawmills and Planing Mills, General) If you cannot identify the title, provide a description of the regulated activity(s).

Section IV--Address for Correspondence

Correspondence relative to the permit will be mailed occasionally. Check the box which indicates where you would like such correspondence delivered. If you want correspondence sent to another contact person or address different than indicated in Section II or Section III then include the information on an extra sheet of paper

Section V--Billing Address Information

To continue coverage under the General Permit, the annual fee must be paid. Use this section to indicate where the annual fee invoices should be mailed. Enter the billing address if different than the address given in Sections II or III.

Section VI--Receiving Water Information

Provide the name of the receiving water where storm water discharge flows from your facility. A description of each option is included below

1. Directly to waters of the United States Storm water discharges directly from the facility to a river, creek, lake, ocean, etc. Enter the name of the receiving water (e.g., Boulder Creek).

2. Indirectly to waters of the United States. Storm water discharges over adjacent properties or right-of-ways prior to discharging to waters of the United States Enter the name of the closest receiving water (e g , Clear Creek).

Section VII--Implementation of Permit Requirements

Parts A and B: Check the boxes that best describe the status of the Storm Water Pollution Prevention Plan (SWPPP) and the Monitoring Program

Part C: Check yes or no to questions 1 through 4 If you answer no to any question, you need to assign a person to these tasks immediately

As a permit holder you are required to have an SWPPP and Monitoring Program in place prior to the beginning of facility operations. Failure to do so is in direct violation of the General Permit. Do not send a copy of your SWPPP with your NOI submittal.

Please refer to Sections A and B of the General Permit for additional information regarding the SWPPP and Monitoring Program.

Section VIII--Regulatory Status

In some instances, the facility may be covered under another permit from the State Water Board. If there is a current NPDES or WDR permit for the facility, list the permit number in the space provided (e.g., NPDES Permit CA0000123, WDR No 96-960). You will not be required to pay the annual fee for the General Permit if you are already paying a fee for an NPDES or WDR permit. If the facility is not covered under a State Water Board permit, then skip to Section IX.

Section IX--Site Map

Provide a "to scale" drawing of the facility and its immediate surroundings. Include as much detail about the site as possible At a minimum, indicate buildings, material handling and storage areas, roads, names of adjacent streets, storm water discharge points, sample collection points, and a north arrow. Whenever possible limit the map to a standard size sheet of paper (8.5" x 11" or 11" x 17"). **Do not send blueprints** unless you are sending one page and it meets the size limits as defined above

A location map may also be included, especially in cases where the facility is difficult to find, but are not to be submitted as a substitute for the site map. The location map can be created from local street maps and U.S Geological Survey (USGS) quadrangle maps, etc.

A revised site map must be submitted whenever there is a significant change in the facility layout (e.g., new building, change in storage locations, boundary change, etc.).

Section X--Certification

This section should be read by the facility operator. The certification provides assurances that the NOI and site map were completed by the facility operator in an accurate and complete fashion and with the knowledge that penalties exist for providing false information. It also requires the Responsible Party to certify that the provisions in the General Permit will be complied with.

The NOI must be signed by:

For a Corporation: a responsible corporate officer (or authorized individual).

For a Partnership or Sole Proprietorship: a general partner or the proprietor, respectively.

For a Municipality, State, or other non-Federal Public Agency: either a principal executive officer or ranking elected official.

For a Federal Agency: either the chief or senior executive officer of the agency.

AREAS OF THE STATE IN WHICH THE $250.00 ANNUAL FEE APPLIES

Alameda County: Except *MIDWAY*

Contra Costa County: Except for the city of *BRENTWOOD*

El Dorado County: The area which drains into LAKE TAHOE

Fresno County: The cities of *CLOVIS* and *FRESNO* (and incorporated islands within the Fresno/Clovis area)

Kern County: The city of *BAKERSFIELD*

Los Angeles County: Except the cities of *AVALON, LANCASTER, PALMDALE; and areas with zip codes 93523, 93534, 93535, 93536, 93543, 93544, 93550, 93551, 93553, 93560, and 93563*

Orange County

Placer County: The area which drains into *Lake Tahoe*

Riverside County: The cities of *AGUANGA, ALBERHILL, ANZA, BANNING, BEAUMONT, CAHUILLA, CALIMESA, CANYON LAKE, CATHEDRAL CITY, CHERRY VALLEY, CHINO, COACHELLA, COLTON, CORONA, DESERT HOT SPRINGS, EDGEMONT, ELSINORE, GILMAN HOT SPRINGS, HEMET, HIGHGROVE, HOMELAND, IDYLLWILD, INDIAN WELLS, INDIO, LA QUINTA, LAKE ELSINORE, LAKELAND VILLAGE, LAKEVIEW, MENIFEE, MIRA LOMA, MORENO, MORENO VALLEY, MOUNTAIN CENTER, MURRIETA, NORCO, NUEVO, PALM DESERT, PALM SPRINGS, PEDLEY, PERRIS, RANCHO MIRAGE, REDLANDS, RIVERSIDE, ROMOLAND, RUBIDOUX, SAGE, SAN JACINTO, SUN CITY, SUNNYMEAD, TEMECULA, THOMAS MTN, WILDOMAR, WINCHESTER, WOODCREST, and VALLE VISTA*

Sacramento County: Except for the city of *ISLETON*

San Bernardino County: The cities of *ALTA LOMA, ANGELUS OAKS, BIG BEAR CITY, BIG BEAR LAKE, BLOOMINGTON, CAJON JUNCTION, CAMP ANGELUS, CHINO, CHINO HILLS, COLTON, CORONA, CUCAMONGA, DEVORE, EAST HIGHLANDS, ETIWANDA, FAWNSKIN, FONTANA, FOREST FALLS, GRAND TERRACE, GUASTI, HIGHLAND, LOMA LINDA, LOS SERRANOS, LYTLE CREEK, MENTONE, MONTCLAIR, MT. BALDY, MUSCOY, NORCO, ONTARIO, POMONA, RANCHO CUCAMONGA, REDLANDS, RIALTO, RUNNING SPRINGS, SAN BERNARDINO, SEVEN OAKS, UPLAND, and YUCAIPA*

San Diego County: Except for the cities of *AGUA CALIENTE SPRINGS, BORREGO, BORREGO SPRINGS, BOULEVARD, DESERT SHORES, DOS CABEZAS, JACUMBA, JULIAN, MOUNTAIN SPRING, OCOTILLO WELLS, and SAN FELIPE*

San Joaquin County: The city of *STOCKTON*

San Mateo County

Santa Clara County: Except for the cities of *BELL STATION, BOLDER CREEK, GILROY, HOLLISTER, MORGAN HILL, SAN FELIPE, SAN MARTIN, SARGENT, and SVEADAL*

Solano County: The cities of *FAIRFIELD and SUISUN CITY*

Stanislaus County: The city of *MODESTO*

Ventura County: The cities of *CAMARILLO, FILLMORE, MOORPARK, OJAI, OXNARD, PORT HUENEME, SAN BUENAVENTURA, SANTA PAULA, SIMI VALLEY, and THOUSAND OAKS*

State of California
State Water Resources Control Board

NOTICE OF INTENT

TO COMPLY WITH THE TERMS OF THE
GENERAL PERMIT TO DISCHARGE STORM WATER
ASSOCIATED WITH INDUSTRIAL ACTIVITY (WQ ORDER No 97-03-DWQ)
(Excluding Construction Activities)

SECTION I. NOI STATUS (please check only one box)

A [ ] *New Permittee* B [ ] *Change of Information* WDID # |__|__|__|__|__|__|__|__|__|__|__|__|__|

SECTION II. FACILITY OPERATOR INFORMATION (See instructions)

A. NAME		Phone
Mailing Address:		
City:	State	Zip Code:
Contact Person		
B. OPERATOR TYPE: (*check one*) 1.[ ] Private 2.[ ]City 3 [ ]County 4.[ ]State 5 [ ]Federal 6 [ ]Special District 7.[ ]Gov. Combo		

SECTION III. FACILITY SITE INFORMATION

A. FACILITY NAME		Phone.
Facility Location:		County
City	State CA	Zip Code
B MAILING ADDRESS:		
City:	State	Zip Code:
Contact Person:		
C. FACILITY INFORMATION (check one) Total Size of Site: Acres [ ] Sq Ft. [ ]		Percent of Site Impervious (*including rooftops*) %

D SIC CODE(S) OF REGULATED ACTIVITY. E REGULATED ACTIVITY (*describe each SIC code*):

1.

2

3.

SECTION IV. ADDRESS FOR CORRESPONDENCE

|__| Facility Operator Address |__| Facility Mailing Address |__| Both

SECTION V. BILLING ADDRESS INFORMATION

SEND BILL TO [ ]Facility Operator (Section II) [ ]Facility (Section III) [ ]Other (*enter information below*)

Name:

Phone

Mailing Address

City:

State

Zip Code

Contact Person

SECTION VI. RECEIVING WATER INFORMATION

Your facility's storm water discharges flow (*check one*) [ ] Directly OR [ ] Indirectly to waters of the United States.

Name of receiving water:
(river, lake, stream, ocean, etc.)

SECTION VII. IMPLEMENTATION OF PERMIT REQUIREMENTS

A. STORM WATER POLLUTION PREVENTION PLAN (SWPPP) (*check one*)
[ ] A SWPPP has been prepared for this facility and is available for review
[ ] A SWPPP will be prepared and ready for review by (enter date): ___/___/___.

B. MONITORING PROGRAM (check one)
[ ] A Monitoring Program has been prepared for this facility and is available for review.
[ ] A Monitoring Program will be prepared and ready for review by (enter date) ___/___/___.

C. PERMIT COMPLIANCE RESPONSIBILITY
Has a person been assigned responsibility for:
1. Inspecting the facility throughout the year to identify any potential pollution problems? ____YES ____NO
2. Collecting storm water samples and having them analyzed? ____YES ____NO
3. Preparing and submitting an annual report by July 1 of each year? ____YES ____NO
4. Eliminating discharges other than storm water (*such as equipment or vehicle wash-water*) into the storm drain? ____YES ____NO

SECTION VIII. REGULATORY STATUS (*Go to Section IX if not applicable*)

A. WASTE DISCHARGE REQUIREMENT ORDER NUMBER:

B. NPDES PERMIT CA:

SECTION IX. SITE MAP

I HAVE ENCLOSED A SITE MAP YES[ ] A new NOI submitted without a site map will be rejected.

SECTION X. CERTIFICATION

"I certify under penalty of law that this document and all attachments were prepared under my direction and 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. In addition, I certify that the provisions of the permit, including the development and implementation of a Storm Water Pollution Prevention Plan and a Monitoring Program Plan, will be complied with."

Printed Name: _____

Signature _____ Date _____

Title: _____

Attachment 4

DEFINITIONS

1. "Best Management Practices" ("BMPs") means schedules of activities, prohibitions of practices, maintenance procedures, and other management practices to prevent or reduce the pollution of waters of the United States. BMPs also include treatment measures, operating procedures, and practices to control facility site runoff, spillage or leaks, sludge or waste disposal, or drainage from raw material storage. BMPs may include any type of pollution prevention and pollution control measure necessary to achieve compliance with this General Permit

2. Clean Water Act (CWA) means the Federal Water Pollution Control Act enacted by Public Law 92-500 as amended by Public Laws 95-217, 95-576, 96-483, and 97-117; 33 USC. 1251 et seq.

3. "Facility" is a collection of industrial processes discharging storm water associated with industrial activity within the property boundary or operational unit.

4 "Non-Storm Water Discharge" means any discharge to storm sewer systems that is not composed entirely of storm water.

5. "Significant Materials" includes, but is not limited to. raw materials, fuels, materials such as solvents, detergents, and plastic pellets; finished materials such as metallic products; raw materials used in food processing or production, hazardous substances designated under Section 101(14) of Comprehensive Environmental Response, Compensation, and Liability Act (CERLCA); any chemical the facility is required to report pursuant to Section 313 of Title III of Superfund Amendments and Reauthorization Act (SARA), fertilizers; pesticides; and waste products such as ashes, slag, and sludge that have the potential to be released with storm water discharges.

6. "Significant Quantities" is the volume, concentrations, or mass of a pollutant that can cause or threaten to cause pollution, contamination, or nuisance; adversely impact human health or the environment, and/or cause or contribute to a violation of any applicable water quality standards for the receiving water

7. "Significant Spills" includes, but is not limited to: releases of oil or hazardous substances in excess of reportable quantities under Section 311 of the CWA (see 40 CFR 110.10 and 117.21) or Section 102 of CERCLA (see 40 CFR 302.4)

8 "Storm water" means storm water runoff, snow melt runoff, and storm water surface runoff and drainage. It excludes infiltration and runoff from agricultural land.

9. "Storm Water Associated with Industrial Activity" means the discharge from any conveyance which is used for collecting and conveying storm water and which is directly related to manufacturing, processing, or raw materials storage areas at an industrial plant. The term does not include discharges from facilities or activities excluded from the NPDES program For the facilities identified in Categories 1 through 9 of Attachment 1 of this General Permit, the term includes, but is not limited to, storm water discharges from industrial plant yards, immediate access roads and rail lines used or traveled by carriers of raw materials; manufactured products, waste material, or by-products used or created by the facility; material handling sites; refuse sites; sites used for the application or disposal of process wastewaters (as defined at 40 CFR Part 401); sites used for the storage and maintenance of material handling equipment; sites used for residual treatment, storage, or disposal; shipping and receiving areas; manufacturing buildings, storage areas (including tank farms) for raw materials, and intermediate and finished products; and areas where industrial activity has taken place in the past and significant materials remain and are exposed to storm water

For the facilities identified in Category 10 of Attachment 1 of this General Permit, the term only includes storm water discharges from all areas listed in the previous sentence where material handling equipment or activities, raw materials, intermediate products, final products, waste materials, by-products, or industrial machinery <u>are exposed to storm water</u>

Material handling activities include the: storage, loading and unloading, transportation, or conveyance of any raw material, intermediate product, finished product, by-product, or waste product. The term excludes areas located on plant lands separate from the plant's industrial activities, such as office buildings and accompanying parking lots as long as the drainage from the excluded area: is not mixed with storm water drained from the above described areas. Industrial facilities (including industrial facilities that are federally, State, or municipally owned or operated that meet the description of the facilities listed in this paragraph) include those facilities designated under 40 CFR 122.26(a)(1)(v).

Attachment 5

ACRONYM LIST

BAT	Best Available Technology Economically Achievable
BCT	Best Conventional Pollutant Control Technology
BMPs	Best Management Practices
CERCLA	Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (Federal Superfund)
CFR	Code of Federal Regulations
CWA	Clean Water Act
General Permit	General Industrial Activities Storm Water Permit
GMP	Group Monitoring Plan
NEC	No Exposure Certification
NOI	Notice of Intent
NOT	Notice of Termination
NPDES	National Pollutant Discharge Elimination System
O&G	Oil and Grease
RCRA	Resource, Conservation, and Recovery Act
Regional Water Board	Regional Water Quality Control Board
RQ	Reportable Quantity
SARA	Superfund Amendments and Reauthorization Act of 1986
SIC	Standard Industrial Classification
SMCRA	Surface Mining Control and Reclamation Act
SPCC	Spill Prevention Control and Countermeasures
State Water Board	State Water Resources Control Board
SWPPP	Storm Water Pollution Prevention Plan
TOC	Total Organic Carbon
TSS	Total Suspended Solids
U S. EPA	U.S Environmental Protection Agency
WDID	Waste Discharger Identification
WDRs	Waste Discharge Requirements

KIK Corporation Inc.

SWP3

Storm Water Pollution
Prevention Plan (SWP3)

Storm Water Pollution Prevention Plan (SWP3)

United States Compliance

Storm Water Pollution Prevention Plan

For

KIK-SoCal Inc.
9028 Dice Road
Sante Fe Springs, CA 90670

I, DC 9/30/09

Permit No.: 419I015890

Original Plan Drafted: November 1992
Plan Redrafted: July 2004

United States Compliance Corporation
301 Carlson Parkway • Suite 200 • Minnetonka, MN 55305 • Phone 952 252 3000 • Fax 952 252 3001
www uscompliance com

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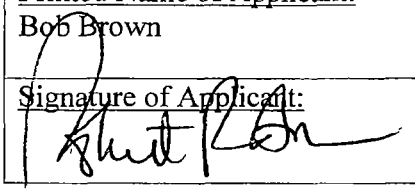
F. State Approved Reporting Forms

SECTION 1
SIGNATORY CERTIFICATION

A responsible corporate officer, general partner, or principal executive shall sign the following statement:

CERTIFICATION	
"I Bob Brown, certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining 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."	
Printed Name of Applicant: Bob Brown	Title: General Manager
Signature of Applicant: 	Date: 9-30-04

SECTION 2
INTRODUCTION

KIK-SoCal Inc. has prepared this plan in compliance with the requirements set forth in the Clean Water Act, 40 CFR 122, 123 and 124 and the General Storm Water Permit issued to the company by the State of Clifornia on June 26, 2000. (See permit in Appendix A).

The plan is designed to meet three major objectives. The first objective is to identify potential sources of pollution that may reasonably be expected to affect the quality of storm water discharges associated with industrial activity from the facility. The second objective is to describe and ensure that practices are implemented to reduce pollutants in storm water discharges associated with industrial activity. The third objective is to ultimately ensure compliance with the terms and conditions of this permit.

1) The first objective is met by the Significant Materials Inventory and the Potential Pollutant Assessment. The Significant Materials Inventory identifies materials at the site that have the potential to be released or come in contact with storm water. The Potential Pollutant Assessment identifies the potential for various sources at the site to pollute storm water.

2) The second objective is met by the Best Management Practices Identification. The information on this form describes the management practices and structural controls that currently are, or will be, employed to minimize the contact of storm water with materials or reduce pollutants in the storm water runoff.

3) The third objective is met through regular inspections of the facility and any follow-up maintenance or cleanup based on the findings of the inspections. The individuals listed on the following page will see to it that all aspects of the plan are being implemented and maintained and will, if necessary, make revisions to the plan.

SECTION 3
FACILITY DESCRIPTION

Facility Location: 9028 Dice Road
Sante Fe Springs, CA 90670

Facility Lay Out: Total site area – 331,056 square feet
Total building area – 95,832 square feet
Total tank farm area – 13,068 square feet
Total paved area – 182,952 square feet
Total unpaved area – 39,204 square feet

This is a manufacturing facility that produces and distributes a variety of solid and liquid household products including bleach, fabric softeners, and cleaners. KIK-SoCal Inc. SIC: 2841 (soap and other detergents, except specialty cleaners). Manufacturing and warehousing activities take place entirely inside of the facility's building although some equipment, drums, and chemical storage tanks are located outside.

3.1.1 Manufacturing and Warehouse Building

The manufacturing and warehouse building is located in the central portion of the site. This building contains the chemical plant, plastic blow mold shop, maintenance shop, dry mixing and dry packing shop, and warehouse. The manufacturing and warehouse building is the center for all product manufacturing, packaging, storage, and distribution. Household chemical products manufactured at the site include bleach, ammonia, fabric softener, dish detergent, and window cleaner. KIK-SoCal Inc. also manufactures plastic bottles for packaging onsite. Polyethylene pellets for the manufacture of these bottles are stored in a silo inside the building; the pellets are shipped to the facility via rail car and are conveyed pneumatically from the rail car to the storage silo. Packaged products are stored in the warehouse portion of the building and distributed from the truck shipping dock on the building's east side.

Indoor drains in these buildings are connected to the facility's wastewater reclamation system. This system recycles process water used in manufacturing following treatment (neutralization) in the wastewater treatment plant.

3.1.2 Tank Farm

Raw chemicals used for product manufacturing are stored in the tank farm area north of the manufacturing building. There are 50 aboveground storage tanks, which range in size from 3,000 gallons to 190,000 gallons. The tanks, which are located within a concrete bermed storage area, contain bleach ammonia, caustic soda, detergents, and hydrogen peroxide as well as other chemicals. Two railroad tanker cars containing chlorine are also parked on rail spurs north of the manufacturing building. ~~Tall oil, used in making fabric softener products, is also shipped to the facility by rail tanker car.~~ Other raw materials arrive at the facility in tanker trucks, and some solids, such as rock salt and

sodium sulfite, are shipped in bags. KIK-SoCal Inc. also stores tote bins of materials to be recycled in the tank farm area.

3.1.3 Support Facilities

Drummed chemicals used for product manufacturing are stored outdoors north of the tank farm. These materials are stored in metal and plastic 55-gallon drums on wood pallets along the facility's north property boundary. Also, two metal sheds in this area contain chemicals stored in 55-gallon drums or smaller containers as well as bags and unused process equipment.

Rail car loading and unloading occurs on the north side of the facility utilizing industrial offloading equipment. Truck trailers are loaded and unloaded on the east side of the facility along weather-protected loading docks with access directly into the warehouse.

A forklift refueling station is located northeast of the tank farm; this is the only refueling location at the site. The refueling station is uncovered.

Unused plastic bottles and material drums of flammables are stored outdoors in dumpsters on a sandy area east of the chemical plant.

3.1.4 Adjacent Facilities

The likelihood for storm water runoff from adjacent sites to contribute to storm water pollution at KIK-SoCal Inc. was assessed. The properties located east, west, and south of the site are occupied by light industrial and distribution facilities. In addition a distribution center is located west of KIK-SoCal Inc. across Dice Road. The property north of the site is occupied by an air facility.

The neighboring facilities do not appear to have the potential to introduce pollutants into storm water runoff from KIK-SoCal Inc. site due to curbs, roads, and drainage channels separating from neighboring facilities. Likewise, storm water from KIK-SoCal Inc. is unlikely due to the reach of neighboring properties because runoff flows directly to Altmar Place and Dice road.

SECTION 4
PURPOSE OF POLLUTION PREVENTION COMMITTEE

The purpose of the Pollution Prevention Committee is to identify by jobs titles the individuals who are responsible for developing, implementing, and revising the Storm Water Pollution Prevention Plan under the general NPDES permit. The Pollution Prevention Committee consists of the personnel on site who are most familiar with the facility and its operations. These people should provide structure and direction to the storm water management program.

The Pollution Prevention Committee is responsible for the following:

- **Implementing** all general permit and pollution prevention plan requirements.
- **Defining** and agreeing upon an appropriate set of goals for the facility's storm water management program.
- **Being aware** of any changes that are made in plant operations to determine whether any changes must be made to the Storm Water Pollution Prevention Plan.
- **Maintaining** a clear line of communication with plant management to ensure a cooperative partnership.
- **Retaining** site inspections that are conducted on a periodic basis by the Communicator

SECTION 4.1
POLLUTION PREVENTION COMMITTEE MEMBERS

Name: Derrell Johnson
Title: Coordinator
Phone: (562) 946-6427
Duties: Coordinate the implementation and execution of the requirements of the permit as well as any goals set forth in the plan. Assist in inspection and maintenance of the equipment, documentation of spills and leaks, and evaluation of the plan to determine if/when changes need to be made.

Name: Bob Brown
Title: Communicator
Phone: (562) 946-6427
Duties: Oversee record keeping and documentation of spills and leaks. Assist in implementation of the equipment and evaluation of the plan to determine if/when changes need to be made.

Name: Bill Lamey
Title: Area Director
Phone: (562) 946-6427
Duties: Assist in implementation and execution of the requirements of the program, inspection and maintenance of the equipment, documentation of spills and leaks, and evaluation of the plan to determine if/when changes need to be made.

Name: Charles Hemphill
Title: Area Director
Phone: (562) 946-6427
Duties: Assist in implementation and execution of the requirements of the program, inspection and maintenance of the equipment, documentation of spills and leaks, and evaluation of the plan to determine if/when changes need to be made.

SECTION 5
PURPOSE OF SITE MAP

The storm water site map is a complete illustration of the site features pertaining to storm water and it's potential to pollute. The site map for KIK-SoCal Inc. includes information on the following:

- Discharge points (outfalls).
- Drainage patterns.
- Identification of the types of pollutants likely to be discharged for each drainage area.
- Directions of storm water flow.
- Surface water bodies, or any other water body receiving storm water discharges from the site.
- Structural control measures (physically constructed to control storm water flows).
- Locations of significant materials exposed to storm water.
- Locations of industrial activities (such as fueling stations, loading and unloading areas, vehicle or equipment maintenance areas, waste disposal areas, and storage areas).
- Non-Municipal drainage and culvert piping.
- Storm drains and manhole or inlets.
- Drain tile and clay tile.
- Positive outfall drains.
- Soil and landscaping characteristics (gravel, dirt, or concrete).
- North direction pertaining to facility.

See Appendix B for KIK-SoCal Inc. storm water site map.

SECTION 6
STORM WATER RUNOFF PATTERNS

There are currently five storm drains on site at KIK-SoCal Inc. Storm water runoff flows either offsite along the northwest concrete driveway or to the storm drains onsite. Storm water flowing into the storm drains is routed to a collection sump located near the southeast corner of the manufacturing/warehouse building. The sump is regulated by a float mechanism which discharges collected water directly to Altmar Place.

Most of the site is impervious with approximately 29% being occupied by buildings and 60% of the site being paved. The unpaved area (approximately 11% or 0.9 acres) is relatively flat and not prone to erosion. During wet season observations, the unpaved parking area will be inspected to ensure sediment transport offsite is not occurring. Should a problem be noted, corrective action will be taken.

SECTION 7
NON-STORM WATER DISCHARGE & CERTIFICATION

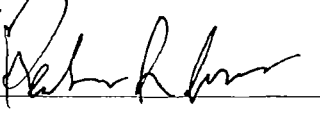
It is a requirement of the general NPDES permit that storm water discharges be tested or evaluated for the presence of non-storm water discharges. Discharges not comprised entirely of storm water are not authorized by this permit, except the following:

- Discharges from fire fighting activities.
- Fire hydrant flushings.
- Waters used to wash vehicles without the use of detergents or control dust.
- Potable water sources including waterline flushings.
- Irrigation drainages.
- Lawn watering.
- Routine external building washdown that do not use detergents.
- Pavement wash waters where spills or leaks of toxic or hazardous materials and where detergents are not used.
- Air conditioning condensate.
- Springs.
- Uncontaminated ground water.
- Foundation of footing drains where flows are not contaminated with process materials such as solvents.

During _____, KIK-SoCal Inc. and a representative of U.S. Compliance Corporation performed a non-storm water discharge evaluation. The evaluation included a visual inspection of the outfalls #1 for the presence of non-storm water discharges. The results indicate that there are no non-storm water discharges in the outfalls.

CERTIFICATION

I, Bob Brown, 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(s) who mange the system of those persons directly responsible for gathering 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 being fined and imprisoned for knowing of violations.

Signature of Applicant: 

Printed name of Applicant: Bob Brown – General Manager

SECTION 7.1
NON-STORM WATER DISCHARGE EVALUATION

Date of Assessment	Outfall #	Method Used to Evaluate Discharge	Results From Evaluation	Potential Significant Sources of Pollution to This Outfall	Person Who Conducted the Evaluation
	001	Visual Examination		Waste water treatment tank and railcars.	
	002	Visual Examination		Waste water treatment tank and railcars.	
	003	Visual Examination		Oil and grease from vehicle traffic.	
	004	Visual Examination		Oil and grease from vehicle traffic.	
	005	Visual Examination		Oil and grease from vehicle traffic.	

All indoor drains at the facility are routed to the wastewater storage tank and sanitary sewer, and no illicit connections to the storm drains are known to exist.

SECTION 8
PURPOSE OF SIGNIFICANT MATERIALS

The goal of storm water regulations is to reduce the contact between significant materials and storm water. Storm water that contacts significant materials has been identified as a major contributor of degraded water quality. The elimination of reduction of contact between storm water and significant materials is a fundamental component of California storm water program.

Significant materials may be located in the following areas: material handling areas, shipping and receiving, treatment areas, manufacturing areas, storage, and warehousing areas. From a storm water perspective, almost any material stored outside could be identified as a significant material.

The following are some examples of what a significant material is:

- Raw materials (coal, iron ore)
- Solvents (cleaners, manufacturing solvents)
- Finished materials (cement, chemicals, manufactured goods)
- Fuels (oil, kerosene, natural gas)
- Detergents (cleaners, industrial processing agents)
- Plastic pellets
- Metallic products (steel, aluminum, iron)
- Fertilizers, pesticides, or fungicides
- Hazardous substances designated under Section 101 (14) of CERCLA
- Chemicals that must be reported under Section 313 of Title III of SARA
- Waste products such as ashes, slag, and sludge

KIK-SoCal Inc. has handled, stored, or treated the significant materials on the following pages between the time of three years prior to the date of the issuance of this permit and the present.

SECTION 8.1
SIGNIFICANT MATERIALS INVENTORY

MATERIAL: Raw, Intermediate, and Final Products (See Appendix C)

PROCESSED	X	DISPOSED ON SITE	
MANUFACTURED	X	TRANSPORTED	X
STORED ON SITE	X	HANDLED	X

MATERIAL LOCATION:
Tank farm area on the north side of the building

METHOD OF STORAGE:
Various storage tanks (see Appendix C).

MANAGEMENT PRACTICES:
Tank farm area is surrounded by secondary containment. Employees are trained in proper handling of materials during loading and unloading operations.

POTENTIAL TO POLLUTE STORM WATER:
There is a potential for spills during loading/unloading operations that would lead to a spilled material being carried to a sump, where it would be discharged to Altmar Place.

DESCRIPTION OF SPILLS OR LEAKS: (UP TO THREE YEARS PRIOR TO PERMIT)
None.

MATERIAL: Dumpsters

PROCESSED		DISPOSED ON SITE	
MANUFACTURED		TRANSPORTED	
STORED ON SITE	X	HANDLED	X

MATERIAL LOCATION:
East side of the facility.

METHOD OF STORAGE:
Open topped dumpsters.

MANAGEMENT PRACTICES:
Plastic materials in the dumpsters are taken offsite for recycling or disposal.

MANAGEMENT PRACTICES CONSIDERATIONS:
Lids or covers for the dumpsters should be looked into being obtained if feasible

POTENTIAL TO POLLUTE STORM WATER:
Plastic fragments, shavings, or pellets may accumulate near the dumpsters if the dumpsters are in poor condition or materials are not disposed of properly. Materials have the potential to be transported offsite during rain events, thus creating a storm water quality problem.

DESCRIPTION OF SPILLS OR LEAKS: (UP TO THREE YEARS PRIOR TO PERMIT)
None.

SECTION 8.1
SIGNIFICANT MATERIALS INVENTORY

MATERIAL: Hazardous Materials
(See Appendix D)

PROCESSED	X	DISPOSED ON SITE	
MANUFACTURED		TRANSPORTED	X
STORED ON SITE	X	HANDLED	X

MATERIAL LOCATION:
North of the tank farm area

METHOD OF STORAGE:
Stored in drums on cement.

MANAGEMENT PRACTICES:
There is a collection sump north of the concrete driveway, which serves as a pollution prevention control measure. There is a drainage swale in this are that leads to the sump, which prevents any offsite flows of spilled materials. The sump is equipped with a float-actuated pump that will direct any effluent to the water reclamation system. The unit can be deactivated during periods of rainfall.

POTENTIAL TO POLLUTE STORM WATER:
There is a low potential for materials to pollute storm water due to the fact that it is all contained onsite.

DESCRIPTION OF SPILLS OR LEAKS: (UP TO THREE YEARS PRIOR TO PERMIT)
None.

MATERIAL: Industrial Equipment and Metal Parts Storage

PROCESSED		DISPOSED ON SITE	
MANUFACTURED		TRANSPORTED	
STORED ON SITE	X	HANDLED	X

MATERIAL LOCATION:
Stored outdoors in various locations.

METHOD OF STORAGE:
Stored on cement.

MANAGEMENT PRACTICES:
Stored on cement.

POTENTIAL TO POLLUTE STORM WATER:
Metal parts and equipment could potentially rust and contribute to storm water contamination during runoff.

DESCRIPTION OF SPILLS OR LEAKS: (UP TO THREE YEARS PRIOR TO PERMIT)
None.

SECTION 9
POTENTIAL SOURCES OF POLLUTANTS PURPOSE

The potential sources of pollution to storm water can be attributed to: loading/unloading operations, maintenance operations, outdoor storage, outdoor disposal operations, and outdoor processing operations (including dust and particulate prevention). These operations are non-point sources of pollution. Non-point pollution is caused by rainfall and snowmelt moving over and through the ground. As the runoff moves, it picks up and carries away natural and human-made pollutants, finally depositing them into lakes, rivers, wetlands, coastal waters, and even our underground sources of drinking water. The United States Environmental Protection Agency (EPA) has estimated that 60% of the water quality problems in the nation are caused by non-point sources.

By incorporating practices that reduce or eliminate identified potential sources or pollution to storm water, the water quality of the nation can be greatly improved.

SECTION 9.1
ASSESSMENT OF POTENTIAL SOURCES OF POLLUTANTS

POTENTIAL SOURCE OF POLLUTANTS	BRIEF DESCRIPTION OF POTENTIAL TO POLLUTE
LOADING/UNLOADING OPERATIONS	There is a potential for spills during loading/unloading operations that would lead to a spilled material being carried to a sump, where it would be discharged to Altmar Place. There is the possibility of storm water runoff from paved areas in loading/unloading areas coming in contact from accumulated oils and grease resulting from truck transport areas.
MAINTENANCE OPERATIONS	There is minimal maintenance that occurs outdoors
OUTDOOR STORAGE OPERATIONS	Metal parts and equipment could potentially rust and contribute to storm water contamination during runoff.
OUTDOOR DISPOSAL OPERATIONS	Plastic fragments, shavings, or pellets may accumulate near the dumpsters if the dumpsters are in poor condition or materials are not disposed of properly. Materials have the potential to be transported offsite during rain events, thus creating a storm water quality problem.
OUTDOOR PROCESSING OPERATIONS (including dust and particulate prevention)	Not applicable.

SECTION 10
PURPOSE OF BEST MANAGEMENT PRACTICES

Best Management Practices (BMPs) are measures or practices that are employed to reduce or eliminate the amount of pollution entering surface water, air, land, or ground waters. These practices may take the form of a process, activity, or physical structure.

Non-structural BMPs focus on changing behavior and management. These measures can be described as "good common sense" (e.g.. moving materials inside to reduce exposure, prohibiting certain practices, and spill prevention plans).

Structural BMPs are measures that control or manage storm water runoff and drainage. Examples of structural BMPs include enclosures used for covering exposed significant materials, swales, dikes, or storm water retention basins.

KIK-SoCal Inc. practices both non-structural and structural BMPs to reduce the potential to pollute storm water.

SECTION 10.1
BEST MANAGEMENT PRACTICES FOR POTENTIAL POLLUTANTS

POTENTIAL SOURCE OF POLLUTANTS	DESCRIPTION OF BMP'S
LOADING/UNLOADING OPERATIONS	**CURRENT BMPs** •
	NEW BMPs TO BE IMPLEMENTED •
MAINTENANCE OPERATIONS	**CURRENT BMPs** •
	NEW BMPs TO BE IMPLEMENTED •
OUTDOOR STORAGE OPERATIONS	**CURRENT BMPs** • Tank farm area is surrounded by secondary containment. • Employees are trained in proper handling of materials during loading and unloading operations. • There is a collection sump north of the concrete driveway, which serves as a pollution prevention control measure. There is a drainage swale in this are that leads to the sump, which prevents any offsite flows of spilled materials. The sump is equipped with a float-actuated pump that will direct any effluent to the water reclamation system. The unit can be deactivated during periods of rainfall. • Materials stored outside are stored on a cement surface.
	NEW BMPs TO BE IMPLEMENTED •
OUTDOOR DISPOSAL OPERATIONS	**CURRENT BMPs** • Plastic materials in the dumpsters are taken offsite for recycling or disposal.
	NEW BMPs TO BE IMPLEMENTED • Lids or covers for the dumpsters should be looked into being obtained if feasible.
OUTDOOR PROCESSING OPERATIONS	**CURRENT BMPs** •
	NEW BMPs TO BE IMPLEMENTED •

SECTION 10.2
ADDITIONAL BMP IDENTIFICATION

10.2.1 Preventative Maintenance

Preventative maintenance at all parts of the facility shall continue to be a standard practice along with immediate repairs to any equipment that is not functioning properly. This includes repairing or replacing leaking tanks, valves, piping, or other process equipment as needed. Equipment maintenance shall be performed to minimize potential pollution to storm water. This includes performing oil changes or related operations in covered or bermed areas and promptly responding to any spills, which may occur.

10.2.2 Good Housekeeping

All employees are responsible for maintaining clean work areas, identifying potential problems, and taking corrective action to ensure a safe and clean working environment. Loading docks are regularly swept. The interior chemical plant and warehouse are routinely swept and washed and the exterior driveways and loading areas are swept bi-weekly. Spill cleanup procedures call for immediate response to all spills of any size along with thorough cleanup and proper disposal of waste materials.

Storage of metal components and wood pallets is consolidated in an orderly fashion in designated areas. Hazardous waste containers are maintained with proper labeling and secondary containment in designated areas. Drums are sealed to prevent spills and/or rain water contact with drums.

10.2.3 Spill Prevention and Response

Efforts are made to prevent spills. Materials and wastes are stored in designated areas equipped with secondary containment. Care is taken during material and waste transfer to prevent spills from occurring.

KIK-SoCal Inc. has a designated an emergency response team comprised of at least six individuals familiar with facility operations and who are trained in accordance with OSHA requirements. KIK-SoCal Inc. has established a spill response station to facilitate proper response procedures in the event of a spill. A spill response inventory is posted inside the response station. Inventory is verified at least monthly when conducting facility inspections. Emergency response to spills of hazardous waste is described in Appendix E. The emergency response procedures describe evacuation, mitigation, cleanup, notification, and reporting procedures. For smaller spills (typically those less than 50 gallons which do not involve extremely hazardous substances), KIK-SoCal Inc. personnel other than the designated emergency response team may be involved in response and cleanup activities. In general, the following procedures apply to all spill response situations at KIK-SoCal Inc. and will be administered by responsible individuals or emergency response team members as appropriate:

SECTION 10.2
ADDITIONAL BMP IDENTIFICATION

- Identify the material(s) and extent of the spill. Read the storage contain label(s) to assess the immediate hazards. Use appropriate PPE as necessary to assess the spill and protect human health.

- Stop further discharge by immediately shutting off the source or up righting the container(s) involved to minimize the spill to the extent possible.

- Extinguish any flames or sparks in the area.

- Get help immediately. Report the spill to immediate supervisor or emergency response team. Notify city emergency response agencies (Santa Fe Springs Fire and Police Departments) and other agencies as required (See Appendix E).

- Evacuate all non-essential persons from the area. Use warning tape to establish a perimeter around the area.

- Contain the spill by diking or damming and absorb the material with spill absorbent booms or litter material.

- Prevent discharge of the spill to nearby sewer and/or storm drains, if present, by placing booms around the drain(s).

- Use fresh absorbents and neutralizing solution to clean the area and PPE. Discard contaminated material (including spent absorbents, rags, tools, PPE, and other cleanup equipment) to appropriately labeled containers. Dispose of waste containers according to all applicable federal, state and local requirements.

- Take corrective action as needed to reduce or eliminate potential for repeat occurrence.

10.2.4 Employee Training

KIK-SoCal Inc.'s policy is that all employees receive training for their own and the community's protection.

General employee training is achieved by orienting new employees to facility operating procedures, periodic staff meetings, quarterly emergency response training drills, and small group training by supervisors as necessary to help prevent diversions from SWPPP practices. KIK-SoCal Inc. personnel are trained in spill response, good housekeeping, hazard communication, and specific requirements of this SWPPP (including NPS pollution prevention), as applicable to job duties. Information on evacuation, emergency response notification, and related matters is displayed in prominent locations.

SECTION 10.2
ADDITIONAL BMP IDENTIFICATION

All employees receive hazardous materials handling and spill response training at the start of employment and refresher training at least bi-annually. Additional training is provided to those employees responsible for performing job duties requiring more specific levels of expertise, for example, emergency response in the event of a hazardous material release of water quality monitoring to satisfy regulatory permitting requirements. Training records indicating the subject material presented, attendance roster, date of training and instructor(s) names are retained in the plan (Appendix F).

SECTION 10.3
STORM WATER MANAGEMENT PRACTICES

General policy for storm water management practices dictates that pollution-creating activities should be altered to ones that do not, or are not likely to, cause pollution. If the activity cannot be changed, then it should be performed in an enclosed area such as the inside of a building or under a shelter. If this is also not feasible, then the activity should be performed over an impervious surface and discharges should be contained and either collected for appropriate disposal or drained to the sanitary sewer following treatment as needed.

Besides routine pollution prevention measures practiced on a site wide basis and previously described, additional storm water management practices implemented also include the following:

- Areas where non-storm water discharges may reach storm drains shall be bermed to prevent or minimize occurrences.

- Unloading areas for raw chemical products are designed to prevent runoff of spilled liquids.

- Metal storage is consolidated at the complex; obsolete materials are, or shall be, discarded promptly and properly. Outside storage areas are covered where and when feasible.

- Efforts shall be made to store drums in sheltered or secondarily contained areas. Hazardous materials and wastes are stored in accordance with applicable regulations.

- Proper spill response equipment is maintained throughout the facility in outside areas where spills of liquid products may occur.

- Outdoor areas at the facility shall be commercially swept at periodic intervals (typically bi-weekly).

- Non-storm water discharges are eliminated.

SECTION 11
RECORD KEEPING PROCEDURES

The company will maintain records of the regular inspections of the facility that monitor cleanliness, identify spills or leaks, and ensure proper operation of the machinery.

Records will also be kept of any changes that need to be made to the Storm Water Pollution Prevention Plan. Changes will need to be made if there is a change in materials or materials management practices, which may lead to the discharge pollutants in storm water. Changes also need to be made if the permittee determines that the plan is not controlling the discharge of pollutants in the storm water and/or a spill or leak has occurred. A representative of the pollution prevention team will inspect the files periodically to verify the integrity of the record keeping system and to ensure that needed information is readily available.

In addition to the inspections mentioned above, the facility will perform a comprehensive site evaluation. This inspection will be completed on an annual basis. They will perform annual inspections. These inspections will consist of making sure that all pollution prevention controls at the facility are operating properly. The evaluation will include a visual inspection of the following areas:

- Raw, Intermediate, and Final Products Storage Areas
- Dumpsters
- Tank Farm Area
- Hazardous Materials Storage Areas
- Industrial Equipment and Metal Parts Storage Areas
- Loading & Unloading Areas
- Storm Drains/Outfalls

The areas that should be inspected have a high potential to pollute storm water. Structural controls and spill response equipment will also be inspected to insure that they are operating within proper parameters. Per the results of this evaluation, the Storm Water Pollution Prevention Plan will be updated as soon as reasonably possible.

SECTION 12
STORM WATER SAMPLING

KIK-SoCal Inc. shall collect storm water samples during the first hour of discharge from the first storm event of the wet season (the wet season is defined as the dates that fall in between October 1st through May 31st), and at least one other storm event in the wet season. All storm water discharge locations shall be sampled. If KIK-SoCal Inc. does not collect samples from the first storm event of the wet season the facility is still required to collect samples from two other storm events of the wet season and shall explain in the Annual Report why the first storm event was not sampled.

Samples will be collected from run off as it enters TC-1, TC-2, and the north drain. Record the discharge location, date and time of sample collection, and the time the discharge started on FORM-1.

Sampling shall consist of a grab sample from a storm event that produces significant storm water discharge that is preceded by at least three working days of dry weather. The grab sample should be taken during the first 60 minutes of discharge. If collection of the grab sample during the first 60 minutes is impractical, KIK-SoCal Inc. will not sample that storm event.

Sample collection is only required of storm water discharges that occur during scheduled facility operating hours and that are preceded by at least three working days without storm water discharge.

The storm water shall be analyzed for (EPA Method):

- Total Suspended Solids (EPA 160.2)
- pH (EPA 150.1)
- Specific Conductance (EPA 120.1)
- Total Organic Carbon (EPA 415.1)
- Oil and Grease (EPA 3510)
- Nitrate + Nitrite Nitrogen (EPA 353.2)
- Total Zinc (EPA 200.7)

Analytical results shall be recorded on the "FORM 1-SAMPLING AND ANALYSIS RESULTS" forms found in *Appendix G: State Approved Reporting Forms*. These forms and the lab results will be submitted as a part of the Annual Report due each year by July 1st to the Los Angeles Regional Water Control Board. (Make additional copies of these forms as needed)

SECTION 13
QUARTERLY VISUAL OBSERVATIONS OF AUTHORIZED NON-STORM WATER DISCHARGES (NSWDs)

Quarterly dry weather visual observations are required of each authorized NSWD. Examples of authorized NSWD are listed in Section D of the General Permit, including the following:

- Discharges from fire fighting activities.
- Fire hydrant flushings.
- Waters used to wash vehicles without the use of detergents or control dust.
- Potable water sources including waterline flushings.
- Irrigation drainages.
- Lawn watering.
- Routine external building washdown that do not use detergents.
- Pavement wash waters where spills or leaks of toxic or hazardous materials and where detergents are not used.
- Air conditioning condensate.
- Springs.
- Uncontaminated ground water.
- Foundation of footing drains where flows are not contaminated with process materials such as solvents.

Observe each authorized NSWD source, impacted drainage area, and discharge location. Record the findings on the "FORM 2-QUARTERLY VISUAL OBSERVATIONS OF AUTHORIZED NON-STORM WATER DISCHARGES (NSWDs)" forms found in *Appendix G· State Approved Reporting Forms*. These forms will be submitted as a part of the Annual Report due each year by July 1st to the Los Angeles Regional Water Control Board. (Make additional copies of these forms as needed)

The quarters for these observations fall under this quarterly schedule:

- January – March
- April – June
- July – September
- October - December

SECTION 14
QUARTERLY VISUAL OBSERVATIONS OF UNAUTHORIZED NON-STORM WATER DISCHARGES (NSWDs)

Quarterly dry weather visual observations are required of unauthorized NSWDs. Unauthorized NSWDs are discharges (non-contact cooling water, equipment wash down, etc) that do not meet the conditions provided in Section D of the General Permit. These observations are required to observe current and detect prior unauthorized NSWDs. Unauthorized NSWDs that can not be eliminated with 90 days of observation must be reported to the Central Valley Regional Water Control Board.

Record the findings on the "FORM 3-QUARTERLY VISUAL OBSERVATIONS OF UNAUTHORIZED NON-STORM WATER DISCHARGES (NSWDs)" forms found in *Appendix G: State Approved Reporting Forms*. These forms will be submitted as a part of the Annual Report due each year by July 1st to the Los Angeles Regional Water Control Board. (Make additional copies of these forms as needed)

The quarters for these observations fall under this quarterly schedule:

- January – March
- April – June
- July – September
- October – December

SECTION 15
MONTHLY WET SEASON VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

Storm water discharge visual observations are required for at least one storm event per month during the wet season (the wet season is defined as the dates that fall in between October 1st through May 31st). Visual observations must be conducted during the first hour of discharge at all discharge locations.

Record the findings on the "FORM 4-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES" forms found in *Appendix G: State Approved Reporting Forms*. These forms and will be submitted as a part of the Annual Report due each year by July 1st to the Los Angeles Regional Water Control Board. (Make additional copies of these forms as needed)

SECTION 16
PURPOSE OF ANNUAL COMPREHENSIVE SITE EVALUATION POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY BMP STATUS

An annual comprehensive site evaluation is required for all storm water permittees. The evaluation is needed to verify that all elements of the plan, including the site map, potential pollutant sources, and structural and non-structural BMP's are accurate.

The evaluation should be submitted to the Los Angeles Regional Water Control Board. The report should contain the results of the annual site evaluation (elements that are listed above), and documentation of any event (spill, treatment unit malfunction, etc.) that would require an inspection, results of the inspection, and any subsequent corrective maintenance activity.

The annual report shall be completed and signed by KIK-SoCal Inc. Annual reports shall contain the previous years information (July 1st – June 31st) and be submitted no later than July 1st. These reports should be mailed to the following address:

Los Angeles Regional Water Control Board
320 W. Fourth Street, Suite 200
Los Angeles, CA 90013

Record the findings on the "FORM 5-ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION POTENTIAL POLLUTANT SOURCE / INDUSTRIAL ACTIVITY BMP STATUS" forms found in *Appendix G: State Approved Reporting Forms*. These forms and will be submitted as a part of the Annual Report due each year by July 1st to the Los Angeles Regional Water Control Board. (Make additional copies of these forms as needed)

APPENDIX A:
GENERAL NPDES PERMIT

Cal/EPA

State Water
Resources
Control Board

Mailing Address:
P.O. Box 100
Sacramento, CA
95812-0100

901 P Street
Sacramento, CA
95814
(916) 657-0919
FAX (916) 657-1011

MAY 1 1997

Pete Wilson
Governor

TO: Current Facility Operators

REISSUED INDUSTRIAL ACTIVITIES STORM WATER GENERAL PERMIT

Enclosed are the Industrial Activities Storm Water General Permit (General Permit) adopted by the State Water Resources Control Board (SWRCB) on April 17, 1997 and a facility specific Notice of Intent (NOI) that must be reviewed, signed, and returned within 45 days of receipt. An addressed return envelope is also enclosed for your convenience. As a facility operator that had previously submitted an NOI for the now expired General Permit, you are not required to submit a fee or site map with this NOI.

The reissued General Permit contains many revisions as compared to the expired General Permit. The reverse side of this letter lists some of the important changes that may effect your Storm Water Pollution Prevention Plan (SWPPP) and Monitoring Program. You are required to review, and revise, as necessary, your SWPPP and Monitoring Program by August 1, 1997 to ensure that they comply with the reissued General Permit.

Please note that the reissued General Permit requires you to complete all your remaining 1996-97 activities required by the expired General Permit. For example, you must submit an Annual Report to the local Regional Water Quality Control Board (RWQCB) by July 1, 1997.

You should discuss any questions or issues related to this reissued General Permit with the appropriate RWQCB staff. Attachment 2 of the General Permit lists the RWQCB addresses, telephone numbers, and staff contacts.

If you have any questions for SWRCB staff, please call our industrial activities message line at 916/657-0919.

Sincerely,

for Walt Pettit
Executive Director

Enclosures

Recycled Paper

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
GENERAL PERMIT NO. CAS000001 (GENERAL PERMIT)

WASTE DISCHARGE REQUIREMENTS (WDRS)
FOR
DISCHARGES OF STORM WATER ASSOCIATED WITH INDUSTRIAL ACTIVITIES
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FOR

STATE WATER RESOURCES CONTROL BOARD (STATE WATER BOARD)
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FOR
DISCHARGES OF STORM WATER ASSOCIATED WITH INDUSTRIAL ACTIVITIES
EXCLUDING CONSTRUCTION ACTIVITIES

BACKGROUND

In 1972, the Federal Water Pollution Control Act (also referred to as the Clean Water Act (CWA)) was amended to provide that the discharge of pollutants to waters of the United States from any point source is effectively prohibited unless the discharge is in compliance with an NPDES permit. The 1987 amendments to the CWA added Section 402(p) which establishes a framework for regulating municipal and industrial storm water discharges under the NPDES Program. On November 16, 1990, the U.S. Environmental Protection Agency (U.S. EPA) published final regulations that establish application requirements for storm water permits. The regulations require that storm water associated with industrial activity (storm water) that discharges either directly to surface waters or indirectly through municipal separate storm sewers must be regulated by an NPDES permit.

U.S. EPA developed a four-tier permit issuance strategy for storm water discharges associated with industrial activity as follows:

Tier I, Baseline Permitting--One or more general permits will be developed to initially cover the majority of storm water discharges associated with industrial activity.

Tier II, Watershed Permitting--Facilities within watersheds shown to be adversely impacted by storm water discharges associated with industrial activity will be targeted for individual or watershed-specific general permits.

Tier III, Industry-Specific Permitting--Specific industry categories will be targeted for individual or industry-specific general permits.

Tier IV, Facility-Specific Permitting--A variety of factors will be used to target specific facilities for individual permits.

The regulations allow authorized states to issue general permits or individual permits to regulate storm water discharges.

a facility is classified as one of those subcategories, that facility is subject to the standards listed in the CFR for that category and is subject to this General Permit. This General Permit contains additional requirements (see Section B.6.) for facilities with storm water effluent limitations guidelines.

Category 5 Dischargers

Inactive or closed landfills, land application sites, and open dumps that have received industrial wastes (Category 5) may be subject to this General Permit unless the storm water discharges from the sites are already regulated by an NPDES permit issued by the appropriate Regional Water Board. Facility operators of closed landfills that are regulated by waste discharge requirements (WDRs) may be required to comply with this General Permit. In some cases, it may be appropriate for closed landfills to be covered by the State Water Board's General Permit during closure activities New landfill construction should be covered by the Construction Activities General Permit. Facility operators should contact their Regional Water Board to determine the appropriate permit coverage.

Category 11 Dischargers

Facility operators of Category 11 (light industry) facilities are not subject to this General Permit if they can certify that the following minimum conditions at their facilities are met:

1. All prohibited non-storm water discharges have been eliminated or otherwise permitted.

2. All areas of past exposure have been inspected and cleaned, as appropriate.

3. All materials related to industrial activity (including waste materials) are not exposed to storm water or authorized non-storm water discharges.

4. All industrial activities and industrial equipment are not exposed to storm water or authorized non-storm water discharges.

5. There is no exposure of materials associated with industrial activity through other direct or indirect pathways such as particulates from stacks and exhaust systems.

6. There is periodic re-evaluation of the facility to ensure Conditions 1, 3, 4, and 5 are continuously met.

Currently, facility operators that can certify that the above conditions are met are not required to notify the State Water

Board or Regional Water Board. These facility operators are advised to retain such certification documentation on site.

The Ninth Circuit Court of Appeals invalidated the exemption granted by U.S. EPA for storm water discharges from facilities in Category 11 that do not have exposure and remanded the regulation to U.S. EPA for further action. The State Water Board, at this time, is not requiring storm water discharges from facilities in Category 11 that do not have exposure to be covered by this General Permit. Instead, the State Water Board will await future U.S. EPA or court action clarifying the types of storm water discharges that must be permitted. If necessary, the State Water Board will reopen the General Permit to accommodate such a clarification.

Section 1068 of the Intermodel Surface Transportation Act of 1991 exempts municipal agencies serving populations of less than 100,000 from Phase I permit requirements for most facilities they operate (uncontrolled sanitary landfills, power plants, and airports are still required to be permitted in Phase I). Phase II of the Permit Program scheduled to begin August 7, 2001 will cover the facilities that are exempt from Phase I permit requirements.

TYPES OF DISCHARGES NOT COVERED BY THIS GENERAL PERMIT

1. CONSTRUCTION ACTIVITY: Discharges from construction activity of five acres or more, including clearing, grading, and excavation. A separate general permit was adopted on August 20, 1992 for this industrial category.

2. FACILITIES WHICH HAVE NPDES PERMITS CONTAINING STORM WATER PROVISIONS: Some storm water discharges may be regulated by other individual or general NPDES permits issued by the State Water Board or the Regional Water Boards. These discharges shall not be regulated by this General Permit. When the individual or general NPDES permits for such discharges expire, the State Water Board or Regional Water Board may authorize coverage under this General Permit or another general NPDES permit, or may issue a new individual NPDES permit consistent with the Federal and State storm water regulations. Interested parties may petition the State Water Board or appropriate Regional Water Board to issue individual or General NPDES Permits. General Permits may be issued for a particular industrial group or watershed area.

3. FACILITIES DETERMINED INELIGIBLE BY REGIONAL WATER BOARDS: Regional Water Boards may determine that discharges from a facility or groups of facilities, otherwise eligible for coverage under this General Permit, have potential water quality impacts that may not be appropriately addressed by

DESCRIPTION OF GENERAL PERMIT CONDITIONS

Prohibitions

This General Permit authorizes storm water and authorized non-storm water discharges from facilities that are required to be covered by a storm water permit. This General Permit prohibits discharges of material other than storm water (non-storm water discharges) that are not authorized by the General Permit and discharges containing hazardous substances in storm water in excess of reportable quantities established at 40 CFR 117.3 and 40 CFR 302.4. Authorized non-storm water discharges are addressed in the Special Conditions of the General Permit.

Effluent Limitations

NPDES Permits for storm water discharges must meet all applicable provisions of Sections 301 and 402 of the CWA. These provisions require control of pollutant discharges using best available technology economically achievable (BAT) and best conventional pollutant control technology (BCT) to prevent and reduce pollutants and any more stringent controls necessary to meet water quality standards.

U.S. EPA regulations (40 CFR Subchapter N) establish effluent limitation guidelines for storm water discharges from facilities in ten industrial categories. For these facilities, compliance with the effluent limitation guidelines constitutes compliance with BAT and BCT for the specified pollutants and must be met to comply with this General Permit.

For storm water discharges from facilities not among the ten industrial categories listed in 40 CFR Subchapter N, it is not feasible at this time to establish numeric effluent limitations. The reasons why establishment of numeric effluent limitations is not feasible are discussed in detail in State Water Board Orders No. WQ 91-03 and WQ 91-04. Therefore, this General Permit allows the facility operator to implement best management practices (BMPs) to comply with the requirements of this General Permit. This approach is consistent with the U.S. EPA's August 1, 1996 "Interim Permitting Approach for Water Quality Based Effluent Limitations in Storm Water Permits".

Receiving Water Limitations

Storm water discharges shall not cause or contribute to a violation of an applicable water quality standard. The General Permit requires facility operators to reduce or prevent pollutants in storm water discharges and authorized non-storm water discharges through the development and implementation of BMPs which constitutes compliance with BAT and BCT and, in most cases, compliance with water quality standards. If receiving

water quality standards are exceeded, facility operators are required to submit a written report providing additional BMPs that will be implemented to achieve water quality standards.

Storm Water Pollution Prevention Plans (SWPPPs)

All facility operators must prepare, retain on site, and implement an SWPPP. The SWPPP has two major objectives: (1) to help identify the sources of pollution that affect the quality of industrial storm water discharges and authorized non-storm water discharges, and (2) to describe and ensure the implementation of BMPs to reduce or prevent pollutants in industrial storm water discharges and authorized non-storm water discharges

This General Permit requires development and implementation of an SWPPP emphasizing BMPs. This approach provides the flexibility necessary to establish appropriate BMPs for different types of industrial activities and pollutant sources. As this General Permit covers vastly different types of facilities, the State Water Board recognizes that there is no single best way of developing or organizing an SWPPP. The SWPPP requirements contain the essential elements that all facility operators must consider and address in the SWPPP. This General Permit's SWPPP requirements are more detailed than the previous general permit's SWPPP requirements, and the suggested order of the SWPPP elements have been rearranged (1) to correspond more closely with other storm water permits in effect throughout the country, and (2) to generally follow a more logical path. Facility operators that have already developed and implemented SWPPPs under previous general permits are required to review the SWPPP's requirements contained in this General Permit and then review their existing SWPPP for adequacy. If the existing SWPPP adequately identifies and assesses all potential sources of pollutants and describes the appropriate BMPs necessary to reduce or prevent pollutants, the facility operator is not required to revise the existing SWPPP.

One of the major elements of the SWPPP is the elimination of unauthorized non-storm water discharges to the facility's storm drain system. Unauthorized non-storm water discharges can be generated from a wide variety of potential pollutant sources. They include waters from the rinsing or washing of vehicles, equipment, buildings, or pavement, materials that have been improperly disposed of or dumped, and spilled, or leaked materials. Unauthorized non-storm water discharges can contribute a significant pollutant load to receiving waters. Measures to control spills, leakage, and dumping can often be addressed through BMPs. Unauthorized non-storm water discharges may enter the storm drain system via conveyances such as floor drains. All conveyances should be evaluated to determine whether they convey unauthorized non-storm water discharges to the storm

Facility operators shall continue to comply with the existing monitoring program requirements until receiving approval by the Regional Water Board.

Group Monitoring

Each facility operator may either perform sampling and analysis individually or participate in a group monitoring program. A group monitoring program may be developed either by a group leader representing a group of similar facilities or by a local agency which holds a storm water permit for a municipal separate storm sewer system for industrial facilities within its jurisdiction. The group leader or local agency responsible for the group monitoring program must schedule all participating facilities to sample two storm events over the life of this General Permit. Facility operators subject to Federal effluent limitations guidelines in 40 CFR Subchapter N must individually sample and analyze for pollutants listed in the appropriate Federal regulations.

Participants within a group may be located within the jurisdiction of more than one Regional Water Board. Multi-Regional Water Board groups must receive the approval of the State Water Board Executive Director (with the concurrence of the appropriate Regional Water Boards).

Each group leader or local agency responsible for group sampling must: (1) provide guidance or training so that the monitoring is done correctly, (2) recommend appropriate BMPs to reduce or prevent pollutants in storm water discharges and authorized non-storm water discharges from group participants, (3) evaluate and report the monitoring data to the State Water Board and/or the appropriate Regional Water Board(s), and (4) conduct two on-site inspections at each facility over the five year term of this General Permit to evaluate facility compliance and recommend BMPs to achieve compliance with this General Permit. The group leader or local agency may designate, hire, or train inspectors to conduct these inspections that are or are not directly affiliated with the group leader or local agency. It is the group leader's or local agency's responsibility to select inspectors that are capable of evaluating each facility's compliance with the General Permit and can recommend appropriate BMPs. All group monitoring plans are subject to State Water Board and/or Regional Water Board(s) review. Consistent with the four-tier permitting strategy described in the Federal regulations, the Regional Water Board(s) may evaluate the data and results from group monitoring to establish future permitting decisions. As appropriate, the State Water Board and/or the Regional Water Board(s) may terminate or require substantial amendment to the group monitoring plans. The State Water Board and/or the Regional Water Board(s) may terminate a facility's participation in group monitoring or require additional monitoring activities.

Retention of Records

The facility operator is required to retain records of all monitoring information, copies of all reports required by this General Permit, and records of all data used to complete the NOI for a period of five years from the date of measurement, report, or monitoring activity. This period may be extended by the State and/or Regional Water Boards. All records are public documents and must be provided to the Regional Water Boards on request.

Watershed Management

The State and Regional Water Boards are undertaking a focussed effort in watershed management throughout the State. In reissuing this General Permit, the State Water Board recognizes both the evolving nature of watershed management and the long-term desirability of structuring monitoring programs to support the Watershed Management Initiative. Therefore, the amended monitoring and reporting provisions provide flexibility for individual facility operators or groups of facility operators to propose and participate in, subject to Regional Water Board approval, watershed monitoring programs in lieu of some or all of the monitoring requirements contained in this General Permit.

Facility Operator Compliance Responsibilities

This General Permit has been written to encourage individual facility operators to develop their own SWPPP and monitoring programs. Many facility operators, however, choose to obtain compliance assistance either by hiring a consultant on an individual basis or by participating in a group monitoring plan. Regardless of how a facility operator chooses to pursue compliance, it is the facility operator that is responsible for compliance with this General Permit.

The State Water Board recognizes that industrial activities and operating conditions at many facilities change over time. In addition, new and more effective BMPs are being developed by various facility operators and by industrial groups. The SWPPP and monitoring program requirements include various inspections, reviews, and observations all of which recognize, encourage, and mandate an iterative self-evaluation process that is necessary to consistently comply with this General Permit. In general, facility operators that develop and implement SWPPPs that comply with this General Permit should not be penalized when discovering minor violations through this iterative self-evaluation process. The General Permit provides facility operators up to 90 days to revise and implement the SWPPP to correct such violations

Pollution Prevention Plan (SWPPP) to reduce or prevent pollutants associated with industrial activity in storm water discharges and authorized non-storm water discharges.

Best Management Practices (BMPs) to reduce or prevent pollutants associated with industrial activity in storm water discharges and authorized non-storm water discharges are appropriate where numeric effluent limitations are infeasible, and the implementation of BMPs is adequate to achieve compliance with BAT/BCT and with water quality standards

The State Water Board has adopted a Watershed Management Initiative that encourages watershed management throughout the State This General Permit recognizes the Watershed Management Initiative by supporting the development of watershed monitoring programs authorized by the Regional Water Boards

Following adoption of this General Permit, the Regional Water Boards shall enforce its provisions.

Following public notice in accordance with State and Federal laws and regulations, the State Water Board held a public hearing on November 12, 1996 and heard and considered all comments pertaining to this General Permit. A response to all significant comments has been prepared and is available for public review

This Order is an NPDES General Permit in compliance with Section 402 of the CWA and shall take effect upon adoption by the State Water Board

All terms that are defined in the CWA, U.S. EPA storm water regulations and the Porter-Cologne Water Quality Control Act will have the same definition in this General Permit unless otherwise stated.

IT IS HEREBY ORDERED that all facility operators required to be regulated by this General Permit shall comply with the following:

DISCHARGE PROHIBITIONS:

Except as allowed in Special Conditions (D.1.) of this General Permit, materials other than storm water (non-storm water discharges) that discharge either directly or indirectly to waters of the United States are prohibited. Prohibited non-storm water discharges must be either eliminated or permitted by a separate NPDES permit.

2. Storm water discharges and authorized non-storm water discharges shall not cause or threaten to cause pollution, contamination, or nuisance.

B. EFFLUENT LIMITATIONS:

1. Storm water discharges from facilities subject to storm water effluent limitation guidelines in Federal regulations (40 CFR Subchapter N) shall not exceed the specified effluent limitations.

2. Storm water discharges and authorized non-storm water discharges regulated by this General Permit shall not contain a hazardous substance equal to or in excess of a reportable quantity listed in 40 CFR Part 117 and/or 40 CFR Part 302.

3. Facility operators covered by this General Permit must reduce or prevent pollutants associated with industrial activity in storm water discharges and authorized non-storm water discharges through implementation of BAT for toxic and non-conventional pollutants and BCT for conventional pollutants. Development and implementation of an SWPPP that complies with the requirements in Section A of the General Permit and that includes BMPs that achieve BAT/BCT constitutes compliance with this requirement.

C. RECEIVING WATER LIMITATIONS:

1. Storm water discharges and authorized non-storm water discharges to any surface or ground water shall not adversely impact human health or the environment.

2. Storm water discharges and authorized non-storm water discharges shall not cause or contribute to an exceedance of any applicable water quality standards contained in a Statewide Water Quality Control Plan or the applicable Regional Water Board's Basin Plan.

3. A facility operator will not be in violation of Receiving Water Limitation C.2. as long as the facility operator has implemented BMPs that achieve BAT/BCT and the following procedure is followed.

   a. The facility operator shall submit a report to the appropriate Regional Water Board that describes the BMPs that are currently being implemented and additional BMPs that will be implemented to prevent or reduce any pollutants that are causing or contributing to the exceedance of water quality

adoption of this General Permit must develop and implement an SWPPP in accordance with Section A of this General Permit when the industrial activities begin.

3. Facility operators who have filed an NOI, pursuant to State Water Board Order No. 91-013-DWQ (as amended by Order No. 92-116) or San Francisco Bay Regional Water Board Order No 92-11 (as amended by Order No. 92-116), shall continue to implement their existing Monitoring Program and shall implement any necessary revisions to their Monitoring Program in accordance with Section B of the General Permit in a timely manner, but in no case later than August 1, 1997. Facility operators beginning industrial activities after adoption of this General Permit must develop and implement a Monitoring Program in accordance with Section B of this General Permit when industrial activities begin

4. Facility operators of feedlots as defined in 40 CFR Part 412 that are in full compliance with Section 2560 to Section 2565, Title 23, California Code of Regulations (Chapter 15) will be in compliance with all effluent limitations and prohibitions contained in this General Permit. Facility operators of feedlots that comply with Chapter 15, however, must perform monitoring in compliance with the requirements of Section B.4.d and B 14 of this General Permit. Facility operators of feedlots must also comply with any Regional Water Board WDRs or NPDES general permit regulating their storm water discharges.

5. All facility operators must comply with lawful requirements of municipalities, counties, drainage districts, and other local agencies regarding storm water discharges and non-storm water discharges entering storm drain systems or other watercourses under their jurisdiction, including applicable requirements in municipal storm water management programs developed to comply with NPDES permits issued by the Regional Water Boards to local agencies

6. All facility operators must comply with the standard provisions and reporting requirements for each facility covered by this General Permit contained in Section C, Standard Provisions.

7. Facility operators that operate facilities with co-located industrial activities (facilities that have industrial activities that meet more than one of the descriptions in Attachment 1) that are contiguous to one another are authorized to file a single NOI to comply with the General Permit. Storm water discharges

and authorized non-storm water discharges from the co-located industrial activities are authorized provided that the SWPPP and Monitoring Program addresses each co-located industrial activity.

8. Upon reissuance of a successor NPDES general permit by the State Water Board, the facility operators subject to this reissued General Permit may be required to file an NOI.

9. Facility operators may request to terminate their coverage under this General Permit by filing a Notice of Termination (NOT) with the Regional Water Board. The NOT shall provide all documentation requested by the Regional Water Board. The facility operator will be notified when the NOT has been approved Should the NOT be denied, facility operators are responsible for continued compliance with the requirements of this General Permit.

10. Facility operators who have filed an NOI, pursuant to State Water Board Order No. 91-013-DWQ (as amended by Order No. 92-12) or San Francisco Bay Regional Water Board Order No. 92-11 (as amended by Order No. 92-116) shall:

    a. Complete the 1996-97 activities required by those general permits. These include, but are not limited to, conducting any remaining visual observations, sample collection, annual site inspection, annual report submittal, and (for group monitoring leaders) Group Evaluation Reports, and

    b. Comply with the requirements of this General Permit no later than August 1, 1997.

11. If the Regional Water Board determines that a discharge may be causing or contributing to an exceedance of any applicable water quality standards contained in a Statewide Water Quality Control Plan or the applicable Regional Water Board's Basin Plan, the Regional Water Board may order the facility operator to comply with the requirements described in Receiving Water Limitation C.3. The facility operator shall comply with the requirements within the time schedule established by the Regional Water Board.

12. If the facility operator determines that its storm water discharges or authorized non-storm water discharges are causing or contributing to an exceedance of any

SECTION A: STORM WATER POLLUTION PREVENTION PLAN REQUIREMENTS

1 *Implementation Schedule*

A storm water pollution prevention plan (SWPPP) shall be developed and implemented for each facility covered by this General Permit in accordance with the following schedule.

a Facility operators beginning industrial activities before October 1, 1992 shall develop and implement the SWPPP no later than October 1, 1992. Facility operators beginning industrial activities after October 1, 1992 shall develop and implement the SWPPP when industrial activities begin.

b Existing facility operators that submitted a Notice of Intent (NOI), pursuant to State Water Resources Control Board (State Water Board) Order No. 91-013-DWQ (as amended by Order No. 92-12) or San Francisco Bay Regional Water Quality Control Board (Regional Water Board) Order No 92-11 (as amended by Order No. 92-116), shall continue to implement their existing SWPPP and shall implement any necessary revisions to their SWPPP in a timely manner, but in no case later than August 1, 1997.

2 *Objectives*

The SWPPP has two major objectives: (a) to identify and evaluate sources of pollutants associated with industrial activities that may affect the quality of storm water discharges and authorized non-storm water discharges from the facility; and (b) to identify and implement site-specific best management practices (BMPs) to reduce or prevent pollutants associated with industrial activities in storm water discharges and authorized non-storm water discharges. BMPs may include a variety of pollution prevention measures or other low-cost and pollution control measures. They are generally categorized as non-structural BMPs (activity schedules, prohibitions of practices, maintenance procedures, and other low-cost measures) and as structural BMPs (treatment measures, run-off controls, overhead coverage.) To achieve these objectives, facility operators should consider the five phase process for SWPPP development and implementation as shown in Table A.

The SWPPP requirements are designed to be sufficiently flexible to meet the needs of various facilities. SWPPP requirements that are not applicable to a facility should not be included in the SWPPP.

A facility's SWPPP is a written document that shall contain a compliance activity schedule, a description of industrial activities and pollutant sources, descriptions of BMPs, drawings, maps, and relevant copies or references of parts of other plans. The SWPPP shall be revised whenever appropriate and shall be readily available for review by facility employees or Regional Water Board inspectors.

3. *Planning and Organization*

a. *Pollution Prevention Team*

The SWPPP shall identify a specific individual or individuals and their positions within the facility organization as members of a storm water pollution prevention team responsible for developing the SWPPP, assisting the facility manager in SWPPP implementation and revision, and conducting all monitoring program activities required in Section B of this General Permit. The SWPPP shall clearly identify the General Permit related responsibilities, duties, and activities of each team member. For small facilities, storm water pollution prevention teams may consist of one individual where appropriate.

b. *Review Other Requirements and Existing Facility Plans*

The SWPPP may incorporate or reference the appropriate elements of other regulatory requirements. Facility operators should review all local, State, and Federal requirements that impact, complement, or are consistent with the requirements of this General Permit. Facility operators should identify any existing facility plans that contain storm water pollutant control measures or relate to the requirements of this General Permit. As examples, facility operators whose facilities are subject to Federal Spill Prevention Control and Countermeasures' requirements should already have instituted a plan to control spills of certain hazardous materials. Similarly, facility operators whose facilities are subject to air quality related permits and regulations may already have evaluated industrial activities that generate dust or particulates.

4. *Site Map*

The SWPPP shall include a site map. The site map shall be provided on an 8-½ x 11 inch or larger sheet and include notes, legends, and other data as appropriate to ensure that the site map is clear and understandable. If necessary, facility operators may provide the required information on multiple site maps.

Description of Potential Pollutant Sources

a. The SWPPP shall include a narrative description of the facility's industrial activities, as identified in Section A 4.e above, associated potential pollutant sources, and potential pollutants that could be discharged in storm water discharges or authorized non-storm water discharges. At a minimum, the following items related to a facility's industrial activities shall be considered:

i. Industrial Processes

Describe each industrial process, the type, characteristics, and quantity of significant materials used in or resulting from the process, and a description of the manufacturing, cleaning, rinsing, recycling, disposal, or other activities related to the process. Where applicable, areas protected by containment structures and the corresponding containment capacity shall be described.

ii. Material Handling and Storage Areas

Describe each handling and storage area, type, characteristics, and quantity of significant materials handled or stored, description of the shipping, receiving, and loading procedures, and the spill or leak prevention and response procedures. Where applicable, areas protected by containment structures and the corresponding containment capacity shall be described.

iii. Dust and Particulate Generating Activities

Describe all industrial activities that generate dust or particulates that may be deposited within the facility's boundaries and identify their discharge locations, the characteristics of dust and particulate pollutants; the approximate quantity of dust and particulate pollutants that may be deposited within the facility boundaries; and a description of the primary areas of the facility where dust and particulate pollutants would settle.

iv. Significant Spills and Leaks

Describe materials that have spilled or leaked in significant quantities in storm water discharges or non-storm water discharges since April 17, 1994. Include toxic chemicals (listed in 40 CFR, Part 302)

that have been discharged to storm water as reported on U.S. Environmental Protection Agency (U.S. EPA) Form R, and oil and hazardous substances in excess of reportable quantities (see 40 Code of Federal Regulations [CFR], Parts 110, 117, and 302).

The description shall include the type, characteristics, and approximate quantity of the material spilled or leaked, the cleanup or remedial actions that have occurred or are planned, the approximate remaining quantity of materials that may be exposed to storm water or non-storm water discharges, and the preventative measures taken to ensure spill or leaks do not reoccur. Such list shall be updated as appropriate during the term of this General Permit.

v. Non-Storm Water Discharges

Facility operators shall investigate the facility to identify all non-storm water discharges and their sources. As part of this investigation, all drains (inlets and outlets) shall be evaluated to identify whether they connect to the storm drain system.

All non-storm water discharges shall be described. This shall include the source, quantity, frequency, and characteristics of the non-storm water discharges and associated drainage area.

Non-storm water discharges that contain significant quantities of pollutants or that do not meet the conditions provided in Special Conditions D. are prohibited by this General Permit (Examples of prohibited non-storm water discharges are contact and non-contact cooling water, boiler blowdown, rinse water, wash water, etc.). Non-storm water discharges that meet the conditions provided in Special Condition D. are authorized by this General Permit The SWPPP must include BMPs to prevent or reduce contact of non-storm water discharges with significant materials or equipment

vi. Soil Erosion

Describe the facility locations where soil erosion may occur as a result of industrial activity, storm water discharges associated with industrial activity, or authorized non-storm water discharges

b. The SWPPP shall include a summary of all areas of industrial activities, potential pollutant sources, and

The description of the BMPs shall identify the BMPs as (1) existing BMPs, (2) existing BMPs to be revised and implemented, or (3) new BMPs to be implemented. The description shall also include a discussion on the effectiveness of each BMP to reduce or prevent pollutants in storm water discharges and authorized non-storm water discharges. The SWPPP shall provide a summary of all BMPs implemented for each pollutant source. This information should be summarized similar to Table B.

Facility operators shall consider the following BMPs for implementation at the facility:

a. Non-Structural BMPs

Non-structural BMPs generally consist of processes, prohibitions, procedures, schedule of activities, etc., that prevent pollutants associated with industrial activity from contacting with storm water discharges and authorized non-storm water discharges. They are considered low technology, cost-effective measures. Facility operators should consider all possible non-structural BMPs options before considering additional structural BMPs (see Section A.8 b. below). Below is a list of non-structural BMPs that should be considered:

i. Good Housekeeping

Good housekeeping generally consist of practical procedures to maintain a clean and orderly facility.

ii. Preventive Maintenance

Preventive maintenance includes the regular inspection and maintenance of structural storm water controls (catch basins, oil/water separators, etc.) as well as other facility equipment and systems.

iii. Spill Response

This includes spill clean-up procedures and necessary clean-up equipment based upon the quantities and locations of significant materials that may spill or leak.

iv. Material Handling and Storage

This includes all procedures to minimize the potential for spills and leaks and to minimize exposure of significant materials to storm water and authorized non-storm water discharges.

v. Employee Training

This includes training of personnel who are responsible for (1) implementing activities identified in the SWPPP, (2) conducting inspections, sampling, and visual observations, and (3) managing storm water. Training should address topics such as spill response, good housekeeping, and material handling procedures, and actions necessary to implement all BMPs identified in the SWPPP. The SWPPP shall identify periodic dates for such training. Records shall be maintained of all training sessions held.

vi. Waste Handling/Recycling

This includes the procedures or processes to handle, store, or dispose of waste materials or recyclable materials.

vii. Recordkeeping and Internal Reporting

This includes the procedures to ensure that all records of inspections, spills, maintenance activities, corrective actions, visual observations, etc., are developed, retained, and provided, as necessary, to the appropriate facility personnel.

viii. Erosion Control and Site Stabilization

This includes a description of all sediment and erosion control activities. This may include the planting and maintenance of vegetation, diversion of run-on and runoff, placement of sandbags, silt screens, or other sediment control devices, etc.

ix. Inspections

This includes, in addition to the preventative maintenance inspections identified above, an inspection schedule of all potential pollutant sources. Tracking and follow-up procedures shall be described to ensure adequate corrective actions are taken and SWPPPs are made.

x. Quality Assurance

This includes the procedures to ensure that all elements of the SWPPP and Monitoring Program are adequately conducted.

c The SWPPP shall be revised, as appropriate, and implemented prior to changes in industrial activities which (i) may significantly increase the quantities of pollutants in storm water discharge, (ii) cause a new area of industrial activity at the facility to be exposed to storm water, or (iii) begin an industrial activity which would introduce a new pollutant source at the facility

d Other than as provided in Provisions B.11, B.12, and C 2 of the General Permit, the SWPPP shall be revised and implemented in a timely manner, but in no case more than 90 days after a facility operator determines that the SWPPP is in violation of any requirement(s) of this General Permit.

e When any part of the SWPPP is infeasible to implement by the deadlines specified in Provision E.2 or Sections A.1, A.9, A.10.c, and A.10.d of this General Permit due to proposed significant structural changes, the facility operator shall submit a report to the Regional Water Board prior to the applicable deadline that (i) describes the portion of the SWPPP that is infeasible to implement by the deadline, (ii) provides justification for a time extension, (iii) provides a schedule for completing and implementing that portion of the SWPPP, and (iv) describes the BMPs that will be implemented in the interim period to reduce or prevent pollutants in storm water discharges and authorized non-storm water discharges. Such reports are subject to Regional Water Board approval and/or modifications Facility operators shall provide written notification to the Regional Water Board within 14 days after the SWPPP revisions are implemented.

f The SWPPP shall be provided, upon request, to the Regional Water Board. The SWPPP is considered a report that shall be available to the public by the Regional Water Board under Section 308(b) of the Clean Water Act.

SECTION B. MONITORING PROGRAM AND REPORTING REQUIREMENTS

1. *Implementation Schedule*

Each facility operator shall develop a written monitoring program for each facility covered by this General Permit in accordance with the following schedule.

a. Facility operators beginning industrial activities before October 1, 1992 shall develop and implement a monitoring program no later than October 1, 1992. Facility operators beginning operations after October 1, 1992 shall develop and implement a monitoring program when the industrial activities begin.

b. Facility operators that submitted a Notice Of Intent (NOI) pursuant to State Water Resources Control Board (State Water Board) Order No. 91-013-DWQ (as amended by Order No. 92-12) or San Francisco Bay Regional Water Quality Control Board (Regional Water Board) Order No. 92-11 (as amended by Order No. 92-116), shall continue to implement their existing monitoring program and implement any necessary revisions to their monitoring program in a timely manner, but in no case later than August 1, 1997. These facility operators may use the monitoring results conducted in accordance with those expired general permits to satisfy the pollutant/parameter reduction requirements in Section B.5.c., Sampling and Analysis Exemptions and Reduction certifications in Section B.12., and Group Monitoring Sampling credits in B.15.k. For facilities beginning industrial activities after the adoption of this General Permit, the monitoring program shall be developed and implemented when the facility begins the industrial activities.

2. *Objectives*

The objectives of the monitoring program are to.

a. Ensure that storm water discharges are in compliance with the Discharge Prohibitions, Effluent Limitations, and Receiving Water Limitations specified in this General Permit.

b. Ensure practices at the facility to reduce or prevent pollutants in storm water discharges and authorized non-storm water discharges are evaluated and revised to meet changing conditions.

c. Aid in the implementation and revision of the SWPPP required by Section A of this General Permit.

or contained storm water is released. Facility operators that do not collect samples from the first storm event of the wet season are still required to collect samples from two other storm events of the wet season and shall explain in the Annual Report why the first storm event was not sampled.

b. Sample collection is only required of storm water discharges that occur during scheduled facility operating hours and that are preceded by at least (3) three working days without storm water discharge.

c. The samples shall be analyzed for:

i. Total suspended solids (TSS) pH, specific conductance, and total organic carbon (TOC). Oil and grease (O&G) may be substituted for TOC; and

ii. Toxic chemicals and other pollutants that are likely to be present in storm water discharges in significant quantities. If these pollutants are not detected in significant quantities after two consecutive sampling events, the facility operator may eliminate the pollutant from future sample analysis until the pollutant is likely to be present again, and

iii. Other analytical parameters as listed in Table D (located at the end of this Section). These parameters are dependent on the facility's standard industrial classification (SIC) code. Facility operators are not required to analyze a parameter listed in Table D when the parameter is not already required to be analyzed pursuant to Section B.5.c.i. and ii. or B.6 of this General Permit, and either of the two following conditions are met: (1) the parameter has not been detected in significant quantities from the last two consecutive sampling events, or (2) the parameter 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 of the facilities industrial activities, potential pollutant sources, and SWPPP. Facility operators that do not analyze for the applicable Table D parameters shall certify in the Annual Report that the above conditions have been satisfied.

iv Other parameters as required by the Regional Water Board

6. *Facilities Subject to Federal Storm Water Effluent Limitation Guidelines*

Facility operators with facilities subject to Federal storm water effluent limitation guidelines, in addition to the requirements in Section B.5. above, must complete the following:

a. Collect and analyze two samples for any pollutant specified in the appropriate category of 40 CFR Subchapter N. The sampling and analysis exemptions and reductions described in Section B.12 of this General Permit do not apply to these pollutants.

b. Estimate or calculate the volume of storm water discharges from each drainage area;

c. Estimate or calculate the mass of each regulated pollutant as defined in the appropriate category of 40 CFR Subchapter N; and

d. Identify the individual(s) performing the estimates or calculations in accordance with Subsections b. and c. above.

7. *Sample Storm Water Discharge Locations*

a. Facility operators shall visually observe and collect samples of storm water discharges from all drainage areas that represent the quality and quantity of the facility's storm water discharges from the storm event.

b. If the facility's storm water discharges are commingled with run-on from surrounding areas, the facility operator should identify other visual observation and sample collection locations that have not been commingled by run-on and that represent the quality and quantity of the facility's storm water discharges from the storm event.

c. If visual observation and sample collection locations are difficult to observe or sample (e.g., sheet flow, submerged outfalls), facility operators shall identify and collect samples from other locations that represent the quality and quantity of the facility's storm water discharges from the storm event

d. Facility operators that determine that the industrial activities and BMPs within two or more drainage areas are substantially identical may either (1) collect samples from a reduced number of substantially identical

Registered Professional Engineer having examined the facility and being familiar with the provisions of this General Permit shall attest that the SWPPP has been prepared in accordance with good engineering practices Facility operators of mining operations who cannot obtain a certification because of noncompliance must notify the appropriate Regional Water Board and, upon request, the local agency which receives the storm water discharge.

Sampling and Analysis Exemptions and Reductions

A facility operator who qualifies for sampling and analysis exemptions, as described below in Section B.12.a.i., or who qualifies for reduced sampling and analysis, as described below in Section B 12.b , must submit the appropriate certifications and required documentation to the Regional Water Boards prior to the wet season (October 1) and recertify as part of the Annual Report submittal. A facility operator that qualifies for either the Regional Water Board or local agency certification programs, as described below in Section B.12.a.ii. and iii., shall submit certification and documentation in accordance with the requirements of those programs. Facility operators who provide certifications in accordance with this Section are still required to comply with all other monitoring program and reporting requirements. Facility operators shall prepare and submit their certifications using forms and instructions provided by the State Water Board, Regional Water Board, or local agency or shall submit their information on a form that contains equivalent information. Facility operators whose facility no longer meets the certification conditions must notify the Regional Water Boards (and local agency) within 30 days and immediately comply with the Section B.5. sampling and analysis requirements Should a Regional Water Board (or local agency) determine that a certification does not meet the conditions set forth below, facility operators must immediately comply with the Section B.5. sampling and analysis requirements.

a Sampling and Analysis Exemptions

A facility operator is not required to collect and analyze samples in accordance with Section B.5. if the facility operator meets all of the conditions of one of the following certification programs:

1 No Exposure Certification (NEC)

This exemption is designed primarily for those facilities where all industrial activities are conducted inside buildings and where all materials stored and handled are not exposed to storm water.

To qualify for this exemption, facility operators must certify that their facilities meet all of the following conditions:

(1) All prohibited non-storm water discharges have been eliminated or otherwise permitted.

(2) All authorized non-storm water discharges have been identified and addressed in the SWPPP

(3) All areas of past exposure have been inspected and cleaned, as appropriate.

(4) All significant materials related to industrial activity (including waste materials) are not exposed to storm water or authorized non-storm water discharges.

(5) All industrial activities and industrial equipment are not exposed to storm water or authorized non-storm water discharges.

(6) There is no exposure of storm water to significant materials associated with industrial activity through other direct or indirect pathways such as from industrial activities that generate dust and particulates.

(7) There is periodic re-evaluation of the facility to ensure conditions (1), (2), (4), (5), and (6) above are continuously met. At a minimum, re-evaluation shall be conducted once a year.

ii. Regional Water Board Certification Programs

The Regional Water Board may grant an exemption to the Section B.5. Sampling and Analysis Requirements if it determines a facility operator has met the conditions set forth in a Regional Water Board certification program. Regional Water Board certification programs may include conditions to (1) exempt facility operators whose facilities infrequently discharge storm water to waters of the United States, and (2) exempt facility operators that demonstrate compliance with the terms and conditions of this General Permit.

iii. Local Agency Certifications

A local agency may develop a local agency certification program. Such programs must be approved by the Regional Water Board. An approved local agency program may either grant an exemption

j. All calibration and maintenance records of on-site instruments used,

k. All Sampling and Analysis Exemption and Reduction certifications and supporting documentation (see Section B 12),

l. The records of any corrective actions and follow-up activities that resulted from the visual observations.

11. *Annual Report*

All facility operators shall submit an Annual Report by July 1 of each year to the Executive Officer of the Regional Water Board responsible for the area in which the facility is located and to the local agency (if requested).

The report shall include a summary of visual observations and sampling results, an evaluation of the visual observation and sampling and analysis results, laboratory reports, the Annual Comprehensive Site Compliance Evaluation Report required in Section A.9., an explanation of why a facility did not implement any activities required by the General Permit (if not already included in the Evaluation Report), and records specified in Section B.13.i. The method detection limit of each analytical parameter shall be included. Analytical results that are less than the method detection limit shall be reported as "less than the method detection limit." The Annual Report shall be signed and certified in accordance with Standard Provisions 9. and 10. of Section C of this General Permit. Facility operators shall prepare and submit their Annual Reports using the annual report forms provided by the State Water Board or Regional Water Board or shall submit their information on a form that contains equivalent information.

12. *Group Monitoring*

Facility operators may participate in group monitoring as described below. A facility operator that participates in group monitoring shall develop and implement a written site-specific SWPPP and monitoring program in accordance with the General Permit and must satisfy any group monitoring requirements. Group monitoring shall be subject to the following requirements:

a. A group monitoring plan (GMP) shall be developed and implemented by a group leader representing a group of similar facility operators regulated by this General Permit or by a local agency which holds an NPDES permit (local agency permittee) for a municipal separate storm sewer system. GMPs with participants that discharge

storm water within the boundaries of a single Regional Water Board shall be approved by that Regional Water Board. GMPs with participants that discharge storm water within the boundaries of multiple Regional Water Boards shall be approved by the State Water Board. The State Water Board and/or Regional Water Board(s) may disapprove a facility's participation in a GMP or require a GMP participant to conduct additional monitoring activities.

b. At least two samples from each GMP participant shall be collected and analyzed in accordance with Section B 5. over the five-year period of this General Permit. The two sample minimum applies to new and existing members. The group leader or local agency permittee shall schedule sampling to meet the following conditions: (i) to evenly distribute the sample collection over the five-year term of this General Permit, and (ii) to collect the two samples at each participant's facility in different and non-consecutive wet seasons. New participants who join in Years 4 and 5 of this General Permit are not subject to Condition (ii) above. Group leaders shall explain in the annual Group Evaluation Report why any scheduled samples were not collected and reschedule the sampling so that all required samples are collected during the term of this General Permit.

c. The group leader or local agency permittee must have the appropriate resources to develop and implement the GMP. The group leader or local agency permittee must also have the authority to terminate any participant who is not complying with this General Permit and the GMP.

d. The group leader or local agency permittee is responsible for:

   i. Developing, implementing, and revising the GMP;

   ii. Developing and submitting an annual Group Evaluation Report to the State Water Board and/or Regional Water Board by August 1 of each year that includes:

      (1) An evaluation and summary of all group monitoring data,

      (2) An evaluation of the overall performance of the GMP participants in complying with this General Permit and the GMP,

      (3) Recommended baseline and site-specific BMPs that should be considered by each participant based upon Items (1) and (2) above, and

GMP participants may receive sampling credits in accordance with the following conditions:

i. Current or prior participants (group participants) of approved GMPs, who have not collected and analyzed the six samples necessary to qualify for the Section B 7.b.i.(1) Sampling and Analysis Reduction, may substitute credit earned through participation in a GMP for up to four of the six required samples. Credits for GMP participation shall be calculated as follows

(1) Credits may only be earned in years of participation where the GMP participant was not scheduled to sample and the GMP was approved.

(2) One credit will be earned for each year of valid GMP participation.

(3) One additional credit may be earned for each year. the overall GMP sample collection performance is greater than 75 percent.

ii GMP participants substituting credit as calculated above shall provide proof of GMP participation and certification that all the conditions in Section B.12.b.i. have been met. GMP participants substituting credits in accordance with Section B.15.k.i.(3) shall also provide GMP sample collection performance documentation.

iii. GMP participants that qualify for Sampling and Analysis Reduction and have collected and analyzed one or more samples after October 1, 1997 shall only be required to collect one additional sample during the remainder of this General Permit. The sample shall be collected in accordance with the "Sample 2" schedule in Table C of this Section.

n. Group leaders shall furnish, within 60 days of receiving a request from the State Water Board or Regional Water Board, any GMP information and documentation necessary to verify the Section B.15.k. sampling credits. Group leaders may also provide this information and documentation to the group participants.

Watershed Monitoring Option

Regional Water Boards may approve proposals to substitute watershed monitoring for some or all of the requirements of this Section if the Regional Water Board finds that the watershed monitoring will provide substantially similar monitoring information in evaluating facility operator compliance with the requirements of this General Permit.

TABLE D
ADDITIONAL ANALYTICAL PARAMETERS

Subsector	SIC	Activity Represented	Parameters
SECTOR A. TIMBER PRODUCTS			
A1	2421	General Sawmills and Planing Mills	COD;TSS;Zn
A2	2491	Wood Preserving	As;Cu
A3	2411	Log Storage and Handling	TSS
A4	2426	Hardwood Dimension and Flooring Mills	COD;TSS
A4	2429	Special Product Sawmills, Not Elsewhere Classified	COD;TSS
A4	243X	Millwork, Veneer, Plywood, and Structural Wood	COD;TSS
A4		(except 2434--Wood Kitchen Cabinet Manufacturers)	
A4	244X	Wood Containers	COD,TSS
A4	245X	Wood Buildings and Mobile Homes	COD;TSS
A4	2493	Reconstituted Wood Products	COD;TSS
A4	2499	Wood Products, Not Elsewhere Classified	
SECTOR B. PAPER AND ALLIED PRODUCTS MANUFACTURING			
B1	261X	Pulp Mills	
B2	262X	Paper Mills	
B3	263X	Paperboard Mills	COD
B4	265X	Paperboard Containers and Boxes	
B5	267X	Converted Paper and Paperboard Products, Except Containers and Boxes	
SECTOR C. CHEMICAL AND ALLIED PRODUCTS MANUFACTURING			
C1	281X	Industrial Inorganic Chemicals	Al;Fe;N+N
C2	282X	Plastics Materials and Synthetic Resins, Synthetic Rubber, Cellulosic, and Other Manmade Fibers Except Glass	Zn
C4	284X	Soaps, Detergents, and Cleaning Preparations, Perfumes, Cosmetics, and Other Toilet Preparations	N+N;Zn
C5	285X	Paints, Varnishes, Lacquers, Enamels, and Allied Products	
C6	286X	Industrial Organic Chemicals	
C7	287X	Nitrogenous and Phosphatic Basic Fertilizers, Mixed Fertilizer, Pesticides, and Other Agricultural Chemicals	Fe;N+N;Pb;Zn;P
C8	289X	Miscellaneous Chemical Products	
	3952	Inks and Paints, Including China Painting Enamels, India Ink, (limited to list) Drawing Ink, Platinum Paints for Burnt Wood or Leather Work, Paints for China Painting, Artist's Paints, and Artist's Watercolors	
SECTOR D. ASPHALT PAVING/ROOFING MATERIALS MANUFACTURERS AND LUBRICANT MANUFACTURERS			
D1	X	Asphalt Paving and Roofing Materials	TSS
D2	2992	Lubricating Oils and Greases	

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Parameter Names

Al - Aluminum; As - Arsenic; NH_3 - Ammonia; Zn - Zinc; Cd - Cadmium; CN - Cyanide; Hg - Mercury; TSS - Total Suspended Solids; Cu - Copper; Fe - Iron; P - Phosphorus; COD - Chemical Oxygen Demand; Mg - Magnesium; Ag - Silver; Se - Selenium; BOD - Biochemical Oxygen Demand; N + N - Nitrate & Nitrite Nitrogen; Pb - Lead

c. Inspect at reasonable times any facilities or equipment (including monitoring and control equipment) that are related to or may impact storm water discharge or authorized non-storm water discharge; and

d. Conduct monitoring activities at reasonable times for the purpose of ensuring General Permit compliance

Signatory Requirements

a. All Notices of Intent (NOIs) submitted to the State Water Board shall be signed as follows:

(1) For a corporation, by a responsible corporate officer. For the purpose of this section, a responsible corporate officer means: (a) a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation; or (b) the manager of the facility if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures;

(2) For a partnership or sole proprietorship: by a general partner or the proprietor, respectively; or

(3) For a municipality, State, Federal, or other public agency: by either a principal executive officer or ranking elected official. The principal executive officer of a Federal agency includes the chief executive officer of the agency or the senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrators of U.S. EPA).

b. All reports, certifications, or other information required by the General Permit or requested by the Regional Water Board, State Water Board, U.S. EPA, or local storm water management agency shall be signed by a person described above or by a duly authorized representative. A person is a duly authorized representative only if:

(1) The authorization is made in writing by a person described above and retained as part of the SWPPP.

(2) The authorization specifies either an individual or a position having responsibility for the

overall operation of the regulated facility or activity, such as the position of manager, operator, superintendent, or position of equivalent responsibility or an individual or position having overall responsibility for environmental matters for the company. (A duly authorized representative may thus be either a named individual or any individual occupying a named position.)

(3) If an authorization is no longer accurate because a different individual or position has responsibility for the overall operation of the facility, a new authorization must be attached to the SWPPP prior to submittal of any reports, certifications, or information signed by the authorized representative.

10. Certification

Any person signing documents under Provision 9 above shall make the following certification

"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 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."

11. Reporting Requirements

a. Planned changes: The facility operator shall give advance notice to the Regional Water Board and local storm water management agency of any planned physical alteration or additions to the general permitted facility. Notice is required under this provision only when the alteration or addition could significantly change the nature or increase the quantity of pollutants discharged.

b. Anticipated noncompliance: The facility operator will give advance notice to the Regional Water Board and local storm water management agency of any planned changes at the permitted facility which may result in noncompliance with General Permit requirements.

Attachment 1

FACILITIES COVERED BY THIS GENERAL PERMIT

Industrial facilities include Federal, State, municipally owned, and private facilities from the following categories:

1. FACILITIES SUBJECT TO STORM WATER EFFLUENT LIMITATIONS GUIDELINES, NEW SOURCE PERFORMANCE STANDARDS, OR TOXIC POLLUTANT EFFLUENT STANDARDS (40 Code of Federal Regulations (CFR) SUBCHAPTER N) Currently, categories of facilities subject to storm water effluent limitations guidelines are Cement Manufacturing (40 CFR Part 411), Feedlots (40 CFR Part 412), Fertilizer Manufacturing (40 CFR Part 418), Petroleum Refining (40 CFR Part 419), Phosphate Manufacturing (40 CFR Part 422), Steam Electric (40 CFR Part 423), Coal Mining (40 CFR Part 434), Mineral Mining and Processing (40 CFR Part 436), Ore Mining and Dressing (40 CFR Part 440), and Asphalt Emulsion (40 CFR Part 443).

2. MANUFACTURING FACILITIES: Standard Industrial Classifications (SICs) 24 (except 2434), 26 (except 265 and 267), 28 (except 283 and 285) 29, 311, 32 (except 323), 33, 3441, and 373.

3. OIL AND GAS/MINING FACILITIES: SICs 10 through 14 including active or inactive mining operations (except for areas of coal mining operations meeting the definition of a reclamation area under 40 CFR 434.11(l) because of performance bond issued to the facility by the appropriate Surface Mining Control and Reclamation Act (SMCRA) authority has been released, or except for area of non-coal mining operations which have been released from applicable State or Federal reclamation requirements after December 17, 1990); oil and gas exploration, production, processing, or treatment operations; or transmission facilities that discharge storm water contaminated by contact with or that has come into contact with any overburden, raw material, intermediate products, finished products, by-products, or waste products located on the site of such operations. Inactive mining operations are mined sites that are not being actively mined but which have an identifiable facility operator. Inactive mining sites do not include sites where mining claims are being maintained prior to disturbances associated with the extraction, beneficiation, or processing of mined material; or sites where minimal activities are undertaken for the sole purpose of maintaining a mining claim.

4. HAZARDOUS WASTE TREATMENT, STORAGE, OR DISPOSAL FACILITIES: Includes those operating under interim status or a general permit under Subtitle C of the Federal Resource, Conservation, and Recovery Act (RCRA).

5. LANDFILLS, LAND APPLICATION SITES, AND OPEN DUMPS Sites that receive or have received industrial waste from any of the facilities covered by this General Permit, sites subject to regulation under Subtitle D of RCRA, and sites that have accepted wastes from construction activities (construction activities include any clearing, grading, or excavation that results in disturbance of five acres or more)

6. RECYCLING FACILITIES: SICs 5015 and 5093. These codes include metal scrapyards, battery reclaimers, salvage yards, motor vehicle dismantlers and wreckers, and recycling facilities that are engaged in assembling, breaking up, sorting, and wholesale distribution of scrap and waste material such as bottles, wastepaper, textile wastes, oil waste, etc.

7. STEAM ELECTRIC POWER GENERATING FACILITIES: Includes any facility that generates steam for electric power through the combustion of coal, oil, wood, etc.

8. TRANSPORTATION FACILITIES: SICs 40, 41, 42 (except 4221-25), 43, 44, 45, and 5171 which have vehicle maintenance shops, equipment cleaning operations, or airport deicing operations. Only those portions of the facility involved in vehicle maintenance (including vehicle rehabilitation, mechanical repairs, painting, fueling, and lubrication) or other operations identified herein that are associated with industrial activity.

9. SEWAGE OR WASTEWATER TREATMENT WORKS. Facilities used in the storage, treatment, recycling, and reclamation of municipal or domestic sewage, including land dedicated to the disposal of sewage sludge that are located within the confines of the facility with a design flow of one million gallons per day or more or required to have an approved pretreatment program under 40 CFR Part 403. Not included are farm lands, domestic gardens, or lands used for sludge management where sludge is beneficially reused and which are not physically located in the confines of the facility, or areas that are in compliance with Section 405 of the Clean Water Act.

10. MANUFACTURING FACILITIES WHERE INDUSTRIAL MATERIALS, EQUIPMENT, OR ACTIVITIES ARE EXPOSED TO STORM WATER: SICs 20, 21, 22, 23, 2434, 25, 265, 267, 27, 283, 285, 30, 31 (except 311), 323, 34 (except 3441), 35, 36, 37 (except 373), 38, 39, and 4221-4225.

When to Apply

Facility operators of existing facilities must file an NOI in accordance with these instructions by March 30, 1992. Facility operators of new facilities (those beginning operations after March 30, 1992) must file an NOI in accordance with these instructions at least 14 days prior to the beginning of operations

Once the completed NOI, site map, and appropriate fee have been submitted to the State Water Board, your NOI will be processed and you will be issued a receipt letter with a Waste Discharge Identification (WDID) Number. Please refer to this number when you contact either the State or Regional Water Boards.

Fees

The annual fee is either $250 or $500 depending on the facility location. See page 7 of these directions to determine your fee. Feedlots pay a one time fee of $2,000 for their discharge permit. Checks should be made payable to: SWRCB

The permit fee is waived for facilities that currently pay an annual fee for a National Pollutant Discharge Elimination System (NPDES) permit or Waste Discharge Requirement (WDR) permit (see Section XIII of the NOI).

Change of Information

If the information provided on the NOI or site map changes, you should report the changes to the State Water Board using an NOI form. Section I of the line-by-line instructions includes information regarding changes to the NOI.

Questions

If you have any questions completing the NOI, please call the appropriate Regional Water Board (Attachment 2) or the State Water Board at (916) 657-0919.

NOI LINE-BY-LINE INSTRUCTIONS

Please type or print your responses on the NOI. Please complete the NOI form in its entirety and sign the certification.

Section I--NOI STATUS

Check box "A" if this is a new NOI registration.

Check box "B" if you are reporting changes to the NOI (e.g., new contact person, phone number, mailing address) Include the facility WDID #. Highlight all the information that has been changed.

Please note that a change of information does not apply to a change of facility operator or a change in the location of the facility. These changes require a Notice of Termination (NOT) and submittal of a new NOI and annual fee Contact the State Water Board or Regional Water Boards for more information on the NOT Form and instructions.

Regardless of whether you are submitting a new or revised NOI, you must complete the NOI in its entirety and the NOI must be signed.

Section II--Facility Operator Information

Part A: The facility operator is the legal entity that is responsible for all permit related compliance activities at the facility. In most cases, the facility operator is the owner of the business or operation where the industrial activity occurs Give the legal name and the address of the person, firm, public organization, or any other entity that is responsible for complying with the General Permit.

Part B: Check the box that indicates the type of operation.

Section III--Facility Site Information

Part A: Enter the facility's official or legal name and provide the address. Facilities that do not have a street address must provide cross-streets or parcel numbers. Do not include a P.O. Box address in Part A.

Part B: Enter the mailing address of the facility if different than Part A. This address may be a P.O. Box.

The contact person should be the plant or site manager who is familiar with the facility and responsible for overseeing compliance of the General Permit requirements.

Part C: Enter the total size of the facility in either acres or square feet. Also include the percentage

location map may also be included, especially in cases where a facility is difficult to find, but are not to be submitted as substitute for the site map The location map can be created on local street maps and U.S Geological Survey (USGS) quadrangle maps, etc.

A revised site map must be submitted whenever there is a significant change in the facility layout (e.g., new building, changes in storage locations, boundary change, etc.).

Section X--Certification

This section should be read by the facility operator. The certification provides assurances that the NOI and site map were completed by the facility operator in an accurate and complete manner and with the knowledge that penalties exist for providing false information. It also requires the Responsible Party to certify that the provisions in the General Permit will be complied with

The NOI must be signed by

For a Corporation: a responsible corporate officer (or duly authorized individual).

For a Partnership or Sole Proprietorship: a general partner or the proprietor, respectively.

For a Municipality, State, or other non-Federal Public Agency: either a principal executive officer or ranking elected official

For a Federal Agency: either the chief or senior executive officer of the agency.

AREAS OF THE STATE IN WHICH THE $250.00 ANNUAL FEE APPLIES

Alameda County: Except *MIDWAY*

Contra Costa County: Except for the city of *BRENTWOOD*

El Dorado County: The area which drains into LAKE TAHOE

Fresno County: The cities of *CLOVIS* and *FRESNO* (and incorporated islands within the Fresno/Clovis area)

Kern County: The city of *BAKERSFIELD*

Los Angeles County: Except the cities of *AVALON, LANCASTER, PALMDALE;* and areas with zip codes *93523, 93534, 93535, 93536, 93543, 93544, 93550, 93551,. 93553, 93560, and 93563*

Orange County

Placer County: The area which drains into *Lake Tahoe*

Riverside County: The cities of *AGUANGA, ALBERHILL, ANZA, BANNING, BEAUMONT, CAHUILLA, CALIMESA, CANYON LAKE, CATHEDRAL CITY, CHERRY VALLEY, CHINO, COACHELLA, COLTON, CORONA, DESERT HOT SPRINGS, EDGEMONT, ELSINORE, GILMAN HOT SPRINGS, HEMET, HIGHGROVE, HOMELAND, IDYLLWILD, INDIAN WELLS, INDIO, LA QUINTA, LAKE ELSINORE, LAKELAND VILLAGE, LAKEVIEW, MENIFEE, MIRA LOMA, MORENO, MORENO VALLEY, MOUNTAIN CENTER, MURRIETA, NORCO, NUEVO, PALM DESERT, PALM SPRINGS, PEDLEY, PERRIS, RANCHO MIRAGE, REDLANDS, RIVERSIDE, ROMOLAND, RUBIDOUX, SAGE, SAN JACINTO, SUN CITY, SUNNYMEAD, TEMECULA, THOMAS MTN, WILDOMAR, WINCHESTER, WOODCREST, and VALLE VISTA*

Sacramento County: Except for the city of *ISLETON*

San Bernardino County: The cities of *ALTA LOMA, ANGELUS OAKS, BIG BEAR CITY, BIG BEAR LAKE, BLOOMINGTON, CAJON JUNCTION, CAMP ANGELUS, CHINO, CHINO HILLS, COLTON, CORONA, CUCAMONGA, DEVORE, EAST HIGHLANDS, ETIWANDA, FAWNSKIN, FONTANA, FOREST FALLS, GRAND TERRACE, GUASTI, HIGHLAND, LOMA LINDA, LOS SERRANOS, LYTLE CREEK, MENTONE, MONTCLAIR, MT. BALDY, MUSCOY, NORCO, ONTARIO, POMONA, RANCHO CUCAMONGA, REDLANDS, RIALTO, RUNNING SPRINGS, SAN BERNARDINO, SEVEN OAKS, UPLAND, and YUCAIPA*

San Diego County: Except for the cities of *AGUA CALIENTE SPRINGS, BORREGO, BORREGO SPRINGS, BOULEVARD, DESERT SHORES, DOS CABEZAS, JACUMBA, JULIAN, MOUNTAIN SPRING, OCOTILLO WELLS,* and *SAN FELIPE*

San Joaquin County: The city of *STOCKTON*

San Mateo County

Santa Clara County: Except for the cities of *BELL STATION, BOLDER CREEK, GILROY, HOLLISTER, MORGAN HILL, SAN FELIPE, SAN MARTIN, SARGENT, and SVEADAL*

Solano County: The cities of *FAIRFIELD and SUISUN CITY*

Stanislaus County: The city of *MODESTO*

Ventura County: The cities of *CAMARILLO, FILLMORE, MOORPARK, OJAI, OXNARD, PORT HUENEME, SAN BUENAVENTURA, SANTA PAULA, SIMI VALLEY, and THOUSAND OAKS*

State of California
State Water Resources Control Board

NOTICE OF INTENT

TO COMPLY WITH THE TERMS OF THE
GENERAL PERMIT TO DISCHARGE STORM WATER
ASSOCIATED WITH INDUSTRIAL ACTIVITY (WQ ORDER No 97-03-DWQ)
(Excluding Construction Activities)

SECTION I. NOI STATUS (please check only one box)

A. [ ] New Permittee B. [ ] Change of Information WDID # |__|__|__|__|__|__|__|__|__|__|

SECTION II. FACILITY OPERATOR INFORMATION (See instructions)

A. NAME: Phone: |__|__|__|-|__|__|__|-|__|__|__|__|

Mailing Address:

City: State: Zip Code: |__|__|__|__|__-|__|__|__|__|

Contact Person:

B. OPERATOR TYPE:
(*check one*) 1.[ ] Private 2.[ ]City 3.[ ]County 4.[ ]State 5.[ ]Federal 6.[ ]Special District 7.[ ]Gov. Combo

SECTION III. FACILITY SITE INFORMATION

A. FACILITY NAME Phone: |__|__|__|-|__|__|__|-|__|__|__|__|

Facility Location: County:

City: State: CA Zip Code: |__|__|__|__|__-|__|__|__|__|

B. MAILING ADDRESS:

City: State: Zip Code: |__|__|__|__|__-|__|__|__|__|

Contact Person:

C. FACILITY INFORMATION (check one)
Total Size of Site: Acres [ ] Sq. Ft. [ ]
Percent of Site Impervious (*including rooftops*) |__|__|__| %

D. SIC CODE(S) OF REGULATED ACTIVITY: E. REGULATED ACTIVITY (*describe each SIC code*):

1. |__|__|__|__|
2. |__|__|__|__|
3. |__|__|__|__|

SECTION IV. ADDRESS FOR CORRESPONDENCE

|__| Facility Operator Address |__| Facility Mailing Address |__| Both

Attachment 4

DEFINITIONS

"Best Management Practices" ("BMPs") means schedules of activities, prohibitions of practices, maintenance procedures, and other management practices to prevent or reduce the pollution of waters of the United States. BMPs also include treatment measures, operating procedures, and practices to control facility site runoff, spillage or leaks, sludge or waste disposal, or drainage from raw material storage BMPs may include any type of pollution prevention and pollution control measure necessary to achieve compliance with this General Permit.

Clean Water Act (CWA) means the Federal Water Pollution Control Act enacted by Public Law 92-500 as amended by Public Laws 95-217, 95-576, 96-483, and 97-117; 33 USC. 1251 et seq.

"Facility" is a collection of industrial processes discharging storm water associated with industrial activity within the property boundary or operational unit.

"Non-Storm Water Discharge" means any discharge to storm sewer systems that is not composed entirely of storm water.

"Significant Materials" includes, but is not limited to: raw materials, fuels, materials such as solvents, detergents, and plastic pellets; finished materials such as metallic products; raw materials used in food processing or production, hazardous substances designated under Section 101(14) of Comprehensive Environmental Response, Compensation, and Liability Act (CERLCA); any chemical the facility is required to report pursuant to Section 313 of Title III of Superfund Amendments and Reauthorization Act (SARA), fertilizers; pesticides; and waste products such as ashes, slag, and sludge that have the potential to be released with storm water discharges.

"Significant Quantities" is the volume, concentrations, or mass of a pollutant that can cause or threaten to cause pollution, contamination, or nuisance; adversely impact human health or the environment; and/or cause or contribute to a violation of any applicable water quality standards for the receiving water

"Significant Spills" includes, but is not limited to: releases of oil or hazardous substances in excess of reportable quantities under Section 311 of the CWA (see 40 CFR 110.10 and 117 21) or Section 102 of CERCLA (see 40 CFR 302 4)

"Storm water" means storm water runoff, snow melt runoff, and storm water surface runoff and drainage. It excludes infiltration and runoff from agricultural land.

9. "Storm Water Associated with Industrial Activity" means the discharge from any conveyance which is used for collecting and conveying storm water and which is directly related to manufacturing, processing, or raw materials storage areas at an industrial plant. The term does not include discharges from facilities or activities excluded from the NPDES program. For the facilities identified in Categories 1 through 9 of Attachment 1 of this General Permit, the term includes, but is not limited to, storm water discharges from industrial plant yards; immediate access roads and rail lines used or traveled by carriers of raw materials; manufactured products, waste material, or by-products used or created by the facility; material handling sites; refuse sites; sites used for the application or disposal of process wastewaters (as defined at 40 CFR Part 401), sites used for the storage and maintenance of material handling equipment; sites used for residual treatment, storage, or disposal; shipping and receiving areas; manufacturing buildings; storage areas (including tank farms) for raw materials, and intermediate and finished products; and areas where industrial activity has taken place in the past and significant materials remain and are exposed to storm water.

   For the facilities identified in Category 10 of Attachment 1 of this General Permit, the term only includes storm water discharges from all areas listed in the previous sentence where material handling equipment or activities, raw materials, intermediate products, final products, waste materials, by-products, or industrial machinery <u>are exposed to storm water</u>.

   Material handling activities include the: storage, loading and unloading, transportation, or conveyance of any raw material, intermediate product, finished product, by-product, or waste product. The term excludes areas located on plant lands separate from the plant's industrial activities, such as office buildings and accompanying parking lots as long as the drainage from the excluded areas is not mixed with storm water drained from the above described areas. Industrial facilities (including industrial facilities that are federally, State, or municipally owned or operated that meet the description of the facilities listed in this paragraph) include those facilities designated under 40 CFR 122.26(a)(1)(v).

APPENDIX B

NOTICE OF INTENT

Winston H. Hickox
Secretary for Environmental Protection

State Water Resources Control Board

Division of Water Quality
901 P Street • Sacramento, California 95814 • (916) 657-0903
Mailing Address P O. Box 1977 • Sacramento, California • 95812-1977
FAX (916) 657-1011 • Internet Address http://www.swrcb ca.gov

Gray Davis
Governor

cc: DJ

June 26,2000

GREG WIESE
KIK SO CAL
9028 DICE ROAD
SANTA FE SPRINGS, CA 90670-2520

RECEIPT OF YOUR NOTICE OF INTENT

The State Water Resources Control Board (State Water Board) has received and processed your NOTICE OF INTENT TO COMPLY WITH THE TERMS OF THE GENERAL PERMIT TO DISCHARGE STORM WATER ASSOCIATED WITH INDUSTRIAL ACTIVITY. Accordingly, you are required to comply with the permit requirements.

Your WDID identification number is: 4 19S015890. Please use this number in any future communications regarding this permit

FACILITY DESCRIPTION

OPERATOR:	KIK SO CAL
FACILITY:	KIK SO CAL
COUNTY:	LOS ANGELES
FACILITY LOCATION:	9028 DICE ROAD SANTA FE SPRINGS, CA 90670-2520

When the operator changes (i. e. the business was bought or transferred), a new Notice of Intent (NOI), site map, and fee must be submitted by the new operator. As the previous operator, you are required to submit a Notice of Termination (NOT) to the Regional Water Board stating that your facility is not being operated by you and that you no longer need to be covered by the General Permit. Unless notified, you will continue to be invoiced for the annual fee each April

If you have any questions regarding permit requirements, please contact your Regional Water Board at (213) 576-6600.

Sincerely,

A. Shimizu

Audrey Shimizu
Storm Water Unit
Division of Water Quality

Enclosure

State Water Resources Control Board

Winston H. Hickox
Secretary for Environmental Protection

Division of Water Quality
901 P Street • Sacramento, California 95814 • (916) 657-0757
Mailing Address: P.O. Box 1977 • Sacramento, California • 95812-1977
FAX (916) 657-1011 • Internet Address: http://www.swrcb.ca.gov

Gray Davis
Governor

cc: GP
File

15-Sep-2000

DERELL JOHNSON/GREG WIESE
T-CHEM
9028 DICE ROAD
SANTA FE SPRINGS, CA 906701807

SUBJECT: TERMINATION OF COVERAGE UNDER THE GENERAL NPDES PERMIT TO DISCHARGE STORM WATER

Per Regional Water Quality Control Board's approval of your Notice of Termination (NOT) on **9/15/00**, the State Water Resources Control Board (State Water Board) has terminated your coverage under the General NPDES Permit to Discharge Storm Water associated with **Industrial Activity** for the following facility:

T-CHEM
9028 DICE ROAD
SANTA FE SPRINGS, CA 906701807
WDID = 4 19S000151

Please be advised that the State Water Board processed the NOT at your request and is not making a determination of its validity. Owners of facilities that are found to be in violation of federal regulations requiring coverage under the General NPDES permit may be subject to substantial penalty.

You are still responsible for completing an Annual Report for the period your facility was permitted (July 1 until the date you filed the NOT). For a copy of the Annual Report, please call (916) 657-0919.

If you wish to obtain coverage under the General NPDES Permit in the future, you are required to submit a new Notice of Intent, site map, and appropriate fee. If you have any questions regarding this matter or we can be of further assistance, please call (916) 657-0919.

Sincerely,

A. Shimizu

Audrey Shimizu
Storm Water Unit
Division of Water Quality

State of California
State Water Resources Control Board

NOTICE OF TERMINATION

Submission of this Notice of Termination constitutes notification that the facility operator identified below is no longer required to comply with the **Industrial Activities** Storm Water General Permit No. 97-03-DWQ.

I. WDID NO: 4B195000151

II. FACILITY OPERATOR

NAME T-Chem CONTACT PERSON Derrell Johnson/Greg Wiese

ADDRESS 9028 Dice Road TITLE

CITY Santa Fe Springs STATE CA ZIP 90670 PHONE 213/946-6427

III. FACILITY SITE INFORMATION

FACILITY NAME T-Chem CONTACT PERSON Derrell Johnson/Greg Wiese

LOCATION 9028 Dice Road TITLE

CITY Santa Fe Springs STATE CA ZIP 90670 PHONE 213/946-6427

SIC CODE(S) 2 / 8 / 4 / 1 ___ / ___ / ___ / ___ TYPE OF BUSINESS Soap & Other Detergents except Specialty Cleaners.

IV. BASIS OF TERMINATION

___ 1. **Closed Facility.** The facility is closed and all closure, moving, and clean-up activities are complete.

Date of closure ___/___/___ Are you moving to a new location in CA? ____ Yes ____ No

If Yes, start date at new location? ___/___/___ Will you file new NOI? ____Yes ____No

NEW FACILITY INFORMATION

NAME CONTACT PERSON

MAILING ADDRESS TITLE

CITY STATE ZIP PHONE

____ 2. **Light Industry Exemption.** Exposure of industrial activities, materials, and equipment to storm water has been eliminated (Applies only to certain facilities - see instructions). Complete and submit Attachment A.

Date of evaluation: ___/___/___ Date exposure eliminated (if applicable): ___/___/___

Planned date of next evaluation: ___/___/___

____ 3. **No Storm Water Discharge.** Storm water associated with industrial activity does not discharge to waters of the United States because:

____ a. the storm water is retained on site (such as in evaporation or percolation ponds).

____ b the storm water is discharged to a municipal sanitary sewer systems or municipal combined sewer system.

____ c the storm water is retained offsite (such as in evaporation or percolation ponds)

State of California State
Water Resources Control Board

NOTICE OF INTENT

For Existing Facility Operators

TO COMPLY WITH THE TERMS OF THE
GENERAL PERMIT TO DISCHARGE STORM WATER
ASSOCIATED WITH INDUSTRIAL ACTIVITY (WQ ORDER No. 97-03-DWQ)

585

This Notice of Intent (NOI) is being sent to all facility operators that were enrolled under the prior Industrial Storm Water General Permit that has now expired. A new General Permit has been adopted to replace the expired one. To enroll under the new General Permit, review this NOI (and make any necessary corrections), sign the CERTIFICATION on the reverse side, and return this original NOI within 45 days of receipt to: STORM WATER NOI PROCESSING UNIT, STATE WATER RESOURCES CONTROL BOARD, PO BOX 1977, SACRAMENTO, CA 95812-1977

FACILITY OPERATOR INFORMATION:

WDID: 4B19S000151

NAME: T-CHEM

CONTACT & PHONE
DERELL JOHNSON/GREG WIESE
(213) 946-6427

STREET: 9028 DICE ROAD

CITY, STATE, ZIP: SANTA FE SPRINGS, CA 90670-1807

FACILITY LOCATION:

County: Los Angeles

NAME: T-CHEM

CONTACT & PHONE
DERELL JOHNSON/GREG WIESE
(213) 946-6427

STREET: 9028 DICE ROAD

CITY, STATE, ZIP: SANTA FE SPRINGS, CA 90670-1807

FACILITY MAILING ADDRESS: (IF DIFFERENT THAN FACILITY LOCATION)

STREET OR POST OFFICE BOX: _____

CITY, STATE, ZIP: _____

ADDRESS FOR CORRESPONDENCE - SEND TO: (CHECK ONE)

[ ] Facility Operator Address [ ] Facility Mailing Address [ ] Both

BILLING ADDRESS INFORMATION - SEND TO: (CHECK ONE)

[ ] Facility Operator Address [X] Facility Mailing Address [ ] Other (enter below)

NAME: _____

STREET: _____

CITY, STATE, ZIP: _____

CONTACT PERSON: _____ PHONE: _____

SIC(S) OF REGULATED ACTIVITY:

2841 Soap & Other Detergents, except Specialty Cleaners

(CERTIFICATION continued on the reverse side)

State Water Resources Control Board

NOTICE OF INTENT
FOR
GENERAL PERMIT TO DISCHARGE STORM WATER ASSOCIATED WITH INDUSTRIAL ACTIVITY (WQ Order No. 91-13-DWQ)

(Excluding Construction Activities)

MARK ONLY ONE ITEM: 1. [X] Existing Facility 2. [ ] New Facility 2. [ ] Change of Information WDID # _____

I. OWNER/OPERATOR

Name: T-Chem	A. Owner/Operator Type: (Check one) 1. [ ] City 2. [ ] County 3. [ ] State 4. [ ] Federal 5. [ ] Special District 6. [ ] Government Combo 7. [ ] Private
Mailing Address: 9028 Dice Road	
City: Santa Fe Springs	State: CA Zip: 90670-3107 Phone: (213) 946 6427
Contact Person: Alan Dollar/Greg Wiese	B. 1. [ ] Owner 2. [ ] Operator 3. [ ] Owner/Operator

II. FACILITY/SITE INFORMATION

Facility Name: T-Chem Products	County: Los Angeles
Street Address: 9028 Dice Road	Contact Person:
City: Santa Fe Springs	State: CA Zip: 90670-3107 Phone: (213) 9466427

Parcel Number(s) (If more than 4 apply to facility, enter additional numbers in SECTION IX. A):

A. _____ B. _____ C. _____ D. _____

III. BILLING ADDRESS

Send Billing Statements To: A. [ ] Owner/Operator B. [X] Facility C. [ ] Other (Specify in SECTION IX. B)

IV. RECEIVING WATER INFORMATION

A. Does your facility's storm water discharge directly to: (Check one)

1. [X] Storm drain system

Owner of storm drain system: (Name) City of Santa Fe Springs - CA County Public Work

2. [ ] Directly to waters of U.S. (e.g., river, lake, creek, ocean)

3. [X] Indirectly to waters of U.S.

B. Name of closest receiving water:

Los Coyotes Creek

V. INDUSTRIAL INFORMATION

A. SIC Code(s):

1. 2941 2. _____ 3. _____ 4. _____

B. Type of Business:

Manufacture Household Chemicals

C. Industrial activities at facility: (Check all that apply)

1. [ ] Manufacturing 2. [X] Vehicle Maintenance 3. [ ] Hazardous Waste Treatment, Storage, or Disposal Facility (RCRA Subtitle C)
4. [ ] Material Storage 5. [ ] Vehicle Storage 6. [X] Material Handling 7. [ ] Wastewater Treatment
8. [ ] Power Generation 9. [ ] Recycling 10. [ ] Landfill 99. [ ] Other: _____

VI. MATERIAL HANDLING/MAN. EMENT PRACTICES

A. Types of materials handled and/or stored outdoors: (Check all that apply)

1. ☐ Solvents
2. ☐ Scrap Metal
3. ☒ Petroleum Products
4. ☐ Plating Products
5. ☐ Pesticides
6. ☐ Hazardous Wastes
7. ☐ Paints
8. ☐ Wood Treating Products
99. ☐ Other (Please list)

Chemical raw materials used for mfg. of household chemicals

B. Identify existing management practices employed to reduce pollutants in industrial storm water discharges: (Check all that apply)

1. ☐ Oil/Water Separator
2. ☒ Containment
3. ☒ Berms
4. ☐ Leachate Collection
5. ☐ Overhead Coverage
6. ☒ Recycling
7. ☐ Retention Facilities
8. ☒ Chemical Treatment
99. ☐ Other (Please list)

VII. FACILITY INFORMATION

A. Total size of site: (Check one)	B. Percent of site impervious: (Including rooftops)
7.5 ☒ Acres ☐ Sq. Ft.	40% %

VIII. REGULATORY STATUS (Check all that apply)

A. ☐ Regulated by Storm water Effluent Guidelines (40 CFR Subchapter N)	B. ☐ Waste Discharge Requirements (Order Number) Permit #5140	C. ☐ NPDES Permit CA
D. ☐ RCRA Permit Number	E. ☐ Regulated by California Code of Regulations Article 6, Chapter 15 (Feedlots).	

IX. COMMENTS (Enter additional information for SECTIONS II AND III)

A. Additional Parcel Numbers:

B. Billing Information: (Enter Name and Address)

X. CERTIFICATION

"I certify under penalty of law that this document and all attachments were prepared under my direction and 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." In addition, I certify that the provisions of the permit, including the development and implementation of a Storm Water Pollution Prevention Plan and a Monitoring Program Plan, will be complied with.

Printed Name: Alan Dollar

Signature: _____ Date: 2/7/92

Title: Plant Engineer

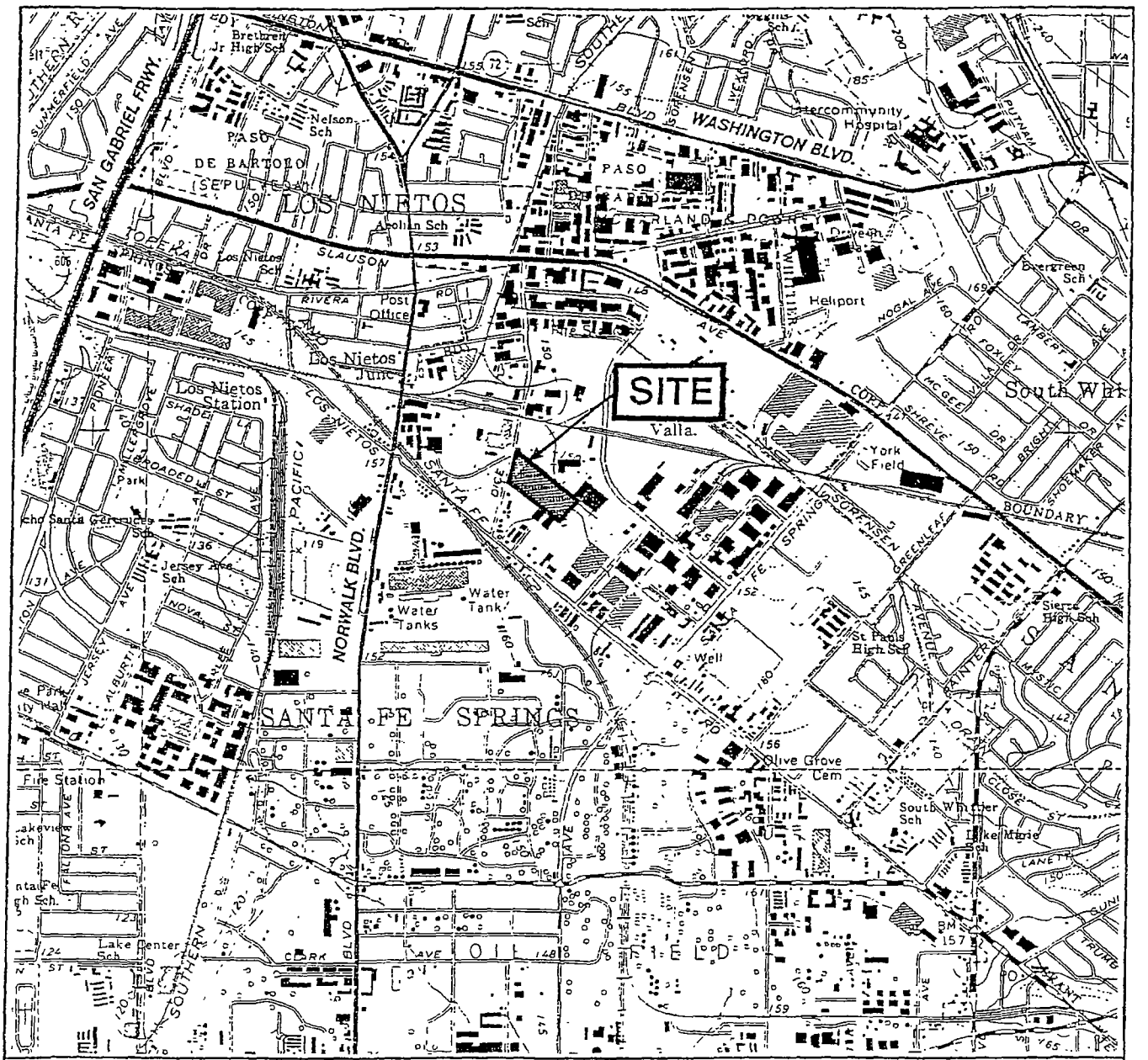
STATE USE ONLY

WDID:	Regional Board Office:	Date Permit Issued:

ES Permit Number:	Order Number:	Fee Amount Received:	Date NOI Received:
CA			

VICINITY MAP
Discharge Point
Discharge Point
CHEMICAL PLANT
WAREHOUSE
Storm Water Discharge point
ALTAMAN PLACE
Storm Drain
PLAN
SAFETY SYMBOLS
OVERALL LAYOUT

APPENDIX B:
SITE MAP



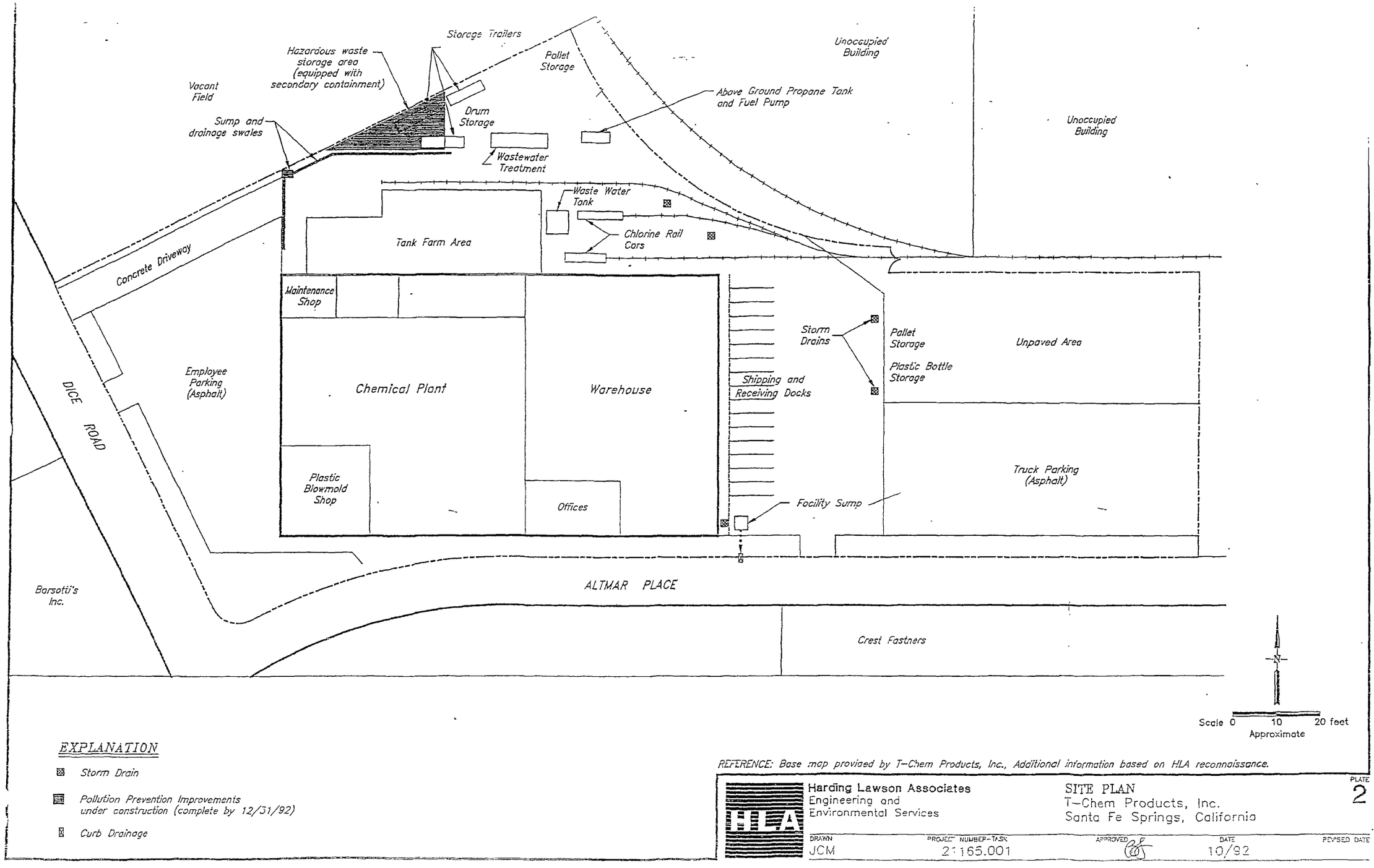
Reference: U.S.G.S. 7.5 minute Whittier quadrangle, 1965 (photorevised 1981)

Harding Lawson Associates
Engineering and
Environmental Services

Vicinity Map
T-Chem Products, Inc.
Santa Fe Springs California

PLATE 1

DRAWN	PROJECT NUMBER-TASK	APPROVED	DATE	REVISED DATE
JCM	21165 001		10/92	



EXPLANATION

- Storm Drain
- Pollution Prevention Improvements under construction (complete by 12/31/92)
- Curb Drainage

REFERENCE: Base map provided by T-Chem Products, Inc., Additional information based on HLA reconnaissance.

Harding Lawson Associates
Engineering and
Environmental Services

SITE PLAN
T-Chem Products, Inc.
Santa Fe Springs, California

PLATE 2

DRAWN	PROJECT NUMBER-TASK	APPROVED	DATE	REVISED DATE
JCM	21165.001		10/92	

APPENDIX C:
PRODUCT STORAGE TANK LIST

Appendix C

PRODUCT STORAGE TANKS AT KIK-SOCAL INC.		
Contents	**Number of Tanks**	**Maximum Quantity (gallons)[1]**
Bleach	5	116,000
Caustic Soda (Sodium Hydroxide; 50%)	2	18,000
Waste water	2	33,500
Soft water	1	24,000
Raw bleach	4	6,000
Hydrogen peroxide (50%)	1	10,000
Tall oil	1	10,000
Ammonium Ether Sulfate (AES; 60%)	1	12,000
NP9	1	12,000
Fabric softener	2	22,000
Rinse mix	1	5,500
Powder dish	1	180,000
Calamide 0	1	3,000
Salt	1	120,000
Powder laundry	1	180,000
All fabric bleach	1	12,000
Sulfonic acid and sulfonic blend	3	32,400
Urea	1	13,500
Glass cleaner	1	11,000
SXS	1	11,900
Aqua ammonia (29%)	1	6,000
Cloudy sudsy ammonia	1	3,000
Pure Ammonia	1	6,000
Lemon Ammonia	2	9,000
Detergent and detergent mix	3	31,900
Triethanolamine (TEA)	1	11,900
Dish concentrate	1	11,900
Polyethylene	2	222,400 lbs
Soda ash	1	190,000
STP	1	130,000
SLF dish surfactant	1	5,000
Colloid	1	6,000
Silicate	2	17,000
TOTAL	**50**	**1,260,500 gallons/222,400 lbs.**

[1] Except where noted.

APPENDIX D:
HAZARDOUS MATERIALS STORAGE LIST

Appendix D

KIK-SOCAL INC. HAZARDOUS MATERIALS STORAGE LIST				
Item	**Storage**	**Maximum On Site**	**Average Daily Amount**	**Stored Indoors (I) Stored Outside (O)**
Clear Dry Chlorinating Compound (Solid)	Drums	40,000 lbs	10,000 lbs	I
Isopropyl	Drums	7,100 lbs	500 lbs	O
Phosphoric Acid (75-85%)	Drums	90 gallons	60 gallons	O
Sulfuric Acid (93%)	Drums	1,500 gallons	700 gallons	O
Butyl Cellosolve	Drums	2,400 gallons	1,500 gallons	O
Carsosoft T-90T	Drums	8,500 gallons	5,000 gallons	O
Chlorine	(2) 180,000 lbs Railroad Tanker Cars	360,000 lbs	60,000 lbs	O
Coconut Diethanolamide	Durms	3,000 gallons	1,500 gallons	O
Sodium Hypochloride	Bulk Storage Tank (Tank farm)	85,000 gallons	75,000 gallons	O

APPENDIX E:
HAZARDOUS MATERIALS RELEASE RESPONSE PLAN

KIK-SoCal Inc.
HAZARDOUS MATERIALS RELEASE RESPONSE PLAN

A. Purpose

Pursuant to Chapter 6.95 of the California Health and Safety Code, KIK-SoCal Inc. as a handler of hazardous materials must prepare and implement certain emergency response plans and procedures in the event of an unintended or unpermitted release of these hazardous materials. Both Federal and State law require certain verbal and written notifications in these events. This section details the required plans and procedures to be followed by KIK-SoCal Inc. personnel in the event of the release of hazardous materials.

KIK-SoCal Inc.'s plan requires immediate notification of appropriate local, State, and Federal officials; the implementation of mitigation procedures; the implementation or personnel protective action including the implementation of evacuation procedures if appropriate; and the training of all KIK-SoCal Inc. employees in emergency response plans and procedures.

B. Scope

1. Covered Substances:

- *Hazardous substances* include any chemical or substance, which is required to have an MSDS and any chemical substance listed as extremely hazardous or acutely hazardous by the EPA or California EPA.

- *Extremely hazardous substances* are those chemicals listed by the EPA pursuant to the Emergency Planning and Community Right-to-Know Act. (*Acutely hazardous material* is the name used by the California regulation for this same group of chemicals.)

- *CERCLA reportable substances* include various EPA listed substances that require reporting under the Comprehensive Environmental Response, Compensation, and Liability Act if there is an unpermitted release. Extremely hazardous substances, acutely hazardous materials, and CERCLA reportable substances are all hazardous substances.

Extremely hazardous substances normally found at KIK-SoCal Inc. include:

- Chlorine
- Ammonia

CERCLA reportable substances normally found at KIK-SoCal Inc. include:

- Chlorine
- Ammonia
- Sodium Hydroxide
- Ammonium Hydroxide
- Sodium Hypochlorite
- Hydrogen Peroxide

2. Covered Events:

Any time there is an unintended release of a hazardous material, an extremely hazardous substance or a CERCLA reportable substance, the provisions of this section shall be followed. Examples of unintended releases include railcar upset, storage or process tank failure, valve or coupling failure, truck accident or any other spill, release or failure that results in the escape of hazardous substances.

Unpermitted or unintended releases of extremely hazardous substances or CERCLA reportable substances are covered only if the release exceeds a certain threshold amount. These thresholds are:

MATERIAL:	THRESHOLD (lbs):
Chlorine	10
Sodium Hydroxide	1000
Hydrogen Peroxide	1
Ammonia	100
Ammonium Hydroxide	1000
Sodium Hypochlorite	100

Under California law, unpermitted or unintended releases of any hazardous material is covered if, because of the material's quantity, concentration, physical or chemical characteristics, it poses a significant present or potential threat to human health or safety or to the environment.

C. Notification Procedures

Both Federal and California law require immediate verbal notification of an unpermitted release. The verbal notice must be followed by a written report. The information and procedures required for the verbal reports will be posted conspicuously in the employee lunchroom, outside the door of the quality control laboratory, in the office area, and in the tank farm control office. This information will also be part of KIK-SoCal Inc.'s regular training program.

Local Regulatory agencies are notified immediately with other outside regulatory agencies as required by law.

1. The following agencies will be notified immediately following any release or threatened release that presents an immediate hazard to the health and safety of the employees or the public.

    - Emergency Response Agencies (SFSD)
        - Emergency Number 911
        - Business Number (310) 944-9713

    - State Warning Center (OES) 1-800-852-7550

When notifying outside agencies of an emergency, remain calm and give the following information in a clear and complete manner:

- Identify yourself, company, and company's phone number and address.
- Type of emergency.
- Time the event occurred.
- Chemical(s) involved.
- Estimate the quantity involved.
- Safe location on or near the facility where outside emergency responders can meet the company incident commander.
- Number and causes of injuries.
- If facility is sheltered in place or evacuated.
- Status of surrounding area (sheltered in place or evacuated)
- Any other information that is requested.

2. Extremely hazardous substances and CERCLA substances.

    - National Response Center 1-800-424-8802

Be ready to provide the following information:

- Chemical(s) name or ID of substance.
- Whether the chemical is a Section 302 listed (EHS).
- Estimate the quantity involved.
- Media into which the release occurred.
- Time and duration of the release.
- Precautions to take or taken.
- Acute or chronic health risk.
- Medical treatment (if any).
- Contact name and phone number if further information is required.

3. Written reports.

California Written Reports

California requires monthly written notification of any hazardous materials incidents. These are to be submitted to the Office of Emergency Services. Releases involving extremely hazardous materials or CERCLA substances must be reported as soon as possible using the approved Office of Emergency Services form.

Federal Written Reports

It is KIK-SoCal Inc.'s policy that federal reports will be submitted within 30 days of any release. The Federal report must describe:

- Actions taken to respond to and contain release.
- Known or anticipated health risks.
- Need for any medical attention for exposed individuals.

D. Local Emergency Medical

Presbyterian Hospital (310) 698-0811

E. Other Environmental Agency Contacts

It is the policy of KIK-SoCal Inc. to verbally notify all required agencies within the environmentally impacted area.

F. OSHA Notification

In the event of any serious injuries or harmful exposure related to the incident, OSHA will be notified as soon as practicable, in accordance with OSHA regulations.

G. Shelter/Evacuation

Generally for KIK-SoCal Inc., even a significant hazardous material release is likely to last, at most, 30-40 minutes before it is contained. Therefore, sheltering in place is the normal mode to be utilized during an emergency. While it is unlikely that KIK-SoCal Inc. could have a release requiring evacuation, nevertheless, we must be prepared for such an eventuality. If it is anticipated that a release cannot be soon contained or is of a massive quantity, the evacuation option should be utilized.

H. Evacuation of Plant, Facility Site, and Vicinity

Certain releases of extremely hazardous or CERCLA substances may present a threat to the health and safety of KIK-SoCal Inc. employees and the adjacent neighborhood requiring the immediate evacuation of KIK-SoCal Inc.'s facility and the neighborhood. The most likely scenario requiring evacuation would be in the event of a massive chlorine leak or spill. While this section of the plan provides direction in the event of a release at KIK-SoCal Inc.'s facility, its provisions will apply in the case of a release at a neighboring chemical or industrial facility.

1. Evacuation decision

In the KIK-SoCal Inc./SFSFD Unified Incident command system, the KIK-SoCal Inc. or outside agency incident commander will make the decision to evacuate.

2. In-plant communication

In the event KIK-SoCal Inc. employees must evacuate the facility, notice will be given by means of radio within the incident command structure.

3. Neighborhood communication

If possible, and without jeopardizing employee safety, telephone or other notice shall be given to adjacent business and residence.

4. Shelter/Evacuation Procedures

Shelter/Evacuation shall be in accordance with the shelter/evacuation diagrams posted in the employee lunchroom plus nine other areas, strategically located throughout the facility.

5. Assembly Area

Shelter in place: Plant – Downstairs lunchroom (located inside building on south wall)

Shelter in place: Office – Upstairs main office area

Evacuation primary – Parking lot on Dice Road (west end of facility)

Evacuation alternate – On dirt area east end of the facility

6. Shelter/Evacuation Personnel Verification

The Human Resource manager will account for all salaried personnel and visitors by checking the in-out board and visitor's sign-in log maintained in the front office. Plant evacuation supervisor will account for all plant employees by checking the printout form from the plant supervisor on duty and the department visitor's sign-in logs.

I. Mitigation and Cleanup

This section sets forth the responsibilities for basic mitigation and cleanup measures to be undertaken in the event of an unintended or unpermitted release of a hazardous, extremely hazardous, or CERCLA substance. *In the event of any unusual or unfamiliar circumstances, KIK-SoCal Inc. employees shall obtain the direction of Santa Fe Springs Fire Department.*

Only certified members of the KIK-SoCal Inc. emergency response team shall undertake mitigation or cleanup measures.

J. Special Considerations in the Event of an Earthquake

In the event of an earthquake, the following shutdown and facility securing steps shall be taken:

1. Each Department Foreman/Leadman shall secure his/her area and report to the designated shelter area or as instructed by the KIK-SoCal Inc. incident commander.

2. The emergency response team shall go to the tank farm to assist tank farm personnel to secure the tank farm or as directed by the incident commander.

3. As soon as possible, all employees shall proceed to shelter/evacuation areas designated as instructed by the KIK-SoCal incident commander.

K. Hazardous Waste Disposal

All hazardous waste gathered, as a result of an emergency response action, shall be disposed of in accordance with applicable Federal and California state law.

L. Cleanup Company

Circle Green Environmental
732 Lake Avenue
Pasadena, CA 91104
(626) 398-4400

APPENDIX F:
SWPPP ANNUAL TRAINING SIGNOFF SHEET

STORM WATER POLLUTION PREVENTION TRAINING

COMPANY: _____

INSTRUCTOR: _____ **DATE:** _____

I have been present at this Storm Water Pollution Prevention training session and understand the issues that have been presented. I have had the opportunity to ask questions and have them answered to my satisfaction.

NAME	SIGNATURE

APPENDIX G:
STATE APPROVED REPORTING FORMS

SIDE A

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

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

DESCRIBE DISCHARGE LOCATION Example NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	ANALYTICAL RESULTS For First Storm Event									
			BASIC PARAMETERS					OTHER PARAMETERS				
			PH	TSS	SC	O&G	TOC					
	__/__/__ ☐AM ☐PM	__:__ ☐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):												

TSS - Total Suspended Solids SC - Specific Conductance O&G - Oil & Grease TOC - Total Organic Carbon

FORM 1-SAMPLING & ANALYSIS RESULTS

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

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

DESCRIBE DISCHARGE LOCATION Example: NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	ANALYTICAL RESULTS For Second Storm Event									
			BASIC PARAMETERS					OTHER PARAMETERS				
			PH	TSS	SC	O&G	TOC					
	__/__/__ ☐AM ☐PM	__:__ ☐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):												

TSS - Total Suspended Solids SC - Specific Conductance O&G - Oil & Grease TOC - Total Organic Carbon

SIDE A

FORM 2-QUARTERLY VISUAL OBSERVATIONS OF AUTHORIZED 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:** _____ **Title:** _____ **Signature:** _____	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ **YES** ☐ **NO** If **YES**, complete reverse side of this form.
QUARTER: **OCT.-DEC.** DATE: __/__/__	**Observers Name:** _____ **Title:** _____ **Signature:** _____	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ **YES** ☐ **NO** If **YES**, complete reverse side of this form.
QUARTER: **JAN.-MARCH** DATE: __/__/__	**Observers Name:** _____ **Title:** _____ **Signature:** _____	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ **YES** ☐ **NO** If **YES**, complete reverse side of this form
QUARTER: **APRIL-JUNE** DATE: __/__/__	**Observers Name:** _____ **Title:** _____ **Signature:** _____	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ **YES** ☐ **NO** If **YES**, complete reverse side of this form.

FORM 2-QUARTERLY VISUAL OBSERVATIONS OF AUTHORIZED NON-STORM WATER DISCHARGES (NSWDs)

DATE /TIME OF OBSERVATION	SOURCE AND LOCATION OF AUTHORIZED NSWD EXAMPLE: Air conditioner Units on Building C	NAME OF AUTHORIZED NSWD EXAMPLE: Air conditioner condensate	DESCRIBE AUTHORIZED NSWD CHARACTERISTICS Indicate whether authorized NSWD is clear, cloudy, or discolored, causing staining, contains floating objects or an oil sheen, has odors, etc.		DESCRIBE ANY REVISED OR NEW BMPs AND PROVIDE THEIR IMPLEMENTATION DATE
			At the NSWD Source	At the NSWD Drainage Area and Discharge Location	
__/__/__ __:__ ☐AM ☐PM					
__/__/__ __:__ ☐AM ☐PM					
__/__/__ __:__ ☐AM ☐PM					
__/__/__ __:__ ☐AM ☐PM					
__/__/__ __:__ ☐AM ☐PM					

SIDE A

FORM 3-QUARTERLY VISUAL OBSERVATIONS OF UNAUTHORIZED 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?** ☐ **YES** ☐ **NO** **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ **YES** ☐ **NO**	If **YES** to either question, complete reverse side.
QUARTER: **OCT.-DEC.** **DATE/TIME OF OBSERVATIONS** ☐ AM __/__/__ __:__ ☐ PM	**Observers Name:** _____ **Title:** _____ **Signature:** _____	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ **YES** ☐ **NO** **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ **YES** ☐ **NO**	If **YES** to either question, complete reverse side.
QUARTER: **JAN.-MARCH** **DATE/TIME OF OBSERVATIONS** ☐ AM __/__/__ __:__ ☐ PM	**Observers Name:** _____ **Title:** _____ **Signature:** _____	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ **YES** ☐ **NO** **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ **YES** ☐ **NO**	If **YES** to either question, complete reverse side.
QUARTER: **APRIL-JUNE** **DATE/TIME OF OBSERVATIONS** ☐ AM __/__/__ __:__ ☐ PM	**Observers Name:** _____ **Title:** _____ **Signature:** _____	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ **YES** ☐ **NO** **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ **YES** ☐ **NO**	If **YES** to either question, complete reverse side.

SIDE B

FORM 3 QUARTERLY VISUAL OBSERVATIONS OF UNAUTHORIZED NON-STORM WATER DISCHARGES (NSWDs)

OBSERVATION DATE (FROM REVERSE SIDE)	NAME OF UNAUTHORIZED NSWD EXAMPLE: Vehicle Wash Water	SOURCE AND LOCATION OF UNAUTHORIZED NSWD EXAMPLE: NW Corner of Parking Lot	DESCRIBE UNAUTHORIZED NSWD CHARACTERISTICS Indicate whether unauthorized NSWD is clear, cloudy, discolored, causing stains; contains floating objects or an oil sheen, has odors, etc.		DESCRIBE CORRECTIVE ACTIONS TO ELIMINATE UNAUTHORIZED NSWD AND TO CLEAN IMPACTED DRAINAGE AREAS. PROVIDE UNAUTHORIZED NSWD ELIMINATION DATE.
			AT THE UNAUTHORIZED NSWD SOURCE	AT THE UNAUTHORIZED NSWD AREA AND DISCHARGE LOCATION	
/ / : ☐AM ☐PM					
/ / : ☐AM ☐PM					
/ / : ☐AM ☐PM					
/ / : ☐AM ☐PM					

A

FORM 4-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

SIDE

- 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 ____ 200 Observers Name _____ Title _____ Signature. _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: ☐P.M. ☐A.M.	: ☐P.M. ☐A.M	: ☐P.M. ☐A.M.	: ☐P.M ☐A.M
	Time Discharge Began	: ☐P.M. ☐A.M.	: ☐P.M. ☐A.M.	: ☐P.M. ☐A.M.	: ☐P.M ☐A.M
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: November____ 200 Observers Name· _____ Title _____ Signature _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: ☐P.M. ☐A.M.	: ☐P.M. ☐A.M.	: ☐P.M. ☐A.M.	: ☐P.M. ☐A.M.
	Time Discharge Began	: ☐P.M. ☐A.M.	: ☐P.M. ☐A.M.	: ☐P.M ☐A.M	: ☐P.M ☐A.M
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: December____ 200 Observers Name: _____ Title· _____ Signature _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: ☐P.M. ☐A.M.	: ☐P.M. ☐A.M.	: ☐P.M ☐A.M.	: ☐P.M. ☐A.M
	Time Discharge Began	: ☐P.M. ☐A.M.	: ☐P.M. ☐A.M.	: ☐P.M ☐A.M.	: ☐P.M ☐A.M
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: January____ 200 Observers Name _____ Title _____ Signature _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: ☐P.M ☐A.M.	: ☐P.M. ☐A.M.	: ☐P.M. ☐A.M	: ☐P.M ☐A.M
	Time Discharge Began	: ☐P.M. ☐A.M	: ☐P.M ☐A.M.	: ☐P.M. ☐A.M.	: ☐P.M ☐A.M
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

SIDE B

FORM 4-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

DATE/TIME OF OBSERVATION (From Reverse Side)	DRAINAGE AREA DESCRIPTION EXAMPLE: Discharge from material storage Area #2	DESCRIBE STORM WATER DISCHARGE CHARACTERISTICS Indicate whether storm water discharge is clear, cloudy, or discolored, causing staining; containing floating objects or an oil sheen, has odors, etc.	IDENTIFY AND DESCRIBE SOURCE(S) OF POLLUTANTS EXAMPLE: Oil sheen caused by oil dripped by trucks in vehicle maintenance area.	DESCRIBE ANY REVISED OR NEW BMPs AND THEIR DATE OF IMPLEMENTATION
__/__/__ __:__ ☐ AM ☐ PM				
__/__/__ __:__ ☐ AM ☐ PM				
__/__/__ __:__ ☐ AM ☐ PM				
__/__/__ __:__ ☐ AM ☐ PM				
__/__/__ __:__ ☐ AM ☐ PM				

FORM 4 (Continued)-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

SIDE A

- 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: February ____ 200 Observers Name _____ Title _____ Signature. _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: ☐ P.M. ☐ A.M.	: ☐ P M ☐ A.M	: ☐ P.M ☐ A M.	: ☐ P.M ☐ A M
	Time Discharge Began	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P M ☐ A M
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: March ____ 200 Observers Name· _____ Title: _____ Signature: _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: ☐ P.M. ☐ A.M.	: ☐ P.M ☐ A.M.	: ☐ P M ☐ A.M.	: ☐ P.M ☐ A M
	Time Discharge Began	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M ☐ A.M	: ☐ P M ☐ A M
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: April ____ 200 Observers Name _____ Title _____ Signature· _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: ☐ P M. ☐ A.M	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A M	: ☐ P M ☐ A M
	Time Discharge Began	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M ☐ A M	: ☐ P M ☐ A M
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: May ____ 200 Observers Name _____ Title _____ Signature: _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: ☐ P M. ☐ A.M.	: ☐ P M. ☐ A.M	: ☐ P M ☐ A.M.	: ☐ P M ☐ A M
	Time Discharge Began	: ☐ P.M. ☐ A.M.	: ☐ P M ☐ A.M	: ☐ P M. ☐ A.M.	: ☐ P M ☐ A M
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

SIDE B

FORM 4 (Continued)-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

DATE/TIME OF OBSERVATION (From Reverse Side)	DRAINAGE AREA DESCRIPTION EXAMPLE: Discharge from material storage Area #2	DESCRIBE STORM WATER DISCHARGE CHARACTERISTICS Indicate whether storm water discharge is clear, cloudy, or discolored; causing staining; containing floating objects or an oil sheen, has odors, etc.	IDENTIFY AND DESCRIBE SOURCE(S) OF POLLUTANTS EXAMPLE: Oil sheen caused by oil dripped by trucks in vehicle maintenance area.	DESCRIBE ANY REVISED OR NEW BMPs AND THEIR DATE OF IMPLEMENTATION
/ / : ☐ AM ☐ PM				
/ / : ☐ AM ☐ PM				
/ / : ☐ AM ☐ PM				
/ / : ☐ AM ☐ PM				
/ / : ☐ AM ☐ PM				

SIDE A

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

EVALUATION DATE: ___/___/___ INSPECTOR NAME: _____ TITLE: _____ SIGNATURE: _____

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO			

SIDE B

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

EVALUATION DATE: ___/___/___ INSPECTOR NAME: _____ TITLE: _____ SIGNATURE: _____

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			
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			

KIK Corporation Inc.

Storm Water Pollution Prevention Plan (SWP3)

Site Inspections

KIK Corporation Inc.

Storm Water Pollution
Prevention Plan (SWP3)

Annual Reports

7006 0810 0002 1515 6945

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8/28/07

Sent To: Los Angeles Region Water Quality Board
Street, Apt No or PO Box No: 320 W. 4th St. Ste #200
City, State, ZIP+4: Los Angeles, CA 90013

PS Form 3800, June 2002 — See Reverse for Instructions

August 23, 2007

Los Angeles Region Water Quality Control Board
320 West 4th Street, Ste. 200
Los Angeles, CA 90013

Re: 2006-2007Annual Report
WDID#: 419105890
KIK-SoCal Inc.
9028 Dice Road
Santa Fe Springs, CA 90670

To Whom It May Concern:

Enclosed is KIK-SoCal Inc.'s 2006-2007 Annual Report. It was completed at U.S. Compliance Corporation with information supplied by Ray Wetter of KIK-SoCal Inc.

If you have any questions or concerns in regards to this Annual Report, you may contact either Ray Wetter at (562) 946-6427 or Miranda Clark at (952) 252-3000 ext. 102 at U.S. Compliance Corporation or by email at mclark@uscompliance.com.

Sincerely,

Raymond Wetter

Ray Wetter
Logistics Manager

Enclosures

cc: Miranda Clark, Environmental Specialist – U.S. Compliance Corporation

State of California
STATE WATER RESOURCES CONTROL BOARD

2006-2007

ANNUAL REPORT

FOR
STORM WATER DISCHARGES ASSOCIATED
WITH INDUSTRIAL ACTIVITIES

Reporting Period July 1, 2006 through June 30, 2007

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 office addresses can be found at http://www.swrcb.ca.gov/stormwtr/contact.html. To find your Regional Board information, match the first digit of your WDID number with the corresponding number that appears in parenthesis on the first line of each Regional Board office.

GENERAL INFORMATION:

A. Facility Information:

Facility Business Name: KIK-SoCal Inc
Physical Address: 9028 Dice Road
City: Santa Fe Springs
Standard Industrial Classification (SIC) Code(s): 2841

Facility WDID No: 419I05890
Contact Person: Ray Wetter
e-mail: RWetter@KIKCORP com
CA Zip: 90670 Phone: (562) 946-6427

B. Facility Operator Information:

Operator Name: KIK Southern California
Mailing Address: 9028 Dice Road
City: Santa Fe Springs

Contact Person: Ray Wetter
e-mail: RWetter@KIKCORP com
State: CA Zip: 90670 Phone: (562) 946-6427

C. Facility Billing Information:

Operator Name: KIK Southern California
Mailing Address: 9028 Dice Road
City: Santa Fe Springs

Contact Person: Ray Wetter
e-mail: RWetter@KIKCORP.com
State: CA Zip: 90670 Phone: (562) 946-6427

2006-2007

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 Cetification 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? 2 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? 2

4. For each storm event sampled, did you collect and analyze a sample from each of the facilitys' storm water discharge locations? [X] 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? [X] YES [ ] NO, **attach explanation**

7. Was all storm water sampling preceded by three (3) working days without a storm water discharge? [X] YES [ ] NO, **attach explanation**

8. Were there any discharges of stormwater that had been temporarily stored or contained? (such as from a pond) [ ] YES [X] 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)? [X] YES [ ] NO, Go to Item E 11

   b Did you analyze all storm water samples for the applicable parameters listed in Table D? [X] 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	☒	☐	February	☒	☐
November	☒	☐	March	☒	☐
December	☒	☐	April	☒	☐
January	☒	☐	May	☒	☐

2. Report monthly wet season visual observations using **Form 4** or provide the following information.

   a. date, time, and location of observation
   b. name and title of observer
   c. characteristics of the discharge (i.e., odor, color, etc.) and source of any pollutants observed.
   d **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 occured 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? [X] 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? [X] 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? [X] 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? [X] 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? [X] 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?	[X] YES (Mandatory)		
2. If you conducted sampling and analysis, have you attached the laboratory analytical reports?	[X] 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	[X] 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	[X] 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: Bob Brown

Signature: [signature] Date: 8-24-07

Title: General Manager

Attachment to 2006-2007 Annual Report

Form 1:
Sampling and Analysis Results

2006-2007

ANNUAL REPORT

SIDE A

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

NAME OF PERSON COLLECTING SAMPLE(S): Francisco Calvo TITLE: Waste Water Operator SIGNATURE: Francisco Calvo

DESCRIBE DISCHARGE LOCATION Example NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	ANALYTICAL RESULTS For First Storm Event									
			BASIC PARAMETERS					OTHER PARAMETERS				
			pH	TSS	SC	O&G	TOC	Zinc	N+N			
NW Gate	12/22/06 ☒ AM 7·15 ☐ PM	☒ AM 6·45 ☐ PM	6.8	<10 0	40.1	<5.9	5.8	0.372	1.0			
NE Drain	12/22/06 ☒ AM 7.00 ☐ PM	☒ AM 6:30 ☐ PM	6 7	23.8	66.9	<5 6	8 8	0.634	1.8			
	☐ AM ☐ PM	☐ AM ☐ PM										
	☐ AM ☐ PM	☐ AM ☐ PM										
TEST REPORTING UNITS·			pH Units	mg/l	umho/cm	mg/l	mg/l	mg/l	mg/l			
TEST METHOD DETECTION LIMIT:			NA	10 0	1.0	5.9	2.0	0 02	0.10			
TEST METHOD USED			EPA 150.1	EPA 160.2	EPA 120 1	EPA 1664	SM 5310C	EPA 200.7	EPA 353.1			
ANALYZED BY (SELF/LAB)			LAB	LAB	LAB	LAB	LAB	LAB	LAB			

TSS - Total Suspended Solids SC - Specific Conductance O&G - Oil & Grease TOC - Total Organic Carbon

2006-2007

ANNUAL REPORT

SIDE B

FORM 1-SAMPLING & ANALYSIS RESULTS

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

NAME OF PERSON COLLECTING SAMPLE(S): Francisco Calvo TITLE: Waste Water Operator SIGNATURE

DESCRIBE DISCHARGE LOCATION Example NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	ANALYTICAL RESULTS For First Storm Event									
			BASIC PARAMETERS					OTHER PARAMETERS				
			pH	TSS	SC	O&G	TOC	Zinc	N+N			
NW Gate	2/20/07 ☒ AM 9 00 ☐ PM	☒ AM 8.30 ☐ PM	8.2	60 9	103	<7.1	<2.0	0.856	1 2			
NE Drain	2/20/07 ☒ AM 9 20 ☐ PM	☒ AM 8:45 ☐ PM	7.3	18	105	<7.1	<2 0	0.750	1 2			
	☐ AM ☐ PM	☐ AM ☐ PM										
	☐ AM ☐ PM	☐ AM ☐ PM										
TEST REPORTING UNITS:			pH Units	mg/l	umho/cm	mg/l	mg/l	mg/l	mg/l			
TEST METHOD DETECTION LIMIT:			NA	10 0	1.0	7 1	2 0	0 02	0.10			
TEST METHOD USED:			EPA 150.1	EPA 160.2	EPA 120.1	EPA 1664	SM 5310C	EPA 200.7	EPA 353.1			
ANALYZED BY (SELF/LAB):												

TSS - Total Suspended Solids SC - Specific Conductance O&G - Oil & Grease TOC - Total Organic Carbon

Pace Analytical
www.pacelabs.com

Pace Analytical Services, Inc.
1700 Elm Street, Suite 200
Minneapolis, MN 55414
Phone (612)607-1700
Fax (612)607-6444

ANALYTICAL RESULTS

Project KIK-SOCAL INC
Pace Project No 1044115

Sample: KIK-NW GATE **Lab ID: 1044115001** Collected 12/22/06 07:15 Received 12/23/06 09:30 Matrix: Water

Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No	Qual
200.7 MET ICP	Analytical Method: EPA 200.7 Preparation Method: EPA 200.7							
Zinc	**372**	ug/L	20.0	1	12/27/06 00:00	12/27/06 07:35	7440-66-6	
120.1 Specific Conductance	Analytical Method: EPA 120.1							
Specific Conductance	**40.1**	umhos/cm	1.0	1		12/26/06 20:16		
150.1 pH	Analytical Method: EPA 150.1							
pH	**6.8**	Std. Units		1		12/27/06 15:57		H6
160.2 Total Suspended Solids	Analytical Method: EPA 160.2							
Total Suspended Solids	ND	mg/L	10.0	1		12/27/06 00:00		
1664 HEM, Oil and Grease	Analytical Method: EPA 1664 OG							
Oil and Grease	ND	mg/L	5.9	1		01/03/07 09:22		
353.1 Nitrate + Nitrite pres.	Analytical Method: EPA 353.1							
Nitrogen, NO2 plus NO3	**1.0**	mg/L	0.10	1		12/29/06 12:23		

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without the written consent of Pace Analytical Services, Inc.

nelac

Pace Analytical Services, Inc.
1700 Elm Street, Suite 200
Minneapolis, MN 55414
Phone (612)607-1700
Fax (612)607-6444

ANALYTICAL RESULTS

Project KIK-SOCAL INC
Pace Project No 1044115

Sample: KIK-NE DRAIN **Lab ID: 1044115002** Collected 12/22/06 07 00 Received: 12/23/06 09 30 Matrix Water

Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No	Qual
200.7 MET ICP	Analytical Method EPA 200 7 Preparation Method EPA 200 7							
Copper	**816**	ug/L	10 0	1	12/27/06 00 00	12/27/06 07 35	7440-50-8	
Lead	**16.9**	ug/L	3 0	1	12/27/06 00 00	12/27/06 07 35	7439-92-1	
Zinc	**634**	ug/L	20 0	1	12/27/06 00 00	12/27/06 07 35	7440-66-6	
120.1 Specific Conductance	Analytical Method EPA 120 1							
Specific Conductance	**66.9**	umhos/cm	1 0	1		12/26/06 20 16		
150.1 pH	Analytical Method EPA 150 1							
pH	**6.7**	Std Units		1		12/27/06 15 57		H6
160.2 Total Suspended Solids	Analytical Method EPA 160 2							
Total Suspended Solids	**23.8**	mg/L	10 0	1		12/27/06 00 00		
1664 HEM, Oil and Grease	Analytical Method EPA 1664 OG							
Oil and Grease	ND	mg/L	5 6	1		01/03/07 09 22		
353.1 Nitrate + Nitrite pres.	Analytical Method EPA 353 1							
Nitrogen, NO2 plus NO3	**1.8**	mg/L	0 20	2		12/29/06 12 42		

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Pace Analytical
www.pacelabs.com

Pace Analytical Services, Inc
1700 Elm Street, Suite 200
Minneapolis, MN 55414
Phone (612)607-1700
Fax (612)607-6444

QUALITY CONTROL DATA

Project KIK-SOCAL INC
Pace Project No 1044115

QC Batch WET/8406 Analysis Method EPA 120 1
QC Batch Method EPA 120 1 Analysis Description 120 1 Specific Conductance
Associated Lab Samples 1044115001, 1044115002

METHOD BLANK 297619
Associated Lab Samples 1044115001, 1044115002

Parameter	Units	Blank Result	Reporting Limit	Qualifiers
Specific Conductance	umhos/cm	ND	1 0	

LABORATORY CONTROL SAMPLE 297620

Parameter	Units	Spike Conc	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Specific Conductance	umhos/cm	1000	1000	100	90-110	

SAMPLE DUPLICATE 297621

Parameter	Units	173069001 Result	Dup Result	RPD	Qualifiers
Specific Conductance	umhos/cm	1 3	1 2	7	

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www.pacelabs.com

Pace Analytical Services, Inc
1700 Elm Street, Suite 200
Minneapolis, MN 55414
Phone (612)607-1700
Fax (612)607-6444

QUALITY CONTROL DATA

Project KIK-SOCAL INC
Pace Project No 1044115

QC Batch MPRP/8085 — Analysis Method EPA 200 7
QC Batch Method EPA 200 7 — Analysis Description 200.7 MET
Associated Lab Samples 1044115001, 1044115002

METHOD BLANK 297695
Associated Lab Samples 1044115001, 1044115002

Parameter	Units	Blank Result	Reporting Limit	Qualifiers
Copper	ug/L	ND	10 0	
Lead	ug/L	ND	3 0	
Zinc	ug/L	ND	20 0	

LABORATORY CONTROL SAMPLE 297696

Parameter	Units	Spike Conc	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Copper	ug/L	1000	987	99	85-115	
Lead	ug/L	1000	985	98	85-115	
Zinc	ug/L	1000	1020	102	85-115	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE 297697 297698

Parameter	Units	879584001 Result	MS Spike Conc	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Qual
Copper	ug/L	41 4	1000	1000	1010	1010	97	97	70-130	0	
Lead	ug/L	ND	1000	1000	922	918	92	92	70-130	4	
Zinc	ug/L	66 4	1000	1000	1030	1020	96	95	70-130	1	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE. 297699 297700

Parameter	Units	1044115002 Result	MS Spike Conc	MSD Spike Conc	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Qual
Copper	ug/L	816	1000	1000	1820	1830	100	101	70-130	5	
Lead	ug/L	16 9	1000	1000	1040	1030	102	101	70-130	1	
Zinc	ug/L	634	1000	1000	1650	1660	102	103	70-130	6	

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QUALITY CONTROL DATA

Project KIK-SOCAL INC
Pace Project No 1044115

QC Batch WET/8415 Analysis Method EPA 150 1
QC Batch Method EPA 150 1 Analysis Description 150 1 pH
Associated Lab Samples 1044115001, 1044115002

LABORATORY CONTROL SAMPLE 297727

Parameter	Units	Spike Conc	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
pH	Std Units	5	5 0	100	98-102	H6

SAMPLE DUPLICATE 297728

Parameter	Units	1044040001 Result	Dup Result	RPD	Qualifiers
pH	Std Units	4 7	4 7	0	H6

SAMPLE DUPLICATE 297729

Parameter	Units	1044115001 Result	Dup Result	RPD	Qualifiers
pH	Std Units	6 8	6 8	7	H6

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QUALITY CONTROL DATA

Project KIK-SOCAL INC
Pace Project No 1044115

QC Batch WET/8419 — Analysis Method EPA 160 2
QC Batch Method EPA 160 2 — Analysis Description 160 2 Total Suspended Solids
Associated Lab Samples *1044115001, 1044115002*

METHOD BLANK 297849

Associated Lab Samples 1044115001, 1044115002

Parameter	Units	Blank Result	Reporting Limit	Qualifiers
Total Suspended Solids	mg/L	ND	10 0	

METHOD BLANK 297852

Associated Lab Samples 1044115001, 1044115002

Parameter	Units	Blank Result	Reporting Limit	Qualifiers
Total Suspended Solids	mg/L	ND	10 0	

LABORATORY CONTROL SAMPLE 297850

Parameter	Units	Spike Conc	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Total Suspended Solids	mg/L	100	91 5	92	80-120	

SAMPLE DUPLICATE 297851

Parameter	Units	1044082001 Result	Dup Result	RPD	Qualifiers
Total Suspended Solids	mg/L	21 8	23 2	6	

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QUALITY CONTROL DATA

Project KIK-SOCAL INC
Pace Project No 1044115

QC Batch WETA/4425 | Analysis Method EPA 353 1
QC Batch Method EPA 353 1 | Analysis Description 353 1 Nitrate + Nitrite, preserved
Associated Lab Samples. 1044115001, 1044115002

METHOD BLANK 298324
Associated Lab Samples 1044115001, 1044115002

Parameter	Units	Blank Result	Reporting Limit	Qualifiers
Nitrogen, NO2 plus NO3	mg/L	ND	0 10	

LABORATORY CONTROL SAMPLE 298325

Parameter	Units	Spike Conc	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Nitrogen, NO2 plus NO3	mg/L	1	1 1	106	90-110	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE 298326 298327

Parameter	Units	1044115001 Result	MS Spike Conc	MSD Spike Conc	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Qual
Nitrogen, NO2 plus NO3	mg/L	1.0	1	1	1 9	2 0	88	102	80-120	7	

SAMPLE DUPLICATE 298328

Parameter	Units	1044115002 Result	Dup Result	RPD	Qualifiers
Nitrogen, NO2 plus NO3	mg/L	1.8	1 8	2	

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QUALITY CONTROL DATA

Project KIK-SOCAL INC
Pace Project No. 1044115

QC Batch WET/8448 | Analysis Method EPA 1664 OG
QC Batch Method EPA 1664 OG | Analysis Description 1664 HEM, Oil and Grease
Associated Lab Samples 1044115001, 1044115002

METHOD BLANK 298787
Associated Lab Samples 1044115001, 1044115002

Parameter	Units	Blank Result	Reporting Limit	Qualifiers
Oil and Grease	mg/L	ND	5 0	

LABORATORY CONTROL SAMPLE & LCSD 298788 298789

Parameter	Units	Spike Conc	LCS Result	LCSD Result	LCS % Rec	LCSD % Rec	% Rec Limits	RPD	Max RPD	Qualifiers
Oil and Grease	mg/L	40	35 4	34 5	88	86	78-114	3	18	

MATRIX SPIKE SAMPLE 298790

Parameter	Units	1044115001 Result	Spike Conc.	MS Result	MS % Rec	% Rec Limits	Qualifiers
Oil and Grease	mg/L	ND	42 1	37 9	84	78-114	

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QUALIFIERS

Project KIK-SOCAL INC
Pace Project No 1044115

DEFINITIONS

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to changes in sample preparation, dilution of the sample aliquot, or moisture content
ND - Not Detected at or above adjusted reporting limit
J - Estimated concentration above the adjusted method detection limit and below the adjusted reporting limit
MDL - Adjusted Method Detection Limit
S - Surrogate
1,2-Diphenylhydrazine (8270 listed analyte) decomposes to Azobenzene
Consistent with EPA guidelines, unrounded data are displayed and have been used to calculate % recovery and RPD values
LCS(D) - Laboratory Control Sample (Duplicate)
MS(D) - Matrix Spike (Duplicate)
DUP - Sample Duplicate
RPD - Relative Percent Difference
NC - Not Calculable

SAMPLE QUALIFIERS

Sample 1044115001
[1] The samples were received outside of required temperature range Analysis was completed upon client approval
Sample 1044115002
[1] The samples were received outside of required temperature range Analysis was completed upon client approval

ANALYTE QUALIFIERS

H6 Analysis initiated more than 15 minutes after sample collection

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1241 Bellevue Street, Suite 9
Green Bay, WI 54302
920-469-2436, Fax: 920-469-8827

Analytical Report Number: 879716

Client: PACE ANALYTICAL SERVICES
Lab Contact: Brian Basten

Project Name: US COMPLIANCE

Project Number: 1044115

Lab Sample Number	Field ID	Matrix	Collection Date
879716-001	KIK - NW GATE	WATER	12/22/06 07:15
879716-002	KIK - NE DRAIN	WATER	12/22/06 07:00

MS/MSD: If the Form 3 header for the MS/MSD QC indicates that the MS/MSD was "Batch QC", then the MS/MSD results may not be directly applicable to your samples

I certify that the data contained in this Final Report has been generated and reviewed in accordance with approved methods and Laboratory Standard Operating Procedure. Exceptions, if any, are discussed in the accompanying sample comments. Release of this final report is authorized by Laboratory management, as is verified by the following signature. This report shall not be reproduced, except in full, without the written consent of Pace Analytical Services, Inc. The sample results relate only to the analytes of interest tested.

Approval Signature

1-2-07
Date

Pace Analytical
Services, Inc.

Analytical Report Number: 879716

1241 Bellevue Street
Green Bay, WI 54302
920-469-2436

Client : PACE ANALYTICAL SERVICES
Project Name : US COMPLIANCE
Project Number : 1044115
Field ID : KIK - NW GATE

Matrix Type : WATER
Collection Date : 12/22/06
Report Date : 01/02/07
Lab Sample Number : 879716-001

INORGANICS

Test	Result	EQL	Dilution	Units	Code	Anl Date	Prep Method	Anl Method
TOC as NPOC	5 8	2 0	1	mg/L		01/02/07	SM 5310C	SM 5310C

Pace Analytical
Services, Inc.

Analytical Report Number: 879716

1241 Bellevue Street
Green Bay, WI 54302
920-469-2436

Client : PACE ANALYTICAL SERVICES
Project Name : US COMPLIANCE
Project Number : 1044115
Field ID : KIK - NE DRAIN

Matrix Type : WATER
Collection Date : 12/22/06
Report Date : 01/02/07
Lab Sample Number : 879716-002

INORGANICS

Test	Result	EQL	Dilution	Units	Code	Anl Date	Prep Method	Anl Method
TOC as NPOC	8.8	2 0	1	mg/L	X	01/02/07	SM 5310C	SM 5310C

Pace Analytical Services, Inc.

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Green Bay, WI 54302
920-469-2436
Fax 920-469-8827

Lab Number	TestGroupID	Field ID	Comment
879716-002	W-TOC-W	KIK - NE DRAIN	X - Unable to achieve 10% RPD on consecutive injections The average of 5 injections was reported

Qualifier Codes

Flag	Applies To	Explanation
A	Inorganic	Analyte is detected in the method blank. Method blank criteria is evaluated to the laboratory method detection limit. Additionally, method blank acceptance may be based on project specific criteria or determined from analyte concentrations in the sample and are evaluated on a sample by sample basis
B	Inorganic	The analyte has been detected between the method detection limit and the reporting limit.
B	Organic	Analyte is present in the method blank. Method blank criteria is evaluated to the laboratory method detection limit Additionally, method blank acceptance may be based on project specific criteria or determined from analyte concentrations in the sample and are evaluated on a sample by sample basis.
C	All	Elevated detection limit.
D	All	Analyte value from diluted analysis or surrogate result not applicable due to sample dilution
E	Inorganic	Estimated concentration due to matrix interferences. During the metals analysis the serial dilution failed to meet the established control limits of 0-10% The sample concentration is greater than 50 times the IDL for analysis done on the ICP or 100 times the IDL for analysis done on the ICP-MS. The result was flagged with the E qualifier to indicate that a physical interference was observed.
E	Organic	Analyte concentration exceeds calibration range.
F	Inorganic	Due to potential interferences for this analysis by Inductively Coupled Plasma techniques (SW-846 Method 6010), this analyte has been confirmed by and reported from an alternate method
F	Organic	Surrogate results outside control criteria
G	All	The result is estimated because the concentration is less than the lowest calibration standard concentration utilized in the initial calibration. The method detection limit is less than the reporting limit specified for this project
H	All	Preservation, extraction or analysis performed past holding time.
HF	Inorganic	This test is considered a field parameter, and the recommended holding time is 15 minutes from collection. The analysis was performed in the laboratory beyond the recommended holding time
J	All	Concentration detected equal to or greater than the method detection limit but less than the reporting limit.
K	Inorganic	Sample received unpreserved Sample was either preserved at the time of receipt or at the time of sample preparation.
K	Organic	Detection limit may be elevated due to the presence of an unrequested analyte
L	All	Elevated detection limit due to low sample volume.
M	Organic	Sample pH was greater than 2
N	All	Spiked sample recovery not within control limits.
O	Organic	Sample received overweight.
P	Organic	The relative percent difference between the two columns for detected concentrations was greater than 40%.
Q	All	The analyte has been detected between the limit of detection (LOD) and limit of quantitation (LOQ). The results are qualified due to the uncertainty of analyte concentrations within this range
S	Organic	The relative percent difference between quantitation and confirmation columns exceeds internal quality control criteria. Because the result is unconfirmed, it has been reported as a non-detect with an elevated detection limit
U	All	The analyte was not detected at or above the reporting limit.
V	All	Sample received with headspace
W	All	A second aliquot of sample was analyzed from a container with headspace.
X	All	See Sample Narrative
Z	Organics	This compound was separated in the check standard but it did not meet the resolution criteria as set forth in SW846
&	All	Laboratory Control Spike recovery not within control limits.
*	All	Precision not within control limits
+	Inorganic	The sample result is greater than four times the spike level: therefore, the percent recovery is not evaluated.
<	All	The analyte was not detected at or above the reporting limit.
1	Inorganic	Dissolved analyte or filtered analyte greater than total analyte; analyses passed QC based on precision criteria
2	Inorganic	Dissolved analyte or filtered analyte greater than total analyte; analyses failed QC based on precision criteria.
3	Inorganic	BOD result is estimated due to the BOD blank exceeding the allowable oxygen depletion
4	Inorganic	BOD duplicate precision not within control limits Due to the 48 hour holding time for this test, it is not practical to reanalyze and try to correct the deficiency
5	Inorganic	BOD result is estimated due to insufficient oxygen depletion. Due to the 48 hour holding time for this test, it is not practical to reanalyze and try to correct the deficiency
6	Inorganic	BOD laboratory control sample not within control limits. Due to the 48 hour holding time for this test, it is not practical to reanalyze and try to correct the deficiency
7	Inorganic	BOD result is estimated due to complete oxygen depletion Due to the 48 hour holding time for this test, it is not practical to reanalyze and try to correct the deficiency

Pace Analytical Services, Inc.

Analysis Summary by Laboratory

1241 Bellevue Street
Green Bay, WI 54302

Test Group Name	879716-001	879716-002
TOC AS NPOC	B	B

Code	Facility	Address	MN Certification
B	Green Bay Lab (Bellevue St)	1241 Bellevue Street, Suite 9 Green Bay, WI 54302	055-999-334

Sample Condition Upon Receipt

Pace Analytical

Client Name: Pace - MN Project # 8797160

Courier: ☐ Fed Ex ☐ UPS ☐ USPS ☐ Client ☒ Commercial ☐ Pace Other _____

Tracking #: _____

Custody Seal on Cooler/Box Present: ☐ yes ☒ no Seals Intact: ☐ yes ☐ no

Packing Material: ☐ Bubble Wrap ☒ Bubble Bags ☐ None ☐ Other _____

Thermometer Used JB Type of Ice: (Wet) Blue None ☑ Samples on ice, cooling process has begun

Cooler Temperature 2.5 Biological Tissue is Frozen: Yes No

Date and Initials of person examining contents: 12-27-06 LLL 12/27/06

Temp should be above freezing to 6°C Comments:

Chain of Custody Present:	☒Yes	☐No	☐N/A	1.
Chain of Custody Filled Out:	☒Yes	☐No	☐N/A	2.
Chain of Custody Relinquished:	☒Yes	☐No	☐N/A	3.
Sampler Name & Signature on COC:	☒Yes	☐No	☐N/A	4.
Samples Arrived within Hold Time:	☒Yes	☐No	☐N/A	5
Short Hold Time Analysis (<72hr):	☐Yes	☒No	☐N/A	6
Rush Turn Around Time Requested:	☐Yes	☒No	☐N/A	7. Needed by 1/8/07 CJ
Sufficient Volume:	☒Yes	☐No	☐N/A	8.
Correct Containers Used:	☒Yes	☐No	☐N/A	9.
-Pace Containers Used	☒Yes	☐No	☐N/A	
Containers Intact:	☒Yes	☐No	☐N/A	10.
Filtered volume received for Dissolved tests	☐Yes	☐No	☒N/A	11.
Sample Labels match COC:	☒Yes	☐No	☐N/A	12.
-Includes date/time/ID/Analysis Matrix: W				
All containers needing preservation have been checked	☐Yes	☐No	☒N/A	13.
All containers needing preservation are found to be in compliance with EPA recommendation.	☐Yes	☐No	☒N/A	
exceptions: VOA, coliform, TOC, O&G, WI-DRO (water)	☐Yes	☐No		Initial when completed / Lot # of added preservative
Samples checked for dechlorination:	☐Yes	☐No	☒N/A	14.
Headspace in VOA Vials (>6mm):	☐Yes	☐No	☒N/A	15.
Trip Blank Present:	☐Yes	☒No	☐N/A	16
Trip Blank Custody Seals Present	☐Yes	☐No	☒N/A	
Pace Trip Blank Lot # (if purchased): _____				

Client Notification/ Resolution: Field Data Required? Y / N

Person Contacted: _____ Date/Time _____

Comments/ Resolution: _____

Project Manager Review: _____ **Date:** 12-27-06

Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e out of hold, incorrect preservative, out of temp, incorrect containers)

(Please Print Clearly)	
Company Name:	Pace Analytical
Branch/Location:	MN
Project Contact:	Paul Kirchberg
Phone:	(612) 607-6323
Fax:	(612) 607-6444
Email:	paul.kirchberg@pacelabs.com
Project Number:	1044115
Project Name:	KIK So-Cal, Inc.
Needed by:	1/8/2007
PO #:	Regulatory Program:

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UPPER MIDWEST REGION
MN: 612-607-1700 WI: 920-469-2436

COC No.

CHAIN OF CUSTODY

*Preservation Codes
A=None B=HCL C=H2SO4 D=HNO3 E=DI Water F=Methanol G=NaOH
H=Sodium Bisulfate Solution I=Sodium Thiosulfate J=Other

Quote #:	
Mail To Contact:	Paul Kirchberg
Mail To Company.	Pace Analytical
Mail To Address:	1700 Elm Street Suite 200 Minneapolis, MN 55414
Invoice To Contact:	same as above
Invoice To Company:	
Invoice To Address:	
Invoice To Phone:	

Data Package Options (billable): EPA Level III; EPA Level IV

MS/MSD: On your sample (billable); NOT needed on your sample

Matrix Codes: A = Air; B = Biota; C = Charcoal; O = Oil; S = Soil; SI = Sludge; W = Water; DW = Drinking Water; GW = Ground Water; SW = Surface Water; WW = Waste Water; WP = Wipe

PACE LAB #	CLIENT FIELD ID	COLLECTION DATE	COLLECTION TIME	MATRIX	FILTERED? (YES/NO) Y/N	PRESERVATION (CODE)* Pick Letter	Analyses Requested: TOC	CLIENT COMMENTS	LAB COMMENTS (Lab Use Only)	Profile #
001	KIK - NW GATE	12/22/06	0715	W			x		1-250 ag	
002	KIK - NE DRAIN	12/22/06	0700	W			x		↓	

Comments	Sampled By (signed)	Sampled By (please print)	PACE Project No
	Relinquished By: Date/Time: 12/22/06	Received By: Dunham Date/Time:	8797116
	Relinquished By: Kirchberg (PAS) - MN Dunham Date/Time: 12-27-06 0845	Received By: Date/Time: 12-27-06 0845	Receipt Temp = 2.5 °C
	Relinquished By: Date/Time:	Received By: Date/Time:	Sample Receipt pH OK / Adjusted
Samples on HOLD are subject to special pricing and release of liability	Relinquished By: Date/Time:	Received By: Date/Time:	Cooler Custody Seal Present / (Not Present) Intact / Not Intact

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CHAIN-OF-CUSTODY / Analytical Request Document

The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields must be completed accurately

Page: 101

Required Client Information **Section A**	Required Client Information **Section B**	Client Information (Check quote/contract):	To Be Completed by Pace Analytical Client **Section C**
Company: U S. Compliance Corporation	Report To: Dave Nickel	Requested Due Date.	Quote Reference
Address 301 Carlson Parkway	Copy To	*TAT. Regular	Project Manager Paul Kirchberg
Suite 200	Invoice To Accounts Payable	* Turn around times less than 14 days subject	Project # 1044115
Phone 952-252-3000 Fax 952-252-3001	P O	laboratory and contractual obligations and may	Profile #
	Project Name. KIK-SoCal Inc.	in a Rush Turnaround Surcharge.	
	Project Number	Turn Around Time (TAT) in calender days	

Required Client Information **Section D**

SAMPLE ID (One charater per box)

Valid Matrix Codes

Matrix	Code
Water	WT
Soil	SL
Oil	OL
Wipe	WP
Air	AR
Tissue	TS
Other	OT

ITEM NUMBER	SAMPLE ID	MATRIX CODE	DATE COLLECTED	TIME COLLECTED	Preservatives: # Containers	Unpreserved	H2SO4	HNO3	HCl	NaOH	Na2S2O3	Methanol	Requested Analysis: TSS 160.2	pH 150.1	Conductance 120.1	TOC 415.2	O&G 1664	N+N 353.1	Zn 200.7	REMARKS / Lab ID
1	KKNWGATE	WT	12-22-06	7:15AM	6	X	X	X					X	X	X	X	X	X	X	001
2	KKNMDRAIN	WT	12-22-06	7:00AM	6	X	X	X					X	X	X	X	X	X	X	002
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				
11																				
12																				

SHIPMENT METHOD	AIRBILL NO.	SHIPPING DATE	NO. OF COOLERS

SAMPLE CONDITION:

Temp in C	13.4
Received on Ice	Y / (N)
Sealed Cooler	Y / (N)
Sample Intact	(Y) N

SAMPLE NOTES:

Additional Comments:

ITEM #	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME
				J. Richardson	12/23/06	9:30

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: FRANCISCO CALVA

SIGNATURE of SAMPLER: [signature]

DATE Signed: 12-22-06

Sample Condition Upon Receipt

Pace Analytical

Client Name: U.S Compliance Project # 1044115

Courier: ☒ Fed Ex ☐ UPS ☐ USPS ☐ Client ☐ Commercial ☐ Pace Other _____

Optional: Proj. Due Date: Proj. Name:

Tracking #: 7901 3696 8613

Custody Seal on Cooler/Box Present: ☐ yes ☒ no Seals intact: ☐ yes ☐ no

Packing Material: ☒ Bubble Wrap ☒ Bubble Bags ☐ None ☐ Other _____

Thermometer Used 230194010 Type of Ice: Wet Blue (None) ☐ Samples on ice, cooling process has begun

Cooler Temperature 13.4° Biological Tissue is Frozen: Yes No

Date and Initials of person examining contents: 12/23/06 JK

Temp should be above freezing to 6°C

		Comments:
Chain of Custody Present:	☒Yes ☐No ☐N/A	1
Chain of Custody Filled Out:	☒Yes ☐No ☐N/A	2.
Chain of Custody Relinquished:	☐Yes ☒No ☐N/A	3
Sampler Name & Signature on COC:	☒Yes ☐No ☐N/A	4.
Samples Arrived within Hold Time.	☒Yes ☐No ☐N/A	5.
Short Hold Time Analysis (<72hr):	☐Yes ☒No ☐N/A	6.
Rush Turn Around Time Requested:	☐Yes ☒No ☐N/A	7.
Sufficient Volume	☒Yes ☐No ☐N/A	8.
Correct Containers Used.	☒Yes ☐No ☐N/A	9.
-Pace Containers Used:	☒Yes ☐No ☐N/A	
Containers Intact:	☒Yes ☐No ☐N/A	10
Filtered volume received for Dissolved tests	☐Yes ☐No ☒N/A	11.
Sample Labels match COC.	☒Yes ☐No ☐N/A	12.
-Includes date/time/ID/Analysis Matrix: WT		
All containers needing preservation have been checked	☒Yes ☐No ☐N/A	13
All containers needing preservation are found to be in compliance with EPA recommendation	☒Yes ☐No ☐N/A	
exceptions VOA, coliform, TOC, O&G, WI-DRO (water)	☐Yes ☒No	Initial when completed JK / Lot # of added preservative
Samples checked for dechlorination:	☐Yes ☐No ☒N/A	14.
Headspace in VOA Vials (>6mm):	☐Yes ☐No ☒N/A	15.
Trip Blank Present:	☐Yes ☒No ☐N/A	16
Trip Blank Custody Seals Present	☐Yes ☐No ☒N/A	
Pace Trip Blank Lot # (if purchased): _____		

Client Notification/ Resolution: Field Data Required? Y / N

Person Contacted _____ Date/Time: _____

Comments/ Resolution: _____

Project Manager Review: _____ Date: 12/26/06

Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i e out of hold, incorrect preservative, out of temp, incorrect containers)

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www.pacelabs.com

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1700 Elm Street Suite 200
Minneapolis MN 55414
Phone. (612)607-1700
Fax (612)607-6444

ANALYTICAL RESULTS

Project KIK SO CAL
Pace Project No 1046714

Sample: STORM WATER SAMPLES NW **Lab ID: 1046714001** Collected: Received 02/20/07 08 35 Matrix Water

Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
200.7 MET ICP	Analytical Method EPA 200 7		Preparation Method EPA 200 7					
Zinc	**856**	ug/L	20 0	1	02/22/07 00:00	02/26/07 10 50	7440-66-6	
120.1 Specific Conductance	Analytical Method EPA 120.1							
Specific Conductance	**103**	umhos/cm	1 0	1		02/22/07 20 05		
150.1 pH	Analytical Method EPA 150 1							
pH	**8.2**	Std Units		1		02/21/07 13 24		H6
160.2 Total Suspended Solids	Analytical Method EPA 160 2							
Total Suspended Solids	**60.9**	mg/L	10 0	1		02/21/07 00 00		
1664 HEM, Oil and Grease	Analytical Method EPA 1664 OG							
Oil and Grease	ND	mg/L	7 1	1		02/27/07 07 24		
353.1 Nitrate + Nitrite pres.	Analytical Method EPA 353 1							
Nitrogen, NO2 plus NO3	**1.2**	mg/L	0 10	1		02/22/07 19 36		

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Pace Analytical Services, Inc
1700 Elm Street, Suite 200
Minneapolis, MN 55414
Phone (612)607-1700
Fax (612)607-6444

ANALYTICAL RESULTS

Project KIK SO CAL
Pace Project No 1046714

Sample: STORM WATER SAMPLES NE **Lab ID: 1046714002** Collected Received 02/20/07 08 35 Matrix Water

Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No	Qual
200.7 MET ICP	Analytical Method EPA 200 7 Preparation Method EPA 200 7							
Zinc	**750**	ug/L	20 0	1	02/22/07 00 00	02/26/07 11 02	7440-66-6	
120.1 Specific Conductance	Analytical Method EPA 120 1							
Specific Conductance	***105***	umhos/cm	*1 0*	1		02/22/07 20 05		
150.1 pH	Analytical Method EPA 150 1							
pH	**7.3**	Std Units		1		02/21/07 13 24		H6
160.2 Total Suspended Solids	Analytical Method EPA 160 2							
Total Suspended Solids	**18 0**	mg/L	10 0	1		02/21/07 00 00		
1664 HEM, Oil and Grease	Analytical Method EPA 1664 OG							
Oil and Grease	ND	mg/L	7 1	1		02/27/07 07 24		
353.1 Nitrate + Nitrite pres.	Analytical Method EPA 353 1							
Nitrogen, NO2 plus NO3	**1 2**	mg/L	0 10	1		02/22/07 19 36		

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QUALITY CONTROL DATA

Project KIK SO CAL
Pace Project No 1046714

QC Batch WET/8861 Analysis Method EPA 150 1
QC Batch Method EPA 150 1 Analysis Description 150 1 pH
Associated Lab Samples 1046714001, 1046714002

LABORATORY CONTROL SAMPLE 312771

Parameter	Units	Spike Conc	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
pH	Std Units	5	5 0	99	98-102	H6

SAMPLE DUPLICATE 312772

Parameter	Units	1046724002 Result	Dup Result	RPD	Qualifiers
pH	Std Units	10 2	10 2	0	H6

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QUALITY CONTROL DATA

Project KIK SO CAL
Pace Project No 1046714

QC Batch WET/8862 — Analysis Method EPA 160 2
QC Batch Method EPA 160 2 — Analysis Description 160 2 Total Suspended Solids
Associated Lab Samples 1046714001, 1046714002

METHOD BLANK 312774
Associated Lab Samples 1046714001, 1046714002

Parameter	Units	Blank Result	Reporting Limit	Qualifiers
Total Suspended Solids	mg/L	ND	10 0	

METHOD BLANK 312778
Associated Lab Samples 1046714001, 1046714002

Parameter	Units	Blank Result	Reporting Limit	Qualifiers
Total Suspended Solids	mg/L	ND	10 0	

LABORATORY CONTROL SAMPLE 312775

Parameter	Units	Spike Conc	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Total Suspended Solids	mg/L	100	93 1	93	80-120	

SAMPLE DUPLICATE 312776

Parameter	Units	1046733001 Result	Dup Result	RPD	Qualifiers
Total Suspended Solids	mg/L	ND	ND	75	D7

SAMPLE DUPLICATE 312777

Parameter	Units	1046727001 Result	Dup Result	RPD	Qualifiers
Total Suspended Solids	mg/L	84 8	82 8	2	

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QUALITY CONTROL DATA

Project KIK SO CAL
Pace Project No 1046714

QC Batch WETA/4629 — Analysis Method EPA 353 1
QC Batch Method EPA 353 1 — Analysis Description 353 1 Nitrate + Nitrite, preserved
Associated Lab Samples. 1046714001, 1046714002

METHOD BLANK 313168
Associated Lab Samples. 1046714001, 1046714002

Parameter	Units	Blank Result	Reporting Limit	Qualifiers
Nitrogen, NO2 plus NO3	mg/L	ND	0 10	

LABORATORY CONTROL SAMPLE 313169

Parameter	Units	Spike Conc	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Nitrogen, NO2 plus NO3	mg/L	1	1 0	101	90-110	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE 313170 313171

Parameter	Units	1045638001 Result	MS Spike Conc	MSD Spike Conc	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Qual
Nitrogen, NO2 plus NO3	mg/L	0 13	1	1	0 71	0 70	58	57	80-120	1	M0

SAMPLE DUPLICATE 313172

Parameter	Units	1045638002 Result	Dup Result	RPD	Qualifiers
Nitrogen, NO2 plus NO3	mg/L	0 79	0 83	5	

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QUALITY CONTROL DATA

Project KIK SO CAL
Pace Project No 1046714

QC Batch WET/8871 Analysis Method EPA 120.1
QC Batch Method EPA 120 1 Analysis Description. 120 1 Specific Conductance
Associated Lab Samples 1046714001, 1046714002

METHOD BLANK 313190
Associated Lab Samples 1046714001, 1046714002

Parameter	Units	Blank Result	Reporting Limit	Qualifiers
Specific Conductance	umhos/cm	ND	1 0	

LABORATORY CONTROL SAMPLE 313191

Parameter	Units	Spike Conc	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Specific Conductance	umhos/cm	1000	986	99	90-110	

SAMPLE DUPLICATE 313192

Parameter	Units	1046213001 Result	Dup Result	RPD	Qualifiers
Specific Conductance	umhos/cm	280	273	3	

SAMPLE DUPLICATE 313193

Parameter	Units	1046714002 Result	Dup Result	RPD	Qualifiers
Specific Conductance	umhos/cm	105	108	3	

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QUALITY CONTROL DATA

Project KIK SO CAL.
Pace Project No 1046714

QC Batch MPRP/8413
QC Batch Method EPA 200 7
Analysis Method EPA 200 7
Analysis Description 200 7 MET
Associated Lab Samples 1046714001, 1046714002

METHOD BLANK 313271
Associated Lab Samples 1046714001, 1046714002

Parameter	Units	Blank Result	Reporting Limit	Qualifiers
Zinc	ug/L	ND	20 0	

LABORATORY CONTROL SAMPLE 313272

Parameter	Units	Spike Conc	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Zinc	ug/L	1000	1140	114	85-115	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE 313273 313274

Parameter	Units	1046714001 Result	MS Spike Conc	MSD Spike Conc	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Qual
Zinc	ug/L	856	1000	1000	1960	1980	110	112	70-130	1	

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QUALITY CONTROL DATA

Project KIK SO CAL
Pace Project No 1046714

QC Batch WET/8905 | Analysis Method EPA 1664 OG
QC Batch Method EPA 1664 OG | Analysis Description 1664 HEM, Oil and Grease
Associated Lab Samples 1046714001, 1046714002

METHOD BLANK 313932
Associated Lab Samples 1046714001, 1046714002

Parameter	Units	Blank Result	Reporting Limit	Qualifiers
Oil and Grease	mg/L	ND	5 0	

LABORATORY CONTROL SAMPLE & LCSD 313933 313934

Parameter	Units	Spike Conc	LCS Result	LCSD Result	LCS % Rec	LCSD % Rec	% Rec Limits	RPD	Max RPD	Qualifiers
Oil and Grease	mg/L	40	37 8	34 7	94	87	78-114	9	18	

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QUALIFIERS

Project	KIK SO CAL
Pace Project No	1046714

DEFINITIONS

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to changes in sample preparation, dilution of the sample aliquot, or moisture content

ND - Not Detected at or above adjusted reporting limit

J - Estimated concentration above the adjusted method detection limit and below the adjusted reporting limit

MDL Adjusted Method Detection Limit

S - Surrogate

1,2-Diphenylhydrazine (8270 listed analyte) decomposes to Azobenzene.

Consistent with EPA guidelines, unrounded data are displayed and have been used to calculate % recovery and RPD values

LCS(D) - Laboratory Control Sample (Duplicate)

MS(D) - Matrix Spike (Duplicate)

DUP - Sample Duplicate

RPD - Relative Percent Difference

NC - Not Calculable

ANALYTE QUALIFIERS

D7	The sample and/or duplicate results for this parameter are less than the reporting limit, calculations are based on estimated values and may be statistically unreliable.
H6	Analysis initiated more than 15 minutes after sample collection
M0	Matrix spike recovery was outside laboratory control limits

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1241 Bellevue Street, Suite 9
Green Bay, WI 54302
920-469-2436, Fax 920-469-8827

Analytical Report Number: 881114

Client: PACE ANALYTICAL SERVICES
Lab Contact: Brian Basten

Project Name: KEYS

Project Number: 1046921

Lab Sample Number	Field ID	Matrix	Collection Date
881114-001	WATER 1046921001	WATER	02/22/07 18.00

MS/MSD: If the Form 3 header for the MS/MSD QC indicates that the MS/MSD was "Batch QC", then the MS/MSD results may not be directly applicable to your samples

I certify that the data contained in this Final Report has been generated and reviewed in accordance with approved methods and Laboratory Standard Operating Procedure. Exceptions, if any, are discussed in the accompanying sample comments. Release of this final report is authorized by Laboratory management, as is verified by the following signature. This report shall not be reproduced, except in full, without the written consent of Pace Analytical Services, Inc. The sample results relate only to the analytes of interest tested.

Approval Signature

3-6-07
Date

Pace Analytical Services, Inc.

1241 Bellevue Street
Green Bay, WI 54302
920-469-2436

Analytical Report Number: 881114

Client: PACE ANALYTICAL SERVICES
Project Name: KEYS
Project Number: 1046921
Field ID: WATER 1046921001

Matrix Type: WATER
Collection Date: 02/22/07
Report Date: 03/06/07
Lab Sample Number: 881114-001

INORGANICS

Test		Result	EQL	Dilution	Units	Code	Anl Date	Prep Method	Anl Method
TOC as NPOC	<	2 0	2 0	1	mg/L		03/06/07	SM 5310C	SM 5310C

Qualifier Codes

Flag	Applies To	Explanation
A	Inorganic	Analyte is detected in the method blank Method blank criteria is evaluated to the laboratory method detection limit Additionally, method blank acceptance may be based on project specific criteria or determined from analyte concentrations in the sample and are evaluated on a sample by sample basis
B	Inorganic	The analyte has been detected between the method detection limit and the reporting limit
B	Organic	Analyte is present in the method blank. Method blank criteria is evaluated to the laboratory method detection limit Additionally, method blank acceptance may be based on project specific criteria or determined from analyte concentrations in the sample and are evaluated on a sample by sample basis
C	All	Elevated detection limit
D	All	Analyte value from diluted analysis or surrogate result not applicable due to sample dilution
E	Inorganic	Estimated concentration due to matrix interferences During the metals analysis the serial dilution failed to meet the established control limits of 0-10%. The sample concentration is greater than 50 times the IDL for analysis done on the ICP or 100 times the IDL for analysis done on the ICP-MS The result was flagged with the E qualifier to indicate that a physical interference was observed
E	Organic	Analyte concentration exceeds calibration range.
F	Inorganic	Due to potential interferences for this analysis by Inductively Coupled Plasma techniques (SW-846 Method 6010), this analyte has been confirmed by and reported from an alternate method.
F	Organic	Surrogate results outside control criteria.
G	All	The result is estimated because the concentration is less than the lowest calibration standard concentration utilized in the initial calibration The method detection limit is less than the reporting limit specified for this project
H	All	Preservation, extraction or analysis performed past holding time.
HF	Inorganic	This test is considered a field parameter, and the recommended holding time is 15 minutes from collection The analysis was performed in the laboratory beyond the recommended holding time.
J	All	Concentration detected equal to or greater than the method detection limit but less than the reporting limit.
K	Organic	Detection limit may be elevated due to the presence of an unrequested analyte
L	All	Elevated detection limit due to low sample volume
M	Organic	Sample pH was greater than 2
N	All	Spiked sample recovery not within control limits
O	Organic	Sample received overweight
P	Organic	The relative percent difference between the two columns for detected concentrations was greater than 40%
Q	All	The analyte has been detected between the limit of detection (LOD) and limit of quantitation (LOQ). The results are qualified due to the uncertainty of analyte concentrations within this range
S	Organic	The relative percent difference between quantitation and confirmation columns exceeds internal quality control criteria Because the result is unconfirmed, it has been reported as a non-detect with an elevated detection limit
U	All	The analyte was not detected at or above the reporting limit
V	All	Sample received with headspace
W	All	A second aliquot of sample was analyzed from a container with headspace
X	All	See Sample Narrative
Z	Organics	This compound was separated in the check standard but it did not meet the resolution criteria as set forth in SW846
&	All	Laboratory Control Spike recovery not within control limits
*	All	Precision not within control limits
+	Inorganic	The sample result is greater than four times the spike level, therefore, the percent recovery is not evaluated
<	All	The analyte was not detected at or above the reporting limit
1	Inorganic	Dissolved analyte or filtered analyte greater than total analyte; analyses passed QC based on precision criteria
2	Inorganic	Dissolved analyte or filtered analyte greater than total analyte, analyses failed QC based on precision criteria
3	Inorganic	BOD result is estimated due to the BOD blank exceeding the allowable oxygen depletion
4	Inorganic	BOD duplicate precision not within control limits Due to the 48 hour holding time for this test, it is not practical to reanalyze and try to correct the deficiency
5	Inorganic	BOD result is estimated due to insufficient oxygen depletion Due to the 48 hour holding time for this test, it is not practical to reanalyze and try to correct the deficiency
6	Inorganic	BOD laboratory control sample not within control limits Due to the 48 hour holding time for this test, it is not practical to reanalyze and try to correct the deficiency
7	Inorganic	BOD result is estimated due to complete oxygen depletion Due to the 48 hour holding time for this test, it is not practical to reanalyze and try to correct the deficiency
8	Inorganic	Sample was received unpreserved Sample was preserved either at the time of receipt or at the time of sample preparation
9	Inorganic	Sample was received with insufficient preservation Acid was added either at the time of receipt or at the time of sample preparation

Pace Analytical Services, Inc.

1241 Bellevue Street
Green Bay, WI 54302

Analysis Summary by Laboratory

Test Group Name	881114-001
TOC AS NPOC	B

Code	MN Certification
B	055-999-334

Sample Condition Upon Receipt

Pace Analytical

Client Name: Pace Project # 8811124

Courier: ☒ Fed Ex ☐ UPS ☐ USPS ☐ Client ☐ Commercial ☐ Pace Other _____

Tracking #: _____

Custody Seal on Cooler/Box Present: ☐ yes ☒ no Seals intact ☐ yes ☐ no

Packing Material: ☐ Bubble Wrap ☒ Bubble Bags ☐ None ☐ Other _____

Thermometer Used JB Type of Ice: (Wet) Blue None ☐ Samples on ice, cooling process has begun

Cooler Temperature 2.0 Biological Tissue is Frozen: Yes No

Temp should be above freezing to 6°C

Date and initials of person examining contents: LM 2-24-07 CK 2-24-07

		Comments:
Chain of Custody Present	☒Yes ☐No ☐N/A	1.
Chain of Custody Filled Out.	☒Yes ☐No ☐N/A	2.
Chain of Custody Relinquished	☒Yes ☐No ☐N/A	3.
Sampler Name & Signature on COC:	☐Yes ☒No ☐N/A	4.
Samples Arrived within Hold Time:	☒Yes ☐No ☐N/A	5.
Short Hold Time Analysis (<72hr):	☐Yes ☒No ☐N/A	6.
Rush Turn Around Time Requested:	☒Yes ☐No ☐N/A	7. Date Needed 3-7-07 LC 3-2407
Sufficient Volume.	☒Yes ☐No ☐N/A	8
Correct Containers Used.	☒Yes ☐No ☐N/A	9
-Pace Containers Used	☒Yes ☐No ☐N/A	
Containers Intact	☒Yes ☐No ☐N/A	10.
Filtered volume received for Dissolved tests	☐Yes ☐No ☒N/A	11
Sample Labels match COC:	☒Yes ☐No ☐N/A	12
-Includes date/time/ID/Analysis Matrix: W		
All containers needing preservation have been checked	☐Yes ☐No ☒N/A	13
All containers needing preservation are found to be in compliance with EPA recommendation	☐Yes ☐No ☒N/A	
exceptions VOA, coliform, TOC, O&G, WI-DRO (water)	☐Yes ☐No	Initial when completed / Lot # of added preservative
Samples checked for dechlorination	☐Yes ☐No ☒N/A	14.
Headspace in VOA Vials (>6mm):	☐Yes ☐No ☒N/A	15.
Trip Blank Present	☐Yes ☒No ☐N/A	16
Trip Blank Custody Seals Present	☐Yes ☐No ☒N/A	
Pace Trip Blank Lot # (if purchased): _____		

Client Notification/ Resolution: Field Data Required? Y / N

Person Contacted _____ Date/Time _____

Comments/ Resolution: _____

Project Manager Review: _____ **Date:** 2-26-07

Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e out of hold, incorrect preservative, out of temp, incorrect containers)

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UPPER MIDWEST REGION
MN. 612-607-1700 WI. 920-469-2436

JG

CHAIN OF CUSTODY

COC No.

(Please Print Clearly)	
Company Name:	Pace Analytical
Branch/Location:	MN
Project Contact:	Paul Kirchberg
Phone:	(612) 607-6323
Fax:	(612) 607-6444
Email:	paul.kirchberg@pacelabs.com
Project Number:	1046921
Project Name:	Taylors Falls - Test Wells
Needed by	3/7/2007
PO #:	Regulatory Program

Quote #:	
Mail To Contact:	Paul Kirchberg
Mail To Company:	Pace Analytical
Mail To Address:	1700 Elm Street Suite 200 Minneapolis, MN 55414
Invoice To Contact:	same as above
Invoice To Company:	
Invoice To Address:	
Invoice To Phone:	

*Preservation Codes
A=None B=HCL C=H2SO4 D=HNO3 E=DI Water F=Methanol G=NaOH
H=Sodium Bisulfate Solution I=Sodium Thiosulfate J=Other

Data Package Options (billable)
EPA Level III
EPA Level IV

MS/MSD
On your sample (billable)
NOT needed on your sample

Matrix Codes

A = Air	W = Water
B = Biota	DW = Drinking Water
C = Charcoal	GW = Ground Water
O = Oil	SW = Surface Water
S = Soil	WW = Waste Water
SI = Sludge	WP = Wipe

PACE LAB #	CLIENT FIELD ID	COLLECTION DATE	COLLECTION TIME	MATRIX	FILTERED? (YES/NO) Y/N	PRESERVATION (CODE)* Pick Letter	Analyses Requested	CLIENT COMMENTS	LAB COMMENTS (Lab Use Only)	Profile #
					Y/N	A				
					Pick Letter	C				
001	Water	2/22/07	1800	W		X	TOC		1-250mL	

Comments	Sampled By (signed)	Sampled By (please print)	PACE Project No.
subbed to GB	Relinquished By: [signature] Date/Time: 2/23/07 1700	Received By: Date/Time:	881114
	Relinquished By: K Kirchberg PASI-MN Date/Time:	Received By: Fed Ex Date/Time:	Receipt Temp = 2.0 °C
	Relinquished By: Fed Ex Date/Time: 2-24-07 0930	Received By: Melissa Merkh Date/Time: 2-24-07 0930	Sample Receipt pH OK / Adjusted
Samples on HOLD are subject to special pricing and release of liability	Relinquished By: Date/Time:	Received By: Date/Time:	Cooler Custody Seal Present / Not Present Intact / Not Intact

C019a(27Jun2006)

Ver. on 6.0 06/14/06

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CHAIN-OF-CUSTODY / Analytical Request Document

The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields must be completed accurately

1046714

Page: of 1013600

Section A Required Client Information	Section B Required Project Information	Section C Invoice Information
Company: KIK SoCAL.	Report To: David Nickel	Attention
Address: 9028 Dice Rd.	Copy To	Company Name.
Santa Fe Spring CA 90670		Address
Email To	Purchase Order No.	Pace Quote Reference
Phone: (562) 9466427 Fax	Project Name	Pace Project Manager
Requested Due Date/TAT:	Project Number.	Pace Profile #

REGULATORY AGENCY

☐ NPDES ☐ GROUND WATER ☐ DRINKING WATER
☐ UST ☐ RCRA ☐ Other _____

SITE LOCATION ☐GA ☐IL ☐IN ☐MI ☐MN ☐NC ☐OH ☐SC ☐WI ☐OTHER _____

Section D Required Client Information

SAMPLE ID

One Character per box (A-Z, 0-9 / -)
Samples IDs MUST BE UNIQUE

Valid Matrix Codes

MATRIX	CODE
DRINKING WATER	DW
WATER	WT
WASTE WATER	WW
PRODUCT	P
SOIL/SOLID	SL
OIL	OL
WIPE	WP
AIR	AR
OTHER	OT
TISSUE	TS

ITEM #	SAMPLE ID	MATRIX CODE	SAMPLE TYPE G=GRAB C=COMP	COLLECTED COMPOSITE START DATE	COMPOSITE START TIME	COMPOSITE END/GRAB DATE	COMPOSITE END/GRAB TIME	SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Unpreserved	H_2SO_4	HNO_3	HCl	NaOH	$Na_2S_2O_3$	Methanol	Other	TSS	DH	Spec Cond.	Nitrate + Nitrite	Zn	C+G	TOC	Residual Chlorine (Y/N)	Pace Project Number Lab I D
1	STORM WATER SAMPLES NW																	X	X	X	X	X	X	X		001
2	" " " NE			2/20/07														X	X	X	X	X	X	X		002
3																										
4																										
5																										
6																										
7																										
8																										
9																										
10																										
11																										
12																										

Filtered (Y/N)

Requested Analysis:

2/20/07 per David Nickel

Additional Comments:

Randomly split into 2 samples, one called NE & one called NW, per David Nickel @ US Compliance

2/20/07

RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME	SAMPLE CONDITION			
			[signature]	2/20/07	8:35	14.4	Y/N	Y/N	Y/N
							Y/N	Y/N	Y/N
							Y/N	Y/N	Y/N
							Y/N	Y/N	Y/N
						Temp in °C	Received on Ice	Custody Sealed Cooler	Samples Intact

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: FRANCISCO CALVO.

SIGNATURE SAMPLER: FRANCISCO CALVO.

DATE Signed (MM / DD / YY): 2-19-07

SEE REVERSE SIDE FOR INSTRUCTIONS

ORIGINAL

Sample Condition Upon Receipt

Pace Analytical

Client Name: KiK International Project # 1046714

Courier: ☒ Fed Ex ☐ UPS ☐ USPS ☐ Client ☐ Commercial ☐ Pace Other _____

Optional: Proj Due Date: Proj Name:

Tracking #: 7929 3599 3039

Custody Seal on Cooler/Box Present: ☐ yes ☒ no Seals intact ☐ yes ☐ no

Packing Material: ☐ Bubble Wrap ☒ Bubble Bags ☐ None ☐ Other _____

Thermometer Used 230194010 Type of Ice: Wet Blue (None) ☐ Samples on ice, cooling process has begun

Cooler Temperature 14.4 Biological Tissue is Frozen: Yes No

Date and Initials of person examining contents: 2/20/07

Temp should be above freezing to 6°C

		Comments:
Chain of Custody Present:	☒Yes ☐No ☐N/A	1
Chain of Custody Filled Out:	☐Yes ☐No ☐N/A	2 There is no tests dates
Chain of Custody Relinquished:	☐Yes ☐No ☐N/A	3. or times.
Sampler Name & Signature on COC:	☒Yes ☐No ☐N/A	4.
Samples Arrived within Hold Time.	☐Yes ☐No ☐N/A	5
Short Hold Time Analysis (<72hr):	☐Yes ☐No ☐N/A	6
Rush Turn Around Time Requested:	☐Yes ☐No ☐N/A	7
Sufficient Volume	☒Yes ☐No ☐N/A	8
Correct Containers Used	☒Yes ☐No ☐N/A	9.
-Pace Containers Used.	☒Yes ☐No ☐N/A	
Containers Intact:	☒Yes ☐No ☐N/A	10.
Filtered volume received for Dissolved tests	☐Yes ☐No ☐N/A	11
Sample Labels match COC:	☐Yes ☐No ☐N/A	12 There are no labels on bottles
-Includes date/time/ID/Analysis Matrix:		
All containers needing preservation have been checked	☒Yes ☐No ☐N/A	13
All containers needing preservation are found to be in compliance with EPA recommendation	☒Yes ☐No ☐N/A	
exceptions VOA, coliform, TOC, O&G, WI-DRO (water)	☐Yes ☐No	Initial when completed JL / Lot # of added preservative
Samples checked for dechlorination:	☐Yes ☐No ☐N/A	14
Headspace in VOA Vials (>6mm).	☐Yes ☐No ☐N/A	15.
Trip Blank Present:	☐Yes ☐No ☐N/A	16
Trip Blank Custody Seals Present	☐Yes ☐No ☐N/A	
Pace Trip Blank Lot # (if purchased) _____		

Client Notification/ Resolution: Field Data Required? Y / N

Person Contacted: _____ Date/Time _____

Comments/ Resolution. _____

Project Manager Review: _____ **Date:** 2/20/07

Note Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i e out of hold, incorrect preservative, out of temp, incorrect containers)

Form 2:
Quarterly Visual Observations of Authorized Non-Storm Water Discharges (NSWDs)

2006-2007

ANNUAL REPORT

SIDE A

FORM 2-QUARTERLY VISUAL OBSERVATIONS OF AUTHORIZED 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 9/28/06	Observers Name: Francisco Calvo Title: Waste Water Operator Signature:	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ YES ☒ NO If **YES**, complete reverse side of this form.
QUARTER. **OCT.-DEC.** DATE: 12/29/06	Observers Name: Francisco Calvo Title. Waste Water Operator Signature.	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ YES ☒ NO If **YES**, complete reverse side of this form.
QUARTER: **JAN.-MARCH** DATE: 3/30/07	Observers Name: *Francisco Calvo* Title: *Waste Water Operator* Signature:	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ YES ☒ NO If **YES**, complete reverse side of this form.
QUARTER: **APRIL-JUNE** DATE: 6/29/07	Observers Name: Francisco Calvo Title: Waste Water Operator Signature:	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ YES ☒ NO If **YES**, complete reverse side of this form.

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SIDE B

FORM 2-QUARTERLY VISUAL OBSERVATIONS OF AUTHORIZED NON-STORM WATER DISCHARGES (NSWDs)

DATE /TIME OF *OBSERVATION*	SOURCE AND *LOCATION OF* AUTHORIZED NSWD EXAMPLE: Air conditioner Units on Building C	NAME OF *AUTHORIZED* NSWD EXAMPLE: Air conditioner condensate	DESCRIBE AUTHORIZED NSWD *CHARACTERISTICS* Indicate whether authorized NSWD is clear, cloudy, or discolored, causing staining, contains floating objects or an oil sheen, has odors, etc.		DESCRIBE ANY REVISED OR NEW BMPs AND PROVIDE THEIR IMPLEMENTATION DATE
			At the NSWD Source	At the NSWD Drainage Area and Discharge Location	
_____ ____ ☐ AM ☐ PM					
_____ ____ ☐ AM ☐ PM					
_____ ____ ☐ AM ☐ PM					
_____ ____ ☐ AM ☐ PM					
_____ ____ ☐ AM ☐ PM					

Form 3:
Quarterly Visual Observations of Unauthorized Non-Storm Water discharges (NSWDs)

2006-2007

ANNUAL REPORT

SIDE A

FORM 3-QUARTERLY VISUAL OBSERVATIONS OF UNAUTHORIZED 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** 9/28/06 7:00 ☒ AM ☐ PM	Observers Name: Francisco Calvo Title: Waste Water Operator Signature:	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☒ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☒ NO	If **YES** to either question, complete reverse side.
QUARTER: **OCT.-DEC.** **DATE/TIME OF OBSERVATIONS** 12/29/06 7:00 ☒ AM ☐ PM	Observers Name: Francisco Calvo Title: Waste Water Operator Signature:	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☒ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☒ NO	If **YES** to either question, complete reverse side.
QUARTER: **JAN.-MARCH** **DATE/TIME OF OBSERVATIONS** 3/13/07 7:00 ☒ AM ☐ PM	Observers Name: Francisco Calvo Title: Waste Water Operator Signature:	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☒ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☒ NO	If **YES** to either question, complete reverse side.
QUARTER: **APRIL-JUNE** **DATE/TIME OF OBSERVATIONS** 6/18/07 7:00 ☒ AM ☐ PM	Observers Name: Francisco Calvo Title: Waste Water Operator Signature:	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☒ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☒ NO	If **YES** to either question, complete reverse side.

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SIDE B

FORM 3 QUARTERLY VISUAL OBSERVATIONS OF UNAUTHORIZED NON-STORM WATER DISCHARGES (NSWDs)

OBSERVATION DATE (FROM REVERSE SIDE)	NAME OF UNAUTHORIZED NSWD EXAMPLE: Vehicle Wash Water	SOURCE AND LOCATION OF UNAUTHORIZED NSWD EXAMPLE: NW Corner of Parking Lot	DESCRIBE UNAUTHORIZED NSWD CHARACTERISTICS Indicate whether unauthorized NSWD is clear, cloudy, discolored, causing stains; contains floating objects or an oil *sheen, has odors, etc.*		DESCRIBE CORRECTIVE ACTIONS TO ELIMINATE UNAUTHORIZED NSWD AND TO CLEAN IMPACTED DRAINAGE AREAS. PROVIDE UNAUTHORIZED NSWD ELIMINATION DATE.
			AT THE UNAUTHORIZED NSWD SOURCE	AT THE UNAUTHORIZED NSWD AREA AND DISCHARGE LOCATION	
_____ ____ ☐ AM ☐ PM					
_____ ____ ☐ AM ☐ PM					
_____ ____ ☐ AM ☐ PM					
_____ ____ ☐ AM ☐ PM					

Form 4:
Monthly Visual Observations of Storm Water Discharges

2006-2007

ANNUAL REPORT

FORM 4-MONTHLY VISUAL OBSERVATIONS OF

SIDE A

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 13 2006 Observers Name Francisco Calvo Title Waste Water Operator Signature	Drainage Location Description	#1 NW Gate	#2 NE Drain	#3	#4
	Observation Time	6:00 ☐P.M. ☒A.M.	6:00 ☐P.M. ☒A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.
	Time Discharge Began	6:00 ☐P.M. ☒A.M.	6:00 ☐P.M. ☒A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☒	YES ☐ NO ☒	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: November 27 2006 Observers Name: Francisco Calvo Title: Waste Water Operator Signature	Drainage Location Description	#1 NW Gate	#2 NE Drain	#3	#4
	Observation Time	6:00 ☐P.M. ☒A.M.	6:00 ☐P.M. ☒A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.
	Time Discharge Began	6:00 ☐P.M. ☒A.M.	6:00 ☐P.M. ☒A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☒	YES ☒ NO ☒	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: December 27 2006 Observers Name Francisco Calvo Title: Waste Water Operator Signature	Drainage Location Description	#1 NW Gate	#2 NE Drain	#3	#4
	Observation Time	6:00 ☐P.M. ☒A.M.	6:00 ☐P.M. ☒A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.
	Time Discharge Began	6:00 ☐P.M. ☒A.M.	6:00 ☐P.M. ☒A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☒	YES ☐ NO ☒	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: January 4 2007 Observers Name: Francisco Calvo Title Waste Water Operator Signature	Drainage Location Description	#1 NW Gate	#2 NE Drain	#3	#4
	Observation Time	6:00 ☐P.M. ☒A.M.	6:00 ☐P.M. ☒A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.
	Time Discharge Began	6:00 ☐P.M. ☒A.M.	6:00 ☐P.M. ☒A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☒	YES ☐ NO ☒	YES ☐ NO ☐	YES ☐ NO ☐

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ANNUAL REPORT

SIDE B

FORM 4-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

DATE/TIME OF OBSERVATION (From Reverse Side)	DRAINAGE AREA DESCRIPTION EXAMPLE. Discharge from material storage Area #2	DESCRIBE STORM WATER DISCHARGE CHARACTERISTICS Indicate whether storm water discharge is clear, cloudy, or discolored; causing staining; containing floating objects or an oil sheen, has odors, etc.	IDENTIFY AND DESCRIBE SOURCE(S) OF POLLUTANTS EXAMPLE: Oil sheen caused by oil dripped by trucks in vehicle maintenance area.	DESCRIBE ANY REVISED OR NEW BMPs AND THEIR DATE OF IMPLEMENTATION
_____ ____ ☐ AM ☐ PM				
_____ ____ ☐ AM ☐ PM				
_____ ____ ☐ AM ☐ PM				
_____ ____ ☐ AM ☐ PM				
_____ ____ ☐ AM ☐ PM				

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FORM 4 (Continued)-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

SIDE A

- 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: February 27 2007 Observers Name Francisco Calvo Title Waste Water Operator Signature	Drainage Location Description	#1 NW Gate	#2 NE Drain	#3	#4
	Observation Time	6:00 ☐ P.M. ☒ A.M.	6:00 ☐ P.M. ☒ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Time Discharge Began	6:00 ☐ P.M. ☒ A.M.	6:00 ☐ P.M. ☒ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☒	YES ☐ NO ☒	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: March 27 2007 Observers Name Francisco Calvo Title Waste Water Operator Signature	Drainage Location Description	#1 NW Gate	#2 NE Drain	#3	#4
	Observation Time	6:00 ☐ P.M. ☒ A.M.	6:00 ☐ P.M. ☒ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Time Discharge Began	6:00 ☐ P.M. ☒ A.M.	6:00 ☐ P.M. ☒ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☒	YES ☐ NO ☒	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: April 27 2007 Observers Name Francisco Calvo Title Waste Water Operator Signature	Drainage Location Description	#1 NW Gate	#2 NE Drain	#3	#4
	Observation Time	6:00 ☐ P.M. ☒ A.M.	6:00 ☐ P.M. ☒ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Time Discharge Began	6:00 ☐ P.M. ☒ A.M.	6:00 ☐ P.M. ☒ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☒	YES ☐ NO ☒	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: May 25 2007 Observers Name Francisco Calvo Title Waste Water Operator Signature	Drainage Location Description	#1 NW Gate	#2 NE Drain	#3	#4
	Observation Time	6:00 ☐ P.M. ☒ A.M.	6:00 ☐ P.M. ☒ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Time Discharge Began	6:00 ☐ P.M. ☒ A.M.	6:00 ☐ P.M. ☒ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☒	YES ☐ NO ☒	YES ☐ NO ☐	YES ☐ NO ☐

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SIDE B

FORM 4 (Continued)-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

DATE/TIME OF OBSERVATION (From Reverse Side)	DRAINAGE AREA DESCRIPTION EXAMPLE: Discharge from material storage Area #2	DESCRIBE STORM WATER DISCHARGE CHARACTERISTICS Indicate whether storm water discharge is clear, cloudy, or discolored; causing staining; containing floating objects or an oil sheen, has odors, etc.	IDENTIFY AND DESCRIBE SOURCE(S) OF POLLUTANTS EXAMPLE: Oil sheen caused by oil dripped by trucks in vehicle maintenance area.	DESCRIBE ANY REVISED OR NEW BMPs AND THEIR DATE OF IMPLEMENTATION
_____ _____ ☐ AM ☐ PM				
_____ _____ ☐ AM ☐ PM				
_____ _____ ☐ AM ☐ PM				
_____ _____ ☐ AM ☐ PM				
_____ _____ ☐ AM ☐ PM				

Form 5:
Annual Comprehensive Site Compliance Evaluation, Potential Pollutant Source/ Industrial Activity BMP Status

2006-2007

ANNUAL REPORT

SIDE A

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

EVALUATION DATE: 3/30/07 INSPECTOR NAME: Raymond Wetter TITLE: Logistics Manager SIGNATURE: Raymond Wetter

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
Waste Plastic Dumpsters	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☒NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☒NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
Industrial Equipment and Metal Parts	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☒NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☒NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO			

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SIDE B

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

EVALUATION DATE: _____ INSPECTOR NAME: _____ TITLE: _____ SIGNATURE: _____

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO			

KIK-SoCal Inc. Storm Water Sampling Results

Sampling was completed on December 22, 2006, in the form of several grab samples for specific conductance, total organic carbon, pH, total suspended solids, zinc, nitrate + nitrite nitrogen, and oil and grease. Samples were taken from the outfall discharging to the Northwest Gate and Northeast Drain on KIK-SoCal Inc.'s property.

Lab Results – NW Gate

Parameter:	Result:	EPA Benchmark Limit:	Unit:
pH	6.8	6.0-9.0	pH Units
Total Suspended Solids	ND	100	mg/L
Specific Conductance	40.1	200	umho/cm
Oil & Grease	ND	15	mg/L
Total Organic Carbon	5.8	110	mg/L
Zinc	0.372	0.117	mg/L
Nitrate + Nitrite N	1.0	0.68	mg/L

Lab Results – NE Drain

Parameter:	Result:	EPA Benchmark Limit:	Unit:
pH	6.7	6.0-9.0	pH Units
Total Suspended Solids	23.8	100	mg/L
Specific Conductance	66.9	200	umho/cm
Oil & Grease	ND	15	mg/L
Total Organic Carbon	8.8	110	mg/L
Zinc	0.634	0.117	mg/L
Nitrate + Nitrite N	1.8	0.68	mg/L

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ANALYTICAL RESULTS

Project KIK-SOCAL INC
Pace Project No : 1044115

Sample: KIK-NW GATE **Lab ID: 1044115001** Collected 12/22/06 07 15 Received 12/23/06 09.30 Matrix. Water

Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
200.7 MET ICP	Analytical Method EPA 200 7 Preparation Method EPA 200 7							
Zinc	**372**	ug/L	20 0	1	12/27/06 00.00	12/27/06 07:35	7440-66-6	
120.1 Specific Conductance	Analytical Method EPA 120 1							
Specific Conductance	**40.1**	umhos/cm	1 0	1		12/26/06 20:16		
150.1 pH	Analytical Method. EPA 150.1							
pH	**6.8**	Std. Units		1		12/27/06 15:57		H6
160.2 Total Suspended Solids	Analytical Method EPA 160 2							
Total Suspended Solids	ND	mg/L	10 0	1		12/27/06 00:00		
1664 HEM, Oil and Grease	Analytical Method EPA 1664 OG							
Oil and Grease	ND	mg/L	5 9	1		01/03/07 09 22		
353.1 Nitrate + Nitrite pres.	Analytical Method: EPA 353.1							
Nitrogen, NO2 plus NO3	**1.0**	mg/L	0 10	1		12/29/06 12:23		

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Fax (612)607-6444

ANALYTICAL RESULTS

Project KIK-SOCAL INC
Pace Project No 1044115

Sample: KIK-NE DRAIN **Lab ID: 1044115002** Collected: 12/22/06 07:00 Received: 12/23/06 09:30 Matrix: Water

Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
200.7 MET ICP	Analytical Method: EPA 200.7 Preparation Method: EPA 200.7							
Copper	**816**	ug/L	10.0	1	12/27/06 00:00	12/27/06 07:35	7440-50-8	
Lead	**16.9**	ug/L	3.0	1	12/27/06 00:00	12/27/06 07:35	7439-92-1	
Zinc	**634**	ug/L	20.0	1	12/27/06 00:00	12/27/06 07:35	7440-66-6	
120.1 Specific Conductance	Analytical Method: EPA 120.1							
Specific Conductance	**66.9**	umhos/cm	1.0	1		12/26/06 20:16		
150.1 pH	Analytical Method: EPA 150.1							
pH	**6.7**	Std. Units		1		12/27/06 15:57		H6
160.2 Total Suspended Solids	Analytical Method: EPA 160.2							
Total Suspended Solids	**23.8**	mg/L	10.0	1		12/27/06 00:00		
1664 HEM, Oil and Grease	Analytical Method: EPA 1664 OG							
Oil and Grease	ND	mg/L	5.6	1		01/03/07 09:22		
353.1 Nitrate + Nitrite pres.	Analytical Method: EPA 353.1							
Nitrogen, NO2 plus NO3	**1.8**	mg/L	0.20	2		12/29/06 12:42		

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QUALITY CONTROL DATA

Project KIK-SOCAL INC
Pace Project No. 1044115

QC Batch WET/8406 Analysis Method. EPA 120 1
QC Batch Method EPA 120 1 Analysis Description 120 1 Specific Conductance
Associated Lab Samples: 1044115001, 1044115002

METHOD BLANK. 297619

Associated Lab Samples: 1044115001, 1044115002

Parameter	Units	Blank Result	Reporting Limit	Qualifiers
Specific Conductance	umhos/cm	ND	1.0	

LABORATORY CONTROL SAMPLE 297620

Parameter	Units	Spike Conc	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Specific Conductance	umhos/cm	1000	1000	100	90-110	

SAMPLE DUPLICATE 297621

Parameter	Units	173069001 Result	Dup Result	RPD	Qualifiers
Specific Conductance	umhos/cm	1 3	1.2	7	

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www.pacelabs.com

Pace Analytical Services, Inc.
1700 Elm Street, Suite 200
Minneapolis, MN 55414
Phone (612)607-1700
Fax (612)607-6444

QUALITY CONTROL DATA

Project: KIK-SOCAL INC
Pace Project No.: 1044115

QC Batch: MPRP/8085
QC Batch Method: EPA 200.7
Analysis Method: EPA 200.7
Analysis Description: 200.7 MET
Associated Lab Samples: 1044115001, 1044115002

METHOD BLANK: 297695
Associated Lab Samples: 1044115001, 1044115002

Parameter	Units	Blank Result	Reporting Limit	Qualifiers
Copper	ug/L	ND	10.0	
Lead	ug/L	ND	3.0	
Zinc	ug/L	ND	20.0	

LABORATORY CONTROL SAMPLE: 297696

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Copper	ug/L	1000	987	99	85-115	
Lead	ug/L	1000	985	98	85-115	
Zinc	ug/L	1000	1020	102	85-115	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 297697 297698

Parameter	Units	879584001 Result	MS Spike Conc	MSD Spike Conc	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Qual
Copper	ug/L	41.4	1000	1000	1010	1010	97	97	70-130	0	
Lead	ug/L	ND	1000	1000	922	918	92	92	70-130	4	
Zinc	ug/L	66.4	1000	1000	1030	1020	96	95	70-130	1	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 297699 297700

Parameter	Units	1044115002 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Qual
Copper	ug/L	816	1000	1000	1820	1830	100	101	70-130	5	
Lead	ug/L	16.9	1000	1000	1040	1030	102	101	70-130	1	
Zinc	ug/L	634	1000	1000	1650	1660	102	103	70-130	6	

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Fax (612)607-6444

QUALITY CONTROL DATA

Project KIK-SOCAL INC
Pace Project No : 1044115

QC Batch: WET/8415 Analysis Method EPA 150.1
QC Batch Method: EPA 150 1 Analysis Description: 150 1 pH
Associated Lab Samples 1044115001, 1044115002

LABORATORY CONTROL SAMPLE: 297727

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
pH	Std Units	5	5 0	100	98-102	H6

SAMPLE DUPLICATE: 297728

Parameter	Units	1044040001 Result	Dup Result	RPD	Qualifiers
pH	Std Units	4.7	4.7	0	H6

SAMPLE DUPLICATE: 297729

Parameter	Units	1044115001 Result	Dup Result	RPD	Qualifiers
pH	Std. Units	6.8	6 8	.7	H6

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QUALITY CONTROL DATA

Project KIK-SOCAL INC
Pace Project No 1044115

QC Batch WET/8419 Analysis Method. EPA 160.2
QC Batch Method EPA 160.2 Analysis Description: 160 2 Total Suspended Solids
Associated Lab Samples: 1044115001, 1044115002

METHOD BLANK: 297849

Associated Lab Samples: 1044115001, 1044115002

Parameter	Units	Blank Result	Reporting Limit	Qualifiers
Total Suspended Solids	mg/L	ND	10.0	

METHOD BLANK: 297852

Associated Lab Samples 1044115001, 1044115002

Parameter	Units	Blank Result	Reporting Limit	Qualifiers
Total Suspended Solids	mg/L	ND	10.0	

LABORATORY CONTROL SAMPLE: 297850

Parameter	Units	Spike Conc	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
tal Suspended Solids	mg/L	100	91 5	92	80-120	

SAMPLE DUPLICATE. 297851

Parameter	Units	1044082001 Result	Dup Result	RPD	Qualifiers
Total Suspended Solids	mg/L	21 8	23 2	6	

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Fax: (612)607-6444

QUALITY CONTROL DATA

Project KIK-SOCAL INC
Pace Project No. 1044115

QC Batch: WETA/4425 Analysis Method EPA 353 1
QC Batch Method: EPA 353 1 Analysis Description 353 1 Nitrate + Nitrite, preserved
Associated Lab Samples. 1044115001, 1044115002

METHOD BLANK. 298324
Associated Lab Samples 1044115001, 1044115002

Parameter	Units	Blank Result	Reporting Limit	Qualifiers
Nitrogen, NO2 plus NO3	mg/L	ND	0.10	

LABORATORY CONTROL SAMPLE 298325

Parameter	Units	Spike Conc	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Nitrogen, NO2 plus NO3	mg/L	1	1.1	106	90-110	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 298326 298327

Parameter	Units	1044115001 Result	MS Spike Conc	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Qual
rogen, NO2 plus NO3	mg/L	1 0	1	1	1 9	2.0	88	102	80-120	7	

SAMPLE DUPLICATE. 298328

Parameter	Units	1044115002 Result	Dup Result	RPD	Qualifiers
Nitrogen, NO2 plus NO3	mg/L	1 8	1 8	2	

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QUALITY CONTROL DATA

Project: KIK-SOCAL INC
Pace Project No.: 1044115

QC Batch: WET/8448
QC Batch Method: EPA 1664 OG
Analysis Method: EPA 1664 OG
Analysis Description: 1664 HEM, Oil and Grease
Associated Lab Samples: 1044115001, 1044115002

METHOD BLANK 298787
Associated Lab Samples 1044115001, 1044115002

Parameter	Units	Blank Result	Reporting Limit	Qualifiers
Oil and Grease	mg/L	ND	5.0	

LABORATORY CONTROL SAMPLE & LCSD 298788 298789

Parameter	Units	Spike Conc.	LCS Result	LCSD Result	LCS % Rec	LCSD % Rec	% Rec Limits	RPD	Max RPD	Qualifiers
Oil and Grease	mg/L	40	35.4	34.5	88	86	78-114	3	18	

MATRIX SPIKE SAMPLE: 298790

Parameter	Units	1044115001 Result	Spike Conc.	MS Result	MS % Rec	% Rec Limits	Qualifiers
Oil and Grease	mg/L	ND	42.1	37.9	84	78-114	

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QUALIFIERS

Project. KIK-SOCAL INC
Pace Project No : 1044115

DEFINITIONS

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to changes in sample preparation, dilution of the sample aliquot, or moisture content.

ND - Not Detected at or above adjusted reporting limit

J - Estimated concentration above the adjusted method detection limit and below the adjusted reporting limit.

MDL - Adjusted Method Detection Limit.

S - Surrogate

1,2-Diphenylhydrazine (8270 listed analyte) decomposes to Azobenzene

Consistent with EPA guidelines, unrounded data are displayed and have been used to calculate % recovery and RPD values.

LCS(D) - Laboratory Control Sample (Duplicate)

MS(D) - Matrix Spike (Duplicate)

DUP - Sample Duplicate

RPD - Relative Percent Difference

NC - Not Calculable

SAMPLE QUALIFIERS

Sample. 1044115001

[1] The samples were received outside of required temperature range Analysis was completed upon client approval

Sample 1044115002

[1] The samples were received outside of required temperature range. Analysis was completed upon client approval

ANALYTE QUALIFIERS

H6 Analysis initiated more than 15 minutes after sample collection

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1241 Bellevue Street, Suite 9
Green Bay, WI 54302
920-469-2436, Fax: 920-469-8827

Analytical Report Number: 879716

Client: PACE ANALYTICAL SERVICES
Lab Contact: Brian Basten

Project Name: US COMPLIANCE

Project Number: 1044115

Lab Sample Number	Field ID	Matrix	Collection Date
879716-001	KIK - NW GATE	WATER	12/22/06 07:15
879716-002	KIK - NE DRAIN	WATER	12/22/06 07:00

MS/MSD: If the Form 3 header for the MS/MSD QC indicates that the MS/MSD was "Batch QC", then the MS/MSD results may not be directly applicable to your samples

I certify that the data contained in this Final Report has been generated and reviewed in accordance with approved methods and Laboratory Standard Operating Procedure. Exceptions, if any, are discussed in the accompanying sample comments. Release of this final report is authorized by Laboratory management, as is verified by the following signature. This report shall not be reproduced, except in full, without the written consent of Pace Analytical Services, Inc. The sample results relate only to the analytes of interest tested.

Approval Signature

1-2-07
Date

Pace Analytical Services, Inc.

1241 Bellevue Street
Green Bay, WI 54302
920-469-2436

Analytical Report Number: 879716

Client : PACE ANALYTICAL SERVICES
Project Name : US COMPLIANCE
Project Number : 1044115
Field ID : KIK - NW GATE

Matrix Type : WATER
Collection Date : 12/22/06
Report Date : 01/02/07
Lab Sample Number : 879716-001

INORGANICS

Test	Result	EQL	Dilution	Units	Code	Anl Date	Prep Method	Anl Method
TOC as NPOC	5.8	2.0	1	mg/L		01/02/07	SM 5310C	SM 5310C

Pace Analytical Services, Inc.

1241 Bellevue Street
Green Bay, WI 54302
920-469-2436

Analytical Report Number: 879716

Client : PACE ANALYTICAL SERVICES
Project Name : US COMPLIANCE
Project Number : 1044115
Field ID : KIK - NE DRAIN

Matrix Type : WATER
Collection Date : 12/22/06
Report Date : 01/02/07
Lab Sample Number : 879716-002

INORGANICS

Test	Result	EQL	Dilution	Units	Code	Anl Date	Prep Method	Anl Method
TOC as NPOC	8.8	2.0	1	mg/L	X	01/02/07	SM 5310C	SM 5310C

Pace Analytical Services, Inc.

1241 Bellevue Street
Green Bay, WI 54302
920-469-2436
Fax: 920-469-8827

Lab Number	TestGroupID	Field ID	Comment
879716-002	W-TOC-W	KIK - NE DRAIN	X - Unable to achieve 10% RPD on consecutive injections. The average of 5 injections was reported.

Qualifier Codes

Flag	Applies To	Explanation
A	Inorganic	Analyte is detected in the method blank. Method blank criteria is evaluated to the laboratory method detection limit. Additionally, method blank acceptance may be based on project specific criteria or determined from analyte concentrations in the sample and are evaluated on a sample by sample basis.
B	Inorganic	The analyte has been detected between the method detection limit and the reporting limit.
B	Organic	Analyte is present in the method blank. Method blank criteria is evaluated to the laboratory method detection limit. Additionally, method blank acceptance may be based on project specific criteria or determined from analyte concentrations in the sample and are evaluated on a sample by sample basis.
C	All	Elevated detection limit.
D	All	Analyte value from diluted analysis or surrogate result not applicable due to sample dilution.
E	Inorganic	Estimated concentration due to matrix interferences. During the metals analysis the serial dilution failed to meet the established control limits of 0-10%. The sample concentration is greater than 50 times the IDL for analysis done on the ICP or 100 times the IDL for analysis done on the ICP-MS. The result was flagged with the E qualifier to indicate that a physical interference was observed.
E	Organic	Analyte concentration exceeds calibration range.
F	Inorganic	Due to potential interferences for this analysis by Inductively Coupled Plasma techniques (SW-846 Method 6010), this analyte has been confirmed by and reported from an alternate method.
F	Organic	Surrogate results outside control criteria.
G	All	The result is estimated because the concentration is less than the lowest calibration standard concentration utilized in the initial calibration. The method detection limit is less than the reporting limit specified for this project.
H	All	Preservation, extraction or analysis performed past holding time.
HF	Inorganic	This test is considered a field parameter, and the recommended holding time is 15 minutes from collection. The analysis was performed in the laboratory beyond the recommended holding time
J	All	Concentration detected equal to or greater than the method detection limit but less than the reporting limit.
K	Inorganic	Sample received unpreserved. Sample was either preserved at the time of receipt or at the time of sample preparation.
K	Organic	Detection limit may be elevated due to the presence of an unrequested analyte.
L	All	Elevated detection limit due to low sample volume.
M	Organic	Sample pH was greater than 2
N	All	Spiked sample recovery not within control limits
O	Organic	Sample received overweight.
P	Organic	The relative percent difference between the two columns for detected concentrations was greater than 40%.
Q	All	*The analyte has been detected between the limit of detection (LOD) and limit of quantitation (LOQ). The results are qualified due* to the uncertainty of analyte concentrations within this range.
S	Organic	The relative percent difference between quantitation and confirmation columns exceeds internal quality control criteria. Because the result is unconfirmed, it has been reported as a non-detect with an elevated detection limit.
U	All	The analyte was not detected at or above the reporting limit.
V	All	Sample received with headspace.
W	All	A second aliquot of sample was analyzed from a container with headspace.
X	All	See Sample Narrative.
Z	Organics	This compound was separated in the check standard but it did not meet the resolution criteria as set forth in SW846.
&	All	Laboratory Control Spike recovery not within control limits.
*	All	Precision not within control limits.
+	Inorganic	The sample result is greater than four times the spike level: therefore, the percent recovery is not evaluated.
<	All	The analyte was not detected at or above the reporting limit.
1	Inorganic	Dissolved analyte or filtered analyte greater than total analyte; analyses passed QC based on precision criteria.
2	Inorganic	Dissolved analyte or filtered analyte greater than total analyte; analyses failed QC based on precision criteria.
3	Inorganic	BOD result is estimated due to the BOD blank exceeding the allowable oxygen depletion.
4	Inorganic	BOD duplicate precision not within control limits. Due to the 48 hour holding time for this test, it is not practical to reanalyze and try to correct the deficiency.
5	Inorganic	BOD result is estimated due to insufficient oxygen depletion Due to the 48 hour holding time for this test, it is not practical to reanalyze and try to correct the deficiency.
6	Inorganic	BOD laboratory control sample not within control limits. Due to the 48 hour holding time for this test, it is not practical to reanalyze and try to correct the deficiency.
7	Inorganic	BOD result is estimated due to complete oxygen depletion Due to the 48 hour holding time for this test, it is not practical to reanalyze and try to correct the deficiency.

Pace Analytical Services, Inc.

Analysis Summary by Laboratory

1241 Bellevue Street
Green Bay, WI 54302

Test Group Name	879716-001	879716-002
TOC AS NPOC	B	B

Code	Facility	Address	MN Certification
B	Green Bay Lab (Bellevue St)	1241 Bellevue Street, Suite 9 Green Bay, WI 54302	055-999-334

Sample Condition Upon Receipt

Pace Analytical

Client Name: Pace-MN Project # 879716

Courier: ☐ Fed Ex ☐ UPS ☐ USPS ☐ Client ☑ Dunham Commercial ☐ Pace Other _____

Tracking #: _____

Custody Seal on Cooler/Box Present: ☐ yes ☒ no Seals intact: ☐ yes ☐ no

Packing Material: ☐ Bubble Wrap ☒ Bubble Bags ☐ None ☐ Other _____

Thermometer Used JB Type of Ice: (Wet) Blue None ☑ Samples on Ice, cooling process has begun

Cooler Temperature 2.5 Biological Tissue is Frozen: Yes No

Temp should be above freezing to 6°C

Date and Initials of person examining contents: 12-27-06 LLL 12/27/06

Comments:

Chain of Custody Present:	☒Yes ☐No ☐N/A	1.
Chain of Custody Filled Out:	☒Yes ☐No ☐N/A	2.
Chain of Custody Relinquished:	☒Yes ☐No ☐N/A	3.
Sampler Name & Signature on COC:	☒Yes ☐No ☐N/A	4.
Samples Arrived within Hold Time:	☒Yes ☐No ☐N/A	5.
Short Hold Time Analysis (<72hr):	☐Yes ☒No ☐N/A	6.
Rush Turn Around Time Requested:	☐Yes ☒No ☐N/A	7. Needed by 1/8/07 CJ
Sufficient Volume:	☒Yes ☐No ☐N/A	8.
Correct Containers Used:	☒Yes ☐No ☐N/A	9.
-Pace Containers Used:	☒Yes ☐No ☐N/A	
Containers Intact:	☒Yes ☐No ☐N/A	10.
Filtered volume received for Dissolved tests	☐Yes ☐No ☒N/A	11.
Sample Labels match COC:	☒Yes ☐No ☐N/A	12.
-Includes date/time/ID/Analysis Matrix: W		
All containers needing preservation have been checked.	☐Yes ☐No ☒N/A	13.
All containers needing preservation are found to be in compliance with EPA recommendation.	☐Yes ☐No ☒N/A	
exceptions: VOA, coliform, TOC, O&G, WI-DRO (water)	☐Yes ☐No	Initial when completed / Lot # of added preservative
Samples checked for dechlorination:	☐Yes ☐No ☒N/A	14.
Headspace in VOA Vials (>6mm):	☐Yes ☐No ☒N/A	15.
Trip Blank Present:	☐Yes ☒No ☐N/A	16.
Trip Blank Custody Seals Present	☐Yes ☐No ☒N/A	
Pace Trip Blank Lot # (if purchased): _____		

Client Notification/ Resolution: Field Data Required? Y / N

Person Contacted: _____ Date/Time: _____

Comments/ Resolution: _____

Project Manager Review: _____ **Date:** 12-27-06

Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e out of hold, incorrect preservative, out of temp, incorrect containers)

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UPPER MIDWEST REGION
MN: 612-607-1700 WI: 920-469-2436

CHAIN OF CUSTODY

COC No.

(Please Print Clearly)	
Company Name:	Pace Analytical
Branch/Location:	MN
Project Contact:	Paul Kirchberg
Phone:	(612) 607-6323
Fax:	(612) 607-6444
Email:	paul.kirchberg@pacelabs.com
Project Number:	1044115
Project Name:	KIK So-Cal, Inc.
Needed by:	1/8/2007
PO #:	
Regulatory Program:	

Quote #:	
Mail To Contact:	Paul Kirchberg
Mail To Company:	Pace Analytical
Mail To Address:	1700 Elm Street Suite 200 Minneapolis, MN 55414
Invoice To Contact:	same as above
Invoice To Company:	
Invoice To Address:	
Invoice To Phone:	

*Preservation Codes
A=None B=HCL C=H2SO4 D=HNO3 E=DI Water F=Methanol G=NaOH
H=Sodium Bisulfate Solution I=Sodium Thiosulfate J=Other

Data Package Options (billable)
EPA Level III
EPA Level IV

MS/MSD
On your sample (billable)
NOT needed on your sample

Matrix Codes
A = Air, B = Biota, C = Charcoal, O = Oil, S = Soil, SI = Sludge, W = Water, DW = Drinking Water, GW = Ground Water, SW = Surface Water, WW = Waste Water, WP = Wipe

PACE LAB #	CLIENT FIELD ID	COLLECTION DATE	COLLECTION TIME	MATRIX	FILTERED? (YES/NO) Y/N	PRESERVATION (CODE)* Pick Letter	Analyses Requested: TOC	CLIENT COMMENTS	LAB COMMENTS (Lab Use Only)	Profile #
001	KIK - NW GATE	12/22/06	0715	W			X		1-250 ag ↓	
002	KIK - NE DRAIN	12/22/06	0700	W			X			

Comments	Sampled By: (signed)	Sampled By: (please print)	PACE Project No.
	Relinquished By: Date/Time: 12/26/06	Received By: Durham Date/Time	8797116
	Relinquished By: Kirchberg (PAS)-MN Date/Time: 12-27/06 0845	Received By: Date/Time: 12-27-06 0845	Receipt Temp = 2.5 °C
	Relinquished By: Durham Date/Time:	Received By: Date/Time	Sample Receipt pH OK / Adjusted
Samples on HOLD are subject to special pricing and release of liability	Relinquished By: Date/Time	Received By: Date/Time	Cooler Custody Seal Present / Not Present Intact / Not Intact

CC 27Jun2006)

Version 6.0 06/14/06

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CHAIN-OF-CUSTODY / Analytical Request Document

The Chain-of-Custody is a LEGAL DOCUMENT All relevant fields must be completed accurately

Page: 101

Required Client Information **Section A**	Required Client Information **Section B**	**Client Information (Check quote/contract)***	To Be Completed by Pace Analytical Client **Section C**
Company U S. Compliance Corporation	Report To Dave Nickel	Requested Due Date	Quote Reference
Address 301 Carlson Parkway	Copy To	*TAT Regular	Project Manager Paul Kirchberg
Suite 200	Invoice To Accounts Payable	* Turn around times less than 14 days subject	Project # 1044115
Phone 952-252-3000 Fax 952-252-3001	P O	laboratory and contractual obligations and may	Profile #
	Project Name KIK-SoCal Inc	In a Rush Turnaround Surcharge	
	Project Number	Turn Around Time (TAT) in calender days	

Required Client Information **Section D**

SAMPLE ID (One charater per box.)

Valid Matrix Codes

Matrix	Code
Water	WT
Soil	SL
Oil	OL
Wipe	WP
Air	AR
Tissue	TS
Other	OT

ITEM NUMBER	SAMPLE ID	MATRIX CODE	[redacted]	[redacted]	Preservatives: # Containers	Unpreserved	H2SO4	HNO3	HCl	NaOH	Na2S2O3	Methanol	Requested Analysis: TSS 160 2	pH 150 1	Conductance 120 1	TOC 415 2	O&G 1664	N+N 353 1	Zn 200 7	REMARKS / Lab ID
1	KIK NW GATE	WT	12-22-06	7:15AM	6	X	X	X					X	X	X	X	X	X	X	001
2	KIK NE DRAIN	WT	12-22-06	7:00AM	6	X	X	X					X	X	X	X	X	X	X	002
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				
11																				
12																				

SHIPMENT METHOD	AIRBILL NO.	SHIPPING DATE	NO. OF COOLERS

ITEM #	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME
				J. Richardson	12/23/06	9:30

SAMPLE CONDITION: **SAMPLE NOTES:**

Temp in C	13.4
Received on Ice	Y / (N)
Sealed Cooler	Y / (N)
Sample Intact	(Y) N

Additional Comments:

SAMPLER NAME AND SIGNATURE	
[redacted] PRINT NAME OF SAMPLER	FRANCISCO CALVO
[redacted] SIGNATURE OF SAMPLER	[signature]
[redacted] DATE SIGNED	12-22-06

Sample Condition Upon Receipt

Pace Analytical

Client Name: U.S Compliance Project # 1044115

urier: ☒ Fed Ex ☐ UPS ☐ USPS ☐ Client ☐ Commercial ☐ Pace Other _____

..acking #: 7906 3696 8613

Optionals: Proj. Due Date: Proj. Name:

Custody Seal on Cooler/Box Present: ☐ yes ☒ no Seals intact: ☐ yes ☐ no

Packing Material: ☒ Bubble Wrap ☒ Bubble Bags ☐ None ☐ Other _____

Thermometer Used 230194010 **Type of Ice:** Wet Blue (None) ☐ Samples on ice, cooling process has begun

Cooler Temperature 13 4° **Biological Tissue Is Frozen:** Yes No

Date and Initials of person examining contents: 12/23/06 JK

Temp should be above freezing to 6°C **Comments:**

Chain of Custody Present	☒Yes ☐No ☐N/A	1.	
Chain of Custody Filled Out.	☒Yes ☐No ☐N/A	2.	
Chain of Custody Relinquished:	☐Yes ☒No ☐N/A	3.	
Sampler Name & Signature on COC:	☒Yes ☐No ☐N/A	4.	
Samples Arrived within Hold Time.	☒Yes ☐No ☐N/A	5.	
Short Hold Time Analysis (<72hr):	☐Yes ☒No ☐N/A	6.	
Rush Turn Around Time Requested:	☐Yes ☒No ☐N/A	7.	
Sufficient Volume	☒Yes ☐No ☐N/A	8.	
Correct Containers Used:	☒Yes ☐No ☐N/A	9.	
-Pace Containers Used:	☒Yes ☐No ☐N/A		
Containers Intact:	☒Yes ☐No ☐N/A	10	
Filtered volume received for Dissolved tests	☐Yes ☐No ☒N/A	11	
Sample Labels match COC	☒Yes ☐No ☐N/A	12	
-Includes date/time/ID/Analysis Matrix: WT			
All containers needing preservation have been checked	☒Yes ☐No ☐N/A	13	
All containers needing preservation are found to be in compliance with EPA recommendation	☒Yes ☐No ☐N/A		
exceptions VOA, coliform, TOC, O&G, WI-DRO (water)	☐Yes ☒No	Initial when completed JK	Lot # of added preservative
Samples checked for dechlorination	☐Yes ☐No ☒N/A	14	
Headspace in VOA Vials (>6mm):	☐Yes ☐No ☒N/A	15.	
Trip Blank Present	☐Yes ☒No ☐N/A	16	
Trip Blank Custody Seals Present	☐Yes ☐No ☒N/A		
Pace Trip Blank Lot # (if purchased) _____			

Client Notification/ Resolution: Field Data Required? Y / N

Person Contacted _____ Date/Time: _____

Comments/ Resolution: _____

Project Manager Review: _____ **Date:** 12/26/06

Note Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i e out of hold, incorrect preservative, out of temp, incorrect containers)

United States Compliance

June 29, 2006

Bob Brown
KIK-SoCal Inc.
9028 Dice Road
Santa Fe Springs, CA 90670

Dear Bob Brown:

Enclosed are two copies of KIK-SoCal Inc.'s 2005-2006 Annual Report. One copy of the Annual Report needs to be sent to the Regional Water Quality Control Board and the other copy is for your records. *Please review the report for accuracy, then sign and date where indicated on Forms 1-5.* Lastly mail the original signed report (certified mail, return receipt requested) along with the enclosed cover letter and envelope, to the following address:

Los Angeles Region Water Quality Control Board
320 West 4th Street, Ste. 200
Los Angeles, CA 90013

This report needs to be submitted to the Regional Water Quality Control Board no later than June 30, 2006.

If you have any questions or concerns in regards to this report, please feel free to contact me at U.S. Compliance Corporation or by email at dnickel@uscompliance.com.

Sincerely,

David Nickel
Environmental Specialist

Enclosures

State of California
STATE WATER RESOURCES CONTROL BOARD

2005-2006
ANNUAL REPORT
FOR
STORM WATER DISCHARGES ASSOCIATED
WITH INDUSTRIAL ACTIVITIES

Reporting Period July 1, 2005 through June 30, 2006

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 office addresses can be found at http://www.swrcb.ca.gov/stormwtr/contact.html. To find your Regional Board information, match the first digit of your WDID number with the corresponding number that appears in parenthesis on the first line of each Regional Board office.

GENERAL INFORMATION:

A. Facility Information:

Facility WDID No: 419I05890

Facility Business Name: KIK-SoCal Inc.
Contact Person: Bob Brown
Physical Address: 9028 Dice Road
e-mail: BBrown@KIKCORP.com
City: Santa Fe Springs
CA Zip: 90670 Phone: (562) 946-6427
Standard Industrial Classification (SIC) Code(s): 2841

B. Facility Operator Information:

Operator Name: KIK Southern California
Contact Person: Bob Brown
Mailing Address: 9028 Dice Road
e-mail: BBrown@KIKCORP.com
City: Santa Fe Springs
State: CA Zip: 90670 Phone: (562) 946-6427

C. Facility Billing Information:

Operator Name: KIK Southern California
Contact Person: Bob Brown
Mailing Address: 9028 Dice Road
e-mail: BBrown@KIKCORP.com
City: Santa Fe Springs
State: CA Zip: 90670 Phone: (562) 946-6427

2005-2006

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 Cetification 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? 2 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? 2

4. For each storm event sampled, did you collect and analyze a sample from each of the facilitys' storm water discharge locations? [X] 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? [X] YES [ ] NO, **attach explanation**

7. Was all storm water sampling preceded by three (3) working days without a storm water discharge? [X] YES [ ] NO, **attach explanation**

8. Were there any discharges of stormwater that had been temporarily stored or contained? (such as from a pond) [ ] YES [X] 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)? [X] YES [ ] NO, Go to Item E.11

    b. Did you analyze all storm water samples for the applicable parameters listed in Table D? [X] 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	☒	☐	February	☒	☐
November	☐	☒	March	☐	☒
December	☐	☒	April	☐	☒
January	☐	☒	May	☐	☒

2. Report monthly wet season visual observations using **Form 4** or provide the following information.

   a. date, time, and location of observation
   b. name and title of observer
   c. characteristics of the discharge (i.e., odor, color, etc.) and source of any pollutants observed.
   d. **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 occured 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? [x] 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? [x] 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? [x] 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? [x] 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? [x] 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?	[X] YES (Mandatory)		
2. If you conducted sampling and analysis, have you attached the laboratory analytical reports?	[X] 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	[X] 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?	[X] 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: Robert Brown

Signature: _____ Date: _____

Title: General Manager

Form 1:
Sampling and Analysis Results

2005-2006

ANNUAL REPORT

SIDE A

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

NAME OF PERSON COLLECTING SAMPLE(S): Robert Brown TITLE: General Manager SIGNATURE: _____

DESCRIBE DISCHARGE LOCATION Example. NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	ANALYTICAL RESULTS For First Storm Event										
			BASIC PARAMETERS					OTHER PARAMETERS					
			pH	TSS	SC	O&G	TOC	N+N	Zinc	Surfactants		
NW Gate	10/18/05 ☒ AM 8:00 ☐ PM	☒ AM 8:00 ☐ PM	9.01	10	17200	33.8		<0.02	0.475	37.1		
NE Drain	10/18/05 ☒ AM 8:00 ☐ PM	☒ AM 8:00 ☐ PM	10.25	12	389	4.2		3.98	0.116	0.54		
	☐ AM ☐ PM	☐ AM ☐ PM										
	☐ AM ☐ PM	☐ AM ☐ PM										
TEST REPORTING UNITS:			pH Units	mg/l	umho/cm	mg/l	mg/l	mg/L	mg/L	mg/L		
TEST METHOD DETECTION LIMIT:			NA	2.0	1	0.3		0.02	0.004	0.1		
TEST METHOD USED:			EPA 150.1	EPA 160.2	EPA 120.1	EPA 1664		EPA 300.0	SOP 7040	SM 5440 C		
ANALYZED BY (SELF/LAB):			LAB	LAB	LAB	LAB		LAB	LAB	LAB		

TSS - Total Suspended Solids SC - Specific Conductance O&G - Oil & Grease TOC - Total Organic Carbon

2005-2006

ANNUAL REPORT

SIDE B

FORM 1-SAMPLING & ANALYSIS RESULTS

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

NAME OF PERSON COLLECTING SAMPLE(S): Robert Brown **TITLE:** General Manager **SIGNATURE:** _____

DESCRIBE DISCHARGE LOCATION Example: NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	ANALYTICAL RESULTS For First Storm Event									
			BASIC PARAMETERS					OTHER PARAMETERS				
			pH	TSS	SC	O&G	TOC	N+N	Zinc	Surfactants		
NW Gate	2/27/06 ☐ AM 4:00 ☒ PM	☐ AM 3:00 ☒ PM	11.22	20	3190	38.3		2.89	0.339	6.9		
NE Drain	2/27/06 ☐ AM 4:00 ☒ PM	☐ AM 3:00 ☒ PM	9.75	3.5	1390	3.0		7.02	0.045	0.15		
	☐ AM ☐ PM	☐ AM ☐ PM										
	☐ AM ☐ PM	☐ AM ☐ PM										
TEST REPORTING UNITS:			pH Units	mg/l	umho/cm	mg/l	mg/l	mg/L	mg/L	mg/L		
TEST METHOD DETECTION LIMIT:			NA	2.0	1	0.3		0.02	0.004	0.1		
TEST METHOD USED:			EPA 150.1	EPA 160.2	EPA 120.1	EPA 1664		EPA 300.0	SOP 7040	SM 5440 C		
ANALYZED BY (SELF/LAB):			LAB	LAB	LAB	LAB		LAB	LAB	LAB		

TSS - Total Suspended Solids SC - Specific Conductance O&G - Oil & Grease TOC - Total Organic Carbon

NL
BB
Rook

November 4, 2005

KIK International
9028 Dice Rd
Santa Fe Springs, CA 90670

Attn: Darrel Johnson

Job No: 82048 SL

LABORATORY REPORT

Samples Received: Six (6) Samples
Date Received: 10/20/2005
Purchase Order No: 31068

The samples were analyzed as follows:

Analysis	Page
Anions by EPA 300.0	2 - 3
Total Suspended Solids by EPA 160.2	4 - 5
Conductivity by EPA 120.1	4 - 5
pH by EPA 150.1	4 - 5
Hexane Extractable Materials by EPA 1664	4 - 5
Surfactants by SM 5540 C	4 - 5
Zinc by SOP 7040, Rev 8	6

Charles Jacks, Ph.D.
Senior Staff Chemist

Michael Shelton
Senior Staff Chemist

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WEST COAST ANALYTICAL SERVICE, INC.

KIK International
Attn: Darrel Johnson

Job No: 82048
November 4, 2005

Anions by EPA 300.0
Ion Chromatography-Suppressed Conductivity

Column:	Dionex AS9-SC/AG9-SC
Eluent:	2 mM Na_2CO_3, 0.75 mM $NaHCO_3$
Flow:	2.0 mL/min
Injection:	300 µL
Detection:	Suppressed Conductivity

The samples were analyzed undiluted. One sample (Northwest Gate Area) had a very large amount of chloride which interfered with the assay of both nitrite and nitrate. For nitrate, the sample was diluted by 1:100 with water. For nitrite, the sample was diluted 1:300 with water, and also analyzed after treatment with a chloride removal cartridge at the 1:100 dilution. Nitrite spike recovery as nitrite was low for both methods of analyzing this sample The nitrite spike was either partially or totally converted to nitrate in the spikes of this sample.

Sample ID	Nitrite mg/L	Detection Limit	Nitrate mg/L	Detection Limit
Northeast Drain	0.33	0.02	3.65	0.02
Northwest Gate Area	ND *	2	10	2
Method Blank	ND	0.02	ND	0.02
Chloride Removal Cartridge Blank	ND	2		

* Sample treated with chloride removal cartridge for nitrite analysis.

Date Analyzed: 10-20-05

Calibration Summary

Sample ID: 1 PPM Reference Standard

Analyte	Result	% Rec	% Rec Limits
Nitrite	1.02	102	90 - 110
Nitrate	1.01	101	90 - 110

Date Analyzed: 10-20-05

Standard Curves (n = 5) $r^2 > 0.999$ for all anions.

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WEST COAST ANALYTICAL SERVICE, INC.

KIK International
Attn: Darrel Johnson

Job No: 82048
November 4, 2005

Quality Control Summary (Continued)

Sample ID: Northeast Drain

Analyte	Sample Result	Spike Conc	Spike Result	Spike % Rec	Spike Dup Result	Spike Dup % Rec	Spike RPD
Nitrite	0.33	2.00	2.53	110	2.62	115	3
Nitrate	3.65	4.00	7.71	102	7.85	105	2

Quality Control Guidelines

Analyte	% Rec Limits	RPD Limits
Nitrite	72 - 123	11
Nitrate	67 - 126	15

Sample ID: Northwest Gate Area (Cl Removal Cartridge, 1:100 dilution)

Analyte	Sample Result as NO_2	Spike Conc	Spike Result as NO_2	Spike % Rec
Nitrite	ND	100	ND	0
Nitrate	8	0	107	99
Sum				99

Sample ID: Northwest Gate Area (untreated, 1:300 dilution)

Analyte	Sample Result as NO_2	Spike Conc	Spike Result as NO_2	Spike % Rec
Nitrite	ND	300	136	45
Nitrate	7	0	185	59
Sum				104

This report is to be reproduced in its entirety.

WEST COAST ANALYTICAL SERVICE, INC.

KIK International
Attn: Darrel Johnson

Job No: 82048
November 4, 2005

Sample ID: Northwest Gate Area

Analysis	Result	Units	Method	Detection Limit
Total Suspended Solids	10	mg/L	EPA 160.2	2
Conductivity	17200	µmho/cm	EPA 120.1	1
pH	9.01	Units	EPA 150.1	N/A
Hexane Extractable Materials	33.8	mg/L	EPA 1664	0.3
Surfactants	37.1	mg/L	SM 5540 C	0.1

Sample ID: Northeast Drain

Analysis	Result	Units	Method	Detection Limit
Total Suspended Solids	12	mg/L	EPA 160.2	2
Conductivity	389	µmho/cm	EPA 120.1	1
pH	10.25	Units	EPA 150.1	N/A
Hexane Extractable Materials	4.2	mg/L	EPA 1664	0.3
Surfactants	0.54	mg/L	SM 5540 C	0.1

Dates Analyzed: 10-20-05 to 11-02-05

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WEST COAST ANALYTICAL SERVICE, INC.

KIK International
Attn: Darrel Johnson

Job No: 82048
November 4, 2005

Quality Control Summary

Sample ID: Northeast Drain

Analyte	Sample Result	Duplicate Result	Difference	Difference Limit
pH	10.25	10.26	0.01	0.10

Sample ID: Batch QC

Analyte	Sample Result	Duplicate Result	Sample RPD	RPD Limit
Conductivity	39.8	40.5	2	20

Sample ID: Batch QC

Analyte	Sample Result	Duplicate Result	Sample RPD	RPD Limit
Total Suspended Solids	141	146	3	20

Sample ID: Laboratory Fortified Blank

Analyte	Blank Result	Spike Conc	Spike Result	Spike % Rec	Spike Dup Result	Spike Dup % Rec	Spike RPD
Hexane Extractable Materials	ND	40.1	30.6	76	30.0	75	2
QC Guidelines				73 - 109		73 - 109	7

Sample ID: Northeast Drain

Analyte	Sample Result	Duplicate Result	Sample RPD	Spike Conc	Spike Result	Spike % Rec
Surfactants	0.55	0.53	4	2.00	2.35	91
QC Guidelines			20			10 - 162

This report is to be reproduced in its entirety.

WEST COAST ANALYTICAL SERVICE, INC.

KIK International
Attn: Darrel Johnson

Job No: 82048
November 4, 2005

Zinc by SOP 7040, Rev 8
Quantitative Analysis Report
Inductively Coupled Plasma-Mass Spectrometry

Parts Per Million (mg/L)

Sample ID	Zinc
Northwest Gate Area	0.475
Northeast Drain	0.116
Detection Limit:	0.004

Date Analyzed: 10-24-05

Quality Control Summary

Sample: Northeast Drain

Analyte	Sample Result	Duplicate Result	Average Result	Sample RPD	Spike Conc	Spike Result	Spike % Rec
Zinc	0.116	0.111	0.1135	4.4	1 00	1.21	110

Date Analyzed: 10-24-05

This report is to be reproduced in its entirety.

Chain-of-Custody

Mail Report to the following:
Company: KIK SOCAL
Contact: DERRELL JOHNSON (BOBBY BROWN)
Address:
Address: 9028 DICE RD.
City/St/Zip: SANTA FE SPRINGS, CA 90670
Phone: Fax:

Project Information:
Project Manager:
Project Name: STORM WATER SAMPLES
Project No.:
Purchase Order No.: 31068
Purchasing Contact:
Purchasing Phone No.:

WCAS
West Coast Analytical Service, Inc.
9240 Santa Fe Springs Rd
Santa Fe Springs, CA 90670
562.948.2225 fax 562.948.5850
wcas.com

Turn-around-time
- ☐ Normal (7-10 work days)
- ☐ Rush 5 day
- ☐ Rush 3 day
- ☐ Rush 1 day

} Extra Charge

Hazards:

Comments:

Sampler's Name(s): ~~KIK SOCAL~~ ROBERT DI BROWN

If there are multiple choices for an item please circle one

Sample Identification	Sampling Date	Sampling Time	Preservation	# of Containers	Water: Drinking Ground Waste	Soil	Waste	Other	CCR Metals: TTLC STLC	RCRA Metals: Totals TCLP	Hexavalent Chromium: 218.6 7199	Total Chromium by ICPMS	Volatile Organics by GCMS	Semivolatile Organics by GCMS	Organochlorine Pest./PCB	Hydrocarbons by 8015M	Hexane Ext. by 1664: HEM SGT/HEM	Remarks
Corner Sump Onoway	10/18/05	800 AM		3														
Rail Car Area	10/18/05	800 AM		3														

Relinquished by:	Company:	Date	Time	Received by:	Company:
Robert D. Brown	KIK				Courier
Relinquished by:	Company:	Date	Time	Received by:	Company:
Relinquished by:	Company: Courier	Date 10/20/05	Time 18:18	Received by: Cecilia M. Gedeon	Company: WCAS

NOTES: Samples will be discarded 30 days after invoicing unless notified in writing or high hazard.

March 21, 2006

KIK International
9028 Dice Rd
Santa Fe Springs, CA 90670

Attn: Derrell Johnson

Job No: 84924 DL

LABORATORY REPORT

Samples Received: Eight (8) Samples
Date Received: 02/28/2006
Purchase Order No: 31125

The samples were analyzed as follows:

Analysis	Page
Nitrate and Nitrite by EPA 300.0	2 - 3
pH by EPA 150.1	4 - 5
Total Suspended Solids by EPA 160.2	4 - 5
Conductivity by EPA 120.1	4 - 5
Hexane Extractable Materials by EPA 1664	4 - 5
Surfactants by SM 5540 C	4 - 5
Zinc by SOP 7040, Rev 8	6

D.J. Northington, Ph.D
Technical Director

Michael Shelton
Senior Staff Chemist

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WEST COAST ANALYTICAL SERVICE, INC.

KIK International
Attn: Derrell Johnson

Job No: 84924
March 21, 2006

Nitrate and Nitrite by EPA 300.0
Ion Chromatography-Suppressed Conductivity

Column:	Dionex AS9-SC/AG9-SC
Eluent:	2.0 mM Na_2CO_3, 0.75 mM $NaHCO_3$
Flow:	2.0 mL/min
Injection:	300 µL
Detection:	Suppressed Conductivity

The samples were diluted 1:10 with water for analysis.

Sample ID	Nitrite mg/L	Nitrite as N mg/L	Nitrate mg/L	Nitrate as N mg/L
N. Gate	1.0	0.30	1.3	0.29
NE Area Sump	0.5	0.15	5.2	1.17
Method Blank	ND	ND	ND	ND
Detection Limit	0.2	0.06	0.2	0.05

Date Analyzed: 02-28-06

Calibration Summary

Sample ID: 1 ppm Reference Standard

Analyte	Result	% Rec	% Rec Limits
Nitrite	0.98	98	90 - 110
Nitrate	0.98	98	90 - 110

Standard Curves (n = 5) $r^2 > 0.999$ for all anions.
Date Analyzed: 02-28-06

Quality Control Summary

Sample ID. N Gate

Analyte	Sample Result	Duplicate Result	Average Result	Sample RPD	RPD Limit
Nitrite	1.0	1.1	1.1	9	11
Nitrate	1.3	1.3	1.3	0	15

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WEST COAST ANALYTICAL SERVICE, INC.

KIK International
Attn: Derrell Johnson

Job No: 84924
March 21, 2006

Quality Control Summary (Continued)

Sample ID: NE Area Sump

Analyte	Sample Result	Spike Conc	Spike Result	Spike % Rec	Spike Dup Result	Spike Dup % Rec	Spike RPD
Nitrite	0.5	5.0	5.1	92	5.1	92	0
Nitrate	5.2	5.0	10.2	100	10.2	100	0

Quality Control Guidelines

Analyte	% Rec Limits	RPD Limits
Nitrite	72 - 123	11
Nitrate	67 - 126	15

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WEST COAST ANALYTICAL SERVICE, INC.

KIK International
Attn: Derrell Johnson

Job No: 84924
March 21, 2006

Sample ID: N. Gate

Analysis	Result	Units	Method	Detection Limit
pH	11 22	Units	EPA 150.1	N/A
Total Suspended Solids	20	mg/L	EPA 160.2	1
Conductivity	3190	µmho/cm	EPA 120.1	1
Hexane Extractable Materials	38.3	mg/L	EPA 1664	0.3
Surfactants	6.9	mg/L	SM 5540 C	0.1

Sample ID: NE Area Sump

Analysis	Result	Units	Method	Detection Limit
pH	9.75	Units	EPA 150.1	N/A
Total Suspended Solids	3.5	mg/L	EPA 160.2	0 5
Conductivity	1390	µmho/cm	EPA 120.1	1
Hexane Extractable Materials	3.0	mg/L	EPA 1664	0.3
Surfactants	0.15	mg/L	SM 5540 C	0.1

Dates Analyzed: 02-28-06 to 03-08-06

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WEST COAST ANALYTICAL SERVICE, INC.

KIK International
Attn: Derrell Johnson

Job No: 84924
March 21, 2006

Quality Control Summary

Sample ID. Batch QC

Analyte	Sample Result	Duplicate Result	Difference	Difference Limit
pH	7.58	7.51	0.07	± 0.10

Sample ID: Batch QC

Analyte	Sample Result	Duplicate Result	Sample RPD	RPD Limit
Conductivity	397	390	2	20

Sample ID: Batch QC

Analyte	Sample Result	Duplicate Result	Sample RPD	RPD Limit
Total Suspended Solids	38	41	8	20

Sample ID: Laboratory Fortified Blank

Analyte	Blank Result	Spike Conc	Spike Result	Spike % Rec	Spike Dup Result	Spike Dup % Rec	Spike RPD
Hexane Extractable Materials	ND	40.1	38.0	95	40.7	101	6
QC Guidelines				78-114		78-114	7

Sample ID: NE Area Sump

Analyte	Sample Result	Duplicate Result	Sample RPD	Spike Conc	Spike Result	Spike % Rec
Surfactants	0.16	0.15	7	2.00	1.99	92
QC Guidelines			20			10 - 162

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WEST COAST ANALYTICAL SERVICE, INC.

KIK International
Attn: Derrell Johnson

Job No: 84924
March 21, 2006

Zinc by SOP 7040, Rev 8
Quantitative Analysis Report
Inductively Coupled Plasma-Mass Spectrometry

Parts Per Million (mg/L)

Sample ID	Zinc
N. Gate	0.339
NE Area Sump	0.045
Detection Limit:	0.002

Date Analyzed: 03-02-06

Quality Control Summary

Sample: NE Area Sump

Analyte	Sample Result	Duplicate Result	Average Result	Sample RPD	Spike Conc	Spike Result	Spike % Rec
Zinc	0.045	0.046	0.0455	2.2	1.0	1.01	96

Date Analyzed: 03-02-06

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Chain-of-Custody

WCAS

West Coast Analytical Service, Inc.
9240 Santa Fe Springs Rd
Santa Fe Springs, CA 90670
562.948.2225 fax 562.948.5850
wcas.com

ail Report to the following:

mpany: _____
ntact: _____
dress: _____
dress: _____
y/St/Zip: _____
one: _____ Fax: _____

Project Information:

Project Manager: _____
Project Name: _____
Project No.: _____
Purchase Order No.: _____
Purchasing Contact: _____
Purchasing Phone No. : _____

Turn-around-time
Normal (7-10 work days)
Rush 5 day } *Extra Charge*
Rush 3 day
Rush 1 day

Hazards:

mments:

mpler's Name(s):

If there are multiple choices for an item please circle one

Sample Identification	Sampling Date	Sampling Time	Preservation	# of Containers	Water: Drinking	Ground	Waste	Soil	Waste	Other	CCR Metals: TTLC STLC -	RCRA Metals: Totals TCLP	Hexavalent Chromium: 218.6 7199	Total Chromium by ICPMS	Volatile Organics by GCMS	Semivolatile Organics by GCMS	Organochlorine Pest./PCB	Hydrocarbons by 8015M ____	Hexane Ext. by 1664: HEM SGT/HEM	Remarks
					Check One															

nquished by:	Company:	Date	Time	Received by:	Company:
nquished by:	Company:	Date	Time	Received by:	Company
nquished by:	Company:	Date	Time	Received by:	Company:

TES: Samples will be discarded 30 days after invoicing unless notified in writing or high hazard.

N 8492

From:KIK SOCAL 15629495417 06/23/2006 12:25 #041 P.016/035

Form 2:
Quarterly Visual Observations of Authorized Non-Storm Water Discharges (NSWDs)

2005-2006

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SIDE A

FORM 2-QUARTERLY VISUAL OBSERVATIONS OF AUTHORIZED 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: 9/30/06	**Observers Name:** Bob Brown **Title:** General Manager **Signature:**	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ **YES** ☒ **NO** If **YES**, complete reverse side of this form.
QUARTER: **OCT.-DEC.** DATE: 12/31/05	**Observers Name:** Bob Brown **Title:** General Manager **Signature:**	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ **YES** ☒ **NO** If **YES**, complete reverse side of this form.
QUARTER: **JAN.-MARCH** DATE: 3/31/06	**Observers Name:** Bob Brown **Title:** General Manager **Signature:**	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ **YES** ☒ **NO** If **YES**, complete reverse side of this form.
QUARTER: **APRIL-JUNE** DATE: 6/23/06	**Observers Name:** Bob Brown **Title:** General Manager **Signature:**	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ **YES** ☒ **NO** If **YES**, complete reverse side of this form.

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SIDE B

FORM 2-QUARTERLY VISUAL OBSERVATIONS OF AUTHORIZED NON-STORM WATER DISCHARGES (NSWDs)

DATE /TIME OF OBSERVATION	SOURCE AND LOCATION OF AUTHORIZED NSWD EXAMPLE: Air conditioner Units on Building C	NAME OF AUTHORIZED NSWD EXAMPLE: Air conditioner condensate	DESCRIBE AUTHORIZED NSWD CHARACTERISTICS Indicate whether authorized NSWD is clear, cloudy, or discolored, causing staining, contains floating objects or an oil sheen, has odors, etc.		DESCRIBE ANY REVISED OR NEW BMPs AND PROVIDE THEIR IMPLEMENTATION DATE
			At the NSWD Source	At the NSWD Drainage Area and Discharge Location	
_____ ____ ☐ AM ☐ PM					
_____ ____ ☐ AM ☐ PM					
_____ ____ ☐ AM ☐ PM					
_____ ____ ☐ AM ☐ PM					
_____ ____ ☐ AM ☐ PM					

Form 3:
Quarterly Visual Observations of Unauthorized Non-Storm Water discharges (NSWDs)

2005-2006

ANNUAL REPORT

SIDE A

FORM 3-QUARTERLY VISUAL OBSERVATIONS OF UNAUTHORIZED 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** 9/30/05 11:51 ☒ AM ☐ PM	**Observers Name:** Bob Brown **Title:** General Manager **Signature:**	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☒ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☒ NO	If **YES** to either question, complete reverse side.
QUARTER: **OCT.-DEC.** **DATE/TIME OF OBSERVATIONS** 12/30/05 3:23 ☒ AM ☐ PM	**Observers Name:** Bob Brown **Title:** General Manager **Signature:**	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☒ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☒ NO	If **YES** to either question, complete reverse side.
QUARTER: **JAN.-MARCH** **DATE/TIME OF OBSERVATIONS** 3/31/06 9:21 ☒ AM ☐ PM	**Observers Name:** Bob Brown **Title:** General Manager **Signature:**	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☒ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☒ NO	If **YES** to either question, complete reverse side.
QUARTER: **APRIL-JUNE** **DATE/TIME OF OBSERVATIONS** 6/23/06 11:40 ☒ AM ☐ PM	**Observers Name:** Bob Brown **Title:** General Manager **Signature:**	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☒ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☒ NO	If **YES** to either question, complete reverse side.

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SIDE B

FORM 3 QUARTERLY VISUAL OBSERVATIONS OF UNAUTHORIZED NON-STORM WATER DISCHARGES (NSWDs)

OBSERVATION DATE (FROM REVERSE SIDE)	**NAME OF UNAUTHORIZED NSWD** EXAMPLE: Vehicle Wash Water	**SOURCE AND LOCATION OF UNAUTHORIZED NSWD** EXAMPLE: NW Corner of Parking Lot	**DESCRIBE UNAUTHORIZED NSWD CHARACTERISTICS** Indicate whether unauthorized NSWD is clear, cloudy, discolored, causing stains; contains floating objects or an oil sheen, has odors, etc.		**DESCRIBE CORRECTIVE ACTIONS TO ELIMINATE UNAUTHORIZED NSWD AND TO CLEAN IMPACTED DRAINAGE AREAS. PROVIDE UNAUTHORIZED NSWD ELIMINATION DATE.**
			AT THE UNAUTHORIZED NSWD SOURCE	**AT THE UNAUTHORIZED NSWD AREA AND DISCHARGE LOCATION**	
_____ ____ ☐ AM ☐ PM					
_____ ____ ☐ AM ☐ PM					
_____ ____ ☐ AM ☐ PM					
_____ ____ ☐ AM ☐ PM					

Form 4:
Monthly Visual Observations of Storm Water Discharges

2005-2006

ANNUAL REPORT

FORM 4-MONTHLY VISUAL OBSERVATIONS OF

SIDE A

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 20 2005 Observers Name Bob Brown Title General Manager Signature	Drainage Location Description	#1 NW Gate	#2 NE Drain	#3	#4
	Observation Time	8:00 ☐P.M. ☒A.M.	8:00 ☐P.M. ☒A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.
	Time Discharge Began	8:00 ☐P.M. ☒A.M.	8:00 ☐P.M. ☒A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☒	YES ☐ NO ☒	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: November 2005 Observers Name No Storm Event Title Signature	Drainage Location Description	#1	#2	#3	#4
	Observation Time	☐P.M. ☐A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.
	Time Discharge Began	☐P.M. ☐A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: December 2005 Observers Name No Storm Event Title Signature	Drainage Location Description	#1	#2	#3	#4
	Observation Time	☐P.M. ☐A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.
	Time Discharge Began	☐P.M. ☐A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: January 2006 Observers Name No Storm Event Title Signature	Drainage Location Description	#1	#2	#3	#4
	Observation Time	☐P.M. ☐A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.
	Time Discharge Began	☐P.M. ☐A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.	☐P.M. ☐A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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SIDE B

FORM 4-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

DATE/TIME OF OBSERVATION (From Reverse Side)	DRAINAGE AREA DESCRIPTION EXAMPLE: Discharge from material storage Area #2	DESCRIBE STORM WATER DISCHARGE CHARACTERISTICS Indicate whether storm water discharge is clear, cloudy, or discolored; causing staining; containing floating objects or an oil sheen, has odors, etc.	IDENTIFY AND DESCRIBE SOURCE(S) OF POLLUTANTS EXAMPLE: Oil sheen caused by oil dripped by trucks in vehicle maintenance area	DESCRIBE ANY REVISED OR NEW BMPs AND THEIR DATE OF IMPLEMENTATION
_____ ____ ☐ AM ☐ PM				
_____ ____ ☐ AM ☐ PM				
_____ ____ ☐ AM ☐ PM				
_____ ____ ☐ AM ☐ PM				
_____ ____ ☐ AM ☐ PM				

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FORM 4 (Continued)-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

SIDE A

- 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: February 27 2006 Observers Name Bob Brown Title General Manager Signature.	Drainage Location Description	#1 NW Gate	#2 NE Drain	#3	#4
	Observation Time	4:00 ☒ P.M ☐ A.M.	4:00 ☒ P.M ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M ☐ A.M.
	Time Discharge Began	3:00 ☒ P.M. ☐ A.M.	3:00 ☒ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☒	YES ☐ NO ☒	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: March ____ 2006 Observers Name No Storm Event Title Signature	Drainage Location Description	#1	#2	#3	#4
	Observation Time	☐ P.M. ☐ A M	☐ P.M. ☐ A M	☐ P.M. ☐ A M.	☐ P.M. ☐ A M
	Time Discharge Began	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: April ____ 2006 Observers Name No Storm Event Title Signature	Drainage Location Description	#1	#2	#3	#4
	Observation Time	☐ P.M. ☐ A.M.	☐ P M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Time Discharge Began	☐ P M ☐ A M	☐ P.M. ☐ A M	☐ P.M. ☐ A.M.	☐ P M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: May ____ 2006 Observers Name. No Storm Event Title Signature	Drainage Location Description	#1	#2	#3	#4
	Observation Time	☐ P.M. ☐ A M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A M.	☐ P.M. ☐ A.M.
	Time Discharge Began	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

2005-2006

ANNUAL REPORT

SIDE B

FORM 4 (Continued)-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

DATE/TIME OF OBSERVATION (From Reverse Side)	DRAINAGE AREA DESCRIPTION EXAMPLE: Discharge from material storage Area #2	DESCRIBE STORM WATER DISCHARGE CHARACTERISTICS Indicate whether storm water discharge is clear, cloudy, or discolored; causing staining; containing floating objects or an oil sheen, has odors, etc.	IDENTIFY AND DESCRIBE SOURCE(S) OF POLLUTANTS EXAMPLE: Oil sheen caused by oil dripped by trucks in vehicle maintenance area	DESCRIBE ANY REVISED OR NEW BMPs AND THEIR DATE OF IMPLEMENTATION
_____ ☐ AM ☐ PM				
_____ ☐ AM ☐ PM				
_____ ☐ AM ☐ PM				
_____ ☐ AM ☐ PM				
_____ ☐ AM ☐ PM				

Form 5:
Annual Comprehensive Site Compliance Evaluation, Potential Pollutant Source/ Industrial Activity BMP Status

2005-2006
ANNUAL REPORT

SIDE A

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

EVALUATION DATE: 6/23/06 INSPECTOR NAME: Bob Brown TITLE: General Manager SIGNATURE: _____

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
Outdoor Storage Operations	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☒NO ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☒NO	If yes, to either question, complete the next two columns of this form		
Outdoor Disposal Operations	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☒NO ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☒NO	If yes, to either question, complete the next two columns of this form		
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form		
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form		

2005-2006

ANNUAL REPORT

SIDE B

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

EVALUATION DATE: _____ INSPECTOR NAME: _____ TITLE: _____ SIGNATURE: _____

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO			

Attachment to 2005-2006 Annual Report

Attachment to 2005-2006 Annual Report

KIK-SoCal Inc.
9028 Dice Road
Santa Fe Springs, CA 90670

Monitoring and Reporting Program

(G) MONTHLY WET SEASON VISUAL OBSERVATIONS

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.*

No Monthly Wet Season Visual Observations were made during November, December, January, March, April, and May of 2005-2006 because there were no eligible storm events that occurred during regular facility operating hours.

Storm Water Sample Record

September 2005

Int	Date of Storm	24 hour Time of Storm	Date of Sample	24 hour Time of Sample	Northeast Area "A"	North Gate Area "B"	Comments
RDB	9/19/05	300	N/A	N/A			No sample required
RDB	20-Sep	1700	N/A	N/A			End of storm

Storm Water Sample Record

Int.	Date of Storm	24 hour Time of Storm	Date of Sample	24 hour Time of Sample	Northeast Area "A"	North Gate Area "B"	Comments
RDB	10/16/05	800	NA	NA	NA	NA	No samples taken
RDB	18-Oct	800	18-Oct	800	X	X	Sent to Western Analitical Lab On 10-20
							Sample was to late for correct reading

Storm Water Sample Record

January 2006

Int	Date of Storm	24 hour Time of Storm	Date of Sample	24 hour Time of Sample	Northeast Area "A"	North Gate Area "B"	Comments
							No recordable rain or not at plant
							during storm

Storm Water Sample Record

Month of. February 2006

Int	Date of Storm	24 hour Time of Storm	Date of Sample	24 hour Time of Sample	Northeast Area "A"	North Gate Area "B"	Comments
RDB	2/27/06	1500	27-Feb	1600	X	X	Called in to lab for pickup 2-28
							West Coast Lab S F S

Storm Water Sample Record

Int	Date of Storm	24 hour Time of Storm	Date of Sample	24 hour Time of Sample	Northeast Area "A"	North Gate Area "B"	Comments
RDB	4/3/06	1600	N/A	N/A			No sample bottles

SIDE A

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

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

DESCRIBE DISCHARGE LOCATION Example: NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	ANALYTICAL RESULTS For First Storm Event									
			BASIC PARAMETERS					OTHER PARAMETERS				
			PH	TSS	SC	O&G	TOC					
NW Gate	/ / ☐AM : ☐PM	☐AM : ☐PM										
NE Drain	/ / ☐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):												

TSS - Total Suspended Solids SC - Specific Conductance O&G - Oil & Grease TOC - Total Organic Carbon

FORM 1-SAMPLING & ANALYSIS RESULTS

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

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

DESCRIBE DISCHARGE LOCATION Example: NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	ANALYTICAL RESULTS For Second Storm Event									
			BASIC PARAMETERS					OTHER PARAMETERS				
			PH	TSS	SC	O&G	TOC					
	/ / ☐AM : ☐PM	☐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):												

TSS - Total Suspended Solids SC - Specific Conductance O&G - Oil & Grease TOC - Total Organic Carbon

Dan Skopec
Secretary for Environmental Protection

State Water Resources Control Board

Division of Water Quality
1001 I Street • Sacramento, California 95814 • (916) 341-5536
Mailing Address. P O. Box 1977 • Sacramento, California 95812-1977
Fax (916) 341-5543 • http //www.waterboards ca.gov/stormwater/index html

Arnold Schwarzenegger
Governor

May 23, 2006

Kik Southern California
Attn: Storm Water Coordinator
9028 Dice Rd
Santa Fe Springs, CA 90670

ELECTRONIC SUBMISSION OF STORM WATER ANNUAL REPORTS

Dischargers covered by the Industrial Activities Storm Water General Permit must submit annual reports by July 1, 2006. In the past, discharger's only option was to mail a paper copy of each annual report. The Water Boards are pleased to announce a new alternative that allows dischargers to prepare and submit annual reports electronically over the Internet. Dischargers may mail a paper annual report(s) to the Regional Boards as they have done in the past, or may choose to use the new online method.

The pilot version of the **S**torm **W**ater **A**nnual **R**eporting **M**odule (SWARM) will be available for online use beginning **June 5, 2006**. SWARM is considered a pilot system this year due to its release less than one month before the July 1 reporting deadline. This short time frame allows very little opportunity for discharger preparation or training, and will limit the amount of assistance we can provide to dischargers during June 2006. However, SWARM is designed to mimic the existing paper annual report and, as such, is somewhat self-explanatory. Dischargers that have completed annual reports in the past and are comfortable with computer technology and Internet use should be able to use SWARM with relative ease. SWARM will provide a printable receipt for each discharger that successfully transmits an electronic annual report. Dischargers that either encounter problems using SWARM or cannot obtain verification that their annual report has been successfully transmitted should be prepared to submit paper versions of their annual report(s) by July 1, 2006. Regardless of the submittal method used, failure to submit your annual report on time may subject you to penalties pursuant to California Water Code Section 13399.

If you are interested in using SWARM, you must register with the Water Board in order to receive an online account and password. The steps to enroll are:

1. Print the Authorization form and instructions from the Internet.
2. Complete the required information and sign the Authorization form. If you have more than one facility, a separate authorization form is required for each facility.
3. Mail the original signed Authorization form to: **CIWQS Registration, P.O. Box 671 Sacramento, CA 95812**
4. Wait for us to create an online user account and e-mail SWARM login instructions to you.
5. Login to SWARM and begin entering annual report information.

Pre-Registration (until May 31, 2006)

Dischargers may pre-register for SWARM by downloading the SWARM Authorization form and instructions by May 31, 2006 at the Water Board Internet web site at:

http://www.waterboards.ca.gov/stormwtr/docs/swarm/prereg.pdf

Our goal is to e-mail login instruction on June 5, 2006 to all dischargers that pre-registered. This may be delayed for dischargers who do not promptly return the original signed Authorization form to us.

Standard Registration (June 5, 2006 and later)

Dischargers interested SWARM, who have not already mailed an Authorization form in accordance with the above-mentioned pre-registration, will be able to register starting on June 5, 2006 using the standard online California Water Quality Information System (CIWQS) registration process at:

https://ciwqs.waterboards.ca.gov/

Please note that the CIWQS registration site (above) already exists for other programs, but SWARM registration will not be added until June 5, 2006. Similar to pre-registration, our goal is to e-mail login instructions within a week depending upon how quickly you sign and return the Authorization form.

If you experience problems with the pre-registration process, please contact the CIWQS Help Center at:

Email: **ciwqs@waterboards.ca.gov**

Tel: **(866) 792-4977**

If you would like to file your annual report using the paper format, you can obtain a blank form and instructions at.

http://www.waterboards.ca.gov/stormwtr/annualreport.html

Thank you for your interest in SWARM.

Transmit report

06/28/2006 15:58
40LE00755
TC:421859

REMOTE STATION	START	TIME	Pages	RESULT	REMARKS
19522523001	06-28 15:56	00:02 05	012/012	OK	

REMARKS TMR:Timer, POL:Poll, TRN:Turn around, 2IN:2in1 Tx, ORG:Original size set, DPG:Book Tx
FME:Frame erase Tx, MIX:Mixed original, CALL:Manual-Com, KRDS:KRDS, FWD:FORWARD
FLP:Flip Side 2, SP:Special Original
FCODE:Fcode, MBX:Confidential, BUL:Bulletin, RLY:Relay, RTX:Re-Tx, PC:PC-FAX
S-OK:Stop communication, Busy:Busy, Cont.:Continue, No ans:No answer
M-full:Memory full, PW-OFF:Power switch OFF, TEL:Rx from TEL

9028 Dice Road
Santa Fe Springs, CA 90670
(562) 946-6427, Fax # (562) 941-9780

KIK SO-CAL

Fax

To: DAVE NICKEL **From:** BOB BROWN

Fax: 952 252 3001 **Pages:**

Phone: **Date:**

Re: **CC:**

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

• **Comments:**

DAVE,

HERE YOU GO. I CAN BE REACHED AT (310) 612-2001

BOB

9028 Dice Road
Santa Fe Springs, CA 90670
(562) 946-6427, Fax # (562) 941-9780

KIK SO-CAL

Fax

To: DAVE NICKEL **From:** BOB BROWN

Fax: 952 252 3001 **Pages:**

Phone: **Date:**

Re: **CC:**

☐ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

• **Comments:**

DAVE,

HERE YOU GO. I CAN BE REACHED AT FOIA ex 6, Personal Privacy

BOB

Annual Rain Log -
Daily Rainfall Totals, Form 2

Year 2005-2006 Wet Season

Harding Lawson Associates

Day	2005 J	A	S	O	N	D	2006 J	F	M	A	M	J
1							.16			.08		
2							.60					
3						.04	.04		.64			
4										.76		
5										.12		
6									.08			
7									.04			
8												
9						.04						
10												
11									.04			
12									.04			
13												
14							.12			.16		
15							.08					
16												
17				.20				.20	.24			
18				.28				.04	.04			
19								.20				
20									.28			
21												
22											.76	
23												
24												
25												
26												
27								.48				
28								.60	1.04			
29									.28			
30												
31						.60			.04			
Total				.48	0	.68	1.00	1.52	2.76	1.48	.76	0

SIDE A

FORM 2-QUARTERLY VISUAL OBSERVATIONS OF AUTHORIZED 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: 09/30/05	Observers Name: BOB BROWN Title: GENERAL MGR Signature:	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?**	☐ YES ☑ NO If **YES**, complete reverse side of this form
QUARTER: **OCT.-DEC.** DATE: 12/31/05	Observers Name: BOB BROWN Title: G.M. Signature:	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?**	☐ YES ☑ NO If **YES**, complete reverse side of this form.
QUARTER: **JAN.-MARCH** DATE: 3/31/06	Observers Name: BOB BROWN Title: G.M. Signature:	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?**	☐ YES ☑ NO If **YES**, complete reverse side of this form.
QUARTER: **APRIL-JUNE** DATE: 6/13/06	Observers Name: BOB BROWN Title: G.M. Signature:	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?**	☐ YES ☑ NO If **YES**, complete reverse side of this form.

SIDE B

FORM 2-QUARTERLY VISUAL OBSERVATIONS OF AUTHORIZED NON-STORM WATER DISCHARGES (NSWDs)

DATE /TIME OF OBSERVATION	SOURCE AND LOCATION OF AUTHORIZED NSWD EXAMPLE: Air conditioner Units on Building C	NAME OF AUTHORIZED NSWD EXAMPLE: Air conditioner condensate	DESCRIBE AUTHORIZED NSWD CHARACTERISTICS Indicate whether authorized NSWD is clear, cloudy, or discolored, causing staining, contains floating objects or an oil sheen, has odors, etc.		DESCRIBE ANY REVISED OR NEW BMPs AND PROVIDE THEIR IMPLEMENTATION DATE
			At the NSWD Source	At the NSWD Drainage Area and Discharge Location	
/ / : ☐AM ☐PM					
/ / : ☐AM ☐PM					
/ / : ☐AM ☐PM					
/ / : ☐AM ☐PM					
/ / : ☐AM ☐PM					

SIDE A

FORM 3-QUARTERLY VISUAL OBSERVATIONS OF UNAUTHORIZED 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** 9/30/05 11:51 ☒ AM ☐ PM	**Observers Name:** BOB BROWN **Title:** GM **Signature:**	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☒ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☒ NO	If **YES** to either question, complete reverse side
QUARTER: **OCT.-DEC.** **DATE/TIME OF OBSERVATIONS** 12/30/05 3:23 ☐ AM ☒ PM	**Observers Name:** BOB BROWN **Title:** GM. **Signature:**	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☒ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☒ NO	If **YES** to either question, complete reverse side.
QUARTER: **JAN.-MARCH** **DATE/TIME OF OBSERVATIONS** 3/31/06 9:21 ☒ AM ☐ PM	**Observers Name:** BOB BROWN **Title:** GM **Signature:**	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☒ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☒ NO	If **YES** to either question, complete reverse side.
QUARTER: **APRIL-JUNE** **DATE/TIME OF OBSERVATIONS** 6/23/06 11:40 ☒ AM ☐ PM	**Observers Name:** BOB BROWN **Title:** GM. **Signature:**	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☒ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☒ NO	If **YES** to either question, complete reverse side.

FORM 3 QUARTERLY VISUAL OBSERVATIONS OF UNAUTHORIZED NON-STORM WATER DISCHARGES (NSWDs)

OBSERVATION DATE (FROM REVERSE SIDE)	NAME OF UNAUTHORIZED NSWD EXAMPLE: Vehicle Wash Water	SOURCE AND LOCATION OF UNAUTHORIZED NSWD EXAMPLE: NW Corner of Parking Lot	DESCRIBE UNAUTHORIZED NSWD CHARACTERISTICS Indicate whether unauthorized NSWD is clear, cloudy, discolored, causing stains; contains floating objects or an oil sheen, has odors, etc.		DESCRIBE CORRECTIVE ACTIONS TO ELIMINATE UNAUTHORIZED NSWD AND TO CLEAN IMPACTED DRAINAGE AREAS. PROVIDE UNAUTHORIZED NSWD ELIMINATION DATE.
			AT THE UNAUTHORIZED NSWD SOURCE	AT THE UNAUTHORIZED NSWD AREA AND DISCHARGE LOCATION	
/ / : ☐AM ☐PM					
/ / : ☐AM ☐PM					
/ / : ☐AM ☐PM					
/ / : ☐AM ☐PM					

A

SIDE

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 20 2005 Observers Name None Title: 1st Stormwater Sample Signature Attached	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: ☐P.M. ☐A.M.	: ☐P.M. ☐A.M.	: ☐P.M. ☐A.M.	: ☐P.M. ☐A.M.
	Time Discharge Began	: ☐P.M. ☐A.M.	: ☐P.M. ☐A.M.	: ☐P.M. ☐A.M.	: ☐P.M. ☐A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: November 2005 Observers Name None Title: No Storm within SWPPP guidelines Signature	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: ☐P.M. ☐A.M.	: ☐P.M. ☐A.M.	: ☐P.M. ☐A.M.	: ☐P.M. ☐A.M.
	Time Discharge Began	: ☐P.M. ☐A.M.	: ☐P.M. ☐A.M.	: ☐P.M. ☐A.M.	: ☐P.M. ☐A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: December 2005 Observers Name None Title: Signature	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: ☐P.M. ☐A.M.	: ☐P.M. ☐A.M.	: ☐P.M. ☐A.M.	: ☐P.M. ☐A.M.
	Time Discharge Began	: ☐P.M. ☐A.M.	: ☐P.M. ☐A.M.	: ☐P.M. ☐A.M.	: ☐P.M. ☐A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: January 2006 Observers Name: None Title: Signature	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: ☐P.M. ☐A.M.	: ☐P.M. ☐A.M.	: ☐P.M. ☐A.M.	: ☐P.M. ☐A.M.
	Time Discharge Began	: ☐P.M. ☐A.M.	: ☐P.M. ☐A.M.	: ☐P.M. ☐A.M.	: ☐P.M. ☐A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

FORM 4-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

DATE/TIME OF OBSERVATION (From Reverse Side)	DRAINAGE AREA DESCRIPTION EXAMPLE: Discharge from material storage Area #2	DESCRIBE STORM WATER DISCHARGE CHARACTERISTICS Indicate whether storm water discharge is clear, cloudy, or discolored; causing staining; containing floating objects or an oil sheen, has odors, etc.	IDENTIFY AND DESCRIBE SOURCE(S) OF POLLUTANTS EXAMPLE: Oil sheen caused by oil dripped by trucks in vehicle maintenance area	DESCRIBE ANY REVISED OR NEW BMPs AND THEIR DATE OF IMPLEMENTATION
/ / : ☐ AM ☐ PM				
/ / : ☐ AM ☐ PM				
/ / : ☐ AM ☐ PM				
/ / : ☐ AM ☐ PM				
/ / : ☐ AM ☐ PM				

FORM 4 (Continued)-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

SIDE A

- 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: February 28 2006 Observers Name None Title 2nd Stormwater Sample Signature Attached	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: ☐ P M ☐ A.M	: ☐ P.M. ☐ A M	: ☐ P M ☐ A M.	: ☐ P M ☐ A M
	Time Discharge Began	: ☐ P.M ☐ A.M.	: ☐ P.M ☐ A.M.	: ☐ P.M ☐ A M.	: ☐ P M ☐ A M
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: March ____ 2006 Observers Name NONE Title. ____ Signature. ____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: ☐ P M. ☐ A.M.	: ☐ P M. ☐ A M.	: ☐ P M ☐ A.M	: ☐ P M ☐ A M
	Time Discharge Began	: ☐ P.M ☐ A.M	: ☐ P.M ☐ A M	: ☐ P.M ☐ A M	: ☐ P M ☐ A M
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: April ____ 2006 Observers Name. NONE Title. ____ Signature. ____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: ☐ P M. ☐ A M	: ☐ P M. ☐ A M	: ☐ P M ☐ A M	: ☐ P M ☐ A M
	Time Discharge Began	: ☐ P M. ☐ A.M	: ☐ P M ☐ A.M.	: ☐ P M ☐ A M.	: ☐ P M ☐ A M
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: May ____ 2006 Observers Name: None Title ____ Signature ____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: ☐ P M. ☐ A M	: ☐ P M ☐ A.M	: ☐ P M. ☐ A.M	: ☐ P M ☐ A M
	Time Discharge Began	: ☐ P M ☐ A.M.	: ☐ P M ☐ A.M.	: ☐ P.M ☐ A.M.	: ☐ P M ☐ A M
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

FORM 4 (Continued)-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

DATE/TIME OF OBSERVATION (From Reverse Side)	DRAINAGE AREA DESCRIPTION EXAMPLE: Discharge from material storage Area #2	DESCRIBE STORM WATER DISCHARGE CHARACTERISTICS Indicate whether storm water discharge is clear, cloudy, or discolored; causing staining; containing floating objects or an oil sheen, has odors, etc.	IDENTIFY AND DESCRIBE SOURCE(S) OF POLLUTANTS EXAMPLE: Oil sheen caused by oil dripped by trucks in vehicle maintenance area	DESCRIBE ANY REVISED OR NEW BMPs AND THEIR DATE OF IMPLEMENTATION
__/__/__ __:__ ☐ AM ☐ PM				
__/__/__ __:__ ☐ AM ☐ PM				
__/__/__ __:__ ☐ AM ☐ PM				
__/__/__ __:__ ☐ AM ☐ PM				
__/__/__ __:__ ☐ AM ☐ PM				

SIDE A

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

EVALUATION DATE: 6/23/06 INSPECTOR NAME: BOB BROWN TITLE: GENERAL MGR SIGNATURE:

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
OUTDOOR STORAGE OPERATIONS	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?	☑ YES ☐ NO		
	ARE ADDITIONAL/REVISED BMPs NECESSARY?	☐ YES ☑ NO		
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
OUTDOOR DISPOSAL OPERATIONS	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?	☐ YES ☑ NO		
	ARE ADDITIONAL/REVISED BMPs NECESSARY?	☐ YES ☑ NO		
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?	☐ YES ☐ NO		
	ARE ADDITIONAL/REVISED BMPs NECESSARY?	☐ YES ☐ NO		
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?	☐ YES ☐ NO		
	ARE ADDITIONAL/REVISED BMPs NECESSARY?	☐ YES ☐ NO		

If yes, to either question, complete the next two columns of this form

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

EVALUATION DATE: ___/___/___ INSPECTOR NAME: _____ TITLE: _____ SIGNATURE: _____

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form		
	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			
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			

Bob F.L.A

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
2004-2005 ANNUAL REPORT
FOR STORM WATER DISCHARGES ASSOCIATED
WITH INDUSTRIAL ACTIVITIES

Reporting Period July 1, 2004 through June 30, 2005

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:

Los Angeles Region
320 W.4th Street, Ste.200
Los Angeles, CA 90013

Contact: Sumaira Noreen
Tel: (213) 620-6363
Email: kchung@waterboards ca gov

GENERAL INFORMATION

A. Facility Information:

Kik So Cal
9028 Dice Rd
Santa Fe Springs, CA 90670
WDID No: 4 19I015890

Bob Brown
Contact: ~~Greg Wiese~~
Email: BBrown@kikcorp.com
Tel: (562) 946-6427

SIC Code(s):
2841 Soaps and Other Detergents, Except Speciality Cleaners

B. Facility Operator Information:

Kik Southern California
9028 Dice Rd
Santa Fe Springs, CA 90670

Bob Brown
Contact: ~~Greg Wiese~~
Email: BBrown@kikcorp.com
Tel: (562) 946-6427

C. Facility Billing Information:

Kik Southern California
9028 Dice Rd
Santa Fe Springs, CA 90670

Bob Brown
Contact: ~~Greg Wiese~~
Email: BBrown@kikcorp.com
Tel. (562) 946-6427

Additional Table D Parameters. N+N,Zn

2004-2005

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? 2

4. For each storm event sampled, did you collect and analyze a sample from each of the facilitys' storm water discharge locations? [X] 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? [X] YES [ ] NO, **attach explanation**

7 Was all storm water sampling preceded by three (3) working days without a storm water discharge? [X] YES [ ] NO, **attach explanation**

8. Were there any discharges of stormwater that had been temporarily stored or contained? (such as from a pond) [ ] YES [X] 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 [X] 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	☐	☒	February	☐	☒
November	☐	☒	March	☐	☒
December	☐	☒	April	☐	☒
January	☐	☒	May	☐	☒

2. Report monthly wet season visual observations using **Form 4** or provide the following information.

   a. date, time, and location of observation
   b. name and title of observer
   c characteristics of the discharge (i.e., odor, color, etc.) and source of any pollutants observed.
   d. **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 occured 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? [x] 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? [x] 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? [x] 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? [x] 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? [x] 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?	[x] YES (Mandatory)		
2	If you conducted sampling and analysis, have you attached the laboratory analytical reports?	[x] 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	[x] 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?	[x] 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: ROBERT R. BROWN

Signature: _____ Date: 6-28-05

Title: GENERAL MANAGER

2004-2005

ANNUAL REPORT

DESCRIPTION OF BASIC ANALYTICAL PARAMETERS

The Industrial Activities Storm Water General Permit (General Permit) *requires you to analyze storm water samples for at least* four parameters. These are pH, Total Suspended Solids (TSS), Specific Conductance (SC),and Total Organic Carbon (TOC) Oil and Grease (O&G) may be substituted for TOC. In addition, you must monitor for any other pollutants which you believe to be present in your storm water discharge as a result of industrial activity and analytical parameters listed in Table D of the General Permit. There are no numeric limitations for the parameters you test for

The four parameters which the General Permit requires to be tested are considered *indicator* parameters In other words, regardless of what type of facility you operate, these parameters are nonspecific and general enough to usually provide some indication whether pollutants are present in your storm water discharge The following briefly explains what each of these parameters mean.

pH is a numeric measure of the hydrogen-ion concentration. The neutral, or acceptable, range is within 6.5 to 8 5 At values less than 6.5, the water is considered acidic, above 8.5 it is considered alkaline or basic. An example of an acidic substance is vinegar, and a alkaline or basic substance is liquid antacid. Pure rainfall tends to have a pH of a little less than 7 There may be sources of materials or industrial activities which could increase or decrease the pH of your storm water discharge. If the pH levels of your *storm water discharge are high or low, you should conduct a thorough evaluation of all potential pollutant sources at your site.*

Total Suspended Solids (TSS) is a measure of the undissolved solids that are present in your storm water discharge Sources of TSS include sediment from erosion of exposed land, and dirt from impervious (i e. paved) areas. Sediment by itself can be very toxic to aquatic life because it covers feeding and breeding grounds, and can smother organisms living on the bottom of a water body Toxic chemicals and other pollutants also adhere to sediment particles This provides a medium by which toxic or other pollutants end up in our water ways and ultimately in human and aquatic life. TSS levels vary in runoff from undisturbed land. It *has been shown that TSS levels increase significantly due to land development*

Specific Conductance (SC) is a numerical expression of the ability of the water to carry an electric current. SC can be used to assess the degree of mineralization, salinity, or estimate the total dissolved solids concentration of a water sample Because of air pollution, most rain water has a SC a little above zero A high SC could affect the usability of waters for drinking, irrigation, and other commercial or industrial use

Total Organic Carbon (TOC) is a measure of the total organic matter present in water. (All organic matter contains carbon) This test is sensitive and able to detect small concentrations of organic matter Organic matter is naturally occurring in animals, plants, and man. *Organic matter may also be man made (so called synthetic organics).* Synthetic organics include pesticides, fuels, solvents, and paints Natural organic matter utilizes the oxygen in a receiving water to biodegrade. Too much organic matter could place a significant oxygen demand on the water, and possibly impact its quality Synthetic organics either do not biodegrade or biodegrade very slowly. Synthetic organics are a source of toxic chemicals that can have adverse affects at very low concentrations. Some of these chemicals bioaccumulate in aquatic life If your levels of TOC are high, you should evaluate all sources of natural or synthetic organics you may use at your site

Oil and Grease (O&G) is a measure of the amount of oil and grease present in your storm water discharge. At very low concentrations, O&G can cause a sheen (that floating "rainbow") on the surface of water (1 qt. of oil can pollute 250,000 gallons of water). O&G can adversely affect aquatic life and create unsightly floating material and film on water, thus making it undrinkable Sources of O&G include maintenance shops, vehicles, machines and roadways.

If you have any questions regarding whether or not your constituent concentrations are too high, please contact your local Regional Board office. The United States Environmental Protection Agency (USEPA) has published stormwater discharge benchmarks for a number of parameters. These benchmarks may be helpful when evaluating whether additional BMPs are appropriate. These benchmarks can be accessed at our website at http://www.swrcb.ca.gov It is contained in the Sampling and Analysis Reduction Certification.

See Storm Water Contacts at

http://www.waterboards.ca.gov/stormwtr/contact.html

2004-2005

ANNUAL REPORT

SIDE A

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

NAME OF PERSON COLLECTING SAMPLE(S): ROBERT D BROWN TITLE: WW TREATMENT SUPV. SIGNATURE: Robert D. Brown

DESCRIBE DISCHARGE LOCATION Example NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	ANALYTICAL RESULTS For First Storm Event									
			BASIC PARAMETERS					OTHER PARAMETERS				
			pH	TSS	SC	O&G	TOC					
NNORHEAST AREA ATTACHED	10/26/04 18:00 ☐ AM ☒ PM	17:30 ☐ AM ☒ PM										
NORTH GATE AREA ATTACHECD	10/26/04 18 00 ☐ AM ☐ PM	17:30 ☐ 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).												

TSS - Total Suspended Solids SC - Specific Conductance O&G - Oil & Grease TOC - Total Organic Carbon

2004-2005

ANNUAL REPORT

SIDE B

FORM 1-SAMPLING & ANALYSIS RESULTS

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

NAME OF PERSON COLLECTING SAMPLE(S): ROBERT D BROWN **TITLE:** WW TREATMENT SUPV. **SIGNATURE:** Robert D. Brown

DESCRIBE DISCHARGE LOCATION Example NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	ANALYTICAL RESULTS For First Storm Event									
			BASIC PARAMETERS					OTHER PARAMETERS				
			pH	TSS	SC	O&G	TOC					
NORTHEEAST AREA ATTACHED	12/28/04 ☒ AM 7 30AM ☐ PM	☒ AM 6·30 ☐ PM										
NORTH GATE AREA ATTACHED	12/28/04 ☒ AM 7 30 ☐ PM	☐ AM 6·30 ☐ 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).												

TSS - Total Suspended Solids SC - Specific Conductance O&G - Oil & Grease TOC - Total Organic Carbon

2004-2005

ANNUAL REPORT

SIDE A

FORM 2-QUARTERLY VISUAL OBSERVATIONS OF AUTHORIZED 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: N/A Title. _____ Signature: _____	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ **YES** ☒ **NO** If **YES**, complete reverse side of this form.
QUARTER: **OCT.-DEC.** DATE: _____	Observers Name: _____ Title: _____ Signature: _____	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ **YES** ☐ **NO** If **YES**, complete reverse side of this form.
QUARTER: **JAN.-MARCH** DATE. _____	Observers Name. _____ Title: _____ Signature: _____	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ **YES** ☐ **NO** If **YES**, complete reverse side of this form.
QUARTER. **APRIL-JUNE** DATE: _____	Observers Name: _____ Title: _____ Signature: _____	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ **YES** ☐ **NO** If **YES**, complete reverse side of this form.

2004-2005

ANNUAL REPORT

SIDE B

FORM 2-QUARTERLY VISUAL OBSERVATIONS OF AUTHORIZED NON-STORM WATER DISCHARGES (NSWDs)

DATE /TIME OF OBSERVATION	SOURCE AND LOCATION OF AUTHORIZED NSWD EXAMPLE: Air conditioner Units on Building C	NAME OF AUTHORIZED NSWD EXAMPLE: Air conditioner condensate	DESCRIBE AUTHORIZED NSWD CHARACTERISTICS Indicate whether authorized NSWD is clear, cloudy, or discolored, causing staining, contains floating objects or an oil sheen, has odors, etc		DESCRIBE ANY REVISED OR NEW BMPs AND PROVIDE THEIR IMPLEMENTATION DATE
			At the NSWD Source	At the NSWD Drainage Area and Discharge Location	
_____ ____ ☐ AM ☐ PM					
_____ ____ ☐ AM ☐ PM					
_____ ____ ☐ AM ☐ PM					
_____ ____ ☐ AM ☐ PM					
_____ ____ ☐ AM ☐ PM					

2004-2005

ANNUAL REPORT

SIDE A

FORM 3-QUARTERLY VISUAL OBSERVATIONS OF UNAUTHORIZED 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** 9/08/04 10 00 ☒ AM ☐ PM	Observers Name: DERRELL JOHNSON Title: SAFETY/ENVIRONMENTAL. SUPV Signature:	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☒ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☒ NO	If **YES** to either question, complete reverse side.
QUARTER: **OCT.-DEC.** **DATE/TIME OF OBSERVATIONS** 11/10/04 1.00 ☐ AM ☒ PM	Observers Name. DERRELL JOHNSON Title: SAFETY/ENVIRONMENTAL SUPV. Signature:	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☒ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☒ NO	If **YES** to either question, complete reverse side.
QUARTER: **JAN.-MARCH** **DATE/TIME OF OBSERVATIONS** 2/16/05 1 00 ☐ AM ☒ PM	Observers Name: DERRELL JOHNSON Title: SAFETY/ENVIRONMENTAL SUPV Signature.	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☒ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☒ NO	If **YES** to either question, complete reverse side.
QUARTER: **APRIL-JUNE** **DATE/TIME OF OBSERVATIONS** 5/18/05 10:00 ☒ AM ☐ PM	Observers Name: DERRELL JOHNSON Title: SAFETY/ENVIRONMENTAL SUPV Signature:	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☒ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☒ NO	If **YES** to either question, complete reverse side.

2004-2005

ANNUAL REPORT

SIDE B

FORM 3 QUARTERLY VISUAL OBSERVATIONS OF UNAUTHORIZED NON-STORM WATER DISCHARGES (NSWDs)

OBSERVATION DATE (FROM REVERSE SIDE)	NAME OF UNAUTHORIZED NSWD EXAMPLE: Vehicle Wash Water	SOURCE AND LOCATION OF UNAUTHORIZED NSWD EXAMPLE: NW Corner of Parking Lot	DESCRIBE UNAUTHORIZED NSWD CHARACTERISTICS Indicate whether unauthorized NSWD is clear, cloudy, discolored, causing stains; contains floating objects or an oil sheen, has odors, etc.		DESCRIBE CORRECTIVE ACTIONS TO ELIMINATE UNAUTHORIZED NSWD AND TO CLEAN IMPACTED DRAINAGE AREAS. PROVIDE UNAUTHORIZED NSWD ELIMINATION DATE.
			AT THE UNAUTHORIZED NSWD SOURCE	AT THE UNAUTHORIZED NSWD AREA AND DISCHARGE LOCATION	
_____ ____ ☐ AM ☐ PM					
_____ ____ ☐ AM ☐ PM					
_____ ____ ☐ AM ☐ PM					
_____ ____ ☐ AM ☐ PM					

2004-2005

ANNUAL REPORT

FORM 4-MONTHLY VISUAL OBSERVATIONS OF

SIDE A

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 26 2004 Observers Name NONE Title 1st STORM WATER SAMPLE Signature A Mitchell	Drainage Location Description	#1	#2	#3	#4
	Observation Time	☐P M ☐A M	☐P M ☐A M	☐P.M. ☐A.M.	☐P M. ☐A M.
	Time Discharge Began	☐P M. ☐A M	☐P M ☐A M	☐P M ☐A.M	☐P M ☐A M
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: November - 2004 Observers Name NONE Title NO STORM WITHIN SWPP GUIDELI Signature	Drainage Location Description	#1	#2	#3	#4
	Observation Time	☐P M ☐A M	☐P M ☐A M	☐P M ☐A M	☐P M. ☐A M
	Time Discharge Began	☐P M ☐A M	☐P.M. ☐A M.	☐P M ☐A M	☐P M ☐A M
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: December 28 2004 Observers Name NONE Title 2nd STORM WATER SAMPLE Signature A Mitchell	Drainage Location Description	#1	#2	#3	#4
	Observation Time	☐P M ☐A M	☐P M ☐A M	☐P M ☐A M	☐P M ☐A.M
	Time Discharge Began	☐P M ☐A M	☐P M ☐A M	☐P M ☐A M	☐P M ☐A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date. January - 2005 Observers Name NONE Title NO STORM WITHIN SWPP GUIDELI Signature	Drainage Location Description	#1	#2	#3	#4
	Observation Time	☐P M ☐A M	☐P M ☐A M	☐P M ☐A M	☐P M ☐A M
	Time Discharge Began	☐P M ☐A M	☐P M ☐A M	☐P M ☐A M	☐P M ☐A M
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

2004-2005

ANNUAL REPORT

SIDE B

FORM 4-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

DATE/TIME OF OBSERVATION (From Reverse Side)	DRAINAGE AREA DESCRIPTION EXAMPLE Discharge from material storage Area #2	DESCRIBE STORM WATER DISCHARGE CHARACTERISTICS Indicate whether storm water discharge is clear, cloudy, or discolored; causing staining, containing floating objects or an oil sheen, has odors, etc	IDENTIFY AND DESCRIBE SOURCE(S) OF POLLUTANTS EXAMPLE Oil sheen caused by oil dripped by trucks in vehicle maintenance area	DESCRIBE ANY REVISED OR NEW BMPs AND THEIR DATE OF IMPLEMENTATION
_____ ____ ☐ AM ☐ PM				
_____ ____ ☐ AM ☐ PM				
_____ ____ ☐ AM ☐ PM				
_____ ____ ☐ AM ☐ PM				
_____ ____ ☐ AM ☐ PM				

2004-2005

ANNUAL REPORT

FORM 4 (Continued)-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

SIDE A

- 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: February 11 2005 Observers Name ROBERT D. BROWN Title WW TREATMENT PLANT SUPV Signature Robert D Brown	Drainage Location Description	#1 NORTHEAST AREA	#2 NORTH GATE AREA	#3	#4
	Observation Time	7:00 ☐ P.M. ☒ A.M	7:00 ☐ P.M ☒ A.M	☐ P.M ☐ A.M	☐ P.M ☐ A.M
	Time Discharge Began	2:00 ☐ P.M. ☒ A.M	2.00 ☐ P.M ☒ A.M	☐ P.M ☐ A.M	☐ P.M ☐ A.M
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date. March - 2005 Observers Name NONE Title NO STORM WITHIN SWPP GUIDELI Signature	Drainage Location Description	#1	#2	#3	#4
	Observation Time	☐ P.M. ☐ A.M	☐ P.M ☐ A.M.	☐ P.M ☐ A.M	☐ P.M ☐ A.M
	Time Discharge Began	☐ P.M ☐ A.M	☐ P.M ☐ A.M.	☐ P.M ☐ A.M	☐ P.M ☐ A.M
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: Apnl - 2005 Observers Name NONE Title NO NO STORM WITHIN SWPP GUID Signature	Drainage Location Description	#1	#2	#3	#4
	Observation Time	☐ P.M ☐ A.M.	☐ P.M ☐ A.M	☐ P.M ☐ A.M	☐ P.M. ☐ A.M
	Time Discharge Began	☐ P.M ☐ A.M	☐ P.M ☐ A.M	☐ P.M ☐ A.M	☐ P.M ☐ A.M
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: May - 2005 Observers Name NONE Title NO STORM WITHIN SWPP GUIDELI Signature	Drainage Location Description	#1	#2	#3	#4
	Observation Time	☐ P.M ☐ A.M	☐ P.M ☐ A.M	☐ P.M ☐ A.M	☐ P.M. ☐ A.M
	Time Discharge Began	☐ P.M ☐ A.M	☐ P.M ☐ A.M	☐ P.M ☐ A.M	☐ P.M ☐ A.M
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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ANNUAL REPORT

SIDE B

FORM 4 (Continued)-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

DATE/TIME OF OBSERVATION (From Reverse Side)	DRAINAGE AREA DESCRIPTION EXAMPLE Discharge from material storage Area #2	DESCRIBE STORM WATER DISCHARGE CHARACTERISTICS Indicate whether storm water discharge is clear, cloudy, or discolored, causing staining, containing floating objects or an oil sheen, has odors, etc	IDENTIFY AND DESCRIBE SOURCE(S) OF POLLUTANTS EXAMPLE Oil sheen caused by oil dripped by trucks in vehicle maintenance area	DESCRIBE ANY REVISED OR NEW BMPs AND THEIR DATE OF IMPLEMENTATION
2/11/04 7 00 ☒ AM ☐ PM	NORHEAST AREA	DISCHARGE CLEAR	N/A	N/A
2/11/04 7·00 ☒ AM ☐ PM	NORTH GATE AREA	DISCHARGE CLEAR	N/A	N/A
_____ ☐ AM ☐ PM				
_____ ☐ AM ☐ PM				
_____ ☐ AM ☐ PM				

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ANNUAL REPORT

SIDE A

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

EVALUATION DATE: 6/08/05 INSPECTOR NAME: DERRELL JOHNSON TITLE: SAFETY/ENVIRONSUPV. SIGNATURE:

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
NORTHEAST AREA OIL AND GREASE WAREHOUSE PARKING	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☒NO ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☒NO	If yes, to either question, complete the next two columns of this form		
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
NORTH GATE AREA OIL & GREASE EMPLOYEE PARKING AREA DETERGENT STORAGE AREA	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☒NO	If yes, to either question, complete the next two columns of this form		
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form		
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form		

2004-2005
ANNUAL REPORT

SIDE B

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

EVALUATION DATE: _____ INSPECTOR NAME: _____ TITLE: _____ SIGNATURE: _____

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO			

November 8, 2004

KIK International
9028 Dice Road
Santa Fe Springs, CA 90670

Attn: Darrel Johnson

Job No: 73912 SF

LABORATORY REPORT

Samples Received: Three (3) Samples
Date Received: 10/27/2004
Purchase Order No: 84951

The samples were analyzed as follows:

Analysis	Page
Nitrate and Nitrite by EPA 300.0	2 - 3
Total Suspended Solids by EPA 160.2	4
Conductivity by EPA 120.1	4
pH by EPA 150.1	4
Hexane Extractable Materials by EPA 1664	4
Surfactants by SM 5540 C	4 - 5
Zinc by SOP 7040, Rev 8	6

Charles Jacks, Ph.D.
Senior Staff Chemist

Michael Shelton
Senior Staff Chemist

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KIK International
Attn: Darrel Johnson

Job No: 73912
November 8, 2004

Nitrate and Nitrite by EPA 300 0
Ion Chromatography-Suppressed Conductivity

Column:	Dionex AS9-SC/AG9-SC
Eluent:	3 mM Na_2CO_3, 1 125 mM $NaHCO_3$
Flow:	2 0 mL/mın
Injection:	300 µL
Detection:	Suppressed Conductivity

Due to interference from the chloride peak the sample had to be diluted by 1:5 for analysis of nitrite. The detection limit was adjusted for the dilution

	Parts per Million (mg/L)			
Sample ID	Nitrite	Nitrite as N	Nitrate	Nitrate as N
North Gate Area	ND	ND	1.01	0.228
Method Blank	ND	ND	ND	ND
Detection Limit	0.1	0.03	0.02	0.005

Date Analyzed: 10-28-04

Calibration Summary

Sample ID: Laboratory Control Standard (1.00 ppm Second Source Standard)

Analyte	Result	% Rec	% Rec Limits
Nitrite	0.97	97	90-110
Nitrate	1 00	100	90-110

Standard Curves (n = 5) $r^2 \geq 0.999$ for all anions
Date Analyzed. 10-28-04

This report is to be reproduced in its entirety.

KIK International
Attn: Darrel Johnson

Job No: 73912
November 8, 2004

Quality Control Summary

Sample ID: Batch QC

Analyte	Sample Result	Spike Conc	Spike Result	Spike % Rec	Spike Dup Result	Spike Dup % Rec	Spike RPD
Nitrite	0.05	5.00	5.09	101	5.10	101	0
Nitrate	1.18	5.00	6.36	104	6.26	102	2

Quality Control Guidelines

Analyte	% Rec Limits	RPD Limits
Nitrite	72 - 123	15
Nitrate	67 - 126	11

Limits are for spikes of aqueous samples

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WEST COAST ANALYTICAL SERVICE, INC.

KIK International
Attn: Darrel Johnson

Job No: 73912
November 8, 2004

Sample ID: North Gate Area

Analysis	Result	Units	Method	Detection Limit
Total Suspended Solids	5.00	mg/L	EPA 160.2	1
Conductivity	478	µmho/cm	EPA 120 1	1
pH	8.98	Units	EPA 150.1	N/A
Hexane Extractable Materials	2.7	mg/L	EPA 1664	0.3
Surfactants	4.5	mg/L	SM 5540 C	0.1

Dates Analyzed: 10-27-04 to 11-04-04

Quality Control Summary

Sample ID: QC Batch

Analyte	Sample Result	Duplicate Result	Difference	Difference Limit
pH	9.37	9.37	0 00	0.10

Sample ID. QC Batch

Analyte	Sample Result	Duplicate Result	Sample RPD	RPD Limit
Conductivity	65.2	65.4	< 1	20

Sample ID: QC Batch

Analyte	Sample Result	Duplicate Result	Sample RPD	RPD Limit
Total Suspended Solids	622	514	19	20

Sample ID: Laboratory Fortified Blank

Analyte	Blank Result	Spike Conc	Spike Result	Spike % Rec	Spike Dup Result	Spike Dup % Rec	Spike RPD
Hexane Extractable Materials	ND	40.4	39.1	97	41 2	102	5
QC Guidelines				73 - 109		73 - 109	7

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WEST COAST ANALYTICAL SERVICE, INC.

KIK International
Attn: Darrel Johnson

Job No: 73912
November 8, 2004

Quality Control Summary

Sample ID North Gate Area

Analyte	Sample Result	Duplicate Result	Sample RPD	Spike Conc	Spike Result	Spike % Rec
Surfactants	4.5	4.6	2	2.0	6.7	N/A
QC Guidelines			20			10 - 162

N/A - Not Applicable Sample result exceeds spike amount.

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WEST COAST ANALYTICAL SERVICE, INC.

KIK International
Attn: Darrel Johnson

Job No. 73912
November 8, 2004

Zinc by SOP 7040, Rev 8
Quantitative Analysis Report
Inductively Coupled Plasma-Mass Spectrometry

Parts Per Million (mg/L)

Sample ID	Zinc
North Gate Area	0.249
Detection Limit:	0.002

Date Analyzed: 10-29-04

Quality Control Summary

Sample: Batch QC

Analyte	Sample Result	Duplicate Result	Average Result	Sample RPD	Spike Conc	Spike Result	Spike % Rec
Zinc	0.589	0.589	0.589	0	1	1.61	102

Date Analyzed: 10-29-04

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WCAS

Analytical Chemists

January 13, 2005

KIK International
9028 Dice Rd
Santa Fe Springs, CA 90670

Attn: Darrel Johnson

Job No: 75268 SF

LABORATORY REPORT

Samples Received: Six (6) Samples
Date Received: 12/29/2004
Purchase Order No: 30922

The samples were analyzed as follows.

Analysis	Page
Total Suspended Solids by EPA 160.2	2 - 3
Conductivity by EPA 120.1	2 - 3
pH by EPA 150.1	2 - 3
Hexane Extractable Materials by EPA 1664	2 - 3
Surfactants by SM 5540 C	2 - 3
Nitrate and Nitrite by EPA 300 0	4 - 5
Zinc by SOP 7040, Rev 8	6

D J. Northington, Ph.D. Quality Assurance Officer	Michael Shelton Senior Staff Chemist

West Coast Analytical Service, Inc.

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KIK International
Attn: Darrel Johnson

Job No: 75268
January 13, 2005

Sample ID: North East Drain

Analysis	Result	Units	Method	Detection Limit
Total Suspended Solids	5.0	mg/L	EPA 160.2	1
Conductivity	27.9	µmho/cm	EPA 120.1	1
pH	7 49	Units	EPA 150.1	N/A
Hexane Extractable Materials	0.9	mg/L	EPA 1664	0.3
Surfactants	ND	mg/L	SM 5540 C	0.1

Sample ID: North Fence/Gate Drain

Analysis	Result	Units	Method	Detection Limit
Total Suspended Solids	7.0	mg/L	EPA 160.2	1
Conductivity	461	µmho/cm	EPA 120.1	1
pH	9.54	Units	EPA 150.1	N/A
Hexane Extractable Materials	3.2	mg/L	EPA 1664	0.3
Surfactants	7.1	mg/L	SM 5540 C	0.1

Dates Analyzed: 12-30-04 to 01-12-05

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KIK International
Attn: Darrel Johnson

Job No: 75268
January 13, 2005

Quality Control Summary

Sample ID: North East Drain

Analyte	Sample Result	Duplicate Result	Difference	Difference Limit
pH	7.47	7.50	0.03	0.10

Sample ID: North East Drain

Analyte	Sample Result	Duplicate Result	Sample RPD	RPD Limit
Conductivity	27.9	27.9	< 1	20

Sample ID: QC Batch

Analyte	Sample Result	Duplicate Result	Sample RPD	RPD Limit
Total Suspended Solids	14.0	14.0	< 1	20

Sample ID: Laboratory Fortified Blank

Analyte	Blank Result	Spike Conc	Spike Result	Spike % Rec
Hexane Extractable Materials	1.1	40.4	31.5	75
QC Guidelines				73 - 109

Sample ID: North Fence/Gate Drain

Analyte	Sample Result	Duplicate Result	Sample RPD	Spike Conc	Spike Result	Spike % Rec
Surfactants	7 3	6.8	7	2	9.1	100
QC Guidelines			20			10 - 162

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KIK International
Attn: Darrel Johnson

Job No: 75268
January 13, 2005

Nitrate and Nitrite by EPA 300.0
Ion Chromatography-Suppressed Conductivity

Column:	Dionex AS9-SC/AG9-SC
Eluent:	3 mM Na_2CO_3, 1 125 mM $NaHCO_3$
Flow:	2.0 mL/min
Injection:	300 µL
Detection:	Suppressed Conductivity

Due to interference from the chloride peak the North Fence/Gate Drain sample had to be diluted by 1:100 for analysis of nitrite. The detection limit was adjusted for the dilution.

	Parts per Million (mg/L)			
Sample ID	Nitrite	Nitrite as N	Nitrate	Nitrate as N
North East Drain	0.04	0.012	0.46	0.104
Method Blank	ND	ND	ND	ND
Detection Limit	0.02	0.006	0.02	0.005
North Fence/Gate Drain	ND	ND	0.94	0.212
Detection Limit	2	0.6	0.02	0.005

Date Analyzed: 12-29-04

Calibration Summary

Sample ID: Laboratory Control Standard (1.00 ppm Second Source Standard)

Analyte	Result	% Rec	% Rec Limits
Nitrite	0.95	95	90-110
Nitrate	1.08	108	90-110

Standard Curves (n = 5) $r^2 > 0.999$ for all anions
Date Analyzed: 12-29-04

This report is to be reproduced in its entirety.

KIK International
Attn: Darrel Johnson

Job No: 75268
January 13, 2005

Quality Control Summary

Sample ID: North East Drain

Analyte	Sample Result	Duplicate Result	RPD
Nitrite	0.04	0.07	NA
Nitrate	0.46	0.47	2

Sample ID: North East Drain

Analyte	Average Result	Spike Conc	Spike Result	Spike % Rec	Spike Dup Result	Spike Dup % Rec	Spike RPD
Nitrite	0.06	1.00	1.10	104	1.09	103	1
Nitrate	0.47	1.00	1 52	105	1.49	102	2

Quality Control Guidelines

Analyte	% Rec Limits	RPD Limits
Nitrite	72 - 123	15
Nitrate	67 - 126	11

Limits are for spikes of aqueous samples.

This report is to be reproduced in its entirety.

KIK International
Attn: Darrel Johnson

Job No. 75268
January 13, 2005

Zinc by SOP 7040, Rev 8
Quantitative Analysis Report
Inductively Coupled Plasma-Mass Spectrometry

Parts Per Million (mg/L)

Sample ID	Zinc
North East Drain	0.186
North Fence/Gate Drain	0.203
Detection Limit:	0.001

Date Analyzed: 01-03-05

Quality Control Summary

Sample: North Fence/Gate Drain

Analyte	Sample Result	Duplicate Result	Average Result	Sample RPD	Spike Conc	Spike Result	Spike % Rec
Zinc	0.203	0.200	0.2015	1.5	1	1.14	94

Date Analyzed: 01-03-05

This report is to be reproduced in its entirety.

Chain-of-Custody

West Coast Analytical Service, Inc.
9240 Santa Fe Springs Rd
Santa Fe Springs, CA 90670
562.948.2225 fax 562.948.5850
wcas.com

Mail Report to the following:

Company: _____
Contact: _____
Address: _____
Address: _____
City/St/Zip: _____
Phone: _____ Fax: _____

Project Information:

Project Manager: _____
Project Name: _____
Project No.: _____
Purchase Order No.: _____
Purchasing Contact: _____
Purchasing Phone No. : _____

Turn-around-time

- [x] Normal (7-10 work days)
- [ ] Rush 5 day
- [ ] Rush 3 day
- [ ] Rush 1 day

} *Extra Charge*

Hazards:

If there are multiple choices for an item please circle one.

Comments:
RAIN WATER SAMPLES.

ROBERT D BROWN

Sampler's Name(s):
ROBERT D. BROWN

Sample Identification	Sampling Date	Sampling Time	Preservation	# of Containers	Water: Drinking / Ground / Waste	Soil	Waste	Other	CCR Metals: TTLC / STLC - ___	RCRA Metals: Totals / TCLP	Hexavalent Chromium: 218.6 / 7199	Total Chromium by ICPMS	Volatile Organics by GCMS	Semivolatile Organics by GCMS	Organochlorine Pest./PCB	Hydrocarbons by 8015M ___	Hexane Ext. by 1664: HEM / SGT/HEM	Remarks
NORTH EAST DRAIN	12/28	7⁰⁵ᵃᵐ		3														
NORTH FENCE / GATE DRAIN	12/28	7⁰⁹ᵃᵐ		3														
SAMPLE LABELED W / ID :																		
FENCE / GATE DRAIN (3)																		

Relinquished by:	Company	Date	Time	Received by:	Company.
Relinquished by.	Company.	Date	Time	Received by:	Company.
Relinquished by:	Company: CLIENT	Date 12.29.04	Time 8:53	Received by:	Company: WCAS

NOTES: Samples will be discarded 30 days after invoicing unless notified in writing or high hazard
All services provided will adhere to the WCAS Terms & Conditions found on the back.

White Copy - WCAS • *Yellow* - Report • *Pink* - Client

WCAS Job No. № 75268

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
2003-2004 ANNUAL REPORT
FOR STORM WATER DISCHARGES ASSOCIATED
WITH INDUSTRIAL ACTIVITIES

Reporting Period July 1, 2003 through June 30, 2004

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:

Los Angeles Region
320 W.4th Street, Ste.200
Los Angeles, CA 90013

Sumaira Noreen
Tel: (213) 620-6363
Email: snoreen@rb4.swrcb.ca.gov

GENERAL INFORMATION

A. Facility Information:

Kik So Cal
9028 Dice Rd
Santa Fe Springs, CA 90670
WDID No: 4 19I015890

Contact Person: Bob Brown
Email bbrown@kikcorp.com
Phone: (562) 946-2244

SIC Code(s):
2841 Soaps and Other Detergents, Except Speciality Cleaners

B. Facility Operator Information:

Kik So Cal
9028 Dice Rd
Santa Fe Springs, CA 90670

Contact Person: Bob Brown
Email: bbrown@kikcorp.com
Phone: (562) 946-2244

C. Facility Billing Information:

Kik So Cal
9028 Dice Rd
Santa Fe Springs, CA 90670

Contact Person: Bob Brown
Email: bbrown@kikcorp.com
Phone: (562) 946-6427

Additional Table D Parameters: N+N,Zn

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
2003-2004 ANNUAL REPORT
FOR STORM WATER DISCHARGES ASSOCIATED
WITH INDUSTRIAL ACTIVITIES

Reporting Period July 1, 2003 through June 30, 2004

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320 W.4th Street, Ste.200
Los Angeles, CA 90013

Sumaira Noreen
Tel: (213) 620-6363
Email: snoreen@rb4.swrcb.ca.gov

GENERAL INFORMATION

A. Facility Information:

Kik So Cal
9028 Dice Rd
Santa Fe Springs, CA 90670
WDID No: 4 19I015890

Contact Person: Greg Wiese
Email:
Phone: (562) 946-6427

SIC Code(s):
2841 Soaps and Other Detergents, Except Speciality Cleaners

B. Facility Operator Information:

Kik So Cal
9028 Dice Rd
Santa Fe Springs, CA 90670

Contact Person: Greg Wiese
Email:
Phone: (562) 946-6427

C. Facility Billing Information:

Kik So Cal
9028 Dice Rd
Santa Fe Springs, CA 90670

Contact Person. Greg Wiese
Email:
Phone: (562) 946-6427

Additional Table D Parameters: N+N,Zn

2003-2004

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? 2

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? 2

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.

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 storm water 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

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	☐	☒	February	☐	☒
November	☐	☒	March	☐	☒
December	☐	☒	April	☐	☒
January	☐	☒	May	☐	☒

2. Report monthly wet season visual observations using **Form 4** or provide the following information:

   a. date, time, and location of observation
   b. name and title of observer
   c. characteristics of the discharge (i e., odor, color, etc) and source of any pollutants observed
   d. 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.

2003-2004

ANNUAL REPORT

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 appropnate 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: ROBERT R. BROWN

Signature: Robert R. Brown Date. 6-23-04

Title: GENERAL MANAGER

DESCRIPTION OF BASIC ANALYTICAL PARAMETERS

The Industrial Activities Storm Water General Permit (General Permit) requires you to analyze storm water samples for at least four parameters. These are pH, Total Suspended Solids (TSS), Specific Conductance (SC),and Total Organic Carbon (TOC). Oil and Grease (O&G) may be substituted for TOC. In addition, you must monitor for any other pollutants which you believe to be present in your storm water discharge as a result of industrial activity and analytical parameters listed in Table D of the General Permit. There are no numeric limitations for the parameters you test for.

The four parameters which the General Permit requires to be tested are considered *indicator* parameters. In other words, regardless of what type of facility you operate, these parameters are nonspecific and general enough to usually provide some indication whether pollutants are present in your storm water discharge. The following briefly explains what each of these parameters mean:

pH is a numeric measure of the hydrogen-ion concentration. The neutral, or acceptable, range is within 6.5 to 8.5. At values less than 6.5, the water is considered acidic; above 8.5 it is considered alkaline or basic. An example of an acidic substance is vinegar, and a alkaline or basic substance is liquid antacid. Pure rainfall tends to have a pH of a little less than 7. There may be sources of materials or industrial activities which could increase or decrease the pH of your storm water discharge. If the pH levels of your storm water discharge are high or low, you should conduct a thorough evaluation of all potential pollutant sources at your site.

Total Suspended Solids (TSS) is a measure of the undissolved solids that are present in your storm water discharge. Sources of TSS include sediment from erosion of exposed land, and dirt from impervious (i.e. paved) areas. Sediment by itself can be very toxic to aquatic life because it covers feeding and breeding grounds, and can smother organisms living on the bottom of a water body. Toxic chemicals and other pollutants also adhere to sediment particles. This provides a medium by which toxic or other pollutants end up in our water ways and ultimately in human and aquatic life. TSS levels vary in runoff from undisturbed land. It has been shown that TSS levels increase significantly due to land development.

Specific Conductance (SC) is a numerical expression of the ability of the water to carry an electric current. SC can be used to assess the degree of mineralization, salinity, or estimate the total dissolved solids concentration of a water sample. Because of air pollution, most rain water has a SC a little above zero. A high SC could affect the usability of waters for drinking, irrigation, and other commercial or industrial use.

Total Organic Carbon (TOC) is a measure of the total organic matter present in water. (All organic matter contains carbon) This test is sensitive and able to detect small concentrations of organic matter. Organic matter is naturally occurring in animals, plants, and man. Organic matter may also be man made (so called synthetic organics) Synthetic organics include pesticides, fuels, solvents, and paints. Natural organic matter utilizes the oxygen in a receiving water to biodegrade. Too much organic matter could place a significant oxygen demand on the water, and possibly impact its quality. Synthetic organics either do not biodegrade or biodegrade very slowly. Synthetic organics are a source of toxic chemicals that can have adverse affects at very low concentrations Some of these chemicals bioaccumulate in aquatic life. If your levels of TOC are high, you should evaluate all sources of natural or synthetic organics you may use at your site.

Oil and Grease (O&G) is a measure of the amount of oil and grease present in your storm water discharge. At very low concentrations, O&G can cause a sheen (that floating "rainbow") on the surface of water (1 qt. of oil can pollute 250,000 gallons of water). O&G can adversely affect aquatic life and create unsightly floating material and film on water, thus making it undrinkable Sources of O&G include maintenance shops, vehicles, machines and roadways.

If you have any questions regarding whether or not your constituent concentrations are too high, please contact your local Regional Board office The United States Environmental Protection Agency (USEPA) has published stormwater discharge benchmarks for a number of parameters. These benchmarks may be helpful when evaluating whether additional BMPs are appropriate. These benchmarks can be accessed at our website at http://www swrcb.ca.gov. It is contained in the Sampling and Analysis Reduction Certification.

See Storm Water Contacts at

http://www.swrcb.ca.gov/stormwtr/contact.html

2003 - 2004

ANNUAL REPORT

SIDE A

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

NAME OF PERSON COLLECTING SAMPLE(S): ROBERT D. BROWN **TITLE:** WW TREATMNT SUPV **SIGNATURE:** Robert D. Brown

DESCRIBE DISCHARGE LOCATION Example: NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	ANALYTICAL RESULTS For First Storm Event									
			BASIC PARAMETERS					OTHER PARAMETERS				
			PH	TSS	SC	O&G	TOC					
Gate Area Attached	11 / 4 / 03 ☐ AM 3:45 ☐ PM	☐ AM 3 :00 ☐ PM										
NE Area Attached	11 / 4 / 03 ☐ AM 3:45 ☐ PM	☐ AM 3 : 00 ☐ 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).												

TSS - Total Suspended Solids SC - Specific Conductance O&G - Oil & Grease TOC - Total Organic Carbon

2003 - 2004

ANNUAL REPORT

SIDE B

FORM 1-SAMPLING & ANALYSIS RESULTS

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

NAME OF PERSON COLLECTING SAMPLE(S): ROBERT D. BROWN **TITLE:** WW TREATMENT SUPV. **SIGNATURE:** Robert D. Brown

DESCRIBE DISCHARGE LOCATION Example: NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	ANALYTICAL RESULTS For Second Storm Event									
			BASIC PARAMETERS					OTHER PARAMETERS				
			PH	TSS	SC	O&G	TOC					
Gate Area Attached	3/2/04 7:20 ☐ AM ☐ PM	7:00: ☐ AM ☐ PM										
NE Area Attached	3/2/04 7:20 ☐ AM ☐ PM	7:00 ☐ 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).												

TSS - Total Suspended Solids SC - Specific Conductance O&G - Oil & Grease TOC - Total Organic Carbon

2003 - 2004

ANNUAL REPORT

SIDE A

FORM 2-QUARTERLY VISUAL OBSERVATIONS OF AUTHORIZED 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:** N/A **Title:** _____ **Signature:** _____	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?**	☐ **YES** ☒ **NO** If **YES**, complete reverse side of this form.
QUARTER: **OCT.-DEC.** DATE: __/__/__	**Observers Name:** _____ **Title:** _____ **Signature:** _____	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?**	☐ **YES** ☐ **NO** If **YES**, complete reverse side of this form.
QUARTER: **JAN.-MARCH** DATE: __/__/__	**Observers Name:** _____ **Title:** _____ **Signature:** _____	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?**	☐ **YES** ☐ **NO** If **YES**, complete reverse side of this form.
QUARTER: **APRIL-JUNE** DATE: __/__/__	**Observers Name:** _____ **Title:** _____ **Signature.** _____	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?**	☐ **YES** ☐ **NO** If **YES**, complete reverse side of this form.

2003 - 2004

ANNUAL REPORT

SIDE B

FORM 2-QUARTERLY VISUAL OBSERVATIONS OF AUTHORIZED NON-STORM WATER DISCHARGES (NSWDs)

DATE /TIME OF OBSERVATION	SOURCE AND LOCATION OF AUTHORIZED NSWD EXAMPLE: Air conditioner Units on Building C	NAME OF AUTHORIZED NSWD EXAMPLE: Air conditioner condensate	DESCRIBE AUTHORIZED NSWD CHARACTERISTICS Indicate whether authorized NSWD is clear, cloudy, or discolored, causing staining, contains floating objects or an oil sheen, has odors, etc.		DESCRIBE ANY REVISED OR NEW BMPs AND PROVIDE THEIR IMPLEMENTATION DATE
			At the NSWD Source	At the NSWD Drainage Area and Discharge Location	
/ / : ☐AM ☐PM					
/ / : ☐AM ☐PM					
/ / : ☐AM ☐PM					
/ / : ☐AM ☐PM					
/ / : ☐AM ☐PM					

2003 - 2004

SIDE A

ANNUAL REPORT
FORM 3-QUARTERLY VISUAL OBSERVATIONS OF UNAUTHORIZED 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 7/24/03 1:00 ☐ PM	**Observers Name:** Derrell Johnson **Title.** Safety Environmntal Supervisor **Signature:**	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☒ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☒ NO	If **YES** to either question, complete reverse side.
QUARTER: **OCT.-DEC.** **DATE/TIME OF OBSERVATIONS** ☒ AM 11/20/03 9:00 ☐ PM	**Observers Name:** Derrell Johnson **Title:** Safety Environmental Supervisor **Signature:**	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☒ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☒ NO	If **YES** to either question, complete reverse side.
QUARTER: **JAN.-MARCH** **DATE/TIME OF OBSERVATIONS** ☐ AM 3/18/04 1:00 ☒ PM	**Observers Name:** Derrell Johnson **Title:** Safety Environmental Supervisor **Signature:**	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☒ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☒ NO	If **YES** to either question, complete reverse side.
QUARTER: **APRIL-JUNE** **DATE/TIME OF OBSERVATIONS** ☒ AM 5/26/04 10.00 ☐ PM	**Observers Name:** Derrell Johnson **Title:** Safety Environmental Supervisor **Signature:**	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☒ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☒ NO	If **YES** to either question, complete reverse side.

2003 - 2004
ANNUAL REPORT

SIDE B

FORM 3 QUARTERLY VISUAL OBSERVATIONS OF UNAUTHORIZED NON-STORM WATER DISCHARGES (NSWDs)

OBSERVATION DATE (FROM REVERSE SIDE)	NAME OF UNAUTHORIZED NSWD	SOURCE AND LOCATION OF UNAUTHORIZED NSWD	DESCRIBE UNAUTHORIZED NSWD CHARACTERISTICS Indicate whether unauthorized NSWD is clear, cloudy, discolored, causing stains; contains floating objects or an oil sheen, has odors, etc.		DESCRIBE CORRECTIVE ACTIONS TO ELIMINATE UNAUTHORIZED NSWD AND TO CLEAN IMPACTED DRAINAGE AREAS. PROVIDE UNAUTHORIZED NSWD ELIMINATION DATE.
	EXAMPLE Vehicle Wash Water	EXAMPLE: NW Corner of Parking Lot	AT THE UNAUTHORIZED NSWD SOURCE	AT THE UNAUTHORIZED NSWD AREA AND DISCHARGE LOCATION	
/ / : ☐AM ☐PM					
/ / : ☐AM ☐PM					
/ / : ☐AM ☐PM					
/ / : ☐AM ☐PM					

2003 - 2004

ANNUAL REPORT

FORM 4-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

SIDE A

- 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 __-__ 2003 Observers Name None Title. No Storms within SWPP Guidelines Signature	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: ☐ P.M ☐ A.M	: ☐ P M. ☐ A M	: ☐ P.M. ☐ A M	: ☐ P.M ☐ A.M
	Time Discharge Began	: ☐ P M. ☐ A M	: ☐ P.M ☐ A.M	: ☐ P.M. ☐ A M.	: ☐ P M. ☐ A M
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: November_4__ 2003 Observers Name None Title: 1st Storm Water Sample Signature: Attached	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: ☐ P.M. ☐ A.M	: ☐ P M ☐ A.M	: ☐ P M ☐ A M.	: ☐ P.M ☐ A M.
	Time Discharge Began	: ☐ P M. ☐ A M.	: ☐ P M ☐ A.M.	: ☐ P.M ☐ A M	: ☐ P M ☐ A M
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: December_-__ 2003 Observers Name None Title No Storms within SWPP Guidelines Signature	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: ☐ P.M ☐ A.M	: ☐ P.M. ☐ A M	: ☐ P M. ☐ A.M.	: ☐ P M ☐ A M.
	Time Discharge Began	: ☐ P M. ☐ A M	: ☐ P M ☐ A.M.	: ☐ P.M ☐ A.M.	: ☐ P M. ☐ A M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: January_-__ 2004 Observers Name: None Title No Storms within SWPP Guidelines Signature	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: ☐ P M. ☐ A M	: ☐ P M ☐ A M	: ☐ P M ☐ A.M.	: ☐ P.M ☐ A.M
	Time Discharge Began	: ☐ P.M ☐ A M	: ☐ P M ☐ A.M.	: ☐ P.M. ☐ A M	: ☐ P.M. ☐ A M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

2003 - 2004

ANNUAL REPORT

SIDE B

FORM 4-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

DATE/TIME OF OBSERVATION (From Reverse Side)	DRAINAGE AREA DESCRIPTION EXAMPLE: Discharge from material storage Area #2	DESCRIBE STORM WATER DISCHARGE CHARACTERISTICS Indicate whether storm water discharge is clear, cloudy, or discolored, causing staining; containing floating objects or an oil sheen, has odors, etc	IDENTIFY AND DESCRIBE SOURCE(S) OF POLLUTANTS EXAMPLE: Oil sheen caused by oil dripped by trucks in vehicle maintenance area	DESCRIBE ANY REVISED OR NEW BMPs AND THEIR DATE OF IMPLEMENTATION
__/__/__ __:__ ☐ AM ☐ PM				
__/__/__ __:__ ☐ AM ☐ PM				
__/__/__ __:__ ☐ AM ☐ PM				
__/__/__ __:__ ☐ AM ☐ PM				
__/__/__ __:__ ☐ AM ☐ PM				

2003 - 2004

ANNUAL REPORT

FORM 4 (Continued)-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

SIDE A

- 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: February - 2004 Observers Name: None Title No Storms within SWPP Guidelines Signature	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: ☐ P.M ☐ A.M.	: ☐ P M ☐ A.M	: ☐ P.M ☐ A.M	: ☐ P.M. ☐ A M
	Time Discharge Began	: ☐ P.M ☐ A.M.	: ☐ P.M ☐ A.M.	: ☐ P M ☐ A.M.	: ☐ P M. ☐ A M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: March 2 2004 Observers Name None Title 2nd Storm Water Sample Signature Attached	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: ☐ P.M ☐ A.M.	: ☐ P.M. ☐ A M.	: ☐ P M. ☐ A.M	: ☐ P M. ☐ A.M
	Time Discharge Began	: ☐ P M ☐ A.M.	: ☐ P.M. ☐ A.M	: ☐ P.M. ☐ A M	: ☐ P.M. ☐ A M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: April 1 2004 Observers Name. Robert D. Brown Title WW Treatment Supurvisor Signature	Drainage Location Description	#1 Gate Area	#2 NE area	#3	#4
	Observation Time	3 : 30 ☐ P M ☐ A.M.	3 .30 ☐ P.M ☐ A M.	: ☐ P M ☐ A M.	: ☐ P M. ☐ A M
	Time Discharge Began	2 : 45 ☐ P.M. ☐ A.M.	2:45 ☐ P M. ☐ A.M.	: ☐ P.M ☐ A M	· ☐ P M ☐ A M
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: May - 2004 Observers Name None Title No Storms within SWPP Guidel,ines Signature	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: ☐ P M. ☐ A M	: ☐ P.M. ☐ A.M	: ☐ P.M ☐ A.M	: ☐ P.M ☐ A M
	Time Discharge Began	: ☐ P.M. ☐ A.M.	: ☐ P M. ☐ A.M.	: ☐ P.M. ☐ A M	: ☐ P.M. ☐ A M
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

2003 - 2004

ANNUAL REPORT

SIDE B

FORM 4 (Continued)-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

DATE/TIME OF OBSERVATION (From Reverse Side)	DRAINAGE AREA DESCRIPTION EXAMPLE Discharge from material storage Area #2	DESCRIBE STORM WATER DISCHARGE CHARACTERISTICS Indicate whether storm water discharge is clear, cloudy, or discolored; causing staining; containing floating objects or an oil sheen, has odors, etc	IDENTIFY AND DESCRIBE SOURCE(S) OF POLLUTANTS EXAMPLE Oil sheen caused by oil dripped by trucks in vehicle maintenance area	DESCRIBE ANY REVISED OR NEW BMPs AND THEIR DATE OF IMPLEMENTATION
__/__/__ __:__ ☐ AM ☐ PM				
__/__/__ __:__ ☐ AM ☐ PM				
__/__/__ __:__ ☐ AM ☐ PM				
__/__/__ __:__ ☐ AM ☐ PM				
__/__/__ __:__ ☐ AM ☐ PM				

2003 - 2004

ANNUAL REPORT

SIDE A

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

EVALUATION DATE: 6 / 16 / 04 INSPECTOR NAME: Derrell Johnson TITLE: Safety/ Environmental Supervisor SIGNATURE:

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
NE Area (TC-2) Oil and Grease Warehouse Parking	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐ YES ☒ NO ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐ YES ☒ NO	If yes, to either question, complete the next two columns of this form		
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
Gate Area (TC-1) Oil & Grease Employee Parking	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐ YES ☒ NO ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐ YES ☒ NO	If yes, to either question, complete the next two columns of this form		
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
Gate Area (TC-1) Detergent Storage Area	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐ YES ☒ NO ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐ YES ☐ NO	If yes, to either question, complete the next two columns of this form		
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐ YES ☐ NO ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐ YES ☐ NO	If yes, to either question, complete the next two columns of this form		

2003 - 2004

ANNUAL REPORT

SIDE B

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

EVALUATION DATE: ___/___/___ INSPECTOR NAME: _____ TITLE: _____ SIGNATURE: _____

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO			

John L. Hunter
AND ASSOCIATES, INC.

December 19, 2003

Derrell Johnson
KIK International
9028 Dice Road
Santa Fe Springs, California 90670

SUBJECT: STORMWATER SAMPLING RESULTS

Dear Mr. Johnson:

Enclosed are the first stormwater sampling results for the 2003-2004 rainy season, collected on November 4, 2003. The laboratory test results for conductance, Nitrate, and Zinc appear to be generally above the most recently established guidelines for stormwater discharge. Listed in the tables below is a summary of the sampling results at the two sampling locations:

SAMPLE RESULTS

North Gate Area				
Analysis	Sample Type	Method	**Sample Result**	Regulatory Benchmarks
pH	Grab	EPA 150.1	**7.90**	6.0 - 9.0 pH
Suspended Solids	Grab	EPA 160.2	**110.00**	< 100.0 mg/L
Conductance	Grab	EPA 120.1	**5,100.00**	< 200.0 µmos/cm
Oil & Grease	Grab	EPA 1664	**23.50**	< 15.0 mg/L
Surfactants	Grab	SM 5540	**1.20**	- -
Nitrite	Grab	EPA 300.0	**02.80**	< 0.68 mg/L
Nitrate	Grab	EPA 300.0	**112**	< 0.68 mg/L
Zinc	Grab	SOP 7040	**0.54**	< 0.117 mg/L

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FIRESTONE BLVD. A-2
SANTA FE SPRINGS
CALIFORNIA
90670
(562) 802-7880
FAX (562) 802-2297

GENERAL
ENGINEERING
LICENSE
A-582340

HAZARDOUS
SUBSTANCE
REMEDIATION
LIC. 3382

Northeast Area				
Analysis	Sample Type	Method	**Sample Result**	Regulatory Benchmarks
pH	Grab	EPA 150.1	**7.52**	6.0 – 9.0 pH
Suspended Solids	Grab	EPA 160.2	**35.00**	< 100.0 mg/L
Conductance	Grab	EPA 120.1	**539.00**	< 200.0 µmos/cm
Oil & Grease	Grab	EPA 1664	**2.10**	< 15.0 mg/L
Surfactants	Grab	SM 5540	**0.50**	- -
Nitrite	Grab	EPA 300.0	**0.20**	< 0.68 mg/L
Nitrate	Grab	EPA 300.0	**3.00**	< 0.68 mg/L
Zinc	Grab	SOP 7040	**0.30**	< 0.117 mg/L

You should investigate to the reasons for the elevated levels and institute BMPs where appropriate. This report should be placed in your stormwater file and the information incorporated into the annual report.

We appreciate the opportunity to continue to be of service to you. If you have any questions, or require additional information, please feel free to call.

Sincerely,

John L. Hunter, P.E. CHE
California Registered Environmental Assessor

Hunter-Kennedy
AND ASSOCIATES, INC.

March 29, 2004

Derrell Johnson
KIK International
9028 Dice Road
Santa Fe Springs, California 90670

SUBJECT: STORMWATER SAMPLING RESULTS

Dear Mr. Johnson:

Enclosed are the second stormwater sampling results for the 2003-2004 rainy season, collected on March 2, 2004. The laboratory test results for pH, conductance, Nitrate, and Zinc appear to be generally above the most recently established guidelines for stormwater discharge. Listed in the tables below is a summary of the sampling results at the two sampling locations:

SAMPLE RESULTS

North Area				
Analysis	Sample Type	Method	**Sample Result**	Regulatory Benchmarks
pH	Grab	EPA 150.1	**10.61**	6.0 - 9.0 pH
Suspended Solids	Grab	EPA 160.2	**48.0**	< 100.0 mg/L
Conductance	Grab	EPA 120.1	**777**	< 200.0 µmos/cm
Oil & Grease	Grab	EPA 1664	**2.9**	< 15.0 mg/L
Surfactants	Grab	SM 5540	**1.9**	--
Soluble Sulfides	Grab	SM 4500	**ND**	--
Nitrite	Grab	EPA 300.0	**0.4**	< 0.68 mg/L
Nitrate	Grab	EPA 300.0	**1**	< 0.68 mg/L
Zinc	Grab	SOP 7040	**0.174**	< 0.117 mg/L

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LIC 3382

Northeast Area				
Analysis	Sample Type	Method	**Sample Result**	Regulatory Benchmarks
pH	Grab	EPA 150.1	**9.87**	6.0 - 9.0 pH
Suspended Solids	Grab	EPA 160 2	**72.5**	< 100.0 mg/L
Conductance	Grab	EPA 120.1	**404**	< 200.0 µmos/cm
Oil & Grease	Grab	EPA 1664	**ND**	< 15 0 mg/L
Surfactants	Grab	SM 5540	**0.2**	- -
Soluble Sulfides	Grab	SM 4500	**ND**	- -
Nitrite	Grab	EPA 300.0	**ND**	< 0.68 mg/L
Nitrate	Grab	EPA 300.0	**3.1**	< 0.68 mg/L
Zinc	Grab	SOP 7040	**0.141**	< 0.117 mg/L

You should investigate to the reasons for the elevated levels and institute BMPs where appropriate. This report should be placed in your stormwater file and the information incorporated into the annual report.

We appreciate the opportunity to continue to be of service to you. If you have any questions, or require additional information, please feel free to call.

Sincerely,

John L. Hunter, P.E. CHE
California Registered Environmental Assessor

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
WATER QUALITY CONTROL BOARD
LOS ANGELES REGION
320 W. 4TH ST., STE. 200
LOS ANGELES CA 90013

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X T Chavez ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 6-25-04

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
■ Certified Mail ☐ Express Mail
☐ Registered ■ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7002 2410 0001 7703 6981

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

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nal Water Quality
ment must be certified
company. Many of the
nations on a separate
port 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:

Los Angeles Region
320 W.4th Street, Ste.200
Los Angeles, CA 90013

Sumaira Noreen
Tel: (213) 620-6363
Email: snoreen@rb4.swrcb.ca.gov

GENERAL INFORMATION

A. Facility Information:

Kik So Cal
9028 Dice Rd
Santa Fe Springs, CA 90670
WDID No: 4 19I015890

Contact Person: Bob Brown
Email: bbrown@kikcorp.com
Phone: (562) 946-2244

SIC Code(s):
2841 Soaps and Other Detergents, Except Speciality Cleaners

B. Facility Operator Information:

Kik So Cal
9028 Dice Rd
Santa Fe Springs, CA 90670

Contact Person: Bob Brown
Email: bbrown@kikcorp.com
Phone: (562) 946-2244

C. Facility Billing Information:

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
2002-2003 ANNUAL REPORT
FOR STORM WATER DISCHARGES ASSOCIATED
WITH INDUSTRIAL ACTIVITIES

Reporting Period July 1, 2002 through June 30, 2003

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.**

If any information contained in Items A, B, and C below is incorrect, please cross out or highlight the incorrect information (do not white out or erase) and provide the correct information next to or above the incorrect information so that we can update our records. Please remember that a Notice of Termination and new Notice of Intent is required whenever your facility is relocated or changes ownership.

If you have any questions, please contact your Regional Board Storm Water Program Contact. The address of the Regional Board (where the Annual Report must be submitted) along with the name, telephone number, and e-mail address of the contact is indicated below. Additional copies of the Annual Report may be obtained from our web site at **www.swrcb.ca.gov/stormwtr/ industrial.html.**

REGIONAL BOARD INFORMATION:

LOS ANGELES REGIONAL WATER BOARD
320 W. 4TH STREET, STE 200
LOS ANGELES, CA 90013

SUMAIRA NOREEN
Tel: (213) 620-6363
Email: snoreen@rb4.swrcb.ca.gov

GENERAL INFORMATION

A. Facility Location:

KIK SO CAL
9028 DICE ROAD
SANTA FE SPRINGS, CA 90670-2520

Facility WDID No: 419S015890

B. Facility Operator Information:

Contact Person:
GREG WIESE
Tel: (562) 946-6427

KIK SO CAL
9028 DICE RD
SANTA FE SPRINGS, CA 90670-2520

C. Facility Information:

Contact Person:
GREG WIESE
Tel: (562) 946-6427

Mailing Address:

KIK SO CAL
9028 DICE ROAD
SANTA FE SPRINGS, CA 90670-2520

SIC Code(s):
2841 Soap & Other Detergents, except Specialty Cleaners

Additional Table D Parameters: N+N,Zn

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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? 2

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? 2

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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

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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 storm water 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

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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	☐	☒	February	☐	☒
November	☐	☒	March	☐	☒
December	☐	☒	April	☐	☒
January	☐	☒	May	☐	☒

2. Report monthly wet season visual observations using **Form 4** or provide the following information

   a. date, time, and location of observation
   b name and title of observer
   c. characteristics of the discharge (i.e., odor, color, etc) and source of any pollutants observed
   d. **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.

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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: Robert R. Brown

Signature: Robert R Brown Date: 6-26-03

Title: General Manager

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DESCRIPTION OF BASIC ANALYTICAL PARAMETERS

The Industrial Activities Storm Water General Permit (General Permit) requires you to analyze storm water samples for at least four parameters. These are pH, Total Suspended Solids (TSS), Specific Conductance (SC),and Total Organic Carbon (TOC). Oil and Grease (O&G) may be substituted for TOC In addition, you must monitor for any other pollutants which you believe to be present in your storm water discharge as a result of industrial activity and analytical parameters listed in Table D of the General Permit. There are no numeric limitations for the parameters you test for.

The four parameters which the General Permit requires to be tested are considered *indicator* parameters. In other words, regardless of what type of facility you operate, these parameters are nonspecific and general enough to usually provide some indication whether pollutants are present in your storm water discharge. The following briefly explains what each of these parameters mean:

pH is a numeric measure of the hydrogen-ion concentration. The neutral, or acceptable, range is within 6 5 to 8 5 At values less than 6.5, the water is considered acidic; above 8.5 it is considered alkaline or basic. An example of an acidic substance is vinegar, and a alkaline or basic substance is liquid antacid. Pure rainfall tends to have a pH of a little less than 7. There may be sources of materials or industrial activities which could increase or decrease the pH of your storm water discharge. If the pH levels of your storm water discharge are high or low, you should conduct a thorough evaluation of all potential pollutant sources at your site

Total Suspended Solids (TSS) is a measure of the undissolved solids that are present in your storm water discharge. Sources of TSS include sediment from erosion of exposed land, and dirt from impervious (i.e. paved) areas. Sediment by itself can be very toxic to aquatic life because it covers feeding and breeding grounds, and can smother organisms living on the bottom of a water body Toxic chemicals and other pollutants also adhere to sediment particles. This provides a medium by which toxic or other pollutants end up in our water ways and ultimately in human and aquatic life. TSS levels vary in runoff from undisturbed land. It has been shown that TSS levels increase significantly due to land development.

Specific Conductance (SC) is a numerical expression of the ability of the water to carry an electric current. SC can be used to assess the degree of mineralization, salinity, or estimate the total dissolved solids concentration of a water sample. Because of air pollution, most rain water has a SC a little above zero. A high SC could affect the usability of waters for drinking, irrigation, and other commercial or industrial use.

Total Organic Carbon (TOC) is a measure of the total organic matter present in water. (All organic matter contains carbon) This test is sensitive and able to detect small concentrations of organic matter. Organic matter is naturally occurring in animals, plants, and man. Organic matter may also be man made (so called synthetic organics). Synthetic organics include pesticides, fuels, solvents, and paints. Natural organic matter utilizes the oxygen in a receiving water to biodegrade. Too much organic matter could place a significant oxygen demand on the water, and possibly impact its quality. Synthetic organics either do not biodegrade or biodegrade very slowly. Synthetic organics are a source of toxic chemicals that can have adverse affects at very low concentrations Some of these chemicals bioaccumulate in aquatic life. If your levels of TOC are high, you should evaluate all sources of natural or synthetic organics you may use at your site.

Oil and Grease (O&G) is a measure of the amount of oil and grease present in your storm water discharge. At very low concentrations, O&G can cause a sheen (that floating "rainbow") on the surface of water (1 qt of oil can pollute 250,000 gallons of water). O&G can adversely affect aquatic life and create unsightly floating material and film on water, thus making it undrinkable. Sources of O&G include maintenance shops, vehicles, machines and roadways.

If you have any questions regarding whether or not your constituent concentrations are too high, please contact your local Regional Board office. The United States Environmental Protection Agency (USEPA) has published stormwater discharge benchmarks for a number of parameters. These benchmarks may be helpful when evaluating whether additional BMPs are appropriate. These benchmarks can be accessed at our website at http://www.swrcb.ca.gov. It is contained in the Sampling and Analysis Reduction Certification.

See Storm Water Contacts at

http://www.swrcb.ca.gov/stormwtr/contact.html

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SIDE

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

NAME OF PERSON COLLECTING SAMPLE(S): Robert D. Brown TITLE: WW Treatment Supv. SIGNATURE: Robert D. Brown

DESCRIBE DISCHARGE LOCATION Example NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	ANALYTICAL RESULTS For First Storm Event									
			BASIC PARAMETERS					OTHER PARAMETERS				
			PH	TSS	SC	O&G	TOC					
Gate Area Attached	11 / 8 /03 1:00 ☑ AM ☐ PM	12:30 ☒ AM ☐ PM										
NE Area Attached	11 / 8 /03 1:00 ☒ AM ☐ PM	12:30 ☒ 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):												

TSS - Total Suspended Solids SC - Specific Conductance O&G - Oil & Grease TOC - Total Organic Carbon

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FORM 1-SAMPLING & ANALYSIS RESULTS

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

NAME OF PERSON COLLECTING SAMPLE(S): Robert D. Brown TITLE: WW Treatment Supv. SIGNATURE: Robert D. Brown

DESCRIBE DISCHARGE LOCATION Example: NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	ANALYTICAL RESULTS For Second Storm Event									
			BASIC PARAMETERS					OTHER PARAMETERS				
			PH	TSS	SC	O&G	TOC					
Gate Area Attached	12/ 16/ 03 ☒ AM 7:00 ☐ PM	☒ AM 6 : 00 ☐ PM										
NE Area Attached	12 / 16/03 ☒ AM 7 :00 ☐ PM	☒ AM 6: 00 ☐ 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):												

TSS - Total Suspended Solids SC - Specific Conductance O&G - Oil & Grease TOC - Total Organic Carbon

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FORM 2-QUARTERLY VISUAL OBSERVATIONS OF AUTHORIZED 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 of the General Permit
- Make additional copies of this form as necessary.

QUARTER: **JULY-SEPT.** DATE: __/__/__	**Observers Name:** N/A **Title:** _____ **Signature:** _____	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ **YES** ☒ **NO** If **YES**, complete reverse side of this form.
QUARTER: **OCT.-DEC.** DATE: __/__/__	**Observers Name:** _____ **Title:** _____ **Signature:** _____	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ **YES** ☐ **NO** If **YES**, complete reverse side of this form.
QUARTER: **JAN.-MARCH** DATE: __/__/__	**Observers Name:** _____ **Title:** _____ **Signature:** _____	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ **YES** ☐ **NO** If **YES**, complete reverse side of this form.
QUARTER: **APRIL-JUNE** DATE: __/__/__	**Observers Name:** _____ **Title:** _____ **Signature:** _____	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ **YES** ☐ **NO** If **YES**, complete reverse side of this form.

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FORM 2-QUARTERLY VISUAL OBSERVATIONS OF AUTHORIZED NON-STORM WATER DISCHARGES (NSWDs)

DATE /TIME OF OBSERVATION	SOURCE AND LOCATION OF AUTHORIZED NSWD EXAMPLE: Air conditioner Units on Building C	NAME OF AUTHORIZED NSWD EXAMPLE: Air conditioner condensate	DESCRIBE AUTHORIZED NSWD CHARACTERISTICS Indicate whether authorized NSWD is clear, cloudy, or discolored, causing staining, contains floating objects or an oil sheen, has odors, etc.		DESCRIBE ANY REVISED OR NEW BMPs AND PROVIDE THEIR IMPLEMENTATION DATE
			At the NSWD Source	At the NSWD Drainage Area and Discharge Location	
/ / : ☐ AM ☐ PM					
/ / : ☐ AM ☐ PM					
/ / : ☐ AM ☐ PM					
/ / : ☐ AM ☐ PM					
/ / : ☐ AM ☐ PM					

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FORM 3-QUARTERLY VISUAL OBSERVATIONS OF UNAUTHORIZED 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 9/18/02 10:00 ☐ PM	**Observers Name:** Derrell Johnson **Title:** Safety environmental Supervisor **Signature:**	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☒ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☒ NO	If **YES** to either question, complete reverse side.
QUARTER: **OCT.-DEC.** **DATE/TIME OF OBSERVATIONS** ☒ AM 12/12/02 1.00 ☐ PM	**Observers Name:** Derrell Johnson **Title:** Safety Environmental Supervisor **Signature:**	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☒ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☒ NO	If **YES** to either question, complete reverse side.
QUARTER: **JAN.-MARCH** **DATE/TIME OF OBSERVATIONS** ☒ AM 3/20/03 10:00 ☐ PM	**Observers Name:** Derrell Johnson **Title:** Safety Environmental Supervisor **Signature:**	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☒ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☒ NO	If **YES** to either question, complete reverse side.
QUARTER: **APRIL-JUNE** **DATE/TIME OF OBSERVATIONS** ☐ AM 5/22/03 2:00 ☒ PM	**Observers Name:** Derrell Johnson **Title:** Safety Environmental Supervisor **Signature:**	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ YES ☒ NO **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ YES ☒ NO	If **YES** to either question, complete reverse side.

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SII B

FORM 3 QUARTERLY VISUAL OBSERVATIONS OF UNAUTHORIZED NON-STORM WATER DISCHARGES (NSWDs)

OBSERVATION DATE (FROM REVERSE SIDE)	NAME OF UNAUTHORIZED NSWD EXAMPLE: Vehicle Wash Water	SOURCE AND LOCATION OF UNAUTHORIZED NSWD EXAMPLE: NW Corner of Parking Lot	DESCRIBE UNAUTHORIZED NSWD CHARACTERISTICS Indicate whether unauthorized NSWD is clear, cloudy, discolored, causing stains; contains floating objects or an oil sheen, has odors, etc.		DESCRIBE CORRECTIVE ACTIONS TO ELIMINATE UNAUTHORIZED NSWD AN TO CLEAN IMPACTED DRAINAGE AREAS. PROVIDE UNAUTHORIZED NSWD ELIMINATION DATE
			AT THE UNAUTHORIZED NSWD SOURCE	AT THE UNAUTHORIZED NSWD AREA AND DISCHARGE LOCATION	
/ / : ☐ AM ☐ PM					
/ / : ☐ AM ☐ PM					
/ / : ☐ AM ☐ PM					
/ / : ☐ AM ☐ PM					

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FORM 4-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

A SIDE

- 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 discharge and note the date, time, name, and title of who observed there was no storm water discharge

Observation Date: October — 2002 Observers Name: None Title: No Storms within SWPP Guidelines Signature:	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: ☐P.M. ☐A.M	: ☐P.M. ☐A.M	: ☐P.M. ☐A.M.	: ☐ ☐
	Time Discharge Began	: ☐P.M. ☐A.M	: ☐P.M. ☐A.M	: ☐P.M. ☐A.M.	: ☐ ☐
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: November 8 2002 Observers Name: None Title: 1st Storm Water Sample Signature: Attached	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: ☐P.M. ☐A.M.	: ☐P.M. ☐A.M	: ☐P.M. ☐A.M	: ☐ ☐
	Time Discharge Began	: ☐P.M. ☐A.M.	: ☐P.M. ☐A.M	: ☐P.M. ☐A.M.	: ☐ ☐
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: December 16 2002 Observers Name: None Title: 2nd Storm water sample Signature: Attached	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: ☐P.M. ☐A.M.	: ☐P.M. ☐A.M	: ☐P.M. ☐A.M	: ☐ ☐
	Time Discharge Began	: ☐P.M. ☐A.M.	: ☐P.M. ☐A.M	: ☐P.M. ☐A.M.	: ☐ ☐
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: January — 2003 Observers Name: None Title: No Storms within SWPP Guidelines Signature:	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: ☐P.M. ☐A.M	: ☐P.M. ☐A.M	: ☐P.M. ☐A.M	: ☐ ☐
	Time Discharge Began	: ☐P.M. ☐A.M.	: ☐P.M. ☐A.M.	: ☐P.M. ☐A.M	: ☐ ☐
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

2002-2003

ANNUAL REPORT

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 stor discharge and note the date, time, name, and title of who observed there was no storm water discharg

Observation Date: February — 2003 Observers Name: None Title No Storms Within SWPP Guidelines Signature	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: ☐P.M. ☐A.M.	: ☐P.M. ☐A.M.	: ☐P.M. ☐A.M.	: ☐P.M. ☐A.M.
	Time Discharge Began	: ☐P.M. ☐A.M.	: ☐P.M. ☐A.M.	: ☐P.M. ☐A.M.	: ☐P.M. ☐A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: March — 2003 Observers Name None Title No Storm within SWPP Guidelines Signature	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: ☐P.M. ☐A.M.	: ☐P.M. ☐A.M.	: ☐P.M. ☐A.M.	: ☐P.M. ☐A.M.
	Time Discharge Began	: ☐P.M. ☐A.M.	: ☐P.M. ☐A.M.	: ☐P.M. ☐A.M.	: ☐P.M. ☐A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: April 14 2003 Observers Name Robert D. Brown Title Wastewater Treatment Supervisor Signature	Drainage Location Description	#1 Gate Area	#2 North East Area	#3	#4
	Observation Time	12 : 30 ☒P.M. ☐A.M.	12: 30 ☒P.M. ☐A.M.	: ☐P.M. ☐A.M.	: ☐P.M. ☐A.M.
	Time Discharge Began	11: 45 ☐P.M. ☒A.M.	11: 45 ☐P.M. ☒A.M.	: ☐P.M. ☐A.M.	: ☐P.M. ☐A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☒	YES ☐ NO ☒	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: May — 2003 Observers Name None Title No Storms Within SWPP Guidelines Signature	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: ☐P.M. ☐A.M.	: ☐P.M. ☐A.M.	: ☐P.M. ☐A.M.	: ☐P.M. ☐A.M.
	Time Discharge Began	: ☐P.M. ☐A.M.	: ☐P.M. ☐A.M.	: ☐P.M. ☐A.M.	: ☐P.M. ☐A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

2002-2003

ANNUAL REPORT

FORM 4 (Continued)-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

DATE/TIME OF OBSERVATION (From Reverse Side)	DRAINAGE AREA DESCRIPTION EXAMPLE: Discharge from material storage Area #2	DESCRIBE STORM WATER DISCHARGE CHARACTERISTICS Indicate whether storm water discharge is clear, cloudy, or discolored; causing staining; containing floating objects or an oil sheen, has odors, etc.	IDENTIFY AND DESCRIBE SOURCE(S) OF POLLUTANTS EXAMPLE: Oil sheen caused by oil dripped by trucks in vehicle maintenance area	DESCRIBE ANY REVISED OR NEW BMPs A THEIR DATE OF IMPLEMENTATION
__/__/__ __:__ ☐ AM ☐ PM				
__/__/__ __:__ ☐ AM ☐ PM				
__/__/__ __:__ ☐ AM ☐ PM				
__/__/__ __:__ ☐ AM ☐ PM				
__/__/__ __:__ ☐ AM ☐ PM				

2002-2003
ANNUAL REPORT

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

VALUATION DATE: 6 /19/03 INSPECTOR NAME: Derrell Johnson TITLE: Safety/Environmental Supervisor SIGNATURE:

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs corrective actions and their date(s implementation
NE Area (TC-2) Oil & Grease Warehouse Parking	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?	☐ YES ☒ NO		
	ARE ADDITIONAL/REVISED BMPs NECESSARY?	☐ YES ☒ NO		
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs corrective actions and their date(s implementation
Gate Area (TC-1) Oil & Grease Employee Parking	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?	☐ YES ☒ NO		
	ARE ADDITIONAL/REVISED BMPs NECESSARY?	☐ YES ☒ NO		
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs corrective actions and their date(s implementation
Gate Area (TC-1) Detergent Storage Area	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?	☐ YES ☒ NO		
	ARE ADDITIONAL/REVISED BMPs NECESSARY?	☐ YES ☒ NO		
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs corrective actions and their date(s implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?	☐ YES ☐ NO		
	ARE ADDITIONAL/REVISED BMPs NECESSARY?	☐ YES ☐ NO		

If yes, to either question, complete the next two columns of this form

2002-2003

ANNUAL REPORT

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

VALUATION DATE: ___/___/___ INSPECTOR NAME: _____ TITLE: _____ SIGNATURE:

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs corrective actions and their date(s implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs corrective actions and their date(s implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs corrective actions and their date(s implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs corrective actions and their date(s implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO			

John L. Hunter
AND ASSOCIATES, INC.

13310 Firestone Boulevard, Suite A-2
Santa Fe Springs, California 90670
(562) 802-7880
FAX (562) 802-2297

STORMWATER SAMPLING REPORT

KIK Int'l-So. Cal

9028 Dice Road
Santa Fe Springs, California 90670

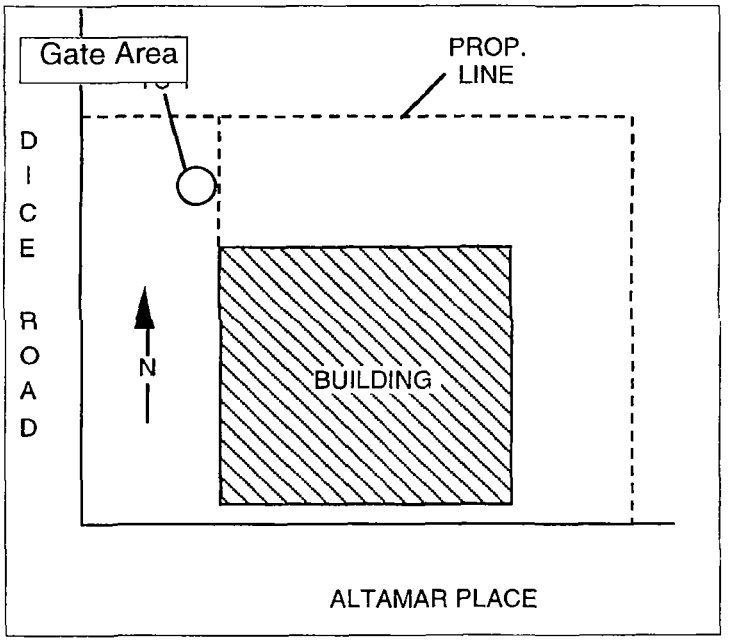
Sample Point Gate area

Sample Name Gate Area
Collection Date November 8, 2002
Sampler Name KIK Staff

FIELD OBSERVATIONS

No significant observations reported.

SITE MAP



SAMPLE RESULTS

Gate Area					
Analysis	Sample Type	Method	Time	Result	Regulatory Benchmarks
pH	Grab	150.1	N/A	9.49units	6.0-9.0
Suspende S.	Grab	160.2	N/A	22.3 mg/L	0-100
Conductance	Grab	120.1	N/A	899 umho/cm	0-200
Surfactants	Grab	5540C	N/A	2.4- mg/L	--
Zinc	Grab	ICPMS	N/A	1.14 mg/L	0.117
Nitrate	Grab	300.0	N/A	9.2 mg/L	0.68
Nitrite	Grab	300.0	N/A	.9 mg/L	0.68
Oil & Grease	Grab	413.2	N/A	14.5 mg/L	15

The table above is a summary of laboratory results obtained from the stormwater sample taken at the site. For additional laboratory results, please see the attached laboratory reports

John L. Hunter
AND ASSOCIATES, INC.

13310 Firestone Boulevard, Suite A-2
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STORMWATER SAMPLING REPORT

KIK Int'l-So. Cal.

9028 Dice Road
Santa Fe Springs, California 90670

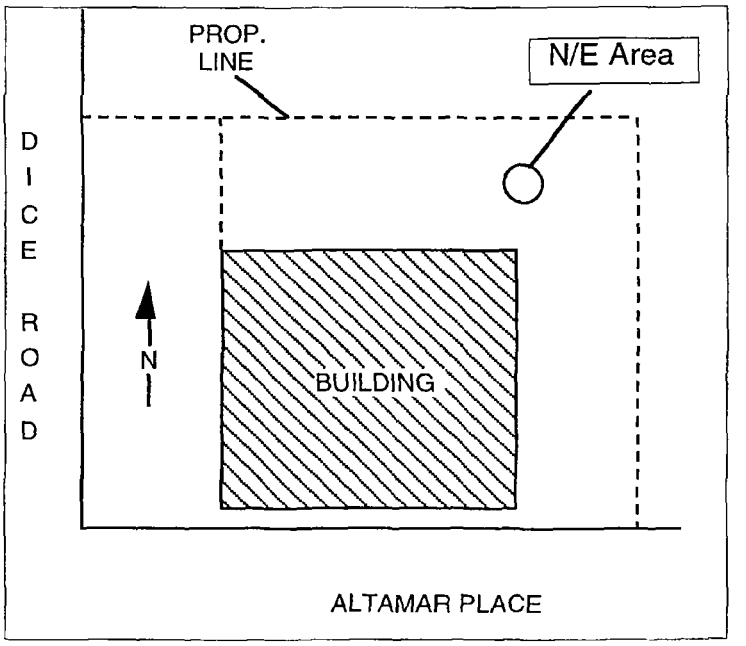
Sample Point Northeastern lot area

Sample Name Northeastern lot area
Collection Date November 8, 2002
Sampler Name KIK Staff

FIELD OBSERVATIONS

No significant observations reported.

SITE MAP



SAMPLE RESULTS

Northeastern Lot Area					
Analysis	Sample Type	Method	Time	Result	Regulatory Benchmarks
pH	Grab	150.1	N/A	8.29units	6.0-9.0
Suspende S.	Grab	160.2	N/A	18.2 mg/L	0-100
Conductance	Grab	120.1	N/A	100 umho/cm	0-200
Surfactants	Grab	5540C	N/A	.2 mg/L	--
Zinc	Grab	ICPMS	N/A	1.10 mg/L	0.117
Nitrate	Grab	300.0	N/A	4.45 mg/L	0.68
Nitrite	Grab	300.0	N/A	.26 mg/L	0.68
Oil & Grease	Grab	413.2	N/A	.5 mg/L	15

The table above is a summary of laboratory results obtained from the stormwater sample taken at the site. For additional laboratory results, please see the attached laboratory reports.

John L. Hunter
AND ASSOCIATES, INC.

13310 Firestone Boulevard, Suite A-2
Santa Fe Springs, California 90670
(562) 802-7880
FAX (562) 802-2297

STORMWATER SAMPLING REPORT

KIK Int'l-So. Cal

9028 Dice Road
Santa Fe Springs, California 90670

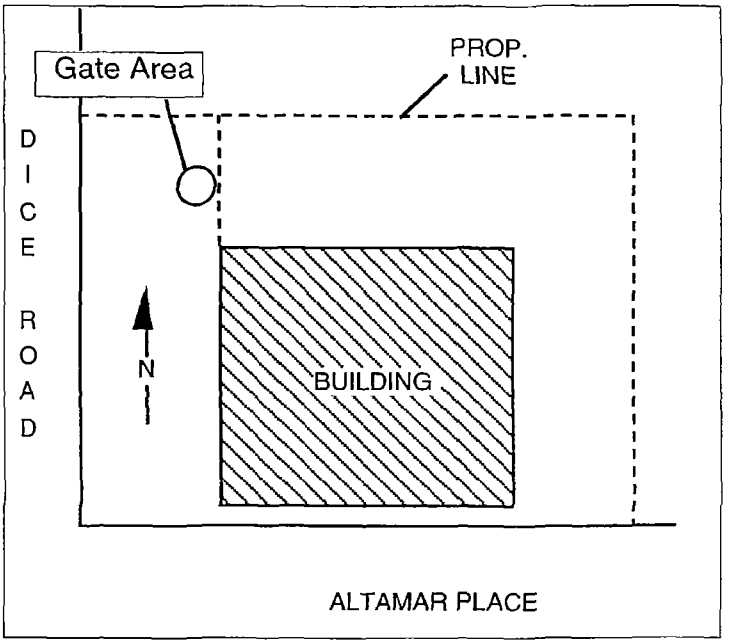
Sample Point Gate area

Sample Name Gate area 16 00.
Collection Date December ~~18~~, 2002
Sampler Name KIK Staff

FIELD OBSERVATIONS

No significant observations reported.

SITE MAP



SAMPLE RESULTS

Gate Area

Analysis	Sample Type	Method	Time	Result	Regulatory Benchmarks
pH	Grab	150.1	N/A	9.58units	6.0-9.0
Suspende S.	Grab	160.2	N/A	7.16 mg/L	0-100
Conductance	Grab	120.1	N/A	2720 umho/cm	0-200
Surfactants	Grab	5540C	N/A	.7 mg/L	--
Zinc	Grab	ICPMS	N/A	.25 mg/L	0.117
Nitrate	Grab	300.0	N/A	2.01 mg/L	0.68
Nitrite	Grab	300.0	N/A	.22 mg/L	0.68
Oil & Grease	Grab	413.2	N/A	3.3 mg/L	15

The table above is a summary of laboratory results obtained from the stormwater sample taken at the site. For additional laboratory results, please see the attached laboratory reports

John L. Hunter
AND ASSOCIATES, INC.

13310 Firestone Boulevard, Suite A-2
Santa Fe Springs, California 90670
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FAX (562) 802-2297

STORMWATER SAMPLING REPORT

KIK Int'l-So. Cal.

9028 Dice Road
Santa Fe Springs, California 90670

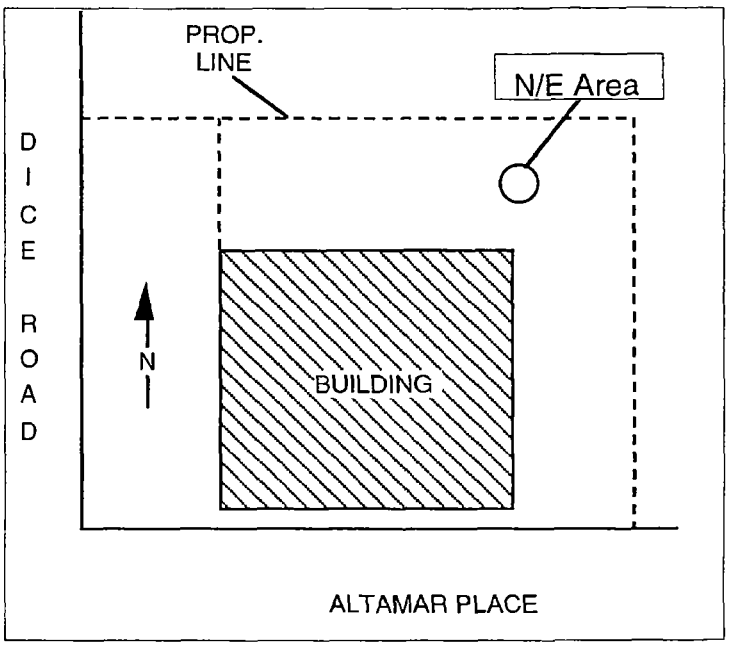
Sample Point Northeastern lot area

Sample Name Northeastern lot area
Collection Date December ~~16~~ 18, 2002
Sampler Name ~~Brad Downing~~ KIK STAFF

FIELD OBSERVATIONS

No significant observations at time of sampling.

SITE MAP



SAMPLE RESULTS

Northeastern Lot Area

Analysis	Sample Type	Method	Time	Result	Regulatory Benchmarks
pH	Grab	150.1	N/A	8.82 units	6.0-9
Suspende S.	Grab	160.2	N/A	17.0 mg/L	0-100
Conductance	Grab	120.1	N/A	194 umho/cm	0-200
Surfactants	Grab	5540C	N/A	0.2 mg/L	--
Zinc	Grab	ICPMS	N/A	0.194 mg/L	.117
Nitrate	Grab	300.0	N/A	2.25 mg/L	.68
Nitrite	Grab	300.0	N/A	0.19 mg/L	.68
Oil & Grease	Grab	413.2	N/A	0.8 mg/L	15

The table above is a summary of laboratory results obtained from the stormwater sample taken at the site. For additional laboratory results, please see the attached laboratory reports.

KTK Corporation Inc.

Storm Water Pollution
Prevention Plan(SWP3)

Sampling Data

Bodycote

West Coast Analytical Service - A New Bodycote Company

TESTING GROUP
www.bodycote.com
www.mtusa.bodycote.com

May 2, 2007

KIK Custom Products
9028 Dice Rd
Santa Fe Springs, CA 90670

Attn Bob Brown

Job No: 95628 SL

LABORATORY REPORT

Samples Received Two (2) Samples
Date Received 04/20/2007
Purchase Order No 050107

The samples were analyzed as follows

Analysis	Page
pH by SM4500H+B	2 - 3
Total Suspended Solids by SM2540D	2 - 3
Conductivity by EPA 120 1	2 - 3
Hexane Extractable Materials by EPA 1664	2 - 3
Surfactants by SM5540C	2 - 3
Nitrite and Nitrate by EPA 300 0	4
Zinc by SOP 7040, Rev 8	5

D J Northington, Ph D
Technical Director

Michael Shelton
Senior Staff Chemist

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Bodycote Testing Group
9240 Santa Fe Springs Road • Santa Fe Springs • California • 90670 • USA • Tel: +1 (562) 948-2225 • Fax: +1 (562) 948-5850

Bodycote

WEST COAST ANALYTICAL SERVICE, INC

KIK Custom Products
Attn: Bob Brown

Job No: 95628
May 2, 2007

Sample ID Northeast Area "A"

Analysis	Result	Units	Method	Detection Limit	Analysis Date
pH	6 98	Units	SM 4500-H+B	N/A	04-20-07
Total Suspended Solids	39 8	mg/L	SM 2540 D	2	04-23-07
Conductivity	18 0	µmho/cm	EPA 120 1	1	04-24-07
Hexane Extractable Materials	0 6	mg/L	EPA 1664	0 3	04-25-07
Surfactants	ND	mg/L	SM 5540 C	0.1	04-30-07

Sample ID North Gate Area "B"

Analysis	Result	Units	Method	Detection Limit	Analysis Date
pH	6 98	Units	SM 4500-H+B	N/A	04-20-07
Total Suspended Solids	8 0	mg/L	SM 2540 D	2	04-23-07
Conductivity	17 1	µmho/cm	EPA 120 1	1	04-24-07
Hexane Extractable Materials	0 5	mg/L	EPA 1664	0 3	04-25-07
Surfactants	ND	mg/L	SM 5540 C	0 1	04-30-07

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Bodycote

WEST COAST ANALYTICAL SERVICE, INC

KIK Custom Products
Attn Bob Brown

Job No 95628
May 2, 2007

Quality Control Summary

Sample ID. Northeast Area "A"

Analyte	Sample Result	Duplicate Result	Difference	Difference Limit
pH	7 01	6 94	0 07	± 0 10

Sample ID Batch QC

Analyte	Sample Result	Duplicate Result	Sample RPD	RPD Limit
Total Suspended Solids	268	252	6	20

Sample ID Batch QC

Analyte	Sample Result	Duplicate Result	Sample RPD	RPD Limit
Conductivity	85.4	84 5	1	20

Sample ID Laboratory Fortified Blank

Analyte	Blank Result	Spike Conc	Spike Result	Spike % Rec
Hexane Extractable Materials	ND	40 0	38 5	96
QC Guidelines				78 - 114

Sample ID North Gate Area "B"

Analyte	Sample Result	Duplicate Result	Sample RPD	Spike Conc	Spike Result	Spike % Rec
Surfactants	ND	ND	N/A	2 00	2 15	108
QC Guidelines			20			10 -162

WEST COAST ANALYTICAL SERVICE, INC

KIK Custom Products
Attn Bob Brown

Job No: 95628
May 2, 2007

Nitrite and Nitrate by EPA 300 0
Ion Chromatography-Suppressed Conductivity

Column	Dionex AS9-SC/AG9-SC
Eluent	2 0mM Na2CO3, 0 75 mM NaHCO3
Flow	2.0 mL/min
Injection	300 µL
Detection	Suppressed Conductivity

Sample ID	Nitrite mg/L	Nitrite as N mg/L	Nitrate mg/L	Nitrate as N mg/L
Northeast Area "A"	0 02	0 006	0 64	0 145
North Gate Area "B"	0 02	0 006	0 62	0 140
Method Blank	ND	ND	ND	ND
Detection Limit	0 02	0 006	0 02	0 005

Date Analyzed 04-20-07

Calibration Summary

Sample ID 1 PPM Reference Standard

Analyte	Result	% Rec	% Rec Limits
Nitrite	1 01	101	90 - 110
Nitrate	1 00	100	90 - 110

Standard Curves (n = 6) $r^2 > 0$ 999 for all anions
Date Analyzed 04-20-07

Quality Control Summary

Sample ID: Batch QC

Analyte	Sample Result	Duplicate Result	Average Result	Sample RPD	Spike Conc	Spike Result	Spike % Rec
Nitrite	1 3	1 1	1 2	NA	400	396	99
Nitrate	674	675	675	0	400	1120	111

Spike % rec based on 1st sample result (sample spiked)

Quality Control Guidelines

Analyte	% Rec Limits	RPD Limits
Nitrite	72 - 123	11
Nitrate	67 - 126	15

Bodycote

WEST COAST ANALYTICAL SERVICE, INC

KIK Custom Products
Attn Bob Brown

Job No 95628
May 2, 2007

Zinc by SOP 7040, Rev 8
Quantitative Analysis Report
Inductively Coupled Plasma-Mass Spectrometry

Parts Per Million (mg/L)

Sample ID	Zinc
Northeast Area "A"	0 160
North Gate Area "B"	0 133
Detection Limit:	0 007

Date Analyzed 04-25-07

Quality Control Summary

Sample North Gate Area "B"

Analyte	Sample Result	Duplicate Result	Average Result	Sample RPD	Spike Conc	Spike Result	Spike % Rec
Zinc	0 133	0 133	0 133	0	1 00	0 955	82

Date Analyzed 04-25-07

Chain-of-Custody

Mail Report to the following:
Company: KIK SoCal
Contact: BOB BROWN
Address: 9028 Dice Road
Address:
City/St/Zip: Santa Fe Springs 90670
Phone: (562) 946 6427 Fax:

Project Information:
Project Manager:
Project Name:
Project No.:
Purchase Order No.:
Purchasing Contact:
Purchasing Phone No. :

WCAS
West Coast Analytical Service, Inc.
9240 Santa Fe Springs Rd
Santa Fe Springs, CA 90670
562.948.2225 fax 562.948.5850
wcas.com

Turn-around-time
- [X] Normal (7-10 work days)
- [ ] Rush 5 day
- [ ] Rush 3 day
- [ ] Rush 1 day

} *Extra Charge*

Hazards:

Comments:

Sampler's Name(s):

If there are multiple choices for an item please circle one

Sample Identification	Sampling Date	Sampling Time	Preservation	# of Containers	Water: Drinking Ground Waste	Soil	Waste	Other	CCR Metals: TTLC STLC -	RCRA Metals: Totals TCLP	Hexavalent Chromium: 218.6 7199	Total Chromium by ICPMS	Volatile Organics by GCMS	Semivolatile Organics by GCMS	Organochlorine Pest./PCB	Hydrocarbons by 8015M	Hexane Ext by 1664: HEM SGT/HEM	Ph, TSS, Cond	Surfactants	Nitrate, Nitrite	Zinc				Remarks
STORM WATER SAMPLE	4-20	1100AM																							
NORTHEAST AREA "A"	4-20	1100AM	NA														X	X	X	X	X				
NORTH GATE AREA "B"	4-20	1110AM	NA														X	X	X	X	X				

Relinquished by:	Company:	Date	Time	Received by:	Company
FRANK CALVO		04-20-07	P3:16	[signature]	WCAS
Relinquished by:	Company:	Date	Time	Received by:	Company
Relinquished by:	Company:	Date	Time	Received by:	Company

NOTES: Samples [illegible] discarded 30 days after invoicing unless notified in writing or high hazard.
All services provided will adhere to the WCAS Terms & Conditions found on the back.

W[illegible] Copy - WCAS • *Yellow* - Report • *Pink* - Client

WCAS Job No 6 9 28

United States Compliance

March 16, 2007

Ray Wetter
KIK-SoCal Inc.
9028 Dice Road
Santa Fe Springs, CA 90670

Re: Storm Water Sampling Results

Dear Ray,

Enclosed with this letter you will find KIK-SoCal Inc.'s storm water sampling lab results and results write-up. The samples were taken on February 20, 2007, in the form of several grab samples.

EPA benchmark limits for zinc at both sampling points were exceeded. Please review your facility's Storm Water Pollution Prevention Plan and review the Best Management Practices (BMPs) listed within your plan and see if the BMPs within the plan need to be adjusted.

No further sampling is required for this reporting year as these last set of results meet the wet season sampling requirements for this reporting year.

If you have any questions or concerns in regards to this, please feel free to contact me at U.S. Compliance or by email at dnickel@uscompliance.com.

Sincerely,

David Nickel
Environmental Specialist

Enclosures

cc: Miranda Clark, Environmental Specialist – U.S. Compliance Corporation

KIK-SoCal Inc. Storm Water Sampling Results

Sampling was completed on February 20, 2007, in the form of several grab samples for specific conductance, total organic carbon, pH, total suspended solids, zinc, nitrate + nitrite nitrogen, and oil and grease. Samples were taken from the outfall discharging to the Northwest Gate and Northeast Drain on KIK-SoCal Inc.'s property.

Lab Results – NW Gate

Parameter:	Result:	EPA Benchmark Limit:	Unit:
pH	8.2	6.0-9.0	pH Units
Total Suspended Solids	60.9	100	mg/L
Specific Conductance	103	200	umho/cm
Oil & Grease	ND	15	mg/L
Total Organic Carbon	ND	110	mg/L
Zinc	0.856	0.117	mg/L
Nitrate + Nitrite N	1.2	0.68	mg/L

Lab Results – NE Drain

Parameter:	Result:	EPA Benchmark Limit:	Unit:
pH	7.3	6.0-9.0	pH Units
Total Suspended Solids	18	100	mg/L
Specific Conductance	105	200	umho/cm
Oil & Grease	ND	15	mg/L
Total Organic Carbon	ND	110	mg/L
Zinc	0.750	0.117	mg/L
Nitrate + Nitrite N	1.2	0.68	mg/L

United States Compliance Corporation
301 Carlson Parkway • Suite 200 • Minnetonka MN 55305 • Phone 952 252 3000 • Fax 952 252 3001
www uscompliance com

Pace Analytical Services, Inc
1700 Elm Street, Suite 200
Minneapolis, MN 55414
Phone (612)607-1700
Fax (612)607-6444

ANALYTICAL RESULTS

Project KIK SO CAL
Pace Project No 1046714

Sample: STORM WATER SAMPLES NW **Lab ID: 1046714001** Collected Received 02/20/07 08 35 Matrix Water

Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No	Qual
200.7 MET ICP	Analytical Method EPA 200 7		Preparation Method EPA 200 7					
Zinc	**856**	ug/L	20 0	1	02/22/07 00 00	02/26/07 10 50	7440-66-6	
120.1 Specific Conductance	Analytical Method EPA 120 1							
Specific Conductance	**103**	umhos/cm	1 0	1		02/22/07 20 05		
150.1 pH	Analytical Method EPA 150.1							
pH	**8.2**	Std Units		1		02/21/07 13 24		H6
160.2 Total Suspended Solids	Analytical Method EPA 160 2							
Total Suspended Solids	**60.9**	mg/L	10 0	1		02/21/07 00 00		
1664 HEM, Oil and Grease	Analytical Method EPA 1664 OG							
Oil and Grease	ND	mg/L	7 1	1		02/27/07 07 24		
353.1 Nitrate + Nitrite pres.	Analytical Method EPA 353 1							
Nitrogen, NO2 plus NO3	**1 2**	mg/L	0 10	1		02/22/07 19 36		

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ANALYTICAL RESULTS

Project: KIK SO CAL
Pace Project No. 1046714

Sample: STORM WATER SAMPLES NE **Lab ID: 1046714002** Collected Received 02/20/07 08 35 Matrix Water

Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No	Qual
200.7 MET ICP	Analytical Method EPA 200 7		Preparation Method EPA 200 7					
Zinc	**750**	ug/L	20 0	1	02/22/07 00 00	02/26/07 11 02	7440-66-6	
120.1 Specific Conductance	Analytical Method EPA 120 1							
Specific Conductance	**105**	umhos/cm	1 0	1		02/22/07 20 05		
150.1 pH	Analytical Method EPA 150 1							
pH	**7.3**	Std Units		1		02/21/07 13 24		H6
160 2 Total Suspended Solids	Analytical Method EPA 160 2							
Total Suspended Solids	**18.0**	mg/L	10 0	1		02/21/07 00 00		
1664 HEM, Oil and Grease	Analytical Method EPA 1664 OG							
Oil and Grease	ND	mg/L	7 1	1		02/27/07 07 24		
353.1 Nitrate + Nitrite pres.	Analytical Method EPA 353 1							
Nitrogen, NO2 plus NO3	**1.2**	mg/L	0 10	1		02/22/07 19 36		

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QUALITY CONTROL DATA

Project KIK SO CAL
Pace Project No 1046714

QC Batch WET/8861 Analysis Method EPA 150 1
QC Batch Method EPA 150 1 Analysis Description 150 1 pH
Associated Lab Samples 1046714001, 1046714002

LABORATORY CONTROL SAMPLE. 312771

Parameter	Units	Spike Conc	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
pH	Std Units	5	5 0	99	98-102	H6

SAMPLE DUPLICATE 312772

Parameter	Units	1046724002 Result	Dup Result	RPD	Qualifiers
pH	Std Units	10 2	10 2	0	H6

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QUALITY CONTROL DATA

Project KIK SO CAL
Pace Project No : 1046714

QC Batch WET/8862 | Analysis Method EPA 160 2
QC Batch Method EPA 160 2 | Analysis Description 160 2 Total Suspended Solids
Associated Lab Samples 1046714001, 1046714002

METHOD BLANK 312774
Associated Lab Samples 1046714001, 1046714002

Parameter	Units	Blank Result	Reporting Limit	Qualifiers
Total Suspended Solids	mg/L	ND	10 0	

METHOD BLANK 312778
Associated Lab Samples 1046714001, 1046714002

Parameter	Units	Blank Result	Reporting Limit	Qualifiers
Total Suspended Solids	mg/L	ND	10 0	

LABORATORY CONTROL SAMPLE 312775

Parameter	Units	Spike Conc	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
otal Suspended Solids	mg/L	100	93 1	93	80-120	

SAMPLE DUPLICATE 312776

Parameter	Units	1046733001 Result	Dup Result	RPD	Qualifiers
Total Suspended Solids	mg/L	ND	ND	75	D7

SAMPLE DUPLICATE 312777

Parameter	Units	1046727001 Result	Dup Result	RPD	Qualifiers
Total Suspended Solids	mg/L	84 8	82 8	2	

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QUALITY CONTROL DATA

Project KIK SO CAL
Pace Project No 1046714

QC Batch WETA/4629 — Analysis Method EPA 353 1
QC Batch Method EPA 353 1 — Analysis Description 353 1 Nitrate + Nitrite, preserved
Associated Lab Samples. 1046714001, 1046714002

METHOD BLANK 313168

Associated Lab Samples 1046714001, 1046714002

Parameter	Units	Blank Result	Reporting Limit	Qualifiers
Nitrogen, NO2 plus NO3	mg/L	ND	0 10	

LABORATORY CONTROL SAMPLE 313169

Parameter	Units	Spike Conc	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Nitrogen, NO2 plus NO3	mg/L	1	1 0	101	90-110	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE 313170 313171

Parameter	Units	1045638001 Result	MS Spike Conc	MSD Spike Conc	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Qual
ogen, NO2 plus NO3	mg/L	0 13	1	1	0 71	0 70	58	57	80-120	1	M0

SAMPLE DUPLICATE 313172

Parameter	Units	1045638002 Result	Dup Result	RPD	Qualifiers
Nitrogen, NO2 plus NO3	mg/L	079	0 83	5	

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QUALITY CONTROL DATA

Project KIK SO CAL
Pace Project No : 1046714

QC Batch WET/8871 Analysis Method EPA 120 1
QC Batch Method EPA 120 1 Analysis Description 120 1 Specific Conductance
Associated Lab Samples 1046714001, 1046714002

METHOD BLANK 313190
Associated Lab Samples 1046714001, 1046714002

Parameter	Units	Blank Result	Reporting Limit	Qualifiers
Specific Conductance	umhos/cm	ND	1 0	

LABORATORY CONTROL SAMPLE 313191

Parameter	Units	Spike Conc	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Specific Conductance	umhos/cm	1000	986	99	90-110	

SAMPLE DUPLICATE 313192

Parameter	Units	1046213001 Result	Dup Result	RPD	Qualifiers
Specific Conductance	umhos/cm	280	273	3	

SAMPLE DUPLICATE 313193

Parameter	Units	1046714002 Result	Dup Result	RPD	Qualifiers
Specific Conductance	umhos/cm	105	108	3	

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QUALITY CONTROL DATA

Project KIK SO CAL.
Pace Project No 1046714

QC Batch MPRP/8413 — Analysis Method EPA 200 7
QC Batch Method EPA 200 7 — Analysis Description 200 7 MET
Associated Lab Samples 1046714001, 1046714002

METHOD BLANK 313271
Associated Lab Samples 1046714001, 1046714002

Parameter	Units	Blank Result	Reporting Limit	Qualifiers
Zinc	ug/L	ND	20 0	

LABORATORY CONTROL SAMPLE 313272

Parameter	Units	Spike Conc	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Zinc	ug/L	1000	1140	114	85-115	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE 313273 313274

Parameter	Units	1046714001 Result	MS Spike Conc	MSD Spike Conc	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Qual
nc	ug/L	856	1000	1000	1960	1980	110	112	70-130	1	

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QUALITY CONTROL DATA

Project KIK SO CAL
Pace Project No 1046714

QC Batch WET/8905 | Analysis Method EPA 1664 OG
QC Batch Method EPA 1664 OG | Analysis Description 1664 HEM, Oil and Grease
Associated Lab Samples 1046714001, 1046714002

METHOD BLANK 313932
Associated Lab Samples 1046714001, 1046714002

Parameter	Units	Blank Result	Reporting Limit	Qualifiers
Oil and Grease	mg/L	ND	5 0	

LABORATORY CONTROL SAMPLE & LCSD 313933 313934

Parameter	Units	Spike Conc	LCS Result	LCSD Result	LCS % Rec	LCSD % Rec	% Rec Limits	RPD	Max RPD	Qualifiers
Oil and Grease	mg/L	40	37 8	34 7	94	87	78-114	9	18	

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QUALIFIERS

Project KIK SO CAL
Pace Project No 1046714

DEFINITIONS

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to changes in sample preparation, dilution of the sample aliquot, or moisture content

ND - Not Detected at or above adjusted reporting limit

J - Estimated concentration above the adjusted method detection limit and below the adjusted reporting limit

MDL - Adjusted Method Detection Limit

S - Surrogate

1,2-Diphenylhydrazine (8270 listed analyte) decomposes to Azobenzene

Consistent with EPA guidelines, unrounded data are displayed and have been used to calculate % recovery and RPD values

LCS(D) - Laboratory Control Sample (Duplicate)

MS(D) - Matrix Spike (Duplicate)

DUP - Sample Duplicate

RPD - Relative Percent Difference

NC - Not Calculable

ANALYTE QUALIFIERS

D7	The sample and/or duplicate results for this parameter are less than the reporting limit, calculations are based on estimated values and may be statistically unreliable
H6	Analysis initiated more than 15 minutes after sample collection
M0	Matrix spike recovery was outside laboratory control limits

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1241 Bellevue Street, Suite 9
Green Bay, WI 54302
920-469-2436, Fax 920-469-8827

Analytical Report Number: 881114

Client: PACE ANALYTICAL SERVICES
Lab Contact: Brian Basten

Project Name: KEYS

Project Number: 1046921

Lab Sample Number	Field ID	Matrix	Collection Date
881114-001	WATER 1046921001	WATER	02/22/07 18 00

MS/MSD: If the Form 3 header for the MS/MSD QC indicates that the MS/MSD was "Batch QC", then the MS/MSD results may not be directly applicable to your samples

I certify that the data contained in this Final Report has been generated and reviewed in accordance with approved methods and Laboratory Standard Operating Procedure. Exceptions, if any, are discussed in the accompanying sample comments. Release of this final report is authorized by Laboratory management, as is verified by the following signature. This report shall not be reproduced, except in full, without the written consent of Pace Analytical Services, Inc. The sample results relate only to the analytes of interest tested.

Approval Signature

3-6-07
Date

Pace Analytical Services, Inc.

1241 Bellevue Street
Green Bay, WI 54302
920-469-2436

Analytical Report Number: 881114

Client : PACE ANALYTICAL SERVICES
Project Name : KEYS
Project Number : 1046921
Field ID : WATER 1046921001

Matrix Type : WATER
Collection Date : 02/22/07
Report Date : 03/06/07
Lab Sample Number : 881114-001

INORGANICS

Test		Result	EQL	Dilution	Units	Code	Anl Date	Prep Method	Anl Method
TOC as NPOC	<	2 0	2 0	1	mg/L		03/06/07	SM 5310C	SM 5310C

Qualifier Codes

Flag	Applies To	Explanation
A	Inorganic	Analyte is detected in the method blank Method blank criteria is evaluated to the laboratory method detection limit. Additionally, method blank acceptance may be based on project specific criteria or determined from analyte concentrations in the sample and are evaluated on a sample by sample basis
B	Inorganic	The analyte has been detected between the method detection limit and the reporting limit
B	Organic	Analyte is present in the method blank Method blank criteria is evaluated to the laboratory method detection limit Additionally, method blank acceptance may be based on project specific criteria or determined from analyte concentrations in the sample and are evaluated on a sample by sample basis.
C	All	Elevated detection limit
D	All	Analyte value from diluted analysis or surrogate result not applicable due to sample dilution
E	Inorganic	Estimated concentration due to matrix interferences. During the metals analysis the serial dilution failed to meet the established control limits of 0-10%. The sample concentration is greater than 50 times the IDL for analysis done on the ICP or 100 times the IDL for analysis done on the ICP-MS The result was flagged with the E qualifier to indicate that a physical interference was observed
E	Organic	Analyte concentration exceeds calibration range
F	Inorganic	Due to potential interferences for this analysis by Inductively Coupled Plasma techniques (SW-846 Method 6010), this analyte has been confirmed by and reported from an alternate method
F	Organic	Surrogate results outside control criteria
G	All	The result is estimated because the concentration is less than the lowest calibration standard concentration utilized in the initial calibration. The method detection limit is less than the reporting limit specified for this project
H	All	Preservation, extraction or analysis performed past holding time.
HF	Inorganic	This test is considered a field parameter, and the recommended holding time is 15 minutes from collection The analysis was performed in the laboratory beyond the recommended holding time
J	All	Concentration detected equal to or greater than the method detection limit but less than the reporting limit
K	Organic	Detection limit may be elevated due to the presence of an unrequested analyte
L	All	Elevated detection limit due to low sample volume
M	Organic	Sample pH was greater than 2
N	All	Spiked sample recovery not within control limits
O	Organic	Sample received overweight
P	Organic	The relative percent difference between the two columns for detected concentrations was greater than 40%
Q	All	The analyte has been detected between the limit of detection (LOD) and limit of quantitation (LOQ) The results are qualified due to the uncertainty of analyte concentrations within this range
S	Organic	The relative percent difference between quantitation and confirmation columns exceeds internal quality control criteria Because the result is unconfirmed, it has been reported as a non-detect with an elevated detection limit
U	All	The analyte was not detected at or above the reporting limit
V	All	Sample received with headspace.
W	All	A second aliquot of sample was analyzed from a container with headspace
X	All	See Sample Narrative
Z	Organics	This compound was separated in the check standard but it did not meet the resolution criteria as set forth in SW846
&	All	Laboratory Control Spike recovery not within control limits
*	All	Precision not within control limits
+	Inorganic	The sample result is greater than four times the spike level therefore, the percent recovery is not evaluated
<	All	The analyte was not detected at or above the reporting limit
1	Inorganic	Dissolved analyte or filtered analyte greater than total analyte, analyses passed QC based on precision criteria
2	Inorganic	Dissolved analyte or filtered analyte greater than total analyte, analyses failed QC based on precision criteria
3	Inorganic	BOD result is estimated due to the BOD blank exceeding the allowable oxygen depletion
4	Inorganic	BOD duplicate precision not within control limits Due to the 48 hour holding time for this test, it is not practical to reanalyze and try to correct the deficiency.
5	Inorganic	BOD result is estimated due to insufficient oxygen depletion. Due to the 48 hour holding time for this test, it is not practical to reanalyze and try to correct the deficiency
6	Inorganic	BOD laboratory control sample not within control limits Due to the 48 hour holding time for this test, it is not practical to reanalyze and try to correct the deficiency
7	Inorganic	BOD result is estimated due to complete oxygen depletion Due to the 48 hour holding time for this test, it is not practical to reanalyze and try to correct the deficiency.
8	Inorganic	Sample was received unpreserved Sample was preserved either at the time of receipt or at the time of sample preparation
9	Inorganic	Sample was received with insufficient preservation Acid was added either at the time of receipt or at the time of sample preparation

Test Group Name	881114-001
TOC AS NPOC	B

Code	MN Certification
B	055-999-334

Sample Condition Upon Receipt

Pace Analytical

Client Name: Pace Project # 881114

Courier: [X] Fed Ex [ ] UPS [ ] USPS [ ] Client [ ] Commercial [ ] Pace Other _____

Optional: Proj. Due Date: Proj. Name:

Tracking #: _____

Custody Seal on Cooler/Box Present: [ ] yes [X] no Seals intact [ ] yes [ ] no

Packing Material: [ ] Bubble Wrap [X] Bubble Bags [ ] None [ ] Other _____

Thermometer Used JB Type of Ice: (Wet) Blue None [ ] Samples on ice, cooling process has begun

Cooler Temperature 2.0 Biological Tissue is Frozen: Yes No

Date and Initials of person examining contents: LM 2-24-07 CK 2-24-07

Temp should be above freezing to 6°C

		Comments:
Chain of Custody Present	[X]Yes [ ]No [ ]N/A	1
Chain of Custody Filled Out:	[X]Yes [ ]No [ ]N/A	2
Chain of Custody Relinquished:	[X]Yes [ ]No [ ]N/A	3
Sampler Name & Signature on COC.	[ ]Yes [X]No [ ]N/A	4.
Samples Arrived within Hold Time:	[X]Yes [ ]No [ ]N/A	5.
Short Hold Time Analysis (<72hr):	[ ]Yes [X]No [ ]N/A	6.
Rush Turn Around Time Requested:	[X]Yes [ ]No [ ]N/A	7 Date Needed 3-7-07 DC 2-24-07
Sufficient Volume:	[X]Yes [ ]No [ ]N/A	8
Correct Containers Used:	[X]Yes [ ]No [ ]N/A	9.
-Pace Containers Used	[X]Yes [ ]No [ ]N/A	
Containers Intact.	[X]Yes [ ]No [ ]N/A	10.
Filtered volume received for Dissolved tests	[ ]Yes [ ]No [X]N/A	11.
Sample Labels match COC:	[X]Yes [ ]No [ ]N/A	12.
-Includes date/time/ID/Analysis Matrix: W		
All containers needing preservation have been checked.	[ ]Yes [ ]No [X]N/A	13
All containers needing preservation are found to be in compliance with EPA recommendation	[ ]Yes [ ]No [X]N/A	
exceptions: VOA, coliform, TOC, O&G, WI-DRO (water)	[ ]Yes [ ]No	Initial when completed / Lot # of added preservative
Samples checked for dechlorination	[ ]Yes [ ]No [X]N/A	14.
Headspace in VOA Vials (>6mm):	[ ]Yes [ ]No [X]N/A	15.
Trip Blank Present	[ ]Yes [X]No [ ]N/A	16
Trip Blank Custody Seals Present	[ ]Yes [ ]No [X]N/A	
Pace Trip Blank Lot # (if purchased) _____		

Client Notification/ Resolution: Field Data Required? Y / N

Person Contacted: _____ Date/Time. _____

Comments/ Resolution: _____

Project Manager Review: _____ **Date:** 2-26-07

Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i e out of hold, incorrect preservative, out of temp, incorrect containers)

UPPER MIDWEST REGION
MN 612-607-1700 WI 920-469-2436

JY

COC No.

Pace Analytical
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CHAIN OF CUSTODY

*Preservation Codes
A=None B=HCL C=H2SO4 D=HNO3 E=DI Water F=Methanol G=NaOH
H=Sodium Bisulfate Solution I=Sodium Thiosulfate J=Other

(Please Print Clearly)	
Company Name.	Pace Analytical
Branch/Location.	MN
Project Contact:	Paul Kirchberg
Phone:	(612) 607-6323
Fax:	(612) 607-6444
Email:	paul.kirchberg@pacelabs.com
Project Number.	1046921
Project Name.	Taylors Falls - Test Wells
Needed by:	3/7/2007
PO #:	
Regulatory Program	

Quote #:	
Mail To Contact:	Paul Kirchberg
Mail To Company:	Pace Analytical
Mail To Address:	1700 Elm Street Suite 200 Minneapolis, MN 55414
Invoice To Contact:	same as above
Invoice To Company:	
Invoice To Address:	
Invoice To Phone:	

Data Package Options (billable)
EPA Level III
EPA Level IV

MS/MSD
On your sample (billable)
NOT needed on your sample

Matrix Codes
A = Air, W = Water, B = Biota, DW = Drinking Water, C = Charcoal, GW = Ground Water, O = Oil, SW = Surface Water, S = Soil, WW = Waste Water, SL = Sludge, WP = Wipe

PACE LAB #	CLIENT FIELD ID	COLLECTION DATE	COLLECTION TIME	MATRIX	FILTERED? (YES/NO) Y/N	PRESERVATION (CODE)* Pick Letter	Analyses Requested: TOC	CLIENT COMMENTS	LAB COMMENTS (Lab Use Only)	Profile #
						A				
						C				
001	Water	2/22/07	1800	W			x		1-250mL	

Comments	Sampled By (signed)	Sampled By (please print)	PACE Project No
subbed to GB	Relinquished By / Date/Time: 2/23/07 1700	Received By / Date/Time	881114
	Relinquished By: PKirchberg PASI-MN / Date/Time	Received By: Fed Ex / Date/Time	Receipt Temp = 2.0 °C
	Relinquished By: Fed Ex 2-24-07 0930 / Date/Time	Received By: Debbie Merkh 2-24-07 0930 / Date/Time	Sample Receipt pH OK / Adjusted
Samples on HOLD are subject to special pricing and release of liability	Relinquished By / Date/Time	Received By / Date/Time	Cooler Custody Seal Present / Not Present; Intact / Intact

C(,27Jun2006)

Version 6.0 06/14/0

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CHAIN-OF-CUSTODY / Analytical Request Document

The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields must be completed accurately.

1046714

Page: of 1013600

Section A Required Client Information	Section B Required Project Information	Section C Invoice Information
Company: KIK SoCAL.	Report To: David Nickel	Attention
Address: 9028 Dice Rd.	Copy To	Company Name
Santa Fe Spring CA 90670		Address
Email To	Purchase Order No	Pace Quote Reference
Phone: (562) 9466427 Fax	Project Name	Pace Project Manager
Requested Due Date/TAT:	Project Number	Pace Profile #

REGULATORY AGENCY

☐ NPDES ☐ GROUND WATER ☐ DRINKING WATER
☐ UST ☐ RCRA ☐ Other_____

SITE LOCATION ☐GA ☐IL ☐IN ☐MI ☐MN ☐NC ☐OH ☐SC ☐WI ☐OTHER_____

Section D Required Client Information

SAMPLE ID

One Character per box (A-Z, 0-9 / .-)
Samples IDs MUST BE UNIQUE

Valid Matrix Codes: MATRIX / CODE — DRINKING WATER DW; WATER WT; WASTE WATER WW; PRODUCT P; SOIL/SOLID SL; OIL OL; WIPE WP; AIR AR; OTHER OT; TISSUE TS

Filtered (Y/N)

Requested Analysis.

ITEM #	SAMPLE ID	MATRIX CODE	SAMPLE TYPE G=GRAB C=COMP	COLLECTED COMPOSITE START DATE	COMPOSITE START TIME	COMPOSITE END/GRAB DATE	COMPOSITE END/GRAB TIME	SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Unpreserved	H_2SO_4	HNO_3	HCl	NaOH	$Na_2S_2O_3$	Methanol	Other	TSS	pH	Spec Cond.	Nitrate+Nitrite	Zn	CaCO3	TOC	Residual Chlorine (Y/N)	Pace Project Number / Lab I.D
1	STORM WATER SAMPLES NW																	X	X	X	X	X	X	X		001
2	" " " NE			2/20/07														X	X	X	X	X	X	X		002
3																										
4																										
5																										
6																										
7																										
8																										
9																										
10																										
11																										
12																										

2/20/07 per David Nickel

RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME	SAMPLE CONDITION			
			[signature]	2/20/07	8:35	14.4	Y/N	Y/N	Y/N
							Y/N	Y/N	Y/N
							Y/N	Y/N	Y/N
							Y/N	Y/N	Y/N
						Temp in °C	Received on Ice	Custody Sealed Cooler	Samples Intact

Additional Comments:

Randomly split into 2 samples, one called NE & one called NW, per David Nickel @ US compliance.

2/20/07

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: FRANCISCO CALVO.

SIGNATURE of SAMPLER: [signature] CALVO

DATE Signed (MM / DD / YY)

SEE REVERSE SIDE FOR INSTRUCTIONS

Sample Condition Upon Receipt

Pace Analytical

Client Name: KiK International Project # 1046714

Courier: ☒ Fed Ex ☐ UPS ☐ USPS ☐ Client ☐ Commercial ☐ Pace Other _____

Tracking #: 7929 3599 3039

Optional: Proj. Due Date: Proj. Name:

Custody Seal on Cooler/Box Present: ☐ yes ☒ no Seals intact ☐ yes ☐ no

Packing Material: ☐ Bubble Wrap ☒ Bubble Bags ☐ None ☐ Other _____

Thermometer Used 230194010 Type of Ice: Wet Blue (None) ☐ Samples on ice, cooling process has begun

Cooler Temperature 14.4 Biological Tissue is Frozen: Yes No

Date and Initials of person examining contents: 2/20/07

Temp should be above freezing to 6°C

			Comments:
Chain of Custody Present	☒Yes	☐No ☐N/A	1
Chain of Custody Filled Out	☐Yes	☐No ☐N/A	2 There is no tests date's
Chain of Custody Relinquished	☐Yes	☐No ☐N/A	3 or times.
Sampler Name & Signature on COC	☒Yes	☐No ☐N/A	4
Samples Arrived within Hold Time:	☐Yes	☐No ☐N/A	5
Short Hold Time Analysis (<72hr):	☐Yes	☐No ☐N/A	6
Rush Turn Around Time Requested:	☐Yes	☐No ☐N/A	7
Sufficient Volume	☒Yes	☐No ☐N/A	8.
Correct Containers Used.	☒Yes	☐No ☐N/A	9.
-Pace Containers Used.	☒Yes	☐No ☐N/A	
Containers Intact:	☒Yes	☐No ☐N/A	10
Filtered volume received for Dissolved tests	☐Yes	☐No ☐N/A	11
mple Labels match COC:	☐Yes	☐No ☐N/A	12 There are NO labels on bottles
-Includes date/time/ID/Analysis Matrix _____			
All containers needing preservation have been checked	☒Yes	☐No ☐N/A	13
All containers needing preservation are found to be in compliance with EPA recommendation	☒Yes	☐No ☐N/A	
exceptions VOA, coliform, TOC, O&G, WI-DRO (water)	☐Yes	☐No	Initial when completed JL / Lot # of added preservative
Samples checked for dechlorination.	☐Yes	☐No ☐N/A	14
Headspace in VOA Vials (>6mm).	☐Yes	☐No ☐N/A	15.
Trip Blank Present:	☐Yes	☐No ☐N/A	16
Trip Blank Custody Seals Present	☐Yes	☐No ☐N/A	
Pace Trip Blank Lot # (if purchased): _____			

Client Notification/ Resolution: Field Data Required? Y / N

Person Contacted: _____ Date/Time _____

Comments/ Resolution _____

Project Manager Review: _____ **Date:** 2/20/07

Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i e out of hold, incorrect preservative, out of temp, incorrect containers)

March 21, 2006

KIK International
9028 Dice Rd
Santa Fe Springs, CA 90670

Attn Derrell Johnson

Job No: 84924 DL

LABORATORY REPORT

Samples Received. Eight (8) Samples
Date Received: 02/28/2006
Purchase Order No: 31125

The samples were analyzed as follows:

Analysis	Page
Nitrate and Nitrite by EPA 300.0	2 - 3
pH by EPA 150.1	4 - 5
Total Suspended Solids by EPA 160.2	4 - 5
Conductivity by EPA 120.1	4 - 5
Hexane Extractable Materials by EPA 1664	4 - 5
Surfactants by SM 5540 C	4 - 5
Zinc by SOP 7040, Rev 8	6

D J. Northington, Ph.D.
Technical Director

Michael Shelton
Senior Staff Chemist

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9240 Santa Fe Springs Road • Santa Fe Springs, CA 90670 • Tel 562 948 2225 Fax 562 948 5850 • wcas com

KIK International
Attn: Derrell Johnson

Job No: 84924
March 21, 2006

Nitrate and Nitrite by EPA 300.0
Ion Chromatography-Suppressed Conductivity

Column:	Dionex AS9-SC/AG9-SC
Eluent:	2.0 mM Na_2CO_3, 0.75 mM $NaHCO_3$
Flow:	2.0 mL/min
Injection:	300 µL
Detection:	Suppressed Conductivity

The samples were diluted 1:10 with water for analysis.

Sample ID	Nitrite mg/L	Nitrite as N mg/L	Nitrate mg/L	Nitrate as N mg/L
N. Gate	1.0	0.30	1.3	0.29
NE Area Sump	0.5	0.15	5.2	1.17
Method Blank	ND	ND	ND	ND
Detection Limit	0.2	0.06	0.2	0.05

Date Analyzed: 02-28-06

Calibration Summary

Sample ID: 1 ppm Reference Standard

Analyte	Result	% Rec	% Rec Limits
Nitrite	0.98	98	90 - 110
Nitrate	0.98	98	90 - 110

Standard Curves (n = 5) $r^2 > 0.999$ for all anions.
Date Analyzed: 02-28-06

Quality Control Summary

Sample ID: N. Gate

Analyte	Sample Result	Duplicate Result	Average Result	Sample RPD	RPD Limit
Nitrite	1.0	1.1	1.1	9	11
Nitrate	1.3	1.3	1.3	0	15

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WCAS

KIK International
Attn: Derrell Johnson

Job No: 84924
March 21, 2006

Quality Control Summary (Continued)

Sample ID: NE Area Sump

Analyte	Sample Result	Spike Conc	Spike Result	Spike % Rec	Spike Dup Result	Spike Dup % Rec	Spike RPD
Nitrite	0.5	5.0	5.1	92	5.1	92	0
Nitrate	5.2	5.0	10.2	100	10.2	100	0

Quality Control Guidelines

Analyte	% Rec Limits	RPD Limits
Nitrite	72 - 123	11
Nitrate	67 - 126	15

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WCAS

KIK International
Attn: Derrell Johnson

Job No: 84924
March 21, 2006

Sample ID: N. Gate

Analysis	Result	Units	Method	Detection Limit
pH	11.22	Units	EPA 150.1	N/A
Total Suspended Solids	20	mg/L	EPA 160.2	1
Conductivity	3190	µmho/cm	EPA 120.1	1
Hexane Extractable Materials	38.3	mg/L	EPA 1664	0.3
Surfactants	6.9	mg/L	SM 5540 C	0.1

Sample ID: NE Area Sump

Analysis	Result	Units	Method	Detection Limit
pH	9.75	Units	EPA 150.1	N/A
Total Suspended Solids	3.5	mg/L	EPA 160.2	0.5
Conductivity	1390	µmho/cm	EPA 120.1	1
Hexane Extractable Materials	3.0	mg/L	EPA 1664	0.3
Surfactants	0.15	mg/L	SM 5540 C	0.1

Dates Analyzed: 02-28-06 to 03-08-06

This report is to be reproduced in its entirety.

KIK International
Attn: Derrell Johnson

Job No: 84924
March 21, 2006

Quality Control Summary

Sample ID: Batch QC

Analyte	Sample Result	Duplicate Result	Difference	Difference Limit
pH	7.58	7.51	0.07	± 0.10

Sample ID: Batch QC

Analyte	Sample Result	Duplicate Result	Sample RPD	RPD Limit
Conductivity	397	390	2	20

Sample ID: Batch QC

Analyte	Sample Result	Duplicate Result	Sample RPD	RPD Limit
Total Suspended Solids	38	41	8	20

Sample ID: Laboratory Fortified Blank

Analyte	Blank Result	Spike Conc	Spike Result	Spike % Rec	Spike Dup Result	Spike Dup % Rec	Spike RPD
Hexane Extractable Materials	ND	40.1	38.0	95	40.7	101	6
QC Guidelines				78-114		78-114	7

Sample ID: NE Area Sump

Analyte	Sample Result	Duplicate Result	Sample RPD	Spike Conc	Spike Result	Spike % Rec
Surfactants	0.16	0.15	7	2.00	1.99	92
QC Guidelines			20			10 - 162

This report is to be reproduced in its entirety.

WCAS

KIK International
Attn: Derrell Johnson

Job No: 84924
March 21, 2006

Zinc by SOP 7040, Rev 8
Quantitative Analysis Report
Inductively Coupled Plasma-Mass Spectrometry

Parts Per Million (mg/L)

Sample ID	Zinc
N. Gate	0 339
NE Area Sump	0.045
Detection Limit:	0.002

Date Analyzed: 03-02-06

Quality Control Summary

Sample: NE Area Sump

Analyte	Sample Result	Duplicate Result	Average Result	Sample RPD	Spike Conc	Spike Result	Spike % Rec
Zinc	0.045	0.046	0.0455	2.2	1.0	1.01	96

Date Analyzed: 03-02-06

This report is to be reproduced in its entirety

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Chain-of Custody

Mail Report to the following:
Company: KIK INTERNATIONAL
Contact: DERRAL JOHNSON
Address: 9028 DICE RD.
Address:
City/St/Zip: S.F.S. CA 90670
Phone: (562) 906-2211 Fax:

Project Information:
Project Manager:
Project Name:
Project No.:
Purchase Order No.:
Purchasing Contact:
Purchasing Phone No. :

West Coast Analytical Service, Inc.
9240 Santa Fe Springs Rd
Santa Fe Springs, CA 90670
562.948.2225 fax 562.948.5850
wcas.com

Turn-around-time
☐ Normal (7-10 work days)
☐ Rush 5 day
☐ Rush 3 day
☐ Rush 1 day
} *Extra Charge*

Hazards:

If there are multiple choices for an item please circle one.

Comments:

Sampler's Name(s):

Sample Identification	Sampling Date	Sampling Time	Preservation	# of Containers	Check One: Water / Drinking / Ground / Waste	Check One: Soil	Check One: Waste	Check One: Other	CCR Metals: TTLC STLC -	RCRA Metals: Totals TCLP	Hexavalent Chromium: 218.6 7199	Total Chromium by ICPMS	Volatile Organics by GCMS	Semivolatile Organics by GCMS	Organochlorine Pest./PCB	Hydrocarbons by 8015M	Hexane Ext by 1664: HEM SGT/HEM	Remarks
N. GATE	2/27	1600																
N. GATE	2/27	1600																
N. GATE	2/27	1600																
N. GATE	2/27	1600																
* N AREA	2-27	1600																
* N AREA	2/27	1600																
* N AREA	2/27	1600																
* N AREA	2/27	1600																
* 02-28-06 KM Rec'd as																		
NE Area Sump																		

Relinquished by	Company	Date	Time	Received by:	Company
Robert D. Green	KIK	2/28/06	830		
Relinquished by:	Company COURIER	Date 02 28 06	Time 0900	Received by:	Company WCAS
Relinquished by.	Company	Date	Time	Received by:	Company

NOTES: Samples will be discarded 30 days after invoicing unless notified in writing or high hazard
All services provided will adhere to the WCAS Terms & Conditions found on the back.

White Copy - WCAS • *Yellow* - Report • *Pink* - Client

WCAS Job No. № 84924

November 4, 2005

KIK International
9028 Dice Rd
Santa Fe Springs, CA 90670

Attn: Darrel Johnson

Job No: 82048 SL

LABORATORY REPORT

Samples Received: Six (6) Samples
Date Received: 10/20/2005
Purchase Order No: 31068

The samples were analyzed as follows:

Analysis	Page
Anions by EPA 300.0	2 - 3
Total Suspended Solids by EPA 160.2	4 - 5
Conductivity by EPA 120.1	4 - 5
pH by EPA 150.1	4 - 5
Hexane Extractable Materials by EPA 1664	4 - 5
Surfactants by SM 5540 C	4 - 5
Zinc by SOP 7040, Rev 8	6

Charles Jacks, Ph.D.
Senior Staff Chemist

Michael Shelton
Senior Staff Chemist

This report is to be reproduced in its entirety.

KIK International
Attn: Darrel Johnson

Job No: 82048
November 4, 2005

Anions by EPA 300.0
Ion Chromatography-Suppressed Conductivity

Column:	Dionex AS9-SC/AG9-SC
Eluent:	2 mM Na_2CO_3, 0.75 mM $NaHCO_3$
Flow:	2.0 mL/min
Injection:	300 µL
Detection:	Suppressed Conductivity

The samples were analyzed undiluted. One sample (Northwest Gate Area) had a very large amount of chloride which interfered with the assay of both nitrite and nitrate. For nitrate, the sample was diluted by 1:100 with water. For nitrite, the sample was diluted 1:300 with water, and also analyzed after treatment with a chloride removal cartridge at the 1:100 dilution. Nitrite spike recovery as nitrite was low for both methods of analyzing this sample. The nitrite spike was either partially or totally converted to nitrate in the spikes of this sample.

Sample ID	Nitrite mg/L	Detection Limit	Nitrate mg/L	Detection Limit
Northeast Drain	0.33	0.02	3.65	0.02
Northwest Gate Area	ND *	2	10	2
Method Blank	ND	0.02	ND	0.02
Chloride Removal Cartridge Blank	ND	2		

* Sample treated with chloride removal cartridge for nitrite analysis.

Date Analyzed: 10-20-05

Calibration Summary

Sample ID: 1 PPM Reference Standard

Analyte	Result	% Rec	% Rec Limits
Nitrite	1.02	102	90 - 110
Nitrate	1.01	101	90 - 110

Date Analyzed: 10-20-05

Standard Curves (n = 5) $r^2 > 0.999$ for all anions.

This report is to be reproduced in its entirety.

WCAS

KIK International
Attn: Darrel Johnson

Job No: 82048
November 4, 2005

Quality Control Summary (Continued)

Sample ID: Northeast Drain

Analyte	Sample Result	Spike Conc	Spike Result	Spike % Rec	Spike Dup Result	Spike Dup % Rec	Spike RPD
Nitrite	0.33	2.00	2.53	110	2.62	115	3
Nitrate	3.65	4.00	7.71	102	7.85	105	2

Quality Control Guidelines

Analyte	% Rec Limits	RPD Limits
Nitrite	72 - 123	11
Nitrate	67 - 126	15

Sample ID: Northwest Gate Area (Cl Removal Cartridge, 1:100 dilution)

Analyte	Sample Result as NO_2	Spike Conc	Spike Result as NO_2	Spike % Rec
Nitrite	ND	100	ND	0
Nitrate	8	0	107	99
Sum				99

Sample ID: Northwest Gate Area (untreated, 1:300 dilution)

Analyte	Sample Result as NO_2	Spike Conc	Spike Result as NO_2	Spike % Rec
Nitrite	ND	300	136	45
Nitrate	7	0	185	59
Sum				104

This report is to be reproduced in its entirety

KIK International
Attn: Darrel Johnson

Job No: 82048
November 4, 2005

Sample ID: Northwest Gate Area

Analysis	Result	Units	Method	Detection Limit
Total Suspended Solids	10	mg/L	EPA 160.2	2
Conductivity	17200	µmho/cm	EPA 120.1	1
pH	9.01	Units	EPA 150.1	N/A
Hexane Extractable Materials	33.8	mg/L	EPA 1664	0.3
Surfactants	37.1	mg/L	SM 5540 C	0.1

Sample ID: Northeast Drain

Analysis	Result	Units	Method	Detection Limit
Total Suspended Solids	12	mg/L	EPA 160.2	2
Conductivity	389	µmho/cm	EPA 120.1	1
pH	10 25	Units	EPA 150.1	N/A
Hexane Extractable Materials	4.2	mg/L	EPA 1664	0.3
Surfactants	0.54	mg/L	SM 5540 C	0.1

Dates Analyzed: 10-20-05 to 11-02-05

This report is to be reproduced in its entirety.

KIK International
Attn: Darrel Johnson

Job No: 82048
November 4, 2005

Quality Control Summary

Sample ID: Northeast Drain

Analyte	Sample Result	Duplicate Result	Difference	Difference Limit
pH	10.25	10.26	0.01	0.10

Sample ID: Batch QC

Analyte	Sample Result	Duplicate Result	Sample RPD	RPD Limit
Conductivity	39.8	40.5	2	20

Sample ID: Batch QC

Analyte	Sample Result	Duplicate Result	Sample RPD	RPD Limit
Total Suspended Solids	141	146	3	20

Sample ID: Laboratory Fortified Blank

Analyte	Blank Result	Spike Conc	Spike Result	Spike % Rec	Spike Dup Result	Spike Dup % Rec	Spike RPD
Hexane Extractable Materials	ND	40.1	30.6	76	30.0	75	2
QC Guidelines				73 - 109		73 - 109	7

Sample ID: Northeast Drain

Analyte	Sample Result	Duplicate Result	Sample RPD	Spike Conc	Spike Result	Spike % Rec
Surfactants	0.55	0.53	4	2.00	2.35	91
QC Guidelines			20			10 - 162

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WCAS

KIK International
Attn: Darrel Johnson

Job No: 82048
November 4, 2005

Zinc by SOP 7040, Rev 8
Quantitative Analysis Report
Inductively Coupled Plasma-Mass Spectrometry

Parts Per Million (mg/L)

Sample ID	Zinc
Northwest Gate Area	0.475
Northeast Drain	0.116
Detection Limit.	0.004

Date Analyzed: 10-24-05

Quality Control Summary

Sample: Northeast Drain

Analyte	Sample Result	Duplicate Result	Average Result	Sample RPD	Spike Conc	Spike Result	Spike % Rec
Zinc	0.116	0.111	0.1135	4.4	1.00	1.21	110

Date Analyzed: 10-24-05

This report is to be reproduced in its entirety.

WCAS

November 4, 2005

KIK International
9028 Dice Rd
Santa Fe Springs, CA 90670

Attn: Darrel Johnson

Job No: 82048 SL

LABORATORY REPORT

Samples Received: Six (6) Samples
Date Received: 10/20/2005
Purchase Order No: 31068

The samples were analyzed as follows:

Analysis	Page
Anions by EPA 300.0	2 - 3
Total Suspended Solids by EPA 160.2	4 - 5
Conductivity by EPA 120.1	4 - 5
pH by EPA 150.1	4 - 5
Hexane Extractable Materials by EPA 1664	4 - 5
Surfactants by SM 5540 C	4 - 5
Zinc by SOP 7040, Rev 8	6

Charles Jacks, Ph.D.
Senior Staff Chemist

Michael Shelton
Senior Staff Chemist

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KIK International
Attn: Darrel Johnson

Job No: 82048
November 4, 2005

Anions by EPA 300.0
Ion Chromatography-Suppressed Conductivity

Column:	Dionex AS9-SC/AG9-SC
Eluent:	2 mM Na_2CO_3, 0.75 mM $NaHCO_3$
Flow:	2.0 mL/min
Injection:	300 µL
Detection:	Suppressed Conductivity

The samples were analyzed undiluted. One sample (Northwest Gate Area) had a very large amount of chloride which interfered with the assay of both nitrite and nitrate. For nitrate, the sample was diluted by 1:100 with water. For nitrite, the sample was diluted 1:300 with water, and also analyzed after treatment with a chloride removal cartridge at the 1:100 dilution. Nitrite spike recovery as nitrite was low for both methods of analyzing this sample. The nitrite spike was either partially or totally converted to nitrate in the spikes of this sample.

Sample ID	Nitrite mg/L	Detection Limit	Nitrate mg/L	Detection Limit
Northeast Drain	0.33	0.02	3.65	0.02
Northwest Gate Area	ND *	2	10	2
Method Blank	ND	0.02	ND	0.02
Chloride Removal Cartridge Blank	ND	2		

* Sample treated with chloride removal cartridge for nitrite analysis.

Date Analyzed: 10-20-05

Calibration Summary

Sample ID: 1 PPM Reference Standard

Analyte	Result	% Rec	% Rec Limits
Nitrite	1.02	102	90 - 110
Nitrate	1.01	101	90 - 110

Date Analyzed: 10-20-05

Standard Curves (n = 5) $r^2 > 0.999$ for all anions.

This report is to be reproduced in its entirety.

KIK International
Attn: Darrel Johnson

Job No: 82048
November 4, 2005

Quality Control Summary (Continued)

Sample ID: Northeast Drain

Analyte	Sample Result	Spike Conc	Spike Result	Spike % Rec	Spike Dup Result	Spike Dup % Rec	Spike RPD
Nitrite	0.33	2.00	2.53	110	2.62	115	3
Nitrate	3.65	4.00	7.71	102	7.85	105	2

Quality Control Guidelines

Analyte	% Rec Limits	RPD Limits
Nitrite	72 - 123	11
Nitrate	67 - 126	15

Sample ID: Northwest Gate Area (Cl Removal Cartridge, 1:100 dilution)

Analyte	Sample Result as NO_2	Spike Conc	Spike Result as NO_2	Spike % Rec
Nitrite	ND	100	ND	0
Nitrate	8	0	107	99
Sum				99

Sample ID: Northwest Gate Area (untreated, 1:300 dilution)

Analyte	Sample Result as NO_2	Spike Conc	Spike Result as NO_2	Spike % Rec
Nitrite	ND	300	136	45
Nitrate	7	0	185	59
Sum				104

This report is to be reproduced in its entirety.

KIK International
Attn: Darrel Johnson

Job No: 82048
November 4, 2005

Sample ID: Northwest Gate Area

Analysis	Result	Units	Method	Detection Limit
Total Suspended Solids	10	mg/L	EPA 160.2	2
Conductivity	17200	µmho/cm	EPA 120.1	1
pH	9.01	Units	EPA 150.1	N/A
Hexane Extractable Materials	33.8	mg/L	EPA 1664	0.3
Surfactants	37.1	mg/L	SM 5540 C	0.1

Sample ID: Northeast Drain

Analysis	Result	Units	Method	Detection Limit
Total Suspended Solids	12	mg/L	EPA 160.2	2
Conductivity	389	µmho/cm	EPA 120.1	1
pH	10.25	Units	EPA 150.1	N/A
Hexane Extractable Materials	4.2	mg/L	EPA 1664	0.3
Surfactants	0.54	mg/L	SM 5540 C	0.1

Dates Analyzed: 10-20-05 to 11-02-05

This report is to be reproduced in its entirety.

KIK International
Attn: Darrel Johnson

Job No: 82048
November 4, 2005

Quality Control Summary

Sample ID Northeast Drain

Analyte	Sample Result	Duplicate Result	Difference	Difference Limit
pH	10.25	10.26	0.01	0.10

Sample ID: Batch QC

Analyte	Sample Result	Duplicate Result	Sample RPD	RPD Limit
Conductivity	39.8	40.5	2	20

Sample ID: Batch QC

Analyte	Sample Result	Duplicate Result	Sample RPD	RPD Limit
Total Suspended Solids	141	146	3	20

Sample ID: Laboratory Fortified Blank

Analyte	Blank Result	Spike Conc	Spike Result	Spike % Rec	Spike Dup Result	Spike Dup % Rec	Spike RPD
Hexane Extractable Materials	ND	40.1	30.6	76	30.0	75	2
QC Guidelines				73 - 109		73 - 109	7

Sample ID: Northeast Drain

Analyte	Sample Result	Duplicate Result	Sample RPD	Spike Conc	Spike Result	Spike % Rec
Surfactants	0.55	0.53	4	2.00	2.35	91
QC Guidelines			20			10 - 162

This report is to be reproduced in its entirety.

KIK International
Attn: Darrel Johnson

Job No: 82048
November 4, 2005

Zinc by SOP 7040, Rev 8
Quantitative Analysis Report
Inductively Coupled Plasma-Mass Spectrometry

Parts Per Million (mg/L)

Sample ID	Zinc
Northwest Gate Area	0.475
Northeast Drain	0 116
Detection Limit:	0.004

Date Analyzed: 10-24-05

Quality Control Summary

Sample: Northeast Drain

Analyte	Sample Result	Duplicate Result	Average Result	Sample RPD	Spike Conc	Spike Result	Spike % Rec
Zinc	0.116	0.111	0.1135	4.4	1.00	1.21	110

Date Analyzed: 10-24-05

This report is to be reproduced in its entirety.

Chain-of-Custody

Mail Report to the following:
Company: KIK SO CAL
Contact: DERRELL JOHNSON / (BOBBY BROWN)
Address:
Address: 9028 DICE RD.
City/St/Zip: SANTA FE SPRINGS, CA. 90670
Phone: Fax:

Project Information:
Project Manager:
Project Name: STORM WATER SAMPLES
Project No.:
Purchase Order No.: 31068
Purchasing Contact:
Purchasing Phone No.:

WCAS
West Coast Analytical Service, Inc.
9240 Santa Fe Springs Rd
Santa Fe Springs, CA 90670
562.948.2225 fax 562.948.5850
wcas.com

Turn-around-time
- ☐ Normal (7-10 work days)
- ☐ Rush 5 day
- ☐ Rush 3 day
- ☐ Rush 1 day

} *Extra Charge*

Hazards:

If there are multiple choices for an item please circle one.

Comments:

Sampler's Name(s): ~~KIK SO CAL~~ ROBERT D. BROWN

Sample Identification	Sampling Date	Sampling Time	Preservation	# of Containers	Water Drinking Ground Waste	Soil	Waste	Other	CCR Metals: TTLC STLC	RCRA Metals: Totals TCLP	Hexavalent Chromium: 218.6 7199	Total Chromium by ICPMS	Volatile Organics by GCMS	Semivolatile Organics by GCMS	Organochlorine Pest./PCB	Hydrocarbons by 8015M	Hexane Ext by 1664: HEM SGT/HEM								Remarks
NNN Corner Sump Driveway	10/18/05	800 AM		3																					
NNN Rail Car area	10/18/05	800 AM		3																					

Relinquished by:	Company:	Date	Time	Received by:	Company:
Robert D. Brown	KIK				Courier
Relinquished by:	Company:	Date	Time	Received by:	Company:
Relinquished by:	Company: Courier	Date 10 20 05	Time 18	Received by: Cathie M. Hudson	Company: WCAS

NOTES: Sampl[illegible] be discarded 30 days after invoicing unless notified in writing or high hazard.
All serv[illegible] provided will adhere to the WCAS Terms & Conditions found on the back.

White Copy - WCAS • *Yellow* - Report • *Pink* - Client

WCAS Job No. 32048

January 13, 2005

KIK International
9028 Dice Rd
Santa Fe Springs, CA 90670

Attn: Darrel Johnson

Job No: 75268 SF

LABORATORY REPORT

Samples Received: Six (6) Samples
Date Received: 12/29/2004
Purchase Order No: 30922

The samples were analyzed as follows:

Analysis	Page
Total Suspended Solids by EPA 160.2	2 - 3
Conductivity by EPA 120.1	2 - 3
pH by EPA 150.1	2 - 3
Hexane Extractable Materials by EPA 1664	2 - 3
Surfactants by SM 5540 C	2 - 3
Nitrate and Nitrite by EPA 300.0	4 - 5
Zinc by SOP 7040, Rev 8	6

D.J Northington, Ph D
Quality Assurance Officer

Michael Shelton
Senior Staff Chemist

This report is to be reproduced in its entirety

KIK International
Attn: Darrel Johnson

Job No: 75268
January 13, 2005

Sample ID: North East Drain

Analysis	Result	Units	Method	Detection Limit
Total Suspended Solids	5 0	mg/L	EPA 160.2	1
Conductivity	27 9	µmho/cm	EPA 120.1	1
pH	7.49	Units	EPA 150.1	N/A
Hexane Extractable Materials	0.9	mg/L	EPA 1664	0.3
Surfactants	ND	mg/L	SM 5540 C	0.1

Sample ID: North Fence/Gate Drain

Analysis	Result	Units	Method	Detection Limit
Total Suspended Solids	7.0	mg/L	EPA 160.2	1
Conductivity	461	µmho/cm	EPA 120.1	1
pH	9.54	Units	EPA 150.1	N/A
Hexane Extractable Materials	3 2	mg/L	EPA 1664	0.3
Surfactants	7.1	mg/L	SM 5540 C	0.1

Dates Analyzed: 12-30-04 to 01-12-05

This report is to be reproduced in its entirety.

KIK International
Attn: Darrel Johnson

Job No: 75268
January 13, 2005

Quality Control Summary

Sample ID: North East Drain

Analyte	Sample Result	Duplicate Result	Difference	Difference Limit
pH	7.47	7.50	0.03	0.10

Sample ID: North East Drain

Analyte	Sample Result	Duplicate Result	Sample RPD	RPD Limit
Conductivity	27.9	27.9	< 1	20

Sample ID: QC Batch

Analyte	Sample Result	Duplicate Result	Sample RPD	RPD Limit
Total Suspended Solids	14.0	14.0	< 1	20

Sample ID. Laboratory Fortified Blank

Analyte	Blank Result	Spike Conc	Spike Result	Spike % Rec
Hexane Extractable Materials	1.1	40.4	31.5	75
QC Guidelines				73 - 109

Sample ID: North Fence/Gate Drain

Analyte	Sample Result	Duplicate Result	Sample RPD	Spike Conc	Spike Result	Spike % Rec
Surfactants	7 3	6.8	7	2	9.1	100
QC Guidelines			20			10 - 162

This report is to be reproduced in its entirety.

KIK International
Attn: Darrel Johnson

Job No: 75268
January 13, 2005

Nitrate and Nitrite by EPA 300.0
Ion Chromatography-Suppressed Conductivity

Column:	Dionex AS9-SC/AG9-SC
Eluent:	3 mM Na_2CO_3, 1.125 mM $NaHCO_3$
Flow:	2.0 mL/min
Injection:	300 µL
Detection:	Suppressed Conductivity

Due to interference from the chloride peak the North Fence/Gate Drain sample had to be diluted by 1:100 for analysis of nitrite. The detection limit was adjusted for the dilution.

	Parts per Million (mg/L)			
Sample ID	Nitrite	Nitrite as N	Nitrate	Nitrate as N
North East Drain	0.04	0.012	0.46	0.104
Method Blank	ND	ND	ND	ND
Detection Limit	0.02	0.006	0.02	0.005
North Fence/Gate Drain	ND	ND	0.94	0.212
Detection Limit	2	0.6	0.02	0.005

Date Analyzed: 12-29-04

Calibration Summary

Sample ID: Laboratory Control Standard (1.00 ppm Second Source Standard)

Analyte	Result	% Rec	% Rec Limits
Nitrite	0.95	95	90-110
Nitrate	1 08	108	90-110

Standard Curves (n = 5) $r^2 > 0.999$ for all anions
Date Analyzed: 12-29-04

This report is to be reproduced in its entirety

KIK International
Attn: Darrel Johnson

Job No: 75268
January 13, 2005

Quality Control Summary

Sample ID: North East Drain

Analyte	Sample Result	Duplicate Result	RPD
Nitrite	0.04	0.07	NA
Nitrate	0.46	0 47	2

Sample ID: North East Drain

Analyte	Average Result	Spike Conc	Spike Result	Spike % Rec	Spike Dup Result	Spike Dup % Rec	Spike RPD
Nitrite	0.06	1.00	1.10	104	1.09	103	1
Nitrate	0.47	1.00	1.52	105	1.49	102	2

Quality Control Guidelines

Analyte	% Rec Limits	RPD Limits
Nitrite	72 - 123	15
Nitrate	67 - 126	11

Limits are for spikes of aqueous samples.

This report is to be reproduced in its entirety.

KIK International
Attn: Darrel Johnson

Job No: 75268
January 13, 2005

Zinc by SOP 7040, Rev 8
Quantitative Analysis Report
Inductively Coupled Plasma-Mass Spectrometry

Parts Per Million (mg/L)

Sample ID	Zinc
North East Drain	0.186
North Fence/Gate Drain	0.203
Detection Limit:	0.001

Date Analyzed: 01-03-05

Quality Control Summary

Sample: North Fence/Gate Drain

Analyte	Sample Result	Duplicate Result	Average Result	Sample RPD	Spike Conc	Spike Result	Spike % Rec
Zinc	0.203	0.200	0.2015	1.5	1	1.14	94

Date Analyzed: 01-03-05

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Chain-of Custody

West Coast Analytical Service, Inc.
9240 Santa Fe Springs Rd
Santa Fe Springs, CA 90670
562.948.2225 fax 562.948.5850
wcas.com

Mail Report to the following:

Company: _____
Contact: _____
Address: _____
Address: _____
City/St/Zip: _____
Phone: _____ Fax: _____

Project Information:

Project Manager: _____
Project Name: _____
Project No.: _____
Purchase Order No.: _____
Purchasing Contact: _____
Purchasing Phone No. : _____

Turn-around-time

- [x] Normal (7-10 work days)
- [ ] Rush 5 day
- [ ] Rush 3 day
- [ ] Rush 1 day

} *Extra Charge*

Hazards:

Comments:
RAIN WATER SAMPLES.

~~ROBERT D. BROWN~~

Sampler's Name(s):
ROBERT D. BROWN

If there are multiple choices for an item please circle one.

Sample Identification	Sampling Date	Sampling Time	Preservation	# of Containers	Water: Drinking / Ground / Waste	Soil	Waste	Other	CCR Metals: TTLC / STLC -	RCRA Metals	Totals / TCLP	Hexavalent Chromium. 218.6 / 7199	Total Chromium by ICPMS	Volatile Organics by GCMS	Semivolatile Organics by GCMS	Organochlorine Pest./PCB	Hydrocarbons by 8015M	Hexane Ext by 1664: HEM / SGT/HEM	Remarks
NORTH EAST DRAIN	12/28	7:05 AM		3															
NORTH FENCE / GATE DRAIN	12/28	7:09 AM		3															
SAMPLE LABELED W / ID :																			
FENCE / GATE DRAIN (2)																			

Relinquished by:	Company:	Date	Time	Received by:	Company:
Relinquished by:	Company:	Date	Time	Received by:	Company:
Relinquished by:	Company: CLIENT	Date: 12-29-04	Time: AB:58	Received by: Mario Aguilera	Company: WCAS

NOTES: Samples will be discarded 30 days after invoicing unless notified in writing or high hazard.
All services provided will adhere to the WCAS Terms & Conditions found on the back.

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WCAS Job No. W75268

November 8, 2004

KIK International
9028 Dice Road
Santa Fe Springs, CA 90670

Attn: Darrel Johnson

Job No: 73910 SF

LABORATORY REPORT

Samples Received: Three (3) Samples
Date Received: 10/27/2004
Purchase Order No: 84951

The samples were analyzed as follows:

Analysis	Page
Nitrate and Nitrite by EPA 300.0	2 - 3
Total Suspended Solids by EPA 160.2	4
Conductivity by EPA 120.1	4
pH by EPA 150.1	4
Hexane Extractable Materials by EPA 1664	4
Surfactants by SM 5540 C	4 - 5
Zinc by SOP 7040, Rev 8	6

Charles Jacks, Ph.D
Senior Staff Chemist

Michael Shelton
Senior Staff Chemist

This report is to be reproduced in its entirety.

9240 Santa Fe Springs Road • Santa Fe Springs, CA 90670 • Tel 562 948 2225 Fax 562 948 5850 • wcas.com

KIK International
Attn: Darrel Johnson

Job No: 73910
November 8, 2004

Nitrate and Nitrite by EPA 300.0
Ion Chromatography-Suppressed Conductivity

Column: Dionex AS9-SC/AG9-SC
Eluent: 3 mM Na_2CO_3, 1.125 mM $NaHCO_3$
Flow: 2.0 mL/min
Injection: 300 µL
Detection: Suppressed Conductivity

	Parts per Million (mg/L)			
Sample ID	Nitrite	Nitrite as N	Nitrate	Nitrate as N
Northeast Area	ND	ND	2.09	0.472
Method Blank	ND	ND	ND	ND
Detection Limit	0.02	0.006	0.02	0.005

Date Analyzed: 10-28-04

Calibration Summary

Sample ID: Laboratory Control Standard (1.00 ppm Second Source Standard)

Analyte	Result	% Rec	% Rec Limits
Nitrite	0.97	97	90-110
Nitrate	1 00	00	90-110

Standard Curves (n = 5) $r^2 \geq 0.999$ for all anions
Date Analyzed: 10-28-04

This report is to be reproduced in its entirety.

KIK International
Attn: Darrel Johnson

Job No: 73910
November 8, 2004

Quality Control Summary

Sample ID: Northeast Area

Analyte	Sample Result	Spike Conc	Spike Result	Spike % Rec
Nitrite	ND	1.01	1.14	113

Sample ID: Batch QC

Analyte	Sample Result	Spike Conc	Spike Result	Spike % Rec	Spike Dup Result	Spike Dup % Rec	Spike RPD
Nitrite	0.05	5.00	5.09	101	5.10	101	0
Nitrate	1.18	5.00	6.36	104	6.26	102	2

Quality Control Guidelines

Analyte	% Rec Limits	RPD Limits
Nitrite	72 - 123	15
Nitrate	67 - 126	11

Limits are for spikes of aqueous samples.

This report is to be reproduced in its entirety

KIK International
Attn: Darrel Johnson

Job No: 73910
November 8, 2004

Sample ID: Northeast Area

Analysis	Result	Units	Method	Detection Limit
Total Suspended Solids	39.0	mg/L	EPA 160.2	1
Conductivity	308	µmho/cm	EPA 120.1	1
pH	9.37	Units	EPA 150.1	N/A
Hexane Extractable Materials	3.1	mg/L	EPA 1664	0.3
Surfactants	0.2	mg/L	SM 5540 C	0.1

Dates Analyzed: 10-27-04 to 11-04-04

Quality Control Summary

Sample ID: Northeast Area

Analyte	Sample Result	Duplicate Result	Difference	Difference Limit
pH	9 37	9.37	0.00	0.10

Sample ID: QC Batch

Analyte	Sample Result	Duplicate Result	Sample RPD	RPD Limit
Conductivity	65.2	65.4	< 1	20

Sample ID: QC Batch

Analyte	Sample Result	Duplicate Result	Sample RPD	RPD Limit
Total Suspended Solids	26.0	28.0	7	20

Sample ID: Laboratory Fortified Blank

Analyte	Blank Result	Spike Conc	Spike Result	Spike % Rec	Spike Dup Result	Spike Dup % Rec	Spike RPD
Hexane Extractable Materials	ND	40.4	39.1	97	41 2	102	5
QC Guidelines				73 - 109		73 - 109	7

This report is to be reproduced in its entirety.

KIK International
Attn: Darrel Johnson

Job No: 73910
November 8, 2004

Quality Control Summary

Sample ID: QC Batch

Analyte	Sample Result	Duplicate Result	Sample RPD	Spike Conc	Spike Result	Spike % Rec
Surfactants	4.5	4.6	2	2.0	6.7	N/A
QC Guidelines			20			10 - 162

N/A - Not Applicable. Sample result exceeds spike amount.

This report is to be reproduced in its entirety.

KIK International
Attn: Darrel Johnson

Job No: 73910
November 8, 2004

Zinc by SOP 7040, Rev 8
Quantitative Analysis Report
Inductively Coupled Plasma-Mass Spectrometry

Parts Per Million (mg/L)

Sample ID	Zinc
Northeast Area	0.183
Detection Limit:	0.002

Date Analyzed: 10-29-04

Quality Control Summary

Sample. Batch QC

Analyte	Sample Result	Duplicate Result	Average Result	Sample RPD	Spike Conc	Spike Result	Spike % Rec
Zinc	0.589	0.589	0 589	0	1	1.61	102

Date Analyzed: 10-29-04

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Chain-of-Custody

West Coast Analytical Service, Inc.
9240 Santa Fe Springs Rd
Santa Fe Springs, CA 90670
562.948.2225 fax 562.948.5850
wcas.com

Mail Report to the following:

Company: K N ENGINEERING
Contact: DARREN JOHNSON
Address: 1052 DINE RD.
Address:
City/St/Zip: SANTA FE SPRINGS CA 90670
Phone: (562) 906-2261 Fax:

Project Information:

Project Manager:
Project Name: NORTH EAST AREA
Project No.:
Purchase Order No.:
Purchasing Contact:
Purchasing Phone No. :

Turn-around-time

- ☐ Normal (7-10 work days)
- ☐ Rush 5 day
- ☐ Rush 3 day
- ☐ Rush 1 day

} *Extra Charge*

Hazards:

Comments:

Sampler's Name(s):
KEVIN ZAMORA (BOBBY)

If there are multiple choices for an item please circle one

Sample Identification	Sampling Date	Sampling Time	Preservation	# of Containers	Water	Drinking	Ground	Waste	Soil	Waste	Other	CCR Metals. TTLC STLC -	RCRA Metals: Totals TCLP	Hexavalent Chromium: 218.6 7199	Total Chromium by ICPMS	Volatile Organics by GCMS	Semivolatile Organics by GCMS	Organochlorine Pest /PCB	Hydrocarbons by 8015M	Hexane Ext. by 1664: HEM SGT/HEM	Remarks
	12/26/	810																			
PW 1 2 AM FLOAT	Multiple	Area																		HEM EXT	
"	Multiple	Area																		TSS Total, NBAS, Nitrate/Nitrite	
1 135 AM FLOAT	Multiple	Area																		ETC.	

Relinquished by	Company	Date	Time	Received by	Company
Relinquished by	Company.	Date	Time	Received by	Company.
Relinquished by	Company. COURIER	12/27/10	8:10 AM	Received by	Company. WCAS

NOTES: Samples will be discarded 30 days after invoicing unless notified in writing or high hazard.
All services provided will adhere to the WCAS Terms & Conditions found on the back

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WCAS Job No. № 73910

November 8, 2004

KIK International
9028 Dice Road
Santa Fe Springs, CA 90670

Attn: Darrel Johnson

Job No: 73912 SF

LABORATORY REPORT

Samples Received: Three (3) Samples
Date Received: 10/27/2004
Purchase Order No: 84951

The samples were analyzed as follows:

Analysis	Page
Nitrate and Nitrite by EPA 300.0	2 - 3
Total Suspended Solids by EPA 160.2	4
Conductivity by EPA 120.1	4
pH by EPA 150.1	4
Hexane Extractable Materials by EPA 1664	4
Surfactants by SM 5540 C	4 - 5
Zinc by SOP 7040, Rev 8	6

Charles Jacks, Ph D.
Senior Staff Chemist

Michael Shelton
Senior Staff Chemist

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KIK International
Attn: Darrel Johnson

Job No: 73912
November 8, 2004

Nitrate and Nitrite by EPA 300.0
Ion Chromatography-Suppressed Conductivity

Column:	Dionex AS9-SC/AG9-SC
Eluent:	3 mM Na_2CO_3, 1.125 mM $NaHCO_3$
Flow:	2.0 mL/min
Injection:	300 µL
Detection:	Suppressed Conductivity

Due to interference from the chloride peak the sample had to be diluted by 1:5 for analysis of nitrite. The detection limit was adjusted for the dilution.

	Parts per Million (mg/L)			
Sample ID	Nitrite	Nitrite as N	Nitrate	Nitrate as N
North Gate Area	ND	ND	1.01	0.228
Method Blank	ND	ND	ND	ND
Detection Limit	0.1	0.03	0.02	0.005

Date Analyzed: 10-28-04

Calibration Summary

Sample ID: Laboratory Control Standard (1.00 ppm Second Source Standard)

Analyte	Result	% Rec	% Rec Limits
Nitrite	0.97	97	90-110
Nitrate	1.00	100	90-110

Standard Curves (n = 5) $r^2 \geq 0.999$ for all anions
Date Analyzed: 10-28-04

This report is to be reproduced in its entirety.

KIK International
Attn: Darrel Johnson

Job No: 73912
November 8, 2004

Quality Control Summary

Sample ID: Batch QC

Analyte	Sample Result	Spike Conc	Spike Result	Spike % Rec	Spike Dup Result	Spike Dup % Rec	Spike RPD
Nitrite	0.05	5.00	5.09	101	5.10	101	0
Nitrate	1.18	5.00	6.36	104	6.26	102	2

Quality Control Guidelines

Analyte	% Rec Limits	RPD Limits
Nitrite	72 - 123	15
Nitrate	67 - 126	11

Limits are for spikes of aqueous samples.

This report is to be reproduced in its entirety.

KIK International
Attn: Darrel Johnson

Job No: 73912
November 8, 2004

Sample ID: North Gate Area

Analysis	Result	Units	Method	Detection Limit
Total Suspended Solids	5.00	mg/L	EPA 160.2	1
Conductivity	478	µmho/cm	EPA 120 1	1
pH	8.98	Units	EPA 150.1	N/A
Hexane Extractable Materials	2.7	mg/L	EPA 1664	0.3
Surfactants	4.5	mg/L	SM 5540 C	0.1

Dates Analyzed: 10-27-04 to 11-04-04

Quality Control Summary

Sample ID: QC Batch

Analyte	Sample Result	Duplicate Result	Difference	Difference Limit
pH	9.37	9.37	0 00	0.10

Sample ID: QC Batch

Analyte	Sample Result	Duplicate Result	Sample RPD	RPD Limit
Conductivity	65.2	65 4	< 1	20

Sample ID. QC Batch

Analyte	Sample Result	Duplicate Result	Sample RPD	RPD Limit
Total Suspended Solids	622	514	19	20

Sample ID. Laboratory Fortified Blank

Analyte	Blank Result	Spike Conc	Spike Result	Spike % Rec	Spike Dup Result	Spike Dup % Rec	Spike RPD
Hexane Extractable Materials	ND	40.4	39.1	97	41 2	102	5
QC Guidelines				73 - 109		73 - 109	7

This report is to be reproduced in its entirety.

KIK International
Attn: Darrel Johnson

Job No: 73912
November 8, 2004

Quality Control Summary

Sample ID: North Gate Area

Analyte	Sample Result	Duplicate Result	Sample RPD	Spike Conc	Spike Result	Spike % Rec
Surfactants	4.5	4.6	2	2.0	6.7	N/A
QC Guidelines			20			10 - 162

N/A - Not Applicable. Sample result exceeds spike amount.

This report is to be reproduced in its entirety.

KIK International
Attn· Darrel Johnson

Job No: 73912
November 8, 2004

Zinc by SOP 7040, Rev 8
Quantitative Analysis Report
Inductively Coupled Plasma-Mass Spectrometry

Parts Per Million (mg/L)

Sample ID	Zinc
North Gate Area	0.249
Detection Limit:	0.002

Date Analyzed: 10-29-04

Quality Control Summary

Sample: Batch QC

Analyte	Sample Result	Duplicate Result	Average Result	Sample RPD	Spike Conc	Spike Result	Spike % Rec
Zinc	0.589	0.589	0.589	0	1	1.61	102

Date Analyzed: 10-29-04

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Chain-of-Custody

West Coast Analytical Service, Inc.
9240 Santa Fe Springs Rd
Santa Fe Springs, CA 90670
562.948.2225 fax 562.948.5850
wcas.com

Mail Report to the following:

Company: [illegible]
Contact: [illegible]
Address: [illegible]
Address:
City/St/Zip: [illegible] 90670
Phone: [illegible] Fax:

Project Information:

Project Manager:
Project Name: NORTH GATE AREA
Project No.:
Purchase Order No.:
Purchasing Contact:
Purchasing Phone No. :

Turn-around-time

- ☐ Normal (7-10 work days)
- ☐ Rush 5 day
- ☐ Rush 3 day
- ☐ Rush 1 day

} ***Extra Charge***

Hazards:

Comments:

Sampler's Name(s): [illegible]

If there are multiple choices for an item please circle one.

Sample Identification	Sampling Date	Sampling Time	Preservation	# of Containers	Water: Drinking Ground Waste	Soil	Waste	Other	CCR Metals: TTLC STLC -	RCRA Metals. Totals TCLP	Hexavalent Chromium: 218.6 7199	Total Chromium by ICPMS	Volatile Organics by GCMS	Semivolatile Organics by GCMS	Organochlorine Pest./PCB	Hydrocarbons by 8015M	Hexane Ext. by 1664. HEM SGT/HEM								Remarks
	10/26	1800																							
[illegible] 1 L am gl btl	North Gate Area				PH, Cond, TCS, MBAS, Nitrate/Nitrite																				
"	North Gate Area				Hex Ext																				
[illegible] 1 125 ml pl btl	North Gate Area				Zinc																				

Relinquished by	Company:	Date	Time	Received by:	Company
Relinquished by.	Company.	Date	Time	Received by	Company
Relinquished by	Company: Courier	Date [illegible]	Time [illegible]	Received by: [illegible]	Company: WCAS

NOTES: Samples will be discarded 30 days after invoicing unless notified in writing or high hazard.
All services provided will adhere to the WCAS Terms & Conditions found on the back.

White Copy - WCAS • *Yellow* - Report • *Pink* - Client

WCAS Job No. No 73912

Hunter-Kennedy
AND ASSOCIATES, INC.

March 29, 2004

Derrell Johnson
KIK International
9028 Dice Road
Santa Fe Springs, California 90670

SUBJECT: STORMWATER SAMPLING RESULTS

Dear Mr. Johnson:

Enclosed are the second stormwater sampling results for the 2003-2004 rainy season, collected on March 2, 2004. The laboratory test results for pH, conductance, Nitrate, and Zinc appear to be generally above the most recently established guidelines for stormwater discharge. Listed in the tables below is a summary of the sampling results at the two sampling locations:

SAMPLE RESULTS

North Area				
Analysis	Sample Type	Method	**Sample Result**	Regulatory Benchmarks
pH	Grab	EPA 150.1	**10.61**	6.0 - 9.0 pH
Suspended Solids	Grab	EPA 160.2	**48.0**	< 100.0 mg/L
Conductance	Grab	EPA 120.1	**777**	< 200.0 µmos/cm
Oil & Grease	Grab	EPA 1664	**2.9**	< 15.0 mg/L
Surfactants	Grab	SM 5540	**1.9**	- -
Soluble Sulfides	Grab	SM 4500	**ND**	- -
Nitrite	Grab	EPA 300.0	**0.4**	< 0.68 mg/L
Nitrate	Grab	EPA 300.0	**1**	< 0.68 mg/L
Zinc	Grab	SOP 7040	**0.174**	< 0.117 mg/L

13310
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Northeast Area				
Analysis	Sample Type	Method	**Sample Result**	Regulatory Benchmarks
pH	Grab	EPA 150.1	**9.87**	6.0 - 9.0 pH
Suspended Solids	Grab	EPA 160.2	**72.5**	< 100.0 mg/L
Conductance	Grab	EPA 120.1	**404**	< 200.0 µmos/cm
Oil & Grease	Grab	EPA 1664	**ND**	< 15.0 mg/L
Surfactants	Grab	SM 5540	**0.2**	--
Soluble Sulfides	Grab	SM 4500	**ND**	--
Nitrite	Grab	EPA 300.0	**ND**	< 0.68 mg/L
Nitrate	Grab	EPA 300.0	**3.1**	< 0.68 mg/L
Zinc	Grab	SOP 7040	**0.141**	< 0.117 mg/L

You should investigate to the reasons for the elevated levels and institute BMPs where appropriate. This report should be placed in your stormwater file and the information incorporated into the annual report.

We appreciate the opportunity to continue to be of service to you. If you have any questions, or require additional information, please feel free to call.

Sincerely,

John L. Hunter, P.E. CHE
California Registered Environmental Assessor

March 9, 2004

Hunter-Kennedy and Associates
13310 Firestone Blvd
Suite A-2
Santa Fe Springs, CA 90670

Attn: Cesar Garcia

Job No: 68983 MG

LABORATORY REPORT

Samples Received: Eight (8) Samples
Date Received: 03/02/2004
Purchase Order No: KIK/T-CHEM 2ND RAIN

The samples were analyzed as follows:

Analysis	Page
Anions by EPA 300.0	2 - 3
pH by EPA 150.1	4 - 5
Total Suspended Solids by EPA 160.2	4 - 5
Conductivity by EPA 120.1	4 - 5
Surfactants by SM 5540 C	4 - 5
Hexane Extractable Materials by EPA 1664	4 - 5
Soluble Sulfides by SM 4500-S^{-2} B, C & D	4 - 5
Zinc by SOP 7040, Rev 8	6

D.J. Northington, Ph.D.
Quality Assurance Officer

Michael Shelton
Senior Staff Chemist

This report is to be reproduced in its entirety.

West Coast Analytical Service, Inc.

Hunter-Kennedy and Associates
Attn: Cesar Garcia

Job No: 68983
March 9, 2004

Anions by EPA 300.0
Ion Chromatography-Suppressed Conductivity

Column:	Dionex AS9-SC/AG9-SC
Eluent:	2 mM Na_2CO_3, 0.75 mM $NaHCO_3$
Flow:	2.0 mL/min
Injection:	300 µL
Detection:	Suppressed Conductivity

The samples were diluted 1:10 with water. Analysis of undiluted samples with chloride removal gave poor nitrite recovery and the results were not used. The detection limits were adjusted for the initial dilution Samples were analyzed within 48 hr of sampling.

Sample ID: Method Blank

Analyte	Parts Per Million (mg/L)	Detection Limit
Nitrite	ND	0.2
Nitrite as N	ND	0.06
Nitrate	ND	0.2
Nitrate as N	ND	0.05

Date Analyzed: 03-03-04

Sample ID: 2nd Rain North Area - a

Analyte	Parts Per Million (mg/L)	Detection Limit
Nitrite	0.4	0.2
Nitrite as N	0.1	0.06
Nitrate	1.0	0.2
Nitrate as N	0.23	0.05

Date Analyzed:03-03-04

Sample ID: 2nd Rain Northeast Area - a

Analyte	Parts Per Million (mg/L)	Detection Limit
Nitrite	ND	0 2
Nitrite as N	ND	0.06
Nitrate	3 1	0.2
Nitrate as N	0.70	0.05

Date Analyzed 03-03-04

This report is to be reproduced in its entirety.

Hunter-Kennedy and Associates
Attn: Cesar Garcia

Job No: 68983
March 9, 2004

Calibration Summary

Sample ID: Laboratory Control Standard (1.00 ppm Second Source Standard)
03-02-04

Analyte	Result	% Rec	% Rec Limits
Nitrite	1.02	102	90-110
Nitrate	1.02	102	90-110

Standard Curves (n =5) $r^2 \geq 0.999$ for both anions

Quality Control Summary

Sample ID: 2nd Rain North Area - a

Analyte	Sample Result	Duplicate Result	Average Result	Sample RPD	Spike Conc	Spike Result	Spike % Rec
Nitrite	0.4	0.4	0.4	0	10.0	10 4	100
Nitrate	1.0	1.0	1.0	0	10.0	12.1	111

Quality Control Guidelines

Analyte	% Rec Limits	RPD Limits
Nitrite	72 - 123	15
Nitrate	67 - 126	11

Limits are for spikes of aqueous samples.

This report is to be reproduced in its entirety.

Hunter-Kennedy and Associates
Attn: Cesar Garcia

Job No: 68983
March 9, 2004

Sample ID: 2nd Rain North Area - a

Analysis	Result	Units	Method	Detection Limit
pH	10.61	Units	EPA 150.1	N/A
Total Suspended Solids	48.0	mg/L	EPA 160.2	0.5
Conductivity	777	µmho/cm	EPA 120.1	3
Surfactants	1.9	mg/L	SM 5540 C	0.1

Sample ID: 2nd Rain Northeast Area - a

Analysis	Result	Units	Method	Detection Limit
pH	9.87	Units	EPA 150 1	N/A
Total Suspended Solids	72.5	mg/L	EPA 160.2	0.5
Conductivity	404	µmho/cm	EPA 120.1	3
Surfactants	0.2	mg/L	SM 5540 C	0.1

Sample ID: 2nd Rain North Area - b

Analysis	Result	Units	Method	Detection Limit
Hexane Extractable Materials	2.9	mg/L	EPA 1664	0.3

Sample ID: 2nd Rain Northeast Area - b

Analysis	Result	Units	Method	Detection Limit
Hexane Extractable Materials	ND	mg/L	EPA 1664	0.3

Sample ID: 2nd Rain North Area - c

Analysis	Result	Units	Method	Detection Limit
Soluble Sulfides	ND	mg/L	SM 4500-S^{-2} B, C & D	0.1

Sample ID: 2nd Rain Northeast Area - c

Analysis	Result	Units	Method	Detection Limit
Soluble Sulfides	ND	mg/L	SM 4500-S^{-2} B, C & D	0.1

Dates Analyzed: 03-02-04 to 03-08-04

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Hunter-Kennedy and Associates
Attn: Cesar Garcia

Job No: 68983
March 9, 2004

Quality Control Summary

Sample ID: 2nd Rain Northeast Area - a

Analyte	Sample Result	Duplicate Result	Sample RPD	Spike Conc	Spike Result	Spike % Rec
Surfactants	0.2	0.2	< 1	2.0	2.1	95
QC Guidelines			20			10 - 162

Sample ID: 2nd Rain Northeast Area - a

Analyte	Sample Result	Duplicate Result	Difference	Difference Limit
pH	9.87	9.87	0.00	0.10

Sample ID: Laboratory Fortified Blank

Analyte	Blank Result	Spike Conc	Spike Result	Spike % Rec	Spike Dup Result	Spike Dup % Rec	Spike RPD
Hexane Extractable Materials	ND	40.7	37.9	93	37.2	91	2
QC Guidelines				73 - 109		73 - 109	7

Sample ID: Laboratory Fortified Blank

Analyte	Blank Result	Spike Conc	Spike Result	Spike % Rec	Spike Dup Result	Spike Dup % Rec	Spike RPD
Soluble Sulfides	ND	0.99	0.93	94	0.92	93	1
QC Guidelines				50 - 125		50 - 125	20

Sample ID 2nd Rain North Area - a

Analyte	Sample Result	Duplicate Result	Sample RPD	RPD Limit
Total Suspended Solids	46.4	49.6	7	20

Sample ID: QC Batch

Analyte	Sample Result	Duplicate Result	Sample RPD	RPD Limit
Conductivity	136	135	1	20

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Hunter-Kennedy and Associates
Attn: Cesar Garcia

Job No: 68983
March 9, 2004

Zinc by SOP 7040, Rev 8
Quantitative Analysis Report
Inductively Coupled Plasma-Mass Spectrometry

Parts Per Million (mg/L)

Sample ID	Zinc
2nd Rain North Area - d	0.174
2nd Rain Northeast Area - d	0.141
Detection Limit:	0.006

Date Analyzed: 03-05-04

Quality Control Summary

Sample: 2nd Rain Northeast Area - d

Parts Per Million (mg/L)

Analyte	Sample Result	Duplicate Result	Average Result	Sample RPD	Spike Conc	Spike Result	Spike % Rec
Zinc	0.141	0.139	0.14	1.4	1.00	1.17	103

Date Analyzed: 03-05-04

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Hunter-Kennedy
AND ASSOCIATES, INC.
13310 FIRESTONE BOULEVARD, SUITE A-2
SANTA FE SPRINGS, CALIFORNIA 90670

PHONE: 562-802-7880
FAX: 562-802-2297

TRANSMITTAL

DATE: December 19, 2003
ATTENTION: Derrel Johnson
REGARDING: Stormwater sampling results
First Rain Storm

TO: KIK Int'l
ADDRESS: 9028 Dice Road
Santa Fe Springs, Ca 90670

PHONE: 562-946-6427
FAX:
TOTAL NUMBER OF PAGES:

ENCLOSURES:
- ☐ Letter
- ☐ Proposal
- ☐ Draft Copy
- ☒ Final Copy
- ☐ Plans
- ☐ Copy of Invoice

TRANSMITTED:
- ☐ For Your Signature
- ☐ For Your Review
- ☒ For Your Records
- ☐ At Your Request

REMARKS: Dear Derrel,

Enclosed are the stormwater sampling results for the first rain event of the 2003-2004 rainy season, collected on November 4, 2003. The laboratory test results for TSS, conductivity, and HEM (oil & grease) appear to be above the most recently established guidelines for stormwater discharge. Please make sure that you are collecting your rainwater samples 1 hour after the start of a rain event.

This report should be placed in your stormwater file and the information incorporated into the annual report. We appreciate the opportunity to continue to be of service to you.

Please call if you have any questions.

Sincerely,

SENT BY: John L. Hunter

183498

West Coast Analytical Service, Inc.

November 10, 2003

Hunter-Kennedy and Associates
13310 Firestone Blvd
Suite A-2
Santa Fe Springs, CA 90670

Attn: Cesar Garcia

Job No: 67044 MG

LABORATORY REPORT

Samples Received: Six (6) Samples
Date Received: 11/04/2003
Purchase Order No: T-CHEM

The samples were analyzed as follows:

Analysis	Page
pH by EPA 150.1	2 - 3
Total Suspended Solids by EPA 160.2	2 - 3
Conductivity by EPA 120.1	2 - 3
Surfactants by SM 5540C	2 - 3
Hexane Extractable Materials by EPA 1664	2 - 3
Anions by EPA 300.0	4 - 5
Zinc by SOP 7040, Rev 8	6

Charles Jacks, Ph.D.
Senior Staff Chemist

Michael Shelton
Senior Staff Chemist

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9240 Santa Fe Springs Road • Santa Fe Springs, CA 90670 • Tel: 562.948.2225 Fax: 562.948.5850 • wcas.com

WEST COAST ANALYTICAL SERVICE, INC.

Hunter-Kennedy and Associates
Attn: Cesar Garcia

Job No: 67044
November 10, 2003

Sample ID: Gate Area #2

Analysis	Result	Units	Method	Detection Limit
pH	7.90	Units	EPA 150.1	N/A
Total Suspended Solids	110	mg/L	EPA 160.2	1
Conductivity	5100	µmho/cm	EPA 120.1	4
Surfactants	1.2	mg/L	SM 5540C	0.1

Sample ID: Northeast Lot #2

Analysis	Result	Units	Method	Detection Limit
pH	7.52	Units	EPA 150.1	N/A
Total Suspended Solids	35	mg/L	EPA 160.2	1
Conductivity	539	µmho/cm	EPA 120.1	4
Surfactants	0.5	mg/L	SM 5540C	0.1

Sample ID: Gate Area #1

Analysis	Result	Units	Method	Detection Limit
Hexane Extractable Materials	23.5	mg/L	EPA 1664	0.3

Sample ID: Northeast Lot #1

Analysis	Result	Units	Method	Detection Limit
Hexane Extractable Materials	2.1	mg/L	EPA 1664	0.3

Dates Analyzed: 11-04-03 to 11-05-03

This report is to be reproduced in its entirety.

WEST COAST ANALYTICAL SERVICE, INC.

Hunter-Kennedy and Associates
Attn: Cesar Garcia

Job No: 67044
November 10, 2003

Quality Control Summary

Sample ID: Gate Area #2

Analyte	Sample Result	Duplicate Result	Difference	Difference Limit
pH	7.90	7.89	0.01	0.10

Sample ID: Gate Area #2

Analyte	Sample Result	Duplicate Result	Sample RPD	RPD Limit
Conductivity	5070	5120	<1	20

Sample ID: Laboratory Fortified Blank

Analyte	Blank Result	Spike Conc	Spike Result	Spike % Rec	Spike Dup Result	Spike Dup % Rec	Spike RPD
Hexane Extractable Materials	ND	40.6	34.0	84	35.4	87	4
QC Guidelines				73 - 109		73 - 109	7

Sample ID: QC Batch

Analyte	Sample Result	Duplicate Result	Sample RPD	RPD Limit
Total Suspended Solids	77	74	4	20

Sample ID: Northeast Lot #2

Analyte	Sample Result	Duplicate Result	Sample RPD	Spike Conc	Spike Result	Spike % Rec
Surfactants	0.5	0.4	22	1.0	1.5	100
QC Guidelines			N/A			10 - 162

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WEST COAST ANALYTICAL SERVICE, INC.

Hunter-Kennedy and Associates
Attn: Cesar Garcia

Job No: 67044
November 10, 2003

Anions by EPA 300.0
Ion Chromatography-Suppressed Conductivity

Column:	Dionex AS9-SC/AG9-SC
Eluent:	3 mM Na_2CO_3, 1.125 mM $NaHCO_3$
Flow:	2.0 mL/min
Injection:	300 µL
Detection:	Suppressed Conductivity

The samples were diluted 1:10 with water. Further dilution was necessary for analysis of one sample. The detection limits were adjusted for the initial dilution.

Sample ID: Method Blank

Analyte	Parts Per Million (mg/L)	Detection Limit
Nitrite	ND	0.2
Nitrite as N	ND	0.06
Nitrate	ND	0.2
Nitrate as N	ND	0.05

Date Analyzed: 11-04-03

Sample ID: Northeast Lot #2

Analyte	Parts Per Million (mg/L)	Detection Limit
Nitrite	0.2	0.2
Nitrite as N	0.06	0.06
Nitrate	3.0	0.2
Nitrate as N	0.68	0.05

Date Analyzed: 11-04-03

Sample ID: Gate Area #2

Analyte	Parts Per Million (mg/L)	Detection Limit
Nitrite	2.8	0.2
Nitrite as N	0.85	0.06
Nitrate	112	0.2
Nitrate as N	25.3	0.05

Date Analyzed: 11-04-03

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WEST COAST ANALYTICAL SERVICE, INC.

Hunter-Kennedy and Associates
Attn: Cesar Garcia

Job No: 67044
November 10, 2003

Calibration Summary

Sample ID: Laboratory Control Standard (1.00 ppm Second Source Standard)
Date Analyzed: 11-04-03

Analyte	Result	% Rec	% Rec Limits
Nitrite	1.09	109	90-110
Nitrate	0.98	98	90-110

Standard Curve (n =5) $r^2 \geq 0.999$

Quality Control Summary

Sample ID: Northeast Lot #2

Analyte	Sample Result	Spike Conc	Spike Result	Spike % Rec	Spike Dup Result	Spike Dup % Rec	Spike RPD
Nitrite	0.2	10.0	10.7	105	11.0	108	3
Nitrate	3.0	10.0	13.0	100	12.8	98	2

Quality Control Guidelines

Analyte	% Rec Limits	RPD Limits
Nitrite	72 - 123	15
Nitrate	67 - 126	11

Limits are for spikes of aqueous samples.

This report is to be reproduced in its entirety.

WEST COAST ANALYTICAL SERVICE, INC.

Hunter-Kennedy and Associates
Attn: Cesar Garcia

Job No: 67044
November 10, 2003

Zinc by SOP 7040, Rev 8
Quantitative Analysis Report
Inductively Coupled Plasma-Mass Spectrometry

Parts Per Million (mg/L)

Sample ID	Zinc
Gate Area #3	0.54
Northeast Lot #3	0.30
Detection Limit.	0.01

Date Analyzed: 11-05-03

Quality Control Summary

Sample: Northeast Lot #3
Matrix: Rainwater

Analyte	Sample Result	Duplicate Result	Average Result	Sample RPD	Spike Conc	Spike Result	Spike % Rec
Zinc	0.303	0.32	0.3115	5.5	1	1.3	99

Date Analyzed: 11-05-03

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Hunter-Kennedy
AND ASSOCIATES, INC.

cc: DS
SW file

October 3, 2002

Mr. Derrell Johnson
KIK International
9028 Dice Road
Santa Fe Springs, California 90670

SUBJECT: **Cost Estimate for Storm Water Sampling**

Dear Mr. Johnson:

This proposal is for the transportation and laboratory analysis of stormwater runoff samples from your facility. As in previous years, collection of the first runoff samples will be the responsibility of KIK International personnel, HK&A will pick up the samples at your facility (same day, based on your notification) and deliver them to a state certified laboratory for analysis.

The estimated cost for pickup of the samples, delivery to West Coast Analytical Services, analysis for the standard parameters (pH, Oil and Grease, Specific Conductivity, Surfactants, Total Suspended Solids, Nitrates+Nitrites, Zinc) and report preparation will be $604 for each sample collected. Four samples are estimated to be required (2 each from two storms), for a total of **$ 2416.00.**

We appreciate the opportunity to be of service to you and are pleased to provide you with storm water analysis services as we have in past years. If you have any questions, or require additional information, please feel free to call.

Sincerely,

John L. Hunter, P.E. CHE
California Registered Environmental Assessor

10-7-02

13310
FIRESTONE BLVD , A-2
SANTA FE SPRINGS
CALIFORNIA
90670
(562) 802-7880
FAX (562) 802-2297

BRANCH OFFICE
LOCATIONS IN

IRVINE, CA
BEND, OR

GENERAL
ENGINEERING
LICENSE
A-582340

HAZARDOUS
SUBSTANCE
REMEDIATION
LIC 3382

KIK INTERNATIONAL SO CAL 9028 Dice Road Santa Fe Springs, CA 90670

STORM WATER SAMPLING PROTOCOL

Facility operators shall collect storm water samples during the first hour of discharge from:

1. The first storm event of the wet season **and**
2. At least one other storm event in the wet season.
3. Wet season is defined as October 1,2004 - May 31, 2005

Sample collection is only required of storm water discharges that:

1. Occur during scheduled facility operating hours **and**
2. Are preceeded by at least (3) three working days without storm water discharge.
3. **Exception**: Dangerous weather conditions such as flooding, electrical storm, etc.

SAMPLING PROTOCOL

This sample must be taken within the first hour of the first storm where there is enough runoff to collect a sample

> Only needs to be taken during regular business hours.
> Don't take samples if it has rained during the previous three days.

Bottle's 4- marked Yard and 4-marked Gate are located in waste water treatment plant office.

Samples are labeled " yard " for the sample collected from northern sample point (TC-2 on site map)

Samples are labeled " Gate for the sample near the drive way (TC-1 on attached site map)

Fill sample " yard "

If runoff is occurring from the driveway, then take sample marked "Gate".

If all west water is being impounded as it should be for first hour, simply note that and don't take sample"gate"

Fill all bottles to the top for each point

DO NOT use one bottle to scoop water into another, each bottle has different perservative and will ruin the test mixed

Put bottles in a cooler or cover with blue ice & call Eric Lindsay at 562-948-2225 to arrange for pick-up or deliver to West Coast Analytical Service at 9240 Santa Fe Springs Road, SFS, CA

Attachments: 2- Site Maps with sampling locations

Distribution: Stormwater File,WW Treatment Plant Office, Plant Supervisors Offic
Tank Farm Office

KIK Corporation Inc.

Storm Water Pollution
Prevention Plan (SWP3)

Agency Documentation

KIK Corporation Inc

Storm Water Pollution
Prevention Plan (SWP3)

Training

Training Sign-In Sheet

DATE: 7-31-07 **Location: Kik SoCal**

SAFETY TRAINING COVERED: **Hearing Conservation/Enviromental Awareness**

NAME	SIGNATURE
FOIA ex 6, Personal Privacy	

TRAINER.

Training Sign-In Sheet

DATE: 1-31-07 **Location: Kik SoCal**

SAFETY TRAINING COVERED: **Hearing Conservation/Enviromental Awareness**

NAME	SIGNATURE
FOIA ex 6, Personal Privacy	

TRAINER:

Training Sign-In Sheet

DATE: 1-31-07 **Location: Kik SoCal**

SAFETY TRAINING COVERED: **Hearing Conservation/Enviromental Awareness**

NAME	SIGNATURE
FOIA ex 6, Personal Privacy	

TRAINER:

KIK INTERNATIONAL SOCAL, INC.

9028 Dice Road Santa Fe Springs, CA. 90670

Training Sign-in Sheet

Date: 7/20/06

Subject: Emergency Procedures
Hazard Communication
Environmental Awarene

Trainer: FOIA ex 6, Personal Privacy

Employee Name: **Employee Signature:**

FOIA ex 6, Personal Privacy

SAFETY COMMITTEE MEETING

COMPANY: Kik SoCal

TOPIC: OSHA 300 Log Review

INSTRUCTOR: FOIA ex 6, Personal Privacy

DATE: 1-15-04

I have been present at this Safety Committee Meeting and I understand the role, which I am to perform in case of an emergency. I have had the opportunity to ask questions and have them answered to my satisfaction.

NAME	SIGNATURE
FOIA ex 6, Personal Privacy	

USCC

SAFETY COMMITTEE MEETING

COMPANY: Kik SoCal

TOPIC: OSHA 300 Log Review

INSTRUCTOR: FOIA ex 6, Personal Privacy

DATE: 1-15-04

I have been present at this Safety Committee Meeting and I understand the role, which I am to perform in case of an emergency. I have had the opportunity to ask questions and have them answered to my satisfaction.

NAME	SIGNATURE
FOIA ex 6, Personal Privacy	

USCC STORMWATER POLLUTION PREVENTION TRAINING

COMPANY: Kik-SoCal

INSTRUCTOR: FOIA ex 6, Personal Privacy DATE: 1-15-04

I have been present at this Stormwater Pollution Prevention training session and understand the issues that have been presented. I have had the opportunity to ask questions and have them answered to my satisfaction.

NAME	SIGNATURE
FOIA ex 6, Personal Privacy	

STORMWATER POLLUTION PREVENTION TRAINING

COMPANY: Kik-SoCal

INSTRUCTOR: FOIA ex 6, Personal Privacy DATE: 1-15-04

I have been present at this Stormwater Pollution Prevention training session and understand the issues that have been presented. I have had the opportunity to ask questions and have them answered to my satisfaction.

NAME	SIGNATURE
FOIA ex 6, Personal Privacy	

USCC STORMWATER POLLUTION PREVENTION TRAINING

COMPANY: Kik - SoCal

INSTRUCTOR: FOIA ex 6, Personal Privacy **DATE:** 1-15-04

I have been present at this Stormwater Pollution Prevention training session and understand the issues that have been presented. I have had the opportunity to ask questions and have them answered to my satisfaction.

NAME	SIGNATURE
FOIA ex 6, Personal Privacy	

KIK INTERNATIONAL SOCAL, INC. TRAINING MEMO

Date: January 7,2004

To: Employees Listed Below

From: Derrell Johnson

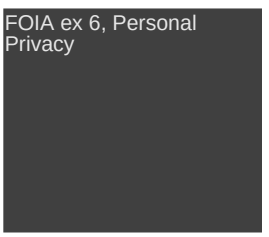
Subject: Storm Water Program Training

John Dingmann of USCC will conduct required training on KIK SoCal Storm Water program during his monthly visit on Thursday January 15, 2004.

The training will be conducted in two sessions on that date, in the upstairs conference room.

The sessions will be held at **7:00AM** and **2:00 PM** and last approximately one half hour.

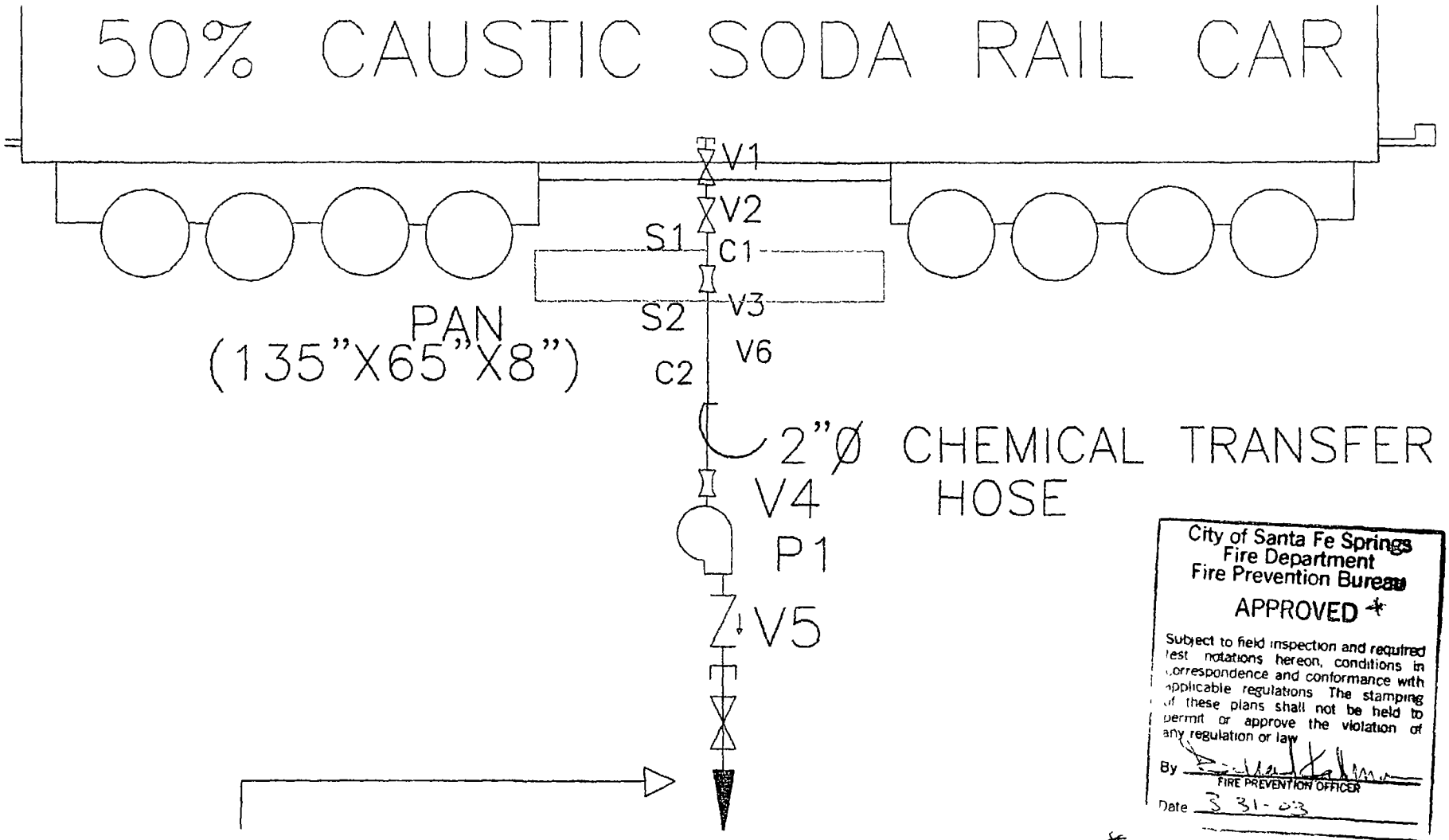
The following employees are **Required** to attend one of the sessions:



Thank you for your cooperation and if you have any questions feel free to contact me at 240.

Cc: Bob Brown
Manuel Herrera
Ray Wetter
Bulletin Board
USCC
File

C /traningdoc1/07/04dj



City of Santa Fe Springs
Fire Department
Fire Prevention Bureau

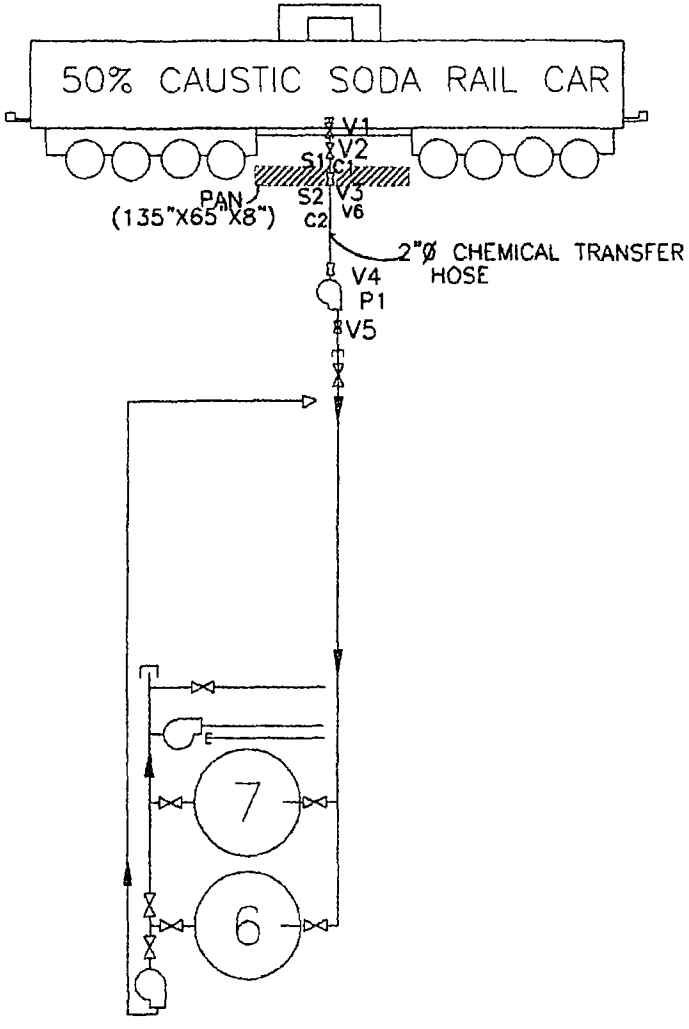
APPROVED *

Subject to field inspection and required test notations hereon, conditions in correspondence and conformance with applicable regulations. The stamping of these plans shall not be held to permit or approve the violation of any regulation or law.

By _____ FIRE PREVENTION OFFICER

Date 3-31-03

* Per Attached letters & Procedures.



LEGEND:

PAN 135"X65"X8"
S1 35% LEVEL ALARM SENSOR
S2 25% LEVEL WARNING
V1 MAIN CAR VALVE (MANUAL)
V2 CAR VALVE #2 (MANUAL
V3 AUTOMATIC VALVE
V4 AUTOMATIC VALVE
P1 PUMP
V5 CHECK VALVE
V6 SCRUBBER VALVE
C1 CONNECTION POINT FROM V2 TO V3
C2 CONNECTION POINT FROM V4 TO THE PAN
6 50% CAUSTIC SODA STORAGE TANK
7 50% CAUSTIC SODA STORAGE TANK

SODIUM HYDROXIDE TANK CAR UNLOADING/CONTAINMENT

BY: KIK SOCAL (03-19-03)

KIK
INTERNATIONAL

KIK SOCAL INC
9028 DICE ROAD
SANTA FE SPRINGS, CA 90670

TELEPHONE
562-946-6427
FAX 562-946-5417

Chief Neal Welland
City of Santa Fe Springs Fire Department
11300 Greenstone Av.
Santa Fe Springs, CA 90670

March 25,2003

Dear Chief Welland,

PURPOSE AND SCOPE

This plan is being submitted for KIK SOCAL plant located in Santa Fe Springs, CA.
At present the facility receives and unloads 50% Caustic Soda (Sodium Hydroxide) in tank truck only. For economical purposes, the facility plans to purchase, receive and unload product in rail car amounts.

RECEIVE AND OFF-LOAD

At present approximately four truck loads of product are received in Tank Truck loads of 50,000# (4,000gals) each per day. We propose to receive and off-load one rail car of 200,000# (16,000,gals) per day.

The railcars will be received and off loaded following the present procedures and off load lines for tank trucks. They are pump unloaded via a 2" black iron line over the top to the two storage tanks. The pump will be Roper Stainless Steel Gear Pump. The line runs over the top of both tanks to unload into both storage tanks. A cut off valve in between the two tanks allows the capabilities of unloading into only one tank, if so desired.

STORAGE

Product will continue to be stored in the present tank #'s 6 and 7 on the facilities tank farm plot plan. These two tanks have a total capacity of 18,000 gals. The product stored is compatible with products within the bermed area.

SECONDARY CONTAINMENT

The present secondary containment is sufficient for truck unloading. In addition for Rail Car unloading there will two emergency shut off valves, one located at the rail car valve and one on the suction side of the pump. This will stop the flow from car to pump, but allow the pump to clear the lines prior shut off. A moveable pan, with the capacity of three hundred gallons, will be located under the Rail car prior to unloading. This pan will have a level control that will initiate a visual alarm at 25% of capacity and at 35%% capacity an audible alarm will activate and shut down the above unloading valves. In addition two buttons will be located in the area to manually activate the emergency shut off valves if needed. The product will then be pumped from the pan into the present tank farm berm area.

If unloading is required during times of inclement weather, as per the attached unload procedures, the rain water diversion sump will automatically be kept on in the run postion.

Thank you for your cooperation and if you have any questions, feel free to contact me at 562-906-2240.

Sincerely,

Derrell Johnson
Safety/Environmental Supv.

Cc: Richard Kallman
Greg Wiese
Bob Brown
Jim Rissman

Attachments:
Tank Farm Plot Plan
Unload P&ID

C:/sfsfddocrev3/19/03dj

C./sfsfdinfodocrev.3/25/03dj

50% Caustic Soda (Sodium Hydroxide) Tank Car Unload Containment Procedure.

1. A Poly Pan (132"x 65" x 8") with capacity of 300 Gallons is placed under Rail Car Valve prior to start unloading.

2. Connect automatic Valve #3 to car valve #2 at connection point # 1(C-1).

3. Connect automatic Valve #4 to containment pan at connection point #2(C-2).

4. Manually open Car valves # 1 and #2.

5. Then start the pump. Line valves #3 and #4 open automatically.

6. Any time you can stop the system: push stop or E-Stop located (one at corner bleach shack and one on catwalk outside Tank Farm office).

7. When S-2 (Sensor) reads a product in the pan @ 25% (75 gals) an orange warning light comes on.

8. When S-1 (Sensor) reads product in the pan @ 35% (105 gals) an visual and a audio alarm is activated.

9. Automatic Valve # 3 automatically closes, which shuts product flow off from car, and Pump continues to run. This valve is also seismically activated during an upset condition.

10. Time monitor till time's out (will be set to allow product to clear).

11. Valve #6 mounted at the bottom of the containment pan and it opens automatically to clean out containment pan and product hose.

12. Valve #4 is open until containment pan and product hose are purged out and then it plus Valve #6 automatically closes unit in standby mode. (Nothing can come out of the car).

13. Valve #5 is a check valve.

Note: The pump running will clean out any product in the containment pan and product hose.

The containment pan pump is back on line in any alarm(emergency) condition.

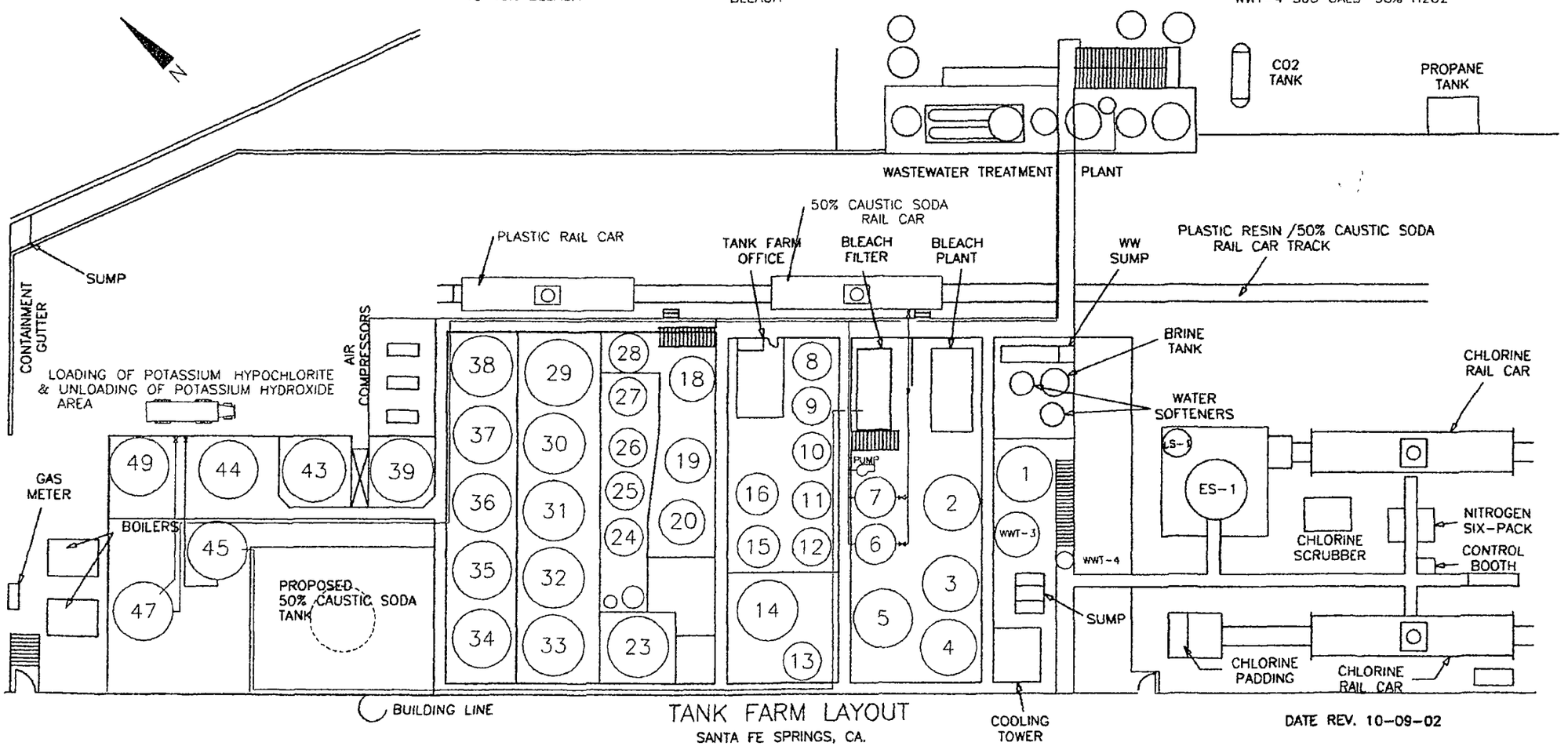
Will check flow when line loss of flow will go to alarm condition.

Loss of flow between containment pan at connection point #2 (C-2) and Valve # 4 will close automatic Valve # 3 and go to alarm procedures # 9 thru #12.

When automatic valve # 3 closes while unloading it automatically via sensor, keeps sump pump in rain water collection area in the run position. If needed this allows product going to that area to be collected into the tank farm storage bermed area.

c /sfsfdinfodoc3/26//03

1 BLEACH
2 BLEACH
3 BLEACH
4 WATER
5 10% BLEACH
6 CAUSTIC SODA,50%
7 CAUSTIC SODA,50%
8 SOFT WATER
9 13% BLEACH
10 13% BLEACH
11 13& BLEACH
12 13% BLEACH
13 50% H. PEROXIDE
14 CHLORINE FREE BL.
15 N102 SURFACTANT
16 13% BLEACH
18 FABRIC SOFTENER
19 RINSE MIX TANK
20 M/T, WILL BE 13% BLEACH
23 AMMONIA
24 AMMONIA
25 AMMONIA
26 AMMONIA
27 29% AQUA AMMONIA
28 BIOSOFT
29 AMMONIA RECOVERY
30 AMMONIA
31 AMMONIA
32 STORAGE
33 AMMONIA
34 WASTEWATER
35 WASTEWATER
36 WASTEWATER
37 WASTEWATER
38 RINSE STORAGE
39 HDPE POLYETHYLENE
43 POLYETHYLENE
44 DETERGENT
45 POTASSIUM HYPOCHLORITE
47 POTASSIUM HYDROXIDE
49 BLENDING
ES-1 CAUSTIC
LS-1 CAUSTIC
WWT-3 WASTE WATER
WWT-4 500 GALS 50% H202



TANK FARM LAYOUT
SANTA FE SPRINGS, CA.

DATE REV. 10-09-02

City of Santa Fe Springs Fire Department

11300 GREENSTONE AVE • SANTA FE SPRINGS • CA 90670
(562) 944-9713 • FAX (562) 941-1817

PLAN REVIEW / PERMIT APPLICATION

Name of Facility: KIK International Socal
Project Address: 9025 Dicerd St. CA 90670
Project Contact: Jim Kissman Telephone (562) 906-2218
Architect/Engineer: _____ Telephone ( ) _____
Address: _____

Description of work
Remove ~~Install~~ New Tank

CONTRACTOR INFORMATION (if applicable)

Contractor: Camas Custom Concrete Telephone ( ) _____
Address: 1120 Mountain View San Fernando CA 90670
License Class: _____ License Number: _____ Expiration Date: / /

LICENSED CONTRACTOR DECLARATION (if applicable)

I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect

Signature: _____ Date: / /

OWNER/BUILDER DECLARATION

I hereby certify that I have read this application and state that the above information is correct I agree to comply with all city ordinances and state laws relating to construction, and hereby authorize representatives of this city to enter upon mentioned property for inspection purposes

Signature: [signature] for Bob Brown Date: 4/27/02

√	FIRE PROTECTION DIVISION	FEE	√	ENVIRONMENTAL PROTECTION DIVISION	FEE
	Preliminary Plan Review			Preliminary Plan Review (Article 80)	
	3 or more Plan Re-Submittal			"H" Occupancy	
	Fire Alarm System			Emergency Alarm System	
	Fire Extinguishing System (Dry Chem System)			Closure Plan/Permit Review	
	Fire Sprinkler Systems _____ sq ft. per floor		✓	UST & AST (Installation/Removal/Modifications)	230-
				a. First Tank	
	New Construction Plan Review _____ sq ft. per floor			b Each Additional Tank	
	High-Piled Combustible Stock (Racks/Draft Curtains/Hose Racks/Smoke Vents) _____ sq ft. per floor			Chemical Classification & Occupancy Rating U.F.C./U.B.C. Tables Review	
				Site Assessment/Mitigation	
				Asbestos Removal	
	Underground Fire Mains/Pumps/Tanks			IW Permit Review	
	Tenant Improvements(Structural/Sprinkler)			IW Plan Review	
	Flammable/Combustible Liquid Tank & Piping (UG & AG)			Plan Expedite	
	LPG Tanks			Other	
	Paint Spray Booths/Dip Tanks				
	Dust Collection Systems				
	On-site Fire Hydrant System		√	FIRE SUPPRESSION	
	Drying Ovens			Stand-by Fire Watch	
	Tents and Air Support Structure			Fire Department Equipment w/ Crew	
	Compressed Gas System			Confined Space Back-up Team	
	Carnivals & Fairs				
	Monitoring Wells				
	Abandonment/Reabandonment of Oil Wells w/capping			OTHER	
	Gas Detection Systems				
	Soil Venting Systems				
	Plan Expedite				
	Other				
				TOTAL DUE	230-

BBC
INSPECTOR DATE

MAKE CHECKS PAYABLE TO THE CITY OF SANTA FE SPRINGS FIRE PREVENTION

Tank 46

JAYCO
P.O. #83111

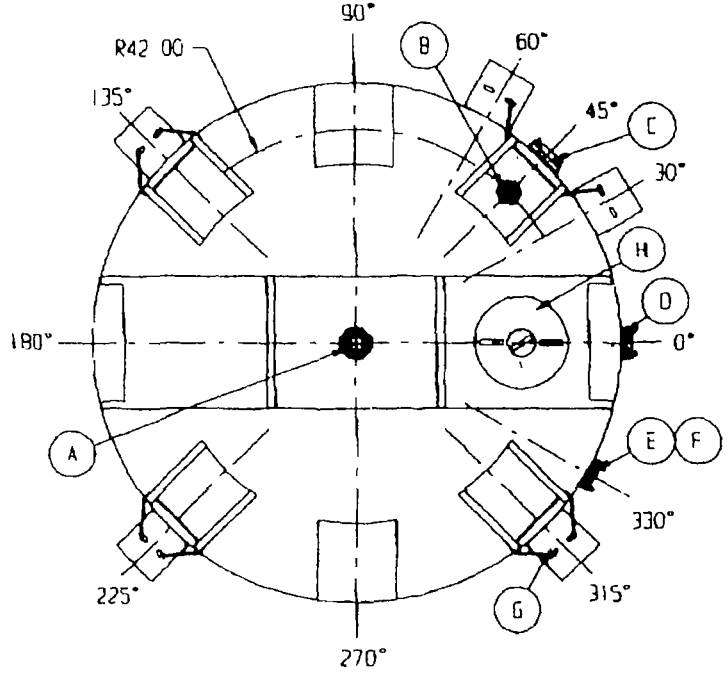
APPROVED _____

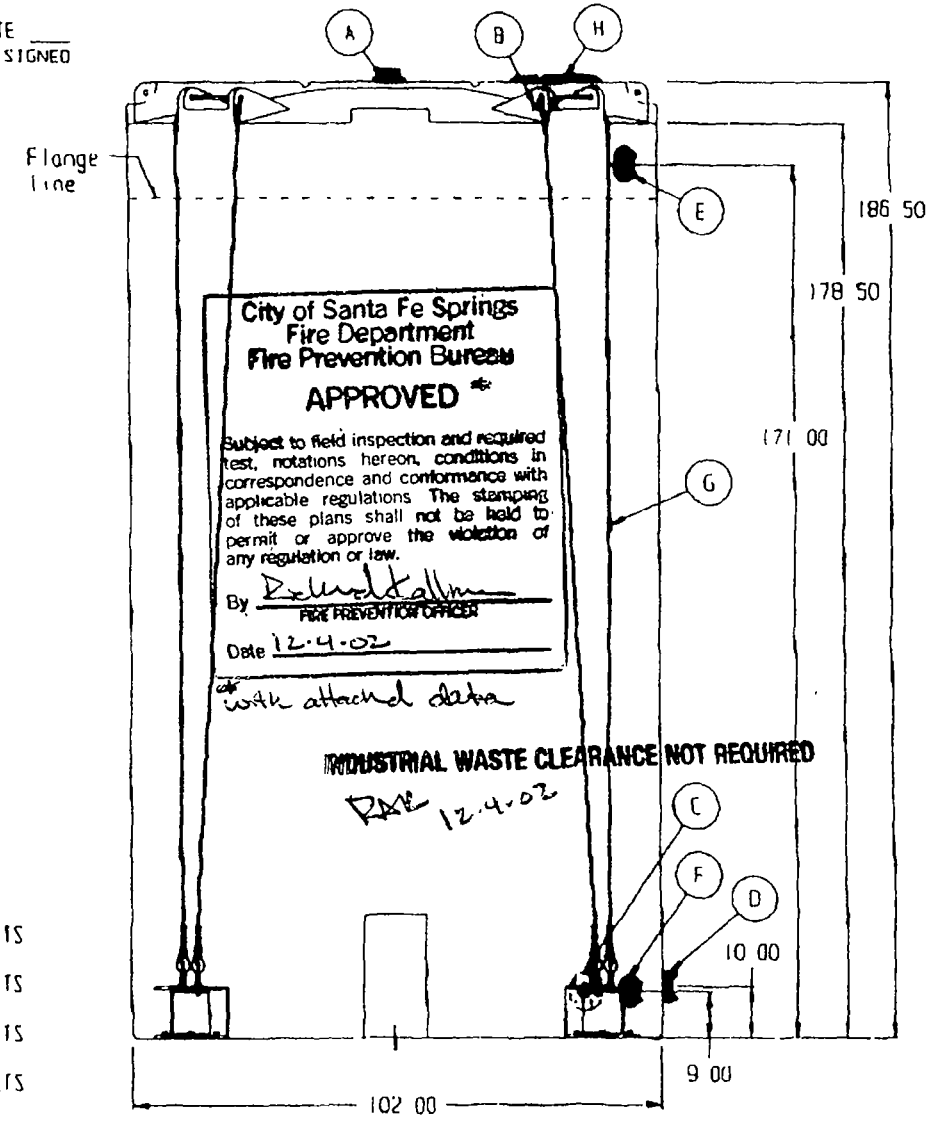
SIGNATURE _____ DATE ____
DRAWING NOT VALID UNLESS SIGNED

KIK

SNYDER INDUSTRIES INC.

~~SODIUM~~ HYPOCHLORITE





City of Santa Fe Springs
Fire Department
Fire Prevention Bureau
APPROVED *
Subject to field inspection and required test, notations hereon, conditions in correspondence and conformance with applicable regulations. The stamping of these plans shall not be held to permit or approve the violation of any regulation or law.
By _____ FIRE PREVENTION OFFICER
Date 12-4-02
* with attached data

INDUSTRIAL WASTE CLEARANCE NOT REQUIRED
RAE 12-4-02

A 3" PVC THREADED BH FTG W/VITON GASKET (P/N 347239)
B 2" PVC THREADED BH FTG W/VITON GASKET (P/N 347238)
C 3" PVC DBL FLANGED BOLTED FTG W/VITON GASKETS & TITANIUM ENCAP BOLTS (P/N 347689)
D 2" PVC DBL FLANGED BOLTED FTG W/VITON GASKETS & TITANIUM ENCAP BOLTS (P/N 347687)
E 2" PVC DBL FLANGED BOLTED FTG W/VITON GASKETS & TITANIUM ENCAP BOLTS (P/N 347687)
F 2" PVC DBL FLANGED BOLTED FTG W/VITON GASKETS & TITANIUM ENCAP BOLTS (P/N 347687)
G SEISMIC CABLE TIE-DOWN SYSTEM W/ (1) ADDITIONAL BASE PLATE (P/Ns 347569, 339236) - 5 PLACES
H 18" PE THREADED-VENTED MANWAY W/15° ACCESS (P/N 343012)

BASE FITTINGS TO BE LEFT INSTALLED AT TIME OF SHIPMENT PER S.I. PROCEDURE

OK
John Rossman

(all dimensions in inches)

6,000 GALLON FLAT BOTTOM TANK

PART # TANK 743095-C
HDLPE/OPAQUE/1 9 SPGR
RESIN #880059
REF # 8750
07/31/02

KIK
SOCAL

9028 DICE ROAD
SANTA FE SPRINGS
CA 90670

TELEPHONE
562-946-6427
FAX
562-941-9780

November 27,2002

Chief Neal Welland
City of Santa Fe Springs Fire Department
11300 Greenstone Avenue
Santa Fe Springs, CA 90670

Re; New Tank Installation.

KIK Socal will be replacing one tank with a new tank on spot #46 within the present tank farm area.

The product storage in the new tank will be compatible with other products located within the same bermed area. Other products stored within area are 50% Potassium Hydroxide (50% Potassium Soda), Windshield Wash and Soft Water for use in windshield wash product.

The previous tank was a 10,000 gallon steel tank that was used for storage of Sodium Silicate. The tank was on a 13' dia x 8" h, approved concrete pad within the tank farm area. This tank was removed from the pad during August of this year to make room for the new storage tank.

The new tank to be located on the same pad will be a 6,000 gallon poly tank, to be used for storage of 7-15 % Potassium Hypochlorite (Bleach). High level controls will be installed on the tank. This will alarm at 85% and shut down at 95% . Shut down is accomplished by automatically shutting down the filter pump in the process control circuit.

We submit these plans for your approval prior to presenting to building department for final approval on seismic requirements.

Thank you for your cooperation. Any questions please contact me at 562-906-2240.

Sincerely,

Derrell Johnson
Safety/Environmental Supv.

Cc: Richard Kallman
Greg Wiese
Bob Brown
Jim Rissman

Enclosed: Tank Farm plot Plan
Tank Drawings
Level Control Data
Secondary Containment Calculations
MSDS'S

C.kiksfsfd info11/27/02

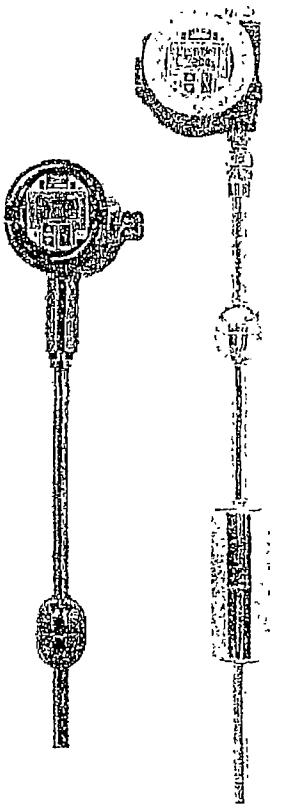
HIGH ACCURACY MAGNETOSTRICTIVE LEVEL TRANSMITTER

VISIT OUR WEB SITE AT www.ktekcorp.com ISO9001 Certified

Acculrak Model AT100

FEATURES

- High Accuracy: .01% of Full Scale
- Simple Calibration: Pushbutton or HART Protocol
- Never Requires Re-Calibration: Set It & Forget It
- Dual Compartment Housing with Separate Field Terminal Compartment
- No Drift Due To:
  Dielectric Constant Changes
  Vapor Composition Changes
  Temperature Changes
  Pressure Changes
- Loop Powered to 75' (22M) Probe Length
- Total and/or Interface Level Measurement
- Pressure to 3000psig (207 bar), Std. 950 psig (66 bar)
- Temperature Range: -320 to 800° F (-196 to 427°C) with options
- Field Replaceable Module
- Built In RFI / EMI Filter



OPTIONS:

- Local Indication with Scrolling LCD Display
- Two Level Outputs
- Temperature Output
- HART Protocol Output
- Foundation Fieldbus Output
- Honeywell DE Output
- Glass Viewing Window
- 316L Stainless Steel Enclosure
- 20 Segment Strapping Table

SPECIFICATIONS

Electronic Transmitter

Housing type	Explosion Proof Epoxy Coated Cast Aluminum, Dual Compartment
Electrical Connection	1/2" FNPT
Repeatability	.005% of full scale or 0.015", whichever is greater
Non-Linearity	.01% of full scale or .035", whichever is greater
Accuracy	.01% of full scale or 0.050", whichever is greater
Loop Supply Voltage	13.5 to 36 VDC
Polarity Protection	Diode in series with loop
Output	Standard 4-20 mAdc Manual field calibration via pushbuttons HART protocol (optional) Foundation Fieldbus (optional) ITK4.01 Compliant (pending - contact Factory) Honeywell DE (optional)
Dampening	Field adjustable by means of pushbuttons. Range: 0.1 to 36 seconds
Burnout	Jumper selectable upscale (21 mAdc) or downscale (3.6mAdc)
Temperature	-40 to 170°F (-40 to 77°C) Ambient
Humidity	0 to 100% R.H., non-condensing

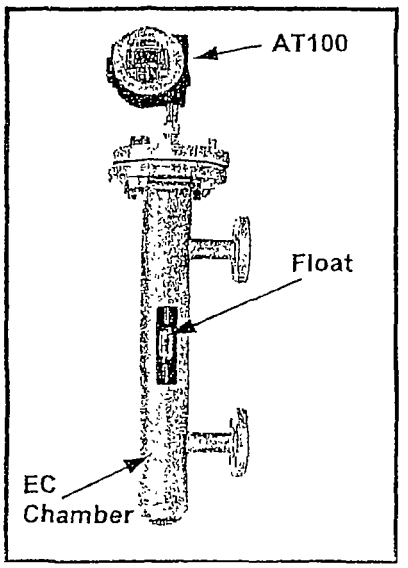
SPECIFICATIONS (continued)

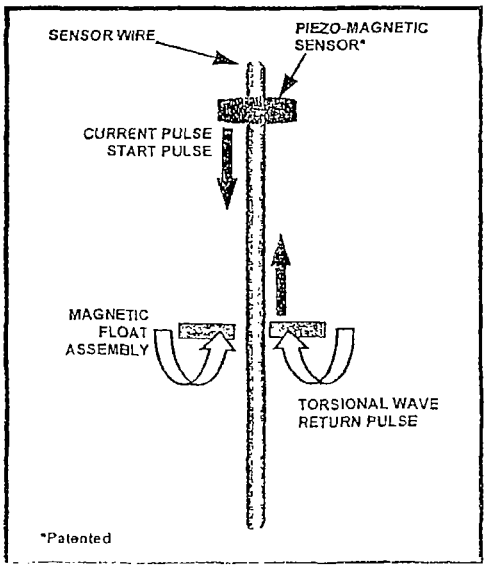
Sensor tube

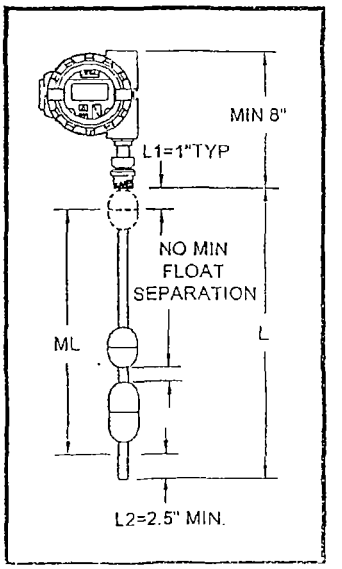
Material	316L Stainless Steel standard. Alloy 20, Hastelloy C-276, Teflon Jacketed 316L SS & Electro-Polish optional
Operating Temperature	-40 to 250°F (-40 to 121°C) Standard Options available for temperatures up to 800°F (427°C) or as low as –320°F (-195°C)
Maximum Pressure	950 psig @ 300°F (66.8 kg/cm^2 @ 149°C), 3000 psig (210 kg/cm^2) with options
Measuring Range	1 to 75 feet (may require Flexible Probe option, maximum probe length 75 ft/ 2m)
Mounting	3/4": MNPT compression fitting standard; Refer to ordering information for options
Approvals	**FM Factory Mutual Research Corp and CSA Canadian Standards Association** **Hazardous Locations (excludes Foundation Fieldbus option):** XP / I / 1 / ABCD / T6, DIP / II, III / 1 / EFG / T6 (excludes Probe F1) IS / I / 1 / CD / T4 —ELE0001 / A (excludes RI analog output & Honeywell DE option) NI / I / 2 / ABCD / T4 **TYPE 4X** **CENELEC (excludes Foundation Fieldbus option):** **Flameproof:** EEx d IIC T6 (excludes Probe F1) **Intrinsically Safe:** EEX ia IIB T6 (excludes RI analog output & Honeywell DE option) **Ingress protection classification:** IP67

PRINCIPLE OF OPERATION:

The AT100 is based upon the magnetostrictive principle. The sensing tube contains a wire which is pulsed at fixed time intervals and the interaction of the current pulse with the magnetic field created by the magnetic float. This causes a torsional stress wave to be induced in the wire. This torsion propagates along the wire at a known velocity, from the position of the magnetic float and toward both ends of the wire. A patented piezo-magnetic sensing element placed in the transmitter assembly converts the received mechanical torsion into an electrical return pulse. The microprocessor-based electronics measures the elapsed time between the start and return pulses and converts it into a 4-20 mA output which is proportional to the level being measured.







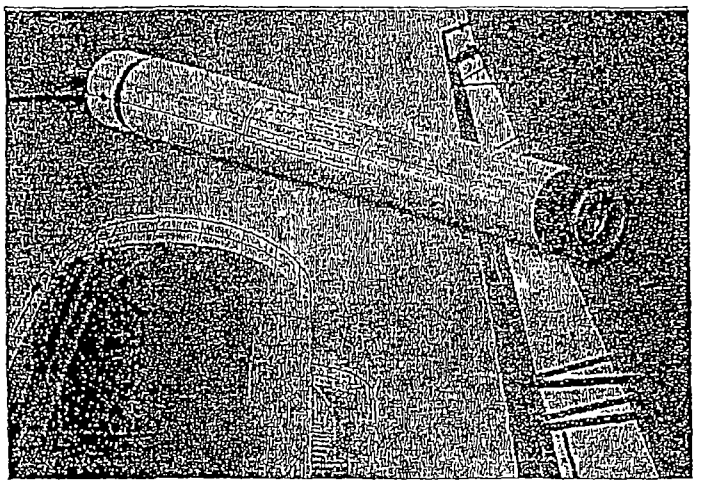
PRESSURE SYSTEMS

A Weston Company of The Roxboro Group PLC

Series 510 MODBUS® Transducers

User's Manual

August 2002

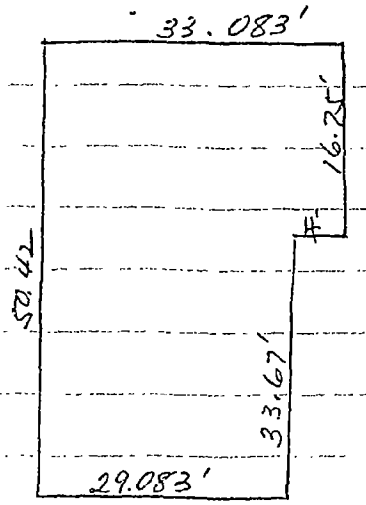


KPSI™ Level & Pressure Transducers

Visit us on the web:
www.PressureSystems.com

On-line Transducer Store:
www.LEVELandPRESSURE.com

Tank 46



Area = $29.083 \times 33.67 + 33.083 \times 16.75$

= $979.2 + 554.1$

= $1533.3\ ft^2$

Volume ($h = 3'$) = $1533.3 \times 3 = 4600\ ft^3 \approx 4600 \times 7.48 \frac{gal}{ft^3}$

$= 34408\ gal$

Six tanks w/ dia 13'

Vol to be deducted = $6 \times \pi r^2 h$

$= 6 \times 3.14 \times 6.5^2 \times 3$

$= 2388\ ft^3 \approx 17862\ gal$

Vol available = $34408 - 17862 = 16546\ gal$

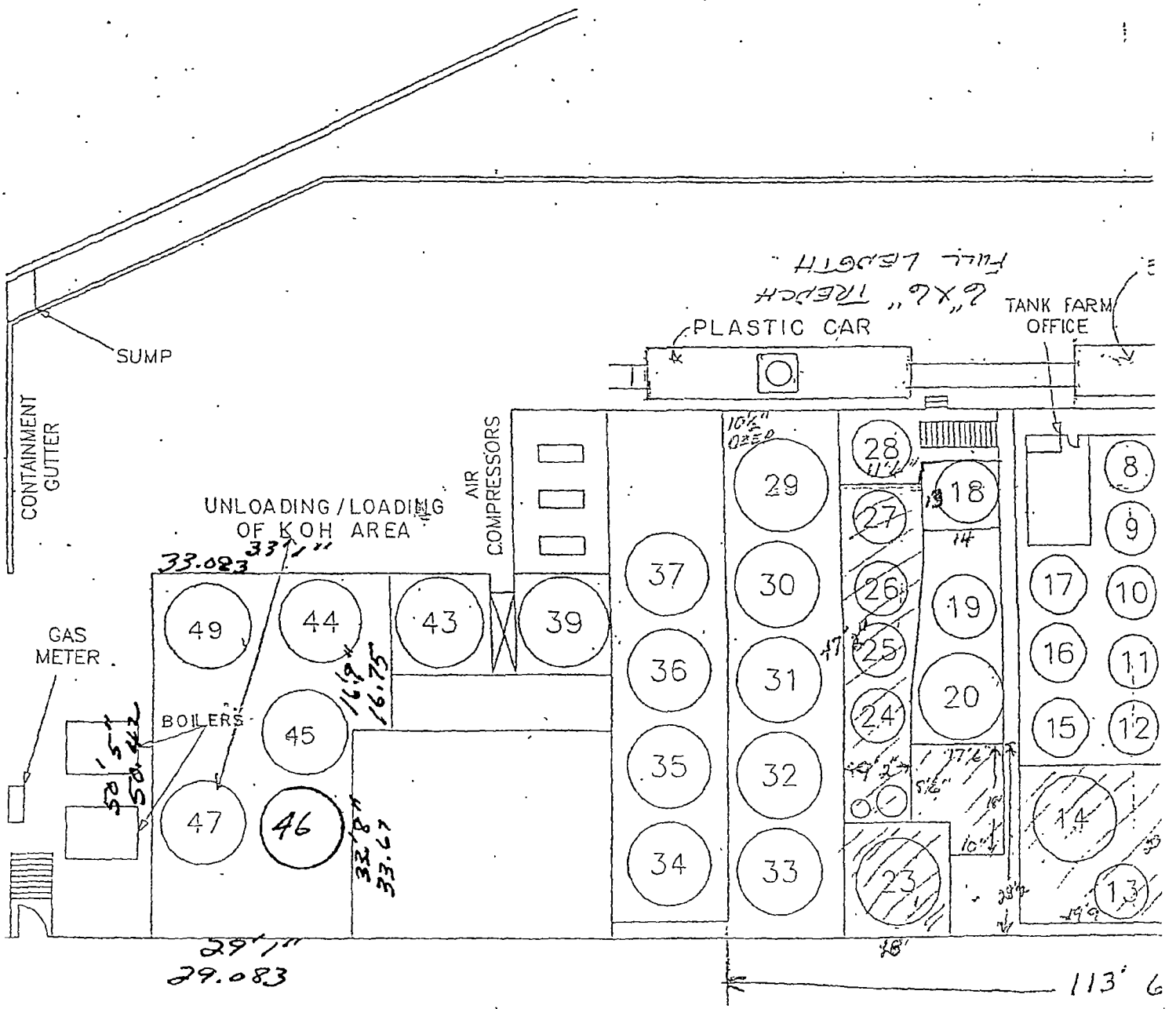
6" rainfall ⇒ $1533 \times 0.5 = 766.5\ ft^3 \times 7.48 = 5733\ gal$

$16546 - 5733 = 10813\ gal$ $76{,}000\ gal$ ∴ OK

N

NOT TO SCALE

1	BLEACH	11	BLEACH
2	BLEACH	12	BLEACH
3	BLEACH	13	PEROXIDE
4	OUT OF SERVICE	14	PEROXIDE
5	BLEACH	15	SURFACTANT
6	CAUSTIC SODA, 50%	16	BLEACH
7	CAUSTIC SODA, 50%	17	BLEACH
8	SOFT WATER	18	FABRIC SOFTENER
9	BLEACH	19	RINSE MIX TANK
10	RECYCLED WATER	20	FABRIC SOFTENER



DRAFT

September 19,2002

Chief Neal Welland
City of Santa Fe Springs Fire Department
11300 Greenstone Av.
Santa Fe Springs,Ca 90670-4619

Dear Chief Welland,

PURPOSE AND SCOPE

This plan is being submitted for KIK SOCAL plant located in Santa Fe Springs, CA.
At present the facility manufactures Sodium Hypochlorite and proposes to also manufacture Potassium Hypochlorite in strength of 12.5%. This will be manufactured for shipment in bulk loads only.

The purpose is to submit this plan to receive and store 50% Caustic Potash - Liquid (Potassium Hydroxide) and process this into Potassium Hypochlorite, in strength of 12.5%. Also the storage and distribution of the finished product.

RECEIVE AND OFF – LOAD and STORAGE

The 50 % Caustic Potash (Potassium Hydroxide) will be received via tank truck loads of 5000 gals. This will be off loaded into a 12,000 Gallon capacity, steel storage tank, which is tank# 47 on the enclosed facilities tank farm plot plan and legend. The piping leading into the tank is black iron schedule 80. The load will be unloaded with pressure from cargo tank truck and over the top of storage tank. The tank will be equipped with a level control that will have 4 level lights (visual) Alarms and a horn (audio) that will sound when tank is 90% full.

PROCESS and STORAGE

The 50% Caustic Potash (Potassium Hydroxide) is pumped via black iron schedule 80 pipe to the bleach processor. It is blended with water and chlorine to manufacture 12.5% Potassium Hypochlorite. It goes from the processor thru 2" PVC piping to a 6,000 gallon poly tank for storage until loaded on tank truck for distribution. This is storage tank # 45 on the enclosed tank farm plot plan and legend.

All 12.5 % Potassium Hypochlorite will be packaged in bulk truck shipments. It is transferred from the Potassium Hypochlorite storage tank via 2" PVC piping to the hose connection that goes to the tank truck..
Unload, Load and Process procedures are the same as present 50% Caustic Soda (Sodium Hydroxide) and Sodium Hypochlorite procedures

SECONDARY CONTAINMENT

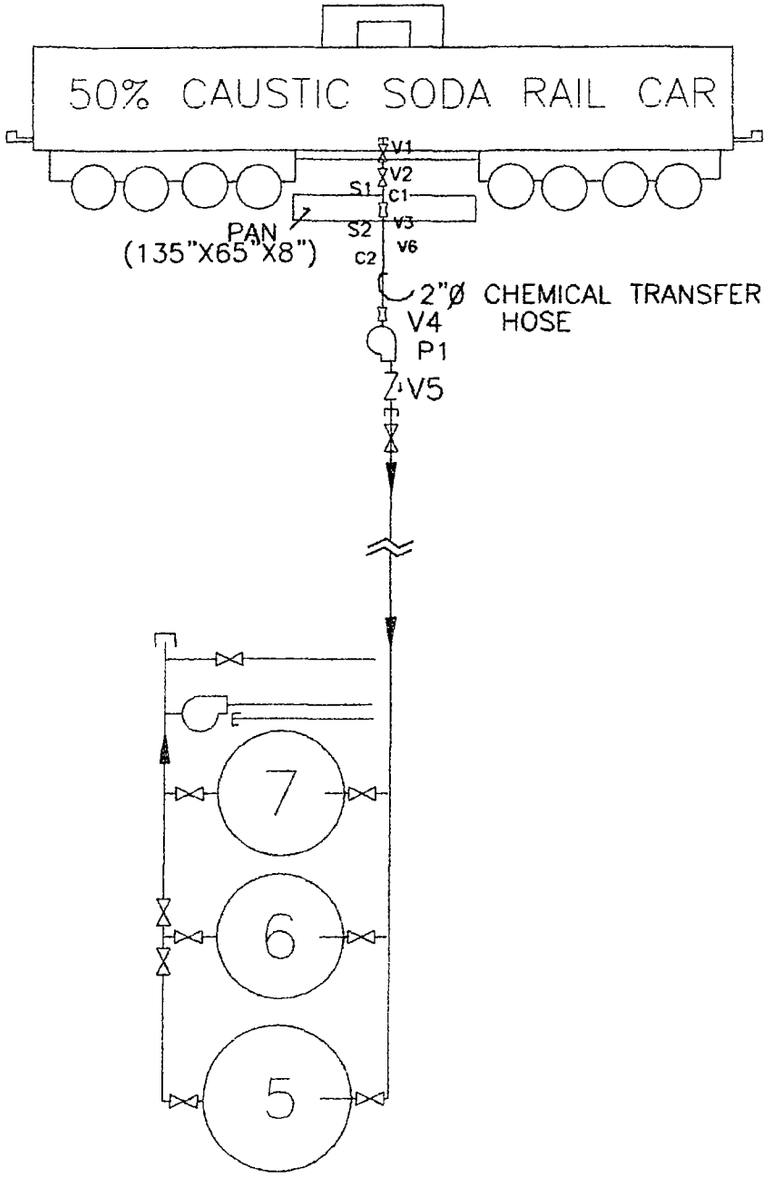
Storage tanks, piping and areas in the tank farm are all Compatible with the product in all areas. All tanks are of same size and in the present approved secondary containment areas.

If you have any questions, please free to call me at FOIA ex 6, Personal Privacy

Sincerely,

Derrell Johnson
Safety/Environmental Supervisor

Enclosed: Tank Farm Tank Legend
Tank Farm Plot Plan
Caustic Potash MSDS
Potassium Hypochlorite MSDS



LEGEND:

PAN 135"X65"X8"
S1 35% LEVEL ALARM SENSOR
S2 25% LEVEL WARNING
V1 MAIN CAR VALVE (MANUAL)
V2 CAR VALVE #2 (MANUAL
V3 AUTOMATIC VALVE
V4 AUTOMATIC VALVE
P1 PUMP
V5 CHECK VALVE
V6 SCRUBBER VALVE
C1 CONNECTION POINT FROM V2 TO V3
C2 CONNECTION POINT FROM V4 TO THE PAN
5 50% CAUSTIC SODA STORAGE TANK
6 50% CAUSTIC SODA STORAGE TANK
7 50% CAUSTIC SODA STORAGE TANK

SODIUM HYDROXIDE TANK CAR UNLOADING/CONTAINMENT

BY: KIK SOCAL (07-22-03)

U.S. Compliance Corporation

Industrial Discharge
(Wastewater)

Exhibit C

KIK-SoCal Inc.
9028 Dice Road
Sante Fe Springs, CA 90670

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

COUNTY SANITATION DIST.
OF LOS ANGELES COUNTY
Surcharge Section
1955 WORKMAN MILL RD
PO BOX 4998
WHITTIER CA 90607

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Ricardo Moran ☑ Agent ☐ Addressee

B. Received by (Printed Name) Ricardo Moran C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
■ Certified Mail ☐ Express Mail
☐ Registered ■ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7003 3110 0000 1785 5818

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

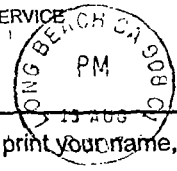
8/14/07

Sent To: County Sanitation (Surcharge)
Street, Apt. No., or PO Box No: 1955 Workman Mill
City, State, ZIP+4: Whittier

7003 3110 0000 1785 5818

PS Form 3800, June 2002 See Reverse for Instructions

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

KIK INTERNATIONAL SOCAL
9028 DICE ROAD
SANTA FE SPRINGS, CA 90670

Bob Brown

Certified Mail Provides:

PS Form 3800, June 2002 (Reverse)

- A mailing receipt
- A unique identifier for your mailpiece
- A record of delivery kept by the Postal Service for two years

Important Reminders:

- Certified Mail may ONLY be combined with First-Class Mail® or Priority Mail®.
- Certified Mail is *not* available for any class of international mail
- NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. For valuables, please consider Insured or Registered Mail
- For an additional fee, a *Return Receipt* may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a USPS® postmark on your Certified Mail receipt is required
- For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement *"Restricted Delivery"*.
- If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail

IMPORTANT: Save this receipt and present it when making an inquiry. Internet access to delivery information is not available on mail addressed to APOs and FPOs.

WATER RECLAMATION
SOLID WASTE MANAGEMENT

COUNTY SANITATION DISTRICTS
OF LOS ANGELES COUNTY

1955 Workman Mill Road, Whittier, CA 90601-1400
Mailing Address. P.O. Box 4998, Whittier, CA 90607-4998
Telephone. (562) 699-7411, FAX. (562) 699-5422
www lacsd org

STEPHEN R. MAGUIN
Chief Engineer and General Manager

February 12, 2007

TALKED WITH DEATH CLEMENTS ON 3-6-07. SHE WILL SEND AN INTENT TO DEMONSTRATE A REDUCTION IN DISCHARGE STATEMENT. WE WILL HAVE 45 DAY TO DO THIS. PLAN ON COLLATERAL PAYMENT OF 60% FEE ($12,732)

Mr. Robert Brown
KIK SoCal
9028 Dice Rd.
Santa Fe Springs, CA 90670

Dear Mr. Brown:

Wastewater Treatment Surcharge Statement and Connection Fee
for Account Number 2042264, Industrial Waste Permit Number 15431

The Districts have conducted an audit review of the 2005-2006 Surcharge filing for KIK SoCal. The results of this review preliminarily indicate that a surcharge refund of approximately $280.00 is due KIK SoCal and a connection fee of approximately $21,220.00 is due the Districts. These charges are based upon the Long Form Surcharge Statement as filed by KIK SoCal with changes made to the total concentrations and mass loadings of chemical oxygen demand (COD) and suspended solids (SS) and peak flow rate.

During the fiscal year 2005-2006, KIK SoCal performed two (2) wastewater analyses while the Districts also performed two (2) wastewater analyses. Districts' data results were not included in the surcharge filing. The Districts have determined that the best characterization of the wastewater is to include all available date. See the attached Surcharge Statement and Table 3 for details.

KIK SoCal calculated a peak flow rate of 20 gallons per minute (gpm) on the Surcharge Statement. However, using the assumed peak to average ratio of 2.00 and a flow volume of 3.97 million gallons (MG) a peak flow rate of 22 gpm can be calculated. See the attached Surcharge Statement for details.

As of December 15, 1981 all new users of the sewerage system, as well as existing industrial users who increase their historic wastewater discharge by more than 25 percent are required to pay a connection fee to the Sanitation Districts. For the determination of the connection fee the term "capacity unit" (CU) has been developed and is based on a formula which calculates the burden for wastewater disposal that a typical single family home places on the sewerage system in terms of wastewater flow and strength. According to Districts records, KIK SoCal currently has a baseline of 40.77 CU's. Review of the fiscal year 2005-2006 Surcharge Statement indicates an actual wastewater discharge equivalent to 53.55 CU's which represents a 31 percent increase.

To address the connection fee charge, KIK SoCal has the following options:

- Payment of the connection fee in full which increases the baseline capacity units associated with the site.
- Extended payment plan, which can be requested for three to six years including interest and requires a ten percent deposit to initiate.

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- Election to demonstrate a reduction in discharge which delays payment of the connection fee and requires a signed and notarized demonstration agreement with collateral to cover approximately 60 percent of the charge.

- Non-refundable deposit which is paid towards a portion of the needed CU's and accompanies a request to demonstrate a reduction in discharge (requires collateral).

If you wish to discuss the details of these charges or the options that are available to you, please contact Deah M. Clements of the Districts' Surcharge group at (562) 699-7411, extension 2608 within 10 days of the date of this letter. If no response is received by the Districts within 10 days the charges will be formalized and billing information forwarded to your office via certified mail. Formalization of the billing starts a 45-day time period during which the selection of one of the before mentioned options must be made. The details of these options are outlined in the attached *Connection Fee Ordinance*. Failure to submit all required documents by the 45-day stipulated deadline results in automatic penalties and eliminates the demonstration and payment plan options.

Very truly yours,

Stephen R. Maguin

Sharie L. Pike by dmc

Sharie L. Pike
Supervisor, Surcharge Section

SLP:DMC
Enclosures

County Sanitation Districts of Los Angeles County
1955 Workman Mill Rd , P O Box 4998
Whittier CA, 90607-4998
James F Stahl, Chief Engineer and General Manager

2005-2006 LONG FORM
WASTEWATER TREATMENT SURCHARGE STATEMENT
For Fiscal Year July 1, 2005 to June 30, 2006

(This form must be used by all companies discharging more than six (6) million gallons of wastewater to the sewer during fiscal year 2005-2006)

7 COMPANY NAME

8 COMPANY MAILING ADDRESS

9 ADDRESS OF WASTEWATER DISCHARGE

10 PROPERTY IDENTIFICATION

(Map Book No) (Page No) (Parcel No)

TO: **KIK SoCal**
9028 Dice Rd.
Santa Fe Springs 90670

18 2042264 8168007029

RETURN THIS COPY TO THE SANITATION DISTRICTS

11 FEDERAL STANDARD INDUSTRIAL CLASSIFICATION (SIC) NO(S) 2841 2842

TOTAL YEARLY WASTEWATER QUANTITIES
(Furnish calculation details in Tables 2B and 3)

	NO. 1	NO. 2	NO. 3	NO. 4		TOTALS
12. DISCHARGE OUTLETS TO SEWER Sanitation Districts Permit No(s).	15431					
☐ If more than four (4) outlets are reported, enter total number in box and use Table 1 to calculate totals for Lines 13a, 14a, and 15a						
13. FLOW VOLUME (in millions of gallons to two decimal places)	3.97				13a	3.97 (Total Flow)
14. CHEMICAL OXYGEN DEMAND (COD) (in thousands of lbs to two decimal places)	10.93				14a	10.93 (Total COD)
15 SUSPENDED SOLIDS (SS) (in thousands of lbs to two decimal places)	3.15				15a	3.15 (Total SS)
16. PEAK FLOW RATE (Round off to whole numbers Average of 10 highest peak flows, in gallons per minute Use calculation table on reverse side of this form)	22				16a	22 (Enter Line 39a or Line 43a from reverse side of this form)

DETAILS OF WASTEWATER DETERMINATIONS

17. METHOD OF FLOW VOLUME DETERMINATION (Submit copies of water bills if metered or adjusted meter water supply method is used)
☐ Direct Measurement (submit totalizer readings) ☐ Metered Water Supply (Complete Tables 2A and 2B) ☒ Adjusted Metered Water Supply (Complete Tables 2A and 2B)

18. SOURCE OF WATER SUPPLY ☐ Water Well ☒ Water Purveyor - Name _____

19. METHOD OF PEAK FLOW DETERMINATION
☐ Direct Measurement ☒ Assumed P/A=2.00 ☐ Calculated Value (submit calculations)

CALCULATION OF WASTEWATER TREATMENT SURCHARGE PAYABLE

20	FLOW VOLUME CHARGE (Multiply total flow on Line 13a by $509 00)	20a	$ 2,020 73
21.	CHEMICAL OXYGEN DEMAND CHARGE (Multiply total COD on Line 14a by $90 00)	21a	$ 983 70
22.	SUSPENDED SOLIDS CHARGE (Multiply total SS on Line 15a by $254 40)	22a	$ 801 36
23	PEAK FLOW RATE CHARGE (Enter Line 46a of this form)	23a	$ 1,115 40
24.	SANITARY FLOW CHARGE (Enter Line 48a of this form)	24a	$ 393.75
25.	GROSS WASTEWATER TREATMENT SURCHARGE PAYABLE (Sum of Lines 20a-24a)	25a	$ 5,314 94
26.	QUARTERLY PAYMENT CREDIT (Total amount paid on Surcharge Payable)	26a	$ 5,604.57
27.	NET WASTEWATER TREATMENT SURCHARGE PAYABLE-QUARTER 4 (Line 25a less Line 26a)	27a	$ (289.63) less penalty and interest

(Please indicate any overpayment in brackets, as [ ])

CERTIFIED CORRECT BY COMPANY ADMINISTRATIVE OFFICER
I hereby certify under the penalty of perjury that his statement and supporting data are complete and correct

28 SIGNATURE _____ 29 DATE _____
30 PRINT NAME and POSITION _____
31 PREPARED BY _____
32 TELEPHONE NO OF DISCHARGER _____
(Include Area Code)

Due August 15, 2006
U.S. Postmark this date

DO NOT STAPLE FORMS

Please enclose a check in the full amount shown on Line 27a Make the check payable to the County Sanitation Distncts of Los Angeles County
Any overpayments will be refunded by the Sanitation Distncts

Please use the pre-addressed envelope for return For more information call the Industnal Waste Section at (562) 699-7411 or (323) 685-5217, ext 2600

Please pay by August 15, 2006 to avoid penalty and interest penalty charges

CALCULATION TABLE FOR PEAK FLOW RATE CHARGE

33. TOTAL YEARLY FLOW VOLUME (In gallons. Multiply Line 13a by 1,000,000.) 33a 3,970,000

34 NUMBER OF DISCHARGE DAYS PER YEAR 34a 250

35. AVERAGE NUMBER OF DISCHARGE HOURS PER DISCHARGE DAY 35a 24.00

36. MINUTES PER YEAR (Multiply Line 34a by Line 35a by 60) 36a 360,000

37 AVERAGE FLOW RATE "A" (In gallons per minute. Divide Line 33a by Line 36a.) 37a 11

38. NUMBER OF DISCHARGE OUTLETS TO SEWER AS LISTED ON LINE 12 or in Table 1 ..... 38a 1
(If 1, proceed to Line 39 If more than 1, proceed to Line 40)

39 PEAK FLOW RATE "P" FOR SINGLE OUTLET (In gallons per minute. Complete Line 39a and proceed to Line 44 If 10 gpm or less, do not calculate a peak flow rate charge.) 39a 22
(Enter on Line 16a)

40. HIGHEST PEAK FLOW RATE "P" MULTIPLE OUTLETS (From Line 16 or Table 1) ..... 40a -

41. TOTAL YEARLY FLOW VOLUME OF THE OUTLET WITH THE HIGHEST PEAK FLOW RATE (Multiply value from line 13 or Table 1 by 1,000,000) ..... 41a -

42. AVERAGE FLOW RATE OF THE OUTLET WITH THE HIGHEST PEAK FLOW RATE (Divide Line 41a by Line 36a) ..... 42a -

43. PEAK FLOW RATE "P" FOR MULTIPLE OUTLETS (Line 40a plus Line 37a minus Line 42a If 10gpm or less, do not calculate a peak flow rate charge) ..... 43a -
(Enter on Line 16a)

44. PEAK TO AVERAGE FLOW RATIO (P/A) (Divide either Line 39a or 43a by 37a) 44a 2 00
(To two decimal places)

45. FACTOR "M" (Obtain "M" from Figure 2 using the value of P/A on Line 44a or calculate M = 2 50 log (P/A)) 45a 0 75
(To two decimal places)

46 PEAK FLOW RATE CHARGE (Multiply Line 45a by $67 60 by either Line 39a or Line 43a) ..... 46a $ 1,115.40
(Enter on Line 23a)

CALCULATION TABLE FOR SANITARY FLOW CHARGE

IMPORTANT This charge is calculated only when the total yearly flow volume on Line 13a does not include the sanitary (domestic) wastewater from company employees.

47. AVERAGE NUMBER OF EMPLOYEES PER DISCHARGE DAY NOT CONTRIBUTING TO THE REPORTED FLOW VOLUME ON LINE 13a 47a 75

48. SANITARY FLOW CHARGE (Multiply Line 34a by Line 47a by $0 021) ..... 48a $ 393 75
(Enter on Line 24a)

TABLE 3

chemical oxygen demand & suspended solids summary

Fiscal Year 2005/2006 **Account No.** 2042264

Company Name KIK SoCal

Districts' Permit No. 15431 **SIC No.** 2841

(Prepare One Table For Each Separate Discharge Outlet)

Method of Flow Volume Determination ☐ Direct Measurement ☐ Metered Water Supply (Complete Tables 2A and 2B) ☒ Adjusted Metered Water Supply

	Surcharge Parameter Report 1/							Total Wastewater Quantities Discharged to the Sewer		
				Tests Represent Period of Time						
Sample No.	Date of 24-Hour Sampling & Measurements	Chemical Oxygen Demand (COD) 2/ (mg/l) 5/	Suspended Solids (SS) 2/ (mg/l) 5/	From Mo.	From Day	Thru Mo.	Thru Day	Flow Volume (millions of gal.) 3/ 4/	Chemical Oxygen Demand (COD) (thousands of lbs.) 6/	Suspended Solids (SS) (thousands of lbs.) 6/
1	07/07/2005	79	28							
2	11/17/2005	503	322							
3	03/06/2006	728	18							
4	06/19/2006	10	10							
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
	Annual Average	330	95			Annual Total		3 97	10 93	3 15

NOTES

1/ Frequency of surcharge parameter measurements should follow the requirements of Table A, according to the total yearly flow volume of the discharge outlet If more than 24 tests are required or performed per year, please attach additional sheets

2/ Mg/l corresponds to milligrams per liter - also equivalent to PPM or parts per million All sample results must be reported in whole numbers

3/ Companies determining wastewater flows by an effluent flow meter must have a value for flow volume in this column for every required sampling time period These flow volumes should be used to calculate the quantities of COD and SS discharged

4/ Companies using metered or adjusted metered water supplies should calculate the annual average for COD and SS and use these values and the total annual flow volume to calculate the total annual wastewater quantities of COD and SS discharged

5/ Submit copies of laboratory analyses sheets for ALL 24-hour composite samples which were analyzed for either COD or SS concentrations

6/ The weight in thousands of pounds of COD and SS is determined by

[Flow Volume Discharged in Millions of Gallons (to two decimal places)] X [Oxygen Demand or Suspended Solids Concentration in Milligrams per Liter (mg/l)] X [8 34/1000] = [Thousands of Pounds of Chemical Oxygen Demand or Suspended Solids (to two decimal places)]

CAPACITY USAGE CALCULATION SHEET

Company Name KIK SoCal By Deah M. Clements Date November 2, 2006
Type of Industry Detergent Mfg. I.W. No. 15431 Dist No. 18
Situs Address 9028 Dice Rd. Santa Fe Springs 90670
ling Address 9028 Dice Rd. Santa Fe Springs, CA 90670
Company Contact Robert Brown Telephone (562) 946-6427
MPP 8168007029 Account No. 2042264 TG 0706/J2
SIC No.(s) 2841, 2842 Change in SIC: Yes ____ No x
New Connection ☐ Discharging ☒ Current Discharger with New Connection ☐

PROPOSED DISCHARGE	* Flow (GPD)	COD (PPD)	SS (PPD)
I.W. FLOW VOLUME =	15,880		
COD = (GPD)(8.34 x 10^{-6})(mg/l)		43.72	
SS = (GPD)(8.34 x 10^{-6})(mg/l)			12.60
SANITARY = (75EMPLOYEES)(15 GPED)	1,125		
C COD = (75employees)(.06430)		4.82	
SS = (75employees)(.03378)			2.53
COMBINED =	17,005	48.54	15.13

$$\text{'s} = (0.6385)\left(\frac{17{,}005}{260}\right) + (0.1783)\left(\frac{48.54}{1.22}\right) + (0.1832)\left(\frac{15.13}{0.59}\right)$$

= 53.55 CU's

XYZ Effective Date 07-01-2006 minus Credit (see below) = 40.77 CU's
Rate Effective From 12-15-1981
Strength Data From Co & CSD Net Proposed Increase = 12.78 CU's(1)

Baseline 40.77 x 25% = 10.19 (2)

☒ (1) > (2) **Connection Fee** Due = ($1,660.50/CU) (12.78 CU's) = $21,221.19
☐ (2) ≥ (1) **No Connection Fee Due**

CREDIT/BASELINE

Surcharge Data: Yes x Year 1979-1980 Long Form 1767936 Short Form ____
No ____ Previous I.W. Permit ____ Tax Assessors' Records ____
Water Bills ____ Connection Fee Payment x (3)

COMMENTS Flow = 3.97 MGY / 250 days/year x 1,000,000 = 15,880 gpd
COD = 10.93 1000 lbs / 250 days/year x 1,000 = 43.72 ppd
SS = 3.15 1000 lbs / 250 days/year x 1,000 = 12.60 ppd
EMPLOYEES = 75

COUNTY SANITATION DISTRICTS OF LOS ANGELES COUNTY

INDUSTRIAL WASTE SECTION

CONNECTION FEE PROGRAM[1]

In 1981, a Districts-wide Connection Fee Program was implemented to provide funds for future capital expenditures needed to accommodate additional wastewater contributions in the Districts' sewerage system. This program requires all new users of the sewerage system, as well as existing users who expand their wastewater discharge by more than 25 percent, to pay a connection fee to the Districts based upon the quantity and the strength of the wastewater discharge. This connection fee applies to residential, commercial and industrial dischargers For new facilities, the connection fee is to be paid prior to the time the facility is actually connected to the sewer or, in the case of expanding existing facilities, at the time of expansion of the wastewater discharge A new wastewater discharger may incur a connection fee for an existing facility if the baseline capacity is not sufficient for the new discharge. Companies that expand their wastewater discharge, such that the capacity is 25 percent greater than the baseline capacity, will be required to pay a connection fee for the increased discharge thereby establishing a new baseline capacity.

For users obtaining industrial wastewater discharge permits at industrial sites within the Districts' service area, baseline capacity usually has been established by the previous industrial user. Baseline capacity generally remains with the site regardless of change of ownership. The only exception occurs when a relocation credit is granted under Section 3.04(3) of the *Connection Fee Ordinances* so as to allow a portion of the baseline capacity to be reallocated to another site within the service area.

Connection fee rates for industrial users are determined using the following formula:

$$Connection\ \ Fee = R\left[X\left(\frac{Flow}{260}\right) + Y\left(\frac{COD}{1.22}\right) + Z\left(\frac{SS}{0.59}\right)\right]$$

Where:

R = Connection fee rate in dollars for a single capacity unit.

Flow = Average wastewater flow rate in gallons per day (gpd).

COD = Chemical oxygen demand (COD) expressed in pounds per day, to be determined by multiplying the COD concentration in mg/l by the flow in gpd and by the conversion factor 0.00000834.

SS = Suspended solids (SS) expressed in pounds per day, to be determined by multiplying the SS concentration in mg/l by the flow in gpd and the conversion factor 0 00000834.

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[1] This document presents a summary of the Districts' Connection Fee Program and is not intended to supplant the Districts' *Connection Fee Ordinances* for accurate determination of legal obligations under these Ordinances

The R, X, Y and Z factors used in the connection fee formula are derived annually for each of the active Sanitation Districts These factors vary according to District and to the specific circumstances which may apply to individual dischargers. The R factor has the widest variability and ranges from $1,100 to $2,800. The exact factors which pertain to a site can be obtained by contacting the Sanitation Districts; however, charge determinations for most Districts can be approximated using R = $1,300, X = 0.6, Y = 0.2 and Z = 0.2. In order to calculate the actual connection fee, it is necessary to know the specific District in which a facility is located and the correct R, X, Y and Z factors as well as the facility's baseline capacity, if any.

For users applying for a new industrial wastewater discharge permit, any connection fee obligation will be determined after the application has been approved. If a connection fee is required, a bill will be forwarded to the official designated as the company's contact on the permit application form. The permit will not be issued until the connection fee payment has cleared (i.e., up to 15 working days for personal or company checks).

For existing dischargers who intend to significantly modify or expand their facilities, an application for a permit revision must be submitted and approved before any of the proposed changes are actually made. A connection fee determination will be made on the basis of the increase in sewer capacity above the permitted capacity baseline. If it is determined through a permit review process that the existing discharge has exceeded the permitted capacity by more than 25 percent, a bill will be submitted and issuance of the revised permit will not occur until the connection fee payment has cleared. The connection fee payment is due within 45 days from the date of the billing.

For connection fees triggered by an annual surcharge filing or audit, a preliminary notification letter is first sent to the discharger which addresses the circumstances of the pending charges. The letter establishes a short comment period which allows the discharger time to present additional information or set up a conference with Districts' staff to answer questions. The notification letter also advises the discharger of the option to demonstrate a reduction in discharge rather than paying a connection fee, if the discharger believes that modifications to operational procedures or implementation of conservation measures will reduce the discharge to within 25 percent of the existing baseline. Following the comment period, the charges are formalized and a billing is submitted requiring payment within 45 days. After this deadline, if payment or a complete Election to Demonstrate (which includes a properly executed agreement and the required collateral) is not received, an immediate ten percent penalty is imposed and the election to demonstrate option is forfeited. A second billing including the penalty is then sent to the discharger. If payment is not received by the stated deadline, additional interest at the rate of one and one-half percent per month is assessed on the total delinquent connection fee, including the initial ten percent penalty, until payment is made.

An industrial user may satisfy the connection fee obligation through extended payments for a period not to exceed six years. Requests for an extended payment plan must be made within the 45 days of the notice of charges and accompanied by a minimum ten percent payment. Interest will accrue on the unpaid balance at a rate based on the prime interest rate in effect at the beginning of the then-current fiscal year. Payment schedules of three years or less are based on the prime interest rate plus one percent. Payment schedules greater than three years are based on the prime interest rate plus three percent

If a company elects to demonstrate a discharge reduction, notification must be submitted in writing and accompanied by appropriate security such as a surety bond, letter of credit or certificate of deposit. The amount of the security submitted will be based on the current connection fee multiplied by a growth factor (which accounts for rate changes during the demonstration period) then reduced by 50

percent. A company also has the option of making a non-refundable deposit for a portion of the billed connection fee.

The demonstration period is typically the next full fiscal year which occurs after an election to demonstrate is made. However, the discharger may be allowed to start the demonstration earlier beginning in the fiscal year in which the election is made. The demonstration is to be evaluated on discharge data for the designated twelve-month period. Following this period, if the data show that the demonstration was successful (i.e., the capacity units are within 25 percent of the established baseline), the security is returned to the discharger. If the demonstration is unsuccessful, the discharger has the option of electing to make supplemental demonstrations, provided (1) sufficient security accompanies a timely request and (2) a non-refundable payment of five percent of the connection fee charge is made. Connection fee charges are based on the rate in effect at the time of the billing.

For questions regarding the Connection Fee Program, please refer to the District's specific *Connection Fee Ordinance* or contact the Industrial Waste Section at (562) 699-7411, extension 2600.

WATER RECLAMATION
SOLID WASTE MANAGEMENT

COUNTY SANITATION DISTRICTS
OF LOS ANGELES COUNTY

1955 Workman Mill Road, Whittier, CA 90601-1400
Mailing Address P O Box 4998, Whittier, CA 90607-4998
Telephone: (562) 699-7411, FAX (562) 699-5422
www lacsd org

JAMES F. STAHL
Chief Engineer and General Manager

August, 2006

TO: Industrial Dischargers of Wastewater

SUBJECT: Connection Fee Program
Security Requirements for an Election to Demonstrate a Reduction in Capacity

In 1981, a Districts-wide Connection Fee Program was implemented via adoption of Connection Fee Ordinances by all the active County Sanitation Districts of Los Angeles County (Districts) to provide funds for future capital expenditures needed to accommodate additional wastewater contributions in the Districts' sewerage systems. This program requires all new users of the sewerage system, as well as existing users who expand their wastewater discharge by more than 25 percent, to pay a connection fee to the Districts. However, for situations where an annual industrial wastewater surcharge has shown an increase of more than 25 percent, users are provided the opportunity to elect to demonstrate that a modification will alter the discharge such that a connection fee will not be required. If a discharger makes such an election, it must be accompanied by security in an amount sufficient to protect against a possible failure of the demonstration.

Section 3.03(7) of the amended Connection Fee Ordinances requires that industrial wastewater dischargers that elect to demonstrate a reduction in the number of capacity units attributable to their operations provide collateral "...in such amount as the Chief Engineer determines will reasonably assure payment of the connection fee that will be due in the event the modification has not resulted in the required reduction in the number of capacity units." The Ordinances also provide that in the event the modification has not resulted in the required reduction, the applicable connection fee will be based on the connection fee rate effective July 1 of the fiscal year immediately following the demonstration period.

To insure that the security requirement stipulated by the Ordinances is met, factors have been developed based on historical increases in the connection fee rates from fiscal years 1998-1999 through 2006-2007. These factors, which are only effective through fiscal year 2006-2007, are to be applied to the 2005-2006 fiscal year connection fee rates to calculate the amount of collateral to be provided by dischargers who make an Election to Demonstrate as follows:

$$\text{Collateral} = \begin{bmatrix}\text{Net Increase}\\ \text{Capacity Units } (CUs)\\ \text{Above Baseline}\end{bmatrix} X \begin{bmatrix}\text{2005-2006}\\ \text{Connection}\\ \text{Fee Rate (\$)}\end{bmatrix} X \text{ [Factor] } X \text{ [50\%]}$$

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The factors established for the Districts' three sewerage systems, to provide the required connection fee collateral, are shown in the following table. These factors will be re-evaluated at the end of each fiscal year and revised accordingly.

CONNECTION FEE PROGRAM SECURITY FACTORS[a]

Sewerage System	Demonstration Year Fiscal Year 2006-2007	Fiscal Year 2007-2008	Fiscal Year 2008-2009
Joint Outfall System (Districts 1, 2, 3, 5, 8, 15, 16, 17, 18 19, 21, 22, 23, 29 and South Bay Cities)	1.075	1.084	1.128
Antelope Valley (Districts 14, 20)	1.121	1.169	1.263
Santa Clarita Valley (District 32)	1.00	1.00	1.00

NOTE:
a. Factors apply only to demonstrations initiated during fiscal year 2006-2007.

Should you have any questions regarding an Election to Demonstrate or other aspects of the industrial waste connection fee program, please contact the Surcharge Group at (562) 699-7411, extension 2600.

Very truly yours,

James F. Stahl
Sharie L. Pike

Sharie L. Pike
Supervisor, Industrial Waste Surcharge

SLP:cr
#542526 v2

AN ORDINANCE ADDING SECTIONS 2.22, 2.23, 2.24 AND AMENDING SECTIONS 1.08, 3.03(7), 3.04(3) AND 3.05 OF THE MASTER CONNECTION FEE ORDINANCE OF COUNTY SANITATION DISTRICT NO. 18 OF LOS ANGELES COUNTY ADOPTED SEPTEMBER 30, 1992

THE BOARD OF DIRECTORS OF COUNTY SANITATION DISTRICT NO. 18 OF LOS ANGELES COUNTY ORDAINS AS FOLLOWS:

TABLE OF CONTENTS

Section 1.08 -- Effective Date

Section 2.22 -- Prime Interest Rate

Section 2.23 -- Notice of Charges

Section 2.24 -- Service

Section 3.03(7) -- Calculation of the Connection Fee

Section 3.04(3) -- Credits

Section 3.05 -- Imposition and Payment of Connection Fee

SECTION 1.08

This Ordinance shall become effective 30 days after the date of official passage.

SECTION 2.22 -- PRIME INTEREST RATE

Prime interest rate shall mean the base rate on corporate loans posted by at least 75% of the nation's thirty largest banks as published in The Wall Street Journal.

SECTION 2.23 -- NOTICE OF CHARGES

Notice of charges shall mean a written statement by the Chief Engineer setting forth the connection fee incurred by the discharger pursuant to section 2.01 (3) of this Ordinance, penalty and interest charges under section 3.06, and any other fees or charges due under this Ordnance.

SECTION 2.24 -- SERVICE

Service of notices under this Ordinance shall mean delivery in person or by first class or certified mail addressed to the address last known to the Chief Engineer. Service by mail shall be complete at the time of deposit, postage prepaid, in a facility regularly serviced by the U.S. Postal Service.

SECTION 3.03 - CALCULATION OF THE CONNECTION FEE

(7) If the number of capacity units attributable to an industrial discharger's operation, which discharges in excess of 1 million gallons per year, or which exceeds average industrial wastewater strengths (as defined in the Wastewater Treatment Surcharge Statement) increases by more than 25%, then the discharger may make an election to demonstrate that changed circumstances or conditions, including operational modifications, conservation, or pretreatment, will reduce the number of capacity units attributable to that operation to an increase of 25% or less.

An election to demonstrate a reduction must be made in writing to the Chief Engineer within 45 days of service of notice of charges. The election to demonstrate must be accompanied by a surety bond, irrevocable letter of credit, assignment of certificate of deposit, or such other cash-equivalent security as may be approved by the Chief Engineer in an amount that will reasonably assure payment of 50% of the connection fee that would be due in the event the demonstration fails to result in the required reduction.

At the commencement of the demonstration period, the discharger may make a nonrefundable deposit of a portion of the billed connection fee. This deposit shall be used as a capacity unit credit calculated at the connection fee rate in effect at the time of deposit to be applied to the connection fee that may be payable at the end of the demonstration period. Security requirements shall then be determined based on the balance of the billed connection fee.

The demonstration period upon which a determination of the required reduction is made shall be the next full fiscal year, July 1 through June 30, inclusive, following the making of the election to demonstrate. The commencement of the demonstration period may be postponed to the subsequent fiscal year. Requests for postponement must be made before the start of the demonstration period. Requests for postponement must be accompanied by a nonrefundable payment of five percent of the billed connection fee and by the security provided above. No capacity units shall be attributable to the parcel as a result of this payment.

The discharger and the Chief Engineer may agree that the twelve-month demonstration period may begin during the fiscal year in which the election is made. The demonstration shall then be based on discharge data obtained during that period, and such data shall be submitted in a format acceptable to the Chief Engineer.

At the conclusion of the demonstration period, the Chief Engineer shall evaluate all pertinent data and determine whether the discharger has demonstrated the required reduction. Capacity units associated with a nonrefundable deposit shall not be considered in determining whether the discharger has demonstrated the required reduction.

Upon demonstrating to the reasonable satisfaction of the Chief Engineer that the number of capacity units attributable to the parcel has been reduced to a 25% or less increase:

(a) The surety bond, irrevocable letter of credit, assignment of certificate of deposit, or other cash-equivalent security will be returned to the discharger; and

(b) Any capacity units associated with the nonrefundable deposit shall be added to the baseline for the parcel.

If the demonstration has not resulted in the required reduction, the Chief Engineer shall prepare and serve a notice of charges. The connection fee shall be determined on the basis of the capacity units attributable to the discharge during the demonstration period, less the baseline for the parcel and any capacity units associated with a nonrefundable deposit. The connection fee shall be based on the connection fee rate then in effect. Except as hereinafter provided, the connection fee shall be immediately due and payable, and shall become delinquent on the date set forth in the notice of charges. Delinquent charges shall be subject to penalty and additional interest under Section 3.06. The Chief Engineer shall apply the security provided by the discharger to all delinquent charges, including penalties and interest.

If the discharger has not demonstrated the required reduction, the discharger may elect to make supplemental demonstrations. The demonstration period for supplemental demonstrations shall be the twelve months immediately following the end of the previous demonstration period. Elections to make supplemental demonstrations shall be made in writing within the time period specified by the Chief Engineer, and shall be accompanied by security as provided above. Dischargers electing to make supplemental demonstrations shall make a nonrefundable payment of five percent of the connection fee that would have been due at the end of the previous demonstration period. No capacity units shall be attributed to the parcel as a result of this payment.

SECTION 3.04 - CREDITS

(3) The Chief Engineer shall allow a relocation credit when an established business operation relocates to a different parcel within the same sewerage system if:

(a) Essentially the same business operation is relocated to the new parcel;

(b) The Chief Engineer determines that there is adequate hydraulic capacity to accommodate the discharge associated with the relocated business operation and that the relocation does not impose an added burden on the sewerage system;

(c) The business operation being relocated actively discharged from the site to the sewerage system for a twelve consecutive month period before the relocation;

(d) The Chief Engineer determines that the business operation proposed to be relocated was established for a business purpose other than effectuating a transfer of capacity units; and

(e) The person relocating the business operation is one of the following:

(i) The same person responsible for the establishment of the capacity units at the site;

(ii) The successor-in-interest to the person responsible for the establishment of the capacity units;

(iii) The owner of a parcel at which the business operation responsible for the establishment of the capacity units has ceased, and who subsequently establishes a new business operation at that site (for at least twelve consecutive months); or

(iv) The tenant or lessee of a parcel at which the business operation responsible for the establishment of the capacity units has ceased, and who subsequently establishes a new business operation at that site (for at least twelve consecutive months), if the tenant or lessee has obtained the prior written consent of the parcel owner.

When a relocation credit is allowed, the parcel from which the business operation was relocated shall have at least the number of capacity units attributable to the user category "dry manufacturing." Relocation credits shall be adjusted to reflect any difference in capacity unit formulas between Districts. Relocation credits applied for by persons described in Subsections(e)(iii) and (iv) above, shall not exceed four times the average number of capacity units that the business operation used during any twelve consecutive month period before the relocation. In no case shall relocation credits exceed the number of capacity units that would be attributable to the parcel before the relocation had the parcel been located in the District.

If the discharge from the parcel from which a relocation credit has been allowed is not within 25% of the capacity units remaining at the site within six months following the allowance of the credit, then the Chief Engineer shall revoke the relocation credit, and shall impose connection fees, penalty and interest on the business operation that was allowed the relocation credit. Relocation credits shall not be allowed when a discharger has abandoned a parcel for more than six months and a subsequent operation has initiated a wastewater discharge from the parcel.

SECTION 3.05 - IMPOSITION AND PAYMENT OF CONNECTION FEE

Connection fees payable by industrial dischargers are due on service of notice of charges. Connection fees payable by other users must be paid before an added burden, as that term is defined in Section 2.01 of this Ordinance, is imposed on the sewerage system and before a sewer connection permit is issued by the local permitting agency.

Within 45 days after service of notice of charges, industrial dischargers that have not elected to demonstrate a reduction under Section 3.03(7) may elect to pay a minimum of ten percent of the fee and pay the remaining balance in equal monthly installments over a period not to exceed six years. Upon making such an election, the industrial discharger shall receive a written payment schedule from the Chief Engineer. The payment schedule shall set forth each monthly payment, and shall be signed and agreed to by the discharger.

(1) Payment schedules of three years or less shall provide for interest on the unpaid balance at one percent over the prime interest rate in effect at the beginning of the fiscal year during which the election was made, compounded monthly, not to exceed 0.95 percent per month.

(2) Payment schedules of greater than three years shall provide for interest on the unpaid balance at three percent over the prime interest rate in effect at the beginning of the fiscal year during which the election was made, compounded monthly, not to exceed 0.95 percent per month.

Installment payments are due and payable on the first day of each month and become delinquent on the fifteenth day of each month. Penalties and additional interest under section 3.06 shall be imposed on delinquent installment payments. Upon default in the payment of any monthly installment, the entire connection fee, penalties, and interest shall become immediately due at the option of the Chief

Engineer. Capacity units associated with the principal portion of the connection fee obligation shall be attributed to the parcel only upon full payment of the entire installment payment obligation, including principal, accrued interest, and any penalties incurred. In the event of the closure of the business operation or the termination of discharge during the installment payment period, the capacity units associated with the principal portion of the payments received shall be attributed to the parcel.

The connection fee shall be paid to the District either in person at the Joint Administration Office of the County Sanitation Districts of Los Angeles County, located at 1955 Workman Mill Road, Whittier, California, or by mailing the appropriate payment to the County Sanitation Districts of Los Angeles County, P. O. Box 4998, Whittier, California 90607-4998.

PRO TEM Chairperson of the Board of Directors of
County Sanitation District No. 18
of Los Angeles County

ATTEST:

Clerk of the Board of Directors of
County Sanitation District No. 18
of Los Angeles County

PASSED AND ADOPTED by the Board of Directors of County Sanitation District No. 18 of Los Angeles County on July 23, 1997 by the following vote:

AYES: Directors Kelemen, Gilson, Barrows, Riley, Garcia, Klein, Dames, Zimmerman, Sharp, Henke, and Yaroslavsky

NOES: None

ABSENT: Director Proo

Secretary of the Board of Directors of
County Sanitation District No. 18
of Los Angles County

AN ORDINANCE PRESCRIBING FEES FOR THE PRIVILEGE OF CONNECTING ANY PARCEL WITHIN THE BOUNDARIES OF COUNTY SANITATION DISTRICT NO. 18 OF LOS ANGELES COUNTY DIRECTLY OR INDIRECTLY TO THE SEWERAGE SYSTEM, OR FOR INCREASING THE STRENGTH AND/OR QUANTITY OF WASTEWATER ATTRIBUTABLE TO A CONNECTED PARCEL WITHIN THE DISTRICT, AND PROVIDING FOR THE COLLECTION OF SUCH CHARGES.

THE BOARD OF DIRECTORS OF COUNTY SANITATION DISTRICT NO. 18 OF LOS ANGELES COUNTY ORDAINS AS FOLLOWS:

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PART I - GENERAL PROVISIONS

SECTION 1.01 – SHORT TITLE

This Ordinance shall be known as the *Master Connection Fee Ordinance of County Sanitation District No. 18 of Los Angeles County* and may be cited as such.

SECTION 1.02 – PURPOSE

The purpose of this Ordinance is to impose charges for the privilege of connecting a parcel within the District, directly or indirectly, to the District's sewerage system as hereinafter defined or for increasing the strength and/or quantity of wastewater attributable to a connected parcel, and to provide for collection of said charges. Funds derived under this Ordinance from the capital improvement portion of the connection fee shall be used only for expansion of capital facilities.

SECTION 1.03 – AUTHORITY

The District is empowered to fix fees or charges for the privilege of connecting, directly or indirectly, to its sewerage system and to prescribe, revise, and collect fees, tolls, rates, rentals, or other charges for services and facilities furnished by it.

SECTION 1.04 – ADDITIONAL REVENUE

The revenue provided for hereby shall be in addition to all revenue otherwise collected by or on behalf of the District including, but not limited, to ad valorem taxes, federal and state grants and loans, contract revenue, investment income, annexation fees, service charges, and charges imposed under the District's Wastewater Ordinance.

SECTION 1.05 – ADMINISTRATION

The Chief Engineer shall administer, implement, and enforce the provisions of this Ordinance. Any powers granted to or duties imposed on the Chief Engineer may be delegated by the Chief Engineer to persons acting in the beneficial interest of, or in the employ of the District.

SECTION 1.06 – VALIDITY

If any part, section, subsection, paragraph, sentence, clause or phrase of this Ordinance is held invalid or unconstitutional for any reason by any court, that decision does not affect the validity or constitutionality of the remainder of this Ordinance. The Board of Directors declares that it would have adopted each provision of this Ordinance irrespective of the validity of any other provision.

SECTION 1.07 – SUPERSEDENCE

This Ordinance shall supersede the *Connection Fee Ordinance for County Sanitation District No. 18 of Los Angeles County* adopted on January 24, 1990 , with respect to any rights, duties, or privileges arising after the effective date of this Ordinance.

SECTION 1.08 – EFFECTIVE DATE

This Ordinance shall become effective on November 1, 1992.

PART II - DEFINITIONS

This Ordinance shall be construed according to the following definitions:

SECTION 2.01 – ADDED BURDEN

An added burden shall mean any of the following:

(1) A connection, direct or indirect, to the sewerage system for the first time of any structure located on a parcel(s) of land within the District.

(2) An existing connection from a parcel where the number of capacity units attributable to said parcel has been increased due to construction of additional dwelling units or change in land usage.

(3) An existing connection from a parcel from which industrial wastewater is discharged where the number of capacity units attributable to said parcel on a fiscal year basis has increased by more than 25 percent as determined in accordance with Section 3.03 of this Ordinance.

An existing connection from a commercial or institutional parcel where the number of capacity units attributable to said parcel has increased by more than 25 percent.

If more than one independently owned operation exists on a single parcel, an added burden shall also mean an existing connection where the number of capacity units attributable to an independently owned operation has increased by more than 25 percent.

If an independently owned operation or separate operations under single ownership span(s) two or more contiguous parcels, the 25 percent increase shall be measured against the total number of capacity units attributable to the operation(s).

SECTION 2.02 – BOARD OF DIRECTORS

Board of Directors shall mean the Board of Directors of County Sanitation District No. 18 of Los Angeles County.

SECTION 2.03 – CAPACITY UNIT

Capacity unit shall mean the burden in terms of capacity that a typical single family home places on the sewerage system based on flow, chemical oxygen demand, and suspended solids.

SECTION 2.04 – CHIEF ENGINEER

Chief Engineer shall mean the Chief Engineer and General Manager of County Sanitation District No. 18 of Los Angeles County or his duly authorized deputy or agent.

SECTION 2.05 – COD OR CHEMICAL OXYGEN DEMAND

COD or chemical oxygen demand shall mean the measure of chemically decomposable material in wastewater as represented by the oxygen utilized as determined by the procedures specified in Section 414(A) of the Wastewater Ordinance.

SECTION 2.06 – DISTRICT

District shall mean County Sanitation District No. 18 of Los Angeles County.

SECTION 2.07 – DOMESTIC WASTEWATER

Domestic wastewater shall mean the water carried wastes produced from non-industrial activities and which result from normal living processes irrespective of where these wastes are discharged to the sewerage system. The term *Domestic Wastewater* shall be synonymous with the term *Sanitary Flow*.

SECTION 2.08 – INDUSTRIAL WASTEWATER

Industrial wastewater shall mean all liquid carried wastes of the community excluding domestic wastewater, rainwater, groundwater, stormwater, and drainage of contaminated and uncontaminated water. Industrial wastewater may include all wastewater from any producing, manufacturing, processing, institutional, commercial, agricultural, or other operation where the wastewater discharged includes significant quantities of wastes of nonhuman origin. All liquid wastes hauled by truck, rail, or another means for disposal to the sewer shall be considered as industrial wastewater regardless of the original source of the wastes. Hauled domestic wastewater is included in the category of industrial wastewater. Discharges of rainwater, groundwater, stormwater, or discharge of contaminated and uncontaminated water approved by the Chief Engineer shall be considered industrial wastewater under this Ordinance.

SECTION 2.09 – JOINT OUTFALL DISTRICTS

Joint Outfall Districts shall mean those Districts signatory to an agreement providing for the ownership and operation of a Joint Outfall System. The current Joint Outfall Districts are South Bay Cities Sanitation District of Los Angeles County, and County Sanitation Districts Nos. 1, 2, 3, 5, 8, 15, 16, 17, 18, 19, 21, 22, 23, and 29 of Los Angeles County.

SECTION 2.10 – LOCAL AGENCY

Local agency includes the County of Los Angeles; a city, whether general law or chartered; a school district; a community redevelopment agency; a municipal corporation; a district; or any board, commission, or agency thereof.

SECTION 2.11 – LOCAL GOVERNMENTAL PARCEL

Local governmental parcel shall mean any parcel which is not subject to the surcharge payment requirement provided for in the District's Wastewater Ordinance and which is owned by a local agency; provided that such parcel is used for a governmental rather than proprietary function and which use is for the direct benefit of the public in general and not for the benefit of a single class or classes of individuals.

SECTION 2.12 – NEXT ANTICIPATED CONFIGURATION

Next anticipated configuration shall mean:

(1) The treatment plant configuration of the next anticipated expansion, provided that facilities for which equivalent upgrades will be constructed at the District's existing treatment plant(s) to make their configuration the same as the anticipated expansion shall not be included; and

(2) An exact replication of the existing sewer system.

SECTION 2.13 – PARCEL

Parcel shall mean real property upon which an assessment is made.

SECTION 2.14 – PERSON

Person shall mean any individual, partnership, committee, association, corporation, public agency, and any other organization or group of persons, public or private.

SECTION 2.15 -- MASTER SERVICE CHARGE ORDINANCE OF COUNTY SANITATION DISTRICT NO. 18 OF LOS ANGELES COUNTY

Master Service Charge Ordinance of County Sanitation District No. 18 of Los Angeles County shall mean an Ordinance prescribing fees, tolls, rates, rentals, or other charges for services and facilities furnished by, or available from, County Sanitation District No. 18 of Los Angeles County, and providing for the collection of such charges.

SECTION 2.16 -- SEWERAGE SYSTEM

Sewerage system shall mean the network of wastewater collection, conveyance, treatment, and disposal facilities which are interconnected by means of sewers or any part thereof and either owned in whole or in part by the District or as to which the District has a contractual right of use for which it is obligated to make payment.

SECTION 2.17 -- SUSPENDED SOLIDS

Suspended solids shall mean the insoluble solid matter suspended in wastewater under conditions normally found in the sewer that is separable by laboratory filtration in accordance with the procedures specified in Section 414(A) of the Wastewater Ordinance.

SECTION 2.18 – UNIT OF USAGE

Unit of usage shall mean the basic unit of measure which quantifies the degree of use of a particular parcel (e.g., dwelling unit, square footage). Square footage of an improvement shall be based upon the gross exterior dimensions of the structure.

SECTION 2.19 -- USER CATEGORY

User category shall mean the specific land use classification for a particular parcel which is defined in terms of its use (e.g., single family home, restaurant).

SECTION 2.20 -- WASTEWATER

Wastewater shall mean the liquid carried wastes of the community and all constituents and residues thereof. Wastewater includes domestic and industrial wastewater but does not include rainwater, groundwater, stormwater, or drainage or other water unless otherwise specified in Section 2.08.

SECTION 2.21 -- WASTEWATER ORDINANCE

Wastewater Ordinance shall mean the Ordinance providing for the administration of an industrial wastewater control system, for the regulation of sewer construction and sewer use, for the imposition of permit requirements for industrial wastewater dischargers, for the prohibition, regulation, and/or pretreatment of industrial wastewaters, for the imposition of fees and charges, for the distribution of revenue, for the implementation of federal and state pollution control regulations, and for the implementation of other methods of controlling and regulating the discharge of wastewaters as adopted by the County Sanitation Districts of Los Angeles County effective on April 1, 1972, and as amended effective on July 1, 1975, July 1, 1980, July 1, 1983 and November 1, 1989 and as thereafter amended.

PART III - FEES

SECTION 3.01 -- CONNECTION FEES

No person shall impose an added burden, as herein defined, to the sewerage system from any parcel within the boundaries of the District until an application for sewer connection has been made and approved by the District and a connection fee has been paid to the District. Local governmental parcels as defined in Section 2.11 shall not be subject to a connection fee under this Ordinance.

Any person imposing an added burden shall pay a connection fee in accordance with this Ordinance. With respect to discharges which constitute an increase in the existing strength and/or quantity of wastewater attributable to a particular parcel or operation already connected, the connection fee shall be based on the increase in anticipated use of the sewerage system.

SECTION 3.02 -- CALCULATION OF THE CONNECTION FEE RATE

The total capital cost required to construct an incremental expansion of the sewerage system of the next anticipated configuration shall be determined by the Chief Engineer. In addition, he shall calculate the number of capacity units which can be accommodated by the incremental expansion. He shall then divide the former value by the latter value. The resulting value shall be known as the capital improvement component of the connection fee rate.

The Chief Engineer shall also determine the cash reserves that will be available on July 1 of the same fiscal year in which the connection fee rate is effective. This number shall be divided by the total number of existing sewage units in the District as determined in accordance with the Master Service Charge Ordinance of County Sanitation District No. 18 of Los Angeles County. The resulting figure shall then be added to the service charge rate as adopted by the Board of Directors pursuant to the Master Service Charge Ordinance of County Sanitation District No. 18 of Los Angeles County for the same fiscal year in which the connection fee rate is effective. The total resulting value shall be converted into dollars per capacity unit on the basis that one sewage unit is equivalent to one capacity unit and shall be known as the operational cost component of the connection fee rate.

The sum of the capital improvement and operational cost components shall be known as the connection fee rate. The Board of Directors of the District shall from time to time adopt this connection fee rate to be utilized in Section 3.03 (1) hereof.

SECTION 3.03 -- CALCULATION OF THE CONNECTION FEE

(1) The connection fee for any parcel within the Districts boundaries imposing an added burden to the sewerage system shall be based on anticipated use and shall equal the product of the estimated number of capacity units which will result from the added burden, as determined in paragraph (2) of this section, and the connection fee rate determined pursuant to Section 3.02 hereof.

For parcels which are subject to the surcharge payment requirement provided for in the District's Wastewater Ordinance, the connection fee shall be calculated according to Section 3.03(1) above except that the connection fee rate as determined in Section 3.02 shall not include the service charge rate.

(2) The anticipated use of the sewerage system shall be calculated in terms of capacity units (CU).

The number of capacity units (CU) shall be determined by the following formula:

$$CU = X \left\{ \frac{FLOW_c}{FLOW_{sfh}} \right\} + Y \left\{ \frac{COD_c}{COD_{sfh}} \right\} + Z \left\{ \frac{SS_c}{SS_{sfh}} \right\}$$

where:

X = The proportion of the total capital costs required to construct an incremental expansion of the sewerage system of the next anticipated configuration for conveyance, treatment, and disposal of wastewater which is attributable to flow.

Y = The proportion of the total capital costs required to construct an incremental expansion of the sewerage system of the next anticipated configuration for conveyance, treatment, and disposal of wastewater which is attributable to COD,

Z = The proportion of the total capital costs required to construct an incremental expansion of the sewerage system of the next anticipated configuration for conveyance, treatment, and disposal of wastewater which is attributable to suspended solids,

$FLOW_{sfh}$ = Average flow of wastewater from a single family home in gallons per day,

COD_{sfh} = Average loading of COD in the wastewater from a single family home in pounds per day,

SS_{sfh} = Average loading of suspended solids in the wastewater from a single family home in pounds per day,

$FLOW_c$ = Flow of wastewater which will enter the sewerage system via the connection in gallons per day,

COD_c = Loading of COD which will enter the sewerage system via the connection in pounds per day,

SS_c = Loading of suspended solids which will enter the sewerage system via the connection in pounds per day,

and where:

$FLOW_{sfh}$, COD_{sfh}, SS_{sfh}, X, Y, and Z shall be determined from time to time by the Chief Engineer in accordance with accepted engineering standards and shall be adopted by the Board of Directors.

(3) For the purpose of determining the number of capacity units attributable to a parcel from which no industrial wastewater is discharged, flow, COD, and suspended solids loadings shall be based on the following:

(a) The Chief Engineer shall determine the user category that best represents the intended use of the parcel.

(b) The mean loadings per unit of usage corresponding to the appropriate user category shall be multiplied by the number of units of usage that will be located on the parcel to determine the total loadings attributable to the parcel.

(c) A list of user categories and associated mean loadings per unit of usage shall be adopted from time to time by the Board of Directors of the District. The mean loadings per unit of usage for flow in gallons per day, COD in pounds per day, and suspended solids in pounds per day shall be based upon the best data currently available, including updated sampling information and data from other jurisdictions and publications.

(4) For the purpose of determining whether the number of capacity units attributable to a commercial or institutional parcel has increased by more than 25 percent, the existing number of capacity units shall be based upon the units of usage of the parcel existing immediately prior to construction of the improvement or other occurrence that brought about the increased use. If a prior connection fee application had been approved by the District, the existing number of capacity units shall be based upon the highest number of capacity units for which a connection fee application had been approved.

(5) For the purpose of determining the number of capacity units attributable to a parcel from which industrial wastewater is discharged, flow, COD and suspended solids loadings shall be based on the following, including the estimated sanitary wastewater loadings:

(a) For new dischargers, information contained in the Permit for Industrial Wastewater Discharge as defined in the Wastewater Ordinance, or

(b) For existing dischargers, information contained in the current surcharge statement or in any surcharge statement revised as a result of a District audit as provided for in the Wastewater Ordinance or an approved revised Permit for Industrial Wastewater Discharge, or other credible information, including District's monitoring data.

(6) For the purpose of determining whether the number of capacity units attributable to such industrial parcel has increased by more than 25 percent, a baseline number of capacity units upon which to measure an increase shall be based on the highest of the following:

(a) The highest number of capacity units for which a connection fee has been paid, and

(b) The highest number of capacity units for which surcharge payments were made in accordance with the Wastewater Ordinance for fiscal years 1976-77 through 1981-82.

(c) The highest number of capacity units for fiscal years 1976-77 through 1981-82 based on water consumption or other credible information available for those fiscal years for dischargers whose yearly flow does not exceed one million gallons.

The Chief Engineer may, at any time after connection, verify the actual flow, COD, and suspended solids attributable to the added burden. Should a discrepancy exist between measured quantities and the reported quantities of flow, COD, and suspended solids upon which the connection fee had been based, the owner of the parcel or discharger of industrial wastewater shall, upon written notification, pay to the District the difference between the connection fee paid and the amount due on the basis of the verified quantities.

(7) If the number of capacity units attributable to an operation which discharges industrial wastewater has increased by more than 25 percent, the discharger may make an election to demonstrate to the reasonable satisfaction of the Chief Engineer that a modification including operational modification, conservation, or pretreatment will alter the number of capacity units attributable to that business operation to a level which would constitute a 25 percent or less increase.

An election to demonstrate a reduction in the number of capacity units attributable to the business operation must be made in writing to the Chief Engineer within 45 days of mailing or personal service of the notice of charges. A written election under this subsection shall be accompanied by a surety bond, irrevocable letter of credit, assignment of certificate of deposit or such other security as may be approved by the Chief Engineer in such amount that will reasonably assure payment of 50 percent of the connection fee that will be due in the event the modification has not resulted in the required reduction in the number of capacity units as prescribed above within the demonstration period.

At the commencement of the demonstration period, the discharger may prepay a portion of the billed connection fee. Any such payment shall be nonrefundable, and the capacity units associated with such payment shall be used as a credit to off-set any connection fee charge assessed at the end of the demonstration period. Security for the payment of the connection fee for the remaining capacity units must be provided in the manner described in this section.

The next full fiscal year, July 1 through June 30, inclusive, which occurs after an election to demonstrate is made shall be the demonstration period upon which a determination of a 25 percent or less increase in the number of capacity units is made. The demonstration shall be based on discharge data for this period. The Chief Engineer may extend the demonstration period provided the applicant can substantiate a necessity for additional time and has requested an extension prior to July 1 of the demonstration year.

At the conclusion of the demonstration period, the Chief Engineer shall evaluate all pertinent data and make a determination as to whether the modification has resulted in the reduction prescribed above. Prepaid capacity units shall not be considered in the determination of whether the discharger has demonstrated a reduction.

Upon demonstration that the number of capacity units attributable to the parcel has been reduced to a 25 percent or less increase over the established baseline:

(a) The surety bond, letter of credit, certificate of deposit or other form of security will be returned to the discharger and

(b) Any capacity unit entitlement arising from the prepayment of the connection fees shall be added to the discharger's baseline entitlement.

In the event that the modification has not resulted in the required reduction prescribed above, the applicable connection fee will be based on the current capacity units attributable to the discharge, less the discharger's established baseline entitlement, and any prepaid capacity unit credits. The connection fee payable for the remaining capacity units shall be based on the connection fee rate effective on July 1 of the fiscal year immediately following the demonstration period. The fee associated with the capacity units attributed to the original notice of charges will be immediately due and payable upon mailing or personal service of a notice of charges. If such payment is not received within the time period specified in the notice of charges, the District shall utilize the security provided by the discharger to meet such obligation. To the extent the security is

insufficient to pay the connection fee due, penalties and interest shall accrue in the amounts specified in Section 3.06 of the Ordinance on the delinquency date specified in the notice of charges.

Should the discharger increase the number of capacity units attributed to its discharge in an amount greater than that set forth in the original notice of charges, an additional connection fee shall also be imposed based on the connection fee rate effective on July 1 of the fiscal year immediately following the demonstration period. This additional connection fee shall become delinquent 45 days after mailing or personal service of a notice of charges in accordance with Section 3.06 of this Ordinance.

(8) Temporary groundwater clean-up projects or groundwater clean-up technology demonstration projects that will not place an added burden on the sewerage system for longer than five years shall pay a connection fee calculated in accordance with this Ordinance that is prorated according to the proportion that the number of years in which any system use is to occur bears to the period of 40 years. Additional prorated connection fees shall be imposed with regard to any such project that continues beyond its initially projected termination date. Additional prorated connection fees shall be imposed for increases in anticipated use in accordance with the provisions of Section 3.03 of this Ordinance, except that no such project shall be eligible for the election described in Section 3.03(7) of this Ordinance. In the event that any project for which a prorated connection fee has been paid continues to place an added burden on the sewerage system for longer than five years, a full connection fee shall be imposed at the then-current connection fee rate less the amount of all sums previously paid to the District as prorated connection fees for such project.

SECTION 3.04 – CREDITS

(1) A credit shall be allowed with respect to new construction replacing a demolished building provided said building had been connected to the sewerage system and was demolished subsequent to December 15, 1981 or with respect to a change in use of a building which had been connected to the sewerage system.

The credit for a demolished building for which no connection fee has been paid shall be equal to the connection fee that would have been paid with respect to the most recently demolished building under the terms of this Ordinance and based on the current connection fee rate.

The credit for a change in use of a building which had been connected to the sewerage system but for which no connection fee had been paid shall be based upon the units of usage existing immediately prior to construction of the improvement or occurrence that brought about the increased use and the current connection fee rate.

If a demolished building or a building for which there was a former use had a prior connection fee application approved by the District, the credit provided for above shall be based upon the highest number of capacity units for which a connection fee application had been approved and the current connection fee rate.

The applicant shall demonstrate to the reasonable satisfaction of the Chief Engineer the user category and the number of units of usage applicable to a demolished building or a building for which there was a former use, and whether or not such building was connected to the sewerage system. The credits provided above shall be applicable only to the specific parcel upon which the demolition has occurred and may be allocable by the owner of such parcel if more than one building is being connected.

In no case shall the credit exceed the connection fee.

(2) A credit against the connection fee shall be allowed with respect to any facility to be connected which was constructed and was located within the District prior to March 1, 1977, but has never been connected to the sewer. The amount of the credit shall be equal to the capital improvement portion of the connection fee.

In no case shall the credit exceed the connection fee.

(3) If the Chief Engineer finds that, under certain circumstances, the transfer to a different parcel of a business operation discharging industrial wastewater does not impose any additional burden on the sewerage system, a relocation credit may be provided.

A relocation credit shall be allowed for the relocation to a different parcel of a business operation discharging industrial wastewater upon the following requirements being met:

(a) That essentially the same business operation has been transferred from one parcel to another and such operation was previously connected directly or indirectly to the sewerage system.

(b) That the person responsible for the establishment of the connection fee entitlement or the successor in interest is the same person now making claim to a relocation credit.

(c) That the discharger has demonstrated to the satisfaction of the Chief Engineer that the business operation has been abandoned from the parcel from which the transfer has occurred or has presented a certification in writing that such business operation will be abandoned within 6 months of the District approving an application for connection.

(d) That the Chief Engineer has made a determination that there is adequate capacity in the sewerage system to accommodate connection of the business operation to be transferred.

The relocation credit shall be based upon the difference between the number of capacity units which would be attributable to the business operation prior to transfer had it been located in the District and the number of capacity units which would be attributable to the business operation had it been classified under the user category "dry manufacturing."

Any parcel from which a business operation was transferred and which operation was provided a relocation credit shall have remaining the number of capacity units attributable to the user category "dry manufacturing."

Should the facility not be abandoned within the prescribed period above, the relocation credit shall be revoked and a connection fee with respect to the parcel to which the business operation was transferred shall be due and payable as of the date the business operation commenced at said parcel or said parcel was connected to the sewerage system. The connection fee shall equal the product of the number of capacity units upon which the relocation credit was based and the current connection fee rate plus penalty and interest.

Relocation credits shall not be provided to dischargers who have abandoned a parcel for more than six months and a subsequent operation has initiated a wastewater discharge on that parcel.

SECTION 3.05 -- IMPOSITION AND PAYMENT OF CONNECTION FEE

Payment of the connection fee shall be made prior to the time of imposition of an added burden as that term is defined in Section 2.01 of this Ordinance and before the issuance of a sewer connection permit by the local agency having jurisdiction over land development.

Payment of the connection fee by industrial dischargers shall be due upon service of notice of charges. Within 45 days after service of notice of charges, existing industrial dischargers may elect to pay the connection fee in equal monthly installments over a period not to exceed five years provided at least ten percent of the obligation is paid in advance, within 45 days of service of notice of charges. The Chief Engineer shall provide each discharger electing to pay the connection fee in installments with a written payment schedule detailing the monthly obligations which shall be signed and agreed to by the discharger. Interest shall accrue on the unpaid balance at a rate based on the prime interest rate in effect at the beginning of the then-current fiscal year plus four percent (compounded monthly); this rate shall not exceed 0.95 percent per month. Installment payment of connection fees shall not be allowed in connection with elections to demonstrate reductions under Section 3.03(7) or the furnishing of security therefor. No discharger may elect to make installment payments on more than one connection fee obligation at a time. Installment payments shall be due and payable on the first day of each month and shall become delinquent on the fifteenth day of each month. Delinquent installment payments shall be subject to the basic penalty and additional penalties described in Section 3.06 of this Ordinance and interest at the rate provided herein shall accrue on the total of all delinquent payments and penalties. Upon default in the payment of any monthly installment, the entire connection fee, penalties and interest shall become immediately due at the option of the Chief Engineer. Capacity unit entitlement shall be attributed to the parcel of an industrial discharger making installment payments only upon full payment of the entire connection fee obligation, accrued interest, and any penalties incurred during the installment payment period. In the event of the closure of the business operation or the termination of discharge during the installment payment period, a partial capacity entitlement based on the principal portion of the payments received shall be attributed to the industrial discharger's parcel.

The connection fee shall be paid to the District either in person at the Joint Administration Office of the County Sanitation Districts of Los Angeles County, located at 1955 Workman Mill Road, Whittier, California, or through the mail by sending the application form and an appropriate payment to the County Sanitation Districts of Los Angeles County, P. O. Box 4998, Whittier, California, 90607.

SECTION 3.06 -- PENALTY AND INTEREST CHARGES FOR DELINQUENT CONNECTION FEE PAYMENT

Unpaid charges shall become delinquent 45 days after mailing or personal service of a notice of charges for an existing connection, 45 days after an application for connection to the sewerage system, as hereinafter defined, is approved by the District, or 45 days after a connection is made, whichever occurs first. A basic penalty charge of 10 percent of the original unpaid amount shall be added to any connection fee that becomes delinquent. Additional penalties and interest at the maximum rate provided by law shall accrue on the total of all delinquent fees plus penalty charges.

SECTION 3 07 -- FEE FOR RETURNED CHECKS

An administrative charge shall be added to the original connection fee in the event a check tendered for payment is not honored for payment. The Chief Engineer shall establish this charge to reflect the District's added cost in processing dishonored checks, up to the maximum amount allowed by law, and may adjust it from time to time as required to continue to reflect the District's added cost.

PART IV - FUNDS

SECTION 4.01 – DISPOSITION OF FUNDS

Connection fee revenue collected pursuant to this Ordinance shall be divided into two parts, the capital improvement portion and the operational cost portion. The capital improvement portion shall be determined by multiplying the total revenue received by the proportion of the connection fee rate attributable to the capital improvement component. The capital improvement portion of the fee shall be deposited into capital improvement funds pursuant to Section 4.02 herein. The remainder of the fee, the operational cost portion, shall be deposited into the District's operating fund.

SECTION 4.02 – CAPITAL IMPROVEMENT FUNDS

The capital improvement portion of connection fee revenue collected pursuant to this Ordinance shall be separated into two separate accounts known as the "Joint Outfall System Capital Improvement Fund" and the "District's Capital Improvement Fund."

The Joint Outfall System Capital Improvement Fund shall be a common fund jointly owned and maintained by the Joint Outfall Districts. The District's Capital Improvement Fund shall be owned and maintained by the District.

That portion of the connection fee which was derived from the capital cost of expansion of the Joint Outfall System conveyance, treatment, and disposal facilities shall be deposited upon collection in the Joint Outfall System Capital Improvement Fund. That portion of the connection fee which was derived from the capital cost of expansion of the District's conveyance facilities shall be deposited upon collection in the District's Capital Improvement Fund.

The Joint Outfall System Capital Improvement Fund shall be used only for expansion of capital facilities for the Joint Outfall System.

The District's Capital Improvement Fund shall be used only for expansion of capital facilities for the District's conveyance system.

Chairperson, Board of Directors
County Sanitation District
No. 18 of Los Angeles County

ATTEST:

Clerk, Board of Directors
County Sanitation District
No. 18 of Los Angeles County

PASSED AND ADOPTED by the Board of Directors of County Sanitation District No. 18 of Los Angeles County on September 30, 1992, by the following vote:

AYES: Directors Ansdell, Crawley, Boggs, Garcia, Powers, Peters, Arthur, Chavez, Fuentes, Rahder, and Soares

NOES: None

ABSENT: Director Dana

LONNY DIRKS
Secretary of the Board of Directors
of County Sanitation District No. 18
of Los Angeles County

WATER RECLAMATION
SOLID WASTE MANAGEMENT

COUNTY SANITATION DISTRICTS
OF LOS ANGELES COUNTY

1955 Workman Mill Road, Whittier, CA 90601-1400
Mailing Address: P O Box 4998, Whittier, CA 90607-4998
Telephone: (562) 699-7411, FAX (562) 699-5422
www lacsd org

STEPHEN R. MAGUIN
Chief Engineer and General Manager

January 4, 2007

015431
Kik SoCal
9028 Dice Rd.
Santa Fe Springs, CA 90670

Notice of Results of Sanitation Districts' Industrial Waste Monitoring

Attached please find the results of recent Sanitation Districts' wastewater sampling at your company's discharge sewer corresponding to the permit shown on the analysis sheet.

This sampling was made pursuant to Section 414 of the Sanitation Districts' *Wastewater Ordinance* as part of a random verification monitoring program conducted at significant dischargers of industrial wastes. The District' sample results are being provided to you to make you aware of any changes at your facility which may result in higher than anticipated industrial waste discharges to the sewerage system. It is your responsibility to investigate any differences in the wastewater sample results provided by the Districts and the results of your self-monitoring. For companies that file long form surcharge statements, these Districts-obtained sample results should be combined with your wastewater self-monitoring results on the annual wastewater treatment surcharge statement.

As stated in the Districts' *Connection Fee Ordinance*, after December 15, 1981 a 25 percent increase in wastewater discharge (quantity and/or quality) above your company's previous wastewater discharges during the 1976-77 through 1981-82 fiscal years may require that your company purchase additional sewer discharge rights. For wastewater capacity increases that occur during the 2006-07 fiscal year, this connection fee charge ranges from $1,560 to $3,190 for wastewater capacity increases equivalent to that of a typical single-family home (260 gallons per day).

These Districts-obtained sample results will be used, along with your wastewater self-monitoring results, in determining your capacity usage of the sewerage system and the validity of data submitted in your annual surcharge statement. Transmittal of these data to you at this time does not relieve your company of the responsibility to obtain all of the self-monitoring samples required in your Industrial Wastewater Discharge Permit

If you have any questions about this program for furnishing industrial wastewater discharge information, please call Brent Perry at extension 2930.

Very truly yours,
James F. Stahl

Paul C. Martyn (dfd)

Paul C. Martyn
Head, Industrial Waste Section

PCM.BP:dfd
Attached SJO(s). 70046
Docs:

Recycled Paper

Sample No: SJ70046 Sample Location: 3-IW15-431

Requestor: MARTYN Completion Date: 12/11/2006

Charge No: IW14905BM00 Approved By: JPG Sample Type: IWS

Composite Date and Time - From: 11/13/2006 08:04 To: 11/14/2006 09:50

Sample Description:
KIK SOCAL, 9028 DICE RD, SANTA FE SPRINGS (SBX)

No.	Test	Description	Result	Unit of Measure		Footnote
1.	151	SUSPENDED SOLIDS	70	MG/L		--
2.	301	CHLORIDE	5560	MG/L	CL	--
3.	315	MBAS	1.06	MG/L	LAS	--
4.	316	NID	1.5	MG/L		--
5.	403	TOTAL COD	69	MG/L	O	--
6.	718	NICKEL	< 0.07	MG/L	NI	--

Received In Sample Room By: RBW 11/14/06

Time Received In Laboratory 1738

PRIORITY:
☐ Routine (0) ☐ Expedite, 1 hr (X)
☐ Rush, 1 day (R) ☐ Upset, 1 wk (U)

PRIORITY AUTHORIZATION _____
Ext _____

LABORATORY JOB NUMBER SJ70046 -0

JAMES F S
Chief Engineer and General Manager

SANITATION DISTRICTS OF LOS ANGELES COUNTY
PO Box 4998 Whittier, California 90607

For additional information regarding this analysis call (562) 699-7411 x 2900

INDUSTRIAL WASTE MONITORING RESULTS

SAMPLE IDENTIFICATION Surcharge Account Number 2042264 I.W. Permit Number 1543

Sample Source or Company Name KIK So Cal

Address 9028 South Dice Road, Santa Fe Springs

Reason For Sampling ☒ Routine ☐ Phase 1 ☐ Treatment Plant Upset ☐ Sewer System Problem ☒ Other Special Request

Monitoring Requested By: *Martyn/Burch*

Accounting Charges ☐ For Routine Samples Taken By Inspectors TS14905 BI ☒ For Routine Samples Taken By IWMC TS14905 BM

☐ For All Special Investigation Samples TS14905 B _____

SAMPLE COLLECTION INFORMATION:

* Sample Point: ☒ Sample Box ☐ Clarifier ☐ Manhole ☐ _____ ☐ Valve ☐ CN Sample Point ☐ Clean-out ☐ _____

* Sample Method: ☐ Grab ☒ Composite-Timed With 15 minute intervals ☐ Composite-Flow With ____ x ____ gallons
Test aliquot volume 72 / 75 ml
Tot aliquot 96

* Sample Date.
At/or From 0804 (HR MIN) ☒ AM ☐ PM 11/13 (MONTH DAY) 2006 (YEAR)
To 0950 ☒ AM ☐ PM 11/14 2006

* Observations _____

* Sampled By RW * Submitted to Laboratory By RW * Contact Name: Frank Calvo * Title: _____

* Total Quantity of Sample Collected ~7L * Sample Container(s) Used ☐ C/c ____ Other 4(1L) Plastic

* Quantity Submitted to Lab 4(1L) Plastic

* Sample Preservation Used ☒ Ice ☐ No Cl_2 ☐ Sodium Thiosulfate ☐ NaOH ☒ HNO_3 Other _____

Flow When Sampled

Sample given to company (Y) N (Refused)
Sample given to ☒ Contact Other _____
Sample ☒ Split ☐ Concurrent ☐ Consecutiv

COMPOSITE SAMPLE		GRAB SAMPLE
Period of Composite _____ hours		Flow Rate at Time of Sample:
Totalizer Readings Final	No Flow Observed	(905)pH 10 s/u ~<1 gpm
Initial		(905)pH 10 p/u ~<1 gpm
Difference		
Multiplier		
Total Flow _____ gallons		
* Obtained From ☒ Visual Estimate, ☐ Effluent Flow Meter, ☐ Influent Water Meter, ☐ Impossible To Tell If Flow Existed When Sampled		

FIELD TEST RESULTS

* pH (905) 9 * Color Clear * Temperature Cool * Cyanide N/A

* Odor _____

* Total Sulfide N/A * Dissolved Sulfide N/A * Other _____

LABORATORY TESTS NOTES TO ANALYSTS _____

	CONSTITUENT	CODE
	pH	101
X	SUSPENDED SOLIDS, mg/l	151
	SUSPENDED SOLIDS (@ pH 7), mg/l	150
X	COD, mg/l O	403
	TOTAL DISS. SOLIDS (TDS), mg/l	155
	TOTAL DISS. SOLIDS (@ 550°C), mg/l	166
X	Chloride	1801
	AMMONIA NITROGEN, mg/l N	201
	SOLUBLE SULFIDE, mg/l S	252
	THIOSULFATE SULFUR, mg/l S	253
	SULFITE SULFUR, mg/l S	254
	SULFATE, mg/l SO_4	257
	TOTAL MERCAPTANS, mg/l S	258
	TOTAL PHENOLS, mg/l C_6H_5OH	312

	CONSTITUENT	CODE
	OIL AND GREASE, mg/l	408
	OIL AND GREASE (NON-POLAR), mg/l	414
	TOTAL CYANIDE, mg/l CN	206
	CYANIDE AMENABLE TO Cl_2	210
	TOTAL CADMIUM, mg/l Cd	708
	TOTAL CHROMIUM, mg/l Cr	709
	TOTAL COPPER, mg/l Cu	712
	TOTAL LEAD, mg/l Pb	714
X	TOTAL NICKEL, mg/l Ni	718
	TOTAL SILVER, mg/l Ag	722
	TOTAL ZINC, mg/l Zn	724
	TOTAL ARSENIC, mg/l As	705
	TOTAL MERCURY, mg/l Hg	717

	CONSTITUENT	CODE
X	MBAS, mg/l LAS	315
X	NID, mg/l	316
	BENZENE, ug/l	620
	TOLUENE, ug/l	621
	ETHYL BENZENE, ug/l	624
	o-XYLENE, ug/l	629
	m+p-XYLENE, ug/l	695
	PC	
	EPA	

DISTRIBUTION Return this sheet to Industrial Waste Section Head after log-in

* All information to be filled in by Field Collection Personnel

WATER RECLAMATION
SOLID WASTE MANAGEMENT

COUNTY SANITATION DISTRICTS
OF LOS ANGELES COUNTY

1955 Workman Mill Road, Whittier, CA 90601-1400
Mailing Address P.O. Box 4998, Whittier, CA 90607-4998
Telephone: (562) 699-7411, FAX: (562) 699-5422
www.lacsd.org

JAMES F. STAHL
Chief Engineer and General Manager

July 27, 2005
File No. 18-05-015431
Account No. 2042264

Mr. Derrell M. Johnson
Safety and Environmental Supervisor
KIK SoCal, Incorporated
9028 Dice Road
Santa Fe Springs, CA, 90670

Dear Mr. Johnson:

Reduction of Chloride Discharged to the Districts Water Reclamation System

The County Sanitation Districts of Los Angeles County (Districts) have reviewed your correspondence dated July 14, 2005. The letter is in response to a meeting held at the Districts' Whittier office on June 27, 2005, wherein representatives of your company indicated you might begin hauling your company's concentrated chloride wastes for off-site disposal. The above-denoted correspondence confirms your company's intent to utilize the hauling option. The Districts concur that minimizing the quantity of brine being discharged to the sewer will greatly assist KIK SoCal in achieving continuous compliance with your chloride limit. As part of the hauling option, KIK SoCal will be required to retain hauling manifests for four years and have them available for review by Districts staff when requested.

If you have any questions concerning this letter, please contact David Whipple at extension 2909.

Very truly yours,

James F. Stahl

Linda M Shadler
Supervising Civil Engineer
Industrial Waste Section

LMS:DBW:dfd
#520944

Recycled Paper

KIK
INTERNATIONAL

KIK SOCAL INC
9028 DICE ROAD
SANTA FE SPRINGS, CA 90670

TELEPHONE
562-946-6427
FAX 562-946-5417

Kik Socal,Inc.
9028 Dice Road,
Santa Fe Springs, Ca 90670

July 14,2005

Account # 2042264

Linda Shadler
County Sanitation District Of Los Angeles
1955 Workman Mills Road,
P.O. Box 4998
Whittier, CA 90607-4998

Dear M's Shadler,

As per our conversation on this date, to meet the requirement to notify the Sanitation District of our plans to remove above parameter chloride water we propose the following:

We anticipate that we may be required to ship one or two truck loads per month to Phibro-Tech Inc. located at 8851 Dice Rd. Santa Fe Springs, CA 90670.

Per our conversation this will not require KIK Socal to get an extra permit for this excess if needed.

Thank you for your cooperation.

Derrell Johnson
Safety/Environmental Supervisor

Cc: Greg Wiese
Bob Brown
Bobby Brown

Sanitationdoc7/14/05dj

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3 Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ROBERT M. WIENKE
SUPVRY CIVIL ENGINEER
LOS ANGELES CO. SAN. DIST
P.O BOX 4998
WHITTIER CA
90607-4998

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [signature]

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below ☐ No

3. Service Type

■ Certified Mail ☐ Express Mail
☐ Registered ■ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number
(Transfer from service label) 7003 3110 0000 1785 5702

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

UNITED STATES POSTAL SERVICE

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

KIK INTERNATIONAL SOCAL
9028 DICE ROAD
SANTA FE SPRINGS, CA 90670

C021

DENNIS

KIK
INTERNATIONAL

KIK SOCAL INC
9028 DICE ROAD
SANTA FE SPRINGS, CA 90670

TELEPHONE
562-946-6427
FAX 562-946-5417

Robert M. Wienke
Supervising Civil Engineer
Los Angeles County Sanitation District
P.O. Box 4998
Whittier, CA 90607-4998

July 20,2005
Notice of Violation # V24954
Account No. 2042264

Dear Mr. Wienke;

We submit this in response to your correspondence dated July 11,2005. We also wish to address the issues raised in the above referenced notice of violation.

The above violation was for discharging water with excessive concentration of chloride. Cause of the violation was operator error. As wastewater is being tested for chlorides prior to discharge, the operator had misunderstood the instructions to the chloride test kit being used. The operator believed that the water was within the permissible parameters.

Since then the operator has been properly trained to use and read the test kit. This enables him to make all necessary adjustments prior to discharge.

We have set a number of new documented procedures in place, all are requiring some adjustments and tuning.

Corrective actions are as follows:

1. Testing wastewater correctly and accurately through proper training.
2. Adding necessary plumbing and procedures to insure proper chloride levels.
3. Documented monitoring of procedures to insure quality control
4. Exploring new and better ways to deal with the chloride issues.

Due to the above efforts, progress made since the date/time of the violation is reflected in our self monitoring report submitted July 14, 2005.

As we always have a deep concern that we are abiding by our permit, we are always open to any questions or concerns pertaining to the corrective actions or practices of discharge.

Thank you in advance for your cooperation.

Derrell Johnson
Safety/Environmental Supervisor
Cc: City of Santa Fe Springs Fire Dept Attn: Raul Diaz
Greg Wiese
Bob Brown
Robert D. Brown

Sanitationdoc7/20/05dj

cc: GW BB PV Bobby B.

COUNTY SANITATION DISTRICTS
OF LOS ANGELES COUNTY

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www.lacsd.org

JAMES F. STAHL
Chief Engineer and General Manager

July 11, 2005
File: /05-15431
Account No. 2042264

Greg Wiese
President
KIK SOCAL
9028 Dice Road
Santa Fe Springs, CA 90670

Dear Mr. Wiese:

Notice of Violation No. 24954, Violation of
Industrial Wastewater Discharge Regulations

Enclosed is a copy of Notice of Violation No. 24954 which was issued to **KIK SOCAL** on June 29, 2005 as a result of a violation of requirements established in the Sanitation Districts' *Wastewater Ordinance*. The nature of noncompliance is outlined on the Notice of Violation along with a required date of correction. This notice was formally received by Robert D. Brown, Operator.

Issuance of a Notice of Violation serves as legal notification of a violation of the Sanitation Districts' *Wastewater Ordinance*. If violations are not corrected the Sanitation Districts will be compelled to take more stringent enforcement actions against your company, which may include petitioning the court for the imposition of civil liability in a sum not to exceed $25,000 a day for each violation. It is hoped that the attached Notice of Violation will serve to expedite compliance.

As part of the Sanitation Districts' enforcement follow-up procedure your company is required to submit a written report and/or information requested **no later than August 11, 2005**. The report should describe the cause of the violation and outline corrective actions, implemented or proposed, which will prevent future violations. Failure to comply with this requirement will result in escalated enforcement action. **If your company has already submitted a written response and/or information requested, please ignore this requirement.**

If you have any questions regarding this matter, please contact Enforcement Project Engineer Harry Mehta at extension 2903.

Your cooperation in complying with Sanitation Districts' requirements will be appreciated

Very truly yours,

James F. Stahl

Robert M. Wienke
Supervising Civil Engineer

RMW:HM:ss
Enclosure(s)

cc: City of Santa Fe Springs
Attn: Raul Diaz

SANITATION DISTRICTS OF LOS ANGELES COUNTY

ATTENTION INDUSTRIAL WASTE SECTION
1955 WORKMAN MILL RD., P.O. BOX 4998, WHITTIER, CALIFORNIA 90607

No. V24954

NOTICE OF VIOLATION

1. DISCHARGER: K|K SoCal

2. ADDRESS OF WASTEWATER DISCHARGE: 9028 Dice Rd, SantoFeSprings 90670

3. LOCAL AGENCY: city of UFS

4. TIME OF VIOLATION (Date, Hour): 4-12-2005 @ 9:20

5. PERMIT NO. 15431

6. ACCT. NO. 3042264

7. INSP. AREA

8. VIOLATION OF THE DISTRICTS, WASTEWATER ORDINANCE, SECTION 406 DD CONCERNING

Discharge of waste having an excessive Concentration of chlorides

SJ 26384 Chloride = 14600 mg/L (limit 13300 mg/L)

9. IMPORTANT: VIOLATION MUST BE CORRECTED BY: immediately (DATE)

10. RECEIPT OF NOTICE ACKNOWLEDGED BY DISCHARGER

ROBERT D BROWN (PRINTED NAME) — Operator (TITLE)

Robert D Brown (SIGNATURE)

JAMES F. STAHL
CHIEF ENGINEER AND GENERAL MANAGER

BY: Andrew Hoekstra (NAME) 6-29-05 (DATE)

IW Inspector (TITLE)

FORM NO. 5020

cc: GW BB MV Robert B.

COUNTY SANITATION DISTRICTS
OF LOS ANGELES COUNTY

1955 Workman Mill Road, Whittier, CA 90601-1400
Mailing Address: P.O. Box 4998, Whittier, CA 90607-4998
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www.lacsd.org

JAMES F. STAHL
Chief Engineer and General Manager

July 11, 2005
File: /05-15431
Account No. 2042264

Greg Wiese
President
KIK SOCAL
9028 Dice Road
Santa Fe Springs, CA 90670

Dear Mr Wiese:

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If you have any questions regarding this matter, please contact Enforcement Project Engineer Harry Mehta at extension 2903.

Your cooperation in complying with Sanitation Districts' requirements will be appreciated.

Very truly yours,

James F. Stahl

Robert M. Wienke
Supervising Civil Engineer

RMW:HM:ss
Enclosure(s)

cc. City of Santa Fe Springs
Attn: Raul Diaz

Recycled Paper

SANITATION DISTRICTS OF LOS ANGELES COUNTY
ATTENTION INDUSTRIAL WASTE SECTION
1955 WORKMAN MILL RD., P.O. BOX 4998, WHITTIER, CALIFORNIA 90607

No. V24954

NOTICE OF VIOLATION

1. DISCHARGER: K|K SoCal
2. ADDRESS OF WASTEWATER DISCHARGE: 9028 Dice Rd, Santa Fe Springs 90670
3. LOCAL AGENCY: city of SFS
4. TIME OF VIOLATION (Date, Hour): 4-12-2005 @ 9:20
5. PERMIT NO. 15431
6. ACCT. NO. 2042264
7. INSP. AREA 202
8. VIOLATION OF THE DISTRICTS, WASTEWATER ORDINANCE, SECTION 406 DD CONCERNING

Discharge of waste having an excessive Concentration of chlorides

SJ 26384 Chloride = 14600 mg/L (limit 13300 mg/L)

9. IMPORTANT: VIOLATION MUST BE CORRECTED BY: immediately (DATE)

10. RECEIPT OF NOTICE ACKNOWLEDGED BY DISCHARGER
ROBERT D. BROWN (PRINTED NAME) Operator (TITLE)
Robert D. Brown (SIGNATURE)

JAMES F. STAHL
CHIEF ENGINEER AND GENERAL MANAGER
BY: Andrew Hoekstra (NAME) 6-29-05 (DATE)
IW Inspector (TITLE)

FORM NO. 5020

KIK
SOCAL

9028 DICE ROAD
SANTA FE SPRINGS
CA 90670

TELEPHONE
562-946-6427
FAX
562-941-9780

April 26, 2005
Re.File No. 18-04-015431
Account No. 2042264
Excessive Discharge of Chloride
Cover Letter to Permit Renewal

Raul Diaz
Environmental Protection Inspector
11300 Greenstone Ave.
Santa Fe Springs, Ca 90670

Dear Mr. Diaz:

We submit this correspondence, in response to your request to submit a cover letter relating to the Excessive Discharge of Chloride at KIK SoCal. The correspondence dated November 16, 2004, was noted that KIK SoCal had been discharging excessive amounts of chloride in our industrial wastewater. The excessive amount of chloride being discharged by KIK SoCal was negatively impacting the water quality at the Los Coyotes WRP.

Therefore, the chloride limit would require process modifications at KIK SoCal. The district imposed a temporary interim chloride limit of 13,300-mg/L to become effective on March 16th, 2005, with a 7,200-mg/L chloride limit to become effective November 16, 2006.

KIK SoCal continues progress toward reducing the quantity of chlorides in it's effluent, as required. We are submitting this report of the following actions taken to date and proposed in the future to reduce chloride discharges to the sewer.

In an effort to reduce the sodium discharge coming from KIK SoCal, we believe that most of the problem stems from the regeneration discharge of our water softeners.

In order to comply, we are in the process of obtaining a 2000 gallon Brine tank, so that we can capture our second flush of the regeneration process of the water softener and reuse it to do our first flush the next time it needs to be regenerated.

The first flush is directed to our heel tank and then pumped and then pumped to a series of settling tanks along with any other liquid coming off the tank farm pad. The liquid will cascade from one tank to another and the settlement will be pressed free of solids and put back into the production process.

The water that has cascaded through the settling tanks will go back into the production process, thus reducing discharge to the sanitation district. The settling tanks have been modified to accomplish the cascading process.

In order to accomplish the reuse of this liquid, we must purchase a dilution system, which is quite expensive. We have submitted a cap-ex for this project and are awaiting approval.

We have also modified one of the softener tanks and have parts to do the other one, which will allow us to get a lot more soft water from each unit before we need to regenerate.

In the meantime we are researching other possibilities for minimizing discharge.

Realizing the importance of the need to reduce Southern California's dependence on imported water, we are most willing to cooperate with the district in improving the water quality of reclaimed water. We thank you for your cooperation in working with us.

Attached is a conceptual plan drawing, we will submit proper plans as required for your review in the future.

If you have any questions concerning this letter, please contact me at FOIA ex 6, Personal

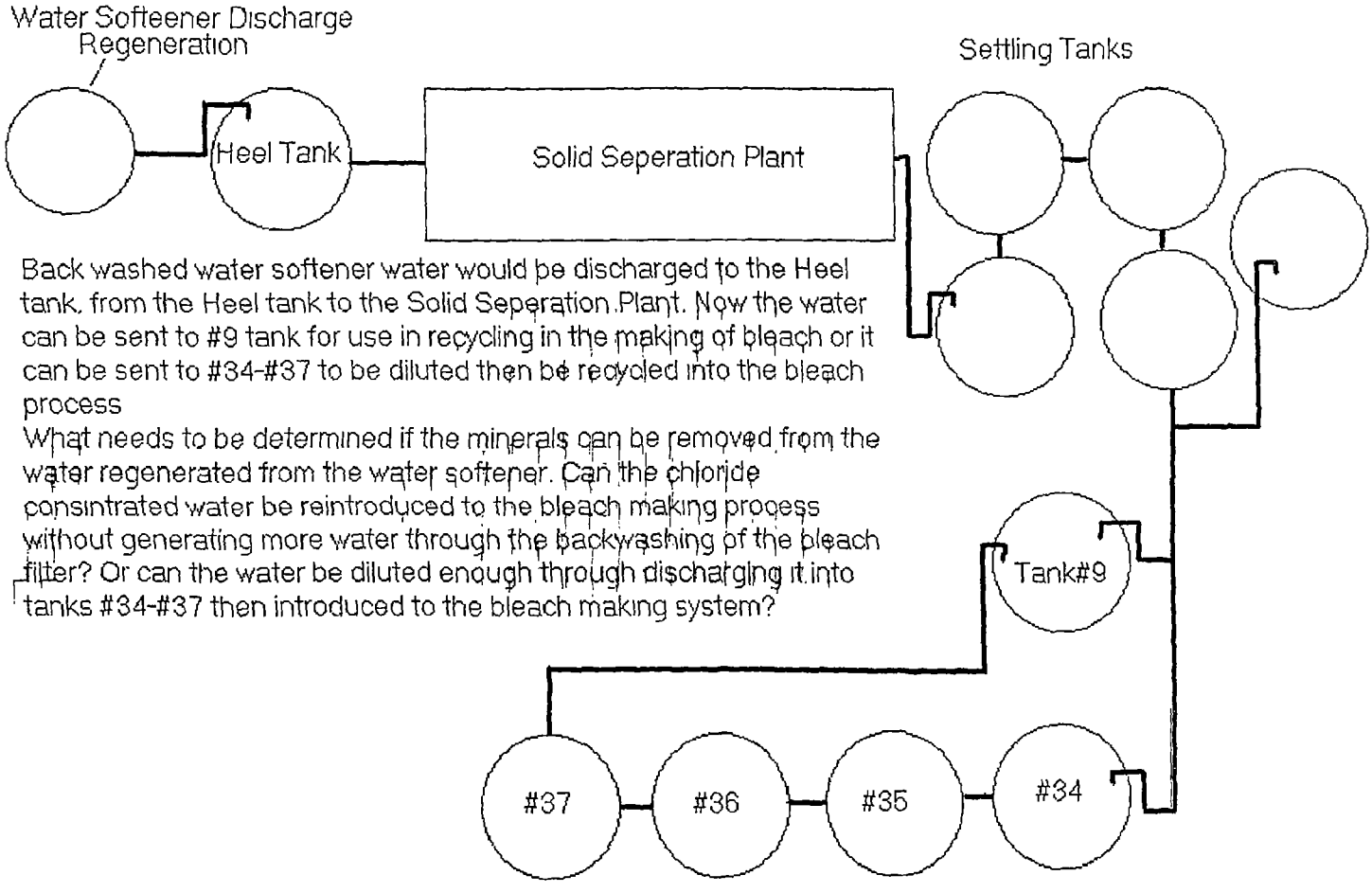
Yours Truly,

Derrell M. Johnson
Safety and Environmental Supervisor

Attachment: Conceptual Plan Drawing

Cc: David Whipple – La Co. Sanitation District
Greg Wiese
Robert R. Brown

C;/Sanitationdoc/04/26/05dj



Back washed water softener water would be discharged to the Heel tank, from the Heel tank to the Solid Seperation Plant. Now the water can be sent to #9 tank for use in recycling in the making of bleach or it can be sent to #34-#37 to be diluted then be recycled into the bleach process

What needs to be determined if the minerals can be removed from the water regenerated from the water softener. Can the chloride consintrated water be reintroduced to the bleach making process without generating more water through the backwashing of the bleach filter? Or can the water be diluted enough through discharging it into tanks #34-#37 then introduced to the bleach making system?

KIK
SOCAL

9028 DICE ROAD
SANTA FE SPRINGS
CA 90670

TELEPHONE
562-946-6427
FAX
562-941-9780

Robert M.Wienke
Supervising Civil Engineer
Los Angeles County Sanitation District
P.O Box 4998,
Whittier, CA 90607-4998

April 15,2005
Notice of Violation#V20895
Account No. 2042264

Dear Mr. Wienke:

We submit this response to your correspondence dated March 23,2005. We also wish to address the issues raised in the above referenced notice of violation.

The following events transpired:

3-7-05- upon an inspection based upon a complaint of KIK SoCal by the Los Angeles County Sanitation District, there was found to be trace amounts of Cl2 in the clarifier. Robert D. Brown the company Wastewater treatment operator, was told to add H202 to the clarifier to eliminate the Chlorine in the drain. Water was treated and discharged in the normal fashion.

3-15-05- There was another complaint by same company. Upon further investigation by the Operator it was found that two valves were leaking. On 3-16-05 the operator replaced the valves in question It was further concluded that the valves were the problem that instigated the first complaint.

The following actions taken include:

1. Valves were replaced.
2. Testing water at tank sample tap.
3. Testing water at the point of entry to clarifier before water is discharged.
4. Notifying the Tank Farm operators via tank farm logbook and verbally of discharges that are taking place during their shift.
5. Recording time, tank and amount discharged on "Daily Log sheet" and on PH recorder roll at the time of discharge in addition to what has been done in the past.

It is our believe that these safeguards should insure against any future occurrences of Chlorine in the drain due to human error or mechanical malfunction

As we always have a deep concern that we are abiding by our permit, we are always open to any questions or concerns pertaining to the corrective actions taken or practices of discharge. We will be happy to meet with a representative.

Thank you in advance for your cooperation.

Derrell Johnson
Safety Environmental Supervisor
Cc: City of Santa Fe Springs Attn: Raul Diaz
Greg Wiese
Bob Brown
Robert D. Brown

Sanitationdoc4/15/05dj

WATER RECLAMATION
SOLID WASTE MANAGEMENT

COUNTY SANITATION DISTRICTS
OF LOS ANGELES COUNTY

1955 Workman Mill Road, Whittier, CA 90601-1400
Mailing Address. P.O. Box 4998, Whittier, CA 90607-4998
Telephone (562) 699-7411, FAX (562) 699-5422
www lacsd org

JAMES F STAHL
Chief Engineer and General Manager

March 23, 2005
File: /05-15431
Account No. 2042264

Greg Wiese
President
KIK SOCAL
9028 Dice Road
Santa Fe Springs, CA 90670

Dear Mr. Wiese:

Notice of Violation No. 20895, Violation of
Industrial Wastewater Discharge Regulations

Enclosed is a copy of Notice of Violation No. 20895 which was issued to **KIK SOCAL** on March 15, 2005 as a result of a violation of requirements established in the Sanitation Districts' *Wastewater Ordinance.* The nature of noncompliance is outlined on the Notice of Violation along with a required date of correction This notice was formally received by Robert D. Brown, Operator.

Issuance of a Notice of Violation serves as legal notification of a violation of the Sanitation Districts' *Wastewater Ordinance.* If violations are not corrected the Sanitation Districts will be compelled to take more stringent enforcement actions against your company, which may include petitioning the court for the imposition of civil liability in a sum not to exceed $25,000 a day for each violation. It is hoped that the attached Notice of Violation will serve to expedite compliance.

As part of the Sanitation Districts' enforcement follow-up procedure your company is required to submit a written report and/or information requested **no later than April 25, 2005**. The report should describe the cause of the violation and outline corrective actions, implemented or proposed, which will prevent future violations. Failure to comply with this requirement will result in escalated enforcement action. **If your company has already submitted a written response and/or information requested, please ignore this requirement.**

If you have any questions regarding this matter, please contact Enforcement Project Engineer Harry Mehta at extension 2903.

Your cooperation in complying with Sanitation Districts' requirements will be appreciated

Very truly yours,

James F. Stahl

Robert M. Wienke
Supervising Civil Engineer

RMW·HM.ss
Enclosure(s)

cc: City of Santa Fe Springs
Attn. Raul Diaz

Recycled Paper

SANITATION DISTRICTS OF LOS ANGELES COUNTY

ATTENTION INDUSTRIAL WASTE SECTION

1955 WORKMAN MILL RD., P.O. BOX 4998, WHITTIER, CALIFORNIA 90607

NOTICE OF VIOLATION

№ V20895

1. DISCHARGER: KIK SOCAL

2. ADDRESS OF WASTEWATER DISCHARGE: 9028 Dice Rd, Santa Fe Springs 90670

3. LOCAL AGENCY: city Santa Fe Springs

4. TIME OF VIOLATION (Date, Hour): 3-07-2005 11:00 AM; 3-15-2005 16:45 PM

5. PERMIT NO. 15431

6. ACCT. NO. 2042264

7. INSP. AREA 202 218

8. VIOLATION OF THE DISTRICTS, WASTEWATER ORDINANCE, SECTION 406 M CONCERNING

Discharge of waste having excessive chlorine residual:
permit limit for chlorine residual = non-detectable (0 mg/L)
3-07-2005 sample SJ 23833 Chlorine Residual = 225 mg/L
3-15-2005 positive chlorine residual by Potassium Iodide-starch paper

9. IMPORTANT: VIOLATION MUST BE CORRECTED BY: Immediately (DATE)

10. RECEIPT OF NOTICE ACKNOWLEDGED BY DISCHARGER

ROBERT D. BROWN (PRINTED NAME)

Robert D. Brown (SIGNATURE)

OPERATOR (TITLE)

JAMES F. STAHL
CHIEF ENGINEER AND GENERAL MANAGER

BY: Andrew Hoekstra (NAME) 3-15-05 (DATE)

IW Inspector (TITLE)

RM NO. 5020

KIK Corporation Inc.

Industrial Discharge
(Wastewater)

Agency Documentation

WATER RECLAMATION
SOLID WASTE MANAGEMENT

COUNTY SANITATION DISTRICTS
OF LOS ANGELES COUNTY

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Telephone· (562) 699-7411, FAX (562) 699-5422
www lacsd org

JAMES F. STAHL
Chief Engineer and General Manager

March 22, 2005
File: /05-15431
Account No. 2042264

Greg Wiese
President
KIK SOCAL
9028 Dice Road
Santa Fe Springs, CA 90670

Dear Mr. Wiese:

Significant Noncompliance (SNC) for 2004

According to the Sanitation Districts' enforcement records, your company was found to be in violation of the requirement to submit Self-Monitoring Reports (SMR) by the due date specified in your company's Wastewater Discharge Permit. As a result of this violation, your company was included in the list of dischargers in Significant Noncompliance (SNC) for 2004. In accordance with federal regulations (attached), the United States Environmental Protection Agency requires that sewerage agencies annually publish a list of industrial users that, during the previous twelve months, were in Significant Noncompliance with applicable pretreatment requirements. This list was published in the Los Angeles Times on March 14, 2005.

The Districts are sponsoring several free training seminars in April 2005 to educate permittees regarding the federal SNC criteria. It is very important that a responsible official(s) from your company attend one of the scheduled seminars. These seminars are similar to those that were presented by the Districts' staff in June 2004. If you have previously attended such a seminar, your future attendance is not necessary. Please fill out the enclosed registration form and return it to the Sanitation Districts, attention Harry Mehta, as soon as possible. At this seminar the Districts' staff will be available to answer any questions you may have regarding your Wastewater Discharge Permit requirements.

Please be advised that the Districts are aggressively pursuing escalated enforcement actions including seeking civil penalties against those companies that are included in the SNC list for consecutive years.

The Districts appreciate your continued attention and commitment to achieving compliance with all wastewater discharge regulations. If you have any further questions regarding this matter please contact Enforcement Project Engineer Harry Mehta at extension 2903 or e-mail your inquiries to hmehta@lacsd.org.

Very truly yours,

James F. Stahl

Robert M. Wienke
Supervising Civil Engineer

RMW ss

Enclosures

March 24,2005

Re: County Sanitation Districts Correspondence

Greg;
The above correspondence dated March 22,2005 was received on March 25. This correspondence addressed Significant Noncompliance in the submitting of Self- Monitoring Reports by due date specified in our Wastewater for the year 2004.

Having filed the required two Self- Monitoring Reports for 2004 prior to the due dates, I questioned as to why Noncompliance addressed in the correspondence.

Seeking further clarification of the correspondence I contacted Enforcement Engineer Harry Mehta of the County Sanitation District.

It was brought to my attention, (Mr. Mehta's words), that KIK had been an excellent customer in meeting the compliance requirements of our permit. In fact receiving a certificate noting the same for the year 2003.

However that on the report due July 15th, dated 7/07/04 showed the Chlorine Residual (mg/L) as 9.2. Therefore correspondence dated August 9,2004 requested a new sample and lab report for Chlorine Residual be taken and submitted within 30 days of the date of the correspondence.

Two things happened here, number one the first sample was taken to close to the required file date of July 15,2005. The time frame did not allow for another sample and lab test to be completed. The second thing was that the August 9,2004 correspondence requiring a new sample, was due in part that I was out of the plant and the mail was misplaced until September 9, 2004 (the due date). On this date I notified the County Sanitation District (Suzanne Wienke) of the situation. Sample was taken that date and sent to the Lab and results submitted to County Sanitation District on September 22, 2004.

Mr. Mehta stated that as noted in the attached correspondence in accordance with the federal regulations, the United States EPA requires that "even though this was a violation like a traffic officer ticketing you for going 56 in a 55mph zone" agencies annually publish a list in local paper, Therefore It was published in the LA Times.

Mr. Mehta further stated that" they and others are trying work with congress to get violations (publication) of these type exempt from the listing in the future". He stated that he was well pleased with our past and present compliance with the district".

He left me with impression that they continue to strive to be more business friendly with companies like ours.

We will correct the deficiencies in our timing of sample taking, to allow more time for correction.

Derrell
Cc: Bob Brown
Attachment: County Sanitation Districts arch 22,2005 Correspondence.

WATER RECLAMATION
SOLID WASTE MANAGEMENT

COUNTY SANITATION DISTRICTS
OF LOS ANGELES COUNTY

1955 Workman Mill Road, Whittier, CA 90601-1400
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Telephone: (562) 699-7411, FAX: (562) 699-5422
www.lacsd.org

JAMES F. STAHL
Chief Engineer and General Manager

January 4, 2005

Mr. Robert Brown
KIK SoCal
9028 Dice Rd.
Santa Fe Springs, CA 90670

Dear Mr. Brown:

Wastewater Treatment Surcharge Statement and Connection Fee
for Account Number 2042264, Industrial Waste Permit Number 15431

The Districts have conducted an audit review of the 2003-2004 surcharge filing for KIK SoCal. The results of this review preliminarily indicate that a surcharge refund of approximately $3,100.00 is due KIK SoCal and a connection fee of approximately $13,300.00 is due the Districts. These charges are based upon the 2003-2004 Surcharge Statement as filed by KIK SoCal with changes made to the concentrations and mass loadings of chemical oxygen demand (COD) and suspended solids (SS) and peak flow rate.

During the fiscal year 2003-2004, KIK SoCal performed two (2) wastewater analyses while the Districts performed one (1) wastewater analyses. All the data results were included in the surcharge filing however, the Districts' sample data of April 12, 2004 Districts' is not representative of normal discharge and will therefore be discarded. At the initial set-up, the aliquot size was 80 ml and at pick-up it was 50 ml. The significant decrease in aliquot volume and high suspended solids indicate that the sampler tubing was clogged at some point during the collection. Therefore, only company data will be included in the surcharge and connection fee evaluations. Please see the attached Table 3 for details.

KIK SoCal did not calculate a peak flow rate on their Surcharge Statement. However, based on previous filings and previous audits, using the assumed peak to average ratio of 2.00 and a flow volume of 3.43 MG a peak flow rate of 20 gallons per minute (gpm) can be calculated. See the attached Surcharge Statement for details

As of December 15, 1981 all new users of the sewerage system, as well as existing industrial users who increase their historic wastewater discharge by more than 25 percent are required to pay a connection fee to the Sanitation Districts. For the determination of the connection fee the term "capacity unit" (CU) has been developed and is based on a formula which calculates the burden for wastewater disposal that a typical single family home places on the sewerage system in terms of wastewater flow and strength. According to Districts records, KIK SoCal currently has a baseline of 31.43 CU's. Review of the 2003-2004 fiscal year Surcharge Statement indicates an actual wastewater discharge equivalent to 40.77 CU's which represents a 30 percent increase.

Recycled Paper

To address the connection fee charge, KIK SoCal has the following options:

- Payment of the connection fee in full which increases the baseline capacity units associated with the site.
- Extended payment plan which can be requested for three to six years including interest and requires a ten percent deposit to initiate.
- Election to demonstrate a reduction in discharge which delays payment of the connection fee and requires a signed and notarized demonstration agreement with collateral to cover approximately 60 percent of the charge.
- Non-refundable deposit which is paid towards a portion of the needed CU's and accompanies a request to demonstrate a reduction in discharge (requires collateral).

If you wish to discuss the details of these charges or the options that are available to you, please contact Deah M. Clements of the Districts' Surcharge group at (562) 699-7411, extension 2608 within 10 days of the date of this letter. If no response is received by the Districts within 10 days the charges will be formalized and billing information forwarded to your office via certified mail. Formalization of the billing starts a 45-day time period during which the selection of one of the before mentioned options must be made. The details of these options are outlined in the attached *Connection Fee Ordinance.* Failure to submit all required documents by the 5-day stipulated deadline results in automatic penalties and eliminates the demonstration and payment plan options.

Very truly yours,

James F. Stahl

Sharie L. Pike

Sharie L. Pike
Supervisor, Surcharge Section

SLP:DMC
Enclosures

City of Santa Fe Springs
CITY HALL
11710 TELEGRAPH ROAD
SANTA FE SPRINGS, CALIFORNIA 90670-3658

OFFICE OF THE MAYOR

CC: GW
BG
FILB
W.

July 23, 2004

Ms. Pricila Prentice
KiK So Cal
9028 Dice Rd.
Santa Fe Springs, CA 90670

Dear Ms. Prentice,

On behalf of the entire City Council, I would like to applaud you and your company for consistently being in compliance with industrial wastewater discharge requirements for 2003. The Council and I agree with the County Sanitation Districts of Los Angeles County that you indeed are a "Good Corporate Citizen." We truly appreciate your efforts, which help the Sanitation Districts take what others view as waste, and maximize recovery of resources such as energy, reclaimed water and recyclable materials. Your company's practices are a good example for others to follow. Again, congratulations and keep up the great work!

Sincerely,

Betty Putnam

Betty Putnam
Mayor

BP/tkas

WATER RECLAMATION
SOLID WASTE MANAGEMENT

COUNTY SANITATION DISTRICTS
OF LOS ANGELES COUNTY

1955 Workman Mill Road, Whittier, CA 90601-1400
Mailing Address P O Box 4998, Whittier, CA 90607-4998
Telephone (562) 699-7411, FAX (562) 699-5422
www.lacsd org

JAMES F STAHL
Chief Engineer and General Manager

June 23, 2004

Transmittal Letter of Certificate of Recognition for Compliance, Year 2003

Congratulations for being in compliance with wastewater discharge limits and permit requirements of the Sanitation Districts for Year 2003. The Districts are pleased to recognize your efforts by presenting you with a Certificate of Recognition.

The purpose of the certificate is to recognize industries that are in full compliance with their wastewater discharge requirements. Approximately 381 companies are being recognized for their efforts in Year 2003. The following criteria were used to establish which industries were to receive a certificate:

1. The discharger was required to be a Significant Industrial User (i.e., an industry with wastewater flows greater than 25,000 gpd, or a discharger subject to federal categorical pretreatment standards or a discharger with a capability of adversely impacting the Districts' sewerage system);

2 The discharger received no Notices of Violation during Year 2003. Violations could have included exceeding discharge limits, failure to pay wastewater disposal charges or noncompliance with general permit conditions (including reporting requirements);

3. The discharger was not found to have contributed to equipment failures such as effluent flow meters, sampling devices, pH meters, spill containment systems or rainwater diversion systems;

4 The discharger had appropriate industrial wastewater discharge permits for the facility in question.

Congratulations again to your receiving a Certificate of Recognition Please continue your efforts in order to maintain compliance during Year 2004 If there are any corrections that you believe need to be made to the certificate, or if you have questions about the recognition program, please contact Philip Lo of the Industrial Waste Section at extension 2912

Very truly yours,

James F. Stahl

Paul C. Martyn

Paul C Martyn
Head, Industrial Waste Section

PCM:PL:dfd

#349882 v1

Recycled Paper

Certificate of Recognition

2003

Congratulations to

KIK SOCAL

for complying with U.S. EPA and
County Sanitation Districts of Los Angeles County's
Industrial Wastewater Discharge Limits and Permit Requirements

Paul C. Martyn

June 2004
Permit No 015431

Paul C. Martyn
Head, Industrial Waste Section

SANITATION DISTRICTS OF LOS ANGELES COUNTY

KIK
SOCAL

9028 DICE ROAD
SANTA FE SPRINGS
CA 90670

TELEPHONE
562-946-6427
FAX.
562-941-9780

FILE COPY

November 10, 2000

Deah M. Clements
Districts' Surcharge Group
P.O. Box 4998
Whittier, CA 90607-4998

Re: Letter dated Oct. 10, 2000

Dear Ms. Clements:

KIK SoCal has chosen the option; "Payment of the connection fee in full which increases the baseline capacity units associated with the site."

Sincerely,

Bill Tidmore /pp
Bill Tidmore
Controller

BT:pp

WATER RECLAMATION
SOLID WASTE MANAGEMENT

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OF LOS ANGELES COUNTY

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www lacsd org

JAMES F STAHL
Chief Engineer and General Manager

October 10, 2000

Mr. Greg Wiese
KIK SoCal
9028 Dice Rd.
Santa Fe Springs, CA 90670

Dear Mr. Wiese:

Wastewater Treatment Surcharge Statement and Connection Fee
for Account Number 2042264, Industrial Waste Permit Number 15431

The Districts have conducted an audit review of the 1999-2000 surcharge filing for KIK SoCal. The results of this review preliminarily indicate that a connection fee of approximately $8,500.00 is due the Districts. These charges are based upon the 1999-2000 Short Form Surcharge Statement as filed by KIK SoCal which has been accepted as filed.

As of December 15, 1981 all new users of the sewerage system, as well as existing industrial users who increase their historic wastewater discharge by more than 25 percent are required to pay a connection fee to the Sanitation Districts. For the determination of the connection fee the term "capacity unit" (CU) has been developed and is based on a formula which calculates the burden for wastewater disposal that a typical single family home places on the sewerage system in terms of wastewater flow and strength. According to Districts records, KIK SoCal currently has a baseline of 17.04 CU's. Review of the 1999-2000 fiscal year Surcharge Statement indicates an actual wastewater discharge equivalent to 23.53 CU's which represents a 38 percent increase.

To address the connection fee charge, KIK SoCal has the following options:

- Payment of the connection fee in full which increases the baseline capacity units associated with the site.
- Extended payment plan which can be requested for three to six years including interest and requires a ten percent deposit to initiate.
- Election to demonstrate a reduction in discharge which delays payment of the connection fee and requires a signed and notarized demonstration agreement with collateral to cover approximately 60 percent of the charge.
- Non-refundable deposit which is paid towards a portion of the needed CU's and accompanies a request to demonstrate a reduction in discharge (requires collateral).

Recycled Paper

If you wish to discuss the details of these charges or the options that are available to you, please contact Deah M. Clements of the Districts' Surcharge group at (562) 699-7411, extension 2608 within 10 days of the date of this letter. If no response is received by the Districts within 10 days the charges will be formalized and billing information forwarded to your office via certified mail. Formalization of the billing starts a 45-day time period during which the selection of one of the before mentioned options must be made. The details of these options are outlined in the attached *Connection Fee Ordinance*. Failure to submit all required documents by the 45-day stipulated deadline results in automatic penalties and eliminates the demonstration and payment plan options.

Very truly yours,

James F. Stahl

Ellen P. Ekman
Supervisor, Surcharge Section

EPE:DMC:bb
Enclosures

CAPACITY USAGE CALCULATION SHEET

Company Name KIK SoCal By Deah M. Clements Date October 5, 2000
Type of Industry Cleaning Product Mfg. I.W. No. 15431 Dist. No. 18
Situs Address 9028 Dice Road, Santa Fe Springs 90670
Mailing Address 9028 Dice Road, Sante Fe Springs, CA 90670
Company Contact Greg Wiese Tel(562) 906-2216
MPP 8168-007-029 Account No. 2042264 TG 61/B2
SIC No.(s) 2841, 2842 Change in SIC: Yes ____ No X
New Connection ☐ Discharging ☒ Current Discharger with New Connection ☐

PROPOSED DISCHARGE	Flow (GPD)	COD (PPD)	SS (PPD)
I.W. FLOW VOLUME =	6,000		
COD = (6,000 GPD)(8.34 x 10^{-6})(468 mg/l)		23.42	
SS = (6,000 GPD)(8.34 x 10^{-6})(10 mg/l)			0.50
SANITARY = (92 employees)(15 GPED)	1,380		
COD = (92 employees)(.06430)		5.92	
SS = (92 employees)(.03378)			3.11
COMBINED	7,380	29.34	3.61

$$CU's = .6385\left(\frac{7{,}380}{260}\right) + .1783\left(\frac{29.34}{1.22}\right) + .1832\left(\frac{3.61}{0.59}\right) = 23.53 \text{ CU's}$$

XYZ Effective Date 12-15-1981 minus Credit (see below) = 17.04 CU's

Rate Effective From 07-01-2000

Strength Data From Company Net Proposed Increase = 6.49 CU's(1)

Baseline 17.04 x 25% = 4.26 **(2)**

☒ (1) > (2) **Connection Fee Due** = ($1,320.00/CU) (6.49 CU's) = $ 8,566.80
☐ (2) ≥ (1) **No Connection Fee Due**

CREDIT/BASELINE

Surcharge Data: Yes X Year 1979-1980 Long Form ____ Short Form 1767936
No ___ Previous I.W. Permit ____ Tax Assessors' Records ____
Water Bills ____ Connection Fee Payment X

COMMENTS

Flow =	1.50	MGY ÷	250	days/year x 1,000,000 =	6,000	gpd
COD =		1000 lbs ÷		days/year x 1,000 =		ppd
SS =		1000 lbs ÷		days/year x 1,000 =		ppd

EMPLOYEES = 92

COUNTY SANITATION DISTRICTS OF LOS ANGELES COUNTY

INDUSTRIAL WASTE SECTION

CONNECTION FEE PROGRAM[1]

In 1981, a Districts-wide Connection Fee Program was implemented to provide funds for future capital expenditures needed to accommodate additional wastewater contributions in the Districts' sewerage system. This program requires all new users of the sewerage system, as well as existing users who expand their wastewater discharge by more than 25 percent, to pay a connection fee to the Districts based upon the quantity and the strength of the wastewater discharge. This connection fee applies to residential, commercial and industrial dischargers. For new facilities, the connection fee is to be paid prior to the time the facility is actually connected to the sewer or, in the case of expanding existing facilities, at the time of expansion of the wastewater discharge. A new wastewater discharger may incur a connection fee for an existing facility if the baseline capacity is not sufficient for the new discharge. Companies that expand their wastewater discharge, such that the capacity is 25 percent greater than the baseline capacity, will be required to pay a connection fee for the increased discharge thereby establishing a new baseline capacity.

For users obtaining industrial wastewater discharge permits at industrial sites within the Districts' service area, baseline capacity usually has been established by the previous industrial user. Baseline capacity generally remains with the site regardless of change of ownership. The only exception occurs when a relocation credit is granted under Section 3.04(3) of the *Connection Fee Ordinances* so as to allow a portion of the baseline capacity to be reallocated to another site within the service area.

Connection fee rates for industrial users are determined using the following formula:

$$Connection\ \ Fee = R\left[X\left(\frac{Flow}{260}\right) + Y\left(\frac{COD}{1.22}\right) + Z\left(\frac{SS}{0.59}\right)\right]$$

Where:

R = Connection fee rate in dollars for a single capacity unit.

Flow = Average wastewater flow rate in gallons per day (gpd).

COD = Chemical oxygen demand (COD) expressed in pounds per day, to be determined by multiplying the COD concentration in mg/l by the flow in gpd and by the conversion factor 0.00000834.

SS = Suspended solids (SS) expressed in pounds per day, to be determined by multiplying the SS concentration in mg/l by the flow in gpd and the conversion factor 0 00000834.

---

[1] This document presents a summary of the Districts' Connection Fee Program and is not intended to supplant the Districts' *Connection Fee Ordinances* for accurate determination of legal obligations under these Ordinances.

The R, X, Y and Z factors used in the connection fee formula are derived annually for each of the active Sanitation Districts. These factors vary according to District and to the specific circumstances which may apply to individual dischargers. The R factor has the widest variability and ranges from $1,100 to $2,800. The exact factors which pertain to a site can be obtained by contacting the Sanitation Districts, however, charge determinations for most Districts can be approximated using R = $1,300, X = 0.6, Y = 0.2 and Z = 0.2. In order to calculate the actual connection fee, it is necessary to know the specific District in which a facility is located and the correct R, X, Y and Z factors as well as the facility's baseline capacity, if any

For users applying for a new industrial wastewater discharge permit, any connection fee obligation will be determined after the application has been approved. If a connection fee is required, a bill will be forwarded to the official designated as the company's contact on the permit application form. The permit will not be issued until the connection fee payment has cleared (i.e., up to 15 working days for personal or company checks).

For existing dischargers who intend to significantly modify or expand their facilities, an application for a permit revision must be submitted and approved before any of the proposed changes are actually made. A connection fee determination will be made on the basis of the increase in sewer capacity above the permitted capacity baseline. If it is determined through a permit review process that the existing discharge has exceeded the permitted capacity by more than 25 percent, a bill will be submitted and issuance of the revised permit will not occur until the connection fee payment has cleared. The connection fee payment is due within 45 days from the date of the billing.

For connection fees triggered by an annual surcharge filing or audit, a preliminary notification letter is first sent to the discharger which addresses the circumstances of the pending charges. The letter establishes a short comment period which allows the discharger time to present additional information or set up a conference with Districts' staff to answer questions. The notification letter also advises the discharger of the option to demonstrate a reduction in discharge rather than paying a connection fee, if the discharger believes that modifications to operational procedures or implementation of conservation measures will reduce the discharge to within 25 percent of the existing baseline. Following the comment period, the charges are formalized and a billing is submitted requiring payment within 45 days. After this deadline, if payment or a complete Election to Demonstrate (which includes a properly executed agreement and the required collateral) is not received, an immediate ten percent penalty is imposed and the election to demonstrate option is forfeited. A second billing including the penalty is then sent to the discharger If payment is not received by the stated deadline, additional interest at the rate of one and one-half percent per month is assessed on the total delinquent connection fee, including the initial ten percent penalty, until payment is made.

An industrial user may satisfy the connection fee obligation through extended payments for a period not to exceed six years. Requests for an extended payment plan must be made within the 45 days of the notice of charges and accompanied by a minimum ten percent payment. Interest will accrue on the unpaid balance at a rate based on the prime interest rate in effect at the beginning of the then-current fiscal year Payment schedules of three years or less are based on the prime interest rate plus one percent. Payment schedules greater than three years are based on the prime interest rate plus three percent.

If a company elects to demonstrate a discharge reduction, notification must be submitted in writing and accompanied by appropriate security such as a surety bond, letter of credit or certificate of deposit. The amount of the security submitted will be based on the current connection fee multiplied by a growth factor (which accounts for rate changes during the demonstration period) then reduced by 50

percent A company also has the option of making a non-refundable deposit for a portion of the billed connection fee

The demonstration period is typically the next full fiscal year which occurs after an election to demonstrate is made. However, the discharger may be allowed to start the demonstration earlier beginning in the fiscal year in which the election is made. The demonstration is to be evaluated on discharge data for the designated twelve-month period. Following this period, if the data show that the demonstration was successful (i.e., the capacity units are within 25 percent of the established baseline), the security is returned to the discharger. If the demonstration is unsuccessful, the discharger has the option of electing to make supplemental demonstrations, provided (1) sufficient security accompanies a timely request and (2) a non-refundable payment of five percent of the connection fee charge is made. Connection fee charges are based on the rate in effect at the time of the billing.

For questions regarding the Connection Fee Program, please refer to the District's specific *Connection Fee Ordinance* or contact the Industrial Waste Section at (562) 699-7411, extension 2600.

KIK Corporation Inc.

Industrial Discharge
(Wastewater)

Management Plans

KIK Corporation Inc.

Industrial Discharge
(Wastewater)

Sampling

(whole section)

7003 3110 0000 1785 5795

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CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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OFFICIAL USE

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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

6-25-07

Sent To: L.A. County Sanitation District
Street, Apt No., or PO Box No.: Industrial Waste Section
City, State, ZIP+4: PO Box 4998 Whittier CA 90607

PS Form 3800, June 2002 — See Reverse for Instructions

Certified Mail Provides:

- A mailing receipt
- A unique identifier for your mailpiece
- A record of delivery kept by the Postal Service for two years

PS Form 3800, June 2002 (Reverse)

Important Reminders:

- Certified Mail may ONLY be combined with First-Class Mail® or Priority Mail®
- Certified Mail is *not* available for any class of international mail
- NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. For valuables, please consider Insured or Registered Mail.
- For an additional fee, a *Return Receipt* may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a USPS® postmark on your Certified Mail receipt is required.
- For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement *"Restricted Delivery"*.
- If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.

IMPORTANT: Save this receipt and present it when making an inquiry. Internet access to delivery information is not available on mail addressed to APOs and FPOs.

LACSD USE ONLY

LAB REPORT	SIGNATURE
Y ☐ N ☐	Y ☐ N ☐
DATE RECEIVED	INITIALS

SANITATION DISTRICTS OF LOS ANGELES COUNTY
James F Stahl, Chief Engineer & General Manager
For information, please call (562) 699-7411 ext 2900

INDUSTRIAL WASTEWATER SELF MONITORING REPORT

Report due no later than 07/15/2007

PAGE 1 OF 1

PERMIT NO 15431

SURCHARGE ACCOUNT NO 2042264

1 Name of Company Having Wastewater Discharge: [illegible] SOCAL [illegible]

2 Has the Ownership or Occupancy Changed Since the Last Report? ☐ Yes ☑ No

3 Address of Wastewater Discharge: [illegible] DICE RD SANTA FE SPRINGS, CA 9[illegible]

4 Name of Industrial Wastewater Contact: [illegible] RAYMOND WETTER

5. Phone No: (562) 9 [illegible] 1215

6 Mailing Address (If Different from Above): [illegible] DICE RD SANTA FE SPRINGS CA 9[illegible]

7 Sic No (s): 2842, 2842

8 Reporting Period From 01/01/2007 To 06/30/20[illegible]

9 (Print) Name of Company Collecting Wastewater Sample: Body Care WAAS [illegible] Sp(a)

10 (Print) Sample Date: 06-14-07

11 (Print) Sample Location(s): GRAB

12 Daily Wastewater Discharge For Reporting Period (Gal)
Average 2,400
Maximum 13,200

13 Method For Determining Wastewater Flow For Sampling Day (Z01, Z02)
☑ Direct Measurement
☐ Adjusted Metered Water Supply
☐ No Discharge During Reporting Period

14 Type of Composite Sample
☑ Time Composite
☐ Flow Proportioned Composi

15 NOTE

CODE	PARAMETER (1)	SAMPLING METHOD	TEST RESULTS (2)	LAB ID CODE (
[illegible]	WASTEWATER FLOW, TOTAL(GPD)			
[illegible]	WASTEWATER FLOW, PEAK(GPM)			
[illegible]	PH (UNITS)	GRAB	8.06	01 44
[illegible]	SUSPENDED SOLIDS (MG/L)	COMPOSITE	6.5	01 44
[illegible]	SOLUBLE SULFIDE (MG/L)	GRAB	ND	01 44
[illegible]	CHLORIDE (MG/L)	COMPOSITE	1470	01 44
	CHLORINE RESIDUAL(MG/L)	COMPOSITE	ND	01 44
[illegible]	TOTAL COD (MG/L)	COMPOSITE	72	

(1) Report the test results from the most recent sample collected within the reporting period and include all laboratory test sheets with the self-monitoring report form
(2) Test results are valid only if the correct sampling method is observed and the laboratory analysis is performed by a State or Sanitation Districts' approved laboratory
(3) Indicate the appropriate laboratory certification I D Code for each testing parameter

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 fi[illegible] imprisonment for knowing violations

Signature of responsible company official: Raymond Wetter Date: 6-25-07

Name of official: Raymond Wetter Title: H.E.S.S. Mgr.

PERMITEES COPY

Bodycote

West Coast Analytical Service - A New Bodycote Company

TESTING GROUP
www.bodycote.com
www.mtusa.bodycote.com

PERMIT #
015431

June 20, 2007

KIK Custom Products
9028 Dice Rd
Santa Fe Springs, CA 90670

Attn Bob Brown

Job No 96971 SL

LABORATORY REPORT

Samples Received One (1) Sample
Date Received 06/14/2007
Purchase Order No. 31270

The sample was analyzed as follows

Analysis	Page
Residual Chlorine by SM4500CIG	2
pH by SM4500H+B	2
Total Suspended Solids by SM2540D	2
Dissolved Sulfide by SM4500BCD	2
Chemical Oxygen Demand by SM5220C	2
Chloride by EPA 300.0	3

Enclosure Chromatograms

Michael Shelton
Senior Staff Chemist

Samina N Hussain
Senior Chemist

Bodycote

PERMIT #015431

WEST COAST ANALYTICAL SERVICE, INC.

KIK Custom Products
Attn Bob Brown

Job No 96971
June 20, 2007

Sample ID Grab Composite Clarafier Sample

Analysis	Result	Units	Method	Detection Limit	Analysis Date
Residual Chlorine	ND	mg/L	SM 4500 CIG	0 1	06-14-07
pH	8 06	Units	SM 4500-H^+-B	N/A	06-14-07
Total Suspended Solids	5 3	mg/L	SM 2540 D	0 5	06-15-07
Dissolved Sulfides	ND	mg/L	SM 4500-S^{-2}- B, C & D	0 1	06-15-07
Chemical Oxygen Demand	72	mg O_2/L	SM 5220 C	5	06-15-07

Quality Control Summary

Sample ID Grab Composite Clarafier Sample

Analyte	Sample Result	Duplicate Result	Difference	Difference Limit
pH	8 06	8 05	0 01	± 0 10

Sample ID Grab Composite Clarafier Sample

Analyte	Sample Result	Duplicate Result	Sample RPD	Spike Conc	Spike Result	Spike % Rec
Dissolved Sulfides	ND	ND	N/A	0 98	0 94	96
QC Guidelines			NMT 20			50 - 125

Sample ID Laboratory Fortified Blank

Analyte	Sample Result	Spike Conc	Spike Result	Spike % Rec
Chemical Oxygen Demand	ND	500	478	96
QC Guidelines				75 - 125

Sample ID Grab Composite Clarafier Sample

Analyte	Sample Result	Duplicate Result	Sample RPD	RPD Limit
Total Suspended Solids	5 1	5 4	6	20

This report is to be reproduced in its entirety

Bodycote

PERMIT #015431

WEST COAST ANALYTICAL SERVICE, INC

KIK Custom Products
Attn Bob Brown

Job No 96971
June 20, 2007

Chloride by EPA 300 0
Ion Chromatography-Suppressed Conductivity

Column	Dionex AS9-SC/AG9-SC
Eluent	2 mM Na2CO3, 0 75 mM NaHCO3
Flow	2 0 mL/min
Injection	300 µL
Detection	Suppressed Conductivity

The sample was diluted by 1:100 with water Further dilution was necessary to bring the result into the range of the standard curve The detection limit is adjusted for the initial dilution

Sample ID	Chloride mg/L
Grab Composite Clarafier Sample	1470
Method Blank	ND
Detection Limit	2

Date Analyzed 06-15-07

Calibration Summary

Sample ID: 1 PPM Reference Standard

Analyte	Result	% Rec	% Rec Limits
Chloride	1 01	101	90 - 110

Standard Curve (n = 6) $r^2 > 0\ 999$
Date Analyzed 06-15-07

Quality Control Summary

Sample ID Grab Composite Clarafier Sample

Analyte	Sample Result	Spike Conc	Spike Result	Spike % Rec	Spike Dup Result	Spike Dup % Rec	Spike RPD
Chloride	1470	5000	6440	99	6410	99	0
QC Guidelines				63 - 121		63 - 121	≤ 10

This report is to be reproduced in its entirety

Chain-[illegible]-Custody

Mail Report to the following:
Company: KIK SOCAL.
Contact: BOB BROWN
Address: 9028 DICE Rd
Address:
City/St/Zip: Santa Fe SPRING 90610
Phone: (562) 946 6427 Fax:

Project Information:
Project Manager:
Project Name:
Project No.:
Purchase Order No.:
Purchasing Contact:
Purchasing Phone No. :

WCAS
West Coast Analytical Service, Inc.
9240 Santa Fe Springs Rd
Santa Fe Springs, CA 90670
562.948.2225 fax 562.948.5850
wcas.com

Turn-around-time
- ☐ Normal (7-10 work days)
- ☐ Rush 5 day
- ☒ Rush 3 day
- ☐ Rush 1 day

} *Extra Charge*

Hazards:

Comments:

Sampler's Name(s):

If there are multiple choices for an item please circle one.

Sample Identification	Sampling Date	Sampling Time	Preservation	# of Containers	Water: Drinking Ground Waste	Soil	Waste	Other	CCR Metals: TTLC STLC -	RCRA Metals: Totals TCLP	Hexavalent Chromium: 218 6 7199	Total Chromium by ICPMS	Volatile Organics by GCMS	Semivolatile Organics by GCMS	Organochlorine Pest./PCB	Hydrocarbons by 8015M	Hexane Ext. by 1664 HEM SGT/HEM	Remarks
✓ GRAB COMPOSITE	06/14/07	P1 30																
CLARIFIER SAMPLE																		

PERMIT # 01431

Relinquished by:	Company	Date	Time	Received by:	Company:
FRANK CALVO		06/14/07	P2:19	[illegible]	WCAS
Relinquished by:	Company:	Date	Time	Received by:	Company:
Relinquished by	Company:	Date	Time	Received by:	Company

NOTES: Samples will be discarded 30 days after invoicing unless notified in writing or high hazard.
All services provided will adhere to the WCAS Terms & Conditions found on the back

White Copy - WCAS • *Yellow* - Report • *Pink* - Client

WCAS Job No. No 96971

WEST COAST ANALYTICAL SERVICE, INC. - TERMS AND CONDITIONS

1 Analysis Requests Before performing any work West Coast Analytical Service, Inc ("WCAS") shall examine and review client's analysis request, which shall outline the scope and timing of work to be performed If such request is incomplete or unclear, WCAS shall consult with client before proceeding with the work Client shall provide such additional information requested by WCAS as may be necessary for the satisfactory performance of the work covered by each analysis request

2 Responsibilities of WCAS WCAS shall perform its work in accordance with accepted standards within the industry and accepted standard operating procedures However WCAS reserves the right to modify methods as necessary based upon experience and/or current scientific literature WCAS shall furnish all supervision, labor, facilities, equipment, materials supplies and certifications necessary or desirable to perform its work If client directs a manner of making tests that varies from standard or recommended procedures, client shall hold WCAS harmless from all claims, damages and expenses arising out of such direction Such variations shall be noted on analysis requests

3 Sample Custody Samples accepted by WCAS shall remain the property of client while in the custody of WCAS WCAS shall retain samples for a period of thirty (30) days following the date of submission of its report to client WCAS shall extend the retention period if client so requests and agrees to pay for additional storage Following the retention period, WCAS will dispose of most samples upon client request WCAS reserves the right to charge for disposal of samples it considers difficult to handle or at the option of WCAS, to return samples to client in lieu of disposal All such samples returned shall be accepted by client

4 Safety WCAS is responsible for the health and safety of its employees Client shall notify WCAS of any hazardous substances present at the site where samples were acquired or believed by client to be present in the samples, that may put WCAS employees at risk WCAS may refuse acceptance or may make acceptance of samples if it determines they present a risk to health, safety or the environment or that WCAS is not authorized to accept them Client shall promptly remove from WCAS' facilities any sample for which WCAS revokes its acceptance

5 Reports and Records Unless otherwise agreed by WCAS in writing, client shall use reports prepared by WCAS only for the purposes disclosed to WCAS at the time of contracting WCAS shall maintain records and supporting documents for work for a period of five (5) years after completion of said work WCAS shall be the owner of all such documents, provided, however that copies may be supplied to client upon request

6 Confidentiality WCAS shall not provide analytical results or information on client work to any party other than client, unless client in writing requests information to be provided to a third party or unless disclosure by WCAS is required by law

7 Payment Terms Client shall pay in full the net amount of each invoice submitted by WCAS within thirty (30) days of the date thereof Amounts not paid when due shall bear interest at the rate of 1 5% per month, or the maximum rate permitted by law, whichever is less, from the date due until the date of payment

8 Termination or Suspension Client shall have the right to cancel orders placed with WCAS or suspend work on orders, but shall be obligated to pay for any work completed and expenses incurred during the period of time prior to cancellation or suspension A proposal by client to change an analysis request may be regarded by WCAS as an order to suspend work until agreement is reached on the effect of such change on the compensation payable to WCAS and other relevant issues raised by the change

9 Right to Stop Work In the event client fails to pay for services rendered within thirty (30) days after the date of any invoice from WCAS, then, in addition to any other rights or remedies provided by law, WCAS shall have the right to suspend any further work for client and to retain any and all of its work product not yet delivered to client Client shall have no right to use the work of WCAS for any purpose until the same has been paid for in full

10 Alternative Dispute Resolution All disputes between WCAS and client shall be submitted to alternative dispute resolution ("ADR") as a condition precedent to litigation and other remedies provided by law WCAS and client each agree to exercise good faith efforts to resolve disputes through mediation unless both parties agree to another ADR procedure

11 Attorneys' Fees If either party to this agreement makes a claim against the other as to issues arising out of the performance of this agreement, the prevailing party shall be entitled to recover its reasonable expenses of litigation, including reasonable attorneys' fees If WCAS brings a lawsuit against client to collect the invoiced fees and expenses of WCAS, client agrees to pay the reasonable collection expenses, including attorneys' fees, incurred by WCAS

12 Time Limit for Making Claims WCAS shall not be liable for damages unless suit is commenced within two (2) years of the date of injury or loss or within two (2) years of the date of completion by WCAS of its services, whichever is earlier In no event shall WCAS be liable for damages unless it has been notified by client of the discovery of any claimed negligent act, error, omission or breach within thirty (30) days of the date of its discovery and unless client has given WCAS an opportunity to investigate and to recommend ways client may mitigate its damages

13 Limitation of Liability In no event shall WCAS be liable for any incidental or consequential damages of any kind, whether or not arising out of negligence The aggregate liability of WCAS for its negligent acts and omissions and for its non-intentional breach of the agreement with client shall not exceed the fee paid to WCAS for its services, and client agrees to indemnify WCAS from all liabilities to others in excess of that amount The foregoing limitation on WCAS's liability does not apply to losses arising from the gross negligence of WCAS or intentional breaches of contract

14 Indemnification Subject to the limitation on liability set forth above, WCAS agrees to indemnify and hold client harmless from and against demands, damages and expenses caused by WCAS's negligent acts and omissions and breach of contract and by the negligent acts and omissions and breach of contract of persons for whom WCAS is legally responsible Client shall indemnify and hold WCAS harmless from and against demands, damages and expenses caused by client's negligent acts and omissions and breach of contract and by the negligent acts and omissions and breach of contract of persons for whom client is legally responsible

15 Response to Legal Process Client shall compensate WCAS for its services and expenses if WCAS is required to respond to legal process related to its services for client Compensable services shall include hourly charges for all WCAS personnel involved in the response and attorneys' fees reasonably incurred in obtaining advice concerning the response, the preparation of the testifier and appearances related to the legal process

16 Insurance WCAS shall, while performing its work for client, maintain in force workers compensation insurance in the amount required by law and general liability insurance in the amount of not less than One Million Dollars ($1,000,000.00).

17 Employment Practices It is the policy of WCAS not to discriminate against any employee or applicant for employment because of race color, national origin, religion, sex, age or for any reason prohibited by law.

18 Force Majeure Neither WCAS nor client shall have any liability for nonperformance caused in whole or in part by causes beyond their reasonable control Such causes include, but are not limited to, acts of God, civil unrest and war, acts of authorities and failure of subcontractors that could not reasonably be anticipated

19 Relationship of the Parties WCAS shall perform work for client as an independent contractor

20 Entire Agreement, Governing Law Unless modified by a written agreement signed by client and WCAS, these terms and conditions shall constitute the entire agreement between the parties as to the matters herein addressed, any prior course of dealing or trade custom notwithstanding The agreement between WCAS and client shall be governed by California law

KIK
CUSTOM PRODUCTS

9028 Dice Road Santa Fe Springs, CA 90670
Tel: (562) 946-6427 Fax: (562) 946-5417

FAX COVER SHEET

DATE: 1-03-07

ATTENTION: LORETTA

FROM: RAY WETTER

RE: LAB ANALYSIS - PERMIT # 015431

FAX NUMBER: (562) 908-4224

NUMBER OF PAGES: 5

MESSAGE:

07/03/2007 08:46
Serial No. 50GE07678
TC: 36958

Destination	Start Time	Time	Prints	Result	Note
9084224	07-03 08:44	00:01:35	005/005	OK	L1

Note L1: Main Circuit, L2: Sub Circuit, TMR: Timer, POL: Poll, ORG: Original, FME: Frame Erase TX, MIX: Mixed Original, CALL: Manual Communication, CSRC: CSRC, FWD: Forward, PC: PC-FAX, BND: Bind, SP: Special Original, FCODE: F-Code, RTX: Re-Tx, RLY: Relay, MBX: Confidential, BUL:Bulletin, SIP:SIP-Fax, IPADR:IP Address Fax, I-FAX:Internet Fax

Result OK: Communication OK, S-OK: Stop Communication, PW-OFF: Power Switch OFF, TEL: RX from TEL, NG: Other Error, Cont: Continue, No Ans: No Answer, Refuse: Receipt Refused, Busy: Busy, M-Full:Memory Full, LOVR:Receiving length Over, POVER:Receiving page Over, FIL:File Error, DC:Decode Error, MDN:MDN Response Error, DSN:DSN Response Error.

KIK CUSTOM PRODUCTS

9028 Dice Road Santa Fe Springs, CA 90670
Tel: (562) 946-6427 Fax: (562) 946-5417

FAX COVER SHEET

DATE: 7-03-07

ATTENTION: LORETTA

FROM: RAY WETTER

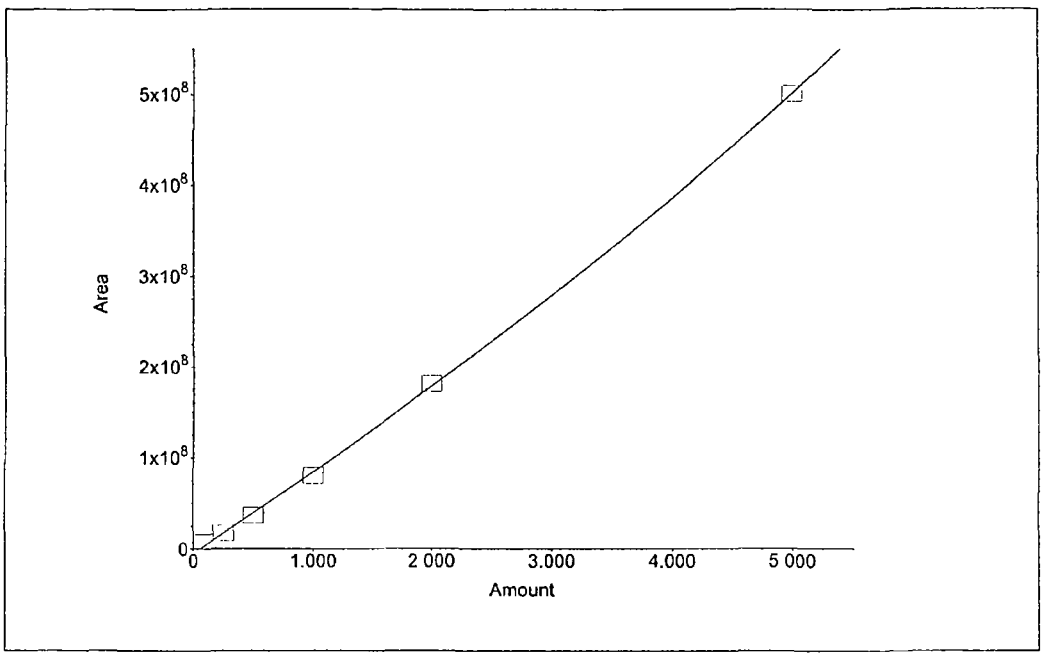
RE: LAB ANALYSIS - PERMIT # 015431

FAX NUMBER: (562) 908-4224

NUMBER OF PAGES: 5

MESSAGE:

2. Component:CHLORIDE
Standard:External Fit Type:Quadratic
Origin:Ignore Calibration:Area
r^2=0.999741
Amt=-2.762301e-018*Resp^2+
1.072042e-008*Resp+0.05701



Sample Analysis Report

Sample Name : H2O
Data File Name : C:\PEAKNET\DATA\IC1\0607\ANIONS\0615_091.DXD

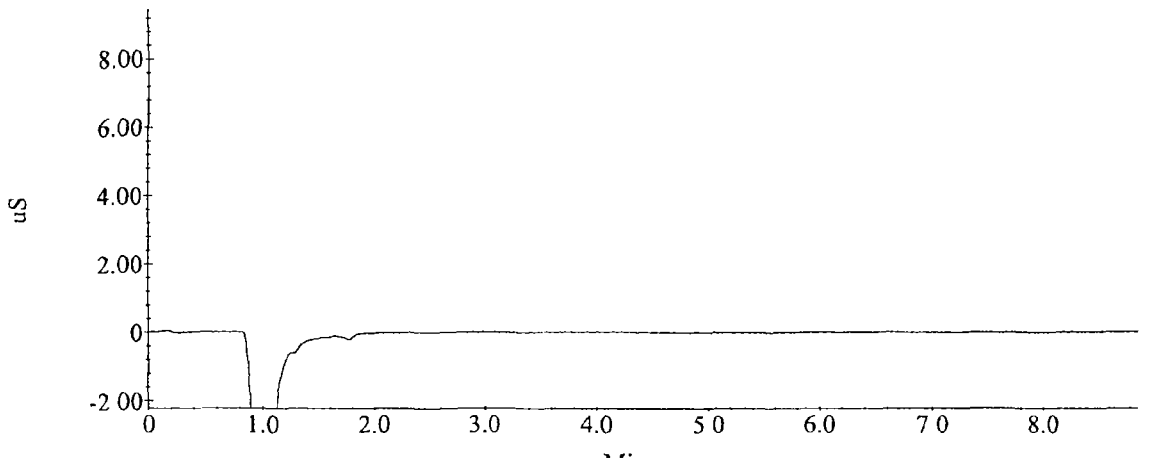
Method File Name : C:\PEAKNET\METHOD\As9N6.met
Date Time Collected : 6-15-07 9:11:08 AM
Dilution Factor : 1.00

nr cal nl
nr 6/19/07

Peak Information : All Peaks

Peak #	Component Name	Retention Time	Amount (ppm)	Peak Area	Peak Height

H2O



Calibration Update Report

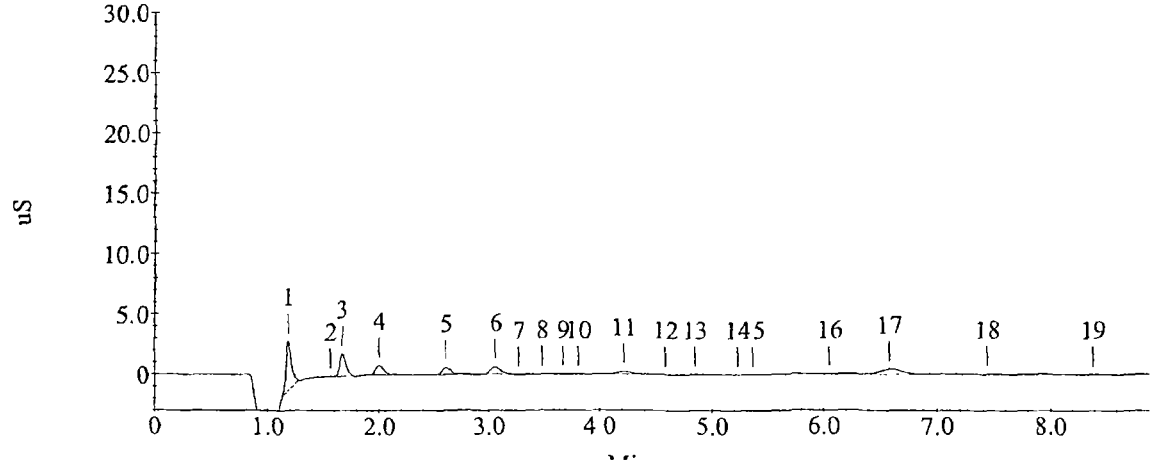
Sample Name : 0.1 PPM 631-0529-186-1
Data File Name : C:\PEAKNET\DATA\IC1\0607\ANIONS\0615_092.DXD

Method File Name : C:\PeakNet\method\As9N6.met
Schedule File Name : C:\PeakNet\schedule\AS9.sch
Date Time Collected : 6-15-07 9:22:48 AM
Calibration Date : 6-15-07 10:44:35 AM
System Operator :

Peak Information : All Components

Peak #	Component Name	Retention Time	Cal Response (Previous)	Cal Response (Measured)	Cal Response (New)
1	FLUORIDE	1.18		13493058	13493058
3	CHLORIDE	1.67	8127472	7352305	7352305
4	NITRITE	2.00		4447300	4447300
5	BROMIDE	2.61		3335628	3335628
6	NITRATE	3.06	3967046	4150324	4150324
11	PHOSPHATE	4.22	1853126	1906588	1906588
17	SULFATE	6.59	5649660	5721300	5721300

0.1 PPM 631-0529-186-1



Calibration Update Report

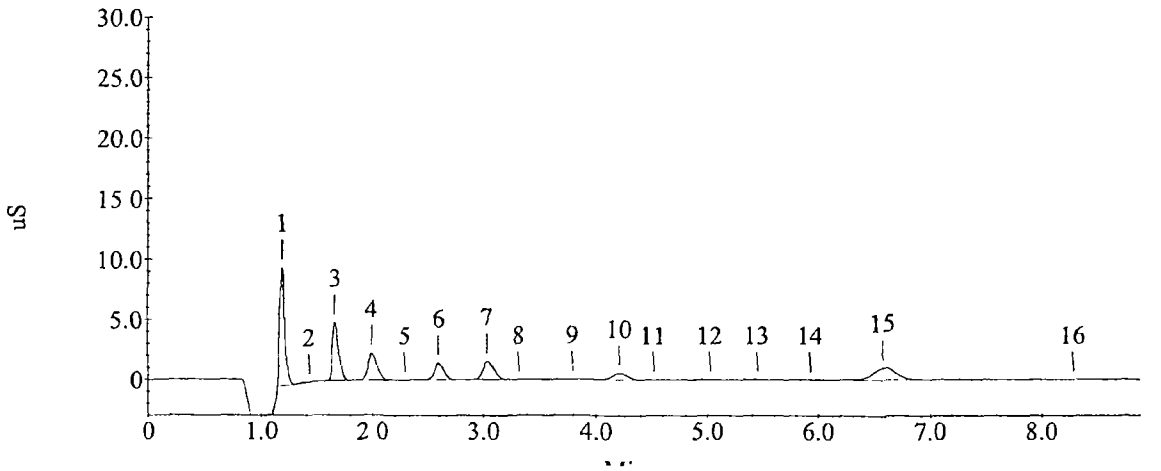
Sample Name : 0.25 PPM 631-0529-186-2
Data File Name : C:\PEAKNET\DATA\IC1\0607\ANIONS\0615_093.DXD

Method File Name . C:\PEAKNET\METHOD\As9N6.met
Schedule File Name : C:\PeakNet\schedule\AS9.sch
Date Time Collected : 6-15-07 9:34:27 AM
Calibration Date : 6-15-07 9:43:21 AM
System Operator :

Peak Information : All Components

Peak #	Component Name	Retention Time	Cal Response (Previous)	Cal Response (Measured)	Cal Response (New)
1	FLUORIDE	1.18		30077400	30077400
3	CHLORIDE	1.66	18857856	18552030	18552030
4	NITRITE	2.00		13389833	13389833
6	BROMIDE	2.60		8231514	8231514
7	NITRATE	3.04	10383860	10153656	10153656
10	PHOSPHATE	4.21	4955550	5367186	5367186
15	SULFATE	6.59	13505252	15012716	15012716

0.25 PPM 631-0529-186-2



Calibration Update Report

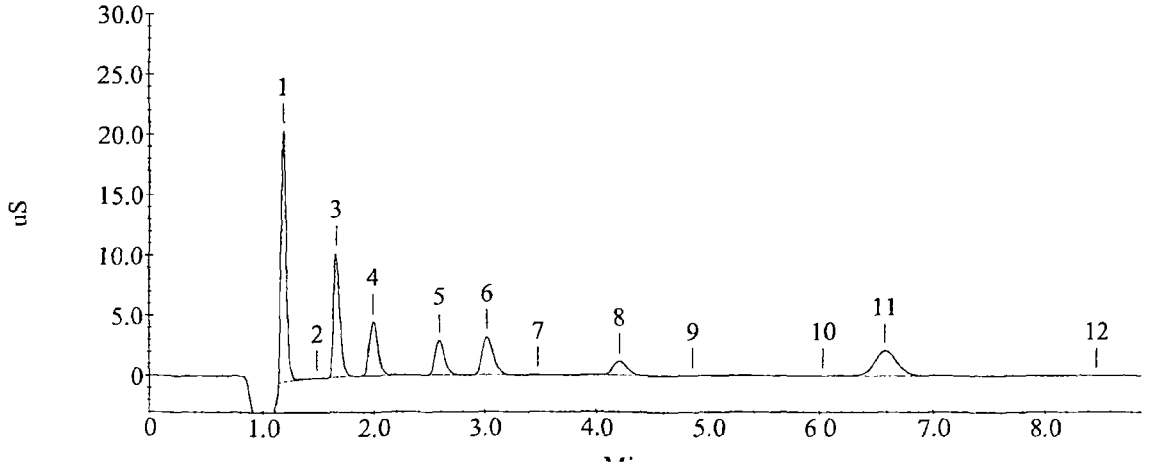
Sample Name : 0.5 PPM 631-0529-186-3
Data File Name : C:\PEAKNET\DATA\IC1\0607\ANIONS\0615_094.DXD

Method File Name : C:\PEAKNET\METHOD\As9N6.met
Schedule File Name : C:\PeakNet\schedule\AS9.sch
Date Time Collected : 6-15-07 9:46:07 AM
Calibration Date : 6-15-07 9:55:01 AM
System Operator :

Peak Information : All Components

Peak #	Component Name	Retention Time	Cal Response (Previous)	Cal Response (Measured)	Cal Response (New)
1	FLUORIDE	1.18		65788253	65788253
3	CHLORIDE	1.66	40063928	39299828	39299828
4	NITRITE	2.00		24540100	24540100
5	BROMIDE	2.59		16445370	16445370
6	NITRATE	3.02	20958320	21979768	21979768
8	PHOSPHATE	4.21	10238394	10463242	10463242
11	SULFATE	6.59	27157102	28688791	28688791

0.5 PPM 631-0529-186-3



Calibration Update Report

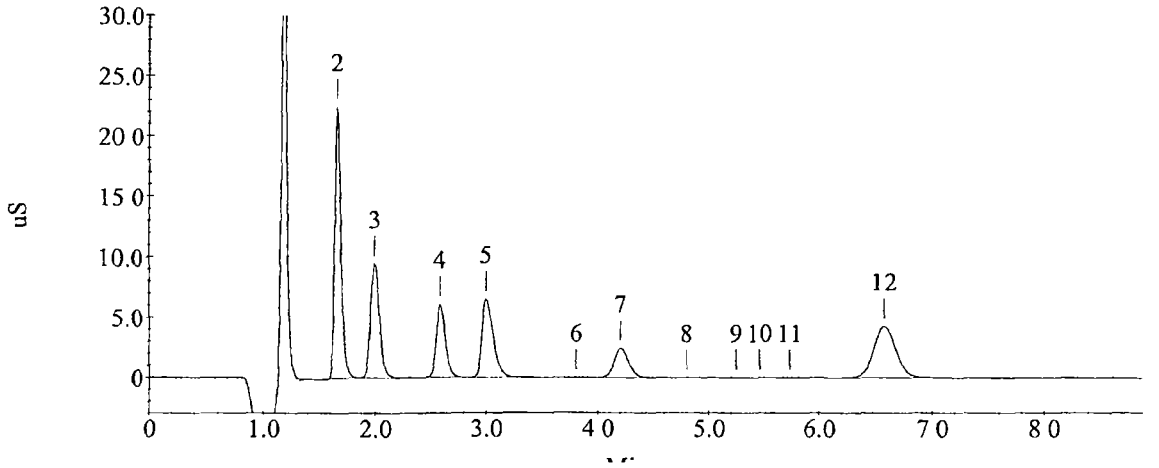
Sample Name : 1 PPM 631-0529-186-4
Data File Name : C:\PEAKNET\DATA\IC1\0607\ANIONS\0615_095.DXD

Method File Name : C:\PEAKNET\METHOD\As9N6.met
Schedule File Name : C:\PeakNet\schedule\AS9.sch
Date Time Collected : 6-15-07 9.57:47 AM
Calibration Date : 6-15-07 10:06:42 AM
System Operator :

Peak Information : All Components

Peak #	Component Name	Retention Time	Cal Response (Previous)	Cal Response (Measured)	Cal Response (New)
1	FLUORIDE	1.19		136898702	136898702
2	CHLORIDE	1.66	86087187	86066407	86066407
3	NITRITE	2.00		51985912	51985912
4	BROMIDE	2.58		34660390	34660390
5	NITRATE	3.00	45526560	46534070	46534070
7	PHOSPHATE	4.21	21910900	22308418	22308418
12	SULFATE	6.57	56144316	58237302	58237302

1 PPM 631-0529-186-4



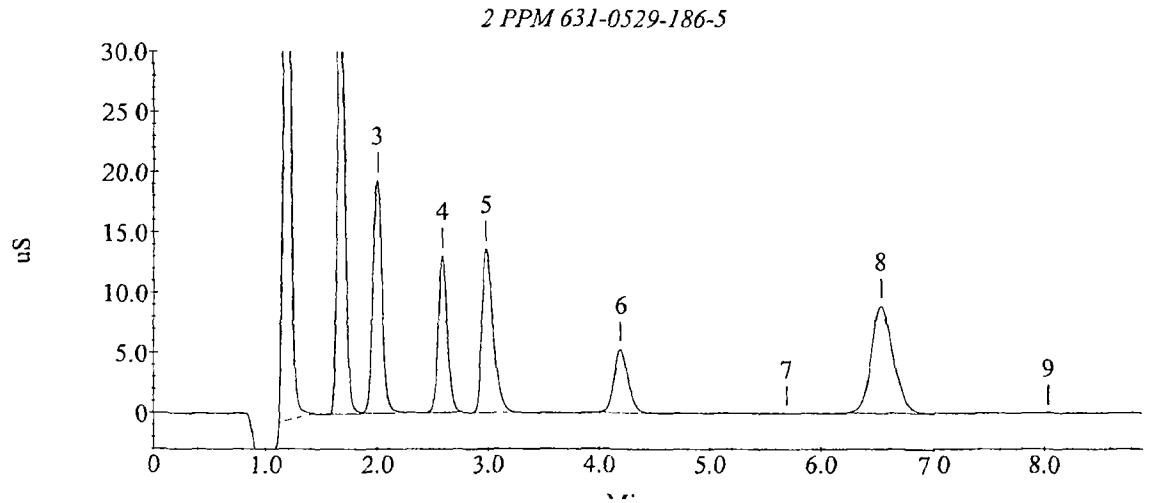
Calibration Update Report

Sample Name : 2 PPM 631-0529-186-5
Data File Name : C:\PEAKNET\DATA\IC1\0607\ANIONS\0615_096.DXD

Method File Name : C.\PeakNet\method\As9N6.met
Schedule File Name : C:\PeakNet\schedule\AS9.sch
Date Time Collected : 6-15-07 10:09:28 AM
Calibration Date : 6-15-07 10:46:34 AM
System Operator :

Peak Information : All Components

Peak #	Component Name	Retention Time	Cal Response (Previous)	Cal Response (Measured)	Cal Response (New)
1	FLUORIDE	1.19		282135869	282135869
2	CHLORIDE	1.66	191426940	193573841	193573841
3	NITRITE	2.00		110556719	110556719
4	BROMIDE	2.58		73826654	73826654
5	NITRATE	2.98	96293902	97526120	97526120
6	PHOSPHATE	4.19	46710854	46333214	46333214
8	SULFATE	6.53	118712896	120709738	120709738



Calibration Update Report

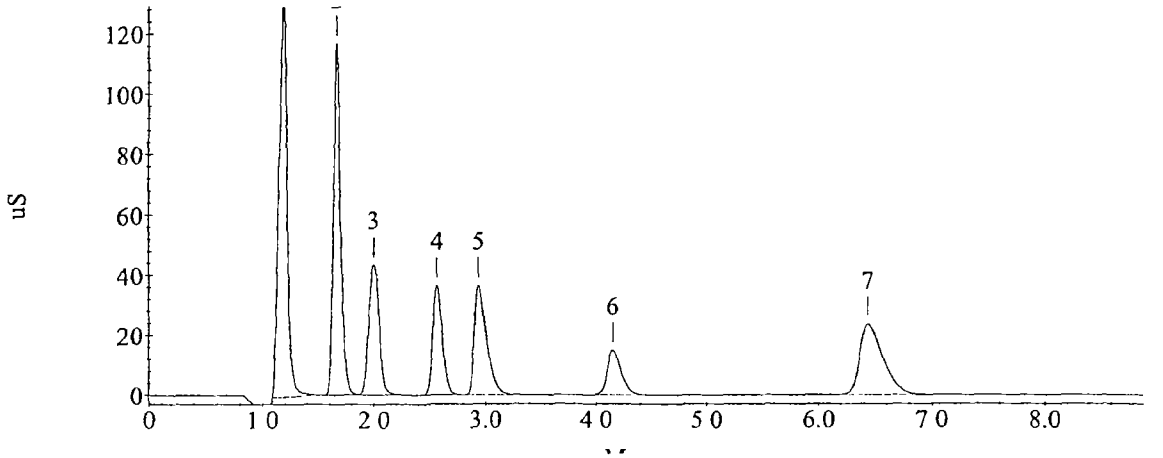
Sample Name : 5 PPM 631-0529-186-6
Data File Name : C:\PEAKNET\DATA\IC1\0607\ANIONS\0615_097.DXD

Method File Name : C:\PeakNet\method\As9N6.met
Schedule File Name : C:\PeakNet\schedule\AS9.sch
Date Time Collected : 6-15-07 10:21:07 AM
Calibration Date : 6-15-07 10.47:49 AM
System Operator :

Peak Information : All Components

Peak #	Component Name	Retention Time	Cal Response (Previous)	Cal Response (Measured)	Cal Response (New)
1	FLUORIDE	1.19	667766348	678742557	678742557
2	CHLORIDE	1.67	526881275	534437253	534437253
3	NITRITE	2.00	292048776	284970257	284970257
4	BROMIDE	2.57	212731737	214982731	214982731
5	NITRATE	2.94	277866742	275354565	275354565
6	PHOSPHATE	4.15	134489092	131944848	131944848
7	SULFATE	6.44	331297330	334635020	334635020

5 PPM 631-0529-186-6



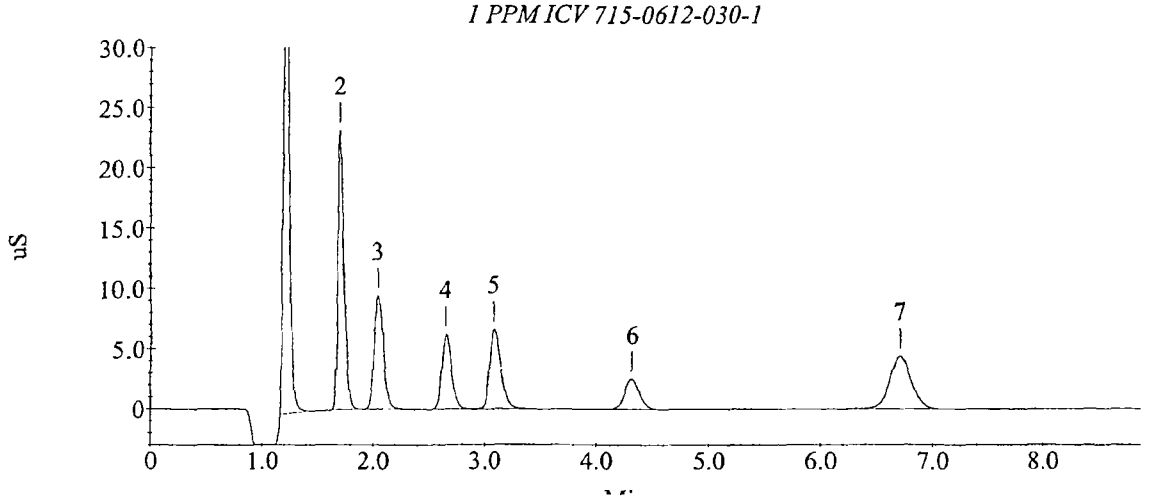
Sample Analysis Report

Sample Name : 1 PPM ICV 715-0612-030-1
Data File Name : C:\PEAKNET\DATA\IC1\0607\ANIONS\0615_098.DXD

Method File Name . C:\PeakNet\method\As9N6.met
Date Time Collected : 6-15-07 10.32:48 AM
Dilution Factor : 1.00

Peak Information : All Peaks

Peak #	Component Name	Retention Time	Amount (ppm)	Peak Area	Peak Height
1	FLUORIDE	1.21	1.035	144523444	41784568
2	CHLORIDE	1.71	1.011	91164864	23192196
3	NITRITE	2.05	1.011	54034186	9365240
4	BROMIDE	2.65	1.056	37147242	6205017
5	NITRATE	3.08	1.014	47271574	6615080
6	PHOSPHATE	4.32	1.023	22779938	2537945
7	SULFATE	6.71	1.009	59160368	4408270



Sample Analysis Report

Sample Name : H2O
Data File Name : C:\PEAKNET\DATA\IC1\0607\ANIONS\0615_099.DXD

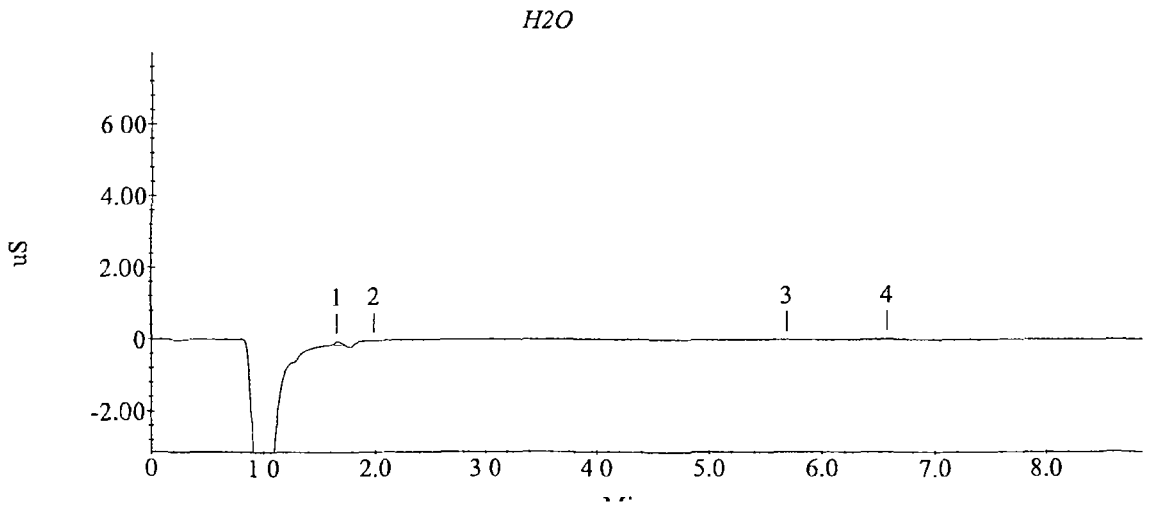
Method File Name : C \PeakNet\method\As9N6.met
Date Time Collected : 6-15-07 10:44:26 AM
Dilution Factor : 1.00

96971 method BL
6/19/07

Peak Information : All Peaks

Peak #	Component Name	Retention Time	Amount (ppm)	Peak Area	Peak Height
1	CHLORIDE	1.65	0.006	435950	109810
2	NITRITE	1.99	0.002	66874	9884
3		5.70	0.000	81088	4885
4	SULFATE	6.58	0.006	316372	28418

pt to pt
~ DL
6/19/07



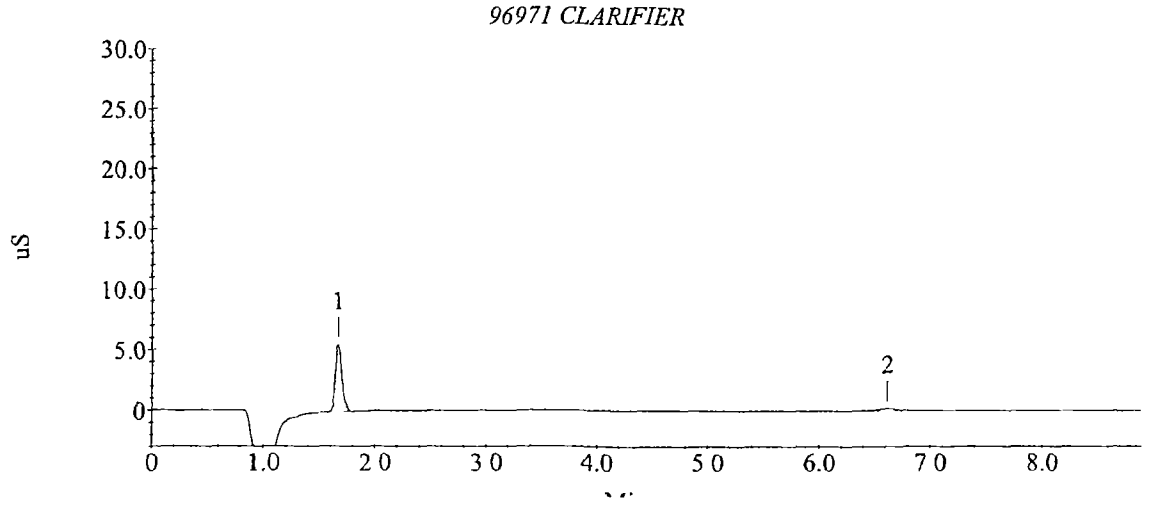
Sample Analysis Report

Sample Name : 96971 CLARIFIER
Data File Name : C:\PEAKNET\DATA\IC1\0607\ANIONS\0615_100.DXD

Method File Name : C:\PEAKNET\METHOD\As9N6.met
Date Time Collected : 6-15-07 12:03:20 PM
Dilution Factor : 5000.00

Peak Information : All Peaks

Peak #	Component Name	Retention Time	Amount (ppm)	Peak Area	Peak Height
1	CHLORIDE	1.66	1466.250	22163272	5476405
2	SULFATE	6.61	181.117	2198464	165570



Sample Analysis Report

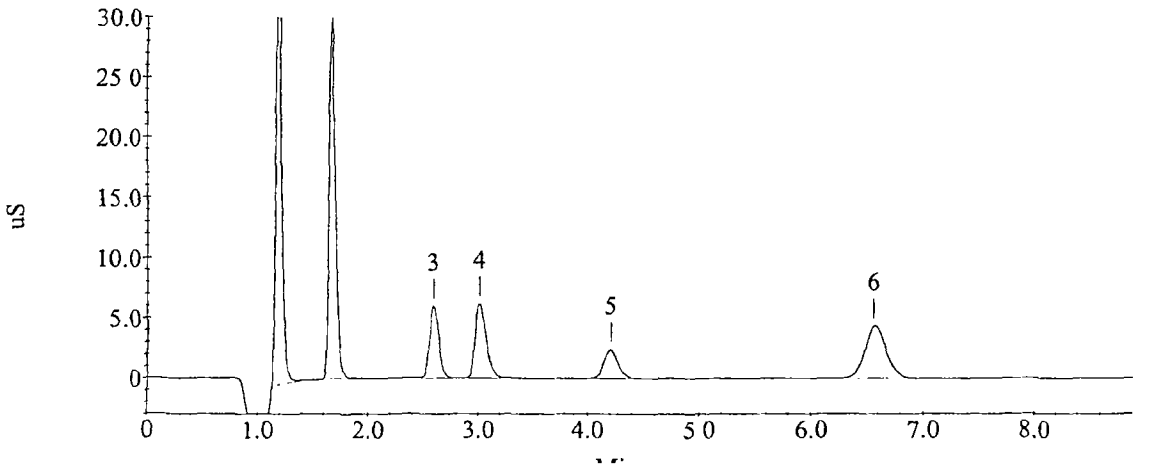
Sample Name : 96971 CLARIFIER MS
Data File Name : C:\PEAKNET\DATA\IC1\0607\ANIONS\0615_101.DXD

Method File Name : C:\PEAKNET\METHOD\As9N6.met
Date Time Collected : 6-15-07 12:16:53 PM
Dilution Factor : 5000.00

Peak Information : All Peaks

Peak #	Component Name	Retention Time	Amount (ppm)	Peak Area	Peak Height
1	FLUORIDE	1.19	4883.643	136172778	41037789
2	CHLORIDE	1.67	6438.420	118410198	29967007
3	BROMIDE	2.59	4923.400	34502870	6003747
4	NITRATE	3.01	4680.084	43454152	6167976
5	PHOSPHATE	4.21	4639.765	20562882	2370969
6	SULFATE	6.56	5026.095	58913008	4369474

96971 CLARIFIER MS



Sample Analysis Report

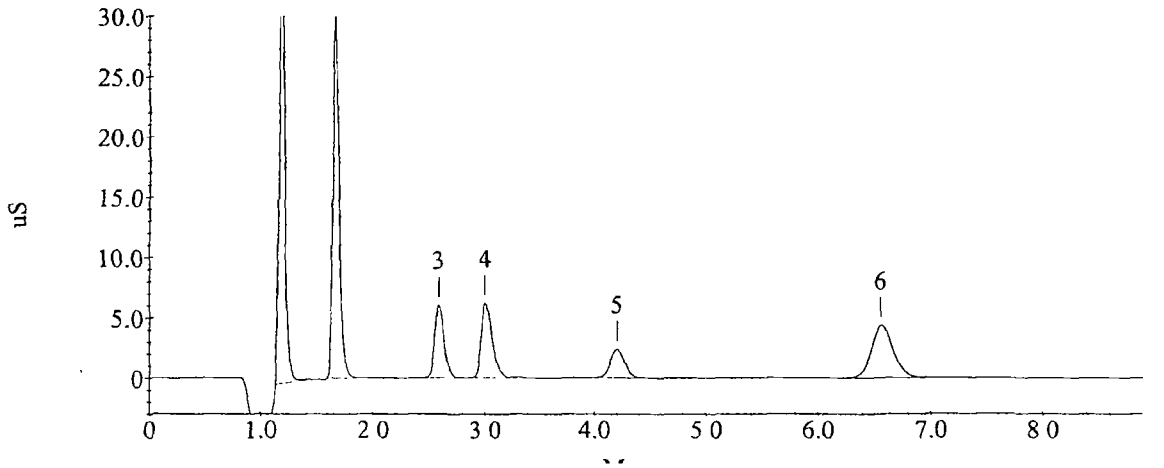
Sample Name : 96971 CLARIFIER MSD
Data File Name : C:\PEAKNET\DATA\IC1\0607\ANIONS\0615_102.DXD

Method File Name : C:\PEAKNET\METHOD\As9N6.met
Date Time Collected : 6-15-07 12:28:32 PM
Dilution Factor : 5000.00

Peak Information : All Peaks

Peak #	Component Name	Retention Time	Amount (ppm)	Peak Area	Peak Height
1	FLUORIDE	1.19	4874.342	135907652	41171780
2	CHLORIDE	1.66	6411.771	117880800	30030756
3	BROMIDE	2.59	5024.529	35249006	6030572
4	NITRATE	3.00	4654.208	43200778	6187946
5	PHOSPHATE	4.21	4765.041	21143702	2402304
6	SULFATE	6.56	5028.202	58938330	4380553

96971 CLARIFIER MSD



Sample Analysis Report

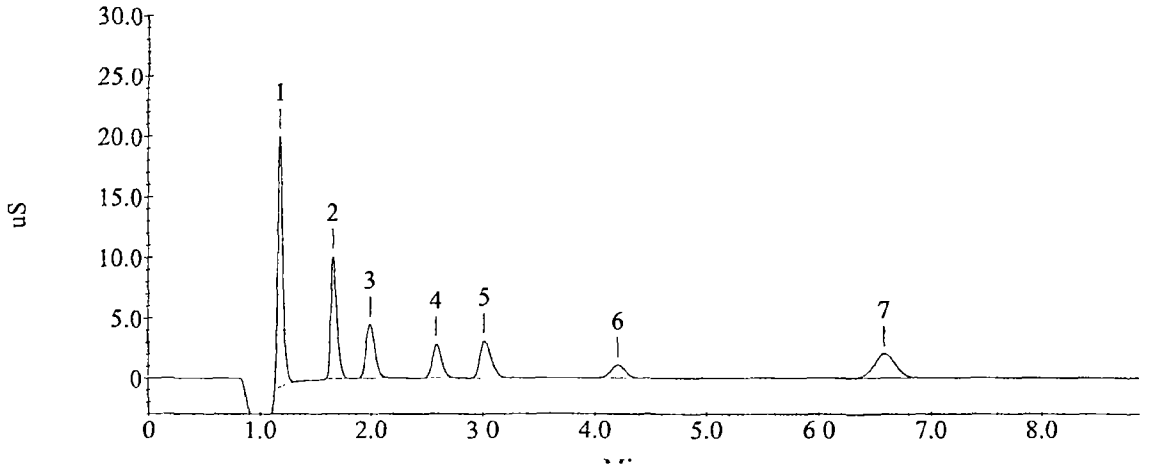
Sample Name : 0.5 PPM 631-0529-186-3
Data File Name : C:\PEAKNET\DATA\IC1\0607\ANIONS\0615_107.DXD

Method File Name : C:\PEAKNET\METHOD\As9N6.met
Date Time Collected : 6-15-07 1:26:48 PM
Dilution Factor : 1 00

Peak Information : All Peaks

Peak #	Component Name	Retention Time	Amount (ppm)	Peak Area	Peak Height
1	FLUORIDE	1.18	0.480	64860090	20740191
2	CHLORIDE	1.66	0.472	39064692	10085303
3	NITRITE	2.00	0.477	24558860	4485344
4	BROMIDE	2.59	0.483	16338048	2821754
5	NITRATE	3.02	0.487	21760820	3068276
6	PHOSPHATE	4.21	0.461	9914136	1095772
7	SULFATE	6.59	0.475	27531624	2032124

0.5 PPM 631-0529-186-3



SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to

COUNTY SANITATION
1955 WORKMAN MILL
WHITTIER CA 90601

COMPLETE THIS SECTION ON DELIVERY

A Signature

X

☐ Agent
☐ Addressee

B Received by (Printed Name) C. Date of Delivery

D Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4 Restricted Delivery? *(Extra Fee)* ☐ Yes

2 Article Number
(Transfer from service label) 7006 0810 0002 1515 6952

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

UNITED STATES POSTAL SERVICE

First-Class Mail
Postage & Fees Paid
USPS
Permit No G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

KIK INTERNATIONAL SOCAL
9028 DICE ROAD
SANTA FE SPRINGS, CA 90670

Bob Brown

93

COUNTY SANITATION DISTRICTS of LOS ANGELES COUNTY

1955 Workman Mill Road
P.O. Box 4998
Whittier, California 90607-4998

JAMES F. STAHL
Chief Engineer and General Manager

FOR DISTRICT USE ONLY	
Postmark Date	Payment Received
Date Received 4/24/2007	($304.10)
Group Number 39576	Quarter

WASTEWATER TREATMENT SURCHARGE STATEMENT
STATUS OF ACCOUNT NOTICE

for property located at

RE: Surcharge Statement for Fiscal Year

In checking the subject Wastewater Treatment Surcharge Statement, certain corrections were required which resulted in a change to the status of the account. Please note the Code No(s) below and see the corresponding message(s) on the reverse side of this form.

This balance is now due, additional penalty and interest penalty charges may accue if these charges remain unpaid after 45 days. **This balance does not reflect any payments received after the first of the month.** Please return one copy of this form with payment in envelope provided.

STATUS OF ACCOUNT AS OF INCLUDES CUMULATIVE TOTALS FOR ALL QUARTERS	
Surcharge Payable	$
Amount Paid	$
Penalty Charges	$
Interest Charges	$
Balance Due	$
Refund Enclosed	$

CHARGES DETAILED BY QUARTER

Status of	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Surcharge Payable	$	$	$	$
Amount Paid	$	$	$	$
Penalty Charges	$	$	$	$
Interest Charges	$	$	$	$
Balance Due	$	$	$	$
Refund	$	$	$	$
Number of Delinquent Days	Days	Days	Days	Days

CORRECTED VALUES OF SURCHARGE STATEMENT ENTRIES

1 TOTAL FLOW VOLUME million gallons	2 FLOW VOLUME CHARGE	3 AVERAGE FLOW RATE "A" gallons/minute	4 PEAK FLOW RATE "P" SINGLE OUTLET gallons/minute	5 PEAK FLOW RATE "P" MULTIPLE OUTLETS gallons/minute
6 PEAK TO AVERAGE FLOW RATIO "(P/A)"	7 FACTOR "M"	8 PEAK FLOW CHARGE	9 TOTAL CHEMICAL OXYGEN DEMAND thousand pounds	10 CHEMICAL OXYGEN DEMAND CHARGE
11 TOTAL SUSPENDED SOLIDS thousand pounds	12 SUSPENDED SOLIDS CHARGE	13 SANITARY FLOW CHARGE	14 ACUTE CARE USER CHARGE	15 SKILLED NURSING CHARGE
16 CALCULATED PAYMENT FOR QUARTER 1	17 CALCULATED PAYMENT FOR QUARTER 2	18 CALCULATED PAYMENT FOR QUARTER 3		
19 GROSS WASTEWATER TREATMENT SURCHARGE	20 TOTAL PAYMENT FOR QUARTERS 1 THROUGH 3	21 TOTAL WASTEWATER TREATMENT SURCHARGE / USER CHARGE PAYABLE		

Form No 5005 OP Form No 551

Coded Information Messages

002100 The 1st quarterly payment was received after the filing deadline of September 30 and thus was delinquent

002101 The 2nd quarterly payment was received after the filing deadline of December 31 and thus was delinquent

002102 The 3rd quarterly payment was received after the filing deadline of March 31 and thus was delinquent

002103 The surcharge payment was received after the filing deadline of August 15 and thus was delinquent

002104 A penalty charge of 1% per delinquent day (not to exceed 10%) has been assessed to your account. The number of delinquent days for each quarter is specified on the reverse side of this page

002105 Districts' records indicate the 1st quarterly payment was understated Districts' calculated payment for Quarter 1 is shown on the reverse side of this page

002106 Districts' records indicate the 2nd quarterly payment was understated Districts' calculated payment for Quarter 2 is shown on the reverse side of this page

002107 Districts' records indicate the 3rd quarterly payment was understated Districts' calculated payment for Quarter 3 is shown on the reverse side of this page

002108 The amount of the payment was less than the surcharge payable reported on the Surcharge Statement or less than that given as the balance due on a previous Status of Account Notice

002109 An interest penalty of 3% over prime compounded monthly, has been assessed on all surcharge and penalty charges. The specific interest rate assessed for quarters 1 through 3 is detailed on the reverse side of this page

002110 Failure to pay the balance due within 45 days from the date of this billing may be a cause for penalty and additional interest penalty charges to be added to the account

002111 Failure to pay the balance due within 45 days from the date of this billing may be a cause for additional interest penalty charges to be added to the account

002112 The amount of the payment was inconsistent with the surcharge payable as calculated by the Districts

002113 The quantity of wastewater discharged to the Districts' sewerage system was less than 1 million gallons for the applicable fiscal year. Industries having a wastewater discharge under 1 million gallons per year will be assessed a fee under the service charge program

002114 An interest penalty of 3% over prime compounded monthly has been assessed on all surcharge and penalty charges. The specific interest rate assessed for Quarter 4 is detailed on the reverse side of this page

002115 A refund for the amount of the overpayment is enclosed

002116 The Total Flow Volume (Line 13a) listed is not equal to the sum of the values given for the discharge outlets. The corrected value is given on the reverse side of this page

002117 The value for Total Chemical Oxygen Demand entered on Line 14a of the Long Form Surcharge Statement is not equal to the sum of the values given for the discharge outlets. The corrected value is given on the reverse side of this page

002118 The value for the Total Suspended Solids entered on Line 15a of the Long Form Surcharge Statement is not equal to the sum of the values given for the discharge outlets. The corrected value is given on the reverse side of this page

002119 An error was made in computing the Average Flow Rate 'A' (Line 37a Long Form) The corrected value is given on the reverse side of this page

002120 The Peak Flow Rate 'P' for a Single Outlet reported on Line 39a does not agree with the value given on Line 16a The Districts have calculated the Peak Flow Charge according to the value reported on Line 16a

002121 An error was made in computing the Peak Flow Rate 'P' for Multiple Outlets (Line 43a Long Form). The corrected value is given on the reverse side of this page.

002122 An error was made in computing the Peak to Average Flow Ratio 'P/A' (Line 44a Long Form) The corrected value is given on the reverse side of this page

002123 An error was made in computing the Factor 'M' (Line 45a Long Form) The corrected value is given on the reverse side of this page

002124 An error was made in computing the Flow Volume Charge (Line 16a Short Form, Line 20a Long Form). The corrected value is given on the reverse side of this page

002125 An error was made in computing the Acute Care User Charge (Line 15a User Charge) The corrected value is given on the reverse side of this page

002126 An error was made in computing the Skilled Nursing Care User Charge (Line 16a User Charge) The corrected value is given on the reverse side of this page

002127 An error was made in computing the Chemical Oxygen Demand Charge (Line 21a Long Form) The corrected value is given on the reverse side of this page

002128 An error was made in computing the Suspended Solids Charge (Line 22a Long Form) The corrected value is given on the reverse side of this page

002129 An error was made in computing the Peak Flow Rate Charge (Line 23a and 46a Long Form). The corrected value is given on the reverse side of this page

002130 An error was made in computing the Sanitary Flow Charge (Line 19a Short Form, Lines 24a and 48a Long Form) The corrected value is given on the reverse side of this page

002131 An error was made in computing the Net Wastewater Treatment Payment (Line 20a Short Form, Line 27a Long Form) The corrected value is given on the reverse side of this page

002132 An error was made in computing the Total Hospital Wastewater Treatment User Charge Payable (Line 17a User Charge) The corrected value is given on the reverse side of this page

002133 An error was made in computing the Gross Wastewater Treatment Surcharge (Line 25a Long Form) The corrected value is given on the reverse side of this page

002134 The amount of the Total Quarterly Estimated Payments (Line 25a Long Form) is inconsistent with Districts' records The corrected amount is shown on the reverse side of this page

† DETACH HERE † † DETACH HERE † † DETACH HERE † † DETACH HERE †

COUNTY OF LOS ANGELES REMITTANCE ADVICE

PAYEE NAME	PAYEE NUMBER	HANDLING CODE
KIK SOCAL	MISC-SAN	1

PAYMENT REFERENCE NUMBER	DISB CAT	ISSUE DATE	AMOUNT	WARRANT NUMBER
TWR-NS-2006093T	955	04/30/2007	$304 10	0006133197

	DEPT	ID	INVOICE NUMBER	INV DT	DESCRIPTION	AMOUNT
TWR	NS	2006093T				304 10

NOT NEGOTIABLE NOT NEGOTIABLE NOT NEGOTIABLE

For more information about this payment, please contact

Confirmation Report – Memory Send

Time : 04-03-07 11:09am
Tel line : 5629419780
Name : KIK INTERNATIONAL SOCAL

Job number : 884

Date : 04-03 11:08am

To : 9084224

Document pages : 03

Start time : 04-03 11:08am

End time : 04-03 11.09am

Pages sent : 03

Status : OK

Job number : 884 *** SEND SUCCESSFUL ***

9028 Dloe Road
Santa Fe Springs, CA 90670
(562) 946-6427, Fax # (562) 941-9780

KIK SO-CAL

Fax

To: LORETTA From: BOB BROWN
Fax (562) 908-4224 Pages:
Phone: Date: 4-3-07
Re: PERMIT #15431 cc:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

• Comments:

SANITATION DISTRICT

LORETTA,

PER YOUR REQUEST, I HAVE ATTACHED THE WEST COAST ANALYTICAL LAB REPORT FOR YOUR REVIEW

BOB

9028 Dice Road
Santa Fe Springs, CA 90670
(562) 946-6427, Fax # (562) 941-9780

KIK SO-CAL

Fax

To: LORRETTA From: BOB BROWN

Fax: 562) 908-4224 Pages:

Phone: Date: 4-3-07

Re: PERMIT #15431 CC:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

• Comments:

SANITATION DISTRICT

LORRETTA,

PER YOUR REQUEST, I HAVE ATTACHED THE WEST COAST ANALYTICAL LAB REPORT FOR YOUR REVIEW

BOB

7006 0810 0002 1515 6952

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

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Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Bob Brown

Postmark Here

3/29/07

Sent To: County Sanitation

Street, Apt No., or PO Box No: 1955 Workman Mill

City, State, ZIP+4:

PS Form 3800, June 2002 — See Reverse for Instructions

Certified Mail Provides:

- A mailing receipt
- A unique identifier for your mailpiece
- A record of delivery kept by the Postal Service for two years

Important Reminders:

- Certified Mail may ONLY be combined with First-Class Mail® or Priority Mail®.
- Certified Mail is *not* available for any class of international mail.
- NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. For valuables, please consider Insured or Registered Mail.
- For an additional fee, a *Return Receipt* may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver, a duplicate return receipt, a USPS® postmark on your Certified Mail receipt is required.
- For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement *"Restricted Delivery"*.
- If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.

IMPORTANT: Save this receipt and present it when making an inquiry.
Internet access to delivery information is not available on mail addressed to APOs and FPOs.

PS Form 3800, June 2002 *(Reverse)*

March 23, 2007

KIK Custom Products
9028 Dice Rd
Santa Fe Springs, CA 90670

Attn: Bob Brown

Job No. 94898 TP

LABORATORY REPORT

Samples Received One (1) Sample
Date Received: 03/22/2007
Purchase Order No: 31232

The sample was analyzed as follows

Analysis	Page
Residual Chlorine by EPA 330 5	2

D J Worthington, Ph D
Technical Director

Michael Shelton
Senior Staff Chemist

This report is to be reproduced in its entirety

Bodycote Testing Group
9240 Santa Fe Springs Road • Santa Fe Springs • California • 90670 • USA • Tel: +1 (562) 948-2225 • Fax: +1 (562) 948-5850

Bodycote WEST COAST ANALYTICAL SERVICE, INC

KIK Custom Products
Attn Bob Brown

Job No: 94898
March 23, 2007

Sample ID: GRAB COMPOSITE CLARIFIER SAMPLE

Analysis	Result	Units	Method	Detection Limit	Analysis Date
Residual Chlorine	ND	mg/L	EPA 330.5	0.1	03-22-07

Bodycote

West Coast Analytical Service - A New Bodycote Company

TESTING GROUP
www.bodycote.com
www.mtusa.bodycote.com

March 23, 2007

KIK Custom Products
9028 Dice Rd
Santa Fe Springs, CA 90670

Attn Bob Brown

Job No. 94897 TP

LABORATORY REPORT

Samples Received One (1) Sample
Date Received 03/22/2007
Purchase Order No 31231

The sample was analyzed as follows:

Analysis	Page
Residual Chlorine by EPA 330 5	2

D J Northington, Ph D
Technical Director

Michael Shelton
Senior Staff Chemist

This report is to be reproduced in its entirety

Bodycote Testing Group
9240 Santa Fe Springs Road • Santa Fe Springs • California • 90670 • USA • Tel +1 (562) 948-2225 • Fax: +1 (562) 948-5850

KIK Custom Products
Attn Bob Brown

Job No 94897
March 23, 2007

Sample ID. TAP WATER SAMPLE

Analysis	Result	Units	Method	Detection Limit	Analysis Date
Residual Chlorine	0 7	mg/L	EPA 330 5	0 1	03-22-07

Chain-of-Custody

Mail Report to the following:

Company: KIK SoCAL
Contact: BOB BROWN
Address: 9028 DICE Rd.
Address:
City/St/Zip: SANTA FE SPRING CA 90670
Phone: (562) 906 2211 Fax: (562) 941 9780

Project Information:

Project Manager:
Project Name:
Project No.:
Purchase Order No.:
Purchasing Contact:
Purchasing Phone No. :

West Coast Analytical Service, Inc.
9240 Santa Fe Springs Rd
Santa Fe Springs, CA 90670
562.948.2225 fax 562.948.5850
wcas.com

Turn-around-time

- ☐ Normal (7-10 work days)
- ☐ Rush 5 day } Extra Charge
- ☐ Rush 3 day } Extra Charge
- ☒ Rush 1 day } Extra Charge

Hazards:

Comments:

Sampler's Name(s):

If there are multiple choices for an item please circle one.

Sample Identification	Sampling Date	Sampling Time	Preservation	# of Containers	Check One: Water, Drinking / Ground Water / Soil / Waste / Other	CCR Metals: TTLC STLC -	RCRA Metals: Totals TCLP	Hexavalent Chromium: 218.6 7199	Total Chromium by ICPMS	Volatile Organics by GCMS	Semivolatile Organics by GCMS	Organochlorine Pest./PCB	Hydrocarbons by 8015M	Hexane Ext. by 1664: HEM SGT/HEM	Residual Chlorine	Remarks
TAP WATER SAMPLE																

Relinquished by	Company:	Date	Time	Received by	Company
FRANK NAVA		05-22-07	12:30		
Relinquished by.	Company:	Date	Time	Received by:	Company
Relinquished by:	Company:	Date	Time	Received by:	Company:

No 94897

NOTES: Samples will be discarded 30 days after invoicing unless notified in writing or high hazard.
All services performed will adhere to the WCAS Terms & Conditions found on the back.

White Copy - WCAS • Yellow - Report • Pink - Client

WCAS Job No. ~~No 9~~ ~~96~~ Extra 05-22-07

WEST COAST ANALYTICAL SERVICE, INC. - TERMS AND CONDITIONS

1 Analysis Requests. Before performing any work, West Coast Analytical Service, Inc. ("WCAS") shall examine and review client's analysis request, which shall outline the scope and timing of work to be performed. If such request is incomplete or unclear, WCAS shall consult with client before proceeding with the work. Client shall provide such additional information requested by WCAS as may be necessary for the satisfactory performance of the work covered by each analysis request.

2 Responsibilities of WCAS. WCAS shall perform its work in accordance with accepted standards within the industry and accepted standard operating procedures. However, WCAS reserves the right to modify methods as necessary based upon experience and/or current scientific literature. WCAS shall furnish all supervision, labor, facilities, equipment, materials, supplies and certifications necessary or desirable to perform its work. If client directs a manner of making tests that varies from standard or recommended procedures, client shall hold WCAS harmless from all claims, damages and expenses arising out of such direction. Such variations shall be noted on analysis requests.

3 Sample Custody. Samples accepted by WCAS shall remain the property of client while in the custody of WCAS. WCAS shall retain samples for a period of thirty (30) days following the date of submission of its report to client. WCAS shall extend the retention period if client so requests and agrees to pay for additional storage. Following the retention period, WCAS will dispose of most samples upon client request. WCAS reserves the right to charge for disposal of samples it considers difficult to handle or, at the option of WCAS, to return samples to client in lieu of disposal. All such samples returned shall be accepted by client.

4 Safety. WCAS is responsible for the health and safety of its employees. Client shall notify WCAS of any hazardous substances present at the site where samples were acquired, or believed by client to be present in the samples, that may put WCAS employees at risk. WCAS may refuse acceptance or revoke acceptance of samples if it determines they present a risk to health, safety or the environment or that WCAS is not authorized to accept them. Client shall promptly remove from WCAS's facilities any sample for which WCAS revokes its acceptance.

5 Reports and Records. Unless otherwise agreed by WCAS in writing, client shall use reports prepared by WCAS only for the purposes disclosed to WCAS at the time of contracting. WCAS shall maintain records and supporting documents for work for a period of five (5) years after completion of said work. WCAS shall be the owner of all such documents, provided, however, that copies may be supplied to client upon request.

6 Confidentiality. WCAS shall not provide analytical results or information on client work to any party other than client, unless client in writing requests information to be provided to a third party or unless disclosure by WCAS is required by law.

7 Payment Terms. Client shall pay in full the net amount of each invoice submitted by WCAS within thirty (30) days of the date invoiced. Accounts not paid when due shall bear interest at the rate of 1.5% per month or the maximum rate permitted by law, whichever is less, from the date due until the date of payment.

8 Termination or Suspension. Client shall have the right to cancel orders placed with WCAS or suspend work on orders, but shall be obligated to pay for any work completed and expenses incurred during the period of time prior to cancellation or suspension. A proposal by client to change an analysis request may be regarded by WCAS as an order to suspend work until agreement is reached on the effect of such change on the compensation payable to WCAS and other relevant issues raised by the change.

9 Right to Stop Work. In the event client fails to pay for services rendered within thirty (30) days after the date of any invoice from WCAS, then, in addition to any other rights or remedies provided by law, WCAS shall have the right to suspend any further work for client and to retain any and all of its work product not yet delivered to client. Client shall have no right to use the work of WCAS for any purpose until the same has been paid for in full.

10 Alternative Dispute Resolution. All disputes between WCAS and client shall be submitted to alternative dispute resolution ("ADR") as a condition precedent to litigation and other remedies provided by law. WCAS and client each agree to exercise good faith efforts to resolve disputes through mediation unless both parties agree to another ADR procedure.

11 Attorneys' Fees. If either party to this agreement makes a claim against the other as to issues arising out of the performance of this agreement, the prevailing party shall be entitled to recover its reasonable expenses of litigation, including reasonable attorneys' fees. If WCAS brings a law suit against client to collect the invoiced fees and expenses of WCAS, client agrees to pay the reasonable collection expenses, including attorneys' fees, incurred by WCAS.

12 Time Limit For Making Claims. WCAS shall not be liable for damages unless suit is commenced within two (2) years of the date of injury or loss or within two (2) years of the date of completion by WCAS of its services, whichever is earlier. In no event shall WCAS be liable for damages unless it has been notified by client of the discovery of any claimed negligent act, error, omission or breach within thirty (30) days of the date of its discovery and unless client has given WCAS an opportunity to investigate and to recommend ways client may mitigate its damages.

13 Limitation of Liability. In no event shall WCAS be liable for any incidental or consequential damages of any kind, whether or not arising out of negligence. The aggregate liability of WCAS for its negligent acts and omissions and for its non-intentional breach of the agreement with client shall not exceed the fee paid to WCAS for its services, and client agrees to indemnify WCAS from all liabilities to others in excess of that amount. The foregoing limitation on WCAS's liability does not apply to losses arising from the gross negligence of WCAS or intentional breaches of contract.

14 Indemnification. Subject to the limitation on liability set forth above, WCAS agrees to indemnify and hold client harmless from and against demands, damages and expenses caused by WCAS's negligent acts and omissions and breach of contract and by the negligent acts and omissions and breach of contract of persons for whom WCAS is legally responsible. Client shall indemnify and hold WCAS harmless from and against demands, damages and expenses caused by client's negligent acts and omissions and breach of contract and by the negligent acts and omissions and breach of contract of persons for whom client is legally responsible.

15 Response to Legal Process. Client shall compensate WCAS for its services and expenses if WCAS is required to respond to legal process related to its services for client. Compensable services shall include hourly charges for all WCAS personnel involved in the response and attorneys' fees reasonably incurred in obtaining advice concerning the response, the preparation of the testifier and appearances related to the legal process.

16 Insurance. WCAS shall, while performing its work for client, maintain in force workers compensation insurance in the amount required by law and general liability insurance in the amount of not less than One Million Dollars ($1,000,000.00).

17 Employment Practices. It is the policy of WCAS not to discriminate against any employee or applicant for employment because of race, color, national origin, religion, sex, age or for any reason prohibited by law.

18 Force Majeure. Neither WCAS nor client shall have any liability for nonperformance caused in whole or in part by causes beyond their reasonable control. Such causes include, but are not limited to, acts of God, civil unrest and war, acts of authorities and failure of subcontractors that could not reasonably be anticipated.

19 Relationship of the Parties. WCAS shall perform work for client as an independent contractor.

20 Entire Agreement; Governing Law. Unless modified by a written agreement signed by client and WCAS, these terms and conditions shall constitute the entire agreement between the parties as to the matters herein addressed; any prior course of dealing or trade custom notwithstanding. The agreement between WCAS and client shall be governed by California law.

Chain-of-Custody

West Coast Analytical Service, Inc.
9240 Santa Fe Springs Rd
Santa Fe Springs, CA 90670
562.948.2225 fax 562.948.5850
wcas.com

Mail Report to the following:
Company: KIK SOCAL
Contact: BOB BROWN
Address: 9028 DICE Rd.
Address:
City/St/Zip: SANTA FE SPRING CA 90670
Phone: (562) 906 2211 Fax: (562) 941 9780

Project Information:
Project Manager:
Project Name:
Project No.:
Purchase Order No.:
Purchasing Contact:
Purchasing Phone No. :

Turn-around-time
- ☐ Normal (7-10 work days)
- ☐ Rush 5 day
- ☐ Rush 3 day
- ☒ Rush 1 day

} *Extra Charge*

Hazards:

Comments:

Sampler's Name(s):

If there are multiple choices for an item please circle one.

Sample Identification	Sampling Date	Sampling Time	Preservation	# of Containers	Water: Drinking Ground Waste (Check One)	Soil	Waste	Other	CCR Metals: TTLC STLC -	RCRA Metals: Totals TCLP	Hexavalent Chromium: 218.6 7199	Total Chromium by ICPMS	Volatile Organics by GCMS	Semivolatile Organics by GCMS	Organochlorine Pest./PCB	Hydrocarbons by 8015M	Hexane Ext by 1664: HEM SGT/HEM	Residual Chlorine						Remarks
GRAB COMPOSITE																								
CLARAFIER SAMPLE																								

Relinquished by	Company	Date	Time	Received by	Company
FRANK CALVO		05 11 07	P230	Calla M Hudson Body	cale
Relinquished by:	Company:	Date	Time	Received by:	Company
Relinquished by:	Company:	Date	Time	Received by:	Company:

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Whit py - WCAS • Yellow - Report • Pink - Client

WCAS Job No. No 9 998

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WATER RECLAMATION
SOLID WASTE MANAGEMENT

COUNTY SANITATION DISTRICTS
OF LOS ANGELES COUNTY

1955 Workman Mill Road, Whittier, CA 90601-1400
Mailing Address P O Box 4998, Whittier, CA 90607-4998
Telephone (562) 699-7411, FAX (562) 699-5422
www.lacsd org

STEPHEN R MAGUIN
Chief Engineer and General Manager

March 8, 2007
File: /07-15431
Account No. 2042264

Robert R. Brown
General Manager
KIK SOCAL
9028 Dice Road
Santa Fe Springs, CA 90670

Dear Mr. Brown:

Significant Noncompliance (SNC) for 2006

According to the Sanitation Districts' enforcement records, your company was found to be in violation of the requirement to submit Self-Monitoring Reports (SMR) by the due date specified in your company's Wastewater Discharge Permit. As a result of this violation, your company was included in the list of dischargers in Significant Noncompliance (SNC) for 2006. In accordance with federal regulations (attached), the United States Environmental Protection Agency requires that sewerage agencies annually publish a list of industrial users that, during the previous twelve months, were in Significant Noncompliance with applicable pretreatment requirements. This list was published in the Los Angeles Times on February 17, 2007.

The Districts are sponsoring several free training seminars in March/April 2007 to educate permittees regarding the federal SNC criteria. It is very important that a responsible official(s) from your company attend one of the scheduled seminars. These seminars are similar to those that were presented by the Districts' staff in April 2006. If you have previously attended such a seminar, your future attendance is not necessary. Please fill out the enclosed registration form and return it to the Sanitation Districts, attention Harry Mehta, as soon as possible. At this seminar the Districts' staff will be available to answer any questions you may have regarding your Wastewater Discharge Permit requirements.

Please be advised that the Districts are aggressively pursuing escalated enforcement actions including seeking civil penalties against those companies that are included in the SNC list for consecutive years

The Districts appreciate your continued attention and commitment to achieving compliance with all wastewater discharge regulations If you have any further questions regarding this matter please contact Enforcement Project Engineer Harry Mehta at extension 2903 or e-mail your inquiries to hmehta@lacsd.org.

Very truly yours,

Stephen R. Maguin

Robert M Wienke
Supervising Civil Engineer

RMW:HM:ss

Enclosures

Recycled Paper

WATER RECLAMATION
SOLID WASTE MANAGEMENT

COUNTY SANITATION DISTRICTS
OF LOS ANGELES COUNTY

1955 Workman Mill Road, Whittier, CA 90601-1400
Mailing Address P.O. Box 4998, Whittier, CA 90607-4998
Telephone (562) 699-7411, FAX (562) 699-5422
www.lacsd.org

STEPHEN R. MAGUIN
Chief Engineer and General Manager

March 8, 2007
File: 18-00-.05-00/2007-15431
Account: 2042264

Mr. Bob Brown
Kik Socal
9028 Dice Rd
Santa Fe Springs, CA 90670

Dear Mr. Brown:

DEFICIENT SELF MONITORING REPORT

Your Self Monitoring Report received on 01/15/2007 for the period 07/01/2006 to 12/31/2006 for Industrial Wastewater Discharge Permit No. 15431 does not entirely comply with the Districts' requirements, as noted below:

- Reported parameter values exceed established limits.

Code	Parameters	Value Reported	Limit
302	Chlorine Residual	.1	0

The Self-Monitoring Report and the corresponding laboratory analysis report(s) must be returned within 30 days from the date of this letter to avoid enforcement action. Extensions will not be granted under any circumstances.

In addition, your company should be aware that failure to correct the above referenced deficiency within 30 days of the date of this letter and/or failure to provide a self-monitoring report within 30 days after the initial due date may subject your company to being deemed in Significant Noncompliance (SNC) per federal regulation (40 CFR 403.8 (f) (2) (viii)). Companies deemed in SNC are subject to publication for being in noncompliance, in the largest daily newspaper in the area.

If you have any questions concerning this letter, please call Loretta Benites of the Sanitation Districts' Industrial Waste Section at extension 2927.

Very truly yours,
Stephen R. Maguin

Suzanne S. Wienke

Suzanne S. Wienke
Supervising Civil Engineer

COUNTY SANITATION DISTRICTS OF LOS ANGELES COUNTY

SIGNIFICANT NONCOMPLIANCE (SNC) REGULATIONS

The United States Environmental Protection Agency (EPA) General Pretreatment Regulations for Existing and New Sources of Pollution, 40 CFR Part 403, require the Sanitation Districts of Los Angeles County to publish on an annual basis a list of "Industrial Users which, during the previous 12 months, were significantly violating applicable Pretreatment Standards or other Pretreatment Requirements" For the purpose of this provision, significant noncompliance is defined under 40 CFR 403 8 (f)(2)(vii) and 55 Federal Register 30082 as

(1) Chronic violations of discharge limits (where 66 percent of all measurements taken during a six-month period exceed the daily maximum limit or the average limit for the same pollutant parameter),

(2) Technical Review Criteria (TRC) violations (where 33 percent or more of all measurements for each pollutant parameter taken during a six-month period equal or exceed the product of the daily maximum limit or the average limit multiplied by the applicable TRC (TRC equals 1.4 for BOD, TSS, Fats, Oil & Grease, and 1 2 for all other pollutants except pH)).,

(3) Any other violation of a pretreatment effluent limit that the Control Authority determines has caused, alone or in combination with other discharges, interference or pass-through,

(4) Any discharge of a pollutant that has caused imminent endangerment to human health, welfare or to the environment or has resulted in the POTW's exercise of its emergency authority to halt or prevent such a discharge,

(5) Failure to meet, within 90 days after the schedule date, a compliance schedule milestone contained in a local control mechanism or enforcement order for certain activities,

(6) Failure to provide required reports with in 30 days after the due date,

(7) Failure to accurately report noncompliance, and

(8) Any other violation or group of violations which the Control Authority determines will adversely affect the operation or implementation of the local Pretreatment Program

LACSD USE ONLY

LAB REPORT	SIGNATURE
Y ☐ N ☐	Y ☐ N ☐
DATE RECEIVED	INITIALS

SANITATION DISTRICTS OF LOS ANGELES COUNTY
James F Stahl, Chief Engineer & General Manager
For information, please call (562) 699-7411 ext 2900

INDUSTRIAL WASTEWATER SELF MONITORING REPORT

Report due no later than 01/15/2007

PERMIT NO 15451

SURCHARGE ACCOUNT NO 2 42264

1. Name of Company Having Wastewater Discharge: KIK SOCAL

2. Has the Ownership or Occupancy Changed Since the Last Report? ☐ Yes ☐ No

3. Address of Wastewater Discharge: 9.20 DICE RD SANTA FE SPRINGS, CA 9 67

4. Name of Industrial Wastewater Contact: MR. JOB BROWN

5. Phone No: (562) 9 6 224

6. Mailing Address (If Different from Above): 9.20 DICE RD SANTA FE SPRINGS CA 9.67

7. Sic No (s): 2841, 2842

8. Reporting Period From 07/01/2006 To 12/31/2006

9. (Print) Name of Company Collecting Wastewater Sample: BODYCOTE WCAS KIK - SOCAL

10. (Print) Sample Date: 3-27-07

11. (Print) Sample Location(s): GRAB, COMPOSITE SAMPLE BOX

12. Daily Wastewater Discharge For Reporting Period (Gal.)
Average 13000
Maximum 18000

13. Method For Determining Wastewater Flow For Sampling Day (Z01, Z02)
☒ Direct Measurement
☐ Adjusted Metered Water Supply
☐ No Discharge During Reporting Period

14. Type of Composite Sample
☒ Time Composite
☐ Flow Proportioned Compos

15. NOTE

CODE	PARAMETER (1)	SAMPLING METHOD	TEST RESULTS (2)	LAB ID CODE (
3 2	CHLORINE RESIDUAL(MG/L)	COMPOSITE	ND	10144

(1) Report the test results from the most recent sample collected within the reporting period and include all laboratory test sheets with the self-monitoring report form
(2) Test results are valid only if the correct sampling method is observed and the laboratory analysis is performed by a State or Sanitation Districts' approved laboratory
(3) Indicate the appropriate laboratory certification I D Code for each testing parameter

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 properl 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, th infor on 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 possibilit of f. d imprisonment for knowing violations

Signature of responsible company official [signature] Date 3-26-07

Name of official ROBERT R BROWN Title GENERAL MANAGER

PERMITEES COPY

Client KIK Custom Products
Job No.: 94898

Sample ID: GRAB COMPOSITE CLARIFIER SAMPLE

Analysis	Result	Units	Method	Detection Limit	Analysis Date
Residual Chlorine	ND	mg/L	EPA 330.5	0.1	03-22-07

Bodycote-WCAS
Health Sciences Division, Bodycote Testing Group
9240 Santa Fe Springs Road - Santa Fe Springs, CA 90670
562-948-2225 Fax 562-948-5850
w c a s . c o m

FAX REPORT

Date: Friday, March 23, 2007

Fax No: 562.941.9780

Company: KIK Custom Products

Location: Santa Fe Springs

Attn: Bob Brown

REFERENCE: Data - WCAS job number 94898

Here is the data that you requested. Please give me a call if you have any questions.

From: Suzanne Lizaso Time: 7:52:08 AM Faxed pages: 2
Email: suzanne.lizaso@wcas.com
Phone: 562-948-2225 x302

Bodycote-WCAS is not responsible for fax transmission errors. Unless otherwise noted, this data is preliminary and has not had final quality control review.

Bodycote-WCAS
Health Sciences Division, Bodycote Testing Group
9240 Santa Fe Springs Road - Santa Fe Springs, CA 90670
562-948-2225 Fax 562-948-5850
w c a s . c o m

FAX REPORT

Date: Friday, March 23, 2007

Fax No: 562.941.9780

Company: KIK Custom Products

Location: Santa Fe Springs

Attn: Bob Brown

REFERENCE: Data - WCAS job number 94897

Here is the data that you requested. Please give me a call if you have any questions.

From: Suzanne Lizaso Time: 7:53:57 AM Faxed pages: 2
Email: suzanne.lizaso@wcas.com
Phone: 562-948-2225 x302

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Client KIK Custom Products
Job No : 94897

Sample ID: TAP WATER SAMPLE

Analysis	Result	Units	Method	Detection Limit	Analysis Date
Residual Chlorine	0.7	mg/L	EPA 330.5	0.1	03-22-07

January 15, 2007

KIK Custom Products
9028 Dice Rd
Santa Fe Springs, CA 90670

Attn: Bob Brown

Job No: 92820 TP

LABORATORY REPORT

Samples Received: One (1) Sample
Date Received: 12/28/2006
Date Requested: 01/08/2007
Purchase Order No: 31209

The sample was analyzed as follows:

Analysis	Page
pH by EPA 150.1	2
Total Suspended Solids by EPA 160.2	2
Residual Chlorine by EPA 330.5	2
Chemical Oxygen Demand by SM 5220 C	2
Dissolved Sulfide by SM 4500 B,C,D	2
Chloride by EPA 300.0	3

D.J. Worthington, Ph.D.
Technical Director

Michael Shelton
Senior Staff Chemist

This report is to be reproduced in its entirety.

9240 Santa Fe Springs Road • Santa Fe Springs, CA 90670 • Tel 562 948 2225 Fax 562 948 5850 • wcas.com

KIK Custom Products
Attn: Bob Brown

Job No: 92820
January 15, 2007

Sample ID: Clarifier (Discharge)

Analysis	Result	Units	Method	Detection Limit
pH	8.40	Units	EPA 150.1	N/A
Residual Chlorine	0.1	mg/L	WCAS SOP 8310, Rev 2	0.1
Total Suspended Solids	1.7	mg/L	EPA 160.2	0.5
Chemical Oxygen Demand	59	mg O_2/L	SM 5220C	5
Dissolved Sulfides	ND	mg/L	SM 4500 - S^{-2} - B, C & D	0.1

Date Analyzed: 01-10-07

Quality Control Summary

Sample ID: Clarifier (Discharge)

Analyte	Sample Result	Duplicate Result	Difference	Difference Limit
pH	8.39	8.41	0.02	± 0.10

Sample ID: Clarifier (Discharge)

Analyte	Sample Result	Duplicate Result	Sample RPD	RPD Limit
Total Suspended Solids	1.6	1.7	6	20

Sample ID: Clarifier (Discharge)

Analyte	Sample Result	Duplicate Result	Sample RPD	RPD Limit
Residual Chlorine	0.1	0.1	< 1	20

Sample ID. Clarifier (Discharge)

Analyte	Sample Result	Duplicate Result	Sample RPD	Spike Conc	Spike Result	Spike % Rec
Dissolved Sulfides	ND	ND	N/A	0.94	0 66	70
QC Guidelines			<20			50 -125

Sample ID: Clarifier (Discharge)

Analyte	Sample Result	Duplicate Result	Sample RPD	Spike Conc	Spike Result	Spike % Rec
Chemical Oxygen Demand	67	50	29 *	250	228	68 *
QC Guidelines			<20			75 - 125

*Low spike recovery and high RPD probably due to matrix interferences Sample solutions formed a precipitate that did not entirely dissolve with heating. The laboratory fortified blank had a 89% recovery

This report is to be reproduced in its entirety.

WCAS

KIK Custom Products
Attn: Bob Brown

Job No: 92820
January 15, 2007

Chloride by EPA 300.0
Ion Chromatography-Suppressed Conductivity

Column:	Dionex AS9-SC/AG9-SC
Eluent:	2 mM Na2CO3, 0.75 mM NaHCO3
Flow:	2.0 mL/min
Injection:	300 µL
Detection:	Suppressed Conductivity

The sample was diluted by 1:100 for analysis. Further dilution was necessary to bring the result to within the range of the standard curve. The detection limit is adjusted for the initial dilution.

Sample ID	Chloride mg/L
Clarifier (Discharge)	1570
Method Blank	ND
Detection Limit	2

Date Analyzed: 01-11-07

Calibration Summary

Sample ID: 1 PPM Reference Standard

Analyte	Result	% Rec	% Rec Limits
Chloride	0.98	98	90 - 110

Date Analyzed. 01-11-07

Standard Curve (n = 6) $r^2 > 0.999$

Quality Control Summary

Sample ID: Clarifier (Discharge)

Analyte	Sample Result	Duplicate Result	Average Result	Sample RPD	Spike Conc	Spike Result	Spike % Rec
Chloride	1570	1590	1580	1	2000	3720	107

Spike % rec based on average result

Quality Control Guidelines

Analyte	% Rec Limits	RPD Limits
Chloride	63 - 121	10

This report is to be reproduced in its entirety.

WCAS

LACSD USE ONLY	
LAB REPORT Y☐ N☐	SIGNATURE Y☐ N☐
DATE RECEIVED	INITIALS

SANITATION DISTRICTS OF LOS ANGELES COUNTY
James F Stahl, Chief Engineer & General Manager
For information, please call (562) 699-7411 ext 2900

INDUSTRIAL WASTEWATER SELF MONITORING REPORT

Report due no later than **01/15/2007**

PAGE 01 OF 01

PERMIT NO 015431

SURCHARGE ACCOUNT NO 2 42264

1 Name of Company Having Wastewater Discharge: KIK SOCAL A

2 Has the Ownership or Occupancy Changed Since the Last Report? ☐ Yes ☑ No

3 Address of Wastewater Discharge: 9220 LAKE RD SANTA FE SPRINGS, CA 90670

4 Name of Industrial Wastewater Contact: ~~MR. DARRELL JOHNSO~~ BOB BROWN

5 Phone No: (562) 903-2243

6 Mailing Address (If Different from Above): 9220 LAKE RD SANTA FE SPRINGS CA 90670

7 Sic No (s): 2841, 2842

8 Reporting Period From 07/01/2006 To 12/31/200

9 (Print) Name of Company Collecting Wastewater Sample: KIK - SOCAL

10 (Print) Sample Date:

11 (Print) Sample Location(s): SAMPLE BOX

12 Daily Wastewater Discharge For Reporting Period (Gal)
Average: 6406
Maximum: 6405

13 Method For Determining Wastewater Flow For Sampling Day (Z01, Z02)
☑ Direct Measurement
☐ Adjusted Metered Water Supply
☐ No Discharge During Reporting Period

14 Type of Composite Sample
☑ Time Composite
☐ Flow Proportioned Composi

15 NOTE

CODE	PARAMETER (1)	SAMPLING METHOD	TEST RESULTS (2)	LAB ID CODE (3)
[illegible]	WASTEWATER FLOW, TOTAL(GPD)			
[illegible]	WASTEWATER FLOW, PEAK(GPM)			
[illegible]	PH (UNITS)	GRAB	6.4	10144
[illegible]	SUSPENDED SOLIDS (MG/L)	COMPOSITE	1.7	10144
[illegible]	SOLUBLE SULFIDE (MG/L)	GRAB	ND	10144
[illegible]	CHLORIDE (MG/L)	COMPOSITE	230	10144
[illegible]	CHLORINE RESIDUAL(MG/L)	COMPOSITE	.1	10144
[illegible]	TOTAL COD (MG/L)	COMPOSITE	59	10144

(1) Report the test results from the most recent sample collected within the reporting period and include all laboratory test sheets with the self-monitoring report form
(2) Test results are valid only if the correct sampling method is observed and the laboratory analysis is performed by a State or Sanitation Districts' approved laboratory
(3) Indicate the appropriate laboratory certification I D Code for each testing parameter

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 gathe 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 infor 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

Signature of responsible company official: Robert R Brown Date: 2-10-07

Print name of official: ROBERT R BROWN Title: GENERAL MANAGER

PERMITEES COPY

WEST COAST ANALYTICAL SERVICE, INC.
Analytical Chemists
Health Sciences Division, Bodycote Testing Group
9240 Santa Fe Springs Road - Santa Fe Springs, CA 90670
562-948-2225 Fax 562-948-5850
wcas.com

FAX REPORT

Date: Friday, January 12, 2007

Fax No: 562.941.9780

Company: KIK Custom Products

Location: Santa Fe Springs

Attn: Bob Brown

REFERENCE: Data - WCAS job number 92820

Here is the data that you requested. Please give me a call if you have any questions.

From: Eric W. Lindsay Time: 4:15pm Faxed pages: 2
Email: eric.lindsay@wcas.com
Phone: 562.948.2225, ext 300

West Coast Analytical Service, Inc. is not responsible for fax transmission errors. Unless otherwise noted, this data is preliminary and has not had final quality control review.

Client: KIK Custom Products
Job No.: 92820

Client: KIK Custom Products
Job No.: 92820

Chloride by EPA 300.0
Ion Chromatography-Suppressed Conductivity

Column: Dionex AS9-SC/AG9-SC
Eluent: 2 mM Na2CO3, 0.75 mM NaHCO3
Flow: 2.0 mL/min
Injection: 300 µL
Detection: Suppressed Conductivity

The sample was diluted by 1:100 for analysis. Further dilution was necessary to bring the result to within the range of the standard curve. The detection limit is adjusted for the initial dilution.

Sample ID	Chloride mg/L
Clarifier (Discharge)	1570
Method Blank	ND
Detection Limit	2

Date Analyzed: 01-11-07

Calibration Summary

Sample ID: 1 PPM Reference Standard

Analyte	Result	% Rec	% Rec Limits
Chloride	0.98	98	90 - 110

Date Analyzed: 01-11-07

Standard Curve (n = 6) $r^2 > 0.999$

Quality Control Summary

Sample ID: Clarifier (Discharge)

Analyte	Sample Result	Duplicate Result	Average Result	Sample RPD	Spike Conc	Spike Result	Spike % Rec
Chloride	1570	1590	1580	1	2000	3720	107

Spike % rec based on average result.

Quality Control Guidelines

Analyte	% Rec Limits	RPD Limits
Chloride	63 - 121	10

Chain-of-Custody

Mail Report to the following:
Company: KIK So CAL.
Contact: BOB BROWN
Address: 9028 DICE Rd
Address:
City/St/Zip: Santa Fe Spring CA. 90670
Phone: (562) 906 2211 Fax: (562) 941 9780

Project Information:
Project Manager:
Project Name:
Project No.:
Purchase Order No.:
Purchasing Contact:
Purchasing Phone No. :

West Coast Analytical Service, Inc.
9240 Santa Fe Springs Rd
Santa Fe Springs, CA 90670
562.948.2225 fax 562.948.5850
wcas.com

Turn-around-time
- ☐ Normal (7-10 work days)
- ☒ Rush 5 day
- ☐ Rush 3 day
- ☐ Rush 1 day

} *Extra Charge*

Hazards:

If there are multiple choices for an item please circle one.

Comments:

Sampler's Name(s):

Sample Identification	Sampling Date	Sampling Time	Preservation	# of Containers	Check One: Water: Drinking / Ground / Waste	Soil	Waste	Other	CCR Metals: TTLC / STLC -	RCRA Metals: Totals / TCLP	Hexavalent Chromium: 218.6 / 7199	Total Chromium by ICPMS	Volatile Organics by GCMS	Semivolatile Organics by GCMS	Organochlorine Pest./PCB	Hydrocarbons by 8015M	Hexane Ext. by 1664: HEM / SGT/HEM	Remarks
* CLARIFIER (DISCHARGE)	12-28-06	1130 AM							X									
City Income Water	12-28-06	1130 AM							X									
12-28-06																		
* ALSO ON SAMPLE SAVE																		

Relinquished by: FRANK CALVO	Company:	Date: 12-28-06	Time: 11:34	Received by:	Company: WCAS
Relinquished by:	Company:	Date:	Time:	Received by:	Company:
Relinquished by:	Company:	Date:	Time:	Received by:	Company:

NOTES: Samples are discarded 30 days after invoicing unless notified in writing or high hazard.
All services provided will adhere to the WCAS Terms & Conditions found on the back.

White Copy - WCAS • *Yellow* - Report • *Pink* - Client

WCAS Job No. 12674

WATER RECLAMATION
SOLID WASTE MANAGEMENT

COUNTY SANITATION DISTRICTS
OF LOS ANGELES COUNTY

1955 Workman Mill Road, Whittier, CA 90601-1400
Mailing Address PO Box 4998, Whittier, CA 90607-4998
Telephone (562) 699-7411, FAX (562) 699-5422
www lacsd org

JAMES F STAHL
Chief Engineer and General Manager

November 20, 2006

015431
Kik SoCal
9028 Dice Rd
Santa Fe Springs, CA 90670

Notice of Results of Sanitation Districts' Industrial Waste Monitoring

Attached please find the results of recent Sanitation Districts' wastewater sampling at your company's discharge sewer corresponding to the permit shown on the analysis sheet

This sampling was made pursuant to Section 414 of the Sanitation Districts' *Wastewater Ordinance* as part of a random verification monitoring program conducted at significant dischargers of industrial wastes. The District' sample results are being provided to you to make you aware of any changes at your facility which may result in higher than anticipated industrial waste discharges to the sewerage system. It is your responsibility to investigate any differences in the wastewater sample results provided by the Districts and the results of your self-monitoring. For companies that file long form surcharge statements, these Districts-obtained sample results should be combined with your wastewater self-monitoring results on the annual wastewater treatment surcharge statement.

As stated in the Districts' *Connection Fee Ordinance*, after December 15, 1981 a 25 percent increase in wastewater discharge (quantity and/or quality) above your company's previous wastewater discharges during the 1976-77 through 1981-82 fiscal years may require that your company purchase additional sewer discharge rights. For wastewater capacity increases that occur during the 2006-07 fiscal year, this connection fee charge ranges from $1,416 to $2,105 for wastewater capacity increases equivalent to that of a typical single-family home (260 gallons per day).

These Districts-obtained sample results will be used, along with your wastewater self-monitoring results, in determining your capacity usage of the sewerage system and the validity of data submitted in your annual surcharge statement Transmittal of these data to you at this time does not relieve your company of the responsibility to obtain all of the self-monitoring samples required in your Industrial Wastewater Discharge Permit

If you have any questions about this program for furnishing industrial wastewater discharge information, please call Brent Perry at extension 2930

Very truly yours,

James F Stahl

Paul C Martyn

Paul C Martyn
Head, Industrial Waste Section

PCM DW dfd
Attached SJO(s) 65958

Recycled Paper

Sample No: SJ65958 Sample Location: 3-IW15-431

Requestor: MARTYN Completion Date: 10/03/06

Charge No: IW14905BM00 Approved By: JPG Sample Type: IWS

Composite Date and Time - From: 09/06/06 10:20 To: 09/07/06 10:15

Sample Description:
KIK SOCAL, 9028 DICE RD, SANTA FE SPRINGS (SBX)

No.	Test	Description	Result	Unit of Measure		Footnote
1.	151	SUSPENDED SOLIDS	11	MG/L		--
2.	301	CHLORIDE	3640	MG/L	CL	--
3.	315	MBAS	0.68	MG/L	LAS	01
4.	316	NID	4.5	MG/L		--
5.	403	TOTAL COD	61	MG/L	O	--
6.	718	NICKEL	< 0.07	MG/L	NI	--

Footnotes: 01 - DUP & SPIKE

9/6/06 1:30 pm

Received in Sample Room By _____

Time Received in Laboratory _____

LABORATORY JOB NUMBER SJ65958 -0

PRIORITY:
☐ Routine (0) ☐ Expedite, 1 hr (X)
☐ Rush, 1 day (R) ☐ Upset, 1 wk (U)

PRIORITY AUTHORIZATION _____ Ext _____

0

JAMES F STAHL
Chief Engineer and General Manager

SANITATION DISTRICTS OF LOS ANGELES COUNTY
PO Box 4998 Whittier, California 90607

For additional information regarding this analysis call (562) 699-7411 x 2900

INDUSTRIAL WASTE MONITORING RESULTS

09-07-06 13:46 RCVD

SAMPLE IDENTIFICATION Surcharge Account Number: 20422647 I.W. Permit Number 15431

Sample Source or Company Name KiK So Cal

Address 9028 South Dice Road, Santa Fe Springs

Reason For Sampling ☒ Routine ☐ Phase 1 ☐ Treatment Plant Upset ☐ Sewer System Problem ☐ Other _____

Monitoring Requested By *Martyn/Burch* _____

Accounting Charges ☐ For Routine Samples Taken By Inspectors TS14905 BI ☒ For Routine Samples Taken By IWMC TS14905 BM

☐ For All Special Investigation Samples TS14905 B _____

SAMPLE COLLECTION INFORMATION:

* Sample Point: ☒ Sample Box ☐ Clarifier ☐ Manhole ☐ _____ ☐ Valve ☐ CN Sample Point ☐ Clean-out ☐ _____

* Sample Method: ☐ Grab ☒ Composite-Timed With 15 minute intervals ☐ Composite-Flow With _____ x _____ gallons
Test aliquot volume 70 / 70 ml
Tot aliquot 96

* Sample Date At/or
From 1020 (HR MIN) ☒ A.M ☐ P.M 9/6 (MONTH DAY) 20 06 (YEAR)
To 1020 ☒ A.M ☐ P.M. 9/7 20 06

* Observations Company has not Received 7/12 - 7/13 Report. Company Sampler @ site.

* Sampled By RW * Submitted to Laboratory By RW * Contact Name Frank Carlos * Title _____

* Total Quantity of Sample Collected ~7L * Sample Container(s) Used ☐ C/c _____ Other 4(1L) Plastic

* Quantity Submitted to Lab 4(1L) Plastic

* Sample Preservation Used ☒ Ice ☐ No Cl_2 ☐ Sodium Thiosulfate ☐ NaOH ☒ HNO_3 Other _____

Sample given to company ☒ N (Refused)
Sample given to ☒ Contact Other _____
Sample: ☒ Split ☐ Concurrent ☐ Consecutiv

Flow When Sampled

COMPOSITE SAMPLE		GRAB SAMPLE
Period of Composite _____ hours		Flow Rate at Time of Sample
Totalizer Readings Final	No FM Observed	(905)pH 9 s/u ~2L gpm
Initial		(905)pH 8 p/u ~2L gpm
Difference		
Multiplier		
Total Flow _____ gallons		
* Obtained From: ☒ Visual Estimate, ☐ Effluent Flow Meter, ☐ Influent Water Meter, ☐ Impossible To Tell If Flow Existed When Sampled		

FIELD TEST RESULTS

* pH (905) 7 * Color Clear * Temperature Cool * Cyanide N/A

* Odor _____

* Total Sulfide N/A * Dissolved Sulfide N/A * Other N/A

LABORATORY TESTS NOTES TO ANALYSTS _____

	CONSTITUENT	CODE
	pH	101
X	SUSPENDED SOLIDS, mg/l	151
	SUSPENDED SOLIDS (@ pH 7), mg/l	150
X	COD, mg/l O	403
	TOTAL DISS , SOLIDS (TDS), mg/l	155
	TOTAL DISS , SOLIDS (@ 550°C), mg/l	166
X	Chloride	3901
	AMMONIA NITROGEN, mg/l N	201
	SOLUBLE SULFIDE, mg/l S	252
	THIOSULFATE SULFUR, mg/l S	253
	SULFITE SULFUR, mg/l S	254
	SULFATE, mg/l SO_4	257
	TOTAL MERCAPTANS, mg/l S	258
	TOTAL PHENOLS, mg/l C_6H_5OH	312

	CONSTITUENT	CODE
	OIL AND GREASE, mg/l	408
	OIL AND GREASE (NON-POLAR), mg/l	414
	TOTAL CYANIDE, mg/l CN	206
	CYANIDE AMENABLE TO Cl_2	210
	TOTAL CADMIUM, mg/l Cd	708
	TOTAL CHROMIUM, mg/l Cr	709
	TOTAL COPPER, mg/l Cu	712
	TOTAL LEAD, mg/l Pb	714
X	TOTAL NICKEL, mg/l Ni	718
	TOTAL SILVER, mg/l Ag	722
	TOTAL ZINC, mg/l Zn	724
	TOTAL ARSENIC, mg/l As	705
	TOTAL MERCURY, mg/l Hg	717

	CONSTITUENT	CODE
X	MBAS, mg/l LAS	315
X	NID, mg/l	316
	BENZENE, ug/l	620
	TOLUENE, ug/l	621
	ETHYL BENZENE, ug/l	624
	o-XYLENE, ug/l	629
	m+p-XYLENE, ug/l	695
	PC	
	EPA	

DISTRIBUTION Return this sheet to Industrial Waste Section Head after log-in

* All information to be filled in by Field Collection Personnel

LACSD USE ONLY

LAB REPORT	SIGNATURE
Y ☐ N ☐	Y ☐ N ☐
DATE RECEIVED	INITIALS

SANITATION DISTRICTS OF LOS ANGELES COUNTY
James F Stahl, Chief Engineer & General Manager
For information, please call (562) 699-7411 ext 2900

INDUSTRIAL WASTEWATER SELF MONITORING REPORT

Report due no later than 07/15/2006

PERMIT NO
015431
SURCHARGE ACCOUNT NO
2042264

1 Name of Company Having Wastewater Discharge: KIK SOCAL A

2 Has the Ownership or Occupancy Changed Since the Last Report? ☐ Yes ☒ No

3 Address of Wastewater Discharge: 9028 DICE RD SANTA FE SPRINGS, CA 90670

4 Name of Industrial Wastewater Contact: MR. DARRELL JOHNSO

5 Phone No: (562) 906-2241

6 Mailing Address (If Different from Above): 9028 DICE RD SANTA FE SPRINGS CA 90670

7 Sic No (s): 2841, 2842

8 Reporting Period From 01/01/2006 To 06/30/200

9 (Print) Name of Company Collecting Wastewater Sample: KIK - SOCAL

10 (Print) Sample Date: 7-12-06

11 (Print) Sample Location(s): SAMPLE BOX

12 Daily Wastewater Discharge For Reporting Period (Gal)
Average ______
Maximum ______

13 Method For Determining Wastewater Flow For Sampling Day (Z01, Z02)
☐ Direct Measurement
☐ Adjusted Metered Water Supply
☐ No Discharge During Reporting Period

14 Type of Composite Sample
☒ Time Composite
☐ Flow Proportioned Compo

15 NOTE

CODE	PARAMETER (1)	SAMPLING METHOD	TEST RESULTS (2)	LAB ID CODE
302	CHLORINE RESIDUAL (MG/L)	COMPOSITE	ND	10144

(1) Report the test results from the most recent sample collected within the reporting period and include all laboratory test sheets with the self-monitoring report form
(2) Test results are valid only if the correct sampling method is observed and the laboratory analysis is performed by a State or Sanitation Districts' approved laboratory
(3) Indicate the appropriate laboratory certification I D Code for each testing parameter

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 proper ga[illegible] 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 th[illegible] in[illegible] on 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 possibi[illegible] of fine and imprisonment for knowing violations

Signature of responsible company official: Robert R Brown Date: 8-18-06

Print name of official: ROBERT R BROWN Title: GENERAL MANAGER

PERMITEES COPY

WATER RECLAMATION
SOLID WASTE MANAGEMENT

COUNTY SANITATION DISTRICTS
OF LOS ANGELES COUNTY

1955 Workman Mill Road, Whittier, CA 90601-1400
Mailing Address. P.O. Box 4998, Whittier, CA 90607-4998
Telephone (562) 699-7411, FAX (562) 699-5422
www.lacsd.org

JAMES F. STAHL
Chief Engineer and General Manager

August 14, 2006
File: 18-00.05-00/2006-15431
Account: 2042264

Mr. Darrell Johnson
KIK Socal
9028 Dice Rd
Santa Fe Springs, CA 90670

Dear Mr. Johnson:

DEFICIENT SELF MONITORING REPORT

Your Self Monitoring Report received on 07/15/2006 for the period 01/01/2006 to 06/30/2006 for Industrial Wastewater Discharge Permit No. 15431 does not entirely comply with the Districts' requirements, as noted below:

- Reported parameter values exceed established limits.

Code	Parameters	Value Reported	Limit
302	Chlorine Residual	2	0

The Self-Monitoring Report and the corresponding laboratory analysis report(s) must be returned within 30 days from the date of this letter to avoid enforcement action. Extensions will not be granted under any circumstances.

In addition, your company should be aware that failure to correct the above referenced deficiency within 30 days of the date of this letter and/or failure to provide a self-monitoring report within 30 days after the initial due date may subject your company to being deemed in Significant Noncompliance (SNC) per federal regulation (40 CFR 403.8 (f) (2) (viii)). Companies deemed in SNC are subject to publication for being in noncompliance, in the largest daily newspaper in the area.

If you have any questions concerning this letter, please call Loretta Benites of the Sanitation Districts' Industrial Waste Section at extension 2927.

Very truly yours,
James F. Stahl

Suzanne S. Wienke

Suzanne S. Wienke
Supervising Civil Engineer

SSW/lb
Recycled Paper

July 26, 2006

KIK Custom Products
9028 Dice Rd
Santa Fe Springs, CA 90670

Attn: Edison Medina

Job No: 88355 SL

LABORATORY REPORT

Samples Received: Six (6) Samples
Date Received: 07/12/2006
Purchase Order No: 31153

The samples were analyzed as follows:

Analysis	Page
Chloride by EPA 300.0	2
pH by EPA 150.1	3 - 4
Residual Chlorine by EPA 330.5	3 - 4
Total Suspended Solids by EPA 160.2	3 - 4
Chemical Oxygen Demand by SM 5220 C	3 - 4
Dissolved Sulfides by SM 4500 S^{-2} - B, C & D	3 - 4

D.J. Northington, Ph.D.
Technical Director

Michael Stielton
Senior Staff Chemist

This report is to be reproduced in its entirety.

KIK Custom Products
Attn: Edison Medina

Job No: 88355
July 26, 2006

Chloride by EPA 300.0
Ion Chromatography-Suppressed Conductivity

Column:	Dionex AS9-SC/AG9-SC
Eluent:	2mM Na_2CO_3, 0.75 mM $NaHCO_3$
Flow:	2.0 mL/min
Injection:	300 µL
Detection:	Suppressed Conductivity

The sample was diluted by at least 1:20 with water for analysis. Further dilution was necessary to bring the peak into the range of the standard curve Detection limits are corrected for the initial dilution factor.

Sample ID	Chloride Parts per Million (mg/L)
Grab Sample Clarafier 6	6260
Method Blank	ND
Detection Limit:	0.4

Date Analyzed: 07-13-06

Calibration Summary

Sample ID. Laboratory Control Standard (1.00 ppm Second Source Standard)

Analyte	Result	% Rec	% Rec Limits
Chloride	1.05	105	90-110

Standard Curve (n=5) $r^2 \geq 0.999$
Date Analyzed: 07-13-06

Quality Control Summary

Sample ID: Batch QC

Analyte	Sample Result	Spike Conc	Spike Result	Spike % Rec	Spike Dup Result	Spike Dup % Rec	Spike RPD
Chloride	ND	125	118	94	120	96	2
QC Guidelines				63 - 121		63 - 121	9

Limits are for spikes of aqueous samples.

This report is to be reproduced in its entirety.

KIK Custom Products
Attn: Edison Medina

Job No: 88355
July 26, 2006

Sample ID: Grab Sample Clarafier 6

Analysis	Result	Units	Method	Detection Limit
pH	9.02	Units	EPA 150.1	N/A
Residual Chlorine	ND	mg/L	WCAS SOP 8310, Rev 2	0.1
Total Suspended Solids	11.4	mg/L	EPA 160.2	0.2

Sample ID: Grab Sample Clarafier 5

Analysis	Result	Units	Method	Detection Limit
Chemical Oxygen Demand	247	mg/L	SM 5220C	20

Sample ID: Grab Sample Clarafier 1,2,3 & 4 Composited

Analysis	Result	Units	Method	Detection Limit
Dissolved Sulfides	ND	mg/L	SM 4500 - S^{-2} - B, C & D	0.1

Dates Analyzed 07-19-06 to 07-25-06

This report is to be reproduced in its entirety.

KIK Custom Products
Attn: Edison Medina

Job No· 88355
July 26, 2006

Quality Control Summary

Sample ID Grab Sample Clarafier 6

Analyte	Sample Result	Duplicate Result	Sample RPD	RPD Limit
Total Suspended Solids	10.7	12.1	12	20

Sample ID. Grab Sample Clarafier 6

Analyte	Sample Result	Duplicate Result	Difference	Difference Limit
pH	9.02	9.01	0.01	± 0.10

Sample ID: Grab Sample Clarafier 6

Analyte	Sample Result	Duplicate Result	Sample RPD	RPD Limit
Residual Chlorine	ND	ND	N/A	20

Sample ID: Laboratory Fortified Blank

Analyte	Blank Result	Spike Conc	Spike Result	Spike % Rec	Spike Dup Result	Spike Dup % Rec	Spike RPD
Dissolved Sulfides	ND	0.95	0.83	87	0.85	89	2
QC Guidelines				50 -125		50 -125	20

Sample ID:

Analyte	Sample Result	Duplicate Result	Sample RPD	Spike Conc	Spike Result	Spike % Rec
Chemical Oxygen Demand	251.5	243 0	3	250	430	73 *
QC Guidelines			20			75 -125

* Low spike recovery probably due to matrix interference. Sample solutions formed a precipitate that did not entirely dissolve with heating The laboratory fortified blank had a 100 % recovery.

This report is to be reproduced in its entirety.

Chain-of-Custody

Mail Report to the following:
Company: KIK SO CAL
Contact: EDISON MEDINA
Address: 9028 DICE RD SANTA FE SPRING
Address:
City/St/Zip: SANTA FE SPRING CA. 90670
Phone: (562) 906 2811 Fax: (562) 941 9780

Project Information:
Project Manager:
Project Name:
Project No.:
Purchase Order No.:
Purchasing Contact:
Purchasing Phone No. :

West Coast Analytical Service, Inc.
9240 Santa Fe Springs Rd
Santa Fe Springs, CA 90670
562.948.2225 fax 562.948.5850
wcas.com

Turn-around-time
- ☐ Normal (7-10 work days)
- ☒ Rush 5 day
- ☐ Rush 3 day
- ☐ Rush 1 day

} *Extra Charge*

Hazards:

Comments:

Sampler's Name(s):

If there are multiple choices for an item please circle one

Sample Identification	Sampling Date	Sampling Time	Preservation	# of Containers	Water	Drinking	Ground	Waste	Soil	Waste	Other	CCR Metals: TTLC	STLC -	RCRA Metals: Totals	TCLP	Hexavalent Chromium: 218.6	7199	Total Chromium by ICPMS	Volatile Organics by GCMS	Semivolatile Organics by GCMS	Organochlorine Pest./PCB	Hydrocarbons by 8015M	Hexane Ext. by 1664: HEM	SGT/HEM	DISSOLVED SULFIDES	COD	PH, CHLORIDE, RES. CHLORINE, TSS	Remarks
1-GRAB SAMPLE CLARIFIER 1	7-12-06	3:30PM	NaOH																						X	X		
" 2			"																						X	X		
" 3			"																						X	X		
" 4			"																						X	X		
" 5			H2SO4																							X		
" 6			—																								X	

Relinquished by:	Company:	Date	Time	Received by:	Company:
FRANCISCO CALVO		7/12/06	3:40	Krista Barcenas	WCAS
Relinquished by:	Company:	Date	Time	Received by:	Company
Relinquished by:	Company:	Date	Time	Received by.	Company.

NOTES. Samples will be discarded 30 days after invoicing unless notified in writing or high hazard.
All services provided will adhere to the WCAS Terms & Conditions found on the back.

White Copy - WCAS • *Yellow* - Report • *Pink* - Client

WCAS Job No. 8833

WEST COAST ANALYTICAL SERVICE, INC. - TERMS AND CONDITIONS

1 Analysis Requests Before performing any work West Coast Analytical Service, Inc ("WCAS") shall examine and review client's analysis request, which shall outline the scope and timing of work to be performed If such request is incomplete or unclear, WCAS shall consult with client before proceeding with the work. Client shall provide such additional information requested by WCAS as may be necessary for the satisfactory performance of the work covered by each analysis request

2 Responsibilities of WCAS WCAS shall perform its work in accordance with accepted standards within the industry and accepted standard operating procedures However WCAS reserves the right to modify methods as necessary based upon experience and /or current scientific literature WCAS shall furnish all supervision, labor, facilities, equipment, materials, supplies and certifications necessary or desirable to perform its work If client directs a manner of making tests that varies from standard or recommended procedures, client shall hold WCAS harmless from all claims, damages and expenses arising out of such direction Such variations shall be noted on analysis requests.

3 Sample Custody Samples accepted by WCAS shall remain the property of client while in the custody of WCAS WCAS shall retain samples for a period of thirty (30) days following the date of submission of its report to client WCAS shall extend the retention period if client so requests and agrees to pay for additional storage Following the retention period WCAS will dispose of most samples upon client request WCAS reserves the right to charge for disposal of samples it considers difficult to handle or, at the option of WCAS, to return samples to client in lieu of disposal All such samples returned shall be accepted by client

4 Safety WCAS is responsible for the health and safety of its employees Client shall notify WCAS of any hazardous substances present at the site where samples were acquired, or believed by client to be present in the samples, that may put WCAS employees at risk WCAS may refuse acceptance or revoke acceptance of samples if it determines they present a risk to health safety or the environment or that WCAS is not authorized to accept them Client shall promptly remove from WCAS's facilities any sample for which WCAS revokes its acceptance

5 Reports and Records Unless otherwise agreed by WCAS in writing, client shall use reports prepared by WCAS only for the purposes disclosed to WCAS at the time of contracting WCAS shall maintain records and supporting documents for work for a period of five (5) years after completion of said work WCAS shall be the owner of all such documents provided however that copies may be supplied to client upon request

6 Confidentiality WCAS shall not provide analytical results or information on client work to any party other than client unless client in writing requests information to be provided to a third party or unless disclosure by WCAS is required by law.

7 Payment Terms Client shall pay in full the net amount of each invoice submitted by WCAS within thirty (30) days of the date invoiced Amounts not paid when due shall bear interest at the rate of 1 5% per month or the maximum rate permitted by law, whichever is less, from the date due until the date of payment.

8 Termination or Suspension Client shall have the right to cancel orders placed with WCAS or suspend work on orders but shall be obligated to pay for any work completed and expenses incurred during the period of time prior to cancellation or suspension A proposal by client to change an analysis request may be regarded by WCAS as an order to suspend work until agreement is reached on the effect of such change on the compensation payable to WCAS and other relevant issues raised by the change

9 Right to Stop Work In the event client fails to pay for services rendered within thirty (30) days after the date of any invoice from WCAS, then, in addition to any other rights or remedies provided by law WCAS shall have the right to suspend any further work for client and to retain any and all of its work product not yet delivered to client Client shall have no right to use the work of WCAS for any purpose until the same has been fully paid for

10 Alternative Dispute Resolution All disputes between WCAS and client shall be submitted to alternative dispute resolution ("ADR") as a condition precedent to litigation and other remedies provided by law WCAS and client each agree to exercise good faith efforts to resolve disputes through mediation unless both parties agree to another ADR procedure

11 Attorneys' Fees If either party to this agreement makes a claim against the other as to issues arising out of the performance of this agreement, the prevailing party shall be entitled to recover its reasonable expenses of litigation, including reasonably attorneys' fees If WCAS brings a lawsuit against client to collect the invoiced fees and expenses of WCAS, client agrees to pay the reasonable collection expenses, including attorneys' fees, incurred by WCAS

12 Time Limit For Making Claims WCAS shall not be liable for damages unless suit is commenced within two (2) years of the date of injury or loss or within two (2) years of the date of completion by WCAS of its services, whichever is earlier In no event shall WCAS be liable for damages unless it has been notified by client of the discovery of any claimed negligent act, error, omission or breach within thirty (30) days of the date of its discovery and unless client has given WCAS an opportunity to investigate and to recommend ways client may mitigate its damages

13 Limitation of Liability In no event shall WCAS be liable for any incidental or consequential damages of any kind, whether or not arising out of negligence The aggregate liability of WCAS for its negligent acts and omissions and for its non-intentional breach of the agreement with client shall not exceed the fee paid to WCAS for its services, and client agrees to indemnify WCAS from all liabilities to others in excess of that amount The foregoing limitation on WCAS's liability does not apply to losses arising from the gross negligence of WCAS or intentional breaches of contract

14 Indemnification Subject to the limitation on liability set forth above, WCAS agrees to indemnify and hold client harmless from and against demands, damages and expenses caused by WCAS's negligent acts and omissions and breach of contract and by the negligent acts and omissions and breach of contract of persons for whom WCAS is legally responsible Client shall indemnify and hold WCAS harmless from and against demands, damages and expenses caused by client's negligent acts and omissions and breach of contract and by the negligent acts and omissions and breach of contract of persons for whom client is legally responsible

15 Response to Legal Process Client shall compensate WCAS for its services and expenses if WCAS is required to respond to legal process related to its services for client Compensable services shall include hourly charges for all WCAS personnel involved in the response and attorneys' fees reasonably incurred in obtaining advice concerning the response the preparation of the testifier and appearances related to the legal process

16 Insurance WCAS shall, while performing its work for client, maintain in force workers compensation insurance in the amount required by law and general liability insurance in the amount of not less than One Million Dollars ($1,000 000 00)

17 Employment Practices It is the policy of WCAS not to discriminate against any employee or applicant for employment because of race color, national origin, religion, sex, age or for any reason prohibited by law

18 Force Majeure Neither WCAS nor client shall have any liability for nonperformance caused in whole or in part by cause beyond their reasonable control Such causes include but are not limited to, acts of God, civil unrest and war, acts of authorities and failure of subcontractors that could not reasonably be anticipated

19 Relationship of the Parties WCAS shall perform work for client as an independent contractor

20 Entire Agreement Governing Law Unless modified by a written agreement signed by client and WCAS, these terms and conditions shall constitute the entire agreement between the parties as to the matters herein addressed any prior course of dealing or trade custom notwithstanding The agreement between WCAS and client shall be governed by California law.

KIK
INTERNATIONAL INC.

KIK SOCAL INC
9028 DICE ROAD
SANTA FE SPRINGS, CA 90670

TELEPHONE
562-946-6427
FAX 562-946-5417

FAX COVER SHEET

DATE: 7-7-06

TIME:

ATTENTION: JILL

FAX NUMBER: 952 252-3001

FROM: BOB BROWN

PHONE: 562 906-2244

FAX:

E-MAIL:

NUMBER OF PAGES (including cover sheet) 16

MESSAGE:

JILL,

HERE IS INFO ON SELF MONITORING.

THANKS IN ADVANCE.

BOB

Our Experience Is Your Protection

Michelson Laboratories, Inc.

6280 Chalet Drive, Commerce, California 90040-3761 Telephone: (562) 928-0553 / FAX (562) 927-6625

LABORATORY CERTIFICATE

Submitted By: KIK SO CAL
9028 DICE ROAD
SANTA FE SPRINGS, CA 90670
Attn : NITA LABRADOR

Date: 06/26/2006
Lab No. : 062006-C22141
Report No : 062006-C22141A
Order No. :
Received : 6/20/2006
Page : 1 of 1

REPORT #	PRODUCT / TEST	METHOD	RESULT	DET LIMIT	UNITS	START:DT
C22141-01	Product WASTEWATER CLARIFIER SAMPLE COLLECTED BY CUSTOMER					
	CHEMICAL OXYGEN DEMAND, COD	HACH 8000	<10 00	10 0	mg/l	06/20/06
	CHLORIDE, WATER	EPA 300 0	1,340	0.1	mg/l	06/22/06
	CHLORINE, RESIDUAL (LOW-LEVEL AMPEROMETRIC)	SM 4500-CL D	2 0	0 010	mg/L	06/20/06
	PH, WATER	EPA 150 1	7 37			06/20/06
	SULFIDE, SOLUBLE	EPA 376 1	<0 1	0 10	mg/l	06/20/06
	TOTAL SUSPENDED SOLIDS	EPA 160 2	10	6 0	mg/l	06/21/06

MICHELSON LABORATORIES, INC.

Pierre Macalintal, Chemistry Supervisor | 6/26/2006 3:35 45 PM

MK

(MC) As a mutual protection to clients and ourselves, all reports are submitted as the confidential property of clients and authorization for publication of statements, conclusions or extracts from or regarding our reports is reserved, pending our written approval Results on this report relate only to the sample(s) received & analyzed

Weck Laboratories, Inc.
Environmental and Analytical Services - Since 1964

Report Date: Tuesday, June 20, 2006
Received Date: Monday, June 19, 2006
Received Time: 3 40 pm

Turnaround Time: 1 day

Client: KIK International
9028 Dice Rd
Santa Fe Springs, CA 90670

Phone: (562) 906-2214
FAX: (562) 946-5417 ✓

Attn: Nita Labrador x214

Project:

P.O.#: 31001

Certificate of Analysis

Work Order No: 6061949-01 **Sample ID: Clarifier** **Matrix: Water**
Sampled by: Client **Sampled: 06/19/06 14:40** **Sample Note:**

Analyte	Result	Qualifier	Units	Reporting Limit	Dilution	Method	Prepared	Analyzed		Batch
Chloride	**1200**		mg/l	50	100	EPA 300 0	06/19/06 16 00	06/19/06 17 21	cc	W6F0748
Residual Chlorine	**3.4**		mg/l	0 50	10	SM4500 Cl G	06/19/06 16 28	06/19/06 17 30	cc	W6F0713

Jaylor Maligmat JM

Authorized Signature

Contact: Taylor Maligmat (Project Manager)

ELAP # 1132
LACSD # 10143
NELAC # 04229CA

The results in this report apply to the samples analyzed in accordance with the chain of custody document Weck Laboratories certifies that the test results meet all requirements of NELAC unless noted in the Case Narrative This analytical report must be reproduced in its entirety

Notes
The Chain of Custody document is part of the analytical report
Any remaining sample(s) for testing will be disposed of one month from the final report date unless other arrangements are made in advance
All results are expressed on wet weight basis unless otherwise specified
ND=NOT DETECTED at or above the Reporting Limit If J-value reported then NOT DETECTED at or above the Method Detection Limit (MDL)
Sub=Subcontracted analysis original report enclosed
An Absence of Total Coliform meets the drinking water standards as established by the State of California Department of Health Services
The Reporting Limit (RL) is referenced as laboratory's Practical Quantitation Limit (PQL)
For Potable water analysis the Reporting Limit (RL) is referenced as Detection Limit for reporting purposes (DLRs) defined by EPA

If sample collected by Weck Laboratories sampled in accordance to lab SOP MIS002

14859 East Clark Avenue, City of Industry, California 91745-1396 (626) 336-2139 FAX (626) 336-2634
www weclabs.com

Chai[illegible]-Custody 6061949

Mail Report to the following:
Company: KIK SO CAL
Contact: FRANK CALVO 90670
Address: 9028 Dice Rd. Santa Fe Spring
Address:
City/St/Zip: Santa Fe Spring
Phone: (562) 906 2211 Fax: (562) 941 9780

Project Information:
Project Manager:
Project Name:
Project No.:
Purchase Order No.:
Purchasing Contact:
Purchasing Phone No. :

WCAS Weck Labs
West Coast Analytical Service, Inc.
9240 Santa Fe Springs Rd
Santa Fe Springs, CA 90670
562.948.2225 fax 562.948.5850
wcas.com

Turn-around-time
- ☐ Normal (7-10 work days)
- ☐ Rush 5 day
- ☐ Rush 3 day
- ☒ Rush 1 day

} Extra Charge

Hazards:

Comments:

Sampler's Name(s):

If there are multiple choices for an item please circle one.

Sample Identification	Sampling Date	Sampling Time	Preservation	# of Containers	Water Drinking Ground Waste	Soil	Waste	Other	CCR Metals: TTLC STLC -	RCRA Metals: Totals TCLP	Hexavalent Chromium: 218 6 7199	Total Chromium by ICPMS	Volatile Organics by GCMS	Semivolatile Organics by GCMS	Organochlorine Pest./PCB	Hydrocarbons by 8015M	Hexane Ext. by 1664: HEM SGT/HEM	300.0 Cl	Residual Chlorine						Remarks
Clarifier	6/19/06	1440		2														X	X						

Relinquished by:	Company.	Date	Time	Received by:	Company.
FRANK CALVO		6-19-06		Jaime Gomez	Weck 6/19/06 15:40
Relinquished by	Company	Date	Time	Received by: 21.7°C	Company
Relinquished by	Company.	Date	Time	Received by	Company

NOTES: Samples will be discarded 30 days after invoicing unless notified in writing or high hazard.
All services provided will adhere to the WCAS Terms & Conditions found on the back.

White Copy - WCAS • *Yellow* - Report • *Pink* - Client

WCAS Job No

June 23, 2006

KIK Custom Products
9028 Dice Rd
Santa Fe Springs, CA 90670

Attn: Edison Medina

Job No: 87819 DL

LABORATORY REPORT

Samples Received: Six (6) Samples
Date Received: 06/19/2006
Purchase Order No: 31145

The samples were analyzed as follows:

Analysis	Page
Chloride by EPA 300.0	2
pH by EPA 150.1	3 - 4
Residual Chlorine by EPA 330.5	3 - 4
Total Suspended Solids by EPA 160.2	3 - 4
Chemical Oxygen Demand by SM 5220 C	3 - 4
Dissolved Sulfides by SM 4500 S-2 - B, C & D	3 - 4

D. J. Northington, Ph.D.
Technical Director

Michael Shelton
Senior Staff Chemist

This report is to be reproduced in its entirety

WEST COAST ANALYTICAL SERVICE, INC.

KIK Custom Products
Attn: Edison Medina

Job No: 87819
June 23, 2006

Chloride by EPA 300.0
Ion Chromatography-Suppressed Conductivity

Column:	Dionex AS9-SC/AG9-SC
Eluent:	2 mM Na_2CO_3, 0.75 mM $NaHCO_3$
Flow:	2.0 mL/min
Injection:	300 µL
Detection:	Suppressed Conductivity

The sample was diluted by 1:100 with water for analysis. Further dilution was necessary to bring the sample within the range of the standard curve.

Sample ID	mg/L
Clarifier Sample 1 Composited	1230
Method Blank	ND
Detection Limit:	2

Date Analyzed: 06-21-06

Calibration Summary

Sample ID: 1 PPM Reference Standard

Analyte	Result	% Rec	% Rec Limits
Chloride	0.97	97	90 - 110

Date Analyzed: 06-21-06

Standard Curve (n = 5) $r^2 > 0.999$

Quality Control Summary

Sample ID: Clarifier Sample 1 Composited

Analyte	Sample Result	Duplicate Result	Average Result	Sample RPD	Spike Conc	Spike Result	Spike % Rec
Chloride	1230	1240	1240	1	1000	2340	111
QC Guidelines				10			63 - 121

Spike % rec based on average result.

This report is to be reproduced in its entirety.

KIK Custom Products
Attn: Edison Medina

Job No: 87819
June 23, 2006

Sample ID: Clarifier Sample 1 Composited

Analysis	Result	Units	Method	Detection Limit
pH	7.87	Units	EPA 150.1	N/A
Residual Chlorine	3.5	mg/L	WCAS SOP 8310, Rev 2	0.1
Total Suspended Solids	3.5	mg/L	EPA 160.2	0.2

Sample ID: Clarifier Sample 2

Analysis	Result	Units	Method	Detection Limit
Chemical Oxygen Demand	58	mg/L	SM 5220C	5

Sample ID: Composite of Clarifier Samples 3, 4, 5 & 6

Analysis	Result	Units	Method	Detection Limit
Dissolved Sulfides	ND	mg/L	SM 4500 - S^{-2} - B, C & D	0.1

Dates Analyzed: 06-20-06 to 06-22-06

This report is to be reproduced in its entirety

KIK Custom Products
Attn: Edison Medina

Job No: 87819
June 23, 2006

Quality Control Summary

Sample ID: Batch QC

Analyte	Sample Result	Duplicate Result	Sample RPD	RPD Limit
Total Suspended Solids	ND	ND	N/A	20

Sample ID: Clarifier Sample 1 Composited

Analyte	Sample Result	Duplicate Result	Difference	Difference Limit
pH	7.87	7.87	0.00	± 0.10

Sample ID: Clarifier Sample 1 Composited

Analyte	Sample Result	Duplicate Result	Sample RPD	RPD Limit
Residual Chlorine	3.50	3.50	N/A	20

Sample ID: Batch QC

Analyte	Sample Result	Duplicate Result	Sample RPD	Spike Conc	Spike Result	Spike % Rec
Dissolved Sulfides	ND	ND	N/A	0.92	0.79	86
QC Guidelines			20			50 -125

Sample ID: Clarifier Sample 2

Analyte	Sample Result	Duplicate Result	Sample RPD	Spike Conc	Spike Result	Spike % Rec
Chemical Oxygen Demand	61	55	10	250	281	89
QC Guidelines			20			75 -125

This report is to be reproduced in its entirety.

Chain-of-Custody

West Coast Analytical Service, Inc
9240 Santa Fe Springs Rd
Santa Fe Springs, CA 90670
562.948.2225 fax 562.948.5850
wcas.com

Mail Report to the following:

Company: KIK SOCAL
Contact: Joe Brown
Address: 9023 Dice Rd.
Address: Santa Fe Springs 90670
City/St/Zip: Santa Fe Springs
Phone: (562) 906 2211 Fax:

Project Information:

Project Manager:
Project Name:
Project No.:
Purchase Order No.:
Purchasing Contact:
Purchasing Phone No. :

Turn-around-time

- ☐ Normal (7-10 work days)
- ☐ Rush 5 day
- ☐ Rush 3 day
- ☒ Rush 1 day

} *Extra Charge*

Hazards:

Comments:

Sampler's Name(s):

If there are multiple choices for an item please circle one.

Sample Identification	Sampling Date	Sampling Time	Preservation	# of Containers	Water	Drinking	Ground	Waste	Soil	Waste	Other	CCR Metals: TTLC	STLC	RCRA Metals: Totals	TCLP	Hexavalent Chromium: 218.6	7199	Total Chromium by ICPMS	Volatile Organics by GCMS	Semivolatile Organics by GCMS	Organochlorine Pest./PCB	Hydrocarbons by 8015M	Hexane Ext by 1664: HEM	SGT/HEM	pH	Chloride	COD	Dissolved Sulfide	Remarks
Lanchor - Waste Composite (1)	6/19/04	1615	—																						X				
Waste (2)	6/19/04	1615																								X			
" (3)	"	"	—																								X		
" (4)	"	"	—																								X		
(5)			—																								X		
(6)			—																								X		

Relinquished by	Company	Date	Time	Received by	Company
Frank Alaura (Packert)	Socal	6-19-04	1615	Christa Rawlins	WCAS
Relinquished by	Company:	Date	Time	Received by:	Company:
Relinquished by:	Company:	Date	Time	Received by:	Company:

NOTES: Samples will be discarded 30 days after invoicing unless notified in writing or high hazard.
All services provided will adhere to the WCAS Terms & Conditions found on the back

White Copy - WCAS • Yellow - Report • Pink - Client

07010

D USE ONLY	
LAB REPORT Y☐ N☐	SIGNATURE Y☐ N☐
DATE RECEIVED	INITIALS

SANITATION DISTRICTS OF LOS ANGELES COUNTY
James F Stahl, Chief Engineer & General Manager
For information, please call (562) 699-7411 ext. 2900

INDUSTRIAL WASTEWATER SELF MONITORING REPORT

Report due no later than 01/15/2006

PERMIT NO 015431

SURCHARGE ACCOUNT NO. 2042264

1 Name of Company Having Wastewater Discharge: KIK SOCAL A

2 Has the Ownership or Occupancy Changed Since the Last Report? ☐ Yes ☐ No

3 Address of Wastewater Discharge: 9028 DICE RD SANTA FE SPRINGS, CA 90670

4 Name of Industrial Wastewater Contact: MR. DARRELL JOHNSO

5 Phone No: (562) 946-224

6 Mailing Address (If Different from Above): 9028 DICE RD SANTA FE SPRINGS CA 90670

7 Sic No (s): 2841, 2842

8 Reporting Period From 07/01/2005 To 12/31/20

9 (Print) Name of Company Collecting Wastewater Sample: KIK SOCAL

10 (Print) Sample Date: 12/29/05

11 (Print) Sample Location(s): Sample Box

12 Daily Wastewater Discharge For Reporting Period (Gal)

Average ______

Maximum ______

13 Method For Determining Wastewater Flow For Sampling Day (Z01, Z02)

☐ Direct Measurement
☐ Adjusted Metered Water Supply
☐ No Discharge During Reporting Period

14 Type of Composite Sampl

☒ Time Composite
☐ Flow Proportioned Comp

15 NOTE

CODE	PARAMETER (1)	SAMPLING METHOD	TEST RESULTS (2)	LAB ID CODE
302	CHLORINE RESIDUAL(MG/L)	COMPOSITE	<0.01	10128

(1) Report the test results from the most recent sample collected within the reporting period and include all laboratory test sheets with the self-monitoring report form

(2) Test results are valid only if the correct sampling method is observed and the laboratory analysis is performed by a State or Sanitation Districts' approved laboratory

(3) Indicate the appropriate laboratory certification I D Code for each testing parameter

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 prope ga nd 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, t in on 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 possibi of fine and imprisonment for knowing violations

Signature of responsible company official ______ Date 2/1/06

Print name of official Darrell A Johnson Title [illegible]

PERMITEES COPY

[Duplicate Original]

Our Experience Is Your Protection

Michelson Laboratories, Inc.

6280 Chalet Drive, Commerce, California 90040-3761 Telephone: (562) 928-0553 / FAX (562) 927-6625

LABORATORY CERTIFICATE

Submitted By: KIK SO CAL
9028 DICE ROAD
SANTA FE SPRINGS, CA 90670
Attn : NITA LABRADOR

Date: 01/11/2006
Lab No. : 122905-C17219
Report No. : 122905-C17219C
Order No. : 31088
Received : 12/29/2005
Page : 1 of 1

REPORT #	PRODUCT / TEST	METHOD	RESULT	DET LIMIT	UNITS	START:DT
C17219-01	Product WASTEWATER COMPOSITE CLARIFIER 12/28-29/05 8 10 AM					
	CHLORINE, RESIDUAL (LOW-LEVEL AMPEROMETRIC)	SM4500-CL E	<0 01	0 010	mg/L	01/03/06

MICHELSON LABORATORIES, INC.

Stephen Roesch, M.S , Laboratory Director | 1/11/2006 1 35 11 PM

As a mutual protection to clients and ourselves, all reports are submitted as the confidential property of clients and authorization for publication of statements (ED) conclusions or extracts from or regard as

WATER RECLAMATION
SOLID WASTE MANAGEMENT

COUNTY SANITATION DISTRICTS
OF LOS ANGELES COUNTY

1955 Workman Mill Road, Whittier, CA 90601-1400
Mailing Address P O Box 4998, Whittier, CA 90607-4998
Telephone (562) 699-7411, FAX (562) 699-5422
www lacsd.org

JAMES F STAHL
Chief Engineer and General Manager

February 9, 2006
File: 18-00.05-00/2006-15431
Account: 2042264

2/16/06 - Per Conv w/ Mrs Benites - This is sufficient to meet the Requirements of Letter - DO

Mr. Darrell Johnson
Kik Socal
9028 Dice Rd.
Santa Fe Springs, CA 90670

Dear Mr. Johnson:

DEFICIENT SELF MONITORING REPORT

Your Self Monitoring Report received on 01/12/2006 for the period 07/01/2005 to 12/31/2005 for Industrial Wastewater Discharge Permit No. 15431 does not entirely comply with the Districts' requirements, as noted below:

- Reported parameter values exceed established limits.

Code	Parameters	Value Reported	Limit
302	Chlorine Residual	.62	0

The Self-Monitoring Report and the corresponding laboratory analysis report(s) must be returned within 30 days from the date of this letter to avoid enforcement action. Extensions will not be granted under any circumstances.

In addition, your company should be aware that failure to correct the above referenced deficiency within 30 days of the date of this letter and/or failure to provide a self-monitoring report within 30 days after the initial due date may subject your company to being deemed in Significant Noncompliance (SNC) per federal regulation (40 CFR 403.8 (f) (2) (viii)). Companies deemed in SNC are subject to publication for being in noncompliance, in the largest daily newspaper in the area.

If you have any questions concerning this letter, please call Loretta Benites of the Sanitation Districts' Industrial Waste Section at extension 2927.

Very truly yours,
James F. Stahl

Suzanne S. Wienke
Supervising Civil Engineer

SSW/lb

COUNTY SANITATION DISTRICTS OF LOS ANGELES COUNTY
James F. Stahl, Chief Engineer & General Manager
For information, please call (562) 699-7411 ext. 2900

PERMIT NO

SURCHARGE ACCOUNT NO

INDUSTRIAL WASTEWATER SELF MONITORING REPORT

Report due no later than

LAB REPORT	SIGNATURE
Y ☐ N ☐	Y ☐ N ☐
DATE RECEIVED	INITIALS

1. Name of Company Having Wastewater Discharge
2. Has the Ownership or Occupancy Changed Since the Last Report? ☐ Yes ☐ No
3. Address of Wastewater Discharge
4. Name of Industrial Wastewater Contact
5. Phone No ( )
6. Mailing Address (if Different from Above)
7. Sic No (s)
8. Reporting Period From To
9. (Print) Name of Company Collecting Wastewater Sample
10. (Print) Sample Date
11. (Print) Sample Location(s)
12. Daily Wastewater Discharge For Reporting Period (Gal)
    Average
    Maximum
13. Method For Determining Wastewater Flow For Sampling Day (201, 202)
    ☐ Direct Measurement
    ☐ Adjusted Metered Water Supply
    ☐ No Discharge During Reporting Period
14. Type of Composite Samp
    ☐ Time Composite
    ☐ Flow Proportioned Comp

15. NOTE

CODE	PARAMETER (1)	SAMPLING METHOD	TEST RESULTS (2)	LAB ID COD

(1) Report the test results from the most recent sample collected within the reporting period and include all laboratory test sheets with the self monitoring report form.
(2) Test results are valid only if the correct sampling method is observed and the laboratory analysis is performed by a State or Sanitation Districts approved laboratory.
(3) Indicate the appropriate laboratory certification ID Code for each testing parameter.

CERTIFICATION STATEMENT

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.

Signature of Responsible Corporate Officer ____________ Date ________

Print Name of Officer ____________ Title ________

PERMITTEE'S COPY

[Duplicate Original]

Our Experience Is Your Protection

Michelson Laboratories, Inc.

6280 Chalet Drive, Commerce, California 90040-3761 Telephone: (562) 928-0553 / FAX (562) 927-6625

LABORATORY CERTIFICATE

Submitted By: KIK SO CAL
9028 DICE ROAD
SANTA FE SPRINGS, CA 90670
Attn : NITA LABRADOR

Date: 01/11/2006
Lab No. : 081205-C12884
Report No. : 081205-C12884C
Order No. :
Received : 8/12/2005
Page : 1 of 1

REPORT #	PRODUCT / TEST	METHOD	RESULT	DET LIMIT	UNITS	START:DT
C12884-01	Product WASTEWATER 8-11-05/629, 6 29, LAB ID R03					
	CHLORIDE, WATER	EPA 300 0	9,030	0 1	mg/l	08/15/05
	CHLORINE, RESIDUAL (LOW-LEVEL AMPEROMETRIC)	SM4500-CL E	<0 01	0 010	mg/L	08/12/05

MICHELSON LABORATORIES, INC.

Stephen Roesch, M S , Laboratory Director | 1/11/2006 1 35:16 PM

(EP) As a mutual protection to clients and ourselves, all reports are submitted as the confidential property of clients and authorization for publication of statements, conclusions or extracts from or regarding our reports is reserved, pending our written approval Results on this report relate only to the sample(s) received & analyzed

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Michelson Laboratories, Inc.

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LABORATORY CERTIFICATE

Submitted By: KIK SO CAL
9028 DICE ROAD
SANTA FE SPRINGS, CA 90670
Attn : NITA LABRADOR

Date: 01/11/2006
Lab No. : 122905-C17219
Report No. : 122905-C17219C
Order No. : 31088
Received : 12/29/2005
Page : 1 of 1

REPORT #	PRODUCT / TEST	METHOD	RESULT	DET LIMIT	UNITS	START:DT
C17219-01	Product WASTEWATER COMPOSITE CLARIFIER 12/28-29/05 8.10 AM					
	CHLORINE, RESIDUAL (LOW-LEVEL AMPEROMETRIC)	SM4500-CL E	<0 01	0 010	mg/L	01/03/06

MICHELSON LABORATORIES, INC.

Stephen Roesch, M.S., Laboratory Director | 1/11/2006 1:35.11 PM

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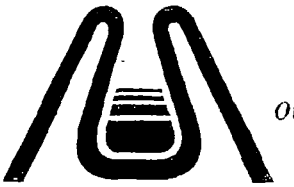
[Duplicate Original]



Our Experience Is Your Protection

Michelson Laboratories, Inc.

6280 Chalet Drive, Commerce, California 90040-3761 Telephone: (562) 928-0553 / FAX (562) 927-6625

LABORATORY CERTIFICATE

Submitted By: KIK SO CAL
9028 DICE ROAD
SANTA FE SPRINGS, CA 90670
Attn : DARYL

Date: 01/11/2006
Lab No. : 111705-C16141
Report No. : 111705-C16141C
Order No. :
Received : 11/17/2005
Page : 1 of 1

REPORT #	PRODUCT / TEST	METHOD	RESULT	DET LIMIT	UNITS	START DT
C16141-01	Product WASTEWATER, COMPOSITE SAMPLE, 11/15-16/05 8 55 AM					
	CHEMICAL OXYGEN DEMAND, COD	SM 5220 B	503	10 0	mg/l	11/18/05
	CHLORIDE, WATER	EPA 300 0	10,792	0 1	mg/l	12/07/05
	CHLORINE, RESIDUAL	SM 4500-CL B	0 62	0 10	mg/l	11/18/05
	PH, WATER	SM 4500-H B	11 36			11/18/05
	SULFIDE, SOLUBLE	SM 4500	<0.10	0 10	mg/l	11/18/05
	TOTAL SUSPENDED SOLIDS	SM 2540D	322	6 0	mg/l	11/21/05

MICHELSON LABORATORIES, INC.

Stephen Roesch, M.S., Laboratory Director | 1/11/2006 1:34:55 PM

(EP) As a mutual protection to clients and ourselves, all reports are submitted as the confidential property of clients and authorization for publication of statements, conclusions or extracts from or regarding our reports is reserved, pending our written approval. Results on this report relate only to the sample(s) received & analyzed

WATER RECLAMATION
SOLID WASTE MANAGEMENT

COUNTY SANITATION DISTRICTS
OF LOS ANGELES COUNTY

1955 Workman Mill Road, Whittier, CA 90601-1400
Mailing Address P O Box 4998, Whittier, CA 90607-4998
Telephone (562) 699-7411, FAX (562) 699-5422
www lacsd org

JAMES F. STAHL
Chief Engineer and General Manager

October 20, 2006

015431
Kik SoCal
9028 Dice Rd
Santa Fe Springs, CA 90670

Notice of Results of Sanitation Districts' Industrial Waste Monitoring

Attached please find the results of recent Sanitation Districts' wastewater sampling at your company's discharge sewer corresponding to the permit shown on the analysis sheet

This sampling was made pursuant to Section 414 of the Sanitation Districts' *Wastewater Ordinance* as part of a random verification monitoring program conducted at significant dischargers of industrial wastes The District' sample results are being provided to you to make you aware of any changes at your facility which may result in higher than anticipated industrial waste discharges to the sewerage system. It is your responsibility to investigate any differences in the wastewater sample results provided by the Districts and the results of your self-monitoring. For companies that file long form surcharge statements, these Districts-obtained sample results should be combined with your wastewater self-monitoring results on the annual wastewater treatment surcharge statement

As stated in the Districts' *Connection Fee Ordinance*, after December 15, 1981 a 25 percent increase in wastewater discharge (quantity and/or quality) above your company's previous wastewater discharges during the 1976-77 through 1981-82 fiscal years may require that your company purchase additional sewer discharge rights. For wastewater capacity increases that occur during the 2006-07 fiscal year, this connection fee charge ranges from $1,416 to $2,105 for wastewater capacity increases equivalent to that of a typical single-family home (260 gallons per day).

These Districts-obtained sample results will be used, along with your wastewater self-monitoring results, in determining your capacity usage of the sewerage system and the validity of data submitted in your annual surcharge statement. Transmittal of these data to you at this time does not relieve your company of the responsibility to obtain all of the self-monitoring samples required in your industrial Wastewater Discharge Permit

If you have any questions about this program for furnishing industrial wastewater discharge information, please call Brent Perry at extension 2930.

Very truly yours,

James F Stahl
Paul C Martyn
Paul C Martyn
Head, Industrial Waste Section

PCM DW dfd
Attached SJO(s) 62522
Form Docs # 627480

Recycled Paper

COUNTY SANITATION DISTRICTS
OF LOS ANGELES COUNTY

1955 Workman Mill Road, Whittier, CA 90601-1400
Mailing Address P O Box 4998, Whittier, CA 90607-4998
Telephone (562) 699-7411, FAX (562) 699-5422
www lacsd org

JAMES F STAHL
Chief Engineer and General Manager

October 20, 2006

CC.

015431
Kik SoCal
9028 Dice Rd
Santa Fe Springs, CA 90670

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Very truly yours,

James F Stahl
Paul C Martyn
Paul C Martyn
Head, Industrial Waste Section

PCM DW dfd
Attached SJO(s) 62522
Form Docs #: 627480

Laboratory Technical Data System 08/28/2006
SJC WQL Test Results Page 1

Sample No: SJ62522 Sample Location: 3-IW15-431

Requestor: MARTYN Completion Date: 08/24/2006

Charge No: IW14905BM00 Approved By: JPG Sample Type: IWS

Composite Date and Time - From: 07/12/2006 09:17 To: 07/13/2006 08:08

Sample Description:
KIK SOCAL,9028 DICE RD, SANTA FE SPRINGS (SBX)

No.	Test	Description		Result	Unit of Measure		Footnote
1.	151	SUSPENDED SOLIDS		13	MG/L		--
2.	301	CHLORIDE		6370	MG/L	CL	--
3.	315	MBAS		1.3	MG/L	LAS	--
4.	316	NID	<	0.2	MG/L		--
5.	403	TOTAL COD		131	MG/L	O	--
6.	718	NICKEL	<	0.07	MG/L	NI	--

Notes: WK #6071448

WE 7/13/06

Received in Sample Room By: _____

Time Received in Laboratory: _____

PRIORITY:
☐ Routine (0) ☐ Expedite, 1 hr (X)
☐ Rush, 1 day (R) ☐ Upset, 1 wk (U)

PRIORITY AUTHORIZATION _____
Ext. _____

LABORATORY JOB NUMBER SJ62522 -0

JAMES F STAH
Chief Engineer and General Manager

...N DISTRICTS OF LOS ANGELES COUNTY
...O Box 4998 Whittier, California 90607

For additional information regarding this analysis call (562) 699-7411 x 2900

INDUSTRIAL WASTE MONITORING RESULTS

SAMPLE IDENTIFICATION

Surcharge Account Number: 2042264 | I.W. Permit Number 15431

Sample Source or Company Name KIK So-Cal

Address 9028 South Dice Road, Santa Fe Springs

Reason For Sampling ☒ Routine ☐ Phase 1 ☐ Treatment Plant Upset ☐ Sewer System Problem ☒ Other Special Request

Monitoring Requested By Martyn/Burch

Accounting Charges ☐ For Routine Samples Taken By Inspectors TS14905 BI ☒ For Routine Samples Taken By IWMC TS14905 BM

☐ For All Special Investigation Samples TS14905 B _____

SAMPLE COLLECTION INFORMATION:

* Sample Point.
☒ Sample Box ☐ Clarifier
☐ Manhole ☐ _____
☐ Valve ☐ CN Sample Point
☐ Clean-out ☐ _____

* Sample Method
☐ Grab
☒ Composite-Timed With 15 minute intervals
☐ Composite-Flow With ____ x ____ gallons
Test aliquot volume 80 / 80 ml
Tot aliquot 92

* Sample Date
At/or
From 0917 (HR MIN) ☐ AM ☐ PM 7/12/06 (MONTH DAY YEAR)
To 0808 ☒ AM ☐ PM 7/13/06

* Observations: All ✓

* Sampled By RW * Submitted to Laboratory By RW * Contact Name Frank Cano Title _____

* Total Quantity of Sample Collected Well * Sample Container(s) Used ☐ C/c Other 4(1L) Plastic

* Quantity Submitted to Lab _____

* Sample Preservation Used ☒ Ice ☐ No Cl_2 ☐ Sodium Thiosulfate ☐ NaOH ☒ HNO_3 Other _____

Flow When Sampled.

Sample given to company (Y) N (Refused)
Sample given to ☒ Contact Other _____
Sample ☒ Split ☐ Concurrent ☐ Consecutive

COMPOSITE SAMPLE		GRAB SAMPLE
Period of Composite _____ hours		Flow Rate at Time of Sample
Totalizer Readings Final:	No Flow Observed	(905)pH 9 s/u ~0 gpm
Initial:		(905)pH 10 p/u ~0 gpm
Difference.		
Multiplier		
Total Flow _____ gallons		
* Obtained From ☒ Visual Estimate, ☐ Effluent Flow Meter, ☐ Influent Water Meter, ☐ Impossible To Tell If Flow Existed When Sampled		

FIELD TEST RESULTS

* pH (905) 10 * Color White * Temperature Warm * Cyanide N/A

* Odor _____

* Total Sulfide N/A * Dissolved Sulfide N/A * Other N/A

LABORATORY TESTS NOTES TO ANALYSTS _____

	CONSTITUENT	CODE
	pH	101
X	SUSPENDED SOLIDS, mg/l	151
	SUSPENDED SOLIDS (@ pH 7), mg/l	150
X	COD, mg/l O	403
	TOTAL DISS., SOLIDS (TDS), mg/l	155
	TOTAL DISS , SOLIDS (@ 550°C), mg/l	166
X	Chloride	300
	AMMONIA NITROGEN, mg/l N	201
	SOLUBLE SULFIDE, mg/l S	252
	THIOSULFATE SULFUR, mg/l S	253
	SULFITE SULFUR, mg/l S	254
	SULFATE, mg/l SO_4	257
	TOTAL MERCAPTANS, mg/l S	258
	TOTAL PHENOLS, mg/l C_6H_5OH	312

	CONSTITUENT	CODE
	OIL AND GREASE, mg/l	408
	OIL AND GREASE (NON-POLAR), mg/l	414
	TOTAL CYANIDE, mg/l CN	206
	CYANIDE AMENABLE TO Cl_2	210
	TOTAL CADMIUM, mg/l Cd	708
	TOTAL CHROMIUM, mg/l Cr	709
	TOTAL COPPER, mg/l Cu	712
	TOTAL LEAD, mg/l Pb	714
X	TOTAL NICKEL, mg/l Ni	718
	TOTAL SILVER, mg/l Ag	722
	TOTAL ZINC, mg/l Zn	724
	TOTAL ARSENIC, mg/l As	705
	TOTAL MERCURY, mg/l Hg	717

	CONSTITUENT	CODE
X	MBAS, mg/l LAS	315
X	NID, mg/l	316
	BENZENE, ug/l	620
	TOLUENE, ug/l	621
	ETHYL BENZENE, ug/l	624
	o-XYLENE, ug/l	629
	m+p-XYLENE, ug/l	695
	PC	
	EPA	

DISTRIBUTION Return this sheet to Industrial Waste Section Head after log-in

* All information to be filled in by Field Collection Personnel

Client: KIK Custom Products
Job No.: 92820

Sample ID: Clarifier (Discharge)

Analysis	Result	Units	Method	Detection Limit
pH	8.40	Units	EPA 150.1	N/A
Residual Chlorine	0.1	mg/L	WCAS SOP 8310, Rev 2	0.1
Total Suspended Solids	1.7	mg/L	EPA 160.2	0.5
Chemical Oxygen Demand	59	mg O_2/L	SM 5220C	5
Dissolved Sulfides	ND	mg/L	SM 4500 - S^{-2} - B, C & D	0.1

Date Analyzed: 01-10-07

Quality Control Summary

Sample ID: Clarifier (Discharge)

Analyte	Sample Result	Duplicate Result	Difference	Difference Limit
pH	8.39	8.41	0.02	± 0.10

Sample ID: Clarifier (Discharge)

Analyte	Sample Result	Duplicate Result	Sample RPD	RPD Limit
Total Suspended Solids	1.6	1.7	6	20

Sample ID: Clarifier (Discharge)

Analyte	Sample Result	Duplicate Result	Sample RPD	RPD Limit
Residual Chlorine	0.1	0.1	< 1	20

Sample ID: Clarifier (Discharge)

Analyte	Sample Result	Duplicate Result	Sample RPD	Spike Conc	Spike Result	Spike % Rec
Dissolved Sulfides	ND	ND	N/A	0.94	0.66	70
QC Guidelines			20			50 -125

Client: KIK Custom Products
Job No.: 92820

Sample ID: Clarifier (Discharge)

Analyte	Sample Result	Duplicate Result	Sample RPD	Spike Conc	Spike Result	Spike % Rec
Chemical Oxygen Demand	67	50	29 *	250	228	68 *
QC Guidelines			20			75 - 125

*Low spike recovery and high RPD probably due to matrix interferences. Sample solutions formed a precipitate that did not entirely dissolve with heating. The laboratory fortified blank had a 89% recovery.

MC 7/13/06

Received in Sample Room By _____

Time Received in Laboratory _____

PRIORITY:
☐ Routine (0) ☐ Expedite, 1 hr (X)
☐ Rush, 1 day (R) ☐ Upset, 1 wk. (U)

PRIORITY AUTHORIZATION _____ Ext. _____

LABORATORY JOB NUMBER SJ62522 -0

JAMES F. STAH
Chief Engineer and General Manager

...N DISTRICTS OF LOS ANGELES COUNTY
... Box 4998 Whittier, California 90607

For additional information regarding this analysis call (562) 699-7411 x 2900

INDUSTRIAL WASTE MONITORING RESULTS

SAMPLE IDENTIFICATION Surcharge Account Number 2042264 I.W. Permit Number 15431

Sample Source or Company Name KIK So-Cal

Address 9028 South Dice Road, Santa Fe Springs

Reason For Sampling ☒ Routine ☐ Phase 1 ☐ Treatment Plant Upset ☐ Sewer System Problem ☒ Other Special Request

Monitoring Requested By *Martyn/Burch*

Accounting Charges ☐ For Routine Samples Taken By Inspectors TS14905 BI ☒ For Routine Samples Taken By IWMC TS14905 BM
☐ For All Special Investigation Samples TS14905 B _____

SAMPLE COLLECTION INFORMATION:

* Sample Point:
☒ Sample Box ☐ Clarifier
☐ Manhole ☐ _____
☐ Valve ☐ CN Sample Point
☐ Clean-out ☐ _____

* Sample Method
☐ Grab
☒ Composite-Timed With 15 minute intervals
☐ Composite-Flow With ____ x ____ gallons
Test aliquot volume 80 / 80 ml
Tot aliquot 92

* Sample Date
At/or
From 0917 (HR MIN) ☐ AM ☐ PM 7/12/06 (MONTH DAY YEAR)
To 0808 ☒ AM ☐ PM 7/13/06

* Observations _____

* Sampled By RW * Submitted to Laboratory By RW * Contact Name Frank Cano Title _____

* Total Quantity of Sample Collected ~6L * Sample Container(s) Used ☐ C/c ____ Other 4/1L plus 2C

* Quantity Submitted to Lab 4(1L) plus 2

Sample Preservation Used ☒ Ice ☐ No Cl_2 ☐ Sodium Thiosulfate ☐ NaOH ☒ HNO_3 Other _____

Flow When Sampled

Sample given to company (Y) N (Refused)
Sample given to ☒ Contact Other _____
Sample ☒ Split ☐ Concurrent ☐ Consecutive

COMPOSITE SAMPLE		GRAB SAMPLE
Period of Composite _____ hours		Flow Rate at Time of Sample
Totalizer Readings Final	No FM observed	(905)pH 9 s/u ~60 gpm
Initial		(905)pH 10 p/u ~60 gpm
Difference		
Multiplier		
Total Flow _____ gallons		
* Obtained From ☒ Visual Estimate, ☐ Effluent Flow Meter, ☐ Influent Water Meter, ☐ Impossible To Tell If Flow Existed When Sampled		

FIELD TEST RESULTS

* pH (905) 10 * Color White * Temperature Warm * Cyanide N/A
* Odor _____
* Total Sulfide N/A * Dissolved Sulfide N/A * Other N/A

LABORATORY TESTS NOTES TO ANALYSTS _____

	CONSTITUENT	CODE
	pH	101
X	SUSPENDED SOLIDS, mg/l	151
	SUSPENDED SOLIDS (@ pH 7), mg/l	150
X	COD, mg/l O	403
	TOTAL DISS. SOLIDS (TDS), mg/l	155
	TOTAL DISS. SOLIDS (@ 550°C), mg/l	166
X	Chloride	300
	AMMONIA NITROGEN, mg/l N	201
	SOLUBLE SULFIDE, mg/l S	252
	THIOSULFATE SULFUR, mg/l S	253
	SULFITE SULFUR, mg/l S	254
	SULFATE, mg/l SO_4	257
	TOTAL MERCAPTANS, mg/l S	258
	TOTAL PHENOLS, mg/l C_6H_5OH	312

	CONSTITUENT	CODE
	OIL AND GREASE, mg/l	408
	OIL AND GREASE (NON-POLAR), mg/l	414
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	CYANIDE AMENABLE TO Cl_2	210
	TOTAL CADMIUM, mg/l Cd	708
	TOTAL CHROMIUM, mg/l Cr	709
	TOTAL COPPER, mg/l Cu	712
	TOTAL LEAD, mg/l Pb	714
X	TOTAL NICKEL, mg/l Ni	718
	TOTAL SILVER, mg/l Ag	722
	TOTAL ZINC, mg/l Zn	724
	TOTAL ARSENIC, mg/l As	705
	TOTAL MERCURY, mg/l Hg	717

	CONSTITUENT	CODE
X	MBAS, mg/l LAS	315
X	NID, mg/l	316
	BENZENE, ug/l	620
	TOLUENE, ug/l	621
	ETHYL BENZENE, ug/l	624
	o-XYLENE, ug/l	629
	m+p-XYLENE, ug/l	695
	PC	
	EPA	

DISTRIBUTION Return this sheet to Industrial Waste Section Head after log-in
* All information to be filled in by Field Collection Personnel

Sample No: SJ62522 Sample Location: 3-IW15-431

Requestor: MARTYN Completion Date: 08/24/2006

Charge No: IW14905BM00 Approved By: JPG Sample Type: IWS

Composite Date and Time - From: 07/12/2006 09:17 To: 07/13/2006 08:08

Sample Description:
KIK SOCAL,9028 DICE RD, SANTA FE SPRINGS (SBX)

No.	Test	Description	Result	Unit of Measure		Footnote
1.	151	SUSPENDED SOLIDS	13	MG/L		--
2.	301	CHLORIDE	6370	MG/L	CL	--
3.	315	MBAS	1.3	MG/L	LAS	--
4.	316	NID	< 0.2	MG/L		--
5.	403	TOTAL COD	131	MG/L	O	--
6.	718	NICKEL	< 0.07	MG/L	NI	--

Notes: WK #6071448

WCAS

Analytical Chemists

December 15, 2006

Bob Brown
KIK Custom Products
9028 Dice Rd
Santa Fe Springs, CA 90670

Ref: A Change to West Coast Analytical Service, Inc. Report and Invoice

Dear Bob:

West Coast Analytical Service, Inc. (WCAS) was purchased by Bodycote Testing Group on January 31, 2006. Since that time we have operated under the name of West Coast Analytical Service, Inc

Over the next three months we will be changing our logo and name to the Bodycote name. You will be receiving your reports and invoices on Bodycote Letterhead. The new invoices will become effective January 1, 2007. The new letterhead for reports will become effective February 15, 2007.

You will continue to receive the same quality service that you have become to respect of West Coast Analytical Service, Inc. If you would like further information about Bodycote, please see their website at Bodycotetesting.com

We look forward to continuing to be of service to you and your organization.

Respectfully,

Bodycote/West Coast Analytical Service, Inc.

Ramona Lee Northington
General Manager

9240 Santa Fe Springs Road • Santa Fe Springs, CA 90670 • Tel 562 948 2225 Fax 562 948 5850 • wcas.com

ERIC LINDSAY X 300

Client: KIK CUSTOM PRODUCTS
Job Number: 92674

Selected Metals by SOP 7040, Rev 8
Quantitative Analysis Report
Inductively Coupled Plasma - Mass Spectrometry

Parts Per Million (mg/L)

Element	Clarifier (Discharge)	Detection Limit
Antimony	ND	0.001
Arsenic	ND	0.004
Barium	0.035	0.001
Beryllium	ND	0.001
Cadmium	ND	0.001
Chromium	0.018	0.004
Cobalt	ND	0.001
Copper	0.011	0.001
Lead	ND	0.001
Mercury*	ND	0.004
Molybdenum	ND	0.004
Nickel	0.006	0.001
Selenium	ND	0.009
Silver*	ND	0.1
Thallium	ND	0.001
Vanadium	ND	0.01
Zinc	0.025	0.02

Date Analyzed: 01-03-07, *01-05-07

9028 Dice Road
Santa Fe Springs, CA 90670
(562) 946-6427, Fax # (562) 941-9780

KIK SO-CAL

Fax

To: NCAS ERIC LINDSAT **From:** BOB BROWN

Fax: 562 948-5050 **Pages:** 1

Phone: **Date:** 1-8-07

Re: TEST **CC:**

☒ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

• **Comments:**

ERIC,

PLEASE PREFORM THE FOLLOWING:

- PH
- SUSPENDED SOLIDS
- SOLUBLE SOLIDS
- CHLORIDE
- CHLORINE RESIDUAL
- TOTAL COD

PLEASE EXPEDITE MUST HAVE BY 1-12-07

1-8-07

CALL WITH QUESTION?

THANKS IN ADVANCE.

BOB BROWN

OFFICE
562 906-2244
CELL
FOIA ex 6, Personal Privacy

Client: KIK CUSTOM PRODUCTS
Job Number: 91677

Quality Control Summary

Sample: Waste Water

Parts Per Million (mg/kg)

Analyte	Sample Result	Duplicate Result	Average Result	Sample RPD	Spike Conc	Spike Result	Spike % Rec
Antimony	0.39	0.446	0.418	13.4	10.1	9.59	91
Arsenic	0.48	0.5	0.49	4.1	10.1	12	114
Barium	28.1	30	29.05	6.5	10.1	34.9	NR
Beryllium	ND	0.018	ND	NA	10.1	8	79
Cadmium	0.09	0.1	0.095	NA	10.1	9.05	89
Chromium	3.12	3.43	3.275	9.5	10.1	12	86
Cobalt	0.73	0.84	0.785	14	10.1	12.2	113
Copper	36	39.3	37.65	8.8	10.1	43.8	NR
Lead	9.27	9.29	9.28	0.2	10.1	18	86
Mercury	ND	ND	ND	NA	1.01	0.7	69
Molybdenum	0.35	0.394	0.372	11.8	10.1	11.2	107
Nickel	21.4	24.4	22.9	13.1	10.1	29.1	NR
Selenium	0.07	0.117	0.0935	NA	101	101	100
Silver	ND	ND	ND	NA	10.1	9	89
Thallium	ND	ND	ND	NA	10.1	7.35	73
Vanadium	0.53	0.502	0.516	5.4	10.1	9.23	86
Zinc	91.8	103	97.4	11.5	10.1	91	NR

Date Analyzed: 11-20-06
NR - Not Reported; sample concentration is larger than spike.

Client: KIK CUSTOM PRODUCTS
Job Number: 91677

Quality Control Summary

Sample: Laboratory Fortified Blank

Parts Per Million (mg/kg)

Analyte	Blank Result	Spike Conc	Spike Result	Spike % Rec
Antimony	ND	10	9.85	99
Arsenic	ND	10	10	100
Barium	ND	10	10.8	108
Beryllium	ND	10	8.19	82
Cadmium	ND	10	9.88	99
Chromium	ND	10	9.5	95
Cobalt	ND	10	10.5	105
Copper	ND	10	11.6	116
Lead	ND	10	10.7	107
Mercury	ND	1	0.88	88
Molybdenum	ND	10	9.88	99
Nickel	ND	10	10.5	105
Selenium	ND	100	90	90
Silver	ND	10	6.62	66
Thallium	0.02	10	10.5	105
Vanadium	ND	10	8.81	88
Zinc	ND	10	10.1	101

Date Analyzed: 11-20-06

Client: KIK CUSTOM PRODUCTS
Job Number: 91677

CCR Metals by SOP 7040, Rev 8
Quantitative Analysis Report
Inductively Coupled Plasma - Mass Spectrometry

Total Metals Concentration - Parts Per Million (mg/kg)

	Waste Water	Detection Limit		10 X STLC Limits	TTLC Limits
Antimony	0.39	0.01		150	500
Arsenic	0.48	0.01		50	500
Barium	28.1	0.01		1000	10000
Beryllium	ND	0.01		7.5	75
Cadmium	0.09	0.01		10	100
Chromium	3.12	0.01	(Cr VI)	50	500
			(Cr III)	5600	2500
Cobalt	0.73	0.01		800	8000
Copper	36.0	0.01		250	2500
Lead	9.27	0.01		50	1000
Mercury	ND	0.01		2	20
Molybdenum	0.35	0.01		3500	3500
Nickel	21.4	0.01		200	2000
Selenium	0.07	0.02		50	500
Silver	ND	0.01		50	500
Thallium	ND	0.02		70	700
Vanadium	0.53	0.01		240	2400
Zinc	91.8	0.3		2500	5000

Date Analyzed: 11-20-06

(1) Chromium is reported above as total chromium in sample.
(2) 10 X STLC Limits are used for comparison due to the 1/10 dilution of the sample during leachate preparation.

WEST COAST ANALYTICAL SERVICE, INC.
Analytical Chemists
Health Sciences Division, Bodycote Testing Group
9240 Santa Fe Springs Road - Santa Fe Springs, CA 90670
562-948-2225 Fax 562-948-5850
wcas.com

FAX REPORT

Date: Tuesday, November 21, 2006

Fax No: 562.941.9780

Company: KIK Custom Products

Location: Santa Fe Springs

Attn: Bob Brown

REFERENCE: Data - WCAS job number 91677

Here is the data that you requested. Please give me a call if you have any questions.

From: Jennifer Oakes Time: 4:20pm Faxed pages: 4
Email: jennifer.oakes@wcas.com
Phone: 562-948-2225 ext. 305

West Coast Analytical Service, Inc. is not responsible for fax transmission errors. Unless otherwise noted, this data is preliminary and has not had final quality control review.

November 22, 2006

KIK Custom Products
9028 Dice Rd
Santa Fe Springs, CA 90670

Attn: Bob Brown

Job No. 91677 DL

LABORATORY REPORT

Samples Received: One (1) Sample
Date Received: 11/16/2006
Purchase Order No: 31199

The sample was analyzed as follows:

Analysis	Page
CCR Metals by SOP 7040, Rev 8	2 - 4

D.A. Northington, Ph.D.
Technical Director

Charles Jacks, Ph.D.
Senior Staff Chemist

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9240 Santa Fe Springs Road • Santa Fe Springs, CA 90670 • Tel 562 948 2225 Fax 562 948 5850 • wcas.com

KIK Custom Products
Attn: Bob Brown

Job No: 91677
November 22, 2006

CCR Metals by SOP 7040, Rev 8
Quantitative Analysis Report
Inductively Coupled Plasma - Mass Spectrometry

Total Metals Concentration - Parts Per Million (mg/kg)

	Waste Water	Detection Limit		10 X STLC Limits	TTLC Limits
Antimony	0.39	0.01		150	500
Arsenic	0.48	0.01		50	500
Barium	28.1	0.01		1000	10000
Beryllium	ND	0.01		7.5	75
Cadmium	0.09	0.01		10	100
Chromium	3.12	0.01	(Cr VI)	50	500
			(Cr III)	5600	2500
Cobalt	0.73	0.01		800	8000
Copper	36.0	0.01		250	2500
Lead	9.27	0.01		50	1000
Mercury	ND	0.01		2	20
Molybdenum	0.35	0.01		3500	3500
Nickel	21.4	0.01		200	2000
Selenium	0 07	0.02		50	500
Silver	ND	0.01		50	500
Thallium	ND	0.02		70	700
Vanadium	0.53	0.01		240	2400
Zinc	91.8	0.3		2500	5000

Date Analyzed: 11-20-06

(1) Chromium is reported above as total chromium in sample.
(2) 10 X STLC Limits are used for comparison due to the 1/10 dilution of the sample during leachate preparation.

This report is to be reproduced in its entirety.

WCAS

KIK Custom Products
Attn: Bob Brown

Job No: 91677
November 22, 2006

Quality Control Summary

Sample: Waste Water

Parts Per Million (mg/kg)

Analyte	Sample Result	Duplicate Result	Average Result	Sample RPD	Spike Conc	Spike Result	Spike % Rec
Antimony	0.39	0.446	0.418	13 4	10.1	9.59	91
Arsenic	0.48	0.5	0.49	4.1	10.1	12	114
Barium	28.1	30	29.05	6.5	10.1	34.9	NR
Beryllium	ND	0.018	ND	NA	10.1	8	79
Cadmium	0.09	0.1	0.095	NA	10.1	9.05	89
Chromium	3.12	3.43	3.275	9.5	10.1	12	86
Cobalt	0.73	0.84	0.785	14	10.1	12.2	113
Copper	36	39.3	37.65	8.8	10.1	43.8	NR
Lead	9.27	9.29	9.28	0.2	10.1	18	86
Mercury	ND	ND	ND	NA	1.01	0.7	69
Molybdenum	0 35	0.394	0.372	11.8	10.1	11.2	107
Nickel	21.4	24.4	22.9	13.1	10.1	29.1	NR
Selenium	0.07	0.117	0.0935	NA	101	101	100
Silver	ND	ND	ND	NA	10.1	9	89
Thallium	ND	ND	ND	NA	10.1	7.35	73
Vanadium	0.53	0.502	0.516	5.4	10.1	9.23	86
Zinc	91.8	103	97.4	11.5	10.1	91	NR

Date Analyzed: 11-20-06
NR - Not Reported; sample concentration is larger than spike.

This report is to be reproduced in its entirety

WCAS

KIK Custom Products
Attn: Bob Brown

Job No: 91677
November 22, 2006

Quality Control Summary

Sample: Laboratory Fortified Blank

Parts Per Million (mg/kg)

Analyte	Blank Result	Spike Conc	Spike Result	Spike % Rec
Antimony	ND	10	9.85	99
Arsenic	ND	10	10	100
Barium	ND	10	10.8	108
Beryllium	ND	10	8.19	82
Cadmium	ND	10	9.88	99
Chromium	ND	10	9.5	95
Cobalt	ND	10	10.5	105
Copper	ND	10	11.6	116
Lead	ND	10	10.7	107
Mercury	ND	1	0.88	88
Molybdenum	ND	10	9.88	99
Nickel	ND	10	10.5	105
Selenium	ND	100	90	90
Silver	ND	10	6.62	66
Thallium	0.02	10	10.5	105
Vanadium	ND	10	8.81	88
Zinc	ND	10	10 1	101

Date Analyzed: 11-20-06

This report is to be reproduced in its entirety

WCAS

Chain-of Custody

West Coast Analytical Service, Inc.
9240 Santa Fe Springs Rd
Santa Fe Springs, CA 90670
562.948.2225 fax 562.948.5850
wcas.com

Mail Report to the following:
Company: KIK SO CAL
Contact: BOB BROWN
Address: 9070 DICE RD
Address:
City/St/Zip: SANTA FE SPRING CA 90670
Phone: (562) 906 3211 Fax: (562) 944 9780

Project Information:
Project Manager:
Project Name:
Project No.:
Purchase Order No.:
Purchasing Contact:
Purchasing Phone No. :

Turn-around-time
- ☐ Normal (7-10 work days)
- ☐ Rush 5 day
- ☒ Rush 3 day
- ☐ Rush 1 day

} *Extra Charge*

Hazards:

Comments:

Sampler's Name(s):

If there are multiple choices for an item please circle one

Sample Identification	Sampling Date	Sampling Time	Preservation	# of Containers	Check One: Water / Drinking / Ground / Waste	Soil	Waste	Other	CCR Metals: TTLC STLC -	RCRA Metals: Totals TCLP	Hexavalent Chromium: 218.6 7199	Total Chromium by ICPMS	Volatile Organics by GCMS	Semivolatile Organics by GCMS	Organochlorine Pest /PCB	Hydrocarbons by 8015M	Hexane Ext by 1664. HEM SGT/HEM	Remarks
WASTE WATER.																		
CAM-17																		

Relinquished by.	Company:	Date 11-16-05	Time 1715	Received by.	Company. WCAS
Relinquished by.	Company:	Date	Time	Received by.	Company.
Relinquished by. FRANK CALVO	Company.	Date	Time	Received by	Company.

NOTES: Samples will be discarded 30 days after invoicing unless notified in writing or high hazard.
All services provided will adhere to the WCAS Terms & Conditions found on the back.

White Copy - WCAS • *Yellow* - Report • *Pink* - Client

WCAS Job No. № 91677

WEST COAST ANALYTICAL SERVICE, INC. - TERMS AND CONDITIONS

1 Analysis Requests Before performing any work West Coast Analytical Service, Inc ("WCAS") shall examine and review client's analysis request, which shall outline the scope and timing of work to be performed If such request is incomplete or unclear, WCAS shall consult with client before proceeding with the work Client shall provide such additional information requested by WCAS as may be necessary for the satisfactory performance of the work covered by each analysis request

2 Responsibilities of WCAS WCAS shall perform its work in accordance with accepted standards within the industry and accepted standard operating procedures However WCAS reserves the right to modify methods as necessary based upon experience and /or current scientific literature WCAS shall furnish all supervision labor, facilities, equipment, materials, supplies and certifications necessary or desirable to perform its work. If client directs a manner of making tests that varies from standard or recommended procedures, client shall hold WCAS harmless from all claims, damages and expenses arising out of such direction Such variations shall be noted on analysis requests.

3 Sample Custody Samples accepted by WCAS shall remain the property of client while in the custody of WCAS WCAS shall retain samples for a period of thirty (30) days following the date of submission of its report to client WCAS shall extend the retention period if client so requests and agrees to pay for additional storage Following the retention period WCAS will dispose of most samples upon client request WCAS reserves the right to charge for disposal of samples it considers difficult to handle or, at the option of WCAS, to return samples to client in lieu of disposal All such samples returned shall be accepted by client

4 Safety WCAS is responsible for the health and safety of its employees Client shall notify WCAS of any hazardous substances present at the site where samples were acquired, or believed by client to be present in the samples, that may put WCAS employees at risk WCAS may refuse acceptance or revoke acceptance of samples if it determines they present a risk to health safety or the environment or that WCAS is not authorized to accept them Client shall promptly remove from WCAS's facilities any sample for which WCAS revokes its acceptance

5 Reports and Records Unless otherwise agreed by WCAS in writing, client shall use reports prepared by WCAS only for the purposes disclosed to WCAS at the time of contracting WCAS shall maintain records and supporting documents for work for a period of five (5) years after completion of said work WCAS shall be the owner of all such documents provided however that copies may be supplied to client upon request

6 Confidentiality WCAS shall not provide analytical results or information on client work to any party other than client unless client in writing requests information to be provided to a third party or unless disclosure by WCAS is required by law.

7 Payment Terms Client shall pay in full the net amount of each invoice submitted by WCAS within thirty (30) days of the date invoiced Accounts not paid when due shall bear interest at the rate of 1 5% per month, or the maximum rate permitted by law, whichever is less, from the date due until the date of payment

8 Termination or Suspension Client shall have the right to cancel orders placed with WCAS or suspend work on orders but shall be obligated to pay for any work completed and expenses incurred during the period of time prior to cancellation or suspension A proposal by client to change an analysis request may be regarded by WCAS as an order to suspend work until agreement is reached on the effect of such change on the compensation payable to WCAS and other relevant issues raised by the change

9 Right to Stop Work In the event client fails to pay for services rendered within thirty (30) days after the date of any invoice from WCAS, then, in addition to any other rights or remedies provided by law WCAS shall have the right to suspend any further work for client and to retain any and all of its work product not yet delivered to client Client shall have no right to use the work of WCAS for any purpose until the same has been paid for in full

10 Alternative Dispute Resolution All disputes between WCAS and client shall be submitted to alternative dispute resolution ("ADR") as a condition precedent to litigation and other remedies provided by law WCAS and client each agree to exercise good faith efforts to resolve disputes through mediation unless both parties agree to another ADR procedure

11 Attorneys' Fees If either party to this agreement makes a claim against the other as to issues arising out of the performance of this agreement, the prevailing party shall be entitled to recover its reasonable expenses of litigation, including reasonable attorneys' fees If WCAS brings a law suit against client to collect the invoiced fees and expenses of WCAS, client agrees to pay the reasonable collection expenses, including attorneys' fees, incurred by WCAS

12 Time Limit For Making Claims WCAS shall not be liable for damages unless suit is commenced within two (2) years of the date of injury or loss or within two (2) years of the date of completion by WCAS of its services, whichever is earlier In no event shall WCAS be liable for damages unless it has been notified by client of the discovery of any claimed negligent act, error, omission or breach within thirty (30) days of the date of its discovery and unless client has given WCAS an opportunity to investigate and to recommend ways client may mitigate its damages

13 Limitation of Liability In no event shall WCAS be liable for any incidental or consequential damages of any kind, whether or not arising out of negligence The aggregate liability of WCAS for its negligent acts and omissions and for its non-intentional breach of the agreement with client shall not exceed the fee paid to WCAS for its services, and client agrees to indemnify WCAS from all liabilities to others in excess of that amount The foregoing limitation on WCAS's liability does not apply to losses arising from the gross negligence of WCAS or intentional breaches of contract

14 Indemnification Subject to the limitation on liability set forth above WCAS agrees to indemnify and hold client harmless from and against demands, damages and expenses caused by WCAS's negligent acts and omissions and breach of contract and by the negligent acts and omissions and breach of contract of persons for whom WCAS is legally responsible. Client shall indemnify and hold WCAS harmless from and against demands, damages and expenses caused by client's negligent acts and omissions and breach of contract and by the negligent acts and omissions and breach of contract of persons for whom client is legally responsible

15 Response to Legal Process Client shall compensate WCAS for its services and expenses if WCAS is required to respond to legal process related to its services for client Compensable services shall include hourly charges for all WCAS personnel involved in the response and attorneys' fees reasonably incurred in obtaining advice concerning the response the preparation of the testifier and appearances related to the legal process

16 Insurance WCAS shall, while performing its work for client, maintain in force workers compensation insurance in the amount required by law and general liability insurance in the amount of not less than One Million Dollars ($1,000 000 00)

17 Employment Practices It is the policy of WCAS not to discriminate against any employee or applicant for employment because of race color, national origin, religion, sex age or for any reason prohibited by law

18 Force Majeure Neither WCAS nor client shall have any liability for nonperformance caused in whole or in part by causes beyond their reasonable control Such causes include but are not limited to, acts of God, civil unrest and war, acts of authorities and failure of subcontractors that could not reasonably be anticipated

19 Relationship of the Parties WCAS shall perform work for client as an independent contractor

20 Entire Agreement Governing Law Unless modified by a written agreement signed by client and WCAS, these terms and conditions shall constitute the entire agreement between the parties as to the matters herein addressed any prior course of dealing or trade custom notwithstanding The agreement between WCAS and client shall be governed by California law.

November 16, 2006

KIK Custom Products
9028 Dice Rd
Santa Fe Springs, CA 90670

Attn. Bob Brown

Job No: 91523 TP

LABORATORY REPORT

Samples Received: One (1) Sample
Date Received: 11/10/2006
Purchase Order No: 31195

The sample was analyzed as follows.

Analysis	Page
CCR Metals by SOP 7040, Rev 8	2 - 4

D.J. Northington, Ph D
Technical Director

Charles Jacks, Ph.D.
Senior Staff Chemist

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KIK Custom Products
Attn: Bob Brown

Job No· 91523
November 16, 2006

CCR Metals by SOP 7040, Rev 8
Quantitative Analysis Report
Inductively Coupled Plasma - Mass Spectrometry

Total Metals Concentration - Parts Per Million (mg/kg)

	Waste Water	Detection Limit		10 X STLC Limits	TTLC Limits
Antimony	0.20	0.01		150	500
Arsenic	0.33	0.03		50	500
Barium	15.2	0.01		1000	10000
Beryllium	0.013	0.01		7.5	75
Cadmium	0.057	0.01		10	100
Chromium	1.83	0.04	(Cr VI)	50	500
			(Cr III)	5600	2500
Cobalt	0.43	0.01		800	8000
Copper	15.8	0.01		250	2500
Lead	5.47	0.01		50	1000
Mercury	ND	0.01		2	20
Molybdenum	0.32	0 1		3500	3500
Nickel	8 95	0.01		200	2000
Selenium	0 20	0 1		10	100
Silver	ND	0.01		50	500
Thallium	ND	0.01		70	700
Vanadium	0.40	0.2		240	2400
Zinc	38.5	0.08		2500	5000

Date Analyzed: 11-14-06

(1) Chromium is reported above as total chromium in sample.
(2) 10 X STLC Limits are used for comparison due to the 1/10 dilution of the sample during leachate preparation

This report is to be reproduced in its entirety

WCAS

KIK Custom Products
Attn: Bob Brown

Job No: 91523
November 16, 2006

Quality Control Summary

Sample: Waste Water

Parts Per Million (mg/kg)

Analyte	Sample Result	Duplicate Result	Average Result	Sample RPD	Spike Conc	Spike Result	Spike % Rec
Antimony	0.195	0.256	0.2255	27.1	18.9	16.9	88
Arsenic	0.327	0 357	0.342	NA	18.9	17.3	90
Barium	15.2	17.8	16.5	15.8	18.9	36.8	107
Beryllium	0.013	0.014	0.0135	NA	18.9	14.6	77
Cadmium	0.057	0.072	0.0645	NA	18.9	17	90
Chromium	1.83	2.42	2.125	27.8	18.9	19.6	92
Cobalt	0.433	0.529	0.481	20	18.9	17.3	89
Copper	15.8	19 8	17.8	22.5	18.9	32 8	79
Lead	5.47	6.94	6.205	23.7	18.9	23.6	92
Mercury	ND	ND	ND	NA	1.89	1.88	99
Molybdenum	0.323	0 309	0.316	NA	18.9	21	109
Nickel	8.95	12	10.475	29.1	18.9	25.9	82
Selenium	0.204	ND	0.102	NA	189	158	84
Silver	ND	ND	ND	NA	18.9	12.8	68
Thallium	ND	ND	ND	NA	18.9	18.2	96
Vanadium	0.402	0.462	0.432	NA	18.9	17.5	90
Zinc	38.5	49.1	43.8	24.2	18.9	52.3	NR

Date Analyzed: 11-14-06
NR - Not Reported; sample concentration is larger than spike.

This report is to be reproduced in its entirety

WCAS

KIK Custom Products
Attn: Bob Brown

Job No: 91523
November 16, 2006

Quality Control Summary

Sample. Laboratory Fortified Blank (LFB)

Parts Per Million (mg/kg)

Analyte	Blank Result	Spike Conc	Spike Result	Spike % Rec
Antimony	ND	20	17.8	89
Arsenic	ND	20	18.9	95
Barium	ND	20	19.9	100
Beryllium	ND	20	18.6	93
Cadmium	ND	20	19.5	98
Chromium	ND	20	19.7	99
Cobalt	ND	20	19.7	99
Copper	ND	20	19.9	100
Lead	ND	20	19.5	98
Mercury	ND	2	2.09	105
Molybdenum	ND	20	20.2	101
Nickel	ND	20	19.8	99
Selenium	ND	200	179	90
Silver	ND	20	18.3	92
Thallium	ND	20	19.8	99
Vanadium	ND	20	18.4	92
Zinc	ND	20	18 4	92

Date Analyzed: 11-14-06

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WEST COAST ANALYTICAL SERVICE, INC. - TERMS AND CONDITIONS

1 Analysis Requests Before performing any work West Coast Analytical Service, Inc ("WCAS") shall examine and review client's analysis request which shall outline the scope and timing of work to be performed If such request is incomplete or unclear, WCAS shall consult with client before proceeding with the work Client shall provide such additional information requested by WCAS as may be necessary for the satisfactory performance of the work covered by each analysis request

2 Responsibilities of WCAS WCAS shall perform its work in accordance with accepted standards within the industry and accepted standard operating procedures However WCAS reserves the right to modify methods as necessary based upon experience and /or current scientific literature WCAS shall furnish all supervision, labor, facilities equipment, materials supplies and certifications necessary or desirable to perform its work If client directs a manner of making tests that varies from standard or recommended procedures, client shall hold WCAS harmless from all claims, damages and expenses arising out of such direction Such variations shall be noted on analysis requests.

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5 Reports and Records Unless otherwise agreed by WCAS in writing, client shall use reports prepared by WCAS only for the purposes disclosed to WCAS at the time of contracting WCAS shall maintain records and supporting documents for work for a period of five (5) years after completion of said work WCAS shall be the owner of all such documents provided however that copies may be supplied to client upon request

6 Confidentiality WCAS shall not provide analytical results or information on client work to any party other than Client unless Client, in writing releases information to be provided to a third party or unless disclosure by WCAS is required by law

7 Payment Terms Client shall pay in full the net amount of each invoice submitted by WCAS within thirty (30) days of the date invoiced An amount not paid when due shall bear interest at the rate of 1 5% per month, or the maximum rate permitted by law, whichever is less, from the date due until the date of payment

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11 Attorneys' Fees If either party to this agreement makes a claim against the other as to issues arising out of the performance of this agreement the prevailing party shall be entitled to recover its reasonable expenses of litigation, including reasonable attorneys' fees. If WCAS brings a law suit against client to collect the invoiced fees and expenses of WCAS, client agrees to pay the reasonable collection expenses, including attorneys fees, incurred by WCAS

12 Time Limit For Making Claims WCAS shall not be liable for damages unless suit is commenced within two (2) years of the date of injury or loss or within two (2) years of the date of completion by WCAS of its services, whichever is earlier In no event shall WCAS be liable for damages unless it has been notified by client of the discovery of any claimed negligent act, error, omission or breach within thirty (30) days of the date of its discovery and unless client has given WCAS an opportunity to investigate and to recommend ways client may mitigate its damages

13 Limitation of Liability In no event shall WCAS be liable for any incidental or consequential damages of any kind, whether or not arising out of negligence The aggregate liability of WCAS for its negligent acts and omissions and for its non-intentional breach of the agreement with client shall not exceed the fee paid to WCAS for its services, and client agrees to indemnify WCAS from all liabilities to others in excess of that amount The foregoing limitation on WCAS's liability does not apply to losses arising from the gross negligence of WCAS or intentional breaches of contract

14 Indemnification Subject to the limitation on liability set forth above WCAS agrees to indemnify and hold client harmless from and against demands, damages and expenses caused by WCAS's negligent acts and omissions and breach of contract and by the negligent acts and omissions and breach of contract of persons for whom WCAS is legally responsible Client shall indemnify and hold WCAS harmless from and against demands, damages and expenses caused by client's negligent acts and omissions and breach of contract and by the negligent acts and omissions and breach of contract of persons for whom client is legally responsible

15 Response to Legal Process Client shall compensate WCAS for its services and expenses if WCAS is required to respond to legal process related to its services for client Compensable services shall include hourly charges for all WCAS personnel involved in the response and attorneys' fees reasonably incurred in obtaining advice concerning the response, the preparation of the testifier and appearances related to the legal process

16 Insurance WCAS shall, while performing its work for client, maintain in force workers compensation insurance in the amount required by law and general liability insurance in the amount of not less than One Million Dollars ($1,000 000 00)

17 Employment Practices It is the policy of WCAS not to discriminate against any employee or applicant for employment because of race color, national origin, religion, sex, age or for any reason prohibited by law

18 Force Majeure Neither WCAS nor client shall have any liability for nonperformance caused in whole or in part by causes beyond their reasonable control Such causes include but are not limited to, acts of God, civil unrest and war, acts of authorities and failure of subcontractors that could not reasonably be anticipated

19 Relationship of the Parties WCAS shall perform work for client as an independent contractor

20 Entire Agreement, Governing Law Unless modified by a written agreement signed by client and WCAS, these terms and conditions shall constitute the entire agreement between the parties as to the matters herein addressed any prior course of dealing or trade custom notwithstanding The agreement between WCAS and client shall be governed by California law.

Chain-of-Custody

West Coast Analytical Service, Inc.
9240 Santa Fe Springs Rd
Santa Fe Springs, CA 90670
562.948.2225 fax 562.948.5850
wcas.com

Mail Report to the following:
Company: KIK So CAL
Contact: BOB BROWN
Address: 9028 Dice Rd.
Address:
City/St/Zip: Santa Fe Spring CA 90670
Phone: (562) 906 2211 Fax: (562) 9419780

Project Information:
Project Manager:
Project Name:
Project No.:
Purchase Order No.:
Purchasing Contact:
Purchasing Phone No. :

Turn-around-time
- [ ] Normal (7-10 work days)
- [ ] Rush 5 day
- [x] Rush 3 day
- [ ] Rush 1 day

Extra Charge

Hazards:

Comments:

Sampler's Name(s):

If there are multiple choices for an item please circle one.

Sample Identification	Sampling Date	Sampling Time	Preservation	# of Containers	Water: Drinking Ground (Waste)	Soil	Waste	Other	CCR Metals: TTLC STLC -	RCRA Metals: Totals TCLP	Hexavalent Chromium: 218.6 7199	Total Chromium by ICPMS	Volatile Organics by GCMS	Semivolatile Organics by GCMS	Organochlorine Pest /PCB	Hydrocarbons by 8015M	Hexane Ext. by 1664 HEM SGT/HEM								Remarks
WASTE WATER CAM-17																									

Relinquished by	Company.	Date	Time	Received by	Company.
Frank Calvo		11-10-06	107	[signature]	WCAS
Relinquished by.	Company:	Date	Time	Received by:	Company:
Relinquished by	Company.	Date	Time	Received by.	Company:

NOTES: Sample be discarded 30 days after invoicing unless notified in writing or high hazard.
All services provided will adhere to the WCAS Terms & Conditions found on the back.

White Copy - WCAS • *Yellow* - Report • *Pink* - Client

WCAS Job No 1523

WEST COAST ANALYTICAL SERVICE, INC.
Analytical Chemists
Health Sciences Division, Bodycote Testing Group
9240 Santa Fe Springs Road - Santa Fe Springs, CA 90670
562-948-2225 Fax 562-948-5850
wcas.com

FAX REPORT

Date: Wednesday, November 15, 2006

Fax No: 562.941.9780

Company: KIK Custom Products

Location: Santa Fe Springs

Attn: Bob Brown

REFERENCE: Data - WCAS job number 91523

Here is the data that you requested. Please give me a call if you have any questions.

From: Jennifer Oakes Time: 3:30pm Faxed pages: 4
Email: jennifer.oakes@wcas.com
Phone: 562-948-2225 ext. 305

West Coast Analytical Service, Inc. is not responsible for fax transmission errors. Unless otherwise noted, this data is preliminary and has not had final quality control review.

Client: KIK CUSTOM PRODUCTS
Job Number: 91523

CCR Metals by SOP 7040, Rev 8
Quantitative Analysis Report
Inductively Coupled Plasma - Mass Spectrometry

Total Metals Concentration - Parts Per Million (mg/kg)

	Waste Water	Detection Limit		10 X STLC Limits	TTLC Limits
Antimony	0.20	0.01		150	500
Arsenic	0.33	0.03		50	500
Barium	15.2	0.01		1000	10000
Beryllium	0.013	0.01		7.5	75
Cadmium	0.057	0.01		10	100
Chromium	1.83	0 04	(Cr VI)	50	500
			(Cr III)	5600	2500 ←
Cobalt	0.43	0.01		800	8000
Copper	15.8	0.01		250	2500
Lead	5.47	0.01		50	1000
Mercury	ND	0.01		2	20
Molybdenum	0.32	0.1		3500	3500 —
Nickel	8.95	0.01		200	2000
Selenium	0.20	0.1		10	100
Silver	ND	0.01		50	500
Thallium	ND	0.01		70	700
Vanadium	0.40	0.2		240	2400
Zinc	38.5	0.08		2500	5000

Date Analyzed: 11-14-06

(1) Chromium is reported above as total chromium in sample.
(2) 10 X STLC Limits are used for comparison due to the 1/10 dilution of the sample during leachate preparation.

Client: KIK CUSTOM PRODUCTS
Job Number: 91523

Quality Control Summary

Sample: Waste Water

Parts Per Million (mg/kg)

Analyte	Sample Result	Duplicate Result	Average Result	Sample RPD	Spike Conc	Spike Result	Spike % Rec
Antimony	0.195	0.256	0.2255	27.1	18.9	16.9	88
Arsenic	0.327	0.357	0.342	NA	18.9	17.3	90
Barium	15.2	17.8	16.5	15.8	18.9	36.8	107
Beryllium	0.013	0.014	0.0135	NA	18.9	14.6	77
Cadmium	0.057	0.072	0.0645	NA	18.9	17	90
Chromium	1.83	2.42	2.125	27.8	18.9	19.6	92
Cobalt	0.433	0.529	0.481	20	18.9	17.3	89
Copper	15.8	19.8	17.8	22.5	18.9	32.8	79
Lead	5.47	6.94	6.205	23.7	18.9	23.6	92
Mercury	ND	ND	ND	NA	1.89	1.88	99
Molybdenum	0.323	0.309	0.316	NA	18.9	21	109
Nickel	8.95	12	10.475	29.1	18.9	25.9	82
Selenium	0.204	ND	0.102	NA	189	158	84
Silver	ND	ND	ND	NA	18.9	12.8	68
Thallium	ND	ND	ND	NA	18.9	18.2	96
Vanadium	0.402	0.462	0.432	NA	18.9	17.5	90
Zinc	38.5	49.1	43.8	24.2	18.9	52.3	NR

Date Analyzed: 11-14-06
NR - Not Reported; sample concentration is larger than spike.

Client: KIK CUSTOM PRODUCTS
Job Number: 91523

Quality Control Summary

Sample: Laboratory Fortified Blank (LFB)

Parts Per Million (mg/kg)

Analyte	Blank Result	Spike Conc	Spike Result	Spike % Rec
Antimony	ND	20	17.8	89
Arsenic	ND	20	18.9	95
Barium	ND	20	19.9	100
Beryllium	ND	20	18.6	93
Cadmium	ND	20	19.5	98
Chromium	ND	20	19.7	99
Cobalt	ND	20	19.7	99
Copper	ND	20	19.9	100
Lead	ND	20	19.5	98
Mercury	ND	2	2.09	105
Molybdenum	ND	20	20.2	101
Nickel	ND	20	19.8	99
Selenium	ND	200	179	90 ←
Silver	ND	20	18.3	92
Thallium	ND	20	19.8	99
Vanadium	ND	20	18.4	92
Zinc	ND	20	18.4	92

Date Analyzed: 11-14-06

October 18, 2006

KIK Custom Products
9028 Dice Rd
Santa Fe Springs, CA 90670

Attn: Bob Brown

Job No: 90446 TP

LABORATORY REPORT

Samples Received: One (1) Sample
Date Received: 10/04/2006
Purchase Order No: 31185

The sample was analyzed as follows:

Analysis	Page
CCR Metals by SOP 7040, Rev 8	2 - 3

Charles Jacks, Ph.D.
Senior Staff Chemist

Michael Shelton
Senior Staff Chemist

This report is to be reproduced in its entirety.

KIK Custom Products
Attn: Bob Brown

Job No: 90446
October 18, 2006

Selected Metals by SOP 7040, Rev 8
Quantitative Analysis Report
Inductively Coupled Plasma - Mass Spectrometry

Parts Per Million (mg/L)

Element	Wastewater	Detection Limit
Antimony	ND	0.001
Arsenic	ND	0.007
Barium	ND	0 2
Beryllium	ND	0.001
Cadmium	ND	0.001
Chromium	0.13	0.04
Cobalt	ND	0.002
Copper	ND	0.01
Lead	ND	0.02
Mercury	ND	0.01
Molybdenum	ND	0.009
Nickel	ND	0.01
Selenium	ND	0.03
Silver	ND	0.001
Thallium	ND	0.001
Vanadium	ND	0.03
Zinc	ND	2

Date Analyzed. 10-12-06

This report is to be reproduced in its entirety

WCAS

KIK Custom Products
Attn: Bob Brown

Job No: 90446
October 18, 2006

Quality Control Summary

Sample: Wastewater

Parts Per Million (mg/L)

Analyte	Sample Result	Duplicate Result	Average Result	Sample RPD	Spike Conc	Spike Result	Spike % Rec
Antimony	ND	ND	ND	NA	0.1	0.0903	90
Arsenic	ND	ND	ND	NA	0 1	0.0881	88
Beryllium	ND	ND	ND	NA	0 1	0.0698	70
Cadmium	ND	ND	ND	NA	0.1	0.0799	80
Chromium	0.127	0.122	0.1245	NA	0.1	0.206	82
Cobalt	ND	ND	ND	NA	0.1	0.0861	86
Copper	ND	ND	ND	NA	0 1	0.0808	81
Lead	ND	ND	ND	NA	0 1	0.0827	83
Molybdenum	ND	ND	ND	NA	0.1	0.102	102
Nickel	ND	ND	ND	NA	0.1	0.0719	72
Selenium	ND	ND	ND	NA	1	0.76	76
Silver	ND	ND	ND	NA	0.1	0.087	87
Thallium	ND	ND	ND	NA	0.1	0.0812	81
Vanadium	ND	ND	ND	NA	0 1	0.0934	93

Date Analyzed: 10-12-06

This report is to be reproduced in its entirety.

WCAS

Chain of Custody

Mail Report to the following:

Company: KIK SoCAL
Contact: BOB BROWN
Address: 9028 Dice Rd.
Address:
City/St/Zip: Santa Fe Spring CA 90670
Phone: (714) 906 2211 Fax: 562) 941 9780

Project Information:

Project Manager:
Project Name:
Project No.:
Purchase Order No.:
Purchasing Contact:
Purchasing Phone No. :

West Coast Analytical Service, Inc.
9240 Santa Fe Springs Rd
Santa Fe Springs, CA 90670
562.948.2225 fax 562.948.5850
wcas.com

Turn-around-time

- [x] Normal (7-10 work days)
- [ ] Rush 5 day
- [ ] Rush 3 day
- [ ] Rush 1 day

} Extra Charge

Hazards:

Comments:

Sampler's Name(s):

If there are multiple choices for an item please circle one.

Sample Identification	Sampling Date	Sampling Time	Preservation	# of Containers	Water: Drinking / Ground / Waste	Soil	Waste	Other	CCR Metals: TTLC / STLC -	RCRA Metals: Totals / TCLP	Hexavalent Chromium: 218.6 / 7199	Total Chromium by ICPMS	Volatile Organics by GCMS	Semivolatile Organics by GCMS	Organochlorine Pest./PCB	Hydrocarbons by 8015M	Hexane Ext. by 1664: HEM / SGT/HEM	Remarks
WASTEWATER CAM-17					X													

Relinquished by:	Company	Date	Time	Received by	Company
FRANK NAVA.		10-04-06	15:50		WCAS
Relinquished by:	Company:	Date	Time	Received by:	Company:
Relinquished by:	Company	Date	Time	Received by	Company.

NOTES. Samples will be discarded 30 days after invoicing unless notified in writing or high hazard.
All services provided will adhere to the WCAS Terms & Conditions found on the back.

White Copy - WCAS • *Yellow* - Report • *Pink* - Client

WCAS Job No. 90446

WEST COAST ANALYTICAL SERVICE, INC. - TERMS AND CONDITIONS

1 Analysis Requests Before performing any work, West Coast Analytical Service, Inc. ("WCAS") shall examine and review client's analysis request which shall outline the scope and timing of work to be performed. If such request is incomplete or unclear, WCAS shall consult with client before proceeding with the work. Client shall provide such additional information requested by WCAS as may be necessary for the satisfactory performance of the work covered by each analysis request.

2 Responsibilities of WCAS. WCAS shall perform its work in accordance with accepted standards within the industry and accepted standard operating procedures. However, WCAS reserves the right to modify methods as necessary based upon experience and/or current scientific literature. WCAS shall furnish all supervision, labor, facilities, equipment, materials, supplies and certifications necessary or desirable to perform its work. If client directs a manner of making tests that varies from standard or recommended procedures, client shall hold WCAS harmless from all claims, damages and expenses arising out of such direction. Such variations shall be noted on analysis requests.

3 Sample Custody. Samples accepted by WCAS shall remain the property of client while in the custody of WCAS. WCAS shall retain samples for a period of thirty (30) days following the date of submission of its report to client. WCAS shall extend the retention period if client so requests and agrees to pay for additional storage. Following the retention period, WCAS will dispose of most samples upon client request. WCAS reserves the right to charge for disposal of samples it considers difficult to handle or, at the option of WCAS, to return samples to client in lieu of disposal. All such samples returned shall be accepted by client.

4 Safety. WCAS is responsible for the health and safety of its employees. Client shall notify WCAS of any hazardous substances present at the site where samples were acquired or believed by client to be present in the samples that may put WCAS employees at risk. WCAS may refuse acceptance or revoke acceptance of samples if it determines they present a risk to health, safety or the environment or that WCAS is not authorized to accept them. Client shall promptly remove from WCAS's facilities any sample for which WCAS revokes its acceptance.

5 Reports and Records. Unless otherwise agreed by WCAS in writing, client shall use reports prepared by WCAS only for the purposes disclosed to WCAS at the time of contracting. WCAS shall maintain records and supporting documents for work for a period of five (5) years after completion of said work. WCAS shall be the owner of all such documents provided, however, that copies may be supplied to client upon request.

6 Confidentiality. WCAS shall not provide analytical results or information on client work to any party other than client unless client in writing requests information to be provided to a third party or unless disclosure by WCAS is required by law.

7 Payment Terms. Client shall pay in full the net amount of each invoice submitted by WCAS within thirty (30) days of the date thereof. Amounts not paid when due shall bear interest at the rate of 1.5% per month, or the maximum rate permitted by law, whichever is less, from the date due until the date of payment.

8 Termination or Suspension. Client shall have the right to cancel orders placed with WCAS or suspend work on orders, but shall be obligated to pay for any work completed and expenses incurred during the period of time prior to cancellation or suspension. A proposal by client to change an analysis request may be regarded by WCAS as an order to suspend work until agreement is reached on the effect of such change on the compensation payable to WCAS and other relevant issues raised by the change.

9 Right to Stop Work. In the event client fails to pay for services rendered within thirty (30) days after the date of any invoice from WCAS, then, in addition to any other rights or remedies provided by law, WCAS shall have the right to suspend any further work for client and to retain any and all of its work product not yet delivered to client. Client shall have no right to use the work of WCAS for any purpose until the same has been paid for in full.

10 Alternative Dispute Resolution. All disputes between WCAS and client shall be submitted to alternative dispute resolution ("ADR") as a condition precedent to litigation and other remedies provided by law. WCAS and client each agree to exercise good faith efforts to resolve disputes through mediation unless both parties agree to another ADR procedure.

11 Attorneys' Fees. If either party to this agreement makes a claim against the other as to issues arising out of the performance of this agreement, the prevailing party shall be entitled to recover its reasonable expenses of litigation, including reasonable attorneys' fees. If WCAS brings a lawsuit against client to collect the invoiced fees and expenses of WCAS, client agrees to pay the reasonable collection expenses, including attorneys' fees, incurred by WCAS.

12 Time Limit For Making Claims. WCAS shall not be liable for damages unless suit is commenced within two (2) years of the date of injury or loss or within two (2) years of the date of completion by WCAS of its services, whichever is earlier. In no event shall WCAS be liable for damages unless it has been notified by client of the discovery of any claimed negligent act, error, omission or breach within thirty (30) days of the date of its discovery and unless client has given WCAS an opportunity to investigate and to recommend ways client may mitigate its damages.

13 Limitation of Liability. In no event shall WCAS be liable for any incidental or consequential damages of any kind, whether or not arising out of negligence. The aggregate liability of WCAS for its negligent acts and omissions and for its non-intentional breach of the agreement with client shall not exceed the fee paid to WCAS for its services, and client agrees to indemnify WCAS from all liabilities to others in excess of that amount. *The foregoing limitation on WCAS's liability does not apply to losses arising from the gross negligence of WCAS or intentional breaches of contract.*

14 Indemnification. Subject to the limitation on liability set forth above, WCAS agrees to indemnify and hold client harmless from and against demands, damages and expenses caused by WCAS's negligent acts and omissions and breach of contract and by the negligent acts and omissions and breach of contract of persons for whom WCAS is legally responsible. Client shall indemnify and hold WCAS harmless from and against demands, damages and expenses caused by client's negligent acts and omissions and breach of contract and by the negligent acts and omissions and breach of contract of persons for whom client is legally responsible.

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20 Entire Agreement; Governing Law. Unless modified by a written agreement signed by client and WCAS, these terms and conditions shall constitute the entire agreement between the parties as to the matters herein addressed; any prior course of dealing or trade custom notwithstanding. The agreement between WCAS and client shall be governed by California law.

October 18, 2006

Bob Brown
KIK Custom Products
9028 Dice Rd
Santa Fe Springs, CA 90670 USA

Dear Bob:

Thank you for choosing West Coast Analytical Service, Inc. (WCAS), Health Sciences Division, Bodycote Testing Group, as your testing laboratory. If you have any questions about this report or any of our other services please give me a call at **562-948-2225, ext 303** or send an email to **louis.albanese@wcas.com**.

You will probably notice that we have included a "Disposal Post Card" with your report. We would appreciate it if you would fill out the card and return it to us so that we can properly handle your samples. If you would like all future samples disposed of, please note this on the card and we will not send you cards in the future. Unless prior arrangements have been made, we do not store samples after 30 days of the job being completed.

I have also included some literature on WCAS which will more fully explain what we can do for you. If you do not see a particular test that you need on our fee schedules, please give us a call since we may perform that particular test but have not listed it. You can also visit our web site at **www.wcas.com** and learn about many of the tests that we can perform.

Your name has also been added to our newsletter mailing list so that we can keep you apprised of anything new happening at WCAS. Again, thank you for using WCAS and please feel free to call or email me anytime.

Sincerely,

WEST COAST ANALYTICAL SERVICE, INC.
Health Sciences Division, Bodycote Testing Group

Louis Albanese
Project Manager, Chemist

Weck Laboratories, Inc.
Environmental and Analytical Services - Since 1964

RECEIVED
JUL 21 2006
By

Report Date: Tuesday, July 18, 2006
Received Date: Wednesday, July 12, 2006
Received Time: 2:00 pm

Turnaround Time: 5 days

Client: KIK International
9028 Dice Rd
Santa Fe Springs, CA 90670

Phone: (562) 906-2214
FAX: (562) 946-5417

Attn: Nita Labrador x214

Project:

P.O.#: 31001

Certificate of Analysis

Work Order No: 6071224-01 **Sample ID: Grab Sample of Clarifier** **Matrix: Water**
Sampled by: Client **Sampled: 07/12/06 13:00** **Sample Note:**

Analyte	Result	Qualifier	Units	Reporting Limit	Dilution	Method	Prepared	Analyzed		Batch
Chloride	**7400**		mg/l	250	500	EPA 300 0	07/13/06 12 13	07/13/06 21 23	ec	W6G0393
pH	**9.03**		Units		1	SM4500 H+ B	07/12/06 17 22	07/12/06 18 15	tl	W6G0365
Residual Chlorine	**0.069**		mg/l	0 050	1	SM4500 Cl G	07/12/06 15 18	07/12/06 16 54	cc	W6G0356

Authorized Signature

Contact. Taylor Maligmat (Project Manager)

ELAP # 1132
LACSD # 10143
NELAC # 04229CA

The results in this report apply to the samples analyzed in accordance with the chain of custody document Weck Laboratories certifies that the test results meet all requirements of NELAC unless noted in the Case Narrative This analytical report must be reproduced in its entirety

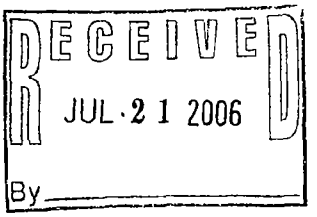
Notes
The Chain of Custody document is part of the analytical report
Any remaining sample(s) for testing will be disposed of one month from the final report date unless other arrangements are made in advance
All results are expressed on wet weight basis unless otherwise specified
ND=NOT DETECTED at or above the Reporting Limit If I-value reported, then NOT DETECTED at or above the Method Detection Limit (MDL)
Sub=Subcontracted analysis original report enclosed
An Absence of Total Coliform meets the drinking water standards as established by the State of California Department of Health Services
The Reporting Limit (RL) is referenced as laboratory's Practical Quantitation Limit (PQL)
For Potable water analysis the Reporting Limit (RL) is referenced as Detection Limit for reporting purposes (DLRs) defined by EPA

mple collected by Weck Laboratories sampled in accordance to lab SOP MIS002

14859 East Clark Avenue, City of Industry, California 91745-1396 (626) 336-2139 FAX (626) 336-2634
www.wecklabs.com

Certificate of Analysis

Flags for Data Qualifiers



14859 East Clark Avenue, City of Industry, California 91745-1396 (626) 336-2139 FAX (626) 336-2634
www.wecklabs.com

W.L Weck Laboratories, Inc.
Analytical & Environmental Services
14859 East Clark Avenue • Industry, CA 91745
Tel 626-336-2139 • Fax 626-336-2634 • www.wecklabs.com

RECEIVED
JUL 21 2006
By

CHAIN OF CUSTODY RECORD

0071224

Page ____ Of ____

CLIENT NAME: KIK SoCAL.

PROJECT

ADDRESS: 9028 Dice Rd. Santa Fe Spring 90670

PHONE # (562) 906-2211

FAX # (562) 941 9780

PROJECT MANAGER

SAMPLER: Clarifier

P.O. #

SPECIAL HANDLING
- ☐ Same Day Rush
- ☐ 24 Hour Rush
- ☐ 48 - 72 Hour Rush
- ☒ 4 - 5 Day Rush
- ☐ Rush Extraction
- ☐ 10 - 15 Business Days
- ☐ QA/QC Package

Reporting Agency ____

Method of Shipment ____

ID# (For lab Use Only)	DATE SAMPLED	TIME SAMPLED	SMPL TYPE	SAMPLE IDENTIFICATION/SITE LOCATION	# OF CONT.	ANALYSIS REQUESTED: pH	Residual Chlorine	Chloride JG 7/12/06	300.0 CL	REMARKS
~~0071224~~ JG 7/12/06	7/12/06	13:00		Grab Sample of Clarifier	1	X	X		X	

RELINQUISHED BY	DATE / TIME	RECEIVED BY	DATE / TIME
		Jaime Gomez	7/12/06 1400
RELINQUISHED BY: Francisco Calvo	DATE / TIME: 7-12-06	RECEIVED BY	DATE / TIME
RELINQUISHED BY	DATE / TIME	RECEIVED BY	DATE / TIME

SAMPLE CONDITION: Actual Temperature: 27.7 °C

Received On Ice	Y	(N)
Preserved	Y	(N)
Evidence Seals Intact	Y	(N)
Container Attacked	Y	(N)
Preserved at Lab	Y	(N)

SAMPLE TYPE CODE.
AQ= Aqueous
NA= Non Aqueous
SL = Sludge
DW = Drinking Water
WW = Waste Water
RW = Rain Water
GW = Ground Water
SO = Soil
SW = Solid Waste
OL = Oil
OT = Other Matrix

RUSH TURN AROUND TIME MAY REQUIRE SURCHARGE
TERMS AND CONDITIONS: SEE BACK OF THIS FORM

SPECIAL REQUIREMENTS / BILLING INFORMATION

DISTRIBUTION: WHITE & CANARY - Laboratory PINK - For Client

TERMS AND CONDITIONS OF SALE

DEFINITIONS
"Terms and Conditions" means those Terms and Conditions of Sale, including the Price Schedule, and any additions or amendments hereto which are agreed to in writing
"Client" means the individual or entity who may request laboratory, consulting, or sampling services, and his or its heirs, successors, assigns and representatives
"Price Schedule" means Weck Labs' standard price schedule as such document may be amended or reissued from time to time by Weck Laboratories, Inc. ("Weck Labs")

ORDERS AND ACCEPTANCE
Weck Labs offers and will accept orders for services (as defined herein) only under the following General Terms and Conditions (the "Terms") These Terms shall not apply if Weck Labs and the Client shall have executed a separate agreement in writing which does not incorporate the Terms No modifications to the Terms shall be valid and binding unless in writing and signed by an authorized representative of Client and Weck Labs
The client may order services by submitting a written chain of custody - record/order to Weck Labs. Any such order constitutes a) an acceptance by the Client of Weck Labs' offer to do business with the Client under the Terms and Conditions, and b) an agreement to be bound by these Terms and Conditions The Client's delivery of samples to Weck Labs or initiation of consulting services constitutes the Client's express assent to be governed by these Terms and Conditions No contrary or additional terms and conditions expressed in a Client's document shall be deemed to become a part of the contract created upon acceptance of the Terms and Conditions
For purposes of this Agreement, "services" shall mean all work to be performed for Client, including provision of all equipment and materials to be furnished by Weck Labs

INDEPENDENT CONTRACTOR
Weck Labs acts solely as an independent contractor in performing services

CLIENT RESPONSIBILITY
Unless Weck Labs' personnel perform the sampling, the client shall be responsible for conditions which the samples are collected and for conditions in and about the sampling site and for advising Weck Labs of the same and of all information required to enable Weck Labs to perform its services safely and efficiently

LIMIT OF LIABILITY
Weck Labs will perform the services in accordance with the normal standards of workmanship in the profession. Where applicable, Weck Labs will use analytical methodologies which are in substantial conformity with U S Environmental Protection Agency (EPA), state agency, American Society for Testing and Materials (ASTM), Association of Official Analytical Chemists (AOAC), Standard Methods for the Examination of Water and Wastewater, or other recognized methodologies. Weck Labs reserves the right to deviate from these methodologies if necessary or appropriate due to the nature or composition of the sample or otherwise based on the reasonable judgment of Weck Labs Deviations, if any, will be made on a basis consistent with recognized standards of the industry and/or Weck Labs' Standard Operating Procedures. The total liability of Weck Labs, its officers, agents, employees or successor to the Client, arising out of or in connection with the services to be provided herein, shall not exceed the invoiced amount for said services. Client's acceptance of a work order and/or proposal releases Weck Labs from any liability in excess of the invoiced amount for the services notwithstanding any provision to the contrary in any client purchase order or contract.

HOLD HARMLESS
Client releases and shall save, indemnify, defend and hold Weck Labs, its employees, officers, directors, agents, affiliates, subsidiaries, and parent harmless from and against any and all liabilities, losses or damages, claims, demands, causes of action, suits and associated expenses including, but not limited to ... court costs, expert witness fees, investigative expenses and attorneys' fees (the "Litigation Expenses") and awards arising in favor of Client or any third party as a result of, and/or in any way occurring, incident to arising out of, or in connection with the performance of services by Weck Labs pursuant to this Agreement and/or the transportation, handling or disposal of Client's Hazardous Materials (i) injury, disease, or death of persons, (ii) loss of, damage to, loss of, or loss of use of property and or (iii) financial loss of every kind of character
This indemnity does not apply to any of the foregoing losses, costs, damages, or injuries caused solely by the gross negligence or willful misconduct of Weck Labs or its employees Further, this indemnity shall specifically apply to losses, claims, damages, liabilities, awards, demands, Litigation Expenses, suits or causes of action of every kind and character arising out of or in connection with the negligence of or breach of contract by any Indemnified Person, whether actual or alleged, in the performance of services under this Agreement The foregoing indemnities will be in addition to any liability which the Client might otherwise have in Weck Labs and the other Indemnified Persons To the extent necessary under applicable law, Client agrees that its indemnity obligation will be supported by available liability insurance coverage to be furnished by Client, which insurance shall be in the maximum amounts permitted under applicable law
In no event shall Weck Labs be liable to Client for indirect punitive, special, incidental, or consequential damages (including, without limitation, loss of profit or business interruption). Litigation Expenses or other fees (including, without limitation, attorneys' fees, court costs, and/or pre or post-judgment interest), or any other expenses or costs incurred by Client or any other party in any litigation against or involving Weck Labs or any Indemnified Person in connection with this Agreement or any service provided under this Agreement even if Client is the prevailing party

HAZARDOUS SUBSTANCES
In order for Weck Labs to perform the services requested by Client, Client will provide and Weck Labs will receive sample materials for analyses such as asbestos, polychlorinated biphenyls, or any other hazardous or toxic materials, wastes and substances which are defined, determined or identified as such under federal, state or local laws, rules or regulations (whether now existing or hereafter enacted or promulgated or any judicial or administrative interpretation of any thereof (the "Hazardous Materials"). Client understands and agrees that any Hazardous Materials received by Weck Labs from Client or at Client's request shall remain the property of Client and that upon completion of Weck Labs' services Weck Labs will dispose of all unused portions of samples as specified by Client In the event Client does not specify its preferred method of disposal, Weck Labs will return to Customer all unused samples which contain Hazardous Materials Weck Labs reserves the right to charge Client for the disposal of unused samples in accordance with Weck Labs' current sample disposal policy.

CONFIDENTIALITY
(a) Data and the sample materials provided by Client or at Client's request and the results obtained by Weck Labs shall be held in confidence (unless such information is generally available to the public or is the public domain or Client has failed to pay Weck Labs for all services rendered or is otherwise in breach of the Agreement) subject to any disclosure required by law or legal process Weck Labs shall use the same standard of care it uses in protecting its own confidential data and shall not be responsible for unauthorized disclosure of said data where such standard was observed
(b) Weck Labs' reports and the data and information provided therein are for the exclusive use and benefit of Client and Client agrees there shall be no third party beneficiary of such reports, data, or information. Client will not disclose to any third party any information concerning technical information, software programs, or other formulations.

PRICES/PAYMENT
Client shall pay Weck Labs in accordance with Weck Labs' applicable Price Schedule in effect in the area of operations on the date the services were rendered or with prices quoted and later confirmed in writing The Price Schedule is subject to change at any time without notice. Payment in advance or when analysis is completed is required for all Clients until a credit account has been established with Weck Labs For those Clients with an established credit account, the terms for payment of charges are NET CASH within thirty (30) days from date of invoice To the fullest extent permitted (if at all) by applicable law, any amount unpaid at the end of thirty (30) days is subject to interest at the lesser of the maximum rate permitted by law or one and one-half percent (1.5%) per month on the unpaid balance. If unpaid amounts are collected through legal proceedings or by an attorney, the Client shall pay reasonable costs and attorneys' fees or agents' fees associated with such collection procedures or efforts

CANCELLATION
Client may cancel any order for services hereunder subject to payment for all service rendered and out-of-pocket expenses incurred up to date of cancellation in accordance with the applicable Price Schedule.

FORCE MAJEURE
Weck Labs shall not be responsible for delay or failure to perform the services pursuant to this agreement due to causes beyond its control

OVERRIDING AGREEMENT
The parties agree that the Terms shall govern performance of Client's initial order and all subsequent orders for additional services, whether placed in writing or orally, except to the extent the Terms are modified in writing and executed by an authorized representative of each party

AGREEMENT MODIFICATION
Changes, modifications or amendments to the Terms shall be effective only if in writing and executed by an officer of Weck Labs and by Client's authorized representative, except that subsequent orders for additional services may be oral or in writing

NO THIRD PARTY BENEFICIARIES: NO RIGHT OF RELIANCE
Weck Labs shall have no responsibility or liability for Client's use of or reliance on the data, information, or reports furnished by Weck Labs. Client is securing services hereunder for his own account, and not as agent or broker, or in any other representative capacity, for any other person or entity It is agreed and acknowledged that there are no third party beneficiaries to this Agreement, and that no third party may rely on such data, information, or reports. Client represents, warrants, and agrees that said data, information and reports are not requested, nor shall be used or relied upon, in connection with or as part of, the purchase, sale, underwriting, or distribution of any securities, any periodic or other reporting to the holders of any securities, the securing, amendment, renewal, or extension of any loan from any financial institution or other lender or the certification to or contracting with, directly or indirectly, any governmental agency or department

RUSH ANALYSIS
Rush analyses are available for an additional charge and must be arranged in advance. If, for unforeseen reasons, the rush turnaround time cannot be met, the normal price will apply.

HOLDING TIMES
Weck Labs cannot be responsible for holding times that are exceeded because samples are delivered on weekends or after 5 p.m on weekdays without prior notification and acceptance Standard holding times and storage conditions are listed separately For analyses with holding times of 14 days or less, samples must arrive within 96 hours to allow us to meet holding times without applying a rush surcharge For short holding times (7 days or less), samples must arrive at the lab within 48 hours of sampling to insure that they can be met. For holding times of 48 hours or less, same day delivery is required to guarantee holding times. Otherwise holding times would be based on arrival date All holding times shown are those in effect as of the publication date of this fee schedule and are subject to change without notice Where holding times are not promulgated, recommended holding times have been listed.

SAMPLE RETENTION
All samples are retained for 30 days after analysis is complete. Sample storage for longer periods is by request only Pre-arranged long term storage is subject to an additional charge as per fee schedule Samples will be discarded at the end of the pre-arranged storage time.

WECK LABORATORIES, INC

RECEIVED
JUL 25 2006
BY

Our Experience Is Your Protection

Michelson Laboratories, Inc.

6280 Chalet Drive, Commerce, California 90040-3761 Telephone: (562) 928-0553 / FAX (562) 927-6625

LABORATORY CERTIFICATE

Submitted By: KIK SO CAL
9028 DICE ROAD
SANTA FE SPRINGS, CA 90670
Attn. EDISON MEDINA

Date: 07/17/2006
Lab No.: 071206-C22747
Report No.: 071206-C22747A
Order No..
Received: 7/12/2006
Page: 1 of 1

REPORT #	PRODUCT / TEST	METHOD	RESULT	DET LIMIT	UNITS	START DT
C22747-01	Product GRAB SAMPLE CLARIFIER COLLECTED BY CUSTOMER					
	CHEMICAL OXYGEN DEMAND COD	HACH 8000	119	10 0	mg/l	07/12/06
	CHLORIDE, WATER	EPA 300 0	780	0 1	mg/l	07/14/06
	CHLORINE, RESIDUAL (LOW-LEVEL AMPEROMETRIC)	SM 4500-CL D	<0 01	0 010	mg/L	07/12/06
	PH WATER	EPA 150 1	9 01			07/12/06
	SULFIDE, SOLUBLE	EPA 376 1	<0 1	0 10	mg/l	07/12/06
	TOTAL SUSPENDED SOLIDS	EPA 160 2	46	6 0	mg/l	07/14/06

MICHELSON LABORATORIES, INC.

Stephen Roesch, M.S., Laboratory Director | 7/17/2006 12.00:39 PM

MR

As a mutual protection to clients and ourselves, all reports are submitted as the confidential property of clients and authorization for publication of statements, conclusions or extracts from or regarding our reports is reserved, pending our written approval. Results on this report relate only to the sample(s) received & analyzed

(MC)

...SD USE ONLY	
LAB REPORT Y☐ N☐	SIGNATURE Y☐ N☐
DATE RECEIVED	INITIALS

SANITATION DISTRICTS OF LOS ANGELES COUNTY
James F Stahl, Chief Engineer & General Manager
For information, please call (562) 699-7411 ext 2900

INDUSTRIAL WASTEWATER SELF MONITORING REPORT

Report due no later than 07/15/2006

PAGE 1 OF 1

PERMIT NO [illegible]

SURCHARGE ACCOUNT NO [illegible]

1 ... of Company Having Wastewater Discharge: [illegible]

2 Has the Ownership or Occupancy Changed Since the Last Report? BOB BROWN ☐ Yes ☒ No

3 Address of Wastewater Discharge: [illegible] DICE RD SANTA FE SPRINGS, CA 90670

4 Name of Industrial Wastewater Contact: [illegible]

5 Phone No: ([illegible]) [illegible]

6 Mailing Address (If Different from Above): [illegible] DICE RD SANTA FE SPRINGS CA 90670

7 Sic No (s): 2041, 2042

8 Reporting Period From 01/01/2006 To 06/30/200[illegible]

9 (Print) Name of Company Collecting Wastewater Sample: K1K SOCAL

10 (Print) Sample Date: 6/19/06

11 (Print) Sample Location(s): SAMPLE BOX

12 Daily Wastewater Discharge For Reporting Period (Gal)
Average 13,000
Maximum 18,000

13 Method For Determining Wastewater Flow For Sampling Day (Z01, Z02)
☒ Direct Measurement
☐ Adjusted Metered Water Supply
☐ No Discharge During Reporting Period

14 Type of Composite Sample
☒ Time Composite
☐ Flow Proportioned Compos

15 NOTE

CODE	PARAMETER (1)	SAMPLING METHOD	TEST RESULTS (2)	LAB ID CODE (
[illegible]	WASTEWATER FLOW, TOTAL(GPD)			
[illegible]	WASTEWATER FLOW, PEAK(GPM)			
[illegible]	PH (UNITS)	GRAB	7.37	10143
[illegible]	SUSPENDED SOLIDS (MG/L)	COMPOSITE	10	10143
[illegible]	SOLUBLE SULFIDE (MG/L)	GRAB	<0.1	10143
[illegible]	CHLORIDE (MG/L)	COMPOSITE	1340	10143
[illegible]	CHLORINE RESIDUAL(MG/L)	COMPOSITE	2.0	10143
[illegible]	TOTAL COD (MG/L)	COMPOSITE	<10	10143

(1) Report the test results from the most recent sample collected within the reporting period and include all laboratory test sheets with the self-monitoring report form
(2) Test results are valid only if the correct sampling method is observed and the laboratory analysis is performed by a State or Sanitation Districts' approved laboratory
(3) Indicate the appropriate laboratory certification I D Code for each testing parameter

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 properl gath... 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, th inf... on 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 possibilit of fi... and imprisonment for knowing violations

Signature of responsible company official [signature] Date 7-15-06

...t name of official ROBERT R BROWN Title GENERAL MANAGER

PERMITEES COPY

United States Compliance

July 14, 2006

Bob Brown or Greg Wiese
KIK-SoCal Inc.
9028 Dice Road
Sante Fe Springs, CA 90670

Dear Bob Brown or Greg Wiese:

Please find enclosed your completed Industrial Wastewater Self Monitoring Report.

Please review the report for accuracy and sign where indicated. Keep the "Permittee's Copy" for your files and send the top page the Los Angeles County Sanitation District as soon as possible. Please send the report via certified mail.

The SMR must be postmarked by July 17, 2006.

Thank you for your immediate attention to this matter. If you should have any questions, feel free to contact me at your convenience.

Sincerely,

Jessie Wratz
Environmental Specialist
Industrial Discharge Department – Ext. 141

Our Experience Is Your Protection

Michelson Laboratories, Inc.

6280 Chalet Drive, Commerce, California 90040-3761 Telephone: (562) 928-0553 / FAX (562) 927-6625

LABORATORY CERTIFICATE

Submitted By: KIK SO CAL
9028 DICE ROAD
SANTA FE SPRINGS, CA 90670
Attn : NITA LABRADOR

Date. 06/26/2006
Lab No. . 062006-C22141
Report No. : 062006-C22141A
Order No. :
Received : 6/20/2006
Page : 1 of 1

REPORT #	PRODUCT / TEST	METHOD	RESULT	DET LIMIT	UNITS	START:DT
C22141-01	Product WASTEWATER CLARIFIER SAMPLE COLLECTED BY CUSTOMER					
	CHEMICAL OXYGEN DEMAND, COD	HACH 8000	<10 00	10 0	mg/l	06/20/06
	CHLORIDE, WATER	EPA 300 0	1,340	0 1	mg/l	06/22/06
	CHLORINE, RESIDUAL (LOW-LEVEL AMPEROMETRIC)	SM 4500-CL D	2 0	0 010	mg/L	06/20/06
	PH, WATER	EPA 150 1	7 37			06/20/06
	SULFIDE, SOLUBLE	EPA 376.1	<0 1	0 10	mg/l	06/20/06
	TOTAL SUSPENDED SOLIDS	EPA 160.2	10	6 0	mg/l	06/21/06

MICHELSON LABORATORIES, INC.

Pierre Macalintal, Chemistry Supervisor | 6/26/2006 3 35:45 PM

MK

As a mutual protection to clients and ourselves, all reports are submitted as the confidential property of clients and authorization for publication of statements

Weck Laboratories, Inc.
Environmental and Analytical Services - Since 1964

Report Date: Tuesday, June 20, 2006
Received Date: Monday, June 19, 2006
Received Time: 3:40 pm

Turnaround Time: 1 day

Client: KIK International
9028 Dice Rd
Santa Fe Springs, CA 90670

Phone: (562) 906-2214
FAX: (562) 946-5417 ✓

Attn: Nita Labrador x214

Project:

P.O.#: 31001

Certificate of Analysis

Work Order No: 6061949-01 **Sample ID: Clarifier** **Matrix: Water**
Sampled by: Client **Sampled: 06/19/06 14:40** **Sample Note:**

Analyte	Result	Qualifier	Units	Reporting Limit	Dilution	Method	Prepared	Analyzed		Bat
Chloride	1200		mg/l	50	100	EPA 300.0	06/19/06 16 00	06/19/06 17 21	ec	W6F07
Residual Chlorine	3.4		mg/l	0 50	10	SM4500 Cl G	06/19/06 16 28	06/19/06 17 30	cc	W6F07

Taylor Maligmat

Authorized Signature

Contact: Taylor Maligmat (Project Manager)

ELAP # 1132
LACSD # 10143
NELAC # 04229CA

The results in this report apply to the samples analyzed in accordance with the chain of custody document. Weck Laboratories certifies that the test results meet all requirements of NELAC unless noted in the Case Narrative. This analytical report must be reproduced in its entirety.

Notes
The Chain of Custody document is part of the analytical report
Any remaining sample(s) for testing will be disposed of one month from the final report date unless other arrangements are made in advance
All results are expressed on wet weight basis unless otherwise specified
ND=NOT DETECTED at or above the Reporting Limit If J-value reported then NOT DETECTED at or above the Method Detection Limit (MDL)
Sub=Subcontracted analysis original report enclosed
An Absence of Total Coliform meets the drinking water standards as established by the State of California Department of Health Services
The Reporting Limit (RL) is referenced as laboratory's Practical Quantitation Limit (PQL)
For Potable water analysis the Reporting Limit (RL) is referenced as Detection Limit for reporting purposes (DLRs) defined by EPA

If sample collected by Weck Laboratories sampled in accordance to lab SOP MIS002

14859 East Clark Avenue, City of Industry, California 91745-1396 (626) 336-2139 FAX (626) 336-2634

Chain-of-Custody 06061949

West Coast Analytical Service, Inc.
9240 Santa Fe Springs Rd
Santa Fe Springs, CA 90670
562.948.2225 fax 562.948.5850
wcas.com

Mail Report to the following:
Company: KIK SO CAL
Contact: FRANK CALVO 90670
Address: 9028 Dice Rd Santa Fe Springs
Address:
City/St/Zip: Santa Fe Springs
Phone: (562)906 22.11 Fax: ~~(562)~~ (562) 9419180

Project Information:
Project Manager:
Project Name:
Project No.:
Purchase Order No.:
Purchasing Contact:
Purchasing Phone No. :

Turn-around-time
- ☐ Normal (7-10 work days)
- ☐ Rush 5 day
- ☐ Rush 3 day
- ☒ Rush 1 day

} Extra Charge

Hazards:

Comments:

Sampler's Name(s):

If there are multiple choices for an item please circle one.

Sample Identification	Sampling Date	Sampling Time	Preservation	# of Containers	Check One: Water: Drinking	Ground	Waste	Soil	Waste	Other	CCR Metals: TTLC	STLC -	RCRA Metals. Totals	TCLP	Hexavalent Chromium: 218.6	7199	Total Chromium by ICPMS	Volatile Organics by GCMS	Semivolatile Organics by GCMS	Organochlorine Pest./PCB	Hydrocarbons by 8015M	Hexane Ext. by 1664: HEM	SGT/HEM	Remarks
Clarifier	6/19/06	1440		2																		X	X	300.0 Cl, Residual Chlorine

Relinquished by	Company	Date	Time	Received by	Company
FRANK CALVO		6-19-06		James Gomez	WCAS 6/19/06 15.40
Relinquished by	Company	Date	Time	Received by 21.7°C	Company
Relinquished by	Company	Date	Time	Received by	Company

NOTES: Samples will be discarded 30 days after invoicing unless notified in writing or high hazard.
All services provided will adhere to the WCAS Terms & Conditions found on the back.

White Copy - WCAS • Yellow - Report • Pink - Client

WCAS Job No. _____

From:KIK SOCAL 5626945417 07/07/2006 09:09 #151 P.004/016

June 23, 2006

KIK Custom Products
9028 Dice Rd
Santa Fe Springs, CA 90670

Attn: Edison Medina

Job No. 87819 DL

LABORATORY REPORT

Samples Received: Six (6) Samples
Date Received: 06/19/2006
Purchase Order No: 31145

The samples were analyzed as follows:

Analysis	Page
Chloride by EPA 300.0	2
pH by EPA 150.1	3 - 4
Residual Chlorine by EPA 330.5	3 - 4
Total Suspended Solids by EPA 160.2	3 - 4
Chemical Oxygen Demand by SM 5220 C	3 - 4
Dissolved Sulfides by SM 4500 S-2 - B, C & D	3 - 4

D. J. Northington, Ph.D.
Technical Director

Michael Shelton
Senior Staff Chemist

This report is to be reproduced in its entirety.

WEST COAST ANALYTICAL SERVICE, INC.

KIK Custom Products
Attn: Edison Medina

Job No. 87819
June 23, 2006

Chloride by EPA 300.0
Ion Chromatography-Suppressed Conductivity

Column.	Dionex AS9-SC/AG9-SC
Eluent.	2 mM Na_2CO_3, 0.75 mM $NaHCO_3$
Flow.	2.0 mL/min
Injection.	300 µL
Detection:	Suppressed Conductivity

The sample was diluted by 1:100 with water for analysis. Further dilution was necessary to bring the sample within the range of the standard curve

Sample ID	mg/L
Clarifier Sample 1 Composited	1230
Method Blank	ND
Detection Limit:	2

Date Analyzed: 06-21-06

Calibration Summary

Sample ID: 1 PPM Reference Standard

Analyte	Result	% Rec	% Rec Limits
Chloride	0.97	97	90 - 110

Date Analyzed: 06-21-06

Standard Curve (n = 5) $r^2 > 0.999$

Quality Control Summary

Sample ID: Clarifier Sample 1 Composited

Analyte	Sample Result	Duplicate Result	Average Result	Sample RPD	Spike Conc	Spike Result	Spike % Rec
Chloride	1230	1240	1240	1	1000	2340	111
QC Guidelines				10			63 - 121

Spike % rec based on average result.

This report is to be reproduced in its entirety

WEST COAST ANALYTICAL SERVICE, INC.

KIK Custom Products
Attn: Edison Medina

Job No· 87819
June 23, 2006

Sample ID: Clarifier Sample 1 Composited

Analysis	Result	Units	Method	Detection Limit
pH	7.87	Units	EPA 150.1	N/A
Residual Chlorine	3.5	mg/L	WCAS SOP 8310, Rev 2	0.1
Total Suspended Solids	3.5	mg/L	EPA 160.2	0.2

Sample ID. Clarifier Sample 2

Analysis	Result	Units	Method	Detection Limit
Chemical Oxygen Demand	58	mg/L	SM 5220C	5

Sample ID: Composite of Clarifier Samples 3, 4, 5 & 6

Analysis	Result	Units	Method	Detection Limit
Dissolved Sulfides	ND	mg/L	SM 4500 - S^{-2} - B, C & D	0.1

Dates Analyzed. 06-20-06 to 06-22-06

This report is to be reproduced in its entirety.

WEST COAST ANALYTICAL SERVICE, INC.

KIK Custom Products
Attn: Edison Medina

Job No: 87819
June 23, 2006

Quality Control Summary

Sample ID. Batch QC

Analyte	Sample Result	Duplicate Result	Sample RPD	RPD Limit
Total Suspended Solids	ND	ND	N/A	20

Sample ID: Clarifier Sample 1 Composited

Analyte	Sample Result	Duplicate Result	Difference	Difference Limit
pH	7.87	7.87	0.00	± 0.10

Sample ID: Clarifier Sample 1 Composited

Analyte	Sample Result	Duplicate Result	Sample RPD	RPD Limit
Residual Chlorine	3.50	3.50	N/A	20

Sample ID: Batch QC

Analyte	Sample Result	Duplicate Result	Sample RPD	Spike Conc	Spike Result	Spike % Rec
Dissolved Sulfides	ND	ND	N/A	0.92	0.79	86
QC Guidelines			20			50 -125

Sample ID: Clarifier Sample 2

Analyte	Sample Result	Duplicate Result	Sample RPD	Spike Conc	Spike Result	Spike % Rec
Chemical Oxygen Demand	61	55	10	250	281	89
QC Guidelines			20			75 -125

This report is to be reproduced in its entirety.

Chain-of-Custody

West Coast Analytical Service, Inc.
9240 Santa Fe Springs Rd
Santa Fe Springs, CA 90670
562.948.2225 fax 562.948.5850
wcas.com

Mail Report to the following:

Company: KIK SOCAL
Contact: Joe Brown
Address: 9020 Dice Rd.
Address: Santa Fe Springs 90670
City/St/Zip: Santa Fe Springs
Phone: (562) 906 2211 Fax:

Project Information:

Project Manager:
Project Name:
Project No.:
Purchase Order No.:
Purchasing Contact:
Purchasing Phone No. :

Turn-around-time

- ☐ Normal (7-10 work days)
- ☐ Rush 5 day
- ☐ Rush 3 day
- ☒ Rush 1 day

} *Extra Charge*

Hazards:

Comments:

Sampler's Name(s):

If there are multiple choices for an item please circle one.

Sample Identification	Sampling Date	Sampling Time	Preservation	# of Containers	Check One: Water / Drinking / Ground / Waste	Check One: Soil	Check One: Waste	Check One: Other	CCR Metals: TTLC STLC -	RCRA Metals: Totals TCLP	Hexavalent Chromium: 218.6 7199	Total Chromium by ICPMS	Volatile Organics by GCMS	Semivolatile Organics by GCMS	Organochlorine Pest./PCB	Hydrocarbons by 8015M	Hexane Ext. by 1664: HEM SGT/HEM	pH chloride residual chlorine	COD	Dissolved sulfides	Remarks
Sample - apple (composite)	6/19/06	1615	—															X			
(2)	6/19/06	1611																	X		
(3)	"	"	—																X		
(4)	"	"	—																X		
(5)	"	"	—																X		
(6)	"	"	—																X		

Relinquished by	Company	Date	Time	Received by	Company
Frank Alaniz (Rev)	KIK SOCAL	6-19-06	4:15	[illegible]	WCAS
Relinquished by	Company	Date	Time	Received by	Company
Relinquished by	Company	Date	Time	Received by	Company

NOTES: Samples will be discarded 30 days after invoicing unless notified in writing or high hazard

From:KIK SOCAL 5629465417 07/07/2006 09:10 #151 P.009/016

LACSD USE ONLY

LAB REPORT	SIGNATURE
Y ☐ N ☐	Y ☐ N ☐
DATE RECEIVED	INITIALS

SANITATION DISTRICTS OF LOS ANGELES COUNTY
James F Stahl, Chief Engineer & General Manager
For information, please call (562) 699-7411 ext 2900

INDUSTRIAL WASTEWATER SELF MONITORING REPORT

Report due no later than 01/15/2006

PAGE 1 OF 01

PERMIT NO 015431

SURCHARGE ACCOUNT NO 2042204

1 Name of Company Having Wastewater Discharge: [illegible] CAL

2 Has the Ownership or Occupancy Changed Since the Last Report? ☐ Yes ☒ No

3 Address of Wastewater Discharge: [illegible] SANTA FE SPRINGS, CA 90670

4 Name of Industrial Wastewater Contact: [illegible] JOHNSON

5 Phone No: (562) 906-22[illegible]

6 Mailing Address (If Different from Above): [illegible] SANTA FE SPRINGS CA 90670

7 Sic No (s): 2041, 2042

8 Reporting Period From 07/01/2005 To 12/31/200[illegible]

9 (Print) Name of Company Collecting Wastewater Sample: [illegible]

10 (Print) Sample Date: [illegible]

11 (Print) Sample Location(s): [illegible] BOX

12 Daily Wastewater Discharge For Reporting Period (Gal)
Average [illegible]
Maximum [illegible]

13 Method For Determining Wastewater Flow For Sampling Day (Z01, Z02)
☒ Direct Measurement
☐ Adjusted Metered Water Supply
☐ No Discharge During Reporting Period

14 Type of Composite Sample
☒ Time Composite
☐ Flow Proportioned Compos[illegible]

15 NOTE

CODE	PARAMETER (1)	SAMPLING METHOD	TEST RESULTS (2)	LAB ID CODE
[illegible]	WASTEWATER FLOW, TOTAL(GPD)			
[illegible]	WASTEWATER FLOW, PEAK(GPM)			
[illegible]	PH (UNITS)	GRAB	11.38	10128
[illegible]	SUSPENDED SOLIDS (MG/L)	COMPOSITE	32.2	10128
[illegible]	SULFIDE SULFIDE (MG/L)	GRAB	<0.102	10128
[illegible]	CHLORIDE (MG/L)	COMPOSITE	10.792	10128
[illegible]	CHLORINE RESIDUAL(MG/L)	COMPOSITE	0.62	10128
[illegible]	TOTAL COD (MG/L)	COMPOSITE	503	10128

(1) Report the test results from the most recent sample collected within the reporting period and include all laboratory test sheets with the self-monitoring report form
(2) Test results are valid only if the correct sampling method is observed and the laboratory analysis is performed by a State or Sanitation Districts' approved laboratory
(3) Indicate the appropriate laboratory certification I D Code for each testing parameter

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 proper 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, th in [illegible]ion 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 possibili of [illegible]nd imprisonment for knowing violations

Signature of responsible company official [signature] Date 1/11/06

Print name of official Darren Johnson Title [illegible]

PERMITEES COPY

[Duplicate Original]

Our Experience Is Your Protection

Michelson Laboratories, Inc.

6280 Chalet Drive, Commerce, California 90040-3761 Telephone: (562) 928-0553 / FAX (562) 927-6625

LABORATORY CERTIFICATE

Submitted By: KIK SO CAL
9028 DICE ROAD
SANTA FE SPRINGS, CA 90670
Attn : NITA LABRADOR

Date: 01/11/2006
Lab No : 081205-C12884
Report No. 081205-C12884C
Order No. :
Received : 8/12/2005
Page : 1 of 1

REPORT #	PRODUCT / TEST	METHOD	RESULT	DET LIMIT	UNITS	START:DT
C12884-01	Product WASTEWATER 8-11-05/629, 6-29, LAB ID R03					
	CHLORIDE, WATER	EPA 300 0	9,030	0 1	mg/l	08/15/05
	CHLORINE, RESIDUAL (LOW-LEVEL AMPEROMETRIC)	SM4500-CL E	<0 01	0 010	mg/L	08/12/05

MICHELSON LABORATORIES, INC.

Stephen Roesch, M S., Laboratory Director | 1/11/2006 1 35 16 PM

(EP) As a mutual protection to clients and ourselves, all reports are submitted as the confidential property of clients and authorization for publication of statements, conclusions or extracts from or regarding our reports is reserved, pending our written approval Results on this report relate only to the sample(s) received & analyzed

[Duplicate Original]

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LABORATORY CERTIFICATE

Submitted By: KIK SO CAL
9028 DICE ROAD
SANTA FE SPRINGS, CA 90670
Attn : NITA LABRADOR

Date: 01/11/2006
Lab No. : 122905-C17219
Report No. : 122905-C17219C
Order No. : 31088
Received : 12/29/2005
Page : 1 of 1

REPORT #	PRODUCT / TEST	METHOD	RESULT	DET LIMIT	UNITS	START:DT
C17219-01	Product WASTEWATER COMPOSITE CLARIFIER 12/28-29/05 8 10 AM					
	CHLORINE, RESIDUAL (LOW-LEVEL AMPEROMETRIC)	SM4500-CL E	<0 01	0 010	mg/L	01/03/06

MICHELSON LABORATORIES, INC.

Stephen Roesch, M S , Laboratory Director | 1/11/2006 1.35·11 PM

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[Duplicate Original]

Our Experience Is Your Protection

Michelson Laboratories, Inc.

6280 Chalet Drive, Commerce, California 90040-3761 Telephone: (562) 928-0553 / FAX (562) 927-6625

LABORATORY CERTIFICATE

Submitted By: KIK SO CAL
9028 DICE ROAD
SANTA FE SPRINGS, CA 90670
Attn : DARYL

Date: 01/11/2006
Lab No. : 111705-C16141
Report No. : 111705-C16141C
Order No. :
Received : 11/17/2005
Page : 1 of 1

REPORT #	PRODUCT / TEST	METHOD	RESULT	DET LIMIT	UNITS	START:DT
C16141-01	Product WASTEWATER, COMPOSITE SAMPLE, 11/15-16/05 8 55 AM					
	CHEMICAL OXYGEN DEMAND, COD	SM 5220 B	503	10 0	mg/l	11/18/05
	CHLORIDE, WATER	EPA 300 0	10,792	0 1	mg/l	12/07/05
	CHLORINE, RESIDUAL	SM 4500-CL B	0 62	0 10	mg/l	11/18/05
	PH, WATER	SM 4500-H B	11 36			11/18/05
	SULFIDE, SOLUBLE	SM 4500	<0 10	0 10	mg/l	11/18/05
	TOTAL SUSPENDED SOLIDS	SM 2540D	322	6 0	mg/l	11/21/05

MICHELSON LABORATORIES, INC.

Stephen Roesch, M S., Laboratory Director | 1/11/2006 1:34 55 PM

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SD USE ONLY

LAB REPORT	SIGNATURE
Y ☐ N ☐	Y ☐ N ☐
DATE RECEIVED	INITIALS

SANITATION DISTRICTS OF LOS ANGELES COUNTY
James F Stahl, Chief Engineer & General Manager
For information, please call (562) 699-7411 ext 2900

INDUSTRIAL WASTEWATER SELF MONITORING REPORT

Report due no later than 01/15/2006

PAGE 01 OF 1 [partly illegible]

PERMIT NO
[illegible]

SURCHARGE ACCOUNT NO
[illegible]

1 Name of Company Having Wastewater Discharge
[illegible]

2 Has the Ownership or Occupancy Changed Since the Last Report?
☐ Yes ☐ No

3 Address of Wastewater Discharge
[illegible] SANTA FE SPRINGS, CA [illegible]

4 Name of Industrial Wastewater Contact
[illegible]

5 Phone No
[illegible]

6 Mailing Address (If Different from Above)
[illegible] SANTA FE SPRINGS CA [illegible]

7 Sic No (s)
2841, 2842

8 Reporting Period
From 07/01/2005 To 12/31/200

9 (Print) Name of Company Collecting Wastewater Sample
[illegible]

10 (Print) Sample Date
12/29/05

11 (Print) Sample Location(s)
Sample Box

12 Daily Wastewater Discharge For Reporting Period (Gal)
Average ______
Maximum ______

13 Method For Determining Wastewater Flow For Sampling Day (Z01, Z02)
☐ Direct Measurement
☐ Adjusted Metered Water Supply
☐ No Discharge During Reporting Period

14 Type of Composite Sample
☒ Time Composite
☐ Flow Proportioned Composi

15 NOTE

CODE	PARAMETER (1)	SAMPLING METHOD	TEST RESULTS (2)	LAB ID CODE (
[illegible]	CHLORINE RESIDUAL(MG/L)	COMPOSITE	<0.017	[illegible]

(1) Report the test results from the most recent sample collected within the reporting period and include all laboratory test sheets with the self-monitoring report form
(2) Test results are valid only if the correct sampling method is observed and the laboratory analysis is performed by a State or Sanitation Districts' approved laboratory
(3) Indicate the appropriate laboratory certification I D Code for each testing parameter

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Signature of responsible company official [signature] Date [illegible]

[Print] name of official [illegible] Title [illegible]

PERMITEES COPY

[Duplicate Original]

Our Experience Is Your Protection

Michelson Laboratories, Inc.

6280 Chalet Drive, Commerce, California 90040-3761 Telephone: (562) 928-0553 / FAX (562) 927-6625

LABORATORY CERTIFICATE

Submitted By: KIK SO CAL
9028 DICE ROAD
SANTA FE SPRINGS, CA 90670
Attn : NITA LABRADOR

Date: 01/11/2006
Lab No. : 122905-C17219
Report No. : 122905-C17219C
Order No. : 31088
Received : 12/29/2005
Page : 1 of 1

REPORT #	PRODUCT / TEST	METHOD	RESULT	DET LIMIT	UNITS	START:DT
C17219-01	Product WASTEWATER COMPOSITE CLARIFIER 12/28-29/05 8 10 AM					
	CHLORINE, RESIDUAL (LOW-LEVEL AMPEROMETRIC)	SM4500-CL E	<0 01	0 010	mg/L	01/03/06

MICHELSON LABORATORIES, INC.

Stephen Roesch, M S., Laboratory Director | 1/11/2006 1:35:11 PM

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WATER RECLAMATION
SOLID WASTE MANAGEMENT

COUNTY SANITATION DISTRICTS
OF LOS ANGELES COUNTY

1955 Workman Mill Road, Whittier, CA 90601-1400
Mailing Address P.O. Box 4998, Whittier, CA 90607-4998
Telephone (562) 699-7411, FAX (562) 699-5422
www.lacsd.org

JAMES F. STAHL
Chief Engineer and General Manager

February 9, 2006
File: 18-00.05-00/2006-15431
Account: 2042264

2/16/06 - Per conv w/ Mrs Benites - This is submitted to meet the Requirements of Letter - DO

Mr. Darrell Johnson
Kik Socal
9028 Dice Rd.
Santa Fe Springs, CA 90670

Dear Mr. Johnson:

DEFICIENT SELF MONITORING REPORT

Your Self Monitoring Report received on 01/12/2006 for the period 07/01/2005 to 12/31/2005 for Industrial Wastewater Discharge Permit No. 15431 does not entirely comply with the Districts' requirements, as noted below:

- Reported parameter values exceed established limits.

Code	Parameters	Value Reported	Limit
302	Chlorine Residual	.62	0

The Self-Monitoring Report and the corresponding laboratory analysis report(s) must be returned within 30 days from the date of this letter to avoid enforcement action. Extensions will not be granted under any circumstances.

In addition, your company should be aware that failure to correct the above referenced deficiency within 30 days of the date of this letter and/or failure to provide a self-monitoring report within 30 days after the initial due date may subject your company to being deemed in Significant Noncompliance (SNC) per federal regulation (40 CFR 403.8 (f) (2) (viii)). Companies deemed in SNC are subject to publication for being in noncompliance, in the largest daily newspaper in the area.

If you have any questions concerning this letter, please call Loretta Benites of the Sanitation Districts' Industrial Waste Section at extension 2927

Very truly yours,
James F. Stahl

Suzanne S. Wienke
Supervising Civil Engineer

SSW/lb

MB 7/8/05

KB
F.C.F.N
BB

Received in Sample Room By _____

Time Received in Laboratory — SJ32691 -0

LABORATORY JOB NUMBER _____

PRIORITY:
☐ Routine (0) ☐ Expedite, 1 hr (X)
☐ Rush, 1 day (R) ☐ Upset, 1 wk (U)

PRIORITY AUTHORIZATION _____ Ext. _____

$

JAMES F STAHL
Chief Engineer and General Manager

SANITATION DISTRICTS OF LOS ANGELES COUNTY
PO Box 4998 Whittier, California 90607

For additional information regarding this analysis call (562) 699-7411 x2900

INDUSTRIAL WASTE MONITORING RESULTS

07-08-05 14:01 RCVD

SAMPLE IDENTIFICATION Surcharge Account Number 2042-264 I.W. Permit Number: 15431

Sample Source or Company Name: KIK SoCal

Address 9028 Dice Rd Santa Fe Springs

Reason For Sampling ☒ Routine ☐ Phase 1 ☐ Treatment Plant Upset ☐ Sewer System Problem ☐ Other. _____

Monitoring Requested By *Martyn/Burch* _____

Accounting Charges ☐ For Routine Samples Taken By Inspectors TS14905 BI ☒ For Routine Samples Taken By IWMC TS14905 BM

☐ For All Special Investigation Samples TS14905 B _____

SAMPLE COLLECTION INFORMATION:

* Sample Point		* Sample Method	* Sample Date.
☒ Sample Box	☐ Clarifier	☐ Grab	At/or 1300 ☐ A.M.
☐ Manhole	☐ _____	☒ Composite-Timed With 15 minute intervals	From 1300 HR MIN ☒ P.M. 7 7 MONTH DAY 20 05 YEAR
☐ Valve	☐ CN Sample Point	☐ Composite-Flow With ____ x ____ gallons	☒ A.M.
☐ Clean-out	☐ _____	Test aliquot volume 60 / 64 ml	To 1145 ☐ P.M. 7 8 20 05
		Tot aliquot 90	

* Observations OK - Comp failed 7/6-7/05 - Tube plugged

* Sampled By Hardy * Submitted to Laboratory By Hardy * Contact Name: Bobby B. Title ~

* Total Quantity of Sample Collected 5l * Sample Container(s) Used ☒ C/c + Other MBAS & NID ☐ Sample given to company ☒ N (Refused)

* Quantity Submitted to Lab 4l - 2cubs + MBAS + NID Sample given to ☐ Contact Other SP

ample Preservation Used ☒ Ice ☐ No Cl_2 ☐ Sodium Thiosulfate ☐ NaOH ☒ HNO_3 Other _____ Sample ☐ Split ☐ Concurrent ☐ Consecutive

Flow When Sampled

COMPOSITE SAMPLE		GRAB SAMPLE
Period of Composite _____ hours		
Totalizer Readings Final		Flow Rate at Time of Sample
Initial		(905)pH 9.5 s/u 0 gpm
Difference	N.O.F.M.	
Multiplier		(905)pH 12.0 p/u <1 gpm
Total Flow _____ gallons		

* Obtained From: ☒ Visual Estimate, ☐ Effluent Flow Meter, ☐ Influent Water Meter, ☐ Impossible To Tell If Flow Existed When Sampled

FIELD TEST RESULTS

* pH (905) 10.0 * Color lt gray * Temperature _____ * Cyanide _____

* Odor _____

* Total Sulfide _____ * Dissolved Sulfide _____ * Other _____

LABORATORY TESTS NOTES TO ANALYSTS _____

	CONSTITUENT	CODE
	pH	101
X	SUSPENDED SOLIDS, mg/l	151
	SUSPENDED SOLIDS (@ pH 7), mg/l	150
X	COD, mg/l O	403
	TOTAL DISS. SOLIDS (TDS), mg/l	155
	TOTAL DISS. SOLIDS (@ 550°C), mg/l	166
X	Chloride	301
	AMMONIA NITROGEN, mg/l N	201
	SOLUBLE SULFIDE, mg/l S	252
	THIOSULFATE SULFUR, mg/l S	253
	SULFITE SULFUR, mg/l S	254
	SULFATE, mg/l SO_4	257
	TOTAL MERCAPTANS, mg/l S	258
	TOTAL PHENOLS, mg/l C_6H_5OH	312

	CONSTITUENT	CODE
	OIL AND GREASE, mg/l	408
	OIL AND GREASE (NON-POLAR), mg/l	414
	TOTAL CYANIDE, mg/l CN	206
	CYANIDE AMENABLE TO Cl_2	210
	TOTAL CADMIUM, mg/l Cd	708
	TOTAL CHROMIUM, mg/l Cr	709
	TOTAL COPPER, mg/l Cu	712
	TOTAL LEAD, mg/l Pb	714
X	TOTAL NICKEL, mg/l Ni	718
	TOTAL SILVER, mg/l Ag	722
	TOTAL ZINC, mg/l Zn	724
	TOTAL ARSENIC, mg/l As	705
	TOTAL MERCURY, mg/l Hg	717

	CONSTITUENT	CODE
X	MBAS, mg/l LAS	315
X	NID, mg/l	316
	BENZENE, ug/l	620
	TOLUENE, ug/l	621
	ETHYL BENZENE, ug/l	624
	o-XYLENE, ug/l	629
	m+p-XYLENE, ug/l	695
	PC	
	EPA	

DISTRIBUTION Return this sheet to Industrial Waste Section Head after log-in

* All information to be filled in by Field Collection Personnel

Sample No: SJ32691 Sample Location: 3-IW15-431

Requestor: MARTYN Completion Date: 08/01/2005

Charge No: IW14905BM00 Approved By: EG Sample Type: IWS

Composite Date and Time - From: 07/07/2005 13:00 To: 07/08/2005 11:45

Sample Description:
KIK SOCAL,9028 DICE RD, SANTA FE SPRINGS (SBX)

No.	Test	Description		Result	Unit of Measure		Footnote
1.	151	SUSPENDED SOLIDS		28	MG/L		--
2.	301	CHLORIDE		3840	MG/L	CL	--
3.	315	MBAS		3.3	MG/L	LAS	--
4.	316	NID	<	6.3	MG/L		--
5.	403	TOTAL COD		79	MG/L	O	--
6.	718	NICKEL	<	0.05	MG/L	NI	--

Notes: WK#5070829;WET CHEM
NID (316) RESULT BASED ON THE MINIMUM LEVEL (ML), THE LIMIT OF QUANTITATION (LOQ), AND THE VOLUME USED FOR THE ANALYSIS.

WATER RECLAMATION
SOLID WASTE MANAGEMENT

COUNTY SANITATION DISTRICTS
OF LOS ANGELES COUNTY

1955 Workman Mill Road, Whittier, CA 90601-1400
Mailing Address P.O. Box 4998, Whittier, CA 90607-4998
Telephone (562) 699-7411, FAX (562) 699-5422
www lacsd org

JAMES F STAHL
Chief Engineer and General Manager

September 20, 2005

015431
Kik SoCal
9028 Dice Rd
Santa Fe Springs, CA 90670

Notice of Results of Sanitation Districts' Industrial Waste Monitoring

Attached please find the results of recent Sanitation Districts' wastewater sampling at your company's discharge sewer corresponding to the permit shown on the analysis sheet

This sampling was made pursuant to Section 414 of the Sanitation Districts' *Wastewater Ordinance* as part of a random verification monitoring program conducted at significant dischargers of industrial wastes. The District' sample results are being provided to you to make you aware of any changes at your facility which may result in higher than anticipated industrial waste discharges to the sewerage system. It is your responsibility to investigate any differences in the wastewater sample results provided by the Districts and the results of your self-monitoring. For companies that file long form surcharge statements, these Districts-obtained sample results should be combined with your wastewater self-monitoring results on the annual wastewater treatment surcharge statement

As stated in the Districts' *Connection Fee Ordinance*, after December 15, 1981 a 25 percent increase in wastewater discharge (quantity and/or quality) above your company's previous wastewater discharges during the 1976-77 through 1981-82 fiscal years may require that your company purchase additional sewer discharge rights. For wastewater capacity increases that occur during the 2005-06 fiscal year, this connection fee charge ranges from $1,297 to $1,980 for wastewater capacity increases equivalent to that of a typical single-family home (260 gallons per day).

These Districts-obtained sample results will be used, along with your wastewater self-monitoring results, in determining your capacity usage of the sewerage system and the validity of data submitted in your annual surcharge statement. Transmittal of these data to you at this time does not relieve your company of the responsibility to obtain all of the self-monitoring samples required in your Industrial Wastewater Discharge Permit.

If you have any questions about this program for furnishing industrial wastewater discharge information, please call Dave Whipple at extension 2909.

Very truly yours,

James F. Stahl

Paul C. Martyn

Paul C. Martyn
Head, Industrial Waste Section

PCM:WB:ch
Attached SJO(s) 32691

Recycled Paper

LAB REPORT	SIGNATURE
Y☐ N☐	Y☐ N☐
DATE RECEIVED	INITIALS

James F Stahl, Chief Engineer & General Manager
For information, please call (562) 699-7411 ext 2900

INDUSTRIAL WASTEWATER SELF MONITORING REPORT

Report due no later than **07/15/2005**

PERMIT NO
015431

SURCHARGE ACCOUNT NO
2042264

1 Name of Company Having Wastewater Discharge
JK SOCAL

2 Has the Ownership or Occupancy Changed Since the Last Report?
☐ Yes ☒ No

3 Address of Wastewater Discharge
9028 DICE RD SANTA FE SPRINGS, CA 90670

4 Name of Industrial Wastewater Contact
MR. DARRELL JOHNSO

5 Phone No
(562) 906-22

6 Mailing Address (If Different from Above)
9028 DICE RD SANTA FE SPRINGS CA 90670

7 Sic No (s)
2841, 2842

8 Reporting Period
From 01/01/2005 To 06/30/20

9 (Print) Name of Company Collecting Wastewater Sample
KIK SO CAL

10 (Print) Sample Date
6-29-05

11 (Print) Sample Location(s)
Sample Box

12 Daily Wastewater Discharge For Reporting Period (Gal)
Average 17,692
Maximum 46368

13 Method For Determining Wastewater Flow For Sampling Day (Z01, Z02)
☒ Direct Measurement
☐ Adjusted Metered Water Supply
☐ No Discharge During Reporting Period

14 Type of Composite Sam
☒ Time Composite
☐ Flow Proportioned Com

15 NOTE

CODE	PARAMETER (1)	SAMPLING METHOD	TEST RESULTS (2)	LAB ID COD
Z01	WASTEWATER FLOW, TOTAL(GPD)			
Z02	WASTEWATER FLOW,PEAK(GPM)			
101	PH (UNITS)	GRAB	13.00	10128
151	SUSPENDED SOLIDS (MG/L)	COMPOSITE	60	10128
252	SOLUBLE SULFIDE (MG/L)	GRAB	<0.10	10128
301	CHLORIDE (MG/L)	COMPOSITE	12,900	10128
302	CHLORINE RESIDUAL(MG/L)	COMPOSITE	<0.01	10128
303	TOTAL COD (MG/L)	COMPOSITE	1460	10128

(1) Report the test results from the most recent sample collected within the reporting period and include all laboratory test sheets with the self-monitoring report form
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(3) Indicate the appropriate laboratory certification I D Code for each testing parameter

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 pro 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 informatior nation 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 poss e and imprisonment for knowing violations

Signature of responsible company official _____ Date _____

Print name of official _____ Title _____

Please submit this report to Sanitation Districts of Los Angeles Industrial Waste Section P O Box 4998 Whittier CA 90607

Our Experience Is Your Protection

Michelson Laboratories, Inc.

6280 Chalet Drive, Commerce, California 90040-3761 Telephone: (562) 928-0553 / FAX (562) 927-6625

LABORATORY CERTIFICATE

Submitted By: KIK SO CAL
9028 DICE ROAD
SANTA FE SPRINGS, CA 90670
Attn : NITA LABRADOR

Date. 07/06/2005
Lab No. : 062905-C11501
Report No. : 062905-C11501B
Order No. :
Received : 6/29/2005
Page : 1 of 1

REPORT #	PRODUCT / TEST	METHOD	RESULT	DET LIMIT	UNITS	START:DT
C11501-01	Product WASTEWATER CLARIFIER SAMPLE 6/28/05 8 00 AM					
	CHEMICAL OXYGEN DEMAND, COD	SM 5220 B	1,460	10 0	mg/l	06/30/05
	CHLORIDE, WATER	EPA 300 0	12,900	0 1	mg/l	07/05/05
	CHLORINE, RESIDUAL (LOW-LEVEL AMPEROMETRIC)	SM4500-CL E	ND <	0 01	mg/L	06/30/05
	PH, WATER	SM 4500-H B	13 00			06/30/05
	SULFIDE, SOLUBLE	SM 4500	ND <	0 1	mg/l	06/30/05
	TOTAL SUSPENDED SOLIDS	SM 2540D	60	6 0	mg/l	06/30/05

MICHELSON LABORATORIES, INC.

Stephen Roesch, M S., Laboratory Director | 7/6/2005 2.04.52 PM

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ACSD USE ONLY

LAB REPORT	SIGNATURE
☐ N ☐	Y ☐ N ☐
TE RECEIVED	INITIALS

SANITATION DISTRICTS OF LOS ANGELES COUNTY
James F Stahl, Chief Engineer & General Manager
For information, please call (562) 699-7411 ext 2900

INDUSTRIAL WASTEWATER SELF MONITORING REPORT

Report due no later than **01/15/2005**

PERMIT NO
015431
SURCHARGE ACCOUNT NO
2042264

1 r Company Having Wastewater Discharge
IK SOCAL

2 Has the Ownership or Occupancy Changed Since the Last Report?
☐ Yes ☐ No

Address of Wastewater Discharge
023 DICE RD SANTA FE SPRINGS, CA 90670

4 Name of Industrial Wastewater Contact
MR. DARRELL JOHNSO

5. Phone No.
(562) 906-2240

Mailing Address (If Different from Above)
028 DICE RD SANTA FE SPRINGS CA 90670

7 Sic No (s)
2841, 2842

8 Reporting Period
From 07/01/2004 To 12/31/2004

(Print) Name of Company Collecting Wastewater Sample
KIK SOCAL

10 (Print) Sample Date
9/16/04

11 (Print) Sample Location(s)
SAMPLE BOX

Daily Wastewater Discharge For Reporting Period (Gal)
rage 24228
ximum 132,385

13 Method For Determining Wastewater Flow For Sampling Day (Z01, Z02)
☒ Direct Measurement
☐ Adjusted Metered Water Supply
☐ No Discharge During Reporting Period

14 Type of Composite Sample
☒ Time Composite
☐ Flow Proportioned Composit

NOTE

ODE	PARAMETER (1)	SAMPLING METHOD	TEST RESULTS (2)	LAB ID CODE (3
01	WASTEWATER FLOW, TOTAL(GPD)			
02	WASTEWATER FLOW,PEAK(GPM)			
01	PH (UNITS)	GRAB	7.63	10143
51	SUSPENDED SOLIDS (MG/L)	COMPOSITE	20	10143
52	SOLUBLE SULFIDE (MG/L)	GRAB	<0.107	10143
3	CHLORIDE (MG/L)	COMPOSITE	48000	10143
	CHLORINE RESIDUAL(MG/L)	COMPOSITE	<0.0507	10143
3	TOTAL COD (MG/L)	COMPOSITE	<1207	10143

Report the test results from the most recent sample collected within the reporting period and include all laboratory test sheets with the self-monitoring report form
Test results are valid only if the correct sampling method is observed and the laboratory analysis is performed by a State or Sanitation Districts' approved laboratory
Indicate the appropriate laboratory certification I D Code for each testing parameter

CERTIFICATION BY PERMITTEE

ertify 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 e 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 ubmitted 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 ie and imprisonment for knowing violations

ture of responsible company official _____ Date 1/13/05

name of official DARRELL JOHNSON Title SA/ENV SUPV

ase submit this report to Sanitation Districts of Los Angeles Industrial Waste Section P O Box 4998 Whittier, CA 90607

SUPPLEMENTAL MONITORING DATA

NOTE : This form is to be used to report additional lab data not included on the Self Monitioring Report (SMR).

COMPANY NAME: KIK INTERNATIONAL CONTACT PERSON: DERRELL JOHNSON

PERMIT NO. 15-431 PHONE: 562-906-2240

LACSD TEST CODE	PARAMETER	SAMPLE DATE	SAMPLE TYPE GRAB / COMP.	RESULT	COMMENTS
101	pH	11/30/04	GRAB	7.59	—
206	Total Cyanide			mg/l	
210	Cyanide Amenable to Chlorination			mg/l	
252	Soluble Sulfide	11/30/04	GRAB	<0.10 mg/l	—
408	Oil & Grease			mg/l	
705	Arsenic			mg/l	
708	Cadmium			mg/l	
709	Chromium			mg/l	
712	Copper			mg/l	
714	Lead			mg/l	
717	Mercury			mg/l	
718	Nickel			mg/l	
722	Silver			mg/l	
724	Zinc			mg/l	
	Total Toxic Organics			ug/l	
You may report any additional parameter on this form below:					
	CHLORIDE	11/30/04	GRAB	34000	
	COD	11/30/04	GRAB	140	
	RESIDUAL CHLORINE	11/30/04	GRAB	3.6	
	SUSPENDED SOLIDS	11/30/04	GRAB	39	

NOTES:

1. In order to consider any data for compliance of Monthly average limit, 4-day average limit and Significant Noncompliance (SNC) criteria, Please fill out all the supplemental monitoring data (other than reported in SMR Forms) on this sheet and mail directly to the Sanitation Districts' mailing address: Attention: Harry Mehta
2. Please attach all the supporting certified analytical lab forms for each of the parameter reported above.
3. If you have any questions, please call Harry Mehta at (562) 699 – 7411 Ext. 2903

SUPPLEMENTAL MONITORING DATA

NOTE : This form is to be used to report additional lab data not included on the Self Monitioring Report (SMR).

COMPANY NAME: RIC

CONTACT PERSON: Darrell Johnson

PERMIT NO. 15431

PHONE: 562- 906-2240

LACSD TEST CODE	PARAMETER	SAMPLE DATE	SAMPLE TYPE GRAB / COMP.	RESULT	COMMENTS
101	pH				
206	Total Cyanide			mg/l	
210	Cyanide Amenable to Chlorination			mg/l	
252	Soluble Sulfide			mg/l	
408	Oil & Grease			mg/l	
705	Arsenic			mg/l	
708	Cadmium			mg/l	
709	Chromium			mg/l	
712	Copper			mg/l	
714	Lead			mg/l	
717	Mercury			mg/l	
718	Nickel			mg/l	
722	Silver			mg/l	
724	Zinc			mg/l	
	Total Toxic Organics			ug/l	
You may report any additional parameter on this form below:					
	Residual Chlorine	12/28/04	Grab	0.11	<
	Chloride	12/28/04	Grab	17000	-

NOTES:

1. In order to consider any data for compliance of Monthly average limit, 4-day average limit and Significant Noncompliance (SNC) criteria, Please fill out all the supplemental monitoring data (other than reported in SMR Forms) on this sheet and mail directly to the Sanitation Districts' mailing address: Attention: Harry Mehta
2. Please attach all the supporting certified analytical lab forms for each of the parameter reported above.
3. If you have any questions, please call Harry Mehta at (562) 699 – 7411 Ext. 2903

Weck Laboratories, Inc.
Environmental and Analytical Services - Since 1964

Report Date: Thursday, September 16, 2004
Received Date: Thursday, September 9, 2004
Received Time: 1:00 pm

Turnaround Time: 5 days

Client: KIK International
9028 Dice Rd.
Santa Fe Springs, CA 90670

Phone: (562) 906-2214
FAX: (562) 946-5417

Attn: Nita Labrador x214

Project: 9-9-04 RLB/8:45

P.O.#: 30871

Certificate of Analysis

Work Order No: 4090932-01 **Sample ID:** Composite 9/9/04 **Matrix:** Water
Sampled By: Robert D Brown **Sampled:** 09/09/04 08:45 **Sample Note:**

Analyte	Result	Qualifiers	Units	Dilution	Reporting Limit	Method	Prepared	Analyzed		Batch
Chloride	48000		mg/l	5000	1000	EPA 300 0	09/10/04	09/10/04	ec	W409266
Chemical Oxygen Demand	ND		mg/l	25	120	EPA 410 4	09/13/04	09/14/04	my	W409336
pH	7.63		pH Units	1		SM4500 H+ B	09/09/04	09/09/04	hc	W409250
Residual Chlorine	ND		mg/l	1	0.050	SM4500 Cl G	09/09/04	09/09/04	ec	W409245
Total Suspended Solids	20		mg/l	1	5	EPA 160 2	09/13/04	09/13/04	hc	W409310
ble Sulfide	ND		mg/l	1	0.10	SM 4500S2 D	09/10/04	09/10/04	my	W409261

Case Narrative:
Sample recieved in 1/2 gallon plastic. Transfered and preserved @ lab 9/9/04 -LU

14859 East Clark Avenue, City of Industry, California 91745-1396 (626) 336-2139 FAX (626) 336-2634
www.wecklabs.com

Certificate of Analysis

Authorized Signature

Contact: Jayna Kostura (Project Manager)

ELAP # 1132
LACSD # 10143
NELAC # 04229CA

The results in this report apply to the samples analyzed in accordance with the chain of custody document Weck Laboratories certifies that the test results meet all requirements of NELAC unless noted in the Case Narrative This analytical report must be reproduced in its entirety.

Notes
The Chain of Custody document is part of the analytical report
Any remaining sample(s) for testing will be disposed of one month from the final report date unless other arrangements are made in advance
All results are expressed on wet weight basis unless otherwise specified.
ND=Not detected, below the reporting limit.
Sub=Subcontracted analysis, original report enclosed

f sample collected by Weck Laboratories, sampled in accordance to lab SOP MIS002
Flags for Data Qualifiers.
QM-02 = The RPD and/or percent recovery for this QC spike sample cannot be accurately calculated due to the high concentration of analyte inherent in the sample

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www wecklabs.com

Weck Laboratories, Inc.
Environmental and Analytical Services - Since 1964

Report Date: Wednesday, December 15, 2004
Received Date: Tuesday, November 30, 2004
Received Time: 4:00 pm

Turnaround Time: Normal

Client: KIK International
9028 Dice Rd.
Santa Fe Springs, CA 90670

Phone: (562) 906-2214
FAX: (562) 946-5417

Attn: Nita Labrador x214

Project:

P.O.#: 30904

Certificate of Analysis

Work Order No: 4120113-01 **Sample ID: Composite** **Matrix: Water**
Sampled by: Robert D. Brown **Sampled: 11/30/04 08:15** **Sample Note: Clarifier**

Analyte	Result	Qualifier	Units	Reporting Limit	Dilution	Method	Prepared	Analyzed	Batch
Chloride	**34000**		mg/l	1000	2000	EPA 300 0	12/02/04 12.25	12/02/04 16 02 ec	W412058
Chemical Oxygen Demand	**140**		mg/l	100	20	EPA 410 4	12/10/04 10 06	12/14/04 18 03my	W412195
pH	**7.39**		pH Units		1	SM4500 H+	11/30/04 15 00	11/30/04 15 13 hc	W411720
Residual Chlorine	**3.6**		mg/l	0 10	1	SM4500 Cl G	12/03/04	12/03/04 sub	W412173
Total Suspended Solids	**39**		mg/l	5	1	EPA 160.2	12/03/04 09:08	12/03/04 09 08 hc	W412077
Soluble Sulfide	ND		mg/l	0 10	1	SM 4500S2	11/30/04 16:51	12/01/04 16 52my	W411722

14859 East Clark Avenue, City of Industry, California 91745-1396 (626) 336-2139 FAX (626) 336-2634
www.wecklabs.com

Certificate of Analysis

Authorized Signature

ELAP # 1132
LACSD # 10143
NELAC # 04229CA

Contact: Jayna Kostura (Project Manager)

The results in this report apply to the samples analyzed in accordance with the chain of custody document Weck Laboratories certifies that the test results meet all requirements of NELAC unless noted in the Case Narrative. This analytical report must be reproduced in its entirety

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ND=Not detected, below the reporting limit.
Sub=Subcontracted analysis, original report enclosed.

If sample collected by Weck Laboratories, sampled in accordance to lab SOP MIS002
Flags for Data Qualifiers·

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www wecklabs.com

Environmental Laboratories, Inc.

10926 Rush St., Suite A-168 • South El Monte, CA 91733 • Tel: (626) 575-5137 • Fax: (626) 575-7467

LABORATORY NO.22778
SAMPLE NO.4190113-1
PERMIT NO.NO.N/A
CLIENT:WECK LABORATORIES
14859 East Clark Avenue
Industry, CA 91745

RECEIVED:12/03/2004
REPORTED:12/03/2004

SAMPLE:Waste Water(GRAB)
DATE COLLECTED:11/30/2004
BASED ON SAMPLE as received

LAB ID 10160

DOHS # 1507

ANALYTE	RESULT	UNIT	DETECTION LIMIT	METHOD EPA	DATE ANALYZED
Residual chlorine	3.6	mg/L	0.1	330.3	12/03/2004

Respectfully submitted,
ABN ENVIRONMENTAL LABORATORIES, INC.

Fredrick Bet-Pera, Ph.D.
Laboratory Director

This report applies only to the sample, or samples investigated and is not necessarily indicative of the quality or condition of apparently identical or similar products. This report can not be used in any advertising or publicity matter without prior written authorization from these laboratories.

Environmental Laboratories, Inc.

10926 Rush St , Suite A-168 • South El Monte, CA 91733 • Tel· (626) 575-5137 • Fax: (626) 575-7467

Quality Control Report

EPA 330.3

batch# 120304

Analyte	QC Result	QC True value	Units	RDL	%Recovery	%Recovery limits	RPD	RPD Limits	Analyzed Date
Blk	ND		mg/L	0 10					12/3/04
Q.C.#1792	1.42	1.47	mg/L	0.10	96 6	77-117			12/3/04
			mg/L						
	Sample Result								
22778	3 59		mg/L	0.10			0 3	20	12/3/04
22778dup	3.60		mg/L	0 10					12/3/04

average
3 60

Respectfully Submitted,

Jacob (Hacop) Nercessian

Weck Laboratories, Inc.
Environmental and Analytical Services - Since 1964

Report Date: Wednesday, January 12, 2005
Received Date: Tuesday, December 28, 2004
Received Time: 3:45 pm

Turnaround Time: Normal

Client: KIK International
9028 Dice Rd
Santa Fe Springs, CA 90670

Phone: (562) 906-2214
FAX: (562) 946-5417

Attn: Nita Labrador x214

Project:

P.O.#: 30921

Certificate of Analysis

Work Order No: 4122858-01 **Sample ID: Clarifier Composite Sample** **Matrix: Water**
Sampled By: Robert D. Brown **Sampled: 12/28/04 08:45** **Sample Note:**

Analyte	Result	Qualifiers	Units	Dilution	Reporting Limit	Method	Prepared	Analyzed		Batch
Chloride.....	**17000**		mg/l	2000	1000	EPA 300 0	12/30/04	12/30/04	ec	W412797

Authorized Signature

Contact: Jayna Kostura (Project Manager)

ELAP # 1132
LACSD # 10143
NELAC # 04229CA

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Sub=Subcontracted analysis, original report enclosed

If sample collected by Weck Laboratories, sampled in accordance to lab SOP MIS002
Flags for Data Qualifiers

14859 East Clark Avenue, City of Industry, California 91745-1396 (626) 336-2139 FAX (626) 336-2634
www wecklabs.com

Weck Laboratories, Inc.
Environmental and Analytical Services - Since 1964

Report Date: Wednesday, December 29, 2004
Received Date: Tuesday, December 28, 2004
Received Time: 3:45 pm

Turnaround Time: Normal

Client: KIK International
9028 Dice Rd.
Santa Fe Springs, CA 90670

Phone: (562) 906-2214
FAX: (562) 946-5417

Attn: Nita Labrador x214

Project:

P.O.#: 30921

Certificate of Analysis

rk Order No: 4122858-01 **Sample ID: Clarifier Composite Sample** **Matrix: Water**

npled By: Robert D. Brown **Sampled: 12/28/04 08:45** **Sample Note:**

alyte	Result	Qualifiers	Units	Dilution	Reporting Limit	Method	Prepared	Analyzed		Batch
idual Chlorine.....	**0.11**		mg/l	1	0 050	SM4500 Cl G	12/28/04 17 26	12/28/04 17 34	ec	W4 12750

ıse Narrative:

Authorized Signature

Contact: Jayna Kostura (Project Manager)

ELAP # 1132
LACSD # 10143
NELAC # 04229CA

results in this report apply to the samples analyzed in accordance with the chain of custody document Weck Laboratories certifies that the test results meet all uirements of NELAC unless noted in the Case Narrative. This analytical report must be reproduced in its entirety

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Chain of Custody document is part of the analytical report.
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=Not detected, below the reporting limit
=Subcontracted analysis, original report enclosed

nple collected by Weck Laboratories, sampled in accordance to lab SOP MIS002
s for Data Qualifiers.

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www.wecklabs.com

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SANITATION DISTRICTS OF LOS ANGELES COUNTY
James F Stahl, Chief Engineer & General Manager
For information, please call (562) 699-7411 ext 2900

INDUSTRIAL WASTEWATER SELF MONITORING REPORT

Report due no later than 07/15/2004

PERMIT NO
015431
SURCHARGE ACCOUNT NO
2042264

1 Name of Company Having Wastewater Discharge: K SOCAL

2 Has the Ownership or Occupancy Changed Since the Last Report? ☐ Yes ☐ No

3 Address of Wastewater Discharge: 28 DICE RD SANTA FE SPRINGS, CA 90670

4 Name of Industrial Wastewater Contact: MR. DARRELL JOHNSO

5 Phone No: 562) 906-2240

6 Mailing Address (If Different from Above): 28 DICE RD SANTA FE SPRINGS CA 90670

7 Sic No (s): 2841, 2842

8 Reporting Period From 01/01/2004 To 06/30/2004

9 (Print) Name of Company Collecting Wastewater Sample: KIK SO CAL

10 (Print) Sample Date: 9/9/04

11 (Print) Sample Location(s): SAmple Box

12 Daily Wastewater Discharge For Reporting Period (Gal)
Average ______
Maximum ______

13 Method For Determining Wastewater Flow For Sampling Day (Z01, Z02)
☒ Direct Measurement
☐ Adjusted Metered Water Supply
☐ No Discharge During Reporting Period

14 Type of Composite Sample
☒ Time Composite
☐ Flow Proportioned Composite

NOTE

CODE	PARAMETER (1)	SAMPLING METHOD	TEST RESULTS (2)	LAB ID CODE (3)
2	CHLORINE RESIDUAL(MG/L)	COMPOSITE	<0.050	10145

Report the test results from the most recent sample collected within the reporting period and include all laboratory test sheets with the self-monitoring report form
Test results are valid only if the correct sampling method is observed and the laboratory analysis is performed by a State or Sanitation Districts' approved laboratory
Indicate the appropriate laboratory certification I D Code for each testing parameter

CERTIFICATION BY PERMITTEE

ertify 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

Signature of responsible company official [signature] Date 9/22/04

Print name of official DERRELL JOHNSON Title SAFETY/ENV SUPV

Please submit this report to Sanitation Districts of Los Angeles Industrial Waste Section P O Box 4998 Whittier, CA 90607

cc: NL
BB
File

Weck Laboratories, Inc.

Environmental and Analytical Services - Since 1964

Report Date: Thursday, September 16, 2004
Received Date: Thursday, September 9, 2004
Received Time: 1:00 pm

Turnaround Time: 5 days

Client: KIK International
9028 Dice Rd.
Santa Fe Springs, CA 90670

Phone: (562) 906-2214
FAX: (562) 941-9780

Attn: Nita Labrador x214

Project: 9-9-04 RLB/8 45

P.O.#: 30871

Certificate of Analysis

Work Order No: 4090932-01 **Sample ID: Composite 9/9/04** **Matrix: Water**
Sampled by: Robert D Brown **Sampled: 09/09/04 08:45** **Sample Note:**

Analyte	Result	Qualifier	Units	Reporting Limit	Dilution	Method	Prepared	Analyzed	Batch
Chloride	**48000**		mg/l	1000	5000	EPA 300 0	09/10/04 09:36	09/10/04 21:30 ec	W409266
Chemical Oxygen Demand	ND		mg/l	120	25	EPA 410 4	09/13/04 16.31	09/14/04 16:42my	W409336
	7.63		pH Units		1	SM4500 H+	09/09/04 16.51	09/09/04 16 51 hc	W409250
Residual Chlorine	ND		mg/l	0.050	1	SM4500 Cl (	09/09/04 15 56	09/09/04 17 00 ec	W409245
Total Suspended Solids	**20**		mg/l	5	1	EPA 160 2	09/13/04 10:26	09/13/04 10 28hc	W409310
Soluble Sulfide	ND		mg/l	0 10	1	SM 4500S2	09/10/04 08 55	09/10/04 08:55my	W409261

Case Narrative:
Sample recieved in 1/2 gallon plastic. Transfered and preserved @ lab 9/9/04 -LU

Ethics Service Quality ACIL 2002 Seal of Excellence Program Environmental

Jayna Kostura
Authorized Signature

Contact Jayna Kostura (Project Manager)

ELAP # 1132
LACSD # 10143

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ND=Not detected, below the reporting limit
Sub=Subcontracted analysis, original report enclosed
If sample collected by Weck Laboratories, sampled in accordance to SOPMIS002

gs for Data Qualifiers
QM-02 = The RPD and/or percent recovery for this QC spike sample cannot be accurately calculated due to the high concentration of analyte inherent in the sample.

14859 East Clark Avenue, City of Industry, California 91745-1396 (626) 336-2139 FAX (626) 336-2634
www.wecklabs.com

cc: Bob B
NL
Bob B.

COUNTY SANITATION DISTRICTS
OF LOS ANGELES COUNTY

1955 Workman Mill Road, Whittier, CA 90601-1400
Mailing Address P.O. Box 4998, Whittier, CA 90607-4998
Telephone (562) 699-7411, FAX (562) 699-5422
www.lacsd.org

JAMES F. STAHL
Chief Engineer and General Manager

August 09, 2004

File: 18-00.05-00/2004-15431
2042264

Mr. Darrell Johnson
Kik Socal
9028 Dice Rd
Santa Fe Springs, Ca 90670

Dear Mr. Johnson:

DEFICIENT SELF MONITORING REPORT

Your Self Monitoring Report received on 07/07/2004 for the period 01/01/2004 to 06/30/2004 for Industrial Wastewater Discharge Permit No. 15431, does not entirely comply with the Districts' requirements, as noted below.

- Reported parameter values exceed established limits.

Code	Parameter	Value Reported	Limit
302	Chlorine Residual	9.2	0

Your company must take immediate corrective action to prevent further violation of the effluent limits. Any significant pretreatment system modifications proposed to correct the violation must have the Sanitation Districts' approval prior to construction.

Please note that the results from self-monitoring sampling may be used in the calculation of monthly or 4-day averages if these limits apply to your company. Your company will be notified if violations of such limits occur.

Please sample your industrial wastewater again and report the results of the sample analysis performed by a Districts' or Department of Health Services' approved laboratory. The Self-Monitoring Report and the corresponding laboratory analysis report(s) must be returned within 30 days from the date of this letter to avoid enforcement action. Extensions will not be granted under any circumstances.

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WATER RECLAMATION
SOLID WASTE MANAGEMENT

COUNTY SANITATION DISTRICTS
OF LOS ANGELES COUNTY

1955 Workman Mill Road, Whittier, CA 90601-1400
Mailing Address PO Box 4998, Whittier, CA 90607-4998
Telephone (562) 699-7411, FAX (562) 699-5422
www.lacsd.org

JAMES F. STAHL
Chief Engineer and General Manager

If you have any questions concerning this letter, please call Cecelia Ramirez of the Sanitation Districts' Industrial Waste Section at extension 2927.

Very truly yours,
James F. Stahl

Suzanne S. Wienke

Suzanne S. Wienke
Supervising Civil Engineer

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SANITATION DISTRICTS OF LOS ANGELES COUNTY
James F Stahl, Chief Engineer & General Manager
For information, please call (562) 699-7411 ext 2900

INDUSTRIAL WASTEWATER SELF MONITORING REPORT

Report due no later than 07/15/2004

CC: NL BB File GW

PAGE 01 OF 01

PERMIT NO 019431

SURCHARGE ACCOUNT NO 2042264

1 Company Having Wastewater Discharge: IV SOCAL

2 Has the Ownership or Occupancy Changed Since the Last Report? ☐ Yes ☐ No

Address of Wastewater Discharge: 020 DICE RD SANTA FE SPRINGS, CA 90670

4 Name of Industrial Wastewater Contact: DR. DARREL JOHNSO

5. Phone No: (562) 906-2240

Mailing Address (If Different from Above): 020 DICE RD SANTA FE SPRINGS CA 90670

7 Sic No (s): 2841, 2842

8 Reporting Period From 01/01/2004 To 06/30/2004

Print) Name of Company Collecting Wastewater Sample: KIK SO CAL

10 (Print) Sample Date: 6/01/04

11 (Print) Sample Location(s): SAMPLE BOX

Daily Wastewater Discharge For Reporting Period (Gal)
rage 19012
ximum 57750

13 Method For Determining Wastewater Flow For Sampling Day (Z01, Z02)
☒ Direct Measurement
☐ Adjusted Metered Water Supply
☐ No Discharge During Reporting Period

14 Type of Composite Sample
☒ Time Composite
☐ Flow Proportioned Composite

NOTE

ODE	PARAMETER (1)	SAMPLING METHOD	TEST RESULTS (2)	LAB ID CODE (3
01	WASTEWATER FLOW, TOTAL (GPD)			
02	WASTEWATER FLOW, PEAK (GPD)			
01	PH (UNITS)	GRAB	8.63	10143
51	SUSPENDED SOLIDS (MG/L)	COMPOSITE	20	10143
52	SOLUBLE SULFIDE (MG/L)	GRAB	<0.10	10143
[illegible]	CHLORIDE (MG/L)	COMPOSITE	3900	10143
[illegible]	CHLORINE RESIDUAL (MG/L)	COMPOSITE	9.2	10143
3	TOTAL COD (MG/L)	COMPOSITE	63	10143

Report the test results from the most recent sample collected within the reporting period and include all laboratory test sheets with the self-monitoring report form
Test results are valid only if the correct sampling method is observed and the laboratory analysis is performed by a State or Sanitation Districts' approved laboratory
Indicate the appropriate laboratory certification I D Code for each testing parameter

CERTIFICATION BY PERMITTEE

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 her 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 rr 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 ine . imprisonment for knowing violations

ture of responsible company official [signature] Date 7/1/04

name of official Darrell Johnson Title Safety/Fan Supv

PERMITEES COPY

Weck Laboratories, Inc.
Environmental and Analytical Services - Since 1964

Report Date: Wednesday, June 9, 2004
Received Date: Tuesday, June 1, 2004
Received Time: 3:58 pm

Turnaround Time: Normal

Client: KIK International
9028 Dice Rd.
Santa Fe Springs, CA 90670

Phone: (562) 906-2214
FAX: (562) 941-9780

Attn: Nita Labrador x214

Project: 30829

P.O.#:

Certificate of Analysis

Work Order No: 4060124-01 **Sample ID: Composite** **Matrix: Water**
Sampled By: Robert D.Brown **Sampled: 06/01/04 07:00** **Sample Note:**

Analyte	Result	Qualifiers	Units	Dilution	Reporting Limit	Method	Prepared	Analyzed		Batch
Chloride	3900		mg/l	10000	2000	EPA 300.0	06/01/04	06/01/04	dc	W406145
Chemical Oxygen Demand	63		mg/l	2	10	EPA 410 4	06/02/04	06/07/04	my	W406043
pH	8.63		pH Units	1		SM4500 H+ B	06/01/04	06/01/04	hc	W406038
Residual Chlorine	9.2		mg/l	1	0.050	SM4500 Cl G	06/01/04	06/01/04	my	W406082
Total Suspended Solids	20		mg/l	1	5	EPA 160.2	06/03/04	06/03/04	hc	W406099
Sulfide	ND		mg/l	1	0.10	SM 4500S2 D	06/04/04	06/04/04	my	W406130

Authorized Signature

Contact: Jayna Kostura (Project Manager)

ELAP # 1132
LACSD # 10143

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Sub=Subcontracted analysis, original report enclosed.

If sample collected by Weck Laboratories, sampled in accordance to lab SOP MIS002
Flags for Data Qualifiers

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www wecklabs.com

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LAB REPORT Y☐ N☐ | SIGNATURE Y☐ N☐

ATE RECEIVED | INITIALS

SANITATION DISTRICTS OF LOS ANGELES COUNTY
James F Stahl, Chief Engineer & General Manager
For information, please call (562) 699-7411 ext. 2900

INDUSTRIAL WASTEWATER SELF MONITORING REPORT

Report due no later than 01/15/2004

GW

PERMIT NO C15431

SURCHARGE ACCOUNT NO. 2042264

N... of Company Having Wastewater Discharge: IK SOCAL A

2 Has the Ownership or Occupancy Changed Since the Last Report? ☐ Yes ☐ No

Address of Wastewater Discharge: 028 DICE RD SANTA FE SPRINGS, CA 90670

4 Name of Industrial Wastewater Contact: MR. DARRELL JOHNSO

5 Phone No: (562) 906-2240

Mailing Address (If Different from Above): 028 DICE RD SANTA FE SPRINGS CA 90670

7 Sic No (s): 2841, 2842

8 Reporting Period From 07/01/2003 To 12/31/2003

(Print) Name of Company Collecting Wastewater Sample: KIK SO CAL

10 (Print) Sample Date: 12/10/03

11 (Print) Sample Location(s): SAMPLE BOX

. Daily Wastewater Discharge For Reporting Period (Gal)
erage 30990
aximum 36252

13 Method For Determining Wastewater Flow For Sampling Day (Z01, Z02)
☒ Direct Measurement
☐ Adjusted Metered Water Supply
☐ No Discharge During Reporting Period

14 Type of Composite Sample
☒ Time Composite
☐ Flow Proportioned Composit

NOTE

ODE	PARAMETER (1)	SAMPLING METHOD	TEST RESULTS (2)	LAB ID CODE (3
01	WASTEWATER FLOW, TOTAL(GPD)			
02	WASTEWATER FLOW,PEAK(GPM)			
01	PH (UNITS)	GRAB	7.29	10143
51	SUSPENDED SOLIDS (MG/L)	COMPOSITE	17	10143
52	SOLUBLE SULFIDE (MG/L)	GRAB	<0.10	10143
[illegible]	CHLORIDE (MG/L)	COMPOSITE	46000	10143
[illegible]	CHLORINE RESIDUAL(MG/L)	COMPOSITE	<0.050	10143
3	TOTAL COD (MG/L)	COMPOSITE	<25	10143

Report the test results from the most recent sample collected within the reporting period and include all laboratory test sheets with the self-monitoring report form
Test results are valid only if the correct sampling method is observed and the laboratory analysis is performed by a State or Sanitation Districts' approved laboratory
Indicate the appropriate laboratory certification I D Code for each testing parameter

CERTIFICATION BY PERMITTEE

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 her... 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 ori... 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 ine and imprisonment for knowing violations

...ture of responsible company official [signature] Date 1/14/04

...name of official [illegible] Title [illegible]

PERMITEES COPY

Weck Laboratories, Inc.
Environmental and Analytical Services - Since 1964

Report Date: Monday, December 15, 2003
Received Date: Wednesday, December 10, 2003
Received Time: 3:28 pm

Turnaround Time: Normal

Client: KIK International
9028 Dice Rd.
Santa Fe Springs, CA 90670

Phone: (562) 906-2214
FAX: (562) 941-9780

Attn: Nita Labrador x214

Project:

P.O.#: 25298

Certificate of Analysis

Work Order No: 3121022-01 **Sample ID:** Composite 12/10/03 **Matrix:** Water
Sampled By: Client **Sampled:** 12/10/03 13:30 **Sample Note:**

Analyte	Result	Qualifiers	Units	Dilution	Reporting Limit	Method	Prepared	Analyzed		Batch
Chloride	46000		mg/l	10000	2000	EPA 300 0	12/11/03	12/11/03	ec	W312319
Chemical Oxygen Demand	ND		mg/l	5	25	EPA 410 4	12/11/03	12/11/03	my	W312308
pH	7.29		pH Units	1		SM4500 H+ B	12/10/03	12/12/03	ec	W312295
Residual Chlorine	ND		mg/l	1	0 050	SM4500 Cl G	12/10/03	12/10/03	ec	W312284
Total Suspended Solids	17		mg/l	1	5	EPA 160.2	12/12/03	12/12/03	hc	W312339
[illegible] Sulfide	ND		mg/l	1	0.10	SM 4500S2 D	12/12/03	12/12/03	my	W312333

Authorized Signature

ELAP # 1132
LACSD # 10143

results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety

s.
Chain of Custody document is part of the analytical report
remaining sample(s) for testing will be disposed of one month from the final report date unless other arrangements are made in advance
esults are expressed on wet weight basis unless otherwise specified.
=Not detected, below the reporting limit.
=Subcontracted analysis, original report enclosed

s for Data Qualifiers:
02 = The RPD and/or percent recovery for this QC spike sample cannot be accurately calculated due to the high concentration of analyte inherent in the sample

14859 East Clark Avenue, City of Industry, California 91745-1396 (626) 336-2139 FAX (626) 336-2634
www.wecklabs.com

11-19-03 14:26 RCVD

Received in Sample Room By: [illegible] 11/19/03

Time Received in Laboratory: 1528

LABORATORY JOB NUMBER: 97246

PRIORITY:
☐ Routine (0) ☐ Expedite, 1 hr (X)
☐ Rush, 1 day (R) ☐ Upset, 1 wk. (U)

PRIORITY AUTHORIZATION _____ Ext _____

JAMES F STAHL
Chief Engineer and General Manager

SANITATION DISTRICTS OF LOS ANGELES COUNTY
P.O. Box 4998 Whittier, California 90607

For additional information regarding this analysis call (562) 699-7411 x 2900

INDUSTRIAL WASTE MONITORING RESULTS

SAMPLE IDENTIFICATION Surcharge Account Number 2042 264 | I.W. Permit Number 15431

Sample Source or Company Name KIK SoCal

Address 9028 South Dice Road, Santa Fe Springs

Reason For Sampling ☒ Routine ☐ Phase 1 ☐ Treatment Plant Upset ☐ Sewer System Problem ☐ Other _____

Monitoring Requested By *Martyn/Burch*

Accounting Charges ☐ For Routine Samples Taken By Inspectors. TS14905 BI ☒ For Routine Samples Taken By IWMC: TS14905 BM
☐ For All Special Investigation Samples TS14905 B _____

SAMPLE COLLECTION INFORMATION:

* Sample Point: ☒ Sample Box ☐ Clarifier ☐ Manhole ☐ _____ ☐ Valve ☐ CN Sample Point ☐ Clean-out ☐ _____

* Sample Method: ☐ Grab ☒ Composite-Timed With 15 minute intervals ☐ Composite-Flow With ____ x ____ gallons
Test aliquot volume 70 / 70 ml
Tot aliquot 88

* Sample Date: At/or From 1100 HR MIN ☐ A.M ☐ PM 11/18 MONTH DAY 20 03 YEAR
To 0915 ☐ A.M ☐ PM 11/19 20 03

* Observations: Sampler was Moved, Sample Collection did not appear To be affected. RW

* Sampled By RW * Submitted to Laboratory By BW * Contact Name Bobby Brown * Title _____

* Total Quantity of Sample Collected ~ 8L * Sample Container(s) Used ☐ C/c ____ Other 4(1L) Plastic

* Quantity Submitted to Lab 4(1L) Plastic

Sample Preservation Used: ☒ Ice ☐ No Cl_2 ☐ Sodium Thiosulfate ☐ NaOH ☒ HNO_3 Other _____

Flow When Sampled

Sample given to company (Y) N (Refused)
Sample given to ☒ Contact Other _____
Sample ☒ Split ☐ Concurrent ☐ Consecutive

COMPOSITE SAMPLE		GRAB SAMPLE
Period of Composite _____ hours		
Totalizer Readings Final		Flow Rate at Time of Sample
Initial	NO FM Observed	(905)pH 11 s/u ~<1 gpm
Difference		
Multiplier		(905)pH 7 p/u ~1 gpm
Total Flow _____ gallons		
* Obtained From: ☒ Visual Estimate, ☐ Effluent Flow Meter, ☐ Influent Water Meter, ☐ Impossible To Tell If Flow Existed When Sampled		

FIELD TEST RESULTS

* pH (905) 8 * Color Clear * Temperature Cool * Cyanide N/A
* Odor _____
* Total Sulfide N/A * Dissolved Sulfide N/A * Other N/A

LABORATORY TESTS NOTES TO ANALYSTS _____

	CONSTITUENT	CODE
	pH	101
	SUSPENDED SOLIDS, mg/l	151
	SUSPENDED SOLIDS (@ pH 7), mg/l	150
	COD, mg/l O	403
	TOTAL DISS. SOLIDS (TDS), mg/l	155
	TOTAL DISS. SOLIDS (@ 550°C), mg/l	166
X	Chloride	301
	AMMONIA NITROGEN, mg/l N	201
	SOLUBLE SULFIDE, mg/l S	252
	THIOSULFATE SULFUR, mg/l S	253
	SULFITE SULFUR, mg/l S	254
	SULFATE, mg/l SO_4	257
	TOTAL MERCAPTANS, mg/l S	258
	TOTAL PHENOLS, mg/l C_6H_5OH	312

	CONSTITUENT	CODE
	OIL AND GREASE, mg/l	408
	OIL AND GREASE (NON-POLAR), mg/l	414
	TOTAL CYANIDE, mg/l CN	206
	CYANIDE AMENABLE TO Cl_2	210
	TOTAL CADMIUM, mg/l Cd	708
	TOTAL CHROMIUM, mg/l Cr	709
	TOTAL COPPER, mg/l Cu	712
	TOTAL LEAD, mg/l Pb	714
X	TOTAL NICKEL, mg/l Ni	718
	TOTAL SILVER, mg/l Ag	722
	TOTAL ZINC, mg/l Zn	724
	TOTAL ARSENIC, mg/l As	705
	TOTAL MERCURY, mg/l Hg	717

	CONSTITUENT	CODE
X	MBAS, mg/l LAS	315
X	NID, mg/l	316
	BENZENE, ug/l	620
	TOLUENE, ug/l	621
	ETHYL BENZENE, ug/l	624
	o-XYLENE, ug/l	629
	m+p-XYLENE, ug/l	695
	PC	
	EPA	

DISTRIBUTION Return this sheet to Industrial Waste Section Head after log-in
* All information to be filled in by Field Collection Personnel

Sample No: SJ97246 Sample Location: 3-IW15-431

Requestor: MARTYN Completion Date: 12/26/2003

Charge No: IW14905BM00 Approved By: JPG Sample Type: IWS

Composite Date and Time - From: 11/18/2003 11:00 To: 11/19/2003 09:15

Sample Description:
KIK SOCAL, 9028 DICE RD, SANTA FE SPRINGS (SBX)

No.	Test	Description		Result	Unit of Measure		Footnote
1.	301	CHLORIDE		25000	MG/L	CL	--
2.	315	MBAS		3.6	MG/L	LAS	--
3.	316	NID	<	8.4	MG/L		44
4.	718	NICKEL	<	0.2	MG/L	NI	--

Footnotes: 44 - CHECK NOTES TO USER

Notes: (316) NID RESULT BASED ON THE MINIMUM LEVEL (ML), THE LIMIT OF QUANTITATION (LOQ), AND THE VOLUME USED FOR THE ANALYSIS.

EC 01/11/03

Received in Sample Room By: _____

Time Received in Laboratory: _____

LABORATORY JOB NUMBER: 88537

PRIORITY:
☐ Routine (0) ☐ Expedite, 1 hr. (X)
☐ Rush, 1 day (R) ☐ Upset, 1 wk. (U)

PRIORITY AUTHORIZATION _____ Ext. _____

JAMES F STAHL
Chief Engineer and General Manager

SANITATION DISTRICTS OF LOS ANGELES COUNTY
PO Box 4998 Whittier, California 90607

For additional information regarding this analysis call (562) 699-7411 x 2900

INDUSTRIAL WASTE MONITORING RESULTS

06-11-03 15:11 Rcvd

SAMPLE IDENTIFICATION Surcharge Account Number: 2042264 I.W. Permit Number: 1543

Sample Source or Company Name: KIK SoCal

Address 9028 Dice Road, Santa Fe Springs

Reason For Sampling: ☒ Routine ☐ Phase 1 ☐ Treatment Plant Upset ☐ Sewer System Problem ☐ Other: _____

Monitoring Requested By: Martyn/Burch

Accounting Charges. ☐ For Routine Samples Taken By Inspectors: TS14905 BI ☒ For Routine Samples Taken By IWMC: TS14905 BM

☐ For All Special Investigation Samples. TS14905 B _____

SAMPLE COLLECTION INFORMATION:

* Sample Point.
☒ Sample Box ☐ Clarifier
☐ Manhole ☐ _____
☐ Valve ☐ CN Sample Point
☐ Clean-out ☐ _____

* Sample Method
☐ Grab
☒ Composite-Timed With 15 minute intervals
☐ Composite-Flow With ____ x ____ gallons
Test aliquot volume 50 / 70 ml.
Tot aliquot 96

* Sample Date:
At/or
From 0812 (HR MIN.) ☐ A.M. ☒ P.M. 6/10 (MONTH DAY) 2003 (YEAR)
To 0945 ☒ A.M. ☐ P.M. 6/11 2003

* Observations. _____

* Sampled By: RW * Submitted to Laboratory By RW * Contact Name: _____ * Title: _____

* Total Quantity of Sample Collected: ~7L * Sample Container(s) Used: ☐ C/c ____ Other 4(1L) Plastic

* Quantity Submitted to Lab 4(1L) Plastic

* Sample Preservation Used ☒ Ice ☐ No Cl_2 ☐ Sodium Thiosulfate ☒ NaOH ☒ HNO_3 Other: _____

Sample given to company: Y N (Refused)
Sample given to ☐ Contact ☐ Other _____
Sample: ☐ Split ☐ Concurrent ☐ Consecutive

Flow When Sampled

COMPOSITE SAMPLE		GRAB SAMPLE
Period of Composite _____ hours		Flow Rate at Time of Sample
Totalizer Readings: Final	No FM Observed	(905)pH 7 s/u ~ gpm
Initial		(905)pH 7 p/u ~ gpm
Difference		
Multiplier:		
Total Flow _____ gallons		

* Obtained From ☒ Visual Estimate, ☐ Effluent Flow Meter, ☐ Influent Water Meter, ☐ Impossible To Tell If Flow Existed When Sampled

FIELD TEST RESULTS

* pH (905) 7 * Color Clear * Temperature Cool * Cyanide N/A
* Odor _____
* Total Sulfide N/A * Dissolved Sulfide N/A * Other N/A

LABORATORY TESTS NOTES TO ANALYSTS _____

	CONSTITUENT	CODE
	pH	101
X	SUSPENDED SOLIDS, mg/l	151
	SUSPENDED SOLIDS (@ pH 7), mg/l	150
X	COD, mg/l O	403
	TOTAL DISS., SOLIDS (TDS), mg/l	155
	TOTAL DISS., SOLIDS (@ 550°C), mg/l	166
X	Chloride	301
	AMMONIA NITROGEN, mg/l N	201
	SOLUBLE SULFIDE, mg/l S	252
	THIOSULFATE SULFUR, mg/l S	253
	SULFITE SULFUR, mg/l S	254
	SULFATE, mg/l SO_4	257
	TOTAL MERCAPTANS, mg/l S	258
	TOTAL PHENOLS, mg/l C_6H_5OH	312

	CONSTITUENT	CODE
	OIL AND GREASE, mg/l	408
	OIL AND GREASE (NON-POLAR), mg/l	414
	TOTAL CYANIDE, mg/l CN	206
	CYANIDE AMENABLE TO Cl_2	210
	TOTAL CADMIUM, mg/l Cd	708
	TOTAL CHROMIUM, mg/l Cr	709
	TOTAL COPPER, mg/l Cu	712
	TOTAL LEAD, mg/l Pb	714
X	TOTAL NICKEL, mg/l Ni	718
	TOTAL SILVER, mg/l Ag	722
	TOTAL ZINC, mg/l Zn	724
	TOTAL ARSENIC, mg/l As	705
	TOTAL MERCURY, mg/l Hg	717

	CONSTITUENT	CODE
X	MBAS, mg/l LAS	315
X	NID, mg/l	316
	BENZENE, ug/l	620
	TOLUENE, ug/l	621
	ETHYL BENZENE, ug/l	624
	o-XYLENE, ug/l	629
	m+p-XYLENE, ug/l	695
	PC	
	EPA	

DISTRIBUTION Return this sheet to Industrial Waste Section Head after log-in
* All information to be filled in by Field Collection Personnel

Sample No: SJ88537 Sample Location: 3-IW15-431

Requestor: MARTYN Completion Date: 07/15/03

Charge No: TS14905BM00 Approved By: EG Sample Type: IWS

Composite Date and Time - From: 06/10/03 08:12 To: 06/11/03 09:45

Sample Description:
KIK SOCAL, 9028 DICE RD, SANTA FE SPRINGS(SBX)

No.	Test	Description		Result	Unit of Measure		Footnote
1.	151	SUSPENDED SOLIDS		29	MG/L		--
2.	301	CHLORIDE		37400	MG/L	CL	03
3.	315	MBAS	<	0.05	MG/L	LAS	--
4.	316	NID	<	2.3	MG/L		44
5.	403	TOTAL COD		249	MG/L	O	--
6.	718	NICKEL	<	2.0	MG/L	NI	--

Footnotes: 03 - AVERAGE 44 - CHECK NOTES TO USER

Notes: CANNOT SET UP COD DUE TO VERY HIGH INTERFERENCE
(316) NID RESULT BASED ON THE MINIMUM LEVEL (ML), THE LIMIT OF QUANTITATION (LOQ), AND THE VOLUME USED FOR THE ANALYSIS.
WK #3061206; WET CHEM

WATER RECLAMATION
SOLID WASTE MANAGEMENT

COUNTY SANITATION DISTRICTS
OF LOS ANGELES COUNTY

1955 Workman Mill Road, Whittier, CA 90601-1400
Mailing Address P O Box 4998, Whittier, CA 90607-4998
Telephone. (562) 699-7411, FAX (562) 699-5422
www lacsd org

JAMES F. STAHL
Chief Engineer and General Manager

August 12, 2003

Kik SoCal
9028 Dice Rd.
Santa Fe Springs, CA 90670

015431

Notice of Results of Sanitation Districts' Industrial Waste Monitoring

Attached please find the results of recent Sanitation Districts' wastewater sampling at your company's discharge sewer corresponding to the permit shown on the analysis sheet.

This sampling was made pursuant to Section 414 of the Sanitation Districts' *Wastewater Ordinance* as part of a random verification monitoring program conducted at significant dischargers of industrial wastes. The District' sample results are being provided to you to make you aware of any changes at your facility which may result in higher than anticipated industrial waste discharges to the sewerage system. It is your responsibility to investigate any differences in the wastewater sample results provided by the Districts and the results of your self-monitoring For companies that file long form surcharge statements, these Districts-obtained sample results should be combined with your wastewater self-monitoring results on the annual wastewater treatment surcharge statement.

As stated in the Districts' *Connection Fee Ordinance*, after December 15, 1981 a 25 percent increase in wastewater discharge (quantity and/or quality) above your company's previous wastewater discharges during the 1976-77 through 1981-82 fiscal years may require that your company purchase additional sewer discharge rights. For wastewater capacity increases that occur during the 2002-03 fiscal year, this connection fee charge ranges from $1,061 to $1,760 for wastewater capacity increases equivalent to that of a typical single-family home (260 gallons per day).

These Districts-obtained sample results will be used, along with your wastewater self-monitoring results, in determining your capacity usage of the sewerage system and the validity of data submitted in your annual surcharge statement. Transmittal of these data to you at this time does not relieve your company of the responsibility to obtain all of the self-monitoring samples required in your Industrial Wastewater Discharge Permit.

If you have any questions about this program for furnishing industrial wastewater discharge information, please call Wendy Borden-Haug at extension 2920.

Very truly yours,

James F. Stahl

Paul C Martyn

Paul C Martyn
Head, Industrial Waste Section

PCM:WB ch
Attached SJO(s) 88537

Recycled Paper

CSD USE ONLY	
AB REPORT Y☐ N☐	SIGNATURE Y☐ N☐
ATE RECEIVED	INITIALS

SANITATION DISTRICTS OF LOS ANGELES COUNTY
James F Stahl, Chief Engineer & General Manager
For information, please call (562) 699-7411 ext 2900

USC✓ NC Book

INDUSTRIAL WASTEWATER SELF MONITORING REPORT

Report due no later than **07/15/2003**

PERMIT NO **015431**

SURCHARGE ACCOUNT NO **2042264**

Name of Company Having Wastewater Discharge: (IK SOCAL A

2 Has the Ownership or Occupancy Changed Since the Last Report? ☐ Yes ☐ No

Address of Wastewater Discharge: 9028 DICE RD SANTA FE SPRINGS, CA 90670

4 Name of Industrial Wastewater Contact: MR. DARRELL JOHNSO

5 Phone No: (562) 906-2240

Mailing Address (If Different from Above): 9028 DICE RD SANTA FE SPRINGS CA 90670

7 Sic No (s): 2841, 2842

8 Reporting Period From **01/01/2003** To **06/30/200**

(Print) Name of Company Collecting Wastewater Sample: KIK SO CAL

10 (Print) Sample Date: 5/21/03

11 (Print) Sample Location(s): SAMPLE BOX

Daily Wastewater Discharge For Reporting Period (Gal)
Average 18,830
Maximum 57,028

13 Method For Determining Wastewater Flow For Sampling Day (Z01, Z02)
☒ Direct Measurement
☐ Adjusted Metered Water Supply
☐ No Discharge During Reporting Period

14 Type of Composite Sample
☒ Time Composite
☐ Flow Proportioned Compos

NOTE

CODE	PARAMETER (1)	SAMPLING METHOD	TEST RESULTS (2)	LAB ID CODE
Z01	WASTEWATER FLOW, TOTAL(GPD)			
Z02	WASTEWATER FLOW,PEAK(GPM)			
101	PH (UNITS)	GRAB	6.90	10143
151	SUSPENDED SOLIDS (MG/L)	COMPOSITE	<5	10143
25?	SOLUBLE SULFIDE (MG/L)	GRAB	<0.10	10143
[illegible]	CHLORIDE (MG/L)	COMPOSITE	15000	10143
202	CHLORINE RESIDUAL(MG/L)	COMPOSITE	<0.10	10143
403	TOTAL COD (MG/L)	COMPOSITE	<56	10143

) Report the test results from the most recent sample collected within the reporting period and include all laboratory test sheets with the self-monitoring report form
) Test results are valid only if the correct sampling method is observed and the laboratory analysis is performed by a State or Sanitation Districts' approved laboratory
) Indicate the appropriate laboratory certification I D Code for each testing parameter

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 proper ...th... 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, th... for... 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 possibili... fine and imprisonment for knowing violations

...ature of responsible company official _____ Date 7/10/03

...nt name of official Darrell M. Johnson Title SAFETY/ENV SUPV

ease submit this report to Sanitation Districts of Los Angeles Industrial Waste Section P O Box 4998 Whittier, CA 90607

Weck Laboratories, Inc.
Environmental and Analytical Services - Since 1964

Report Date: Thursday, June 5, 2003
Received Date: Thursday, May 22, 2003
Received Time: 9:12 am

Turnaround Time: Normal

Client: KIK International
9028 Dice Rd.
Santa Fe Springs, CA 90670

Phone: (562) 906-2214
FAX: (562) 941-9780

Attn: Nita Labrador x214

Project:

P.O.#: 25298

Certificate of Analysis

Work Order No: 3052201-01 **Sample ID: Composite 05/21/03** **Matrix: Water**
Sampled By: Client **Sampled: 21-May-03 13:00** **Sample Note:**

Analyte	Result	Qualifiers	Units	Dilution	Reporting Limit	Method	Prepared	Analyzed		Batch
Chloride	15000		mg/l	1000	200	EPA 300.0	22-May-03	22-May-03	lm	W305588
C[illegible]mical Oxygen Demand	ND		mg/l	10	50	EPA 410.4	02-Jun-03	03-Jun-03	td	W306024
.	6.90		pH Units	1		SM4500 H+ B	21-May-03	21-May-03	my	W305566
Residual Chlorine	ND		mg/l	1	0.10	SM4500 Cl G	22-May-03	22-May-03	lm	W305593
Total Suspended Solids	ND		mg/l	1	5	EPA 160.2	22-May-03	22-May-03	my	W305580
Soluble Sulfide	ND		mg/l	1	0.10	SM 4500S2 D	22-May-03	22-May-03	td	W305603

Authorized Signature

ELAP # 1132
LACSD # 10143

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.

Notes:
The Chain of Custody document is part of the analytical report.
Any remaining sample(s) for testing will be disposed of one month from the final report date unless other arrangements are made in advance.
All results are expressed on wet weight basis-unless otherwise specified.
ND=Not detected, below the reporting limit.
Sub=Subcontracted analysis, original report enclosed.

Flags for Data Qualifiers:

LAB REPORT Y☐ N☐ | SIGNATURE Y☐ N☐ | DATE RECEIVED | INITIALS

INDUSTRIAL WASTEWATER SELF MONITORING REPORT

USCC

Report due no later than **01/15/2003**

PERMIT NO 015431
SURCHARGE ACCOUNT NO 2042264

1 Name of Company Having Wastewater Discharge: KIK SOCAL A

2 Has the Ownership or Occupancy Changed Since the Last Report? ☐ Yes ☐ No

Address of Wastewater Discharge: 9028 DICE RD SANTA FE SPRINGS, CA 90670

4 Name of Industrial Wastewater Contact: MR. DARRELL JOHNSO

5 Phone No: (562) 906-2240

Mailing Address (If Different from Above): 9028 DICE RD SANTA FE SPRINGS CA 90670

7 Sic No (s): 2841, 2842

8 Reporting Period From 07/01/2002 To 12/31/200

(Print) Name of Company Collecting Wastewater Sample: KIK SO CAL

10 (Print) Sample Date: 11/13/02

11 (Print) Sample Location(s): SAMPLE BOX

12 Daily Wastewater Discharge For Reporting Period (Gal.)
Average 19,190
Maximum 40,750

13 Method For Determining Wastewater Flow For Sampling Day (Z01, Z02)
☒ Direct Measurement
☐ Adjusted Metered Water Supply
☐ No Discharge During Reporting Period

14 Type of Composite Sample
☒ Time Composite
☐ Flow Proportioned Compos

15 NOTE

CODE	PARAMETER (1)	SAMPLING METHOD	TEST RESULTS (2)	LAB ID CODE
Z01	WASTEWATER FLOW, TOTAL(GPD)			
Z02	WASTEWATER FLOW,PEAK(GPM)			
101	PH (UNITS)	GRAB	12.5	10143
151	SUSPENDED SOLIDS (MG/L)	COMPOSITE	37	10143
552	SOLUBLE SULFIDE (MG/L)	GRAB	< 0.10	10143
[illegible]	CHLORIDE (MG/L)	COMPOSITE	15000	10143
[illegible]	CHLORINE RESIDUAL(MG/L)	COMPOSITE	3100	10143
5	TOTAL COD (MG/L)	COMPOSITE	< 50	10143

(1) Report the constituents and characteristics specified within the applicable wastewater discharge permit. Report other constituents and characteristics that may be present in the discharge and that may affect treatment or disposal of the wastewater.
(2) Report the results of the analyses of samples collected during the reporting period. If more than one sample was collected, report the average and maximum values in the spaces provided above. Attach additional sheets if necessary.

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.

Signature of responsible company official: [signature] Date: 1/06/03

Name of official: DARRELL JOHNSON Title: SFTY/ENV. SUPV.

Please submit this report to: Sanitation Districts of Los Angeles County, Industrial Waste Section, P.O. Box 4998, Whittier, CA 90607

Weck Laboratories, Inc.
Environmental and Analytical Services - Since 1964

Report Date: Tuesday, December 3, 2002
Received Date: Wednesday, November 13, 2002
Received Time: 5:20 pm

Turnaround Time: Normal

Client: KIK International
9028 Dice Rd.
Santa Fe Springs, CA 90670

Phone: (562) 941-9780
FAX: -

Attn: Nita Labrador x214

Project:

P.O.#: 83440

Supplement To Certificate of Analysis

This is a Supplement to the Certificate of Analysis document issued previously for the above indicated project

Work Order No: 2111331-01 **Sample ID: Composite** **Matrix: Water**
Sampled By: Robert D. Brown **Sampled: 13-Nov-02 08:30** **Sample Note:**

Analyte	Result	Qualifiers	Units	Dilution	Reporting Limit	Method	Prepared	Analyzed		Batch
Chloride	15000		mg/l	1000	200	EPA 300.0	15-Nov-02	15-Nov-02	hn	W211384
Chemical Oxygen Demand	ND		mg/l	10	50	EPA 410 4	26-Nov-02	26-Nov-02	td	W211690
pH	12.5		pH Units	1		SM4500 H+ B	13-Nov-02	13-Nov-02	my	W211351
Residual Chlorine	3100		mg/l	20	2.0	SM4500 Cl G	14-Nov-02	14-Nov-02	hn	W211344
Total Suspended Solids	37		mg/l	1	5.0	EPA 160 2	15-Nov-02	15-Nov-02	my	W211393
Soluble Sulfide	ND		mg/l	1	0.10	SM 4500S2 D	14-Nov-02	14-Nov-02	td	W211345

2002 Seal of Excellence Program

Authorized Signature

ELAP # 1132
LACSD # 10143

The results in this report apply to the samples analyzed in accordance with the chain of custody document This analytical report must be reproduced in its entirety

Notes
The Chain of Custody document is part of the analytical report
Any remaining sample(s) for testing will be disposed of one month from the final report date unless other arrangements are made in advance.
All results are expressed on wet weight basis unless otherwise specified
ND=Not detected, below the reporting limit
Sub=Subcontracted analysis, original report enclosed

Flags for Data Qualifiers

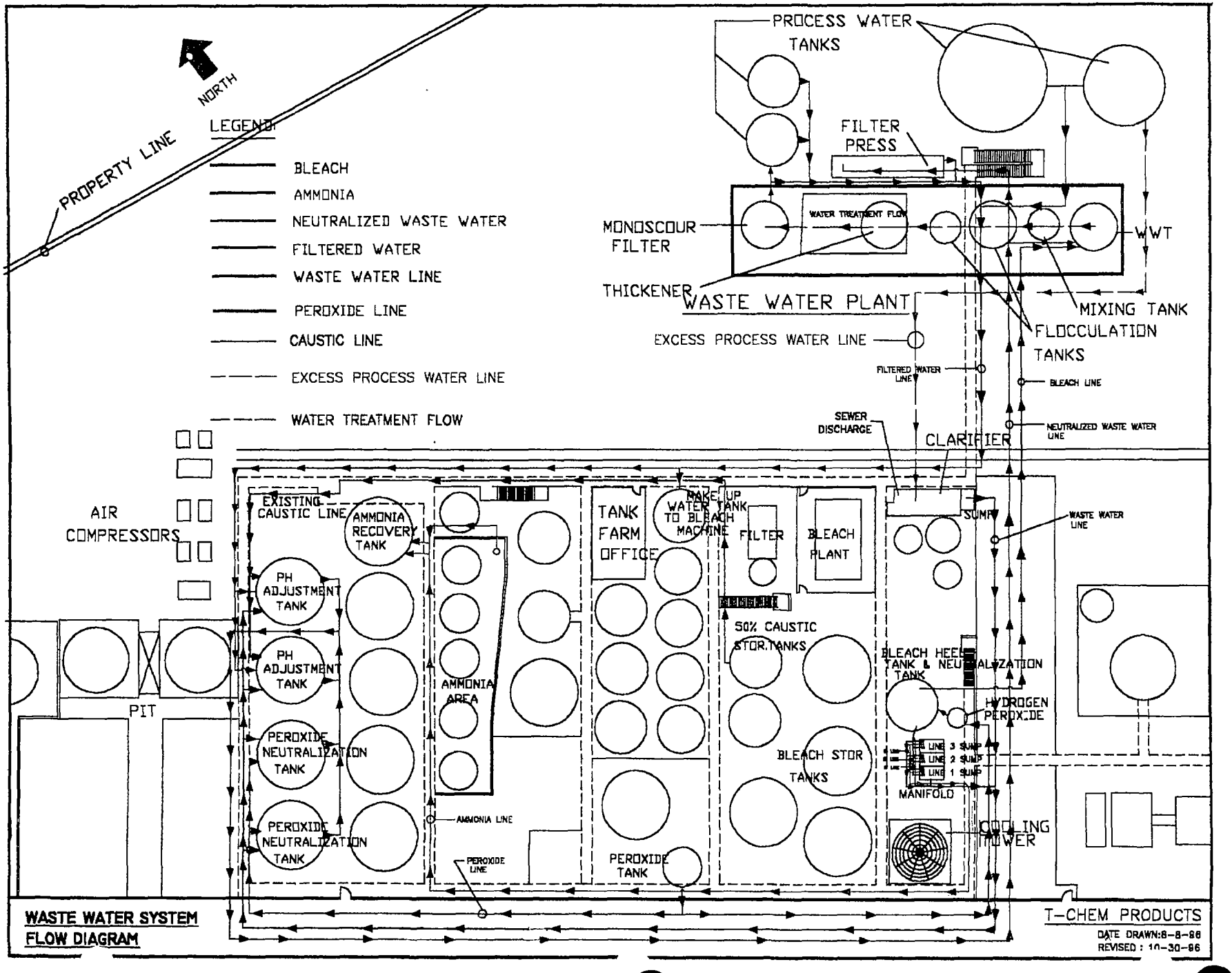
QM-02 = The RPD and/or percent recovery for this QC spike sample cannot be accurately calculated due to the high concentration of analyte inherent in the sample

14859 East Clark Avenue, City of Industry, California 91745-1396 (626) 336-2139 FAX (626) 336-2634
www.wecklabs.com

KIK Corporation Inc.

Industrial Discharge
(Wastewater)

Wastewater Reports


NORTH
PROPERTY LINE
LEGEND
BLEACH
AMMONIA
NEUTRALIZED WASTE WATER
FILTERED WATER
WASTE WATER LINE
PEROXIDE LINE
CAUSTIC LINE
EXCESS PROCESS WATER LINE
WATER TREATMENT FLOW
PROCESS WATER TANKS
FILTER PRESS
MONOSCOUR FILTER
WATER TREATMENT FLOW
WWT
THICKENER
WASTE WATER PLANT
MIXING TANK
FLOCCULATION TANKS
EXCESS PROCESS WATER LINE
FILTERED WATER LINE
BLEACH LINE
NEUTRALIZED WASTE WATER LINE
SEWER DISCHARGE
CLARIFIER
AIR COMPRESSORS
EXISTING CAUSTIC LINE
AMMONIA RECOVERY TANK
TANK FARM OFFICE
MAKE UP WATER TANK TO BLEACH MACHINE
FILTER
BLEACH PLANT
SUMP
WASTE WATER LINE
PH ADJUSTMENT TANK
PH ADJUSTMENT TANK
50% CAUSTIC STOR.TANKS
BLEACH HEEL TANK & NEUTRALIZATION TANK
HYDROGEN PEROXIDE
AMMONIA AREA
PIT
PEROXIDE NEUTRALIZATION TANK
PEROXIDE NEUTRALIZATION TANK
BLEACH STOR TANKS
LINE 3 SUMP
LINE 2 SUMP
LINE 1 SUMP
MANIFOLD
AMMONIA LINE
PEROXIDE LINE
PEROXIDE TANK
COOLING TOWER
WASTE WATER SYSTEM FLOW DIAGRAM
T-CHEM PRODUCTS
DATE DRAWN:8-8-86
REVISED : 10-30-86

PERMIT FOR INDUSTRIAL WASTEWATER DISCHARGE
COUNTY SANITATION DISTRICTS OF LOS ANGELES COUNTY
1955 Workman Mill Road / Whittier, CA
Mailing Address: P.O. Box 4998 / Whittier, California 90607-4998
Charles W. Carry, Chief Engineer and General Manager
(310) 699-7411

PERMIT NO. _____

01 CHECK ONE: New Sewer Connection ☐ Existing Sewer Connection ☒

02 Applicant T-Chem Products, Inc.
(Legal Company Name)

03 Check one and fill in appropriate information

☒ Corporation Name T-Chem Products, Inc.
Year Incorporated 1992 State of Incorporation CA ID# 1522585

☐ Partnership Name _____ Partners _____

☐ Sole Proprietor Name _____ Business Names _____

04 Company Address 9028 Dice Road (Street) Santa Fe Springs, CA (City) (State) 90670 (Zip)

05 Mailing Address Same as above (Street) (City) (State) (Zip)

06 Point of Discharge Dice Road Santa Fe Springs

07 Number of years applicant has been in business at present location 17 (yrs) _____ (months)

08 Name of Property Owner T-Chem Products, Inc.
Address of Property Owner 9028 Dice Road (Street) Santa Fe Springs, CA (City) 90670 (Zip) 310/946-6427 (Telephone Number)

09 Assessors Map Book No. 48 Page No. 11 Parcel No. 3 & 4

10 Type of Industry Mfg. household cleaning products (General Description) 2840 (Federal SIC No.)

11 Number of Employees (Full Time) 125 (Part Time) 9

12 Raw Materials Used Addendum #1
(General Description — Add Additional Sheets as Needed)
_____ (Daily Amount Used)

13 Products Produced Addendum #5
(General Description — Add Additional Sheets as Needed)
_____ (Daily Amount Produced)

14 Wastewater Producing Operations Addendum #10
(Full Description — Add Additional Sheets as Needed)

15 Time of Discharge 10:00 AM/PM to 8:00 AM/PM, Shifts per Day 3, Days per Week M T W Th F Sa Su
(Circle AM or PM) (Circle Days)

16 Wastewater Flow Rate 2,960 (260 dy/yr) (Average) Gallons per Day 62 (Peak) Gallons per Minute

17 Constituents of Wastewater Discharge Dilute products from wash downs of blend tanks and filling equipment.
(General Description — Attach Chemical Analysis Results to the Application)

18 Person in company responsible for industrial wastewater discharge
Scott Chancellor (Name) Plant Supervisor SHE (Position) 310/906-2240 (Telephone Number)

I affirm that all information furnished is true and correct and that the applicant will comply with the conditions stated on the back of this permit form.

Date 3-04 1994

19 Signature for Applicant (Company Administrative Official) Greg J Wiese (Name) Exec Vice Pres. (Position)

20 Approved/Reviewed by City or County Official

Date _____

For L.A. County Dept. of Public Works . ☐

City of _____

Name _____

Position _____

Approved by Sanitation Districts of Los Angeles County

Date _____

Expiration Date _____

Charles W. Carry, Chief Engineer & General Manager

By _____

Position _____

Note: Please submit application first to the applicable City or County agency in which the point of discharge is located. Please contact the local agency for the required permit processing fee. Submit the **original application** (Do not send copies)

CONTINUED ON NEXT PAGE

PERMIT FOR INDUSTRIAL WASTEWATER DISCHARGE

COUNTY SANITATION DISTRICTS OF LOS ANGELES COUNTY | PERMIT NO. _____
1955 Workman Mill Road / Whittier, CA
Mailing Address: P.O. Box 4998 / Whittier, California 90607-4998
Charles W. Carry, Chief Engineer and General Manager
(310) 699-7411

01 CHECK ONE: New Sewer Connection ☐ Existing Sewer Connection ☒

02 Applicant T-Chem Products, Inc.
(Legal Company Name)

03 Check one and fill in appropriate information

☒ Corporation Name T-Chem Products, Inc.
Year Incorporated 1992 State of Incorporation CA ID# 1522585

☐ Partnership Name _____ Partners _____

☐ Sole Proprietor Name _____ Business Names _____

04 Company Address 9028 Dice Road (Street) Santa Fe Springs, CA (City) (State) 90670 (Zip)

05 Mailing Address Same as above (Street) (City) (State) (Zip)

06 Point of Discharge Dice Road Santa Fe Springs

07 Number of years applicant has been in business at present location 17 (yrs) _____ (months)

08 Name of Property Owner T-Chem Products, Inc.
Address of Property Owner 9028 Dice Road (Street) Santa Fe Springs, CA (City) 90670 (Zip) 310/946-6427 (Telephone Number)

09 Assessors Map Book No. 48 Page No. 11 Parcel No. 3 & 4

10 Type of Industry Mfg. household cleaning products (General Description) 2840 (Federal SIC No.)

11 Number of Employees (Full Time) 125 (Part Time) 9

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(General Description — Add Additional Sheets as Needed)
_____ (Daily Amount Used)

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(General Description — Add Additional Sheets as Needed)
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(Circle AM or PM) (Circle Days)

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(General Description — Attach Chemical Analysis Results to the Application)

18 Person in company responsible for industrial wastewater discharge
Scott Chancellor (Name) Plant Supervisor SHE (Position) 310/906-2240 (Telephone Number)

I affirm that all information furnished is true and correct and that the applicant will comply with the conditions stated on the back of this permit form.

Date _____, 19____

19 Signature for Applicant _____ (Company Administrative Official) (Name) _____ (Position)

20 Approved/Reviewed by City or County Official

Date _____

For L.A. County Dept. of Public Works.. ☐

City of _____

Name _____

Position _____

Approved by Sanitation Districts of Los Angeles County

Date _____

Expiration Date _____

Charles W. Carry, Chief Engineer & General Manager

By _____

Position _____

Note. Please submit application first to the applicable City or County agency in which the point of discharge is located. Please contact the local agency for the required permit processing fee. Submit the **original application** (Do not send copies).

CONTINUED ON NEXT PAGE

APPLICANT FOR PERMIT MUST READ THIS MATERIAL

IN CONSIDERATION OF THE GRANTING OF THIS PERMIT, the applicant agrees:

1. To furnish any additional information on industrial wastewater discharges as required by the Districts,

2. To accept and abide by all provisions of ordinances, policies and guidelines of the Districts,

3. To operate and maintain any required industrial wastewater treatment devices in a satisfactory approved manner,

4. To cooperate at all times with Districts' personnel, or their representatives, in the inspection, sampling and study of industrial wastewater facilities and discharges,

5. To immediately notify the Districts at (310) 699-7411 during normal working hours or at (310) 437-6520 or 437-1881 after 4:00 P.M. or on weekends in the event of any accident, negligence or other occurrence that causes the discharge to the sewer of any material whose nature and quantity might be reasonably judged to constitute a hazard to the public health, environment, Districts' personnel or wastewater treatment facilities,

6. To pay to the Districts annually the required surcharge or user charge fee for industrial wastewater treatment,

7. To submit, as required by the Districts, accurate data on industrial wastewater discharge flows and wastewater constituents,

8. To operate only one industrial wastewater discharge point to the sewerage system under the authority granted by this permit,

9. To submit additional pages as required to furnish the necessary information if there is inadequate room on the reverse side of this permit form to complete submittal of requested data,

10. To apply for a revised Districts' Industrial Wastewater Discharge Permit if any change in industrial processes, production, method of wastewater treatment or operations creates a significant change in industrial wastewater quality, or if the quantity of wastewater discharged changes by more than 25% or other threshold level as specified in industrial waste permit requirements,

11. To provide immediate access to authorized personnel of the Districts to any facility directly or indirectly connected to the Districts' sewerage system under emergency conditions and at all other reasonable times.

FORM A: APPLICANT QUESTIONNAIRE

NAME OF COMPANY T-Chem Products, Inc CONTACT PERSON Scott Chancellor

1. **Reason for submittal** - circle A, B, or C, and complete the corresponding questions.

A. New Permit (for new companies and for changes in ownership)

Type of business Manufacturing
Is the facility new or existing? Existing
If existing, previous company name T-Chem Products
Type of business Manufacturing , Industrial Waste Permit No. 005140
Provide a description off all manufacturing processes below or in an attachment.
Addendum #5
Provide a description of all wastewater producing operations below or in an attachment.
Addendum #10
Are any changes being made to the facility's existing wastewater pretreatment/conveyance systems? yes If yes, briefly explain these modifications below or in attachments.
Addendum #15
Is there more than one company discharging industrial wastewater at your facility? no
If yes, provide for each company its name, a separate address and a description of its operations. If feasible, each company must apply for a separate permit and must have its own incoming water meter and a separate industrial wastewater sampling point.

If your facility will involve a new connection to the public sewer, please circle the point of connection: a. Local City sewer, b. Sanitation Districts' Trunk sewer.

If you are relocating, and had a previous Industrial Wastewater Discharge Permit, give your previous address _____, and permit no._____.
If you have received a temporary permit, give permit no. 13623

All submittals for new permits **must** include a permit application, plans and pertinent supporting information.

B. Revision of Existing Permit (for a 25 percent or more change in wastewater quantity/quality)

Permit no._____
Has your wastewater quantity and/or quality changed over 25 percent?_____ If yes, documentation addressing the magnitude and reason(s) for the change must be submitted. If no, a revision is not required at this time.
Have there been any changes in production processes, wastewater pretreatment systems or sewerage plumbing?_____ If yes, submit plans and describe these changes below or in attachments:

All submittals for a revised permit **must** include a permit application, plans (if changes have occurred) and supporting information.

C. Addendum to Permit (for modifications to the wastewater conveyance/pretreatment system)

Permit no._____
Provide a brief summary of the existing conditions and the proposed changes below.

Submittal must include plans and supporting information.

The applicant must also answer the questions on the back of this form.

2. Supporting Information Required

All submittals **must** include the following forms, which are included in Appendix 6.1:

Form A — Applicant Questionnaire
Form B — Calculation of Industrial Wastewater Discharge Flowrate
Form C — Tank Schedule and Spill Containment Calculations
Form D — Check List

Furthermore, your company must answer the questions below to determine the additional supporting information that must be provided:

a) Waste Minimization (refer to sections 2.4 and 3.3 E)

Please describe below or in an attachment all of your company's existing/proposed pollution prevention measures (e.g., reuse, product reformulation, process changes, housekeeping measures, etc.) :

Has your company previously submitted a waste minimization plan to the Districts?_____
If the answer is no, please read sections 2.4 and 3.3 E and submit the appropriate plan (if applicable). Your company is encouraged to obtain information on source reduction measures and options for your industrial processes by calling the Districts' Industrial Waste Section at (310) 699-7411.

b) Wastewater Quality (refer to sections 3.3 G and H)

Please provide the results of at least two 24-hour composite analyses attesting to concentrations of chemical oxygen demand, suspended solids and any priority or regulated pollutants that may be found in your wastewater. Your company must also provide material safety data sheets of all chemicals used in the facility that may directly or indirectly contaminate your wastewater.

c) New equipment (refer to sections 3.3. F, J and K)

Is your company installing new pretreatment, monitoring, conveyance or industrial equipment that may have an impact on the quality or quantity of your wastewater?_____
If yes, please provide catalog cuts of all units and important details such as: number of units, sizes, hours of operation, pump rating curves, operating parameters, etc.

d) Baseline Monitoring Report (refer to sections 2.1 and 3.3 I)

Does your company currently fall under one of EPA's categories?_____
If yes, your company must submit a Baseline Monitoring report, unless it submitted one in the past and there have been no changes in operations that may change your categorical standards.

e) Rainwater Management (refer to section 3.2)

Are there any outdoor drains, trenches or sumps at your facility that are connected to the sewerage system?_____
If yes, your company must submit plans and information that describe the existing means to divert rain water from the sewerage system or a proposal to comply with the Districts' rainwater guidelines. Please be informed that new automatic rainwater diversion systems will not be approved unless the applicant proves that this is the only feasible alternative.

FORM B: CALCULATION OF INDUSTRIAL WASTEWATER DISCHARGE FLOW RATE

COMPANY NAME: T-Chem Products

Calculation of flow rate is based on: (Check one)

- X Adjusted metered water supply (Company must complete the calculations below)
- ___ Direct measurement through a Districts' approved effluent flow measurement system *
- ___ Estimate for a facility not yet in operation **

ADJUSTED METERED WATER SUPPLY CALCULATIONS (Round all figures to two decimals)

		MILLION GALLONS PER YEAR
I Incoming Water		
1. Metered Water Supply from Purveyor (Water Company). Use most recent 12 consecutive months and attach copies of water bills.	See addendum #20 32.98	MGY
2. Water Supply from Company Well. Attach meter or water master data for most recent 12 consecutive months.	NA .	MGY
3. Water Received in Raw Materials, or by other means. Explain in attachments.	NA .	MGY
4. Rainwater/Groundwater Discharged to the Sewerage System. Explain in attachments.	NA .	MGY
5. Total Incoming Water. (Add lines 1 to 4)	32.98	MGY
II Water Losses		
6. Wastewater Discharged to Stormwater Drainage System Explain in attachments. (NPDES Permit No._____)	NA .	MGY
7. Water Lost Through Evaporation and Irrigation. (add lines a + b + c + d on the back of this form)	4.97	MGY
8. Water Lost in Products. Explain in attachments. See addendum #25	26.64	MGY
9. Sanitary Flow Deduction (from line "e" on the back of this form)	.60	MGY
10. Total Water Losses (add lines 6 to 9)	32.21	MGY
III Industrial Wastewater Discharged		
11. Calculated Industrial Wastewater Discharged to the public sewer (subtract line 10 from line 5)	.77	MGY
12. Any Proposed increase (+) or decrease (−) in industrial wastewater discharge to the public sewer? (explain in attachments) (80%)	Circle one (+) (−) .62	MGY
13. Total proposed yearly industrial wastewater discharge (add lines 11 and 12)	.15	MGY
14. Average industrial wastewater flow (use line 13 to calculate below)		

Million Gallons per Year	×	1,000,000	÷	Number of Discharge Days per Year	=	Gallons per Day
.15	×	1,000,000	÷	260	=	576

This is the average daily flow rate that must be used on the application for industrial wastewater discharge. (It may be rounded to two significant figures)

Note. The applicant must also complete the calculations on the back of this page.

* If your company currently has an **approved effluent wastewater flow measurement system**, please submit effluent totalizer readings for the last twelve months. Your company does not have to complete the rest of this form.

** The company must submit detailed information that substantiates how the flow rate was estimated.

WATER LOSSES

a. COOLING TOWER LOSSES

Tonnage	×	Hours of Operation Per Year	×	Load[1]	×	1.38[2]	–	1,000,000	=	Mil. Gal. Per Year	
500	×	5900	×	0 79	×	138	–	1,000,000	=	2.443	
	×		×	0.	×	138	–	1,000,000	=		
									=	2.443	a

[1]Load = 0.50 to 0.80
[2]1.38 = Gallons evaporated per hour per ton

b. BOILER LOSSES

Horsepower	×	Hours of Operation Per Year	×	Load[3]	×	% Evaporation[4]	×	3.82[5]	–	1,000,000	=	Mil. Gal. Per Year	
115	×	5.900	×	0 70	×	0 92	×	3.82	–	1,000,000	=	1.669	
	×		×	0	×	0	×	3 82	–	1,000,000	=		
											=	1.669	b

[3]Load = 0.50 to 0 80
[4]%Evaporation = (100 – % condensate returned)/100
[5]3.82 = Gallons evaporated per hour per ton

c. OTHER EVAPORATIVE LOSSES
(Explain in attachments)

Million Gallons Per Year	
	c

d. IRRIGATION LOSSES

Square Feet of Land Irrigated	×	18.7[6]	–	1,000,000	=	Mil. Gal. Per Year	
46,100	×	18.7	–	1,000,000		.86	d

[6]18.7 = Gallons irrigated per square foot per year

e. SANITARY FLOW DEDUCTION

No. Employees	×	Working Days Per Year	×	Gallons Per Employee Per Day	–	1,000,000	=	Mil. Gal. Per Year	
135	×	295	×	15	–	1,000,000		.60	e

INCOMING WATER METERS

Please list all the accounts (or other identification) for all the meters that measure the water supplied to the facility.

Meter#	Location	Account#
SEE ADDENDUM #20 (water bills)		

Abbreviations and Conversion Factors

MGY = million gallons per year
1 cubic foot = 7.48 gallons
1 acre foot = 325,900 gallons
1 acre = 43,560 square feet
1 CCF = 748 gallons

FORM C: TANK SCHEDULE & SPILL CONTAINMENT CALCULATIONS

Please complete one form for each containment area (make additional copies if necessary).

TANK I.D. NUMBER	TANK NAME	TANK DIMENSIONS*	TANK CONTENTS	pH	IS TANK ELEVATED?**
	S E E A T T A C H E D				

* Specify height and diameter if tank is round; or length, width and height if tank is rectangular.

** If the tank is elevated above the ground on legs, specify the location (elevation) of the bottom of the tank If the tank is located on a pad or solid platform, specify the dimensions of the pad or platform.

2. Spill Containment Calculations (make additional copies if necessary).

Answer the following questions:	CIRCLE ONE
Is this the first time that your company submits a permit package to the Districts?	YES (NO)
Does your company currently have tanks/equipment with hazardous solutions that lack adequate spill containment?	YES (NO)
Is your company proposing any additions/modifications of tanks or equipment that will need spill containment?	YES (NO)

If the answer to any of the questions above is "YES", your company must submit plans that describe and propose an adequate spill containment system and must complete the calculations below:

1. Containment Volume Required:

The required containment volume is equal to the capacity of the largest tank containing a solution that requires containment plus the volume of 6 inches of rain over the containment area (if the area is not roofed)

(1) = Volume of largest tank (assumed to spill) + volume of 6 inches of rain over contained area (if area is outdoors)

(1) = _____ + _____

(1) = _____ (specify units)

2. Containment Volume Provided

The containment provided is equal to the volume of the dike, berm, sump or other containment structure minus the volume displaced by tanks, pads and other equipment within the containment area.

(2) = Volume of containment dike − Volume displaced by tanks and other equipment.

(2) = _____ − _____

(2) = _____ (specify units)

Subtract (1) from (2)

(2) − (1) = _____ (Must be greater than zero to satisfy spill containment requirements)

Note: All drains, sumps and associated plumbing within spill containment areas must be clearly shown on submitted drawings.

FORM D: CHECK LIST FOR AN INDUSTRIAL WASTEWATER DISCHARGE PERMIT SUBMITTAL

COMPANY NAME: T-Chem Products, Inc.

1. Permit Application Form — X

2. Plans (Minimum size: 11" x 17", maximum size: 30" x 42")

NA

   a. Required Plans:

      Sewerage Plan (location of equipment, process tanks and sewer lines) — ____

      Plot Plan (location of facility, sampling point and connection to the public sewer) — ____

      Plans of Pretreatment Facilities — ____

   b. Additional Plans (if needed):

      Spill Containment System — ____

      Flow Monitoring System — ____

      Rainwater Management — ____

      Combustible Gas Monitoring System — ____

3. Supporting Information:

ALWAYS REQUIRED

- Applicant's Questionnaire (Form A) — X
- Estimation of Discharge Flow Rate and Water Bills (Form B) — X
- Tank Schedule and Spill Containment Calculations (Form C) — X
- Checklist (Form D) — X

COMPLETE FORM A TO DETERMINE WHICH OF THESE ARE NECESSARY

- Waste Minimization Plan — ____
- Process Description — ____
- Material Safety Data Sheets — ____
- Wastewater Analyses — ____
- Baseline Monitoring Report (for EPA categorical companies) — ____
- Pump Curves — ____
- Catalog Cuts of Pretreatment Equipment — ____
- Baseline Credit Information — ____
- Equipment Costs — ____
- Notification Report of the Discharge of Hazardous Wastes (if applicable) — ____

ADDENDUM #1 Rev. 8/15/95

Raw materials used at our facility are as follows:

Caustic Soda	50%
Chlorine Liquid Ammonia	29.4%
Soda Ash Grade 100	
Salt Mill Feed K.D. Fine	

ADDENDUM #1

Raw materials used at our facility are as follows:

Caustic Soda	50%
Chlorine Liquid Ammonia	29.4%
Sulfonic Acid	97%
Soda Ash Grade 100	
Salt Mill feed K.D. Fine	
Sodium Tripoly Phosphate	
Pine Oil	

ADDENDUM #5 Rev. 8/15/95

T-Chem Products is a private label manufacturer of household cleaning products. Our facility consists of two product line operations:

1. Liquid batching and package filling
2. Plastic bottle blowmolding

These operations produce the following product lines for sale to retail distributors.

Liquid Operations:

5% Household Bleach
14% Industrial Bleach
Windshield Wash

Plastics Operations:

Poly Ethylene bottles

ADDENDUM #5

T-Chem Products is a private label manufacturer of household cleaning products. Our facility consists of three product line operations:

1. Liquid batching and package filling
2. Powder batching and package filling
3. Plastic bottle blowmolding

These operations produce the following product lines for sale to retail distributors.

Liquid operations:

5% Household bleach
14% Industrial bleach
Fabric Rinse
Fabric softener rinse
Household ammonia
Liquid Dish Detergent
Liquid Laundry Detergent
Glass Cleaner
Windshield Wash
All Purpose Cleaners
Peroxide Bleach

Powder Operations:

Concentrated Laundry Detergent
Ultra Laundry Detergent
Dry Bleach Laundry Detergent
Auto Dish Detergent

Plastic Operations:

Poly Ethylene bottles

ADDENDUM #10 Rev. 8/15/95

Waste Water Producing Operations:

All industrial waste water from operations at this facility are from equipment washout and cleaning operations. The main waste water producing operations are as follows:

1. Bulk liquid production - washout of mix tanks, transfer lines and related equipment.
2. Bulk bleach production - backwash of filter and associated process system.
3. Liquid fill line - product change equipment and supply line flush as well as equipment cleaning.
4. Miscellaneous plant clean up.

All wash outs and clean up operations result in a waste water flow consisting of dilute amounts of the product we produce at our facility. Frequency of washout and clean up operations depends on seasonal and promotional demands by our customers.

ADDENDUM #10

Waste water producing operations:

All industrial waste water from operations at this facility are from equipment washout and cleaning operations. The main waste water producing operations are as follows:

1. Bulk liquid production - washout of mix tanks, transfer lines and related equipment.
2. Bulk bleach production - backwash of filter and associated process system.
3. Liquid fill line - product change equipment and supply line flush as well as equipment cleaning.
4. Bulk powder production clean up.
5. Miscellaneous plant clean up.

All wash outs and clean up operations result in a waste water flow consisting of dilute amounts of the product we produce at our facility. Frequency of washout and clean up operations depends on seasonal and promotional demands by our customers.

ADDENDUM #15

Currently this facility has the capability to recycle enough of our industrial waste water to permit us to use a 6%+ mix of recycle water in our bleach producing process. We are currently working with an engineer to upgrade our treatment plant to permit an 80% reduction in our current industrial waste water flow.

ADDENDUM #15

Currently this facility has the capability to recycle enough of our industrial waste water to permit us to use a 6%+ mix of recycle water in our bleach producing process. We are currently working with an engineer to upgrade our treatment plant to permit an 80% reduction in our current industrial waste water flow.

United States Compliance

August 13, 2007

Ray Wetter
KIK-SoCal Inc.
9028 Dice Road
Santa Fe Springs, CA 90670

Dear Ray,

Please find enclosed the completed Annual Wastewater Treatment Surcharge KIK-SoCal Inc.

Please have the proper signing official sign and date the surcharge report where indicated. Please make sure to include the following items with the submission:

- ☑ Copies of natural gas bills
- ☑ Copies of secured property tax bills for each building

Lastly, keep the enclosed "File Copy" for your files and send the original report to the LACSD via certified mail in the provided envelope as soon as possible.

The Surcharge Report must be postmarked by August 15, 2007.

If you have any questions or concerns in regards to this, please feel free to contact me at U.S. Compliance Corporation or by email at dnickel@uscompliance.com.

Sincerely,

Dave Nickel
Environmental Specialist

Enclosures

COUNTY SANITATION DISTRICTS OF LOS ANGELES COUNTY
1955 Workman Mill Rd , P O. Box 4998
Whittier, CA 90607-4998
Stephen R. Maguin, Chief Engineer and General Manager

2006-2007 LONG FORM
WASTEWATER TREATMENT SURCHARGE STATEMENT
For Fiscal Year July 1, 2006 to June 30, 2007

(This form must be used by all companies discharging more than six (6) million gallons of wastewater to the sewer during fiscal year 2006-2007)

FILE COPY

7 COMPANY NAME AND FEDERAL TAX ID NO: 9028*DICE*RD**SANTA*FE*SPRINGS*90670***

8 COMPANY MAILING ADDRESS: TO: KIK SOCAL A
9028 DICE RD
SANTA FE SPRINGS CA 90670

9 ADDRESS OF WASTEWATER DISCHARGE

10 PROPERTY TAX IDENTIFICATION NO: 18 2042264 A 8168/007/029 L

(Map Book No) (Page No) (Parcel No)

RETURN THIS COPY TO THE SANITATION DISTRICTS

11. FEDERAL STANDARD INDUSTRIAL CLASSIFICATION (SIC) NO(S). 2841 , , ,

TOTAL YEARLY WASTEWATER QUANTITIES
(Furnish calculation details in Tables 2B and 3)

	NO 1	NO 2	NO 3	NO 4	TOTALS
12. DISCHARGE OUTLETS TO SEWER Sanitation Districts' Permit No(s)	15431				
☐ If more than four (4) outlets are reported, enter total number in box and use Table 1 to calculate totals for Lines 13a, 14a, and 15a					
13 FLOW VOLUME (In millions of gallons to two decimal places)	1.85				13a 1.85 (TOTAL FLOW)
14 CHEMICAL OXYGEN DEMAND (COD) (In thousands of lbs. to two decimal places)	1.70				14a 1.70 (TOTAL COD)
15 SUSPENDED SOLIDS (SS) (In thousands of lbs. to two decimal places)	0.11				15a 0.11 (TOTAL SS)
16. PEAK FLOW RATE (Round off to whole numbers. Average of 10 highest peak flows, in gallons per minute. Use calculation table on reverse side of this form)	8				16a 8 (Enter Line 39a or Line 43a from reverse side of this form)

DETAILS OF WASTEWATER DETERMINATIONS

17 METHOD OF FLOW VOLUME DETERMINATION (submit copies of water bills if metered or adjusted metered water supply method is used)
☐ Direct Measurement ☐ Metered Water Supply (complete Tables 2A and 2B) ☒ Adjusted Metered Water Supply (complete Tables 2A and 2B) (submit totalizer readings)

18. SOURCE OF WATER SUPPLY ☐ Water Well ☒ Water Purveyor - Name City of Santa Fe Springs Water Co.

19 METHOD OF PEAK FLOW RATE DETERMINATION
☐ Direct Measurement ☒ Assumed P/A = 2 00 ☐ Calculated Value (submit calculations)

CALCULATION OF WASTEWATER TREATMENT SURCHARGE PAYABLE

20. FLOW VOLUME CHARGE (Multiply total flow on Line 13a by $540 00)	20a	$ 999.00
21. CHEMICAL OXYGEN DEMAND CHARGE (Multiply total COD on Line 14a by $95.50)	21a	$ 162.35
22. SUSPENDED SOLIDS CHARGE (Multiply total SS on Line 15a by $269.90)	22a	$ 29.69
23. PEAK FLOW RATE CHARGE (Enter Line 46a from reverse side of this form)	23a	$ -
24. SANITARY FLOW CHARGE (Enter Line 48a from reverse side of this form)	24a	$ 519.48
25 GROSS WASTEWATER TREATMENT SURCHARGE PAYABLE (The sum of Lines 20a, 21a, 22a, 23a and 24a)	25a	$ 1,710.52
26. QUARTERLY PAYMENT CREDIT (Total amount paid for the first three quarters of the fiscal year)	26a	$ 4,203.00
27 NET WASTEWATER TREATMENT SURCHARGE PAYABLE - QUARTER 4 (Line 25a less Line 26a) (Please indicate any overpayment in brackets, as [ ])	27a	$ [2,492.48]

CERTIFIED CORRECT BY COMPANY ADMINISTRATIVE OFFICER
I hereby certify under the penalty of perjury that this statement and supporting data are complete and correct

28 SIGNATURE [signature] 29. DATE 8-14-07

30. PRINT NAME and POSITION ROBERT R BROWN GENERAL MGR

31 PREPARED BY U.S. Compliance Corporation

32 TELEPHONE NO OF DISCHARGER (562) 946-6427
(Include Area Code)

Due August 15, 2007
U.S. Postmarked no later than this date.

DO NOT STAPLE FORMS

Please enclose a check in the full amount shown on Line 27a Make the check payable to the County Sanitation Districts of Los Angeles County Any overpayments will be refunded upon verification by the Sanitation Districts

Please use the pre-addressed envelope for return For more information call the Surcharge Section at (562) 699-7411 or (323) 685-5217, ext 2600

Please pay by August 15, 2007 to avoid penalty and interest penalty charges

PLEASE RETURN THIS COPY WITH YOUR PAYMENT DO NOT SEND CASH
USE THE PREVIOUS PAGE AS YOUR WORKSHEET

Return This Copy To The Sanitation Districts

CALCULATION TABLE FOR PEAK FLOW RATE CHARGE

33. TOTAL YEARLY FLOW VOLUME (In gallons. Multiply Line 13a by 1,000,000.) 33a 1,850,000

34. NUMBER OF DISCHARGE DAYS PER YEAR 34a 312

35. AVERAGE NUMBER OF DISCHARGE HOURS PER DISCHARGE DAY .....35a 24 .00

36. MINUTES PER YEAR (Multiply Line 34a by Line 35a by 60) 36a 449,280

37 AVERAGE FLOW RATE "A" (In gallons per minute. Divide Line 33a by Line 36a.) 37a 4

38. NUMBER OF DISCHARGE OUTLETS TO SEWER AS LISTED ON LINE 12 or in Table 1 .....38a 1
(If 1, proceed to Line 39 If more than 1, proceed to Line 40)

39. PEAK FLOW RATE "P" FOR SINGLE OUTLET (In gallons per minute. Complete Line 39a and proceed to Line 44. If 10 gpm or less, do not calculate a peak flow rate charge.). .39a 8
(Enter on Line 16a)

40. HIGHEST PEAK FLOW RATE "P" AMONG MULTIPLE OUTLETS (From Line 16 or Table 1) .....40a _____

41. TOTAL YEARLY FLOW VOLUME OF THE OUTLET WITH THE HIGHEST PEAK FLOW RATE (Multiply value from Line 13 or Table 1 by 1,000,000) .....41a _____

42. AVERAGE FLOW RATE OF THE OUTLET WITH THE HIGHEST PEAK FLOW RATE (Divide Line 41a by Line 36a) .....42a _____

43. PEAK FLOW RATE "P" FOR MULTIPLE OUTLETS (Line 40a plus Line 37a minus Line 42a. If 10 gpm or less, do not calculate a peak flow rate charge.) ..... 43a _____
(Enter on Line 16a)

44. PEAK TO AVERAGE FLOW RATIO (P/A) (Divide either Line 39a or 43a by 37a) .....44a _____
(To two decimal places)

45. FACTOR "M" (Obtain "M" from Figure 2 using the value of P/A on Line 44a or calculate M = 2.50 log (P/A)) .....45a _____
(To two decimal places)

46. PEAK FLOW RATE CHARGE (Multiply Line 45a by $71.70 by either Line 39a or Line 43a) .....46a $ _____
(Enter on Line 23a)

CALCULATION TABLE FOR SANITARY FLOW CHARGE

IMPORTANT: This charge is calculated only when the total yearly flow volume on Line 13a does not include the sanitary (domestic) wastewater from company employees.

47. AVERAGE NUMBER OF EMPLOYEES PER DISCHARGE DAY NOT CONTRIBUTING TO THE REPORTED FLOW VOLUME ON LINE 13a 47a 75

48 SANITARY FLOW CHARGE (Multiply Line 34a by Line 47a by $0.022) ..... 48a $ 519 .48
(Enter on Line 24a)

CHECKLIST

The following checklist has been supplied to help ensure your filing is complete. Please note all information MUST apply to the 2006-2007 fiscal year (July 1 through June 30).

HAVE YOU INCLUDED

1) Copies of water bills and/or water well pumping records - see instructions on Page 7	Yes [x]	No [ ]
2) A completed Table 2A - Page 22	Yes [x]	No [ ]
3) Detailed calculation(s) to substantiate any claimed evaporative losses – see instructions on Page 7. If you claim boiler losses or any other heat related losses, copies of your Natural Gas bills must be submitted.	Yes [x]	No [ ]
4) A completed Table 2B - Page 23	Yes [x]	No [ ]
5) Copies of totalizer readings (for direct measurement companies only) – see instructions on Page 7	Yes [ ]	No [x]
6) Peak flow rate calculations (if peak flow rate is calculated) – see instructions on Page 8	Yes [ ]	No [x]
7) Copies of **ALL** laboratory analyses of 24-hour composite samples of COD and SS – see instructions on Page 8	Yes [x]	No [ ]
8) A completed Table 3 – Page 24	Yes [x]	No [ ]
9) A flow-weighted Table 3 (for direct measurement companies only) – see instructions on Page 9	Yes [ ]	No [x]
10) A completed Table 1 (for companies with more than four (4) discharge outlets) – Page 21	Yes [ ]	No [x]
11) A copy of the secured property tax bill(s) – see instructions on Page 5	Yes [x]	No [ ]
12) Your check made payable to the County Sanitation Districts of Los Angeles County – Refund	Yes [ ]	No [x]

TO AVOID PENALTY AND INTEREST PENALTY CHARGES, YOUR PAYMENT IS DUE ON AUGUST 15, 2007 AND MUST BE U.S. POSTMARKED NO LATER THAN THIS DATE.

NOTE: Your Quarter 1 payment for fiscal year 2007-2008 is due September 30, 2007 - see instructions on Page 4

SANITATION DISTRICTS OF LOS ANGELES COUNTY

SURCHARGE SECTION
1955 Workman Mill Road, Whittier, CA 90601-1400
Mailing Address P.O. Box 4998, Whittier, CA 90607-4998
Telephone: (562) 699-7411, FAX: (562) 908-4224
www.lacsd.org

STEPHEN R. MAGUIN
Chief Engineer and General Manager

TABLE 2A

Water Usage Verification Table

Fiscal Year 2006/2007		Account No.	2042264
Company Name	KIK-SoCal Inc.		
Districts' Permit No.	15431	SIC No.	2841

WATER USAGE FROM WATER BILLS 1/ 2/

PREPARE ONE TABLE PER WATER METER **METER NO.** _____

Date From	Date To	Present Water Bill Reading (in CCF)	Previous Water Bill Reading (in CCF)	Water Usage (in CCF) 1/ 2/
07/05/06	08/02/06	135,302	131,611	3,691
08/02/06	09/04/06	140,523	135,302	5,221
09/04/06	10/03/06	145,902	140,523	5,379
10/03/06	11/02/06	147,408	145,902	1,506
11/02/06	12/04/06	150,539	147,408	3,131
12/04/06	01/03/07	153,271	150,539	2,732
01/03/07	02/02/07	156,616	153,271	3,345
02/02/07	03/02/07	159,819	156,616	3,203
03/02/07	04/03/07	162,805	159,819	2,986
04/03/07	05/02/07	166,517	162,805	3,712
05/02/07	06/04/07	169,893	166,517	3,376
06/04/07	07/03/07	173,667	169,893	3,774
				-
				-
				-
				-
				-
				-
			TOTAL FISCAL YEAR WATER USAGE IN CCF	**42,056**

Total Yearly CCF x 748 = 31,457,888 Gals Per Year - 1,000,000 = 31.46

SUBMIT COPIES OF WATER BILLS
Include Table 2B to calculate and deduct sanitary flow

NOTES:

1/ Most water bill usage is expressed in hundreds of cubit feet (CCF) One hundred cubic feet (CCF) = 748 gallons

2/ If water meter records are in acre feet (1 acre foot = 325,900 gallons) or gallons, please change table headings from CCF to agree with data

SANITATION DISTRICTS OF LOS ANGELES COUNTY

SURCHARGE SECTION
1955 Workman Mill Road, Whittier, CA 90601-1400
Mailing Address P O Box 4998, Whittier, CA 90607-4998
Telephone. (562) 699-7411, FAX: (562) 908-4224
www lacsd org

STEPHEN R MAGUIN
Chief Engineer and General Manager

TABLE 2B

Adjusted Metered Water Supply Table

Fiscal Year 2006/2007

Account No. 2042264

Company Name: KIK-SoCal Inc.

Districts' Permit No.: 15431 SIC No.: 2841

1.	Metered Water Supply from Purveyor (Water Company) Complete Table 2A and attach copies of water bills.	+ 31 46	mil. gal./yr
2	Water Supply from Company Well Attach copies of meter or well pumping records.	+ -	mil gal./yr.
3	Water Received in Raw Materials Explain how determined in attachments	+ -	mil gal /yr.
4	Wastewater Discharged to Stormwater Drainage System. Explain how determined in attachments. Enter your NPDES Permit No. _____	- -	mil. gal /yr
5	Water Lost Through Evaporation Explain how determined in attachments. May include irrigation losses.	- 3 65	mil gal /yr.
6.	Water Lost in Products Explain how determined in attachments.	- 25.61	mil. gal./yr.
7.	Sanitary Flow Deduction	- 0.35	mil. gal./yr
8	Water Gained by Other Means Explain how determined in attachments.	+ -	mil gal./yr.
9	TOTAL INDUSTRIAL WASTEWATER DISCHARGED TO PUBLIC SEWER. THIS AMOUNT IS ENTERED ON LINE 13a OF THE SHORT FORM OR LINE 13a OF THE LONG FORM	**1.85**	mil. gal /yr

* To claim an exemption, Line 7 plus Line 9 must total less than one (1) million gallons

WATER LOSS CALCULATIONS

IRRIGATION LOSSES

Square Footage of Land Irrigated						Mil Gal Per Year
18,600	x	18.7*	–	1,000,000	=	**0.35**
	x	18 7	–	1,000,000	=	-
	x	18.7	–	1,000,000	=	-
	x	18 7	÷	1,000,000	=	-

*18 7 = Gallons per square foot of irrigated area per year — **TOTAL** 0 35

COOLING TOWER

Tonnage		Hours of Operation Per Year		% Load		1.38*	–	1,000,000	=	Mil. Gal Per Year
500	x	6000	x	0 79	x	1.38	–	1,000,000	=	**3.27**
	x		x		x	1 38	–	1,000,000	=	-
	x		x		x	1 38	–	1,000,000	=	-
	x		x		x	1.38	–	1,000,000	=	-

*1 38 - Gallons evaporated per hour per ton — **TOTAL** **3.27**

BOILER NATURAL GAS USAGE IN THERMS _____ **Must submit copies of Natural Gas bills.**

Horsepower		Hours of Operation Per Year		% Load		% Steam Loss To Atmosphere		3 82*	–	1,000,000	=	Mil. Gal. Per Year
48	x	213	x	0 70	x	0.92	x	3 82	–	1,000,000	=	**0.03**
	x		x		x		x	3 82	–	1,000,000	=	-
	x		x		x		x	3 82	–	1,000,000	=	-
	x		x		x		x	3 82	–	1,000,000	=	-
	x		x		x		x	3 82	–	1,000,000	=	-
	x		x		x		x	3 82	–	1,000,000	=	-
	x		x		x		x	3 82	–	1,000,000	=	-
	x		x		x		x	3 82	–	1,000,000	=	-

*3 82 = Gallons evaporated per hour per horsepower — **TOTAL** **0.03**

SANITARY FLOW

Employees		Discharge Days Per Year		Gallons Per Employee Per Day				1,000,000	=	Mil Gal Per Year
75	x	312	x	15	–			1,000,000	=	**0.35**

Conversion Factors. 1 cubic foot = 7 48 gallons — 1 acre foot = 325,900 gallons — 1 gallon of water = 8.34 pounds in weight

formulas are provided for estimations and may not be suitable for all types of industries.
calculations are subject to review by the Districts.

Table 3

Chemical Oxygen Demand & Suspended Solids Summary

ɔcal Year 2006/2007 | Account No. 2042264

Company Name: KIK-SoCal Inc.

Districts' Permit No. 15431 | SIC No. 2841

(Prepare One Table For Each Discharge Outlet)

Method of Flow Volume Determination: ☐ Metered Water Supply (complete Tables 2A and 2B) ☑ Adjusted Metered Water Supply (complete Tables 2A and 2B)

Sample No	Date of 24-Hour Sampling & Measurements	Surcharge Parameter Report 1/		Tests Represent Penod of Time				Total Wastewater Quantities Discharged to the Sewer (to two decimal places)		
		Chemical Oxygen Demand (COD) 2/ (mg/l) 5/	Suspended Solids (SS) 2/ (mg/l) 5/	From		Thru		Flow Volume (millions of gal) 3/ 4/	Chemical Oxygen Demand (COD) (thousands of lbs) 6/	Suspended Solids (SS) (thousands of lbs) 6/
				Mo	Day	Mo	Day			
1	07/13/06	247	11							
2	09/06/06	61	11							
3	01/01/07	59	2							
4	06/20/07	72	5	7	1	6	30	1.85	1.70	0.11
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Table 3

Chemical Oxygen Demand & Suspended Solids Summary

ɔcal Year 2006/2007 | Account No. 2042264

Company Name: KIK-SoCal Inc.

Districts' Permit No. 15431 | SIC No. 2841

(Prepare One Table For Each Discharge Outlet)

Method of Flow Volume Determination ☐ Metered Water Supply (complete Tables 2A and 2B) ☑ Adjusted Metered Water Supply (complete Tables 2A and 2B)

Sample No	Date of 24-Hour Sampling & Measurements	Surcharge Parameter Report 1/		Tests Represent Period of Time				Total Wastewater Quantities Discharged to the Sewer (to two decimal places)		
		Chemical Oxygen Demand (COD) 2/ (mg/l) 5/	Suspended Solids (SS) 2/ (mg/l) 5/	From Mo	From Day	Thru Mo.	Thru Day	Flow Volume (millions of gal) 3/ 4/	Chemical Oxygen Demand (COD) (thousands of lbs) 6/	Suspended Solids (SS) (thousands of lbs) 6/
45										
46										
47										
48										
49										
50										
	Annual Average	110	7			Annual Avg Total		1 85	1.70	0.11

NOTES:

1/ Frequency of surcharge parameter measurements should follow the requirements in Table A, according to the total yearly flow volume of the discharge outlet. If more than 24 tests are required or performed during the fiscal year, please attach additional sheets.

2/ mg/l corresponds to milligrams per liter - also equivalent to PPM or parts per million All sample results must be reported in whole numbers.

Companies determining wastewater flows by an effluent flow meter must have a value for flow volume in this column for every required sampling time period. These flow volumes should be used to calculate the quantities of COD and SS discharged

4/ Companies using metered or adjusted metered water supplies should calculate the annual average for COD and SS and use these values and the total annual flow volume to calculate the total annual wastewater quantities of COD and SS discharged

5/ Submit copies of laboratory analyses for ALL 24-hour composite samples which were analyzed for either COD or SS concentrations.

6/ The flow-weighted COD and SS in thousands of pounds is determined by:

[Flow Volume Discharged in Millions of Gallons (to two decimal places)] X [Chemical Oxygen Demand or Suspended Solids Concentration in Milligrams per Liter (mg/l)] X [8 34 / 1,000] = [Thousands of Pounds of Chemical Oxygen Demand or Suspended Solids (to two decimal places)]

City of Santa Fe Springs Water Utility
11710 Telegraph Road
Santa Fe Springs, CA 90670-3658

Customer Service (562) 868-0511

WATER UTILITY STATEMENT

KIK SO CAL INC

9028 DICE RD
SANTA FE SPGS CA 90670

RECEIVED
AUG 21 2006
By

UTILITY ACCOUNT INFORMATION

Account Number 62005130
Name KIK SO CAL INC

Service Address 09028 DICE ROAD
Date Billed 08-16-2006
Service Period 07-05-2006 to 08-02-2006

Your water utility bill is due upon presentation This bill is delinquent on 08-31-2006 A $10 00 late charge will be added to your bill and a turn off notice will be delivered on 09-11-2006

UTILITY ACCOUNT INFORMATION

Previous Bill (07-18-2006)	$9646.76
Payment Received	$-9646 76
Penalty - Delinquent Fee	$0.00
Adjustments Made To Account	$0 00

BALANCE FORWARD $0.00

Current Charges

Meter Read	Current 135302 – Previous 131611 = 03691 CCF	
Water Usage Charge	*Domestic Service*	$8265.16

TOTAL BALANCE DUE $8265.16

HERE WILL BE NO TRASH COLLECTION ON ONDAY SEPTEMBER 4TH DUE TO THE BSERVANCE OF THE LABOR DAY HOLIDAY. RASH COLLECTION WILL BE CONDUCTED ON AY LATE WITH FRIDAY SERVICEBEING ONDUCTED ON SATURDAY

Payment Options

Payment may be made in person, bring entire bill, or place payment in drop boxes (see back of bill). Payment can be automatically withdrawn from your checking or savings account. Major credit cards accepted, except American Express.

** COMPARE YOUR DAILY AVERAGE USE WITH LAST YEAR **

YEAR	28 DAYS	131.82 USAGE	98,601.36	Gallons
AST YEAR	28 DAYS	164 85 USAGE	123,307.80	Gallons

City of Santa Fe Springs Water Utility
11710 Telegraph Road
Santa Fe Springs, CA 90670-3658

Customer Service (562) 868-0511

WATER UTILITY STATEMENT

KIK SO CAL INC

9028 DICE RD
SANTA FE SPGS CA 90670

RECEIVED
SEP 20 2006
By

UTILITY ACCOUNT INFORMATION

Account Number 62005130
Name KIK SO CAL INC

Service Address 09028 DICE ROAD
Date Billed 09-15-2006
Service Period 08-02-2006 to 09-04-2006

Your water utility bill is due upon presentation. This bill is delinquent on 09-30-2006 A $10 00 late charge will be added to your bill and a turn off notice will be delivered on 10-09-2006

UTILITY ACCOUNT INFORMATION

Previous Bill (08-16-2006)	$8265.16
Payment Received	$-8265.16
Penalty - Delinquent Fee	$0 00
Adjustments Made To Account	$0.00

BALANCE FORWARD $0.00

Current Charges

Meter Read	Current	140523	— Previous	135302	=	05221 CCF
Water Usage Charge	**Domestic Service**					$11631.16

TOTAL BALANCE DUE $11631.16

STANDARD FIRST AID AND INFANT AND CHILD CPR COURSES WILL BE OFFERED AT THE POLICE SERVICES CENTER. CALL 409-1850 FOR MORE INFORMATION.

Payment Options

Payment may be made in person, bring entire bill, or place payment in drop boxes (see back of bill) Payment can be automatically withdrawn from your checking or savings account. Major credit cards accepted, except American Express

** COMPARE YOUR DAILY AVERAGE USE WITH LAST YEAR **

THIS YEAR	33 DAYS	158 21 USAGE	118,341 08	Gallons
LAST YEAR	31 DAYS	161 64 USAGE	120,906 72	Gallons

City of Santa Fe Springs Water Utility
11710 Telegraph Road
Santa Fe Springs, CA 90670-3658

Customer Service (562) 868-0511

WATER UTILITY STATEMENT

KIK SO CAL INC

9028 DICE RD

SANTA FE SPGS CA 90670

RECEIVED
OCT 19 2006
By

UTILITY ACCOUNT INFORMATION

Account Number 62005130
Name KIK SO CAL INC

Service Address 09028 DICE ROAD
Date Billed 10-17-2006
Service Period 09-04-2006 to 10-03-2006

Your water utility bill is due upon presentation. This bill is delinquent on 11-01-2006 A $10.00 late charge will be added to your bill and a turn off notice will be delivered on 11-08-2006.

UTILITY ACCOUNT INFORMATION

Previous Bill (09-19-2006)		$11631.16
Payment Received		-11631 16
Penalty - Delinquent Fee		$0 00
Adjustments Made To Account		$0 00

BALANCE FORWARD $0.00

Current Charges

Meter Read	Current 145902	—	Previous 140523	=	05379 CCF	
Water Usage Charge	**Domestic Service**					$11978 76

TOTAL BALANCE DUE $11978.76

HALLOWEEN ACTIVITIES-FOR A MINIMAL FEE VISIT THE HAUNTED HOUSE 10/28-10/31 PUMPKIN CARVING 10/30 AND CARNIVAL AND COSTUME PARADE 10/31 CALL 863-4896 FOR INFORMATION

Payment Options

Payment may be made in person, bring entire bill, or place payment in drop boxes (see back of bill) Payment can be automatically withdrawn from your checking or savings account. Major credit cards accepted, except American Express.

** COMPARE YOUR DAILY AVERAGE USE WITH LAST YEAR **

THIS YEAR	29 DAYS	185 48 USAGE	138,739 04	Gallons
LAST YEAR	32 DAYS	139.62 USAGE	104,435.76	Gallons

City of Santa Fe Springs Water Utility
11710 Telegraph Road
Santa Fe Springs, CA 90670-3658

Customer Service (562) 868-0511

UTILITY ACCOUNT INFORMATION

Account Number 62005130
Name KIK SO CAL INC

Service Address 09028 DICE ROAD
Date Billed 11-09-2006
Service Period 10-03-2006 to 11-02-2006

RECEIVED
NOV 13 2006
By

WATER UTILITY STATEMENT

KIK SO CAL INC

9028 DICE RD
SANTA FE SPGS CA 90670

'06

UTILITY ACCOUNT INFORMATION

Previous Bill (10-17-2006)	$11978.76
Payment Received	-11978.76
Penalty - Delinquent Fee	$0 00
Adjustments Made To Account	$0.00

BALANCE FORWARD $0.00

Current Charges

Meter Read	Current 147408 – Previous 145902 = 01506 CCF	
Water Usage Charge	**Domestic Service**	$3458 16

TOTAL BALANCE DUE $3458.16

THE CITY LIBRARY IS RECURITING FOR AMERICORPS THE NATIONAL VERSION OF THE PEACE CORPS. WORK IN LITERACY SERVING BOTH CHILDREN AND ADULTS. CALL 868-7738 FOR MORE INFORMATION.

Your water utility bill is due upon presentation. This bill is delinquent on 11-24-2006. A $10.00 late charge will be added to your bill and a [illegible] will be delivered on 11-[illegible]-2006.

** COMPARE YOUR DAILY AVERAGE USE WITH LAST YEAR **

THIS YEAR	30 DAYS	50.20	USAGE	37,549.60	Gallons
LAST YEAR	29 DAYS	130 48	USAGE	97,599 04	Gallons

City of Santa Fe Springs Water Utility
11710 Telegraph Road
Santa Fe Springs, CA 90670-3658

Customer Service (562) 868-0511

WATER UTILITY STATEMENT

UTILITY ACCOUNT INFORMATION

Account Number 62005130
Name KIK SO CAL INC

Service Address 09028 DICE ROAD
Date Billed 12-13-2006
Service Period 11-02-2006 to 12-04-2006

KIK SO CAL INC

9028 DICE RD
SANTA FE SPGS CA 90670

UTILITY ACCOUNT INFORMATION

Previous Bill (11-09-2006)	$3458.16
Payment Received	$-3458.16
Penalty - Delinquent Fee	$0.00
Adjustments Made To Account	$0.00

BALANCE FORWARD $0.00

Current Charges

Meter Read	Current 150539 – Previous 147408 = 03131 CCF	
Water Usage Charge	Domestic Service	$7033 16

TOTAL BALANCE DUE $7033.16

VOLUNTEERS NEEDED FOR THE VOLUNTEER INCOME TAX ASSISTANCE PROGRAM. VITA OFFERS TAX PREPARATION FOR LOW INCOME FAMILIES. CALL 692-0261 FOR INFORMATION.

Your water utility bill is now due and payable. If payment is not received by 01-10-2007 a $15 late fee will be applied on your next bill.

** COMPARE YOUR DAILY AVERAGE USE WITH LAST YEAR **

THIS YEAR	32 DAYS	97.84 USAGE	73,184.32	Gallons
LAST YEAR	30 DAYS	115.13 USAGE	86,117.24	Gallons

Penalty - Delinquent Fee $0.00
$0.00
$0.00

is 000000 = 00000 CCF
$101.00

$101.00

Your water utility bill is now due and payable. If payment is not received by 01-10-2007 a $15 late fee will be applied on your next bill.

E USE WITH LAST YEAR **

	32 DAYS	0 00 USAGE	0.00	Gallons
LAST YEAR	30 DAYS	0.00 USAGE	0.00	Gallons

KIK - SoCal Inc
Accounts Payable Approval
General Ledger A/c
Amount
$101 00
Total
Coded by
Approved by DEC 15 2006
Entered by
Date Entered
Transaction Code

City of Santa Fe Springs Water Utility
11710 Telegraph Road
Santa Fe Springs, CA 90670-3658

Customer Service (562) 868-0511

WATER UTILITY STATEMENT

UTILITY ACCOUNT INFORMATION

Account Number 62005130
Name KIK SO CAL INC

Service Address 09028 DICE ROAD
Date Billed 01-18-2007
Service Period 12-04-2006 to 01-03-2007

KIK SO CAL INC

9028 DICE RD
SANTA FE SPGS CA 90670

RECEIVED
JAN 22 2007
By

UTILITY ACCOUNT INFORMATION

Previous Bill (12-13-2006)	$7033.16
Payment Received	$-7033.16
Penalty - Delinquent Fee	$0.00
Adjustments Made To Account	$0.00

BALANCE FORWARD $0.00

Current Charges

Meter Read	Current 153271 – Previous 150539 = 02732 CCF	
Water Usage Charge	**Domestic Service**	$6155 36

TOTAL BALANCE DUE $6155.36

QUENCH YOUR THIRST AT THE LIBRARY'S CAFE LIBRO COME IN FOR COFFEE DRINKS; SMOOTHIES AND OTHER TREATS.

Your water utility bill is now due and payable. If payment is not received by [illegible], a late fee will be applied on your next bill.

** COMPARE YOUR DAILY AVERAGE USE WITH LAST YEAR **

THIS YEAR	30 DAYS	91 06 USAGE	68,112.88	Gallons
LAST YEAR	33 DAYS	87.18 USAGE	65,210 64	Gallons

City of Santa Fe Springs Water Utility
11710 Telegraph Road
Santa Fe Springs, CA 90670-3658

Customer Service (562) 868-0511

UTILITY ACCOUNT INFORMATION

Account Number 62005130
Name KIK SO CAL INC

Service Address 09028 DICE ROAD
Date Billed 02-08-2007
Service Period 01-03-2007 to 02-02-2007

WATER UTILITY STATEMENT

RECEIVED
FEB 13 2007
By

KIK SO CAL INC

9028 DICE RD
SANTA FE SPGS CA 90670

UTILITY ACCOUNT INFORMATION

Previous Bill (01-18-2007)	$6155 36
Payment Received	$0.00
Penalty - Delinquent Fee	$0 00
Adjustments Made To Account	$0 00

BALANCE FORWARD

$6155.36

Current Charges

Meter Read	Current 156616	—	Previous 153271	=	03345 CCF	
Water Usage Charge	**Domestic Service**					$7708 12

TOTAL BALANCE DUE

$13863.48

CITY RESIDENTS ARE ENCOURAGED TO REPORT VANDALISM IN THE CITY BY CALLING THE 24 HOUR GRAFFITI HOTLINE. CALL 409-7610; GRAFFITI VISABLE FROM THE STREET WILL BE REMOVED

Your water utility bill is now due and payable. If payment is not received by 03-08-2007 a $15 late fee will be applied on your next bill

** COMPARE YOUR DAILY AVERAGE USE WITH LAST YEAR **

THIS YEAR	30 DAYS	111 50 USAGE	83,402 00	Gallons
LAST YEAR	29 DAYS	136 44 USAGE	102,057 12	Gallons

City of Santa Fe Springs Water Utility
11710 Telegraph Road
Santa Fe Springs, CA 90670-3658

Customer Service (562) 868-0511

UTILITY ACCOUNT INFORMATION

Account Number 62005210
Name KIK SO CAL INC

City of Santa Fe Springs Water Utility
11710 Telegraph Road
Santa Fe Springs, CA 90670-3658

Customer Service (562) 868-0511

UTILITY ACCOUNT INFORMATION

Account Number 62005130
Name KIK SO CAL INC

Service Address 09028 DICE ROAD
Date Billed 03-13-2007
Service Period 02-02-2007 to 03-02-2007

WATER UTILITY STATEMENT

KIK SO CAL INC

9028 DICE RD
SANTA FE SPGS CA 90670

RECEIVED
MAR 15 2007
By

COUNT INFORMATION

Bill (02-08-2007)	513863 48
Received	-13863.48
- Delinquent Fee	$0 00
nents Made To Account	$0.00
E FORWARD	**$0.00**

nt Charges

Meter Read	Current 159819	—	Previous 156616	=	03203 CCF	
Water Usage Charge	**Domestic Service**					$7387 20

L BALANCE DUE **$7387.20**

IG THE ENTIRE FAMILY TO THE EASTER EGG IT ON SATURDAY APRIL 7TH. CHILDREN WILL OY A VARIETY OF ACTIVITIES. THE EGG HUNT GINS AT 10:00 AM. CALL 863-4896 FOR MORE FORMATION.

** COMPARE YOUR DAILY AVERAGE USE WITH LAST YEAR **

THIS YEAR	28 DAYS	114.39 USAGE	85,563 72	Gallons
LAST YEAR	28 DAYS	123 60 USAGE	92,452.80	Gallons

City of Santa Fe Springs Water Utility
11710 Telegraph Road
Santa Fe Springs, CA 90670-3658

Customer Service (562) 868-0511

RECEIVED
By

WATER UTILITY STATEMENT

UTILITY ACCOUNT INFORMATION

Account Number 62005130
Name KIK SO CAL INC

Service Address 09028 DICE ROAD
Date Billed 04-12-2007
Service Period 03-02-2007 to 04-03-2007

KIK SO CAL INC

9028 DICE RD
SANTA FE SPGS CA 90670

UTILITY ACCOUNT INFORMATION

Previous Bill (03-14-2007)	$7387.20
Payment Received	$-7387.20
Penalty - Delinquent Fee	$0.00
Adjustments Made To Account	$0 00

BALANCE FORWARD $0.00

Current Charges

Meter Read	Current 162805 – Previous 159819 = 02986 CCF	
Water Usage Charge	Domestic Service	$6896.78

4316 0020 6896 78

TOTAL BALANCE DUE $6896.78

FREE COMPOSTING WORKSHOP WILL BE OFFERED ON SATURDAY MAY 5; 2007 FROM 10.00AM TO 11:30AM AT THE COMMUNITY GARDENS. CALL 868-0511 X 7361 TO REGISTER.

Your water utility bill is now due and payable. If payment is not received by 12:00 PM on 05-10-2007 a $5 late fee will be applied on your next bill.

APR 30 2007

** COMPARE YOUR DAILY AVERAGE USE WITH LAST YEAR **

THIS YEAR	32 DAYS	93 31 USAGE	69,795.88	Gallons
LAST YEAR	33 DAYS	119.24 USAGE	89,191 52	Gallons

City of Santa Fe Springs Water Utility
11710 Telegraph Road
Santa Fe Springs, CA 90670-3658

Customer Service (562) 868-0511

WATER UTILITY STATEMENT

RECEIVED
MAY 16 2007
By

UTILITY ACCOUNT INFORMATION

Account Number 62005130
Name KIK SO CAL INC

Service Address 09028 DICE ROAD
Date Billed 05-09-2007
Service Period 04-03-2007 to 05-02-2007

KIK SO CAL INC

9028 DICE RD
SANTA FE SPGS CA 90670

UTILITY ACCOUNT INFORMATION

Previous Bill (04-12-2007)	$6896 78
Payment Received	$-6896 78
Penalty - Delinquent Fee	$0 00
Adjustments Made To Account	$0 00

BALANCE FORWARD $0.00

Current Charges

Meter Read Current 166517 Previous 162805 = 03712 CCF

Water Usage Charge Domestic Service Amount $8537.54

TOTAL BALANCE DUE $8537.54

WIRELESS NETWORK IS NOW AVAILABLE WITHIN THE LIBRARY. A VALIF LIBRARY CARD IS NEEDED FOR ACCESS. CALL 868-7738 FOR MORE INFORMATION.

Your water utility bill is now due and payable. If payment is not received by 12:00 PM on 06-06-2007 a $15 late fee will be applied on your next bill.

ENTERED MAY 16 2007

** COMPARE YOUR DAILY AVERAGE USE WITH LAST YEAR **

THIS YEAR	29 DAYS	128 00 USAGE	95,744 00	Gallons
LAST YEAR	28 DAYS	91.96 USAGE	68,786 08	Gallons

'07

City of Santa Fe Springs Water Utility
11710 Telegraph Road
Santa Fe Springs, CA 90670-3658

Customer Service (562) 868-0511

WATER UTILITY STATEMENT

UTILITY ACCOUNT INFORMATION

Account Number 62005130
Name KIK SO CAL INC

Service Address 09028 DICE ROAD
Date Billed 06-11-2007
Service Period 05-02-2007 to 06-04-2007

KIK SO CAL INC

9028 DICE RD
SANTA FE SPGS CA 90670

RECEIVED
JUN 13 2007
By

UTILITY ACCOUNT INFORMATION

Previous Bill (05-09-2007)	$8537.54
Payment Received	$-8537.54
Penalty - Delinquent Fee	$0 00
Adjustments Made To Account	$0.00

BALANCE FORWARD

$0.00

Current Charges

Meter Read	Current	169893	– Previous	166517	=	03376 CCF
Water Usage Charge	**Domestic Service**					$7778.18

TOTAL BALANCE DUE

$7778.18

THE CITY WILL OFFER LOW COST PET VACCINATIONS ON JULY 10TH AT SANTA FE HIGH SCHOOL FROM 6:00PM-8:00PM. ALL DOGS MUST BE ON LEASHES AND CATS IN CARRIERS. CALL POLICE SERVICES AT 409-1850 FOR MORE INFORMATION.

Your water utility bill is now due and payable. If payment is not received by 12:00 PM on 07-09-2007 a $15 late fee will be applied on your next bill.

** COMPARE YOUR DAILY AVERAGE USE WITH LAST YEAR **

THIS YEAR	33 DAYS	102 30 USAGE	76,520.40	Gallons
LAST YEAR	31 DAYS	136 45 USAGE	102,064 60	Gallons

City of Santa Fe Springs Water Utility
11710 Telegraph Road
Santa Fe Springs, CA 90670-3658

Customer Service (562) 868-0511

WATER UTILITY STATEMENT

KIK SO CAL INC

9028 DICE RD
SANTA FE SPGS CA 90670

RECEIVED
JUL 18 2007
By

UTILITY ACCOUNT INFORMATION

Account Number 62005130
Name KIK SO CAL INC

Service Address 09028 DICE ROAD
Date Billed 07-12-2007
Service Period 06-04-2007 to 07-03-2007

UTILITY ACCOUNT INFORMATION

Previous Bill (06-11-2007)	$7778 18
Payment Received	$-7778 18
Penalty - Delinquent Fee	$0 00
Adjustments Made To Account	$0 00

BALANCE FORWARD $0.00

Current Charges

Meter Read	Current 173667	—	Previous 169893	=	03774 CCF	
Water Usage Charge	**Domestic Service**					$8677 66

TOTAL BALANCE DUE $8677.66

COME ENJOY A FUN EVENING AT HERITAGE PARK. VISIT THE PARK AT 6 30P M. ON WEDNESDAY NIGHTS IN THE MONTH OF JULY AND ENJOY FREE SUMMER CONCERTS THERE IS PLENTY OF PARKING AVAILABLE. CALL 946-6476 FOR MORE INFORMATION.

Your water utility bill is now due and payable If payment is not received by 7:00 PM on 08-09-2007 a $15 late fee will be applied on your next bill.

** COMPARE YOUR DAILY AVERAGE USE WITH LAST YEAR **

THIS YEAR	29 DAYS	130 13 USAGE	97,337.24	Gallons
LAST YEAR	33 DAYS	130 87 USAGE	97,890.76	Gallons

RETURN THIS PORTION WITH YOUR PAYMENT

City of Santa Fe Springs Water Utility
11710 Telegraph Road
Santa Fe Springs, CA 90670-3658

Customer Service (562) 868-0511

Amount Paid

Amount Billed $8677 66

X

Account Number 62005130
Name KIK SO CAL INC

Service Address 09028 DICE ROAD
Date Billed 07-12-2007

Include your Account Number on your check

2006 **ANNUAL PROPERTY TAX BILL** 2006

CITIES, COUNTY, SCHOOLS AND ALL OTHER TAXING AGENCIES IN LOS ANGELES COUNTY

SECURED PROPERTY TAX FOR FISCAL YEAR JULY 1, 2006 TO JUNE 30, 2007

MARK J. SALADINO, TREASURER AND TAX COLLECTOR

FOR ASSISTANCE CALL (213) 974-2111 OR (888) 807-2111, ON THE WEB AT www.lacountypropertytax.com

PROPERTY IDENTIFICATION
ASSESSOR'S ID.NO.. 8168 007 029 06 000
OWNER OF RECORD AS OF JANUARY 1, 2006
SAME AS BELOW

MAILING ADDRESS

T-CHEM PRODUCTS INC
9028 DICE RD
SANTA FE SPRINGS CA 90670-2520

ELECTRONIC FUND TRANSFER (EFT) NUMBER
ID#:19 8168 007 029 2 YEAR:06 SEQUENCE.000 4
PIN. 716958
or American Express, Mastercard and Visa payments call (888) 473-0835
nd have available the EFT number listed above Service fees will be charged

SPECIAL INFORMATION

ASSESSOR'S ID NO 8168 007 029 06 000 CK 34

DETAIL OF TAXES DUE FOR

AGENCY	AGENCY PHONE NO.	RATE		AMOUNT
GENERAL TAX LEVY				
ALL AGENCIES		1 000000	$	90,581.24
VOTED INDEBTEDNESS				
COUNTY		000663	$	60.05
METRO WATER DIST		004700		425.73
FLOOD CONTROL		000052		4 71
COMMNTY COLLEGE		.014688		1,330.46
HIGH SCHOOLS		044285		4,011 39
DIRECT ASSESSMENTS				
CB MWD STDBY CHG	(866) 807-6864		$	75.90
FLOOD CONTROL	(626) 458-3945			1,626.97
LACO VECTR CNTRL	(800) 273-5167			7 12
SANTA FE LMD1	(866) 807-6864			422 77
MWD STANDBY #13	(866) 807-6864			79.22
TRAUMA/EMERG SRV	(866) 587-2862			2,880.00
COUNTY PARK DIST	(213) 738-2983			574.64
CONSLDATED SEWER	(626) 300-3381			7,100.00

PROPERTY LOCATION AND/OR PROPERTY DESCRIPTION
9028 DICE RD SANTA FE S
*EX OF LAND SHOWN AS SBE 872-19-257 D
PAR 14 LOTS 3 AND 4 PARCEL MAP AS PER
COMPLETE DESCRIPTION IN ASSESSOR RECORDS
PARCEL MAP AS PER BK 65 PG 57 OF P M

ASSESSOR'S REGIONAL OFFICE
REGION #27 INDEX: TRA:06141
EAST DISTRICT OFFICE
1190 DURFEE AVE.
SOUTH EL MONTE CA 91733
(626)258-6001

ACCT. NO.: PRINT NO.: 119715 BILL ID.:

TOTAL TAXES DUE	**$109,180.20**
FIRST INSTALLMENT TAXES DUE NOV. 1, 2006	**$54,590.10**
SECOND INSTALLMENT TAXES DUE FEB. 1, 2007	**$54,590.10**

VALUATION INFORMATION

ROLL YEAR 06-07	CURRENT ASSESSED VALUE	TAXABLE VALUE
LAND	5,176,072	5,176,072
IMPROVEMENTS	3,882,052	3,882,052
TOTAL	9,058,124	
LESS EXEMPTION.		
NET TAXABLE VALUE	9,058,124	

THERE WILL BE A $50 00 CHARGE FOR ANY CHECK RETURNED BY THE BANK
KEEP THIS UPPER PORTION FOR YOUR RECORDS YOUR CANCELLED CHECK IS YOUR RECEIPT

DETACH AND MAIL THIS STUB WITH YOUR 2ND INSTALLMENT PAYMENT
DO NOT INCLUDE NOTES WITH YOUR PAYMENT
DO NOT STAPLE, TAPE OR CLIP PAYMENT STUB OR CHECK

ANNUAL **2006**

T-CHEM PRODUCTS INC
9028 DICE RD
SANTA FE SPRINGS CA 90670-2520

ASSESSOR'S ID NO 8168 007 029 06 000 CK 34 PK 2

OR MAILING ADDRESS CHANGE
LEASE MARK BOX BELOW AND
OMPLETE FORM ON REVERSE SIDE
F THIS PAYMENT COUPON

PAYMENT DUE 02/01/07
IF NOT RECEIVED OR POSTMARKED BY 04/10/07
REMIT AMOUNT OF $60,059 11

2ND INSTALLMENT DUE
$54,590.10

INDICATE AMOUNT PAID

MAKE CHECKS PAYABLE TO:
Please write the ASSESSOR'S ID NO
on the lower left corner of your check

LOS ANGELES COUNTY TAX COLLECTOR
P O BOX 54018
LOS ANGELES, CA 90054-0018

74377

0770600048168007029000545901000060059113772041O

2ND

Your Account Number
096 906 7236 6

KIK SO CAL INC
9028 DICE RD
SANTA FE SPGS CA 90670-2520

More phone numbers and info on back of bill
24-Hour Service and Info:
(800) 427-2000 (English)
(800) 427-6029 (Español)

The Gas Company · A Sempra Energy utility
P.O. Box C
Monterey Park, CA 91756
www.socalgas.com

RECEIVED
AUG 09 2006
BY

Date Mailed Aug 04, 2006

Rate	Climate Zone	Cycle	The Gas Company's Gas Commodity Charges per therm
GN-10	1	02	$0.59912/Therm

Billing Period From	To	Meter Number	Readings Prev	Pres	Diff. =CCF	Pres. Factor	BTU Factor=	Therms
07/03/06	08/02/06	05303090	053750	054286	536		x 1.020=	547

Next Meter Reading Date on or about: Aug 31 2006

Summary of Charges

			Amount
Customer Charge	30 Days	x 0.49315= $	14.79
Commodity Tier 1	100 Therms	x 1.00030=	100.03
Commodity Tier 2	447 Therms	x 0.79087=	353.52
Gas Charges			**468.34**
State Regulatory Fee	547 Therms	x 0.00076=	0.42
Public Purpose Surcharge	547 Therms	x 0.04961=	27.14
Taxes & Fees on Gas Charges			**27.56**
Total Gas Charges Including Taxes and Fees			**495.90**

Last Payment: Jun 27 2006 526.43

Total Current Gas Charges	495.90
Previous Balance	368.33
Total Amount Due	**864.23**

.7% Late Payment Charge Due if Paid After Aug 28, 2006

In the market for new energy-efficient equipment? We may have rebates that can help. Visit socalgas.com/business for more information.

Save on energy costs. Try our free online energy surveys. Visit www.socalgas.com and look for "Home Energy Efficiency Survey" or the "Business Energy Savings Finder."

PAST DUE

Energy Comparison	This Year Days	Therms	Daily Average	Last Year Days	Therms	Daily Average
Aug	30	547	18.23	28	461	16.46
Jul	31	408	13.16	30	516	17.20
Jun	31	536	17.29	32	514	16.06

Your Account Number
096 906 7236 6
KIK SO CAL INC
9028 DICE RD
SANTA FE SPGS CA 90670-2520

RECEIVED
SEP 10 2006
By

More phone numbers and info on back of bill
24-Hour Service and Info:
(800) 427-2000 (English)
(800) 427-6029 (Español)

The Gas Company A Sempra Energy utility
P.O. Box C
Monterey Park, CA 91756
www.socalgas.com

Date Mailed Sep 05, 2006

Rate	Climate Zone	Cycle	The Gas Company's Gas Commodity Charges per therm
GN-10	1	02	$0.59912/Therm

Billing Period From	To	Meter Number	Readings Prev	Pres	Diff. =CCF	Pres. Factor	BTU Factor=	Therms
08/02/06	08/31/06	05303090	054286	054729	443		x 1.024=	454

Next Meter Reading Date on or about: Oct 02 2006

Summary of Charges			Amount
Customer Charge	29 Days	x 0.49315= $	14.30
Commodity Tier 1	100 Therms	x 1.05080=	105.08
Commodity Tier 2	354 Therms	x 0.84138=	297.85
Gas Charges			**417.23**
State Regulatory Fee	454 Therms	x 0.00076=	0.35
Public Purpose Surcharge	454 Therms	x 0.04961=	22.52
Taxes & Fees on Gas Charges			**22.87**
tal Gas Charges Including Taxes and Fees			**440.10**
te Payment Amount			2.57
tal Other Charges			**2.57**

st Payment: Aug 24 2006 495.90

Total Current Gas Charges	440.10
Total Other Charges	2.57
Total Amount Due	**442.67**

.7% Late Payment Charge Due if Paid After Sep 27, 2006

ur records show this gas meter serves a business. If you believe you qualify for a esidential rate, call us at the telephone number shown above.

ou can reduce energy costs by improving energy efficiency at your business. Try our free nline Energy Savings Finder at www.socalgas.com/business to learn how.

Energy Comparison	This Year Days	Therms	Daily Average	Last Year Days	Therms	Daily Average
Sep	29	454	15.66	30	547	18.23
Aug	30	547	18.23	28	461	16.46
Jul	31	408	13.16	30	516	17.20

Your Account Number
096 906 7236 6
KIK SO CAL INC
9028 DICE RD
SANTA FE SPGS CA 90670-2520

More phone numbers and info on back of bill
24-Hour Service and Info:
(800) 427-2000 (English)
(800) 427-6029 (Español)

The Gas Company | A Sempra Energy utility
P.O. Box C
Monterey Park, CA 91756
www.socalgas.com

PAY TO
THE GAS COMPANY
PO BOX C
Monterey Park CA 91756
USA

KIK International LLC

Page 1 of 1

Reference Number	Invoice Date	Gross Amount	Client Amount	Discount	Net Amount
8/31-10/2	10/04/06	463.17	463.17	.00	463.17

Vendor No. SOUCAL | Check Total $463.17 | Check No. 9011286 | Check Date 10/10/2006

17

Date Mailed Oct 04, 2006

Rate	Climate Zone	Cycle	The Gas Company's Gas Commodity Charges per therm
GN-10	1	02	$0.41067/Therm

Billing Period From	To	Meter Number	Readings Prev	Pres	Diff. =CCF	Pres. Factor	BTU Factor=	Therms
08/31/06	10/02/06	05303090	054729	055187	458		x 1.023=	469

Next Meter Reading Date on or about Oct 31 2006

Summary of Charges

			Amount
Customer Charge	32 Days	x 0.49315= $	15.78
Commodity Tier 1	100 Therms	x 1.06830=	106.83
Commodity Tier 2	369 Therms	x 0.85889=	316.93
Gas Charges			**439.54**
State Regulatory Fee	469 Therms	x 0.00076=	0.36
Public Purpose Surcharge	469 Therms	x 0.04961=	23.27
Taxes & Fees on Gas Charges			**23.63**
Gas Charges Including Taxes and Fees			**463.17**

Payment: Sep 25 2006 442.67

Total Current Gas Charges	463.17
Total Amount Due	**463.17**

.7% Late Payment Charge Due if Paid After Oct 26, 2006

pecial Discount*** You may be eligible for the California Alternate Rates for Energy
PE) program. For more information and to request an application, please call
772-5050.

escuento Especial*** Usted podría ser elegible para el programa de Tarifas
rnativas para Energía en California (CARE). Para más información y para pedir una
itud, por favor llame al 1-800-772-5050.

bill reflects modified gas charges due to a rate change.

Comparison	This Year Days	Therms	Daily Average	Last Year Days	Therms	Daily Average
	32	469	14.66	32	488	15.25
Sep	29	454	15.66	30	547	18.23
Aug	30	547	18.23	28	461	16.46

Your Account Number
096 906 7236 6
KIK SO CAL INC
9028 DICE RD
SANTA FE SPGS CA 90670-2520

More phone numbers and info on back of bill
24 Hour Service and Info.
(800) 427-2000 (English)
(800) 427-6029 (Español)

RECEIVED NOV 06 2006 BY

The Gas Company A Sempra Energy utility
P.O. Box C
Monterey Park, CA 91756
www.socalgas.com

Date Mailed Nov 02, 2006			
Rate	Climate Zone	Cycle	The Gas Company's Gas Commodity Charges per therm
GN-10	1	02	$0.41067/Therm

Billing Period From	To	Meter Number	Readings Prev	Pres	Diff. =CCF	Pres. Factor	BTU Factor=	Therms
10/02/06	10/31/06	05303090	055187	055542	355		x 1.017=	361

Next Meter Reading Date on or about Dec 01 2006

Summary of Charges

			Amount
Customer Charge	29 Days	x 0.49315= $	14.30
Commodity Tier 1	100 Therms	x 0.83770=	83.77
Commodity Tier 2	261 Therms	x 0.62824=	163.97
Gas Charges			**262.04**
State Regulatory Fee	361 Therms	x 0.00076=	0.27
ic Purpose Surcharge	361 Therms	x 0.04961=	17.91
es & Fees on Gas Charges			**18.18**
l Gas Charges Including Taxes and Fees			**280.22**
osit Interest Applied			90.79CR
l Credits			**90.79CR**

Payment:Oct 25 2006 463.17

Total Current Gas Charges	280.22
Total Credits	90.79CR
Total Amount Due	**189.43**

.7% Late Payment Charge Due if Paid After Nov 28, 2006

Avoid holiday delays*** Our offices will be closed on Thanksgiving Day, November 23 Friday, November 24, 2006. Call us early to schedule service.

Gas Company's Energy Resource Center offers valuable and informative seminars to help inesses like yours. For more information, visit www.socalgas.com/business

Energy Comparison	This Year Days	Therms	Daily Average	Last Year Days	Therms	Daily Average
Nov	29	361	12.45	28	710	25.36
Oct	32	469	14.66	32	488	15.25
Sep	29	454	15.66	30	547	18.23

PAY TO
THE GAS COMPANY
PO BOX C
Monterey Park CA 91756
USA

Reference Number	Invoice Date	Gross Amount	Client Amount	Discount	Net Amount
10/2-10/31/06	11/02/06	189.43	189.43	.00	189.43

Vendor No. SOUCAL
Check Total $189.43
Check No. 9011552
Check Date 11/14/2006

KIK International LLC

Your Account Number

096 906 7236 6

KIK SO CAL INC
9028 DICE RD
SANTA FE SPGS CA 90670-2520

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DEC 0 8 2006
By

More phone numbers and info on back of bill

24-Hour Service and Info:
(800) 427-2000 (English)
(800) 427-6029 (Español)

The Gas Company A Sempra Energy utility
P.O. Box C
Monterey Park, CA 91756
www.socalgas.com

PAY TO
THE GAS COMPANY
PO BOX C
Monterey Park CA 91756
USA

Date Mailed	Dec 05, 2006		
Rate	Climate Zone	Cycle	The Gas Company's Gas Commodity Charges per therm
GN-10	1	02	$0.65113/Therm

Billing Period From	To	Meter Number	Readings Prev	Pres	Diff. =CCF	Pres. Factor	BTU Factor=	Therms
10/31/06	12/01/06	05303090	055542	056174	632		x 1.020=	645

Next Meter Reading Date on or about: Jan 03 2007

Summary of Charges			Amount
Customer Charge	31 Days	x 0.49315= $	15.29
Commodity Tier 1	105 Therms	x 1.12010=	117.61
Commodity Tier 2	540 Therms	x 0.91069=	491.77
Gas Charges			**624.67**
State Regulatory Fee	645 Therms	x 0.00076=	0.49
Public Purpose Surcharge	645 Therms	x 0.04961=	32.00
Taxes & Fees on Gas Charges			**32.49**
Total Gas Charges Including Taxes and Fees			**657.16**

Last Payment: Nov 28 2006 189.43

Total Current Gas Charges 657.16

Total Amount Due 657.16

.7% Late Payment Charge Due if Paid After Dec 29, 2006

Avoid holiday delays Our offices will be closed on December 22 and December 25 for the Christmas holidays. Call us early to schedule service.

Energy Comparison	This Year Days	Therms	Daily Average	Last Year Days	Therms	Daily Average
Dec	31	645	20.81	34	904	26.59
Nov	29	361	12.45	28	710	25.36
Oct	32	469	14.66	32	488	15.25

KIK International LLC

Vendor No.

Check Total

Check No. 9011788

Page 1 of 1

KIK - SoCal Inc
Accounts Payable Approv
General Ledger A/c

4	3	1	5	0	0	4	0	$657.16
							Total	

Coded by: Approved by:
Entered by: Date Entered
Transaction Code

ENTERED DEC 1 2 2006

Your Account Number

096 906 7236 6

KIK SO CAL INC
9028 DICE RD
SANTA FE SPGS CA 90670-2520

More phone numbers and info on back of bill

24-Hour Service and Info

(800) 427-2000 (English)
(800) 427-6029 (Español)

The Gas Company A Sempra Energy utility

P.O. Box C
Monterey Park, CA 91756
www.socalgas.com

Date Mailed Jan 05, 2007			
Rate	Climate Zone	Cycle	The Gas Company's Gas Commodity Charges per therm
GN-10	1	02	$0.54884/Therm

Billing Period From	To	Meter Number	Readings Prev	Pres	Diff: =CCF	Pres. Factor	BTU Factor=	Therms
12/01/06	01/03/07	05303090	056174	057803	1629		x 1.024=	1668

Next Meter Reading Date on or about: Feb 02 2007

Summary of Charges

			Amount
Customer Charge	33 Days	x 0.49315= $	16.27
Commodity Tier 1	250 Therms	x 1.07180=	267.95
Commodity Tier 2	1418 Therms	x 0.86128=	1,221.30
Gas Charges			**1,505.52**
State Regulatory Fee	1668 Therms	x 0.00076=	1.27
Public Purpose Surcharge	1668 Therms	x 0.05023=	83.78
Taxes & Fees on Gas Charges			**85.05**
Total Gas Charges Including Taxes and Fees			**1,590.57**

Last Payment: Jan 02 2007 657.16

Total Current Gas Charges 1,590.57

Total Amount Due 1,590.57

.7% Late Payment Charge Due if Paid After Jan 30, 2007

This bill reflects modified gas charges due to a rate change.

Help save energy and money this winter. Visit www.socalgas.com for simple energy-saving ideas and for information on energy efficiency rebates for qualifying upgrades to your home or business.

Take advantage of available rebates and incentives for qualifying energy-efficient equipment or process improvements you make to your facility. Visit www.socalgas.com/energyefficiency for more info.

Energy Comparison	This Year Days	Therms	Daily Average	Last Year Days	Therms	Daily Average
Jan	33	1668	50.55	30	830	27.67
Dec	31	645	20.81	34	904	26.59
Nov	29	361	12.45	28	710	25.36

PAY TO
THE GAS COMPANY
PO BOX C
Monterey Park CA 91756
USA

Reference | Invoice | Gross Amount | Client Amount | Discount | Net Amount
1,590.57

Vendor No. SOUCAL | Check Total $1,590.57 | Check No. 9011955 | Check Date 1/16/2007

KIK International LLC

KIK - SoCal
Accounts Payat
General I

413500410 $1,590.57

Coded by:
Entered by:
Transaction Code 53433

Your Account Number
096 906 7236 6

KIK SO CAL INC
9028 DICE RD
SANTA FE SPGS CA 90670-2520

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More phone numbers and info on back of bill
24-Hour Service and Info:
(800) 427-2000 (English)
(800) 427-6029 (Español)

The Gas Company A Sempra Energy utility
P.O. Box C
Monterey Park, CA 91756
www.socalgas.com

H

Date Mailed Feb 05, 2007

Rate	Climate Zone	Cycle	The Gas Company's Gas Commodity Charges per therm
GN-10	1	02	$0.69362/Therm

Billing Period From	To	Meter Number	Readings Prev	Pres	Diff. =CCF	Pres. Factor	BTU Factor=	Therms
01/03/07	02/01/07	05303090	057803	059945	2142		x 1.022=	2189

Next Meter Reading Date on or about: Mar 06 2007

Summary of Charges

			Amount
Customer Charge	29 Days	x 0.49315= $	14.30
Commodity Tier 1	250 Therms	x 1.01316=	253.29
Commodity Tier 2	1939 Therms	x 0.79193=	1,535.56
Gas Charges			**1,803.15**
State Regulatory Fee	2189 Therms	x 0.00076=	1.66
Public Purpose Surcharge	2189 Therms	x 0.05639=	123.44
Taxes & Fees on Gas Charges			**125.10**
Total Gas Charges Including Taxes and Fees			**1,928.25**

Last Payment: Jan 30 2007 1,590.57

Total Current Gas Charges 1,928.25

Total Amount Due 1,928.25

.7% Late Payment Charge Due if Paid After Feb 28, 2007

In the market for new energy-efficient equipment? We may have rebates that can help. Visit socalgas.com/business for more information.

Energy Comparison	This Year Days	Therms	Daily Average	Last Year Days	Therms	Daily Average
Feb	29	2189	75.48	30	1285	42.83
Jan	33	1668	50.55	30	830	27.67
Dec	31	645	20.81	34	904	26.59

Your Account Number
096 906 7236 6

KIK SO CAL INC
9028 DICE RD
SANTA FE SPGS CA 90670-2520

More phone numbers and info on back of bill

For Your Service and Info:
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The Gas Company A Sempra Energy utility

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MAR 13 2007
By

Date Mailed	Mar 08, 2007		
Rate	Climate Zone	Cycle	The Gas Company's Gas Commodity Charges per therm
GN-10		02	$0.73734/Therm

Billing Period From	To	Meter Number	Readings Prev	Pres	Diff. =CCF	Pres. Factor	BTU Factor=	Therms
02/01/07	03/06/07	05303090	059945	061595	1650		x 1.029=	1698

Next Meter Reading Date on or about: Apr 04 2007

Summary of Charges			Amount
Customer Charge	33 Days	x 0.49315= $	16.27
Commodity Tier 1	250 Therms	x 1.16088=	290.22
Commodity Tier 2	1448 Therms	x 0.93967=	1,360.64
Gas Charges			**1,667.13**
State Regulatory Fee	1698 Therms	x 0.00076=	1.29
Public Purpose Surcharge	1698 Therms	x 0.05639=	95.75
Taxes & Fees on Gas Charges			**97.04**
Total Gas Charges Including Taxes and Fees			**1,764.17**

Last Payment:Feb 26 2007 1,928.25

Total Current Gas Charges 1,764.17

Total Amount Due 1,764.17

.7% Late Payment Charge Due if Paid After Mar 30, 2007

KIK - SoCal Inc
Accounts Payable Approval
General Ledger A/c

Special Discount You may be eligible for the California Alternate Rates for Energy (CARE) program. For more information and to request an application, please call 1-800-772-5050.

Descuento Especial Usted podría ser elegible para el programa de Tarifas Alternativas para Energía en California (CARE). Para más información y para pedir una solicitud, por favor llame al 1-800-772-5050.

Coded by
Entered by

ENTERED MAR 14 2007

Energy Comparison	This Year Days	Therms	Daily Average	Last Year Days	Therms	Daily Average
Mar	33	1698	51.45	31	989	31.90
Feb	29	2189	75.48	30	1285	42.83
Jan	33	1668	50.55	30	830	27.67

PAY TO
THE GAS COMPANY
PO BOX C
Monterey Park
USA
CA 91756

KIK International LLC

Your Account Number
096 906 7236 6
KIK SO CAL INC
9028 DICE RD
SANTA FE SPGS CA 90670-2520

More phone numbers and info on back of bill
24-Hour Service and Info:
(800) 427-2000 (English)
(800) 427-6029 (Español)

RECEIVED APR 10 2007

The Gas Company A Sempra Energy utility
P.O. Box C
Monterey Park, CA 91756
www.socalgas.com

PAY TO
THE GAS COMPANY
PO BOX C
Monterey Park CA 91756
USA

H

Date Mailed Apr 06, 2007

Rate	Climate Zone	Cycle	The Gas Company's Gas Commodity Charges per therm
GN-10	1	02	$0.65071/Therm

Billing Period From	To	Meter Number	Readings Prev	Pres	Diff. =CCF	Pres. Factor	BTU Factor=	Therms
03/06/07	04/04/07	05303090	061595	062351	756		x 1.024=	774

Next Meter Reading Date on or about: May 03 2007

Summary of Charges

				Amount
Customer Charge	29	Days	x 0.49315= $	14.30
Commodity Tier 1	229	Therms	x 1.18467=	271.29
Commodity Tier 2	545	Therms	x 0.96349=	525.10
Gas Charges				**810.69**
State Regulatory Fee	774	Therms	x 0.00076=	0.59
Public Purpose Surcharge	774	Therms	x 0.05639=	43.65
Taxes & Fees on Gas Charges				**44.24**
Total Gas Charges Including Taxes and Fees				**854.93**

KIK - SoCal Inc
Accounts Payable Approval
General Ledger A/c
Amount
43150070
854

Last Payment: Mar 28 2007 1,764.17

Total Current Gas Charges 854.93

Total Amount Due 854.93

.7% Late Payment Charge Due if Paid After Apr 30, 2007

Our records show this gas meter serves a business. If you believe you qualify for a residential rate, call us at the telephone number shown above.

Planning to dig in your yard or construction site? Play safe. Call Underground Service Alert at 1-800-227-260[illegible] business days before you dig.

Learn about money-saving tips and programs, and stay on top of energy issues affecting your business. Sign up to receive our e-newsletter today at www.socalgas.com/email

ENTERED APR 11 2007
Coded by
Entered
55071

Energy Comparison	This Year Days	Therms	Daily Average	Last Year Days	Therms	Daily Average
Apr	29	774	26.69	29	1136	39.17
Mar	33	1698	51.45	31	989	31.90
Feb	29	2189	75.48	30	1285	42.83

KIK International LLC

Vendor No. SOUCAL
Check Total $906.93
Check No. 9012603
Check Date 4/17/2007

Your Account Number
096 906 7236 6

KIK SO CAL INC
9028 DICE RD
SANTA FE SPGS CA 90670-2520

More phone numbers and info on back of bill
24-Hour Service and Info:
(800) 427-2000 (English)
(800) 427-6029 (Español)

The Gas Company A Sempra Energy utility
P.O. Box C
Monterey Park, CA 91756
www.socalgas.com

Date Mailed	May 04, 2007		
Rate	Climate Zone	Cycle	The Gas Company's Gas Commodity Charges per therm
GN-10	1	02	$0.72564/Therm

Billing Period From	To	Meter Number	Readings Prev	Pres	Diff. =CCF	Pres. Factor	BTU Factor=	Therms
04/04/07	05/02/07	05303090	062351	062970	619		x 1.022=	633

Next Meter Reading Date on or about: Jun 04 2007

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MAY 08 2007
BY

Summary of Charges				Amount
Customer Charge	28 Days	x 0.49315=	$	13.81
Commodity Tier 1	100 Therms	x 1.11540=		111.54
Commodity Tier 2	533 Therms	x 0.89417=		476.59
Gas Charges				**601.94**
State Regulatory Fee	633 Therms	x 0.00076=		0.48
Public Purpose Surcharge	633 Therms	x 0.05639=		35.69
Taxes & Fees on Gas Charges				**36.17**
Total Gas Charges Including Taxes and Fees				**638.11**

t Payment: May 01 2007 852.95

Total Current Gas Charges	638.11
Previous Balance	1.98
Total Amount Due	**640.09**

.7% Late Payment Charge Due if Paid After May 29, 2007

Special Discount*** You may be eligible for the California Alternate Rates for Energy RE) program. For more information and to request an application, please call 0-772-5050.

*Descuento Especial*** Usted podría ser elegible para el programa de Tarifas lternativas para Energía en California (CARE). Para más información y para pedir una olicitud, por favor llame al 1-800-772-5050.

nergy Comparison	This Year Days	Therms	Daily Average	Last Year Days	Therms	Daily Average
May	28	633	22.61	28	598	21.36
Apr	29	774	26.69	29	1136	39.17
Mar	33	1698	51.45	31	989	31.90

PAY TO
THE GAS COMPANY
PO BOX C
Monterey Park CA 91755
USA

H

Reference Invoice Gross Amount Client Amount Discount Net Amount
685.09

Vendor No. SOUCAL
Check Total $685.09
Check No. 9012792
Check Date 5/15/2007

KIK International LLC

Page 1 of 1

Your Account Number

096 906 7236 6

KIK SO CAL INC
9028 DICE RD
SANTA FE SPGS CA 90670-2520

More phone numbers and info on back of bill

24-Hour Service and Info:
(800) 427-2000 (English)
(800) 427-6029 (Español)

The Gas Company — A Sempra Energy utility

P.O. Box C
Monterey Park, CA 91756
www.socalgas.com

Date Mailed Jun 06, 2007

Rate	Climate Zone	Cycle	The Gas Company's Gas Commodity Charges per therm
GN-10	1	02	$0.74410/Therm

Billing Period From	To	Meter Number	Readings Prev	Pres	Diff. =CCF	Pres. Factor	BTU Factor=	Therms
05/02/07	06/04/07	05303090	062970	063638	668	x 1.022=		683

Next Meter Reading Date on or about: Jul 03 2007

RECEIVED
JUN 08 2007

Summary of Charges

			Amount
Customer Charge	33 Days	x 0.49315= $	16.27
Commodity Tier 1	100 Therms	x 1.18720=	118.72
Commodity Tier 2	583 Therms	x 0.96597=	563.16
Gas Charges			**698.15**
State Regulatory Fee	683 Therms	x 0.00076=	0.52
Public Purpose Surcharge	683 Therms	x 0.05639=	38.51
Taxes & Fees on Gas Charges			**39.03**
Total Gas Charges Including Taxes and Fees			**737.18**

Last Payment: May 30 2007 640.09

Total Current Gas Charges 737.18

Total Amount Due 737.18

.7% Late Payment Charge Due if Paid After Jun 28, 2007

Save time and money by receiving and paying your bill online through our improved online payment option. To pay your bill online, have your most recent bill and bank information handy and sign up through My Account at www.socalgas.com

Find out where you can save energy at your business. Try our free online Business Energy Savings Finder at www.socalgas.com/energyefficiency

Energy Comparison	This Year Days	Therms	Daily Average	Last Year Days	Therms	Daily Average
Jun	33	683	20.70	31	536	17.29
May	28	633	22.61	28	598	21.36
Apr	29	774	26.69	29	1136	39.17

PAY TO
THE GAS COMPANY
PO BOX C
Monterey Park CA 91756
USA

KIK International LLC

Vendor No.

Check Total

Check No. 9013025

Your Account Number
096 906 7236 6
KIK SO CAL INC
9028 DICE RD
SANTA FE SPGS CA 90670-2520

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JUL 10 2007
By

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24-Hour Service and Info:
(800) 427-2000 (English)
(800) 427-6029 (Español)

The Gas Company A Sempra Energy utility
P.O. Box C
Monterey Park, CA 91756
www.socalgas.com

H

Date Mailed Jul 06, 2007

Rate	Climate Zone	Cycle	The Gas Company's Gas Commodity Charges per therm
GN-10	1	02	$0.68100/Therm

Billing Period From	To	Meter Number	Readings Prev	Pres	Diff. =CCF	Pres. Factor	BTU Factor=	Therms
06/04/07	07/03/07	05303090	063638	064257	619		x 1.021=	632

Next Meter Reading Date on or about: Aug 02 2007

Summary of Charges			Amount
Customer Charge	29 Days	x 0.49315= $	14.30
Commodity Tier 1	100 Therms	x 1.19690=	119.69
Commodity Tier 2	532 Therms	x 0.97568=	519.06
Gas Charges			653.05
State Regulatory Fee	632 Therms	x 0.00075=	0.47
Public Purpose Surcharge	632 Therms	x 0.05639=	35.64
Taxes & Fees on Gas Charges			36.11
Total Gas Charges Including Taxes and Fees			689.16

Last Payment: Jun 26 2007 737.18

Total Current Gas Charges 689.16

Total Amount Due 689.16

.7% Late Payment Charge Due if Paid After Jul 30, 2007

Special Discount You may be eligible for the California Alternate Rates for Energy (CARE) program. For more information and to request an application, please call 1-800-772-5050.

Descuento Especial Usted podría ser elegible para el programa de Tarifas Alternativas para Energía en California (CARE). Para más información y para pedir una solicitud, por favor llame al 1-800-772-5050.

Energy Comparison	This Year Days	Therms	Daily Average	Last Year Days	Therms	Daily Average
Jul	29	632	21.79	31	408	13.16
Jun	33	683	20.70	31	536	17.29
May	28	633	22.61	28	598	21.36

KIK - SoCal Inc
Accounts Payable Approva

General Ledger A/c	Amount
43150040	$689.16

Coded by: Approved by:
Entered by: ENTERED JUL 11 2007
Transaction Code 56300

KIK Custom Products
Attn: Edison Medina

Job No: 88355
July 26, 2006

Chloride by EPA 300.0
Ion Chromatography-Suppressed Conductivity

Column:	Dionex AS9-SC/AG9-SC
Eluent:	2mM Na_2CO_3, 0.75 mM $NaHCO_3$
Flow:	2.0 mL/min
Injection:	300 µL
Detection:	Suppressed Conductivity

The sample was diluted by at least 1:20 with water for analysis. Further dilution was necessary to bring the peak into the range of the standard curve. Detection limits are corrected for the initial dilution factor.

Sample ID	Chloride Parts per Million (mg/L)
Grab Sample Clarafier 6	6260
Method Blank	ND
Detection Limit:	0.4

Date Analyzed: 07-13-06

Calibration Summary

Sample ID: Laboratory Control Standard (1.00 ppm Second Source Standard)

Analyte	Result	% Rec	% Rec Limits
Chloride	1.05	105	90-110

Standard Curve (n=5) $r^2 \geq 0.999$
Date Analyzed: 07-13-06

Quality Control Summary

Sample ID: Batch QC

Analyte	Sample Result	Spike Conc	Spike Result	Spike % Rec	Spike Dup Result	Spike Dup % Rec	Spike RPD
Chloride	ND	125	118	94	120	96	2
QC Guidelines				63 - 121		63 - 121	9

Limits are for spikes of aqueous samples.

This report is to be reproduced in its entirety.

KIK Custom Products
Attn: Edison Medina

Job No: 88355
July 26, 2006

Sample ID: Grab Sample Clarafier 6

Analysis	Result	Units	Method	Detection Limit
pH	9.02	Units	EPA 150.1	N/A
Residual Chlorine	ND	mg/L	WCAS SOP 8310, Rev 2	0.1
Total Suspended Solids	11.4	mg/L	EPA 160.2	0.2

Sample ID: Grab Sample Clarafier 5

Analysis	Result	Units	Method	Detection Limit
Chemical Oxygen Demand	247	mg/L	SM 5220C	20

Sample ID: Grab Sample Clarafier 1,2,3 & 4 Composited

Analysis	Result	Units	Method	Detection Limit
Dissolved Sulfides	ND	mg/L	SM 4500 - S^{-2} - B, C & D	0 1

Dates Analyzed: 07-19-06 to 07-25-06

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KIK Custom Products
Attn: Edison Medina

Job No: 88355
July 26, 2006

Quality Control Summary

Sample ID: Grab Sample Clarafier 6

Analyte	Sample Result	Duplicate Result	Sample RPD	RPD Limit
Total Suspended Solids	10.7	12.1	12	20

Sample ID: Grab Sample Clarafier 6

Analyte	Sample Result	Duplicate Result	Difference	Difference Limit
pH	9.02	9.01	0.01	± 0.10

Sample ID: Grab Sample Clarafier 6

Analyte	Sample Result	Duplicate Result	Sample RPD	RPD Limit
Residual Chlorine	ND	ND	N/A	20

Sample ID: Laboratory Fortified Blank

Analyte	Blank Result	Spike Conc	Spike Result	Spike % Rec	Spike Dup Result	Spike Dup % Rec	Spike RPD
Dissolved Sulfides	ND	0.95	0.83	87	0.85	89	2
QC Guidelines				50 -125		50 -125	20

Sample ID:

Analyte	Sample Result	Duplicate Result	Sample RPD	Spike Conc	Spike Result	Spike % Rec
Chemical Oxygen Demand	251.5	243.0	3	250	430	73 *
QC Guidelines			20			75 -125

* Low spike recovery probably due to matrix interference. Sample solutions formed a precipitate that did not entirely dissolve with heating. The laboratory fortified blank had a 100 % recovery.

This report is to be reproduced in its entirety.

9/6/06 2 pm

Received in Sample Room By _____

Time Received in Laboratory _____

LABORATORY JOB NUMBER SJ65958 -0

PRIORITY:
☐ Routine (0) ☐ Expedite, 1 hr (X)
☐ Rush, 1 day (R) ☐ Upset, 1 wk. (U)

PRIORITY AUTHORIZATION _____ Ext _____

0

JAMES F STAHL
Chief Engineer and General Manager

SANITATION DISTRICTS OF LOS ANGELES COUNTY
P.O. Box 4998 Whittier, California 90607

For additional information regarding this analysis call (562) 699-7411 x 2900

INDUSTRIAL WASTE MONITORING RESULTS

09-07-06 13:46 RCVD

SAMPLE IDENTIFICATION Surcharge Account Number: 20422.64 I.W Permit Number: 15431

Sample Source or Company Name: Kik So Cal

Address: 9028 South Dice Road, Santa Fe Springs

Reason For Sampling ☒ Routine ☐ Phase 1 ☐ Treatment Plant Upset ☐ Sewer System Problem ☐ Other: _____

Monitoring Requested By: *Martyn/Burch* _____

Accounting Charges ☐ For Routine Samples Taken By Inspectors TS14905 BI ☒ For Routine Samples Taken By IWMC: TS14905 BM
☐ For All Special Investigation Samples TS14905 B _____

SAMPLE COLLECTION INFORMATION:

* Sample Point: ☒ Sample Box ☐ Clarifier ☐ Manhole ☐ _____ ☐ Valve ☐ CN Sample Point ☐ Clean-out ☐ _____

* Sample Method: ☐ Grab ☒ Composite-Timed With 15 minute intervals ☐ Composite-Flow With ____ x ____ gallons
Test aliquot volume 70 / 70 ml.
Tot aliquot 96

* Sample Date: At/or From 1020 (HR MIN) ☒ A.M ☐ P.M 9/6 (MONTH DAY) 20 06
To [redacted] ☒ A.M ☐ P.M 9/7 20 06

* Observations: Company has not Received 7/12 - 7/13 Report. Company Sampler @ Site.

* Sampled By RW * Submitted to Laboratory By RW * Contact Name Frank Calvo * Title _____

* Total Quantity of Sample Collected ~7L * Sample Container(s) Used: ☐ C/c ____ Other: 4 (1L) Plastic

* Quantity Submitted to Lab 4 (1L) Plastic

* Sample Preservation Used. ☒ Ice ☐ No Cl_2 ☐ Sodium Thiosulfate ☐ NaOH ☒ HNO_3 Other: _____

Sample given to company (Y) N (Refused)
Sample given to ☒ Contact Other _____
Sample: ☐ Split ☐ Concurrent ☐ Consecutiv

Flow When Sampled:

COMPOSITE SAMPLE		GRAB SAMPLE
Period of Composite _____ hours		Flow Rate at Time of Sample
Totalizer Readings Final:	No FM Observed	(905)pH 9 s/u ~2L gpm
Initial:		(905)pH 8 p/u ~2L gpm
Difference:		
Multiplier.		
Total Flow: _____ gallons		
* Obtained From ☒ Visual Estimate. ☐ Effluent Flow Meter. ☐ Influent Water Meter. ☐ Impossible To Tell If Flow Existed When Sampled		

FIELD TEST RESULTS

* pH (905) 7 * Color Clear * Temperature Cool * Cyanide N/A
* Odor _____
* Total Sulfide N/A * Dissolved Sulfide N/A * Other N/A

LABORATORY TESTS NOTES TO ANALYSTS: _____

	CONSTITUENT	CODE
	pH	101
X	SUSPENDED SOLIDS, mg/l	151
	SUSPENDED SOLIDS (@ pH 7), mg/l	150
X	COD, mg/l O	403
	TOTAL DISS. SOLIDS (TDS), mg/l	155
	TOTAL DISS. SOLIDS (@ 550°C), mg/l	166
X	Chloride	301
	AMMONIA NITROGEN, mg/l N	201
	SOLUBLE SULFIDE, mg/l S	252
	THIOSULFATE SULFUR, mg/l S	253
	SULFITE SULFUR, mg/l S	254
	SULFATE, mg/l SO_4	257
	TOTAL MERCAPTANS, mg/l S	258
	TOTAL PHENOLS, mg/l C_6H_5OH	312

	CONSTITUENT	CODE
	OIL AND GREASE, mg/l	408
	OIL AND GREASE (NON-POLAR), mg/l	414
	TOTAL CYANIDE, mg/l CN	206
	CYANIDE AMENABLE TO Cl_2	210
	TOTAL CADMIUM, mg/l Cd	708
	TOTAL CHROMIUM, mg/l Cr	709
	TOTAL COPPER, mg/l Cu	712
	TOTAL LEAD, mg/l Pb	714
X	TOTAL NICKEL, mg/l Ni	718
	TOTAL SILVER, mg/l Ag	722
	TOTAL ZINC, mg/l Zn	724
	TOTAL ARSENIC, mg/l As	705
	TOTAL MERCURY, mg/l Hg	717

	CONSTITUENT	CODE
X	MBAS, mg/l LAS	315
X	NID, mg/l	316
	BENZENE, ug/l	620
	TOLUENE, ug/l	621
	ETHYL BENZENE, ug/l	624
	o-XYLENE, ug/l	629
	m+p-XYLENE, ug/l	695
	PC	
	EPA	

DISTRIBUTION: Return this sheet to Industrial Waste Section Head after log-in
* All information to be filled in by Field Collection Personnel

Sample No: SJ65958 Sample Location: 3-IW15-431

Requestor: MARTYN Completion Date: 10/03/06

Charge No: IW14905BM00 Approved By: JPG Sample Type: IWS

Composite Date and Time - From: 09/06/06 10:20 To: 09/07/06 10:15

Sample Description:
KIK SOCAL, 9028 DICE RD, SANTA FE SPRINGS (SBX)

No.	Test	Description	Result	Unit of Measure		Footnote
1.	151	SUSPENDED SOLIDS	11	MG/L		--
2.	301	CHLORIDE	3640	MG/L	CL	--
3.	315	MBAS	0.68	MG/L	LAS	01
4.	316	NID	4.5	MG/L		--
5.	403	TOTAL COD	61	MG/L	O	--
6.	718	NICKEL	< 0.07	MG/L	NI	--

Footnotes: 01 - DUP & SPIKE

KIK Custom Products
Attn: Bob Brown

Job No: 92820
January 15, 2007

Sample ID: Clarifier (Discharge)

Analysis	Result	Units	Method	Detection Limit
pH	8.40	Units	EPA 150.1	N/A
Residual Chlorine	0.1	mg/L	WCAS SOP 8310, Rev 2	0.1
Total Suspended Solids	1.7	mg/L	EPA 160.2	0.5
Chemical Oxygen Demand	59	mg O_2/L	SM 5220C	5
Dissolved Sulfides	ND	mg/L	SM 4500 - S^{-2} - B, C & D	0.1

Date Analyzed: 01-10-07

Quality Control Summary

Sample ID: Clarifier (Discharge)

Analyte	Sample Result	Duplicate Result	Difference	Difference Limit
pH	8.39	8.41	0.02	± 0.10

Sample ID: Clarifier (Discharge)

Analyte	Sample Result	Duplicate Result	Sample RPD	RPD Limit
Total Suspended Solids	1.6	1.7	6	20

Sample ID: Clarifier (Discharge)

Analyte	Sample Result	Duplicate Result	Sample RPD	RPD Limit
Residual Chlorine	0.1	0.1	< 1	20

Sample ID: Clarifier (Discharge)

Analyte	Sample Result	Duplicate Result	Sample RPD	Spike Conc	Spike Result	Spike % Rec
Dissolved Sulfides	ND	ND	N/A	0.94	0.66	70
QC Guidelines			<20			50 -125

Sample ID: Clarifier (Discharge)

Analyte	Sample Result	Duplicate Result	Sample RPD	Spike Conc	Spike Result	Spike % Rec
Chemical Oxygen Demand	67	50	29 *	250	228	68 *
QC Guidelines			<20			75 - 125

*Low spike recovery and high RPD probably due to matrix interferences. Sample solutions formed a precipitate that did not entirely dissolve with heating. The laboratory fortified blank had a 89% recovery.

This report is to be reproduced in its entirety.

WCAS

KIK Custom Products
Attn: Bob Brown

Job No: 92820
January 15, 2007

Chloride by EPA 300.0
Ion Chromatography-Suppressed Conductivity

Column:	Dionex AS9-SC/AG9-SC
Eluent:	2 mM Na2CO3, 0.75 mM NaHCO3
Flow:	2.0 mL/min
Injection:	300 µL
Detection:	Suppressed Conductivity

The sample was diluted by 1:100 for analysis. Further dilution was necessary to bring the result to within the range of the standard curve. The detection limit is adjusted for the initial dilution.

Sample ID	Chloride mg/L
Clarifier (Discharge)	1570
Method Blank	ND
Detection Limit	2

Date Analyzed: 01-11-07

Calibration Summary

Sample ID: 1 PPM Reference Standard

Analyte	Result	% Rec	% Rec Limits
Chloride	0.98	98	90 - 110

Date Analyzed: 01-11-07

Standard Curve (n = 6) $r^2 > 0.999$

Quality Control Summary

Sample ID: Clarifier (Discharge)

Analyte	Sample Result	Duplicate Result	Average Result	Sample RPD	Spike Conc	Spike Result	Spike % Rec
Chloride	1570	1590	1580	1	2000	3720	107

Spike % rec based on average result.

Quality Control Guidelines

Analyte	% Rec Limits	RPD Limits
Chloride	63 - 121	10

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WCAS

Bodycote

West Coast Analytical Service - A New Bodycote Company

TESTING GROUP
www.bodycote.com
www.mtusa.bodycote.com

March 23, 2007

KIK Custom Products
9028 Dice Rd
Santa Fe Springs, CA 90670

Attn: Bob Brown

Job No: 94897 TP

LABORATORY REPORT

Samples Received One (1) Sample
Date Received 03/22/2007
Purchase Order No 31231

The sample was analyzed as follows

Analysis	Page
Residual Chlorine by EPA 330 5	2

D J Northington, Ph D
Technical Director

Michael Shelton
Senior Staff Chemist

This report is to be reproduced in its entirety.

Bodycote Testing Group
9240 Santa Fe Springs Road • Santa Fe Springs • California • 90670 • USA • Tel: +1 (562) 948-2225 • Fax: +1 (562) 948-5850

KIK Custom Products
Attn: Bob Brown

Job No. 94897
March 23, 2007

Sample ID: TAP WATER SAMPLE

Analysis	Result	Units	Method	Detection Limit	Analysis Date
Residual Chlorine	0.7	mg/L	EPA 330 5	0 1	03-22-07

Bodycote

PERMIT # 015431

WEST COAST ANALYTICAL SERVICE, INC

IK Custom Products
Attn. Bob Brown

Job No: 96971
June 20, 2007

Sample ID: Grab Composite Clarafier Sample

Analysis	Result	Units	Method	Detection Limit	Analysis Date
Residual Chlorine	ND	mg/L	SM 4500 CIG	0.1	06-14-07
pH	8 06	Units	SM 4500-H+-B	N/A	06-14-07
Total Suspended Solids	5.3	mg/L	SM 2540 D	0.5	06-15-07
Dissolved Sulfides	ND	mg/L	SM 4500-S^{-2}- B, C & D	0.1	06-15-07
Chemical Oxygen Demand	72	mg O_2/L	SM 5220 C	5	06-15-07

Quality Control Summary

Sample ID. Grab Composite Clarafier Sample

Analyte	Sample Result	Duplicate Result	Difference	Difference Limit
pH	8 06	8 05	0 01	± 0 10

Sample ID: Grab Composite Clarafier Sample

Analyte	Sample Result	Duplicate Result	Sample RPD	Spike Conc	Spike Result	Spike % Rec
Dissolved Sulfides	ND	ND	N/A	0.98	0 94	96
QC Guidelines			NMT 20			50 - 125

Sample ID Laboratory Fortified Blank

Analyte	Sample Result	Spike Conc	Spike Result	Spike % Rec
Chemical Oxygen Demand	ND	500	478	96
QC Guidelines				75 - 125

Sample ID Grab Composite Clarafier Sample

Analyte	Sample Result	Duplicate Result	Sample RPD	RPD Limit
Total Suspended Solids	5.1	5 4	6	20

FILE COPY

United States Compliance

August 10, 2006

County Sanitation Districts of Los Angeles County
Surcharge Section
1955 Workman Mill Road
P.O. Box 4998
Whittier, CA 90607-4998

Re: KIK-SoCal Inc.
9028 Dice Road
Santa Fe Springs, CA 90670
Permit: 15431

Dear Report Coordinator,

Please find enclosed the completed Annual Wastewater Treatment Surcharge Statement for KIK-SoCal Inc.

Thank you for your attention to this matter. If you should have any questions, feel free to contact me at your convenience.

Sincerely,

Jessie Wratz
Environmental Specialist
Industrial Discharge Department – Ext. 141

Cc: Bob Brown - KIK-SoCal Inc.

Enclosures

United States Compliance Corporation
301 Carlson Parkway • Suite 200 • Minnetonka, MN 55305 • Phone 952 252 3000 • Fax 952 252 3001
www.uscompliance.com

COUNTY SANITATION DISTRICTS OF LOS ANGELES COUNTY
1955 Workman Mill Rd., P.O Box 4998
Whittier, CA 90607-4998
James F. Stahl, Chief Engineer and General Manager

2005-2006 LONG FORM
WASTEWATER TREATMENT SURCHARGE STATEMENT
For Fiscal Year July 1, 2005 to June 30, 2006

(This form must be used by all companies discharging more than six (6) million gallons of wastewater to the sewer during fiscal year 2005-2006)

FILE COPY

COMPANY NAME AND FEDERAL TAX ID NO

9022*DICE*RD**SANTA*FE*SPRINGS*90670***

8 COMPANY MAILING ADDRESS

TO: RIK SOCAL A
9022 DICE RD
SANTA FE SPRINGS CA 90670

9. ADDRESS OF WASTEWATER DISCHARGE

10. PROPERTY TAX IDENTIFICATION NO

18 2042264 A 8168/007/029 L

(Map Book No) (Page No) (Parcel No)

RETURN THIS COPY TO THE SANITATION DISTRICTS

11. FEDERAL STANDARD INDUSTRIAL CLASSIFICATION (SIC) NO(S). 2841

TOTAL YEARLY WASTEWATER QUANTITIES
(Furnish calculation details in Tables 2B and 3)

	NO. 1	NO. 2	NO. 3	NO. 4	TOTALS
12 DISCHARGE OUTLETS TO SEWER Sanitation Districts' Permit No(s)	15431				
☐ If more than four (4) outlets are reported, enter total number in box and use Table 1 to calculate totals for Lines 13a, 14a, and 15a					
13 FLOW VOLUME (In millions of gallons to two decimal places)	[redacted]	[redacted]	[redacted]	[redacted]	13a 3.97 (TOTAL FLOW)
14 CHEMICAL OXYGEN DEMAND (COD) (In thousands of lbs to two decimal places)	[redacted]	[redacted]	[redacted]	[redacted]	14a 8.51 (TOTAL COD)
15 SUSPENDED SOLIDS (SS) (In thousands of lbs to two decimal places)	[redacted]	[redacted]	[redacted]	[redacted]	15a 5.49 (TOTAL SS)
16 PEAK FLOW RATE (Round off to whole numbers Average of 10 highest peak flows, in gallons per minute. Use calculation table on reverse side of this form)					16a 20 (Enter Line 39a or Line 43a from reverse side of this form)

DETAILS OF WASTEWATER DETERMINATIONS

17 METHOD OF FLOW VOLUME DETERMINATION (submit copies of water bills if metered or adjusted metered water supply method is used)
☐ Direct Measurement ☐ Metered Water Supply (complete Tables 2A and 2B) ☒ Adjusted Metered Water Supply (complete Tables 2A and 2B)
(submit totalizer readings)

18. SOURCE OF WATER SUPPLY ☐ Water Well ☒ Water Purveyor - Name City of Santa Fe Springs Water Co.

19. METHOD OF PEAK FLOW RATE DETERMINATION
☐ Direct Measurement ☒ Assumed P/A = 2.00 ☐ Calculated Value (submit calculations)

CALCULATION OF WASTEWATER TREATMENT SURCHARGE PAYABLE

20. FLOW VOLUME CHARGE (Multiply total flow on Line 13a by $509.00)	20a	$ 2020.73
21. CHEMICAL OXYGEN DEMAND CHARGE (Multiply total COD on Line 14a by $90.00)	21a	$ 765.90
22. SUSPENDED SOLIDS CHARGE (Multiply total SS on Line 15a by $254.40)	22a	$ 1396.66
23. PEAK FLOW RATE CHARGE (Enter Line 46a from reverse side of this form)	23a	$ 1027.52
24. SANITARY FLOW CHARGE (Enter Line 48a from reverse side of this form)	24a	$ 393.75
25. GROSS WASTEWATER TREATMENT SURCHARGE PAYABLE (The sum of Lines 20a, 21a, 22a, 23a and 24a)	25a	$ 5604.56
26. QUARTERLY PAYMENT CREDIT (Total amount paid for the first three quarters of the fiscal year)	26a	$ ~~3352~~ .52 3566.9
27. NET WASTEWATER TREATMENT SURCHARGE PAYABLE - QUARTER 4 (Line 25a less Line 26a) (Please indicate any overpayment in brackets, as [ ])	27a	$ ~~2252~~ .03 2037.5

CERTIFIED CORRECT BY COMPANY ADMINISTRATIVE OFFICER
I hereby certify under the penalty of perjury that this statement and supporting data are complete and correct

28. SIGNATURE _____ 29 DATE 08/15/06

30. PRINT NAME and POSITION Robert Brown, General Manager

31. PREPARED BY United States Compliance Corporation

32 TELEPHONE NO OF DISCHARGER (562) 946-6427
(Include Area Code)

Due August 15, 2006
U.S Postmarked no later than this date.

DO NOT STAPLE FORMS

Please enclose a check in the full amount shown on Line 27a. Make the check payable to the County Sanitation Districts of Los Angeles County Any overpayments will be refunded upon verification by the Sanitation Districts

Please use the pre-addressed envelope for return For more information call the Industrial Waste Section at (562) 699-7411 or (323) 685-5217, ext. 2600.

Please pay by August 15, 2006 to avoid penalty and interest penalty charges

PLEASE RETURN THIS COPY WITH YOUR PAYMENT IN THE ENCLOSED ENVELOPE
USE THE PREVIOUS PAGE AS YOUR WORKSHEET

Return This Copy To The Sanitation Districts

CALCULATION TABLE FOR PEAK FLOW RATE CHARGE

33. TOTAL YEARLY FLOW VOLUME (In gallons. Multiply Line 13a by 1,000,000.) 33a 3,970,000

34. NUMBER OF DISCHARGE DAYS PER YEAR 34a 250

35. AVERAGE NUMBER OF DISCHARGE HOURS PER DISCHARGE DAY ..... 35a 24 .00

36. MINUTES PER YEAR (Multiply Line 34a by Line 35a by 60) 36a 360,000

37. AVERAGE FLOW RATE "A" (In gallons per minute. Divide Line 33a by Line 36a.) 37a 11

38. NUMBER OF DISCHARGE OUTLETS TO SEWER AS LISTED ON LINE 12 or in Table 1 ..... 38a 1
(If 1, proceed to Line 39. If more than 1, proceed to Line 40)

39. PEAK FLOW RATE "P" FOR SINGLE OUTLET (In gallons per minute. Complete Line 39a and proceed to Line 44. If 10 gpm or less, do not calculate a peak flow rate charge.) .39a 20
(Enter on Line 16a)

40. HIGHEST PEAK FLOW RATE "P" AMONG MULTIPLE OUTLETS (From Line 16 or Table 1) ..... 40a _____

41. TOTAL YEARLY FLOW VOLUME OF THE OUTLET WITH THE HIGHEST PEAK FLOW RATE (Multiply value from Line 13 or Table 1 by 1,000,000) ..... 41a _____

42. AVERAGE FLOW RATE OF THE OUTLET WITH THE HIGHEST PEAK FLOW RATE (Divide Line 41a by Line 36a) ..... 42a _____

43. PEAK FLOW RATE "P" FOR MULTIPLE OUTLETS (Line 40a plus Line 37a minus Line 42a. If 10 gpm or less, do not calculate a peak flow rate charge) ..... 43a _____
(Enter on Line 16a)

44. PEAK TO AVERAGE FLOW RATIO (P/A) (Divide either Line 39a or 43a by 37a) ..... 44a 2 .00
(To two decimal places)

45. FACTOR "M" (Obtain "M" from Figure 2 using the value of P/A on Line 44a or calculate M = 2.50 log (P/A)) ..... 45a .76
(To two decimal places)

46. PEAK FLOW RATE CHARGE (Multiply Line 45a by $67.60 by either Line 39a or Line 43a) ..... 46a $ 1027 .52
(Enter on Line 23a)

CALCULATION TABLE FOR SANITARY FLOW CHARGE

IMPORTANT: This charge is calculated only when the total yearly flow volume on Line 13a does not include the sanitary (domestic) wastewater from company employees.

47. AVERAGE NUMBER OF EMPLOYEES PER DISCHARGE DAY NOT CONTRIBUTING TO THE REPORTED FLOW VOLUME ON LINE 13a 47a 75

48 SANITARY FLOW CHARGE (Multiply Line 34a by Line 47a by $0.021) ..... 48a $ 393 .75
(Enter on Line 24a)

CHECKLIST

The following checklist has been supplied to help ensure your filing is complete. Please note all information MUST apply to the 2005-2006 fiscal year (July 1 through June 30).

HAVE YOU INCLUDED

1) Copies of water bills and/or water well pumping records - see instructions on Page 7	Yes [X]	No [ ]
2) A completed Table 2A - Page 22	Yes [X]	No [ ]
3) Detailed calculation(s) to substantiate any claimed evaporative losses – see instructions on Page 7. If you claim boiler losses or any other heat related losses, copies of your Natural Gas bills must be submitted.	Yes [X]	No [ ]
4) A completed Table 2B - Page 23	Yes [X]	No [ ]
5) Copies of totalizer readings (for direct measurement companies only) – see instructions on Page 7	Yes [ ]	No [X]
6) Peak flow rate calculations (if peak flow rate is calculated) – see instructions on Page 8	Yes [ ]	No [X]
7) Copies of **ALL** laboratory analyses of 24-hour composite samples of COD and SS – see instructions on Page 8	Yes [X]	No [ ]
8) A completed Table 3 – Page 24	Yes [X]	No [ ]
9) A flow-weighted Table 3 (for direct measurement companies only) – see instructions on Page 9	Yes [ ]	No [X]
10) A completed Table 1 (for companies with more than four (4) discharge outlets) – Page 21	Yes [ ]	No [X]
11) A copy of the secured property tax bill(s) – see instructions on Page 5	Yes [X]	No [ ]
12) Your check made payable to the County Sanitation Districts of Los Angeles County	Yes [ ]	No [ ]

TO AVOID PENALTY AND INTEREST PENALTY CHARGES, YOUR PAYMENT IS DUE ON AUGUST 15, 2006 AND MUST BE U.S. POSTMARKED NO LATER THAN THIS DATE.

NOTE: Your Quarter 1 payment for fiscal year 2006-2007 is due September 30, 2006 - see instructions on Page 4

TABLE 2A

water usage verification table

Fiscal Year 2005/2006

(Attach Additional Sheets If Necessary)

Company Name KIK SO CAL INC.

Account Nº 2042264 **SIC Nº** 2841

Sanitation Districts' Permit Nº 15431

WATER USAGE FROM WATER BILLS 1/ 2/

PREPARE ONE TABLE PER WATER METER

Date From:	Date To:	Present Water Bill Reading (in CCF)	Previous Water Bill Reading (in CCF)	Water Usage (in CCF) 1/2/
07-05-05	08-02-05	89540	84924	4616
08-02-05	09-02-05	94551	89540	5011
09-02-05	10-04-05	99019	94551	4468
10-04-05	11-02-05	102803	99019	3784
11-02-05	12-02-05	106257	102803	3454
12-02-05	01-04-06	109134	106257	2877
01-04-06	02-02-06	113091	109134	3957
02-02-06	03-02-06	116552	113091	3461
03-02-06	04-04-06	120487	116552	3935
04-04-06	05-02-06	123062	120487	2575
05-02-06	06-02-06	127292	123062	4230
06-02-06	07-05-06	131611	127292	4319
			TOTAL FISCAL YEAR WATER USAGE IN CCF	46687

Total Yearly CCF x 748 = 34,921,876 Gals Per Year ÷ 1,000,000 = 34.92 Million Gals Per Year

SUBMIT COPIES OF WATER BILLS

Include Table 2B to calculate and deduct sanitary flow

NOTES

1/ Most water bill usage is expressed in hundreds of cubic feet (CCF) One hundred cubic feet (CCF) = 748 gallons.

2/ If water meter records are in acre feet (1 acre foot = 325,900 gallons) or gallons, please change table headings from CCF to agree with data.

TABLE 2B

adjusted metered water supply table

Fiscal Year 2005/2006

(Attach Additional Sheets If Necessary)

Company Name KIK SOCAL INC.

Account No 2042264

SIC No 2841

Sanitation Districts' Permit No 15431

1	Metered Water Supply from Purveyor (Water Company). Complete Table 2A and attach copies of water bills.	+	34.92 mil. gal./yr.
2	Water Supply from Company Well. Attach copies of meter or well pumping records.	+	mil. gal./yr.
3	Water Received in Raw Materials. Explain how determined in attachments.	+	mil. gal./yr.
4.	Wastewater Discharged to Stormwater Drainage System Explain how determined in attachments Enter your NPDES Permit # _____	–	mil. gal./yr.
5	Water Lost Through Evaporation. Explain how determined in attachments. May include irrigation losses.	–	3.65 mil. gal./yr.
6	Water Lost in Products Explain how determined in attachments.	–	27.02 mil. gal./yr.
7.	Sanitary Flow Deduction	–	.28 mil. gal./yr.
8.	Water Gained by Other Means. Explain how determined in attachments.	+	mil. gal./yr.
9	TOTAL INDUSTRIAL WASTEWATER DISCHARGED TO PUBLIC SEWER. ENTER THIS AMOUNT ON LINE 13a OF THE LONG FORM.		3.97 mil gal./yr

WATER LOSS CALCULATIONS

IRRIGATION LOSSES

Square Footage of Land Irrigated	x	18.7*	–	1,000,000	=	Mil Gal Per Year
18,600	x	18.7*	÷	1,000,000	=	.35

*18.7 = Gallons per square foot of irrigated area per year

COOLING TOWER

Tonnage	x	Hours of Operation Per Year	x	% Load	x	1.38*	÷	1,000,000	=	Mil Gal. Per Year
500	x	6,000	x	0.79	x	1.38*	÷	1,000,000	=	3.27
	x		x	0	x	1.38*	÷	1,000,000	=	

*1.38 = Gallons evaporated per hour per ton

BOILER

NATURAL GAS USAGE IN THERMS_____. **Must submit copies of Natural Gas bills.**

Horsepower	x	Hours of Operation Per Year	x	% Load	x	% Steam Loss To Atmosphere	x	3.82*	÷	1,000,000	=	Mil Gal Per Year
(x2) 48	x	269.5	x	0.70	x	0.92	x	3.82*	÷	1,000,000	=	.03
	x		x	0	x	0	x	3.82*	÷	1,000,000	=	

*3.82 = Gallons evaporated per hour per horsepower

SANITARY FLOW

Employees	x	Discharge Days Per Year	x	Gallons Per Employee Per Day	÷	1,000,000	=	Mil Gal Per Year
75	x	250	x	15	÷	1,000,000	=	.28

Conversion Factors 1 cubic foot = 7.48 gallons 1 acre foot = 325,900 gallons 1 gallon of water = 8.34 pounds of weight

The formulas are provided for estimations and may not be suitable for all types of industries. All calculations are subject to review by the Districts.

TABLE 3

chemical oxygen demand & suspended solids summary

Fiscal Year 2005/2006 **Account Nº** 2042264

Company Name KIK SO CAL INC.

Districts' Permit Nº 15431 **SIC Nº** 2841

(Prepare One Table For Each Discharge Outlet)

Method of Flow Volume Determination ☐ Direct Measurement ☐ Metered Water Supply (complete Tables 2A and 2B) ☒ Adjusted Metered Water Supply (complete Tables 2A and 2B)

Sample No	Date of 24-Hour Sampling & Measurements	Surcharge Parameter Report 1/		Tests Represent Period of Time				Total Wastewater Quantities Discharged to the Sewer (to two decimal places)		
		Chemical Oxygen Demand (COD) (mg/l) 2/ 5/	Suspended Solids (SS) (mg/l) 2/ 5/	From		Thru		Flow Volume (millions of gal) 3/ 4/	Chemical Oxygen Demand (COD) (thousands of lbs) 6/	Suspended Solids (SS) (thousands of lbs) 6/
				Mo.	Day	Mo	Day			
1	11 /17 / 05	503	322	07	01	12	31			
2	06 /19 / 06	10	10	01	01	06	30			
3	/ /									
4	/ /									
5	/ /									
6	/ /									
7	/ /									
8	/ /									
9	/ /									
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11	/ /									
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14	/ /									
15	/ /									
16	/ /									
17	/ /									
18	/ /									
19	/ /									
20	/ /									
21	/ /									
22	/ /									
23	/ /									
24	/ /									
	Annual Average	257	166			Annual Total		3 97	8 51	5 49

NOTES

1/ Frequency of surcharge parameter measurements should follow the requirements in Table A, according to the total yearly flow volume of the discharge outlet If more than 24 tests are required or performed during the fiscal year, please attach additional sheets.

2/ Mg/l corresponds to milligrams per liter - also equivalent to PPM or parts per million All sample results must be reported in whole numbers

3/ Companies determining wastewater flows by an effluent flow meter must have a value for flow volume in this column for every required sampling time period These flow volumes should be used to calculate the quantities of COD and SS discharged

4/ Companies using metered or adjusted metered water supplies should calculate the annual average for COD and SS and use these values and the total annual flow volume to calculate the total annual wastewater quantities of COD and SS discharged

5/ Submit copies of laboratory analyses for ALL 24-hour composite samples which were analyzed for either COD or SS concentrations

6/ The flow-weighted COD and SS in thousands of pounds is determined by

[Flow Volume Discharged in Millions of Gallons (to two decimal places)] X [Chemical Oxygen Demand or Suspended Solids Concentration in Milligrams per Liter (mg/l)] X [8.34 / 1,000] = [Thousands of Pounds c Chemical Oxygen Demand or Suspended Solids (to two decimal places)]

r usage be reduced to
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ge surcharge may

JULY 05

initiate a complain
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KEEP THIS PORTION FOR YOUR RECORDS
BRING ENTIRE BILL WHEN MAKING PAYMENT IN OFFICE

DATE BILLED 08-09-2005
CUSTOMER NAME KIK SO CAL INC
ACCOUNT NO 62005130

SERVICE PERIOD 07-05-2005 TO 08-02-2005
SERVICE AT 09028 DICE ROAD

MAKE INQUIRIES TO
CITY OF SANTA FE SPRINGS
WATER UTILITY
11710 TELEGRAPH ROAD
SANTA FE SPRINGS, CA 90670-3658
(562) 868-0511

METER READINGS PREVIOUS	PRESENT	USAGE CCF	DESCRIPTION	AMOUNT
84924	89540	4616	Domestic Service	
			Water Usage	9737.78
			Previous Balance	0.00
			AMOUNT DUE	9737.78

RECEIVED
AUG 16 2005
By

IF PAYMENT OF CURRENT CHARGE IS NOT RECEIVED BY
09-06-2005, A $10 LATE FEE WILL BE ASSESSED

** COMPARE YOUR DAILY AVERAGE USE WITH LAST YEAR **

THIS YEAR	28	DAYS	164 35	CCF	USAGE	123307.30	GALLONS
LAST YEAR	32	DAYS	155 68	CCF	USAGE	116448.64	GALLONS

HELP ADULTS OR CHILDREN IMPROVE THEIR READING SKILLS BY BECOMING A VOLUNTEER AT THE CITY LIBRARY. LITERACY SERVICES WILL CONDUCT VOLUNTEER TUTOR TRAINING WORKSHOPS IN THE FALL CALL 868-7738 EXT 7819 FOR MORE INFORMATION.

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KEEP THIS PORTION FOR YOUR RECORDS
BRING ENTIRE BILL WHEN MAKING PAYMENT IN OFFICE

D
CUSTC
AC

DATE BILLED 09-12-2005
CUSTOMER NAME KIK SO CAL INC
ACCOUNT NO 62005130

MAKE INQUIRIES TO:
CITY OF SANTA FE SPRINGS
WATER UTILITY
11710 TELEGRAPH ROAD
SANTA FE SPRINGS, CA 90670-3658
(562) 868-0511

SERVI

SERVICE PERIOD 08-02-2005 TO 09-02-2005
SERVICE AT 09028 DICE ROAD

METER PREVIOU	METER READINGS PREVIOUS	PRESENT	USAGE CCF	DESCRIPTION	AMOUNT
	89540	94551	5011	Domestic Service Water Usage	10058.82
				Previous Balance	0 00
				AMOUNT DUE	10058 82

4316022 10058 82

IF P
10-1

IF PAYMENT OF CURRENT CHARGE IS NOT RECEIVED BY
10-10-2005, A $10 LATE FEE WILL BE ASSESSED

** COMPARE YOUR DAILY AVERAGE USE WITH LAST YEAR **

THIS YEAR	THIS YEAR	31 DAYS	161 64 CCF	USAGE	120906 72	GALLONS
LAST YEAR	LAST YEAR	30 DAYS	156 26 CCF	USAGE	116882 48	GALLONS

THE
ELEC
MORE

THE CITY WILL HOST A UNIVERSAL WASTE ROUND UP ON 9/30/05 10/
ELECTRONIC WASTE AT NO COST CALL 868-0511 EXT 3711 FOR
MORE INFORMATION.

KEEP THIS ... RECORDS
BRING ENTIRE BILL W... ENT IN OFFICE

MAKE INQUIRIES TO
CITY OF SANTA FE SPRINGS
WATER UTILITY
11710 TELEGRAPH ROAD
SANTA FE SPRINGS, CA 90670-3658
(562) 868-05[illegible]

DATE BILLED 10-11-2005
CUSTOMER NAME KIK SO CAL INC
ACCOUNT NO 62005130

SERVICE PERIOD 09-02-2005 TO 10-04-2005
SERVICE AT 09028 DICE ROAD

RECEIVED

METER READINGS PREVIOUS	PRESENT	USAGE CCF	DESCRIPTION	AMOUNT
94551	99019	4468	Domestic Service KIK - SoCal Water Usage	9974.56

Previous Balance 0.00
AMOUNT DUE 9974.56

IF PAYMENT OF CURRENT CHARGE IS NOT RECEIVED BY
11-08-2005, A $10 LATE FEE WILL BE ASSESSED.

** COMPARE YOUR DAILY AVERAGE USE WITH LAST YEAR **

THIS YEAR	32	DAYS	139.62 CCF	USAGE	104435.76	GALLONS
LAST YEAR	30	DAYS	82.76 CCF	USAGE	61904.48	GALLONS

HELP ADULTS IMPROVE THEIR READIND AND WRITING SKILLS BY BECOMING A VOLUNTEER AT THE CITY LIBRARY. VOLUNTEER TUTOR TRAINING WORKSHOPS WILL BE CONDUCTED IN LATE OCTOBER. CALL 868-7738 EXT 7738 FOR ADDITIONAL INFORMATION.

SEPT. 05

OCT 05

KEEP THIS PORTION FOR YOUR RECORDS
BRING ENTIRE BILL WHEN MAKING PAYMENT IN OFFICE

DATE BILLED 11-09-2005
CUSTOMER NAME KIK SO CAL INC
ACCOUNT NO 62005139

SERVICE PERIOD 10-04-2005 TO 11-02-2005
SERVICE AT 09029 DICE ROAD

MAKE INQUIRIES TO
CITY OF SANTA FE SPRINGS
WATER UTILITY
11710 TELEGRAPH ROAD
SANTA FE SPRINGS, CA 90670-3658
(562) 868-0511

METER READINGS		USAGE CCF	DESCRIPTION	AMOUNT
PREVIOUS	PRESENT			
99017	102803	3714	Domestic Service	
			Water Usage	8469 70

RECEIVED
NOV 14 2005
By

Previous Balance	0 00
AMOUNT DUE	8469 70

IF PAYMENT OF CURRENT CHARGE IS NOT RECEIVED BY
12-07-2005 A $10 LATE FEE WILL BE ASSESSED

** COMPARE YOUR DAILY AVERAGE USE WITH LAST YEAR **

THIS YEAR	25	DAYS	130 48 CCF	USAGE	97599 04	GALLONS
LAST YEAR	31	DAYS	183 58 CCF	USAGE	137317.94	GALLONS

THE CITY'S FAMILY & HUMAN SERVICES DIVISION WILL OFFER A PRESENTATION ON SOCIAL SECURITY "MEDICARE PART D, PRESCRIPTION DRUG BENEFIT AT 4:00 PM ON 11/15/05 PLEASE CALL 562-941 FOR MORE INFORMATION

KEEP THIS PORTION FOR YOUR RECORDS
BRING ENTIRE BILL WHEN MAKING PAYMENT IN OFFICE

RECEIVED
DEC 19 2005
By

Nov

ED 12-12-2005
ME KIK SO CAL INC
NO. 62005130

MAKE INQUIRIES TO:
CITY OF SANTA FE SPRINGS
WATER UTILITY
11710 TELEGRAPH ROAD
SANTA FE SPRINGS, CA 90670-3658
(562) 868-0511

IOD 11-02-2005 TO 12-02-2005
AT 09028 DICE ROAD

INGS RESENT	USAGE	DESCRIPTION	AMOUNT
		Domestic Service	
6257	3454		
		Water Usage	7743.76
		Previous Balance	0.00
		AMOUNT DUE	7743.76

T OF CURRENT CHARGE IS NOT RECEIVED BY
6, A $10 LATE FEE WILL BE ASSESSED.

COMPARE YOUR DAILY AVERAGE USE WITH LAST YEAR **

0	DAYS	115.13 CCF	USAGE	8611.24	GALLONS
1	DAYS	44.90 CCF	USAGE	33585.20	GALLONS

S ARE NEEDED FOR THE VOLUNTEER INCOME TAX
E PROGRAM. ASSIST LOW-INCOME RESIDENTS IN
BASIC INCOME TAX RETURN FORMS. CALL 692-0261
INFORMATION.

KEEP THIS PORTION FOR YOUR RECORDS
BRING ENTIRE BILL WHEN MAKING PAYMENT IN OFFICE

DATE BILLED 12-12-2005
CUSTOMER NAME KIK SO. CAL. INC
ACCOUNT NO. 62005210

MAKE INQUIRIES TO:
CITY OF SANTA FE SPRINGS
WATER UTILITY
11710 TELEGRAPH ROAD
SANTA FE SPRINGS, CA 90670-3658
(562) 868-0511

SERVICE PERIOD 11-02-2005 TO 12-02-2005
SERVICE AT 09028 DICE ROAD

METER READINGS PREVIOUS	METER READINGS PRESENT	USAGE	DESCRIPTION	AMOUNT
			Fire Service Meter	
0	0	0		
			Water Usage	
			Previous Balance	0.00
			AMOUNT DUE	101.00

RECEIVED
DEC 19 2005
By

IF PAYMENT OF CURRENT CHARGE IS NOT RECEIVED BY
01-09-2006, A $10 LATE FEE WILL BE ASSESSED.

** COMPARE YOUR DAILY AVERAGE USE WITH LAST YEAR **

THIS YEAR	30	DAYS	0.00 CCF	USAGE	0.00 GALLONS
LAST YEAR	31	DAYS	0.00 CCF	USAGE	0.00 GALLONS

VOLUNTEERS ARE NEEDED FOR THE VOLUNTEER INCOME TAX
ASSISTANCE PROGRAM. ASSIST LOW-INCOME RESIDENTS IN
PREPARING BASIC INCOME TAX RETURN FORMS. CALL 692-0261
FOR MORE INFORMATION.

KE[illegible] THIS PORTION FOR YOUR RECORDS
BRING EN[illegible] BILL WHEN MAKING PAYMENT IN OFFICE

DEC 35

MAKE INQUIRIES TO
CITY OF SANTA FE SPRINGS
WATER UTILITY
11710 TELEGRAPH ROAD
SANTA FE SPRINGS, CA 90670-3658
(562) 868-0511

RECEIVED
JAN 11 2006
By

LLED 01-09-2006
IAME KIK SO CAL INC
T NO. 62005130

RIOD 12-02-2005 TO 01-04-2006
CE AT 09028 DICE ROAD

DINGS PRESENT	USAGE	DESCRIPTION	AMOUNT
09134	2877	Domestic Service Water Usage	6474.36
		Previous Balance	7743.76
		AMOUNT DUE	14218.12

KIK - SoCal Inc
Accounts Payable Approval
Amount
43160020 6474 36

ENTERED JAN 11 2006

NT OF CURRENT CHARGE IS NOT RECEIVED BY
06, A $10 LATE FEE WILL BE ASSESSED.

COMPARE YOUR DAILY AVERAGE USE WITH LAST YEAR **

33	DAYS	87.18 CCF	USAGE	65210.64	GALLONS
33	DAYS	74.03 CCF	USAGE	55374.44	GALLONS

E NEW YEAR BY HELPING SOMEONE LEARN TO READ. THE
RARY OFFERS SERVICES TO HELP INDIVIDUALS OF ALL AGES
THEIR READING AND WRITING SKILLS. CALL 868-7738 FOR
ORMATION.

KEEP THIS PORTION FOR YOUR RECORDS
BRING ENTIRE BILL WHEN MAKING PAYMENT IN OFFICE

MAKE INQUIRIES TO
CITY OF SANTA FE SPRINGS
WATER UTILITY
11710 TELEGRAPH ROAD
SANTA FE SPRINGS, CA 90670-3658
(562) 868-0511

DATE BILLED 01-09-2006
CUSTOMER NAME KIK SO CAL INC
ACCOUNT NO 62005210

SERVICE PERIOD 12-02-2005 TO 01-04-2006
SERVICE AT 09028 DICE ROAD

METER READINGS PREVIOUS	PRESENT	USAGE	DESCRIPTION	AMOUNT
0	0	0	Fire Service Meter Water Usage	101.00
			Previous Balance	101.00
			AMOUNT DUE	202.00

KIK - SoCal Inc
Accounts Payable
General
43160020
Amount
101

ENTERED JAN 11 2006

IF PAYMENT OF CURRENT CHARGE IS NOT RECEIVED BY
02-06-2006, A $10 LATE FEE WILL BE ASSESSED.

** COMPARE YOUR DAILY AVERAGE USE WITH LAST YEAR **

THIS YEAR	33	DAYS	0.00 CCF	USAGE	0.00 GALLONS
LAST YEAR	33	DAYS	0.00 CCF	USAGE	0.00 GALLONS

START THE NEW YEAR BY HELPING SOMEONE LEARN TO READ. THE
CITY LIBRARY OFFERS SERVICES TO HELP INDIVIDUALS OF ALL AGES
IMPROVE THEIR READING AND WRITING SKILLS. CALL 868-7738 FOR
MORE INFORMATION.

KEEP THIS PORTION FOR YOUR RECORDS
BRING E E BILL WHEN MAKING PAYMENT IN OFFICE

JAN 6

ILLED 02-14-2006
NAME KIK SO CAL INC
IT NO 62005210

MAKE INQUIRIES TO
CITY OF SANTA FE SPRINGS
WATER UTILITY
11710 TELEGRAPH ROAD
SANTA FE SPRINGS, CA 90670-3658
(562) 868-0511

ERIOD 01-04-2006 TO 02-02-2006
CE AT 09028 DICE ROAD

READINGS PRESENT	USAGE	DESCRIPTION	AMOUNT
		Fire Service Meter	
0	0		
		Water Usage	1[illegible]0
		Previous Balance	10.00
		AMOUNT DUE	111.00

RECEIVED
FEB 16 2006
By

UNT IS NOW DUE AND PAYABLE.
NT OF CURRENT CHARGE IS NOT RECEIVED BY
06, A $10 LATE FEE WILL BE ASSESSED.

* COMPARE YOUR DAILY AVERAGE USE WITH LAST YEAR **

29 DAYS	0.00 CCF	USAGE	0.00	GALLONS
29 DAYS	0.00 CCF	USAGE	0.00	GALLONS

OFFERS COUNSELING SERVICES TO FAMILIES WITHOUT
E AND MEDI-CAL. COUNSELING SERVICES ARE BY APPOINT-
Y. CONTACT THE CITY'S FAMILY & HUMAN SERVICE
AT 692-0261 FOR INFORMATION.

KEEP THIS PORTION FOR YOUR RECORDS
BRING ENTIRE BILL WHEN MAKING PAYMENT IN OFFICE

DATE BILLED 02-14-2006
CUSTOMER NAME KIK SO CAL INC
ACCOUNT NO 62005130

MAKE INQUIRIES TO
CITY OF SANTA FE SPRINGS
WATER UTILITY
11710 TELEGRAPH ROAD
SANTA FE SPRINGS, CA 90670-3658
(562) 868-0511

SERVICE PERIOD 01-04-2006 TO 02-02-2006
SERVICE AT 09028 DICE ROAD

RECEIVED
FEB 16 2006
By

METER READINGS PREVIOUS	PRESENT	USAGE	DESCRIPTION	AMOUNT
			Domestic Service	
109134	113091	3957		
			Water Usage	8850.36
			Previous Balance	10.00
			AMOUNT DUE	8860.36

THIS AMOUNT IS NOW DUE AND PAYABLE.
IF PAYMENT OF CURRENT CHARGE IS NOT RECEIVED BY
03-14-2006, A $10 LATE FEE WILL BE ASSESSED.

** COMPARE YOUR DAILY AVERAGE USE WITH LAST YEAR **

THIS YEAR	29 DAYS	136.44 CCF	USAGE	102057.12	GALLONS
LAST YEAR	29 DAYS	77.24 CCF	USAGE	57775.52	GALLONS

THE CITY OFFERS COUNSELING SERVICES TO FAMILIES WITHOUT
INSURANCE AND MEDI-CAL. COUNSELING SERVICES ARE BY APPOINT-
MENT ONLY. CONTACT THE CITY'S FAMILY & HUMAN SERVICE
DIVISION AT 692-0261 FOR INFORMATION.

KEEP THIS PORTION FOR YOUR RECORDS
BRING EN BILL WHEN MAKING PAYMENT IN OFFICE

RECEIVED
MAR 14 2006
By

MAKE INQUIRIES TO
CITY OF SANTA FE SPRINGS
WATER UTILITY
11710 TELEGRAPH ROAD
SANTA FE SPRINGS, CA 90670-3658
(562) 868-0511

ED 03-08-2006
ME KIK SO CAL INC
O 62005130

D 02-02-2006 TO 03-02-2006
AT 09028 DICE ROAD

NGS	USAGE CCF	DESCRIPTION	AMOUNT
SENT			
552	3461	Domestic Service	
		Water Usage	7759.16

3160020

Amount 7759.16

ENTERED MAR 14 2006

AMOUNT DUE	0.00
	7759.16

48926

IT IS NOW DUE AND PAYABLE.
OF CURRENT CHARGE IS NOT RECEIVED BY
, A $10 LATE FEE WILL BE ASSESSED.

COMPARE YOUR DAILY AVERAGE USE WITH LAST YEAR **

DAYS	123.60 CCF	USAGE	92452.80	GALLONS
DAYS	60.53 CCF	USAGE	45276.44	GALLONS

SANTA FE SPRINGS PLAYHOUSE PRESENTS
YOU CAN'T TAKE IT WITH YOU
& 8, AT 8:00 PM- APRIL 8 & 9 MATINEE AT 1:00 PM
E PARK, CALL 863-4896 FOR INFORMATION.

KEEP THIS PORTION FOR YOUR RECORD
BRING ENTIRE BILL WHEN MAKING PAYMENT IN OFFICE

RECEIVED
MAR 14 2006
By

MAKE INQUIRIES TO
CITY OF SANTA FE SPRINGS
WATER UTILITY
11710 TELEGRAPH ROAD
SANTA FE SPRINGS, CA 90670-3658
(562) 868-0511

DATE BILLED 03-08-2006
CUSTOMER NAME KIK SO CAL INC
ACCOUNT NO 62005210

SERVICE PERIOD 02-02-2006 TO 03-02-2006
SERVICE AT 09028 DICE ROAD

METER READINGS PREVIOUS	METER READINGS PRESENT	USAGE CCF	DESCRIPTION	AMOUNT
			Fire Service Meter	
0	0	0	Water Usage	101.00

4316020 101

ENTERED MAR 14 2006

Previous Balance	0.00
AMOUNT DUE	101.00

4892

THIS AMOUNT IS NOW DUE AND PAYABLE.
IF PAYMENT OF CURRENT CHARGE IS NOT RECEIVED BY
04-05-2006, A $10 LATE FEE WILL BE ASSESSED.

** COMPARE YOUR DAILY AVERAGE USE WITH LAST YEAR **

THIS YEAR	28	DAYS	0.00 CCF	USAGE	0.00	GALLONS
LAST YEAR	28	DAYS	0.00 CCF	USAGE	0.00	GALLONS

SANTA FE SPRINGS PLAYHOUSE PRESENTS
YOU CAN'T TAKE IT WITH YOU
APRIL 6,7 & 8, AT 8:00 PM- APRIL 8 & 9 MATINEE AT 1:00 PM
AT HERITAGE PARK, CALL 863-4896 FOR INFORMATION.

KEEP THIS PORTION FOR YOUR RECORDS
BRING ENT BILL WHEN MAKING PAYMENT IN OFFICE

MAKE INQUIRIES TO
CITY OF SANTA FE SPRINGS
WATER UTILITY
11710 TELEGRAPH ROAD
SANTA FE SPRINGS, CA 90670-3658
(562) 868-0511

ED 04-11-2006
ME KIK SO CAL INC
IO 62005130

OD 03-02-2006 TO 04-04-2006
AT 09028 DICE ROAD

NGS. SENT	USAGE	DESCRIPTION	AMOUNT
1407	3025	Domestic Service Water Usage	8801 96

RECEIVED
APR 17 2006
By

oCal Inc
Payable Approval

neral Ledger A/c	Amount
4360-020	8801 96
Total	

Approved by
Date Entered Previous Balance 0.00
ENTERED APR 17 2006 AMOUNT DUE 8801 96

NT IS NOW DUE AND PAYABLE.
T OF CURRENT CHARGE IS NOT RECEIVED BY
, A $10 LATE FEE WILL BE ASSESSED

COMPARE YOUR DAILY AVERAGE USE WITH LAST YEAR **

3	DAYS	119.24 CCF	USAGE	89191.52	GALLONS
3	DAYS	68.54 CCF	USAGE	51267.92	GALLONS

H ARE INVITED TO PARTICIPATE IN THE YOUTH IN
SUMMER EMPLOYMENT PROGRAM APPLICATIONS ARE
AT THE NEIGHBORHOOD CENTER BEGINNING MAY 1/2006.
0261 FOR INFORMATION

MAPEM 86

KEEP THIS PORTION FOR YOUR RECORD
BRING ENTIRE BILL WHEN MAKING PAYMENT IN OFFICE

MAKE INQUIRIES TO
CITY OF SANTA FE SPRINGS
WATER UTILITY
11710 TELEGRAPH ROAD
SANTA FE SPRINGS, CA 90670-3658
(562) 868-0511

DATE BILLED 04-11-2006
CUSTOMER NAME KIK SO CAL INC
ACCOUNT NO 62005210

SERVICE PERIOD 03-02-2006 TO 04-04-2006
SERVICE AT 09028 DICE ROAD

METER READINGS PREVIOUS	PRESENT	USAGE	DESCRIPTION	AMOUNT
0	0	0	Fire Service Meter Water Usage	101.00

KIK - SoCal Inc
Accounts Payable Approval

General Ledger A/c	Amount
4360-020	101 00
Total	

Coded by
Entered by
Approved by
Date Entered Previous Balance 0.00
ENTERED APR 17 2006 AMOUNT DUE 101.00

RECEIVED
APR 17 2006
By

THIS AMOUNT IS NOW DUE AND PAYABLE
IF PAYMENT OF CURRENT CHARGE IS NOT RECEIVED BY
05-09-2006, A $10 LATE FEE WILL BE ASSESSED

** COMPARE YOUR DAILY AVERAGE USE WITH LAST YEAR **

THIS YEAR	33	DAYS	0.00 CCF	USAGE	0.00 GALLONS
LAST YEAR	33	DAYS	0.00 CCF	USAGE	0.00 GALLONS

CITY YOUTH ARE INVITED TO PARTICIPATE IN THE YOUTH IN
INDUSTRY SUMMER EMPLOYMENT PROGRAM APPLICATIONS ARE
AVAILABLE AT THE NEIGHBORHOOD CENTER BEGINNING MAY 1/2006.
CALL 692-0261 FOR INFORMATION.

KEEP THIS PORTION FOR YOUR RECORDS
BRING ENTIRE BILL WHEN MAKING PAYMENT IN OFFICE

APRIL 06

LLED 05-08-2006
IAME KIK SO CAL INC
T NO 62005210

MAKE INQUIRIES TO
CITY OF SANTA FE SPRINGS
WATER UTILITY
11710 TELEGRAPH ROAD
SANTA FE SPRINGS, CA 90670-3658
(562) 868-0511

RIOD 04-04-2006 TO 05-02-2006
E AT 09028 DICE ROAD

DINGS PRESENT	USAGE	DESCRIPTION	AMOUNT
0 0		Fire Service Meter	
		Water Usage	101.00

RECEIVED
MAY 11 2006
By

SoCal Inc
ls Payable Approval

eneral Ledger A/c	Amount
40-020	101.00

ENTERED MAY 11 2006
4985

Previous Balance	0.00
AMOUNT DUE	101.00

JNT IS NOW DUE AND PAYABLE.
NT OF CURRENT CHARGE IS NOT RECEIVED BY
06, A $10 LATE FEE WILL BE ASSESSED.

COMPARE YOUR DAILY AVERAGE USE WITH LAST YEAR **

28	DAYS	0.00	CCF	USAGE	0.00	GALLONS
29	DAYS	0.00	CCF	USAGE	0.00	GALLONS

ARE INVITED TO JOIN IN THE FUN ON MAY 13TH AT THE
VICES DAY OPEN HOUSE. THE OPEN HOUSE WILL BE HELD
STATION
FOR MORE INFORMATION.

KEEP THIS PORTION FOR YOUR RECORDS
BRING ENTIRE BILL WHEN MAKING PAYMENT IN OFFICE

DATE BILLED 05-08-2006
CUSTOMER NAME KIK SO CAL INC
ACCOUNT NO 62005130

MAKE INQUIRIES TO
CITY OF SANTA FE SPRINGS
WATER UTILITY
11710 TELEGRAPH ROAD
SANTA FE SPRINGS, CA 90670-3658
(562) 868-0511

SERVICE PERIOD 04-04-2006 TO 05-02-2006
SERVICE AT 09028 DICE ROAD

METER READINGS PREVIOUS	PRESENT	USAGE	DESCRIPTION	AMOUNT
120487	127062	3575	Domestic Service	
			Water Usage	5809.96

RECEIVED
MAY 11 2006
By

KIK - SoCal Inc
Accounts Payable Approval

General Ledger A/c	Amount
43160-020	5809.96

Coded by
Entered by
Transaction Code
ENTERED MAY 11 2006
4857

Previous Balance	0.00
AMOUNT DUE	5809.96

THIS AMOUNT IS NOW DUE AND PAYABLE.
IF PAYMENT OF CURRENT CHARGE IS NOT RECEIVED BY
06-05-2006, A $10 LATE FEE WILL BE ASSESSED.

** COMPARE YOUR DAILY AVERAGE USE WITH LAST YEAR **

THIS YEAR	28	DAYS	91.96	CCF	USAGE	68786.08 GALLONS
LAST YEAR	29	DAYS	128.20	CCF	USAGE	95893.60 GALLONS

FAMILIES ARE INVITED TO JOIN IN THE FUN ON MAY 13TH AT THE
FIRE SERVICES DAY OPEN HOUSE. THE OPEN HOUSE WILL BE HELD
AT FIRE STATION
906-3803 FOR MORE INFORMATION.

3 DICE RD
'A FE SPGS CA 90670

MAY 06

DETACH HERE

RECEIVED JUN 15 2006 By

KEEP THIS PORTION FOR YOUR RECORDS
BRING ENTIRE BILL WHEN MAKING PAYMENT IN OFFICE

MAKE INQUIRIES TO:
CITY OF SANTA FE SPRINGS
WATER UTILITY
11710 TELEGRAPH ROAD
SANTA FE SPRINGS, CA 90670-3658
(562) 868-0511

LED 06-12-2006
AME KIK SO CAL INC
NO. 62005210

RIOD 05-02-2006 TO 06-02-2006
E AT 09028 DICE ROAD

DINGS: RESENT	USAGE	DESCRIPTION	AMOUNT
		Meter	
		Water Usage	101.00
		Previous Balance	0.00
		AMOUNT DUE	101.00

SoCal Inc 0
its Payable Approval

General Ledger A/c	Amount
160020	101
Total	

by: Approved by:
by: ENTERED JUN 15 2006
tion Code
50416

UNT IS NOW DUE AND PAYABLE
NT OF CURRENT CHARGE IS NOT RECEIVED BY
06, A $10 LATE FEE WILL BE ASSESSED.

COMPARE YOUR DAILY AVERAGE USE WITH LAST YEAR **

31	DAYS	0.00 CCF	USAGE	0.00	GALLONS
30	DAYS	0.00 CCF	USAGE	0.00	GALLONS

E LOOKOUT FOR THE NEW WATER BILL COMING YOU WAY
NEXT MONTH.

9028 DICE RD
SANTA FE SPGS CA 90670

DETACH HERE

RECEIVED JUN 15 2006 By

KEEP THIS PORTION FOR YOUR RECORDS
BRING ENTIRE BILL WHEN MAKING PAYMENT IN OFFICE

MAKE INQUIRIES TO:
CITY OF SANTA FE SPRINGS
WATER UTILITY
11710 TELEGRAPH ROAD
SANTA FE SPRINGS, CA 90670-3658
(562) 868-0511

DATE BILLED 06-12-2006
CUSTOMER NAME KIK SO CAL INC
ACCOUNT NO. 62005130

SERVICE PERIOD 05-02-2006 TO 06-02-2006
SERVICE AT 09028 DICE ROAD

METER READINGS PREVIOUS	PRESENT	USAGE	DESCRIPTION	AMOUNT
1230		4230	Domestic Service	
			Water Usage	9450.96
			Previous Balance	0.00
			AMOUNT DUE	9450.96

KIK - SoCal Inc
Accounts Payable Approval

General Ledger A/c	Amount
43160020	9450
Total	

Coded by: Approved by:
Entered by: ENTERED JUN 15 2006
Transaction
50415

THIS AMOUNT IS NOW DUE AND PAYABLE.
IF PAYMENT OF CURRENT CHARGE IS NOT RECEIVED BY
07-10-2006, A $10 LATE FEE WILL BE ASSESSED.

** COMPARE YOUR DAILY AVERAGE USE WITH LAST YEAR **

THIS YEAR	31	DAYS	136.45 CCF	USAGE	102064.60 GALLONS
LAST YEAR	30	DAYS	108.46 CCF	USAGE	81128.08 GALLONS

BE ON THE LOOKOUT FOR THE NEW WATER BILL COMING YOU WAY
NEXT MONTH.

JUNE 06

KEEP THIS PORTION FOR YOUR RECORDS
BRING ENTIRE BILL WHEN MAKING PAYMENT IN OFFICE

MAKE INQUIRIES TO:
CITY OF SANTA FE SPRINGS
WATER UTILITY
11710 TELEGRAPH ROAD
SANTA FE SPRINGS, CA 90670-3658
(562) 868-0511

DATE BILLED 07-18-2006
CUSTOMER NAME KIK SO CAL INC
ACCOUNT NO 62005130

SERVICE PERIOD 06-02-2006 TO 07-05-2006
SERVICE AT 09028 DICE ROAD

METER READINGS PREVIOUS	PRESENT	USAGE CCF	DESCRIPTION	AMOUNT
127292	131611	4319	Domestic Service	
			Water Usage	9646.76
			Previous Balance	0.00
			AMOUNT DUE	9646.76

KIK - SoCal Inc
Accounts Payable Approval
General Ledger A/c 43140020
Amount $9646.76
Total
Approved by:
Coded by: 01
Entered by
Transaction Code 50844

THIS AMOUNT IS NOW DUE AND PAYABLE.
IF PAYMENT OF CURRENT CHARGE IS NOT RECEIVED BY 08-09-2006, A $10 LATE FEE WILL BE ASSESSED.

** COMPARE YOUR DAILY AVERAGE USE WITH LAST YEAR **

THIS YEAR	33	DAYS	130.87 CCF	USAGE	97890.76	GALLONS
LAST YEAR	33	DAYS	164.60 CCF	USAGE	123120.80	GALLONS

SANTA FE SPRINGS COMMUNITY PLAYHOUSE PRESENTS
"BEAUTY AND THE BEAST"
AUGUST 10-12 & 17-19 @ 8 PM AUGUST 12,13 & 19 @ 2 PM
SF HIGH SCHOOL CAFE WEST, INFORMATION 863-4896

BOILER – Daily Log

Date	START UP Name	START UP Approx Time	Blow down of Shut Down Name	Blow down of Shut Down Valves A-B	Blow down of Shut Down Approx Time	TOTAL Hours Ran	Water Treatment Hardness	Water Treatment P-H	Water Treatment T-D-S
3/2/05	CH	7:00 AM	CH	B-A	9:30 AM	2½ hrs			
3-15-05	CH	10:30 AM	FN	B-A	3:00	4 hrs			
3-21-05	CH	12:30 PM	FN	B-A	6:00	6 hrs			
3-22-05	CH	8:30 AM	CH	A-B	10:40 AM	2 hrs			
3-25-05	FN	8:30 AM	FN	A-B	10:30	2 hrs			
4-5-05	FN	8:30 AM	CH	B-A	11:30 PM	3 hrs			
4-7-05	CH	9:00 AM	CH	A-B	11:30 AM	2½ hrs			
4-7-05	CH	1:00 PM							
4-9-05	ER	12:00 PM	CH	A-B	1:30 AM	1½ hrs			
4-26-05	CH	10:30 AM	FN	A-B	4:00 PM	6 ½			
5-5-05	CH	5:00 AM	CH	B-A	10:30 AM	2½ hrs			
5-11-05	CH	6:30 AM	CH	A-B	10:30 AM	4 hrs			
5-16-05	CH	10:00 AM	CH	B-A	1:00 PM	3 hrs			
5-17-05	ER	5:30 AM	CH	A-B	5:30 AM	3 HRS			
5-24-05	ER	3:00 AM	ER	A-B	6:30 AM	3½ hrs			
5-27-05	CH	5:00 AM	CH	B-A	7:30 AM	2½ hrs			
6-9-05	CH	10:30 PM	FN	A-B	1:00 PM	2½			
6-15-05	CH	9:30 AM	CH	A-B	10:30 PM	2 hrs			
6-24-05	CH	9:30 AM	CH	B-A	12:30 PM	2½ hrs			
6-25-05	CH	9:30 AM	CH	B-A	12:30 PM	3 hrs			
7-12-05	CH	9:30 AM	CH	A-B	12:30 PM	3 hrs			
7-5-05	CH	11:30 AM	CH	B-A	5:00 PM	7½ hrs			
7-7-05	CH	11:00 AM	CH	A-B	12:30 PM	1½ hrs			
7-14-05	CH	10:00 AM	FN	A-B	3:00 PM	5 hrs			
7-17-05	CH	9:00 AM	CH	B-A	12:00 N.	3 hrs			
7-23-05	CH	5:30 AM	CH	A-B	1:00 PM	7½ hrs			
7-28-05	FN	5:00 PM	ER	A-B	8:00 PM	3 hrs			
8-5-05	CH	9:00 AM	CH	B-A	11:30 AM	2½			
8-10-05	CH	5:00 AM	FN	B-A	3:25	10 ½			
8-10-05	CH	9:00 AM	CH	A-B	11:00 AM	2 hrs			
8-11-05	CH	5:00 AM	CH	B-A	11:00 AM	6 hrs			
8-20-05	CH	6:30 AM	CH	A-B	8:00 AM	1½ hrs			
8-25-05	CH	9:30 AM							
9-8-05	CH	9:00 AM	CH	B-A	11:00 AM	2 hrs			
9-12-05	CH	8:30 AM	FN	B-A	2:00 PM	5 ½			
9-19-05	CH	10:00 AM	CH	A-B	12:00 N	2 hrs			
9-23-05	CH	9:30 AM	FN	A-B	12:30 PM	3 hrs			
9-26-05	CH	10:00 AM	CH	B-A	12:00 N	2 hrs			
10-4-05	CH	8:30 AM	CH	A-B	12:30	4 hrs			

LAST HOURS

Daily Log

Date	START UP Name	START UP approx time	Blow Down of Shut Down Name	Blow Down of Shut Down Valves A-B	Blow Down of Shut Down approx time	TOTAL Hours Ran	Water Treatment Hardness	Water Treatment P-H	Water Treatment T-D-S
10-14-05	F.N	8:30pm							
10-23-05	ER	1:30 AM	J. A	A-B	3:30 AM	2 hrs			
10-29-05	F N	7:00 AM	F N	A-B	11:00 AM	4 hrs			
10-31-05	C H	8:30 AM	C H	B-A	10:00 AM	1 1/2 hrs			
11-4-05	CH	10:30 AM	F N	A-B	4:00	7 hrs			
11-7-05	CH	10:00 AM	CH	B-A	12:00 N	2 hrs			
11-14-05	CH	9:00 AM	CH	A-B	11:00 AM	2 hrs			
[illegible]	[illegible]	[illegible]	E R	A B	6:00 PM	9 hrs			
11-20-05	HH	10:00 AM	F N	A-B	3:00 PM	3.20 hrs			
11-28-05	CH	10:00 AM	F N	A-B	1:30 PM	3 1/2 hrs			
12-14-05	CH	9:00 AM	F N	A-B	1:30 PM	4 1/2 hrs			
12-14									
12-27-05	CH	9:00 AM	CH	B-A	11:30 AM	2 1/2 hrs			
12-29-05	CH	8:00 AM	CH	A-B	9:30 AM	1 1/2 hrs			
1-7-06	CH	9:00 AM							
1-18-06	CH	8:30 AM	F N	A B	2:00 PM	5 1/2			
1-19-06	CH	9:00 AM	CH	B-A	10:30 AM	1 1/2 hrs			
1-20-06	CH	9:00 AM							
1-22-06	ER	1:30 PM	F N	B-A	1:00 PM	14 hrs.			
2-9-06	CH	8:00 AM	F N	B-A	1:30 PM	5 hrs			
2-17-06	F N	1:00 PM	CH	B-A	7:30 PM	6 hrs			
3-1-06	CH	9:00 AM	F N	B-A	1:00 PM	3 1/2 hrs			
3-2-06	CH	7:30 AM	F N	B-A	11:30 AM	4 hrs			
[illegible]	[illegible]	[illegible]	[illegible]	B-A	2:00 AM	3 Hrs			
3-10-06	CH	9:30 AM	F N	B-A	2:30 PM	5 hrs			
3-15-06	CH	10:00 AM	F N	B-A	1:00 PM	3 hrs			
3-21-06	CH	8:30 AM	F N	B-A	4:00 PM	8 hrs			
3-28-06	CH	6:30 AM	F N	B-A	2:00 PM	8 hrs			
3-31-06	CH	9:00 AM	CH	A-B	7:30 PM	10 1/2 hrs			
4-3-06	CH	7:00 AM	CH	B-A	10:00 AM	3 hrs			
4-7-06	CH	6:30 AM	CH	B-A	10:30 PM	4 hrs			
4-8-06	SA	12:00 AM	SA	B-A	3? AM	3 hrs.			
4-20-06	S A	12:00 PM	F N	B A	1:00 PM	1 hrs			
4-23-06	WATER	11:00 AM	H A	A B	3:00 PM	3 hrs			
4-27-06	CH	7:30 AM	CH	B-A	10:30 AM	3 hrs			
5-1-06	CH	6:30 AM	F N	B-A	1700	8:30 hrs			
5-13-06	CH	5:30 AM	CH	A-B	10:00 AM	4 1/2			
5-16-06	CH	7:30 AM	F N	A B	1:00 PM	6 hrs	150	HOURS	
5-16-06	CA								

Daily Log

Date	START UP Name	START UP approx Time	Blow Down of Shut Down Name	Blow Down of Shut Down Valves A-B	Blow Down of Shut Down Approx Time	TOTAL Hours Ran	Water Treatment Hardness	Water Treatment P-H	Water Treatment T-D-S
[illegible]									
5-19-06	[illegible]	[illegible]	[illegible]	[illegible]	10:00	1½ hrs			
5-23-06	[illegible]	8:00 AM	[illegible]	[illegible]	11:00 AM	1 hr			
5-23-06	ER	2:00 PM	ER	A-B	4:00 PM	2 hrs			
6-11-06	[illegible]	4:30 A	ER	AB	6:10	1 hrs 10 m			
6-15-06	[illegible]	5:30 AM	[illegible]	AB	1130	7 HRS			
6-17-06	[illegible]	7:00 AM							
6-28-06	ER	7:00 AM	[illegible]	B-A	9:00 AM	2 hrs			
7-6-06	[illegible]	6:30 AM	[illegible]	A-B	11:00	4½ hrs			
		7:00	FN	A-B	1500	8 HRS			
7-6-06	[illegible]	12:30	FN	AB	1700	5:30 hrs			
7-7-06	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	4 hrs			
7-11-06	[illegible]	7:30 AM	ER	AB	[illegible]	5 hrs			
7-31-06	[illegible]	[illegible]	ER	AB	5:00 PM	9 hrs	55	HOURS	
8-5-06	[illegible]	[illegible]	FN	AB	300 PM	7 1/2 hrs			
							269.5	HOURS	
								TDM	

Daily Discharge Report

Month of: July. 2005

Int.	Date	Ph	Tank # Discharged	Amount Discharged	Daily Total Y.T.D. Discharged	Pre. Month Y.T.D. Discharged	Start Time	Stop Time	Chloride mp/l	Tested at Clarifer for Chlorene
RDB	1-Jul	9.6	37	12000	4284737	4272737	1325	1600	10000	X
RDB	1-Jul	10	35	12000	4296737		1740	2000	12000	X
RDB	5-Jul	10.2	No Discharge		4296737					
RDB	6-Jul	10.2	Heel/Mud	10000	4306737		1805	2430	7800	X
RDB	7-Jul	8 8	No Discharge		4306737					
RDB	8-Jul	8.4	36	12000	4318737		830	1105	20000	X
RDB	8-Jul	8 4	37	12000	4330737		1700	1930	13300	X
RDB	9-Jul		No Discharge		4330737					
RDB	11-Jul	10.2	36	12000	4342737		810	1115		X
RDB	11-Jul	10.2	36/ww#4	12000	4354737		1620	1920	20000	X
RDB	11-Jul	10 2	ww#5	2438	4357175		1920	1950	20000	X
RDB	12-Jul		No Discharge		4357175					
RDB	13-Jul	9.8	36	13000	4370175		1845	2130	13000	X
RDB	14-Jul	9.2	35	6000	4376175		1905	2100	10000	X
ER	14-Jul	9.6	36	12000	4388175		2400	300	10000	X
RDB	15-Jul	9.4	ww#5	6000	4394175		1220	1305	10000av.	X
RDB	15-Jul	9.4	36	12000	4406175		1300	1620	10000	X
RDB	15-Jul	9.4	35	12000	4418175		1625	1925	10000	X
RDB	16-Jul	9.4	36/36	24000	4442175		1405	2400	10000av.	X
RDB	18-Jul	8.8	Washout35/36	2800	4444975		630	730	1000	X
RDB	19-Jul	8.6	35	13000	4457975		1205	1535	10000	X
RDB	20-Jul	7	ww#5	6140	4464115		840	930	10000av.	X
RDB	20-Jul	7	35	12000	4476115		945	1320	7500	X
RDB	20-Jul	8	36	12000	4488115		1330	1710	2000	X
RDB	21-Jul	8.8	ww#5	7790	4495905		1700	1800	5000	X
RDB	22-Jul	8.8	ww#5	6500	4502405		1545	1635	10000	X
RDB	22-Jul	8.8	35/36	24000	4526405		1635	2245	10000	X
RDB	25-Jul	9.2	35/36	24000	4550405		1515	2115	10000	X
RDB	26-Jul	9.4	37	12000	4562405		700	1135	7500	X
RDB	26-Jul	9.6	WW5	12115	4574520		815	1100	8500	X
RDB	26-Jul	9.8	36	12000	4586520		1135	1435	7300	X
RDB	26-Jul	9.6	35	12000	4598520		1545	1915	9000	X
RDB	27-Jul	8.4	No Discharge		4598520				2500	X
RDB	28-Jul	7.4	ww5	12515	4611035		1200	1540	7000	X
RDB	28-Jul	8	35	12000	4623035		1200	1650	5000	X
RDB	30-Jul	8	ww5	10908	4633943		740	900	10000av,	X
RDB	30-Jul	9.6	Heel/Mud	9500	4643443		900	1130	10000av.	X
RDB	30-Jul	9.8	35	13000	4656443		945	1350	7300	X
RDB	30-Jul	9.6	36	12000	4668443		1350	1700	5000	X
					4668443					
					4668443					
					4668443					

Total Discharged for Month	395706
Y.T.D. Total Discharge	4668443

Daily Discharge Report

Month of: August. 2005.

Int.	Date	Ph	Tank # Discharged	Amount Discharged	Daily Total Y.T.D Discharged	Pre. Month Y.T.D Discharged	Start Time	Stop Time	Chloride mp/l	Tested at Clarifer for Chlorene
RDB	3-Aug	11	Heel	10000	4238443	4228443	1940	2150	10000	X
RDB	3-Aug	11	35	14900	4253343		2200	200	10000	X
RDB	8-Aug	10	Heel	10000	4263343		745	1030	9000	X
RDB	8-Aug	10	35	14000	4277343		1240	1550	7300	X
RDB	9-Aug	9.6	ww5	11577	4288920		1240	1415	10000	X
RDB	9-Aug	9 6	35	12000	4300920		1315	2330	7300	X
RDB	10-Aug	9.8	36	15000	4315920		650	1100	10000	X
RDB	10-Aug	9 8	37	17000	4332920		1500	1900	10000	X
RDB	10-Aug	10 2	Heel	5000	4337920		1500	1600	10000	x
RDB	10-Aug	10 2	Heel	3000	4340920		1640	1800	10000	X
RDB	11-Aug	9.8	36	17500	4358420		1010	1330	10000	X
RDB	12-Aug	10	36	20900	4379320		1415	1800	10000	X
RDB	13-Aug	8	ww5	25645	4404965		840	1245	10000	X
RDB	13-Aug	8	36	3600	4408565		1310	1445	2500	X
RDB	15-Aug	10	36	12000	4420565		810	1430	10000	X
RDB	15-Aug	8	36	6500	4427065		1230	1430	1500	X
RDB	16-Aug	11 6	36	18700	4445765		1220	1500	2500	X
RDB	17-Aug	10	36	12000	4457765		930	1430	5000	X
RDB	17-Aug	8	City water	4973	4462738		945	1430	1000	X
RDB	18-Aug	9	35	12000	4474738		1205	1600	5000	X
RDB	18-Aug	8	City water	5500	4480238		1340	1405	1000	X
RDB	19-Aug	9	35	22000	4502238		1720	2200	1000	X
RDB	22-Aug	10.2	35	17000	4519238		1030	1545	5000	X
RDB	23-Aug	9	Heel	9000	4528238		1235	1530	5000	X
RDB	23-Aug	9 4	35	17000	4545238		1345	1845	13000	X
RDB	24-Aug	8 6	No Discharge		4545238		705		5000	X
RDB	25-Aug	8 8	36	17770	4563008		1345	1655	5000	X
RDB	26-Aug	7	35	1850	4564858		730	800	5000	X
RDB	26-Aug	7	36	18900	4583758		930	1330	4000	X
RDB	29-Aug	8 4	No Discharge		4583758		840		2500	X
RDB	30-Aug	8 2	36/35	9288	4593046		840	1210	5000	X
RDB	30-Aug	9 4	35	8763	4601809		1245	1400	10000	X
RDB	31-Aug	10	36	15120	4616929		1345	1615	10000	X
RDB	31-Aug	10 4	Heel	8000	4624929		1355	1615	10000	X
					4624929					
					4624929					
					4624929					
					4624929					
					4624929					
					4624929					
					4624929					
					4624929					

Total Discharged for Month	396486
Y.T.D Total Discharge	4624929

Daily Discharge Report

Month of: September. 2005

Int.	Date	Ph	Tank # Discharged	Amount Discharged	Daily Total Y.T.D. Discharged	Pre. Month Y T.D. Discharged	Start Time	Stop Time	Chloride mp/l	Tested at Clarifer for Chlorene
RDB	1-Sep	7.2	WW5	10490	4635419	4624929	1300	1425	5000	X
RDB	1-Sep	11 4	35	8665	4644084		1420	1640	5000	X
RDB	1-Sep	8	35	9700	4653784		1645	1745	1000	X
RDB	2-Sep	11.4	35	1400	4655184		745	845	5000	X
RDB	2-Sep	8	35	2000	4657184		845	900	1000	X
RDB	6-Sep	10 2	36	12120	4669304		1000	1430	2500	X
RDB	6-Sep	8	36	1165	4670469		1440	1530	7300	X
RDB	7-Sep	10.4	Heel	2000	4672469		1635	1700	7300	X
RDB	8-Sep	8 4	Heel	6000	4678469		630	845	5000	X
RDB	8-Sep	8.4	35	10065	4688534		630	900	5000	X
RDB	8-Sep	7	WW5	22463	4710997		1005	1330	5000	X
RDB	8-Sep	10	36	15020	4726017		1415	1730	7300	X
RDB	9-Sep	7	City Water	2000	4728017		905	945	100	X
RDB	9-Sep	10	36/37	17237	4745254		1320	1700	7300	X
RDB	12-Sep	9	36	9042	4754296		905	1200	7300	X
RDB	12-Sep	8	City Water	7200	4761496		905	1200	7300	X
RDB	13-Sep	9	36	16620	4778116		1520	1830	4500	X
RDB	14-Sep	9	Heel	6000	4784116		1020	1215	10000	X
RDB	14-Sep	8	City Water	2500	4786616		1040	1215	100	X
RDB	14-Sep	10	36	12120	4798736		1510	1930	2500	X
RDB	14-Sep	8	City Water	10500	4809236		1510	1700	2500	X
RDB	15-Sep	7 4	WW5	16736	4825972		1010	1220	12000	X
RDB	15-Sep	9 5	36	15189	4841161		1210	1545	11000	X
RDB	16-Sep	9	36	18181	4859342		1240	1630	5000	X
RDB	17-Sep	8.2	37	20550	4879892		1300	1700	5000	X
RDB	19-Sep	10	36	13315	4893207		1245	1700	5000	X
RDB	20-Sep	10	36	2000	4895207		630	745	5000	X
RDB	20-Sep		Heel	8500	4903707		930	1245	7300	X
RDB	20-Sep	8.8	36	17220	4920927		1320	1700	2500	X
RDB	21-Sep	8.8	No Discharge		4920927				2500	X
RDB	22-Sep	9.4	36	15620	4936547		800	1145	5000	X
RDB	22-Sep	7 4	WW5	34625	4971172		1150	1650	5000	X
RDB	23-Sep	10 8	36	20820	4991992		920	1315	6000	X
RDB	26-Sep	9.6	36	18535	5010527		1100	1420	2500	X
RDB	27-Sep	9	35	14545	5025072		810	1100	12499	X
RDB	27-Sep	9 2	Heel	10460	5035532		1130	1330	8600	X
RDB	28-Sep	9 5	36&37	38205	5073737		645	1400	7300	X
RDB	29-Sep	7	WW5	17830	5091567		845	1200	7500	X
RDB	29-Sep	9	Heel	9000	5100567		845	1300	7500	X
RDB	29-Sep	9	35/36	16020	5116587		1345	1830	8000	X
RDB	30-Sep	10 2	36		5116587		1415		0	X
					5116587					

Total Discharged for Month	491658		223199
Y.T.D. Total Discharge	5116587	Monthly mp/l average	7439.97

Daily Discharge Report

Month of: October. 2005.

Int.	Date	Ph	Tank # Discharged	Amount Discharged	Daily Total Y.T.D. Discharged	Pre. Month Y T.D. Discharged	Start Time	Stop Time	Chloride mp/l	Tested at Clarifer for Chlorene
RDB	3-Oct	8.4	36	20120	5136707	5116587	1345	1845	5322	X
RDB	4-Oct	8 6	36	21020	5157727		1300	1800	8648	X
RDB	5-Oct	8 6	Heel	9000	5166727		1130	1430	6000	X
RDB	6-Oct	10 8	36	18420	5185147		1430	1900	5000	X
RDB	7-Oct	7.4	WW5	22000	5207147		850	1400	10000	X
RDB	7-Oct	9	35	28820	5235967		1250	1700	10000	X
RDB	10-Oct	10	36	3000	5238967		1430	1515	7500	X
RDB	11-Oct	10	36	12550	5251517		630	915	7300	X
RDB	11-Oct	10	35	16890	5268407		944	1415	7000	X
RDB	12-Oct	9 2	36/37	8000	5276407		800	1000	0	X
RDB	12-Oct	9	Heel	6000	5282407		1000	1200	6000	X
RDB	12-Oct	9	35	17930	5300337		1225	1700	6000	X
RDB	17-Oct	10	36	16110	5316447		1000	1500	6000	X
RDB	18-Oct	10	35	14120	5330567		722	1030	7000	X
RDB	18-Oct	7	WW5	28415	5358982		1010	1515	9000	X
RDB	19-Oct	9 4	Heel	7500	5366482		1430	1820	4000	X
RDB	19-Oct	9.4	36	13000	5379482		1430	1915	7300	X
RDB	20-Oct	9.8	36	15120	5394602		1330	2030	6500	X
RDB	20-Oct	9.8	37	12000	5406602		1330	2030	6000	X
RDB	21-Oct	9 8	36	15670	5422272		1455	1830	8000	X
RDB	24-Oct	No Discharge			5422272				0	X
RDB	25-Oct	No Discharge			5422272				0	X
RDB	26-Oct	7 8	Heel	7000	5429272		955	1200	6000	X
RDB	26-Oct	7 8	WW5	4657	5433929		955	1200	10000	X
RDB	26-Oct		35/36	17420	5451349		1415	1800	8000	X
RDB	27-Oct	No Discharge			5451349					
RDB	28-Oct	7 2	WW5	29384	5480733		1000	1345	10000	X
RDB	29-Oct	10 .8	Heel	13026	5493759		155	1455	8000	X
RDB	29-Oct	10.8	36	9129	5502888		1430	1500	8000	X
RDB	31-Oct	10 6	36	15120	5518008		630	13630	5000	X
					5518008					
					5518008					
					5518008					
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					5518008					

Total Discharged for Month	401421
Y T.D. Total Discharge	5518008

Daily Discharge Report

Month of: November. 2005

Int.	Date	Ph	Tank # Discharged	Amount Discharged	Daily Total Y.T.D Discharged	Pre. Month Y.T.D Discharged	Start Time	Stop Time	Chloride mp/l	Tested at Clarifer for Chlorene
RDB	1-Nov	9 8	Heel	11550	5529558	5518008	1700	1900	X	5000
RDB	2-Nov	8 4	Heel	15200	5544758		1245	1715	X	5000
RDB	3-Nov	8 4	36	12120	5556878		700	945	X	5000
RDB	3-Nov	9 4	37	10185	5567063		1515	1830	X	10000
RDB	3-Nov	9 4	Heel	10111	5577174		1845	2030	X	15000
RDB	4-Nov	7	Heel	1770	5578944		1030	1130	X	2500
RDB	5-Nov	10 2	35	10065	5589009		800	1100	X	2500
RDB	5-Nov	10.2	Heel	11800	5600809		1315	1630	X	2500
RDB	7-Nov	10 2	36	12120	5612929		645	915	X	9000
RDB	7-Nov	10 2	Heel	11500	5624429		1330	1500	X	9000
RDB	8-Nov	7	ww5	24154	5648583		715	1100	X	13000
RDB	8-Nov	10.8	36	15175	5663758		1300	1530	X	20000
RDB	9-Nov	9	Heel	11500	5675258		1015	1300	X	13000
RDB	9-Nov	10	36	16766	5692024		1300	1725	X	5000
RDB	10-Nov	10	35	12120	5704144		1130	1430	X	10000
RDB	10-Nov	10 2	Heel	3500	5707644		1620	1730	X	10000
RDB	10-Nov	10.2	37	12120	5719764		1720	2100	X	10000
RDB	11-Nov	10.4	Heel	9000	5728764		900	1100	X	10000
RDB	11-Nov	10.6	35	12120	5740884		1050	1330	X	10000
RDB	14-Nov	11 4	35	17320	5758204		1230	1635	X	5000
RDB	15-Nov	9.8	35	21580	5779784		1000	1300	X	10000
RDB	16-Nov	10	36	12120	5791904		1100	1300	X	10000
RDB	16-Nov	10	35	18640	5810544		1550	2000	X	10000
RDB	17-Nov	9	ww5	23794	5834338		1110	1415	X	10000
RDB	17-Nov	9	37	5991	5840329		1200	1615	X	30000
RDB	18-Nov	9	Heel	9000	5849329		930	1200	X	1000
RDB	18-Nov	9	35	23340	5872669		1000	1400	X	100
RDB	21-Nov		No Discharge		5872669					100
RDB	22-Nov	10	36	12120	5884789		740	1000	X	7500
RDB	22-Nov	10	35	15170	5899959		1030	1415	X	7500
RDB	23-Nov	9.8	36	19580	5919539		900	1320	X	5000
RDB	28-Nov	9 6	35	17560	5937099		745	1000	X	10000
RDB	29-Nov	9 8	35	12120	5949219		845	1200	X	5000
RDB	29-Nov	9 8	Heel	10000	5959219		950	1300	X	7000
RDB	30-Nov		No Discharge		5959219					
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Total Discharged for Month	441211	
Y T.D. Total Discharge		5959219

Daily Discharge Report

Month of: December. 2005.

Int.	Date	Ph	Tank # Discharged	Amount Discharged	Daily Total Y.T.D. Discharged	Pre. Month Y.T.D. Discharged	Start Time	Stop Time	Chloride -- mp/l	Tested at Clarifer for Chlorene
RDB	1-Dec	10	35	12120	5971339	5959219	730	1315	10000	X
RDB	1-Dec	10	37	8000	5979339		730	1315	10000	X
RDB	2-Dec	8.2	WW5	29950	6009289		715	1315	18000	X
RDB	5-Dec	8 8	No Discharge		6009289				4000	X
RDB	6-Dec	9	Heel	9500	6018789		1030	1300	5000	X
RDB	7-Dec	9	35&36	27585	6046374		815	1430	5000	X
RDB	7-Dec	10	Heel	6000	6052374		1030	1230	4000	X
RDB	8-Dec	9 6	No Discharge		6052374				500	X
RDB	9-Dec	8.2	35	80979	6133353		800	1400	500	X
RDB	12-Dec	8 2	No Discharge		6133353				500	X
RDB	13-Dec	10	36	10065	6143418		800	1200	5000	X
RDB	13-Dec	10	Heel	6000	6149418		1200	1400	5000	X
RDB	14-Dec	10	36	18126	6167544		1045	1930	6000	X
RDB	14-Dec	10	35	12120	6179664		1130	1615	6000	X
RDB	15-Dec	8 6	35	1000	6180664		1420	1445	5000	X
RDB	15-Dec	7 4	WW5	13045	6193709		1435	1615	5000	X
RDB	16-Dec	10.6	35	9185	6202894		710	900	5000	X
RDB	16-Dec	7.4	WW5	10200	6213094		1000	1300	8000	X
RDB	16-Dec	9.2	34	16785	6229879		1050	1400	8000	X
RDB	19-Dec	8	35	13485	6243364		1300	1715	4000	X
RDB	19-Dec	8.2	Heel	10000	6253364		1315	1630	4000	X
RDB	20-Dec	8.4	37	16120	6269484		1150	1515	7000	X
RDB	21-Dec	9	No Discharge		6269484				600	X
RDB	22-Dec	9	No Discharge		6269484				600	X
RDB	23-Dec	8.8	WW5	26000	6295484		910	1330	10000	X
RDB	27-Dec	10.2	36	10185	6305669		745	1045	10000	X
RDB	27-Dec	9.2	Heel	9000	6314669		1250	1445	8000	X
RDB	28-Dec	8.8	35	18150	6332819		815	1215	7000	X
RDB	29-Dec	9	37	16770	6349589		1145	1425	1000	X
RDB	30-Dec	8.8	No Discharge		6349589				1000	X
RDB	31-Dec	8.8	No Discharge		6349589				1000	X
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Total Discharged for Month	390370
Y T.D. Total Discharge	6349589

Daily Discharge Report

Month of: January. 2006

Int.	Date	Ph	Tank # Discharged	Amount Discharged	Daily Total Y.T.D. Discharged	Pre. Month Y.T.D. Discharged	Start Time	Stop Time	Chloride mp/l	Tested at Clarifer for Chlorene
RDB	3-Jan	8 8	36	11120	11120	0	1000	1600	X	1000
RDB	3-Jan	9 2	35	10000	21120		1000	1600	X	14000
RDB	4-Jan	9.2	Heel	9000	30120		1245	1520	X	4000
RDB	4-Jan	9 2	35	15185	45305		1520	1900	X	5000
RDB	5-Jan	8	ww5	29215	74520		1040	1535	X	10000
RDB	6-Jan	8	No Discharge		74520				X	2000
RDB	7-Jan	10	36	12120	86640		1200	1515	X	5000
RDB	7-Jan	10	37	10185	96825		1200	1600	X	5000
RDB	9-Jan	9.2	36	14220	111045		1525	1845	X	10000
RDB	10-Jan	9 2	36	17120	128165		11350	1345	X	5000
RDB	11-Jan	8.8	No Discharge		128165				X	5000
RDB	12-Jan	8	ww5	18496	146661		1030	1430	X	15000
RDB	12-Jan	8 4	36	17120	163781		1500	1900	X	15000
RDB	13-Jan	8	36	16120	179901		1245	1600	X	7000
RDB	13-Jan	9	Heel	8000	187901		1630	1830	X	7000
RDB	16-Jan	8 4	36	12120	200021		755	1115	X	30000
RDB	17-Jan	9	36	5620	205641		1715	1800	X	3000
RDB	18-Jan	8.8	No Discharge		205641				X	700
RDB	19-Jan	8.6	Heel	8000	213641		1000	1330	X	4000
RDB	20-Jan	9	36	17430	231071		1145	1515	X	5000
RDB	23-Jan	8 8	36	16330	247401		1000	1330	X	10000
RDB	24-Jan	8.8	36	8000	255401		1030	1345	X	10000
RDB	24-Jan	8 8	37	10185	265586		1030	1730	X	10000
RDB	24-Jan	8.4	ww5	8239	273825		1345	1630	X	10000
RDB	25-Jan	8 4	No Discharge		273825				X	10000
RDB	26-Jan	8 4	No Discharge		273825				X	5000
RDB	27-Jan	8	No Discharge		273825				X	7000
RDB	30-Jan	7.2	ww5	14500	288325		655	900	X	17000
RDB	30-Jan	10	36	8220	296545		900	1200	X	17000
RDB	30-Jan	9	Heel	9000	305545		1000	1300	X	17000
RDB	30-Jan	7.2	ww5	9680	315225		1430	1730	X	17000
RDB	30-Jan	8 4	36	17260	332485		1730	1925	X	17000
RDB	31-Jan	10 2	35	15065	347550		715	1100	X	5000
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Total Discharged for Month	347550	
Y T D Total Discharge		347550

Daily Discharge Report

Month of: February 2006.

Int.	Date	Ph	Tank # Discharged	Amount Discharged	Daily Total Y T.D. Discharged	Pre. Month Y T.D Discharged	Start Time	Stop Time	Chloride mp/l	Tested at Clarifer for Chlorene
RDB	1-Feb	8 6	No Discharge		347550	347550			5000	0
RDB	2-Feb	8 4	No Discharge		347550				1000	0
RDB	3-Feb	8.4	36	19400	366950		1700	2130	20000	0
RDB	6-Feb	8.8	No Discharge		366950			Grab Sample	600	0
RDB	6-Feb	8 8	No Discharge		366950				800	0
RDB	7-Feb	8 8	36	18720	385670		1245	1745	7000	0
RDB	7-Feb	7.4	WW5	5720	391390		1515	1615	7000	0
RDB	8-Feb	7 4	WW5	21825	413215		815	1130	10000	0
RDB	8-Feb	8 6	Heel	9500	422715		1320	1600	10000	0
RDB	9-Feb	8	No Discharge		422715				15000	0
RDB	10-Feb	8	36	12120	434835		1810	2330	10000	0
RDB	10-Feb	8	37	10185	445020		1810	2330	6000	0
RDB	13-Feb	9 8	No Discharge		445020				6000	0
RDB	14-Feb	9	36	16720	461740		1030	1535	500	0
RDB	15-Feb	7 8	36	21320	483060		1500	1900	15000	0
RDB	15-Feb	7.8	WW5	5375	488435		1500	1900	20000	0
RDB	16-Feb	7.8	WW5	18025	506460		845	1300	2000	0
RDB	16-Feb	9.6	Heel	7500	513960		1300	1530	2000	0
RDB	16-Feb	9 6	36	19240	533200		1500	1900	2000	0
RDB	17-Feb	9 6	No Discharge		533200				500	0
RDB	20-Feb	8.2	36	19500	552700		1830	2130	6000	0
RDB	21-Feb	8	No Discharge		552700				6000	0
RDB	22-Feb	8	No Discharge		552700				500	0
RDB	23-Feb	8	WW5	10103	562803		1120	1640	4500	0
RDB	23-Feb	9	36	12000	574803		1130	1430	4500	0
RDB	23-Feb	9	Heel	9500	584303		1345	1645	6000	0
RDB	24-Feb	8 6	No Discharge		584303				5000	0
RDB	25-Feb	8 2	36	12120	596423		745	1345	10000	0
RDB	25-Feb	8 2	37	8000	604423		745	1345	10000	0
RDB	27-Feb	8.2	36	12120	616543		1120	1500	20000	0
RDB	28-Feb	9	No Discharge		616543				20000	0
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Total Discharged for Month	268993
Y.T.D. Total Discharge	616543

Daily Discharge Report

Month of: March 2006

Int.	Date	Ph	Tank # Discharged	Amount Discharged	Daily Total Y.T.D. Discharged	Pre Month Y.T.D Discharged	Start Time	Stop Time	Chloride mp/l	Tested at Clarifer for Chlorene
RDB	1-Mar	7.8	WW5	19607	636150	616543	850	1200	10000	0
RDB	1-Mar	9	Heel	7500	643650		1200	1530	10000	0
RDB	1-Mar	9	36	16120	659770		1200	1530	10000	0
RDB	2-Mar	8.4	No Discharge		659770				10000	0
RDB	3-Mar	8 8	36	8421	668191		1100	1320	2000	0
RDB	6-Mar	8.8	No Discharge		668191				20000	0
RDB	7-Mar	8.8	36/37	22305	690496		1530	2030	15000	0
RDB	8-Mar	9.8	Heel	2500	692996		1700	1745	10000	0
RDB	9-Mar	7.6	WW5	22650	715646		1020	1340	10000	0
RDB	9-Mar	7 6	Heel	9000	724646		1340	1645	10000	0
RDB	10-Mar	8 2	No Discharge		724646				6000	0
RDB	13-Mar	8	No Discharge		724646				6000	0
RDB	14-Mar	10	36	12120	736766		1005	1330		0
RDB	14-Mar	10	Heel	2500	739266		1445	1530		0
RDB	15-Mar	8.8	No Discharge		739266				10000	0
RDB	16-Mar	8.6	No Discharge		739266				7000	0
RDB	17-Mar	8 4	No Discharge		739266				5000	0
RDB	20-Mar	7 2	WW5	22415	761681		1145	1645	10000	0
RDB	20-Mar	9	36	1420	763101		1805	2145	10000	0
RDB	21-Mar	9	36	11120	774221		1745	2100	10000	0
RDB	21-Mar	9	Heel	8000	782221		1745	2100	10000	0
RDB	22-Mar	9	No Discharge		782221				10000	0
RDB	23-Mar	8 4	No Discharge		782221				6000	0
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Total Discharged for Month	165678	
Y T.D. Total Discharge		782221

Daily Discharge Report

Month of: March 2006. Revised added discharge meter 3-24-06.

Int.	Date	Ph	Tank # Discharged	Meter Start	Meter Stop	Amount Discharged	Daily Total Y.T.D. Discharged	Pre. Month Y.T.D. Discharged	Start Time	Stop Time	Chloride mp/l	Tested at Clarifer for Chlorene
RDB	24-Mar	8	36	79181323	79200347	19024	801245	782221	1600	2200	0	
RDB	24-Mar	8	37			0	801245		1600	2200	0	15000
RDB	27-Mar	7 8	WW1&4	79200347	79207828	7481	808726		745	1610	0	8000
RDB	28-Mar	8	WWTP	79207828	79207900	72	808798	Time checked meter		1630	0	3000
RDB	29-Mar	9.8	36	79207900	79219211	11311	820109		500	800	0	10000
RDB	29-Mar	9.6	36	79219211	79231632	12421	832530		1405	1900	0	10000
RDB	30-Mar	8.4		79231632	79231632	0	832530		No Discharge		0	5000
RDB	31-Mar	8.2		79231632	79231632	0	832530		No Discharge		0	4000
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Total Discharged for Month	50309
Y T D Total Discharge	832530

Daily Discharge Report

Month of: April 2006

Int	Date	Ph	Tank # Discharged	Meter Start	Meter Stop	Amount Discharged	Daily Total Y.T.D. Discharged	Pre Month Y.T.D. Discharged	Start Time	Stop Time	Chloride mp/l	Tested at Clarifer for Chlorene
RDB	1-Apr	8.2	N D	79231632	79231632	0	832530	832530			4000	0
RDB	3-Apr	8	36	79231632	79243900	12268	844798		1720	2020	3000	0
RDB	3-Apr	8	WW5	1725400	1746340	20940	865738		1020	1340	3000	0
RDB	4-Apr	8	N D			0	865738				3000	0
FN	5-Apr	8 4	37	79243900	79247500	3600	869338		1600	1730	3000	0
FN	5-Apr	8 4	36	79247500	79257500	10000	879338		1730	2330	3000	0
FN	6-Apr	8	N D.			0	879338				10000	0
FN	7-Apr	8.9	N D	79257500	79257531	31	879369				15000	0
RDB	10-Apr	8.8	36/37	Meter broke		20000	899369		1500	2230	15000	0
FN	11-Apr	8 8	ww4	48446472	48451178	4706	904075		1030	1120	10000	0
FN	11-Apr	8 8	N.D			0	904075				10000	0
FN	12-Apr	8 8	N.D			0	904075				20000	0
FN	12-Apr	8.6	N.D.	Adjusted chloride level		0	904075				5000	0
RDB	13-Apr	8 6	36	48451178	48461520	10342	914417		1415	1645	5000	0
RDB	17-Apr	8.6	36	48461520	48464901	3381	917798		730	915	5000	0
RDB	18-Apr	7.4	ww5	1750125	1774350	24225	942023		800	1200	15000	0
RDB	18-Apr	7.4	ww5	1263600	1273160	9560	951583		1130	1340	1000	0
RDB	19-Apr	8	N D.			0	951583				1000	0
RDB	20-Apr	8.2	ww4	48464901	48477432	12531	964114		730	1030	5000	0
FN	20-Apr	8.2	ww4	1273160	1275221	2061	966175		1030	1100	5000	0
~~FN~~	~~21-Apr~~	~~8 1~~	~~ww4~~	~~48477432~~	~~48486221~~	~~8789~~	~~974964~~		~~1400~~	~~1630~~	~~5000~~	~~0~~
FN	21-Apr	8 1	ww4	1275221	1277524	2303	977267		1400	1730	5000	0
RDB	24-Apr	8	ww4	48486221	48498147	11926	989193		1200	1400	5000	0
RDB	24-Apr	8	ww4	1277524	1280620	3096	992289		1400	1430	2000	0
RDB	25-Apr	8 4	36	48498147	48508835	10688	1002977		1400	1630	5000	0
FN	25-Apr	8 4	36	1280620	1282630	2010	1004987		1630	1730	5000	0
FN	26-Apr	9 4	N.D.			0	1004987				5000	0
FN	27-Apr	9.4	N D.			0	1004987				5000	0
FN	28-Apr	9 4	36	48508835	48519725	10890	1015877		1300	1620	1000	0
FN	29-Apr	9 4	36	48519725	48525630	5905	1021782		1100	1230	5000	0
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Total Discharged for Month	189252
Y T D. Total Discharge	1021782

Daily Discharge Report

Month of: MAY 2006.

Int	Date	Ph	Tank # Discharged	Meter Start	Meter Stop	Amount Discharged	Daily Total Y.T.D Discharged	Pre Month Y.T.D. Discharged	Start Time	Stop Time	Chlonde mp/l	Tested at Clanfer for Chlorene
FN	1-May	9.2	WW5	1774350	1786100	11750	1033532	1021782	1000	1200	5000	0
FN	1-May	9.2	36	48525630	48530381	4751	1038283		1230	1400	5000	0
FN	1-May	9.2	36	1285315	1287772	2457	1040740		1430	1500	5000	0
FN	2-May	8.8	ND			0	1040740				10000	0
FN	3-May	8.6	ND			0	1040740				5000	0
RDB	4-May	8.6	WW5	1784100	1793415	9315	1050055		1530	1630	13000	0
FN	5-May	9	WW1	48530381	48549765	19384	1069439		730	1030	8000	0
FN	5-May	9	36	48549765	48561378	11613	1081052		1330	1600	8000	0
FN	6-May	8	WW5	1793415	1814690	21275	1102327		730	1100	8000	0
FN	8-May	8	ND			0	1102327				12000	0
FN	9-May	8	36	48561378	48564709	3331	1105658		1030	1130	5000	0
FN	10-May	11 8	36	48564709	48578072	13363	1119021		1040	1700	7000	0
FN	11-May	10 4	ND			0	1119021				10000	0
FN	12-May	10.4	36	48578072	48589235	11163	1130184		1300	1600	3000	0
FN	13-May	10.4	WW5	1814690	1827630	12940	1143124		700	900	3000	0
FN	15-May	8 4	ND			0	1143124				10000	0
FN	16-May	8.4	ND			0	1143124				10000	0
FN	17-May	8.2	36	48589245	48601655	12410	1155534		1230	1530	5000	0
FN	18-May	9.2	ND			0	1155534				5000	0
FN	19-May	9	WW5	1827630	1844710	17080	1172614		830	1100	5000	0
FN	19-May	9	37	48601666	48603985	2319	1174933		1200	1500	5000	0
FN	19-May	9	WW1	48603985	48607848	3863	1178796		1500	1600	5000	0
FN	20-May	9	37	48607848	48623378	15530	1194326		800	1200	5000	0
FN	20-May	9	36	48623378	48628558	5180	1199506		1310	1430	5000	0
FN	22-May	9.2	ND			0	1199506				15000	0
FN	23-May	9 6	36	48628558	48641759	13201	1212707		1000	1300	5000	0
FN	23-May	9.6	WW1	48641759	48644734	2975	1215682		1300	1330	5000	0
FN	24-May	10 4	ND			0	1215682				10000	0
FN	25-May	10 2	WW5	1844720	1853550	8830	1224512		1500	1630	5000	0
FN	25-May	10 2	WW1	48644764	48646718	1954	1226466		1630	1700	5000	0
FN	26-May	10	ND			0	1226466				10000	0
FN	27-May	10.2	WW5	1853550	1870000	16450	1242916		800	1030	10000	0
FN	27-May	10 2	WW1	48646718	48649599	2881	1245797		1030	1100	10000	0
FN	30-May	10 4	36	48649599	48661851	12252	1258049		1100	1430	10000	0
FN	30-May	10 4	WW1	48661851	48665251	3400	1261449		1430	1500	10000	0
FN	31-May	10	36	48665251	48676348	11097	1272546		1100	1330	7000	0
FN	31-May	10	WW1	48676348	48679171	2823	1275369		1400	1430	7000	0
						0	0					
						0	0					
						0	0					
						0	0					
						0	0					

Total Discharged for Month	253587
Y T.D. Total Discharge	1275369

Daily Discharge Report

Month of: Jun-06

Int.	Date	Ph	Tank # Discharged	Meter Start	Meter Stop	Amount Discharged	Daily Total Y.T.D. Discharged	Pre. Month Y.T D Discharged	Start Time	Stop Time	Chloride mg/l	Tested at Clarifer for Chlorene
FN	1-Jun	10 4	ND			0	1275369	1275369			8000	0
FN	2-Jun	10	ND			0	1275369				5000	0
FN	3-Jun	10	WW5	1870000	1882600	12600	1287969		730	830	5000	0
FN	3-Jun	10	WW1	48679171	48682398	3227	1291196		840	900	5000	0
FN	5-Jun	10 4	36	48682398	48693349	10951	1302147		1330	1630	5000	0
FN	5-Jun	10 4	WW1	48693349	48697282	3933	1306080		1340	1700	5000	0
FN	6-Jun	10	ND			0	1306080				8000	0
FN	7-Jun	9.8	ND			0	1306080				5000	0
FN	8-Jun	9.6	ND			0	1306080				5000	0
FN	9-Jun	9	36	48697282	48707283	10001	1316081		1500	1800	3000	0
FN	9-Jun	9	WW1	48707283	48709065	1782	1317863		1800	1820	3000	0
FN	10-Jun	12	WW5	1882600	1903600	21000	1338863		730	1030	3000	0
FN	10-Jun	12	WW1	48709065	48712101	3036	1341899		1100	1130	3000	0
FN	12-Jun	10 2	ND			0	1341899				9000	0
FN	13-Jun	10 8	37	48712100	48723433	11333	1353232		1030	1330	5000	0
FN	13-Jun	10 8	WW1	48723430	48727766	4336	1357568		1330	1430	5000	0
FN	14-Jun	10	ND			0	1357568				5000	0
FN	15-Jun	9 8	ND			0	1357568				5000	0
FN	16-Jun	9 8	ND			0	1357568				3000	0
FN	17-Jun	9	WW5	1903600	1923150	19550	1377118		630	1000	3000	0
FN	17-Jun	9	WW1	48727768	48730281	2513	1379631		1015	1040	3000	0
FN	19-Jun	8 9	ND			0	1379631				5000	0
FN	20-Jun	8.4	36	48730281	48736058	5777	1385408		1500	1640	3000	0
FN	20-Jun	8 4	WW1	48736058	48737910	1852	1387260		1700	1800	3000	0
FN	21-Jun	10	36	48737910	48741741	3831	1391091		1030	1200	7000	0
FN	21-Jun	10	WW1	48741741	48745160	3419	1394510		1300	1330	7000	0
FN	22-Jun	10.2	ND			0	1394510				8000	0
FN	23-Jun	10	36	48745160	48754392	9232	1403742		730	1000	5000	0
FN	23-Jun	10	WW1	48754392	48758456	4064	1407806		1010	1040	5000	0
FN	24-Jun	10	WW5	1923150	1940250	17100	1424906		730	100	5000	0
FN	24-Jun	10	WW1	48758456	48761302	2846	1427752		130	1110	5000	0
FN	26-Jun	9	36	48761313	48771962	10649	1438401		1400	1700	8000	0
FN	26-Jun	9	WW1	48771962	48774860	2898	1441299		1700	1730	8000	0
FN	27-Jun	10 8	37/36	48774860	48780299	5439	1446738		1400	1530	9000	0
FN	27-Jun	10.8	WW1	48780299	48783749	3450	1450188		1530	1600	9000	0
FN	28-Jun	10	ND			0	1450188				8000	0
FN	29-Jun	10	ND			0	1450188				8000	0
FN	30-Jun	10	ND			0	1450188				3000	0
						0	1450188					
						0	1450188					
						0	1450188					
						0	1450188					
						0	1450188					

Total Discharged for Month	174819
Y.T.D. Total Discharge	1450188

July 3, 2005 - Dec 31, 2005

Bleach

Count	Oz Each	Oz Case	Cases	Gallons	Strength
6	128	768	313,830	1,882,980	5%
6	128	768	637,170	3,823,020	3%
6	96	576	954,000	4,293,000	6%
3	174	522	298,000	1,215,244	6%
4	128	512	159,000	636,000	5%
8	48	384	48,000	144,000	6%
			2,410,000	11,994,244	

Bulk

Strength	Gal Ea	Units	Gal Total		
10%	5	105,010	525,050	525,050	
10%	15	5,436	81,540	81,540	
10%	30	70	2,100	2,100	
10%	55	5,424	298,320	298,320	
12.5%	Sod Hypo	2,612,128	2,612,128	2,612,128	
t hypo		49,112	49,112	-	
			3,519,138	3,519,138	

AMM

Count	Oz Each	Oz Case	Cases	Gallons
8	64	512	73,521	294,084
6	128	768	13,760	82,560
				-
			87,281	376,644

Jan 1, 2006 - July 29, 2006

Bleach

Count	Oz Each	Oz Case	Cases	Gallons	Strength	
6	128	768	385,240	2,311,440	5%	4,194,42(
6	128	768	721,245	4,327,468	3%	8,150,48(
6	96	576	1,079,880	4,859,462	6%	9,152,46(
3	174	522	337,321	1,375,596	6%	2,590,84(
4	128	512	179,980	719,920	5%	1,355,92(
8	48	384	24,334	73,001	6%	217,00(
			2,728,000	13,666,887		25,661,13(

Bulk

Strength	Gal Ea	Units	Gal Total			
10%	5	74,064	370,320	370,320		895,37(
10%	15	6,300	94,500	94,500		176,04(
10%	30	141	4,230	4,230		6,33(
10%	55	4,440	244,200	244,200		542,52(
12.5%	Sod Hypo	1,729,436	1,729,436	1,729,436		4,341,56(
pot hypo		37,120	37,120	37,120		37,12(
		1,851,501	2,479,806	2,479,806		5,998,94(

AMM

Count	Oz Each	Oz Case	Cases	Gallons	
8	64	512	85,240	340,960	635,04(
6	128	768	13,760	82,560	165,12(
				-	
			99,000	423,520	800,16(

LOS ANGELES COUNTY

1955 Workman Mill Road
P.O. Box 4998
Whittier, California 90607-4998

JAMES F. STAHL
Engineer and General Manager
(562) 699-7411

Date Received

Group Number

RECEIVED
JAN 25 2006
By

JANUARY 17, 2006

WASTEWATER TREATMENT SURCHARGE QUARTERLY STATUS NOTICE

ACCOUNT NUMBER
2042264

KIK SOCAL A
9028 DICE RD
SANTA FE SPRINGS CA 90670

A for property located at → 9028 DICE RD
SANTA FE SPRINGS CA 9067

RE: Quarterly Status for
Fiscal Year 2005-2006

Review of Districts' records indicates the payment received is inconsistent with the amount due. Please note the Code No(s). below and see the corresponding message(s) on the reverse side of this form. 2005 2010 2011 2012

This notice only reflects activity for quarters due prior to the date noted above.

Status of	Quarter 1	Quarter 2	Quarter 3
Due On	September 30	December 31	March 31
Surcharge Payable . .	$ $1189.00	$ $1189.00	$ $1189.00
Amount Paid	$ $1189.00	$ $974.53	$ **********0.00
Amount Underpaid	$ **********0.00	$ $214.47	$ **********0.00
Amount Overpaid	$ **********0.00	$ **********0.00	$ **********0.00

Interest rate as of July 1, 2005 is 09.64 percent

Environmental Manager
562.699-7411

Whittier, California 90607
Wastewater Treatment Surcharge Quarterly Payment

Postmark	Date Received
Group No.	Quarter

Account Number 2042204 Fiscal Year 2005-2006

Company Name KIK SOCAL
Address: 9028 DICE RD
SANTA FE SPRINGS CA 90670

Please indicate on the appropriate line amount paid and to which quarter payment should be credited.

Quarter 1 (July 1 - September 30) $_____ Due September 30*
Quarter 2 (October 1 - December 31) $_____ Due December 31*
Quarter 3 (January 1 - March 31) $ 1189 Due March 31*

Fourth quarter payment is to be submitted with the annual surcharge statement.

*Note: Payments MUST be postmarked by the dates indicated to avoid late charges.

FORM NO. 5

DO NOT SEND CASH
COPY WITH YOUR PAYMENT
PREVIOUS PAGE AS YOUR WORKSHEET

Sanitation Districts' Permit No(s). 15431

☐ If more than four (4) outlets are reported, enter total number in box and use Table 1 to calculate totals for Lines 13a, 14a, and 15a

13. FLOW VOLUME (In millions of gallons to two decimal places)					13a	3.[illegible] (TOTAL FLOW)
14. CHEMICAL OXYGEN DEMAND (COD) (In thousands of lbs. to two decimal places)					14a	11.[illegible] (TOTAL COD)
15. SUSPENDED SOLIDS (SS) (In thousands of lbs. to two decimal places)					15a	4.[illegible] (TOTAL SS)
16. PEAK FLOW RATE (Round off to whole numbers. Average of 10 highest peak flows, in gallons per minute. Use calculation table on reverse side of this form.)					16a	(Enter Line 39a or Line 43a from reverse side of this form)

DETAILS OF WASTEWATER DETERMINATIONS

17. METHOD OF FLOW VOLUME DETERMINATION (submit copies of water bills if metered or adjusted metered water supply method is used)
☐ Direct Measurement ☐ Metered Water Supply (complete Tables 2A and 2B) ☐ Adjusted Metered Water Supply (complete Table 2A and 2B) (submit totalizer readings)

18. SOURCE OF WATER SUPPLY ☐ Water Well ☒ Water Purveyor - Name City of Santa Fe Springs Water Co.

19. METHOD OF PEAK FLOW RATE DETERMINATION
☐ Direct Measurement ☐ Assumed P/A = 2.00 ☐ Calculated Value (submit calculations)

CALCULATION OF WASTEWATER TREATMENT SURCHARGE PAYABLE

20. FLOW VOLUME CHARGE (Multiply total flow on Line 13a by $478.00)	20a	$	1,67[illegible]
21. CHEMICAL OXYGEN DEMAND CHARGE (Multiply total COD on Line 14a by $84.50)	21a	$	940.[illegible]
22. SUSPENDED SOLIDS CHARGE (Multiply total SS on Line 15a by $238.90)	22a	$	965.[illegible]
23. PEAK FLOW RATE CHARGE (Enter Line 46a from reverse side of this form)	23a	$	-.[illegible]
24. SANITARY FLOW CHARGE (Enter Line 48a from reverse side of this form)	24a	$	125.00
e sum of Lines 20a, 21a, 22a, 23a and 24a)	25a	$	3,98[illegible]
e quarters of the fiscal year)	26a	$	[illegible]
TER 4 (Line 25a less Line 26a)	27a	$	[illegible]

KIK- SoCal Inc
Accounts Payable Approval

General Ledger A/c	Amount
41020	1189

Coded by: ENTERED MAR 0 8 2006 Approved by:
Entered by: Date Entered
Transaction Code

ATE 8/15/05
Manager

DO NOT STAPLE FORMS

Please enclose a check in the full amount shown on Line 27a. Make the check payable to the County Sanitation Districts of Los Angeles County. Any overpayments will be refunded by the Sanitation Districts.

Please use the pre-addressed envelope for return. For more information call the Industrial Waste Section at: (562) 699-7411 or (323) 685-5217, ext. 2600.

Please pay by August 15, 2005 to avoid penalty and interest penalty charge.

17

[Duplicate Original]

Our Experience Is Your Protection

Michelson Laboratories, Inc.

6280 Chalet Drive, Commerce, California 90040-3761 Telephone: (562) 928-0553 / FAX (562) 927-6625

LABORATORY CERTIFICATE

Submitted By: KIK SO CAL
9028 DICE ROAD
SANTA FE SPRINGS, CA 90670
Attn : DARYL

Date: 01/11/2006
Lab No. : 111705-C16141
Report No. : 111705-C16141C
Order No. :
Received : 11/17/2005
Page : 1 of 1

REPORT #	PRODUCT / TEST	METHOD	RESULT	DET LIMIT	UNITS	START:D
C16141-01	Product :WASTEWATER; COMPOSITE SAMPLE, 11/15-16/05 8.55 .AM					
	CHEMICAL OXYGEN DEMAND, COD	SM 5220 B	503	10.0	mg/l	11/18/0
	CHLORIDE, WATER	EPA 300.0	10,792	0.1	mg/l	12/07/0
	CHLORINE, RESIDUAL	SM 4500-CL B	0.62	0.10	mg/l	11/18/0
	PH, WATER	SM 4500-H B	11.36			11/18/0
	SULFIDE, SOLUBLE	SM 4500	<0.10	0.10	mg/l	11/18/0
	TOTAL SUSPENDED SOLIDS	SM 2540D	322	6.0	mg/l	11/21/0

MICHELSON LABORATORIES, INC.

Stephen Roesch, M.S., Laboratory Director | 1/11/2006 1:34:55 PM

COUNTY SANITATION DISTRICTS OF LOS ANGELES COUNTY

1955 Workman Mill Rd , P O Box 4998
Whittier, CA 90607-4998

James F Stahl, Chief Engineer and General Manager

2004-2005 LONG FORM
WASTEWATER TREATMENT SURCHARGE STATEMENT

For Fiscal Year July 1, 2004 to June 30, 2005

(This form must be used by all companies discharging more than six (6) million gallons of wastewater to the sewer during fiscal year 2004-2005)

7 COMPANY NAME AND FEDERAL TAX ID NO: 9028*DICE*RD**SANTA*FE*SPRINGS*90670***

8 COMPANY MAILING ADDRESS: TO: KIK SOCAL
9028 DICE RD
SANTA FE SPRINGS CA 90670

9 ADDRESS OF WASTEWATER DISCHARGE

10 PROPERTY TAX IDENTIFICATION NO. 18 2042264 A 8168/007/029 L

(Map Book No) (Page No) (Parcel No)

RETURN THIS COPY TO THE SANITATION DISTRICTS

11 FEDERAL STANDARD INDUSTRIAL CLASSIFICATION (SIC) NO(S) 2841 , 2841 , , ,

TOTAL YEARLY WASTEWATER QUANTITIES
(Furnish calculation details in Tables 2B and 3)

	NO 1	NO 2	NO 3	NO 4	TOTALS
12 DISCHARGE OUTLETS TO SEWER Sanitation Districts' Permit No(s).	15431				
☐ If more than four (4) outlets are reported, enter total number in box and use Table 1 to calculate totals for Lines 13a, 14a, and 15a					
13 FLOW VOLUME (In millions of gallons to two decimal places)					13a 3.07 (TOTAL FLOW)
14 CHEMICAL OXYGEN DEMAND (COD) (In thousands of lbs. to two decimal places)					14a 11.13 (TOTAL COD)
15 SUSPENDED SOLIDS (SS) (In thousands of lbs to two decimal places)					15a 4.04 (TOTAL SS)
16 PEAK FLOW RATE (Round off to whole numbers Average of 10 highest peak flows, in gallons per minute Use calculation table on reverse side of this form)					16a (Enter Line 39a or Line 43a from reverse side of this form)

DETAILS OF WASTEWATER DETERMINATIONS

17 METHOD OF FLOW VOLUME DETERMINATION (submit copies of water bills if metered or adjusted metered water supply method is used)
☐ Direct Measurement ☐ Metered Water Supply (complete Tables 2A and 2B) ☐ Adjusted Metered Water Supply (complete Tables 2A and 2B)
(submit totalizer readings)

18 SOURCE OF WATER SUPPLY ☐ Water Well ☒ Water Purveyor - Name City of Santa Fe Springs Water Co.

19. METHOD OF PEAK FLOW RATE DETERMINATION
☐ Direct Measurement ☐ Assumed P/A = 2 00 ☐ Calculated Value (submit calculations)

CALCULATION OF WASTEWATER TREATMENT SURCHARGE PAYABLE

20 FLOW VOLUME CHARGE (Multiply total flow on Line 13a by $478 00)	20a	$ 1467.46
21 CHEMICAL OXYGEN DEMAND CHARGE (Multiply total COD on Line 14a by $84 50)	21a	$ 940.48
22 SUSPENDED SOLIDS CHARGE (Multiply total SS on Line 15a by $238 90)	22a	$ 965.16
23 PEAK FLOW RATE CHARGE (Enter Line 46a from reverse side of this form)	23a	$ -
24 SANITARY FLOW CHARGE (Enter Line 48a from reverse side of this form)	24a	$ 525.00
25 GROSS WASTEWATER TREATMENT SURCHARGE PAYABLE (The sum of Lines 20a, 21a, 22a, 23a and 24a)	25a	$ 3898.10
26 QUARTERLY PAYMENT CREDIT (Total amount paid for the first three quarters of the fiscal year)	26a	$ [5406.00]
27 NET WASTEWATER TREATMENT SURCHARGE PAYABLE - QUARTER 4 (Line 25a less Line 26a) (Please indicate any overpayment in brackets, as [ ])	27a	$ [1507.90]

CERTIFIED CORRECT BY COMPANY ADMINISTRATIVE OFFICER
I hereby certify under the penalty of perjury that this statement and supporting data are complete and correct

28 SIGNATURE Robert Brown 29 DATE 8/15/05

30 PRINT NAME and POSITION Robert Brown, General Manager

31 PREPARED BY Derrell Johnson

32 TELEPHONE NO OF DISCHARGER 562-946-6427
(Include Area Code)

Due August 15, 2005
U S. Postmarked no later than this date

DO NOT STAPLE FORMS

Please enclose a check in the full amount shown on Line 27a Make the check payable to the County Sanitation Districts of Los Angeles County Any overpayments will be refunded by the Sanitation Districts

Please use the pre-addressed envelope for return For more information call the Industrial Waste Section at (562) 699-7411 or (323) 685-5217, ext 2600

Please pay by August 15, 2005 to avoid penalty and interest penalty charges

'ASE RETURN THIS COPY WITH YOUR PAYMENT 'O NOT SEND CASH
USE THE PREVIOUS PAGE AS YOUR WO..KSHEET

Return This Copy To The Sanitation Districts

CALCULATION TABLE FOR PEAK FLOW RATE CHARGE

33 TOTAL YEARLY FLOW VOLUME (In gallons. Multiply Line 13a by 1,000,000.) 33a 3,070,000

34. NUMBER OF DISCHARGE DAYS PER YEAR 34a 250

35 AVERAGE NUMBER OF DISCHARGE HOURS PER DISCHARGE DAY 35a 24 00

36 MINUTES PER YEAR (Multiply Line 34a by Line 35a by 60) 36a 360,000

37. AVERAGE FLOW RATE "A" (In gallons per minute. Divide Line 33a by Line 36a) . . 37a 9

38. NUMBER OF DISCHARGE OUTLETS TO SEWER AS LISTED ON LINE 12 or in Table 1 ..... 38a _____ (If 1, proceed to Line 39 If more than 1, proceed to Line 40)

39 PEAK FLOW RATE "P" FOR SINGLE OUTLET (In gallons per minute. Complete Line 39a and proceed to Line 44. If 10 gpm or less, do not calculate a peak flow rate charge) 39a _____ (Enter on Line 16a)

40. HIGHEST PEAK FLOW RATE "P" AMONG MULTIPLE OUTLETS (From Line 16 or Table 1) ..... 40a _____

41 TOTAL YEARLY FLOW VOLUME OF THE OUTLET WITH THE HIGHEST PEAK FLOW RATE (Multiply value from Line 13 or Table 1 by 1,000,000) ..... 41a _____

42 AVERAGE FLOW RATE OF THE OUTLET WITH THE HIGHEST PEAK FLOW RATE (Divide Line 41a by Line 36a) ..... 42a _____

43. PEAK FLOW RATE "P" FOR MULTIPLE OUTLETS (Line 40a plus Line 37a minus Line 42a. If 10 gpm or less, do not calculate a peak flow rate charge) ..... 43a _____ (Enter on Line 16a)

44. PEAK TO AVERAGE FLOW RATIO (P/A) (Divide either Line 39a or 43a by 37a) ..... 44a _____ (To two decimal places)

45. FACTOR "M" (Obtain "M" from Figure 2 using the value of P/A on Line 44a or calculate M = 2.50 log (P/A)) ..... 45a _____ (To two decimal places)

46. PEAK FLOW RATE CHARGE (Multiply Line 45a by $63.50 by either Line 39a or Line 43a) ..... 46a $ _____ (Enter on Line 23a)

CALCULATION TABLE FOR SANITARY FLOW CHARGE

IMPORTANT: This charge is calculated only when the total yearly flow volume on Line 13a does not include the sanitary (domestic) wastewater from company employees.

47. AVERAGE NUMBER OF EMPLOYEES PER DISCHARGE DAY NOT CONTRIBUTING TO THE REPORTED FLOW VOLUME ON LINE 13a 47a 100

48. SANITARY FLOW CHARGE (Multiply Line 34a by Line 47a by $0.021) ..... 48a $ 525 00 (Enter on Line 24a)

County Sanitation Districts of Los Angeles County
1955 Workman Mill Rd , P O Box 4998
Whittier CA, 90607-4998
James F Stahl, Chief Engineer and General Manager

2003-2004 LONG FORM
WASTEWATER TREATMENT SURCHARGE STATEMENT
For Fiscal Year July 1, 2003 to June 30, 2004

(This form must be used by all companies discharging more than six (6) million gallons of wastewater to the sewer during fiscal year 2003-2004)

7 COMPANY NAME

8 COMPANY MAILING ADDRESS

9 ADDRESS OF WASTEWATER DISCHARGE

10 PROPERTY IDENTIFICATION

(Map Book No) (Page No) (Parcel No)

TO: KIK SoCal
9028 Dice Road
Santa Fe Springs, CA 90670

18 2042264

RETURN THIS COPY TO THE SANITATION DISTRICTS

11 FEDERAL STANDARD INDUSTRIAL CLASSIFICATION (SIC) NO(S) 2841

TOTAL YEARLY WASTEWATER QUANTITIES

(Furnish calculation details in Tables 2B and 3)

12. DISCHARGE OUTLETS TO SEWER	NO. 1	NO. 2	NO. 3	NO. 4		TOTALS
Sanitation Districts Permit No(s)	15431					
☐ If more than four (4) outlets are reported, enter total number in box and use Table 1 to calculate totals for Lines 13a, 14a, and 15a						
13 FLOW VOLUME (in millions of gallons to two decimal places)	3 43				13a	3 43 (Total Flow)
14 CHEMICAL OXYGEN DEMAND (COD) (in thousands of lbs to two decimal places)	1.26				14a	1.26 (Total COD)
15. SUSPENDED SOLIDS (SS) (in thousands of lbs to two decimal places)	0 54				15a	0 54 (Total SS)
16 PEAK FLOW RATE (Round off to whole numbers Average of 10 highest peak flows, in gallons per minute Use calculation table on reverse side of this form)					16a	20 (Enter Line 39a or Line 43a from reverse side of this form)

DETAILS OF WASTEWATER DETERMINATIONS

17 METHOD OF FLOW VOLUME DETERMINATION (Submit copies of water bills if metered or adjusted meter water supply method is used)
☐ Direct Measurement (submit totalizer readings) ☐ Metered Water Supply (Complete Tables 2A and 2B) ☒ Adjusted Metered Water Supply (Complete Tables 2A and 2B)

18 SOURCE OF WATER SUPPLY ☐ Water Well ☒ Water Purveyor - Name _____

19 METHOD OF PEAK FLOW DETERMINATION
☐ Direct Measurement ☒ Assumed P/A=2 00 ☐ Calculated Value (submit calculations)

CALCULATION OF WASTEWATER TREATMENT SURCHARGE PAYABLE

20	FLOW VOLUME CHARGE (Multiply total flow on Line 13a by $447 00)	20a	$ 1,533 21
21.	CHEMICAL OXYGEN DEMAND CHARGE (Multiply total COD on Line 14a by 79 00)	21a	$ 99 54
22	SUSPENDED SOLIDS CHARGE (Multiply total SS on Line 15a by $223 40)	22a	$ 120 64
23	PEAK FLOW RATE CHARGE (Enter Line 46a of this form)	23a	$ 891 00
24	SANITARY FLOW CHARGE (Enter Line 48a of this form)	24a	$ 475 00
25.	GROSS WASTEWATER TREATMENT SURCHARGE PAYABLE (Sum of Lines 20a-24a)	25a	$ 3,119 39
26	QUARTERLY PAYMENT CREDIT (Total amount paid on Surcharge Payable)	26a	$ 6,318 11
27	NET WASTEWATER TREATMENT SURCHARGE PAYABLE-QUARTER 4 (Line 25a less Line 26a)	27a	$ (3,198.72)

(Please indicate any overpayment in brackets, as [ ])

CERTIFIED CORRECT BY COMPANY ADMINISTRATIVE OFFICER
I hereby certify under the penalty of perjury that his statement and supporting data are complete and correct

28 SIGNATURE _____ 29 DATE _____
30 PRINT NAME and POSITION _____
31 PREPARED BY _____
32 TELEPHONE NO OF DISCHARGER _____
(Include Area Code)

Due August 15, 2004
U S. Postmark this date

DO NOT STAPLE FORMS

Please enclose a check in the full amount shown on Line 27a Make the check payable to the County Sanitation Districts of Los Angeles County
Any overpayments will be refunded by the Sanitation Districts

Please use the pre-addressed envelope for return For more information call the Industrial Waste Section at (562) 699-7411 or (323) 685-5217, ext 2600
Please pay by August 15, 2004 to avoid penalty and interest penalty charges

CALCULATION TABLE FOR PEAK FLOW RATE CHARGE

33	TOTAL YEARLY FLOW VOLUME (In gallons Multiply Line 13a by 1,000,000)	33a	3,430,000
34	NUMBER OF DISCHARGE DAYS PER YEAR	34a	250
35	AVERAGE NUMBER OF DISCHARGE HOURS PER DISCHARGE DAY	35a	24 00
36	MINUTES PER YEAR (Multiply Line 34a by Line 35a by 60)	36a	360,000
37	AVERAGE FLOW RATE "A" (In gallons per minute Divide Line 33a by Line 36a)	37a	10
38	NUMBER OF DISCHARGE OUTLETS TO SEWER AS LISTED ON LINE 12 or in Table 1	38a	1 (If 1, proceed to Line 39 If more than 1, proceed to Line 40)
39	PEAK FLOW RATE "P" FOR SINGLE OUTLET (In gallons per minute. Complete Line 39a and proceed to Line 44 If 10 gpm or less, do not calculate a peak flow rate charge)	39a	20 (Enter on Line 16a)
40	HIGHEST PEAK FLOW RATE "P" MULTIPLE OUTLETS (From Line 16 or Table 1)	40a	-
41	TOTAL YEARLY FLOW VOLUME OF THE OUTLET WITH THE HIGHEST PEAK FLOW RATE (Multiply value from line 13 or Table 1 by 1,000,000)	41a	-
42	AVERAGE FLOW RATE OF THE OUTLET WITH THE HIGHEST PEAK FLOW RATE (Divide Line 41a by Line 36a)	42a	-
43	PEAK FLOW RATE "P" FOR MULTIPLE OUTLETS (Line 40a plus Line 37a minus Line 42a If 10gpm or less, do not calculate a peak flow rate charge)	43a	- (Enter on Line 16a)
44	PEAK TO AVERAGE FLOW RATIO (P/A) (Divide either Line 39a or 43a by 37a)	44a	2 00 (To two decimal places)
45	FACTOR "M" (Obtain "M" from Figure 2 using the value of P/A on Line 44a or calculate M = 2 50 log (P/A))	45a	0 75 (To two decimal places)
46.	PEAK FLOW RATE CHARGE (Multiply Line 45a by $59 40 by either Line 39a or Line 43a)	46a	$ 891 00 (Enter on Line 23a)

CALCULATION TABLE FOR SANITARY FLOW CHARGE

IMPORTANT. This charge is calculated only when the total yearly flow volume on Line 13a does not include the sanitary (domestic) wastewater from company employees

47.	AVERAGE NUMBER OF EMPLOYEES PER DISCHARGE DAY NOT CONTRIBUTING TO THE REPORTED FLOW VOLUME ON LINE 13a	47a	100
48	SANITARY FLOW CHARGE (Multiply Line 34a by Line 47a by $0 019)	48a	$ 475 00 (Enter on Line 24a)

TABLE 3

chemical oxygen demand & suspended solids summary

Fiscal Year 2003/2004 **Account No.** 2042264

Company Name KIK SoCal

Districts' Permit No. 15431 **SIC No.** 2841

(Prepare One Table For Each Separate Discharge Outlet)

Method of Flow Volume Determination ☐ Direct Measurement ☐ Metered Water Supply (Complete Tables 2A and 2B) ☒ Adjusted Metered Water Supply

Sample No	Surcharge Parameter Report 1/ Date of 24 Hour Sampling & Measurements	Chemical Oxygen Demand (COD) 2/ (mg/l) 5/	Suspended Solids (SS) 2/ (mg/l) 5/	Tests Represent Period of Time From Mo	From Day	Thru Mo	Thru Day	Total Wastewater Quantities Discharged To the Sewer Flow Volume (millions of gal.) 3/ 4/	Chemical Oxygen Demand (COD) (thousands of lbs.) 6/	Suspended Solids (SS) (thousands of lbs.) 6/
1	12/10/2003	25	17							
2	06/01/2004	63	20							
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
	Annual Average	44	19			Annual Total		3 43	1.26	0 54

NOTES

1/ Frequency of surcharge parameter measurements should follow the requirements of Table A, according to *the total yearly flow volume of the discharge outlet* If more than 24 tests are required or performed per year, please attach additional sheets

2/ Mg/l corresponds to milligrams per liter - also equivalent to PPM or parts per million All sample results must be reported in whole numbers

3/ Companies determining wastewater flows by an effluent flow meter must have a value for flow volume in this column for every required sampling time period These flow volumes should be used to calculate the quantities of COD and SS discharged

4/ Companies using metered or adjusted metered water supplies should calculate the annual average for COD and SS and use these values and the total annual flow volume to calculate the total annual wastewater quantities of COD and SS discharged

5/ Submit copies of laboratory analyses sheets for ALL 24-hour composite samples which were analyzed for either COD or SS concentrations

6/ The weight in thousands of pounds of COD and SS is determined by

[Flow Volume Discharged in Millions of Gallons (to two decimal places)] X [Oxygen Demand or Suspended Solids Concentration in Milligrams per Liter (mg/l)] X [8 34/1000] = [Thousands of Pounds of Chemical Oxygen Demand or Suspended Solids (to two decimal places)]

CAPACITY USAGE CALCULATION SHEET

Company Name KIK SoCal By Deah M. Clements Date October 19, 2004
Type of Industry Household cleaner Mfg. I.W No. 15431 Dist. No. 18
Situs Address 9028 Dice Road Santa Fe Springs 90670
Mailing Address 9028 Dice Road Santa Fe Springs, CA 90670
Company Contact Derrell Johnson Tel(562) 946-2244
MPP 8168-007-029 Account No. 2042264 TG 0706/J2
SIC No.(s) 2841 Change in SIC: Yes No X
New Connection ☐ Discharging ☒ Current Discharger with New Connection ☐

PROPOSED DISCHARGE	* Flow (GPD)	COD (PPD)	SS (PPD)
I.W. FLOW VOLUME =	13,720		
COD = (GPD)(8.34 x 10^{-6})(mg/l)		5.04	
SS = (GPD)(8.34 x 10^{-6})(mg/l)			2.16
SANITARY = (100 employees)(15 GPED)	1,500		
COD = (100 employees)(.06430)		6.43	
SS = (100 employees)(.03378)			3.38
COMBINED	15,220	11.47	5.54

$$CU's = 0.6385\left(\frac{15{,}220}{260}\right) + 0.1783\left(\frac{11.47}{1.22}\right) + 0.1832\left(\frac{5.54}{0.59}\right) = 40.77 \text{ CU's}$$

XYZ Effective Date 12-15-1981 minus Credit (see below) = 31.43 CU's
Rate Effective From 07-01-2004
Strength Data From CO Net Proposed Increase = 9.34 CU's(1)

Baseline 31 43 x 25% = 7.86 **(2)**

☒ (1) > (2) **Connection Fee Due** = ($1,425.50/CU) (9.34 CU's) = $ 13,314.17
☐ (2) ≥ (1) **No Connection Fee Due**

CREDIT/BASELINE
Surcharge Data: Yes X Year 1979-1980 Long Form X Short Form
No Previous I.W. Permit Tax Assessors' Records
Water Bills Connection Fee Payment X (2)

* **2003-2004**

COMMENTS

Flow =	3.43	MGY ÷	250	days/year x 1,000,000=	13,720	gpd
COD =	1.26	1000 lbs –	250	days/year x 1,000 =	5.04	ppd
SS =	0.54	1000 lbs ÷	250	days/year x 1,000 =	2.16	ppd

EMPLOYEES = 100

SANITATION DISTRICTS OF LOS ANGELES COUNTY

1955 Workman Mill Rd , P.O Box 4998
Whittier, CA 90607-4998

James F. Stahl, Chief Engineer and General Manager

2002-2003 LONG FORM

WASTEWATER TREATMENT SURCHARGE STATEMENT

For Fiscal Year July 1, 2002 to June 30, 2003

(This form must be used by all companies discharging more than six (6) million gallons of wastewater to the sewer during fiscal year 2002-2003)

2 COMPANY NAME

3 COMPANY MAILING ADDRESS

4 ADDRESS OF WASTEWATER DISCHARGE

5 PROPERTY IDENTIFICATION

(Map Book No) (Page No) (Parcel No)

9028*DICE*RD**SANTA*FE*SPRINGS*90670***

TO: KIK SOCAL A
9028 DICE RD
SANTA FE SPRINGS CA 90670

18 2142264 A 8168/067/029 L

RETURN THIS COPY TO THE SANITATION DISTRICTS

1 FEDERAL STANDARD INDUSTRIAL CLASSIFICATION (SIC) NO(S) _____, _____, _____, _____

TOTAL YEARLY WASTEWATER QUANTITIES

(Furnish calculation details in Tables 2B and 3)

	NO 1	NO 2	NO 3	NO 4	TOTALS
12 DISCHARGE OUTLETS TO SEWER Sanitation Districts' Permit No(s)	15431				
☐ If more than four (4) outlets are reported, enter total number in box and use Table 1 to calculate totals for Lines 13a, 14a, and 15a					
13 FLOW VOLUME (In millions of gallons to two decimal places)					13a 1.21 (TOTAL FLOW)
14 CHEMICAL OXYGEN DEMAND (COD) (In thousands of lbs to two decimal places)					14a 2.62 (TOTAL COD)
15 SUSPENDED SOLIDS (SS) (In thousands of lbs to two decimal places)					15a .79 (TOTAL SS)
16 PEAK FLOW RATE (Round off to whole numbers Average of 10 highest peak flows, in gallons per minute Use calculation table on reverse side of this form)					16a 6 (Enter Line 39a or Line 43a from reverse side of this form)

DETAILS OF WASTEWATER DETERMINATIONS

17 METHOD OF FLOW VOLUME DETERMINATION (submit copies of water bills if metered or adjusted metered water supply method is used)
☐ Direct Measurement ☐ Metered Water Supply (complete Tables 2A and 2B) ☐ Adjusted Metered Water Supply (complete Tables 2A and 2B)
(submit totalizer readings)

18 SOURCE OF WATER SUPPLY ☐ Water Well ☒ Water Purveyor - Name City of SFS Water Co.

19 METHOD OF PEAK FLOW RATE DETERMINATION
☐ Direct Measurement ☐ Assumed P/A = 2 00 ☐ Calculated Value (submit calculations)

CALCULATION OF WASTEWATER TREATMENT SURCHARGE PAYABLE

20 FLOW VOLUME CHARGE (Multiply total flow on Line 13a by $447 00)	20a	$ 540.87
21 CHEMICAL OXYGEN DEMAND CHARGE (Multiply total COD on Line 14a by $79 00)	21a	$ 206.98
22 SUSPENDED SOLIDS CHARGE (Multiply total SS on Line 15a by $223 40)	22a	$ 176.48
23 PEAK FLOW RATE CHARGE (Enter Line 46a from reverse side of this form)	23a	$ -
24 SANITARY FLOW CHARGE (Enter Line 48a from reverse side of this form)	24a	$ 475.00
25 GROSS WASTEWATER TREATMENT SURCHARGE PAYABLE (The sum of Lines 20a, 21a, 22a, 23a and 24a)	25a	$ 1399.33
26 QUARTERLY PAYMENT CREDIT (Total amount paid for the first three quarters of the fiscal year)	26a	$ 5856.00
27 NET WASTEWATER TREATMENT SURCHARGE PAYABLE - QUARTER 4 (Line 25a less Line 26a) (Please indicate any overpayment in brackets, as [ ])	27a	$ [4456.67]

CERTIFIED CORRECT BY COMPANY ADMINISTRATIVE OFFICER
I hereby certify under the penalty of perjury that this statement and supporting data are complete and correct

28 SIGNATURE Robert Brown 29 DATE 8/13/03

30 PRINT NAME and POSITION Robert Brown, General Manager

31 PREPARED BY Derrell Johnson

TELEPHONE NO OF DISCHARGER 562-946-2244 (Include Area Code)

Due August 15, 2003
U.S Postmark this date

DO NOT STAPLE FORMS

Please enclose a check in the full amount shown on Line 27a Make the check payable to the County Sanitation Districts of Los Angeles County Any overpayments will be refunded by the Sanitation Districts

Please use the pre-addressed envelope for return For more information call the Industrial Waste Section at (562) 699-7411 or (323) 685-5217, ext 2600

Please pay by August 15, 2003 to avoid penalty and interest penalty charges

USE THE PREVIOUS PAGE AS YOUR WORKSHEET

Return This Copy To The Sanitation Districts

CALCULATION TABLE FOR PEAK FLOW RATE CHARGE

33. TOTAL YEARLY FLOW VOLUME (In gallons. Multiply Line 13a by 1,000,000.) 33a 1,210,000

34. NUMBER OF DISCHARGE DAYS PER YEAR 34a 250

35. AVERAGE NUMBER OF DISCHARGE HOURS PER DISCHARGE DAY 35a 24.0

36. MINUTES PER YEAR (Multiply Line 34a by Line 35a by 60) 36a 360,000

37. AVERAGE FLOW RATE "A" (In gallons per minute. Divide Line 33a by Line 36a.) 37a 3

38. NUMBER OF DISCHARGE OUTLETS TO SEWER AS LISTED ON LINE 12 or in Table 1 .....38a _____
(If 1, proceed to Line 39 If more than 1, proceed to Line 40)

39. PEAK FLOW RATE "P" FOR SINGLE OUTLET (In gallons per minute. Complete Line 39a and proceed to Line 44. If 10 gpm or less, do not calculate a peak flow rate charge.). .39a _____
(Enter on Line 16a)

40. HIGHEST PEAK FLOW RATE "P" AMONG MULTIPLE OUTLETS (From Line 16 or Table 1) .....40a _____

41. TOTAL YEARLY FLOW VOLUME OF THE OUTLET WITH THE HIGHEST PEAK FLOW RATE (Multiply value from Line 13 or Table 1 by 1,000,000) .....41a _____

42. AVERAGE FLOW RATE OF THE OUTLET WITH THE HIGHEST PEAK FLOW RATE (Divide Line 41a by Line 36a) .....42a _____

43. PEAK FLOW RATE "P" FOR MULTIPLE OUTLETS (Line 40a plus Line 37a minus Line 42a. If 10 gpm or less, do not calculate a peak flow rate charge.) .....43a _____
(Enter on Line 16a)

44. PEAK TO AVERAGE FLOW RATIO (P/A) (Divide either Line 39a or 43a by 37a) .....44a _____
(To two decimal places)

45. FACTOR "M" (Obtain "M" from Figure 2 using the value of P/A on Line 44a or calculate M = 2.50 log (P/A)) .....45a _____
(To two decimal places)

46. PEAK FLOW RATE CHARGE (Multiply Line 45a by $59.40 by either Line 39a or Line 43a) .....46a $ _____
(Enter on Line 23a)

CALCULATION TABLE FOR SANITARY FLOW CHARGE

IMPORTANT: This charge is calculated only when the total yearly flow volume on Line 13a does not include the sanitary (domestic) wastewater from company employees.

47. AVERAGE NUMBER OF EMPLOYEES PER DISCHARGE DAY NOT CONTRIBUTING TO THE REPORTED FLOW VOLUME ON LINE 13a 47a 100

48. SANITARY FLOW CHARGE (Multiply Line 34a by Line 47a by $0 019) .....48a $ 475.00
(Enter on Line 24a)

TABLE 2A

water usage verification table

Fiscal Year 2002/2003

(Attach Additional Sheets If Necessary)

Company Name _____

Account Nº _____ **SIC Nº** _____

Sanitation Districts' Permit Nº _____

WATER USAGE FROM WATER BILLS 1/ 2/

PREPARE ONE TABLE PER WATER METER

Date From:	Date To:	Present Water Bill Reading (in CCF)	Previous Water Bill Reading (in CCF)	Water Usage (in CCF) 1/2/
07/03/02	08/02/02	732074	728308	3766
08/02/02	09/03/02	736091	732074	4017
09/03/02	10/02/02	740312	736091	4221
10/02/02	10/30/02	743348	740312	3036
10/30/02	12/03/02	746532	743348	3184
12/03/02	01/06/03	749492	746532	2960
01/06/03	02/05/03	752996	749492	3504
02/05/03	03/06/03	756305	752996	3309
03/06/03	04/04/03	759683	756305	3378
04/04/03	05/05/03	762804	759683	3121
05/05/03	06/04/03	765811	762804	3007
06/04/03	07/03/03	1202	8000	3202
			TOTAL FISCAL YEAR WATER USAGE IN CCF	40705

Total Yearly CCF x 748 = 30447340 Gals Per Year ÷ 1,000,000 = 30.44 Million Gals Per Year

SUBMIT COPIES OF WATER BILLS

Include Table 2B to calculate and deduct sanitary flow

NOTES

1/ Most water bill usage is expressed in hundreds of cubic feet (CCF) One hundred cubic feet (CCF) = 748 gallons.

2/ If water meter records are in acre feet (1 acre foot = 325,900 gallons) or gallons, please change table headings from CCF to agree with data.

CHECKLIST

The following checklist has been supplied to help ensure your filing is complete. Please note all information MUST apply to the 2002-2003 fiscal year (July 1 through June 30).

HAVE YOU INCLUDED

1) Copies of water bills and/or water well pumping records - see instructions on Page 7	Yes [X]	No [ ]
2) A completed Table 2A - Page 22	Yes [X]	No [ ]
3) Detailed calculation(s) to substantiate any claimed evaporative losses – see instructions on Page 7	Yes [X]	No [ ]
4) A completed Table 2B - Page 23	Yes [X]	No [ ]
5) Copies of totalizer readings (for direct measurement companies only) – see instructions on Page 7	Yes [ ]	No [ ]
6) Peak flow rate calculations (if peak flow rate is calculated) – see instructions on Page 8	Yes [ ]	No [ ]
7) Copies of **ALL** laboratory analyses of 24-hour composite samples of COD and SS – see instructions on Page 8	Yes [X]	No [ ]
8) A completed Table 3 – Page 24	Yes [X]	No [ ]
9) A flow-weighted Table 3 (for direct measurement companies only) – see instructions on Page 9	Yes [ ]	No [ ]
10) A completed Table 1 (for companies with more than four (4) discharge outlets) – Page 21	Yes [ ]	No [ ]
11) A copy of the secured property tax bill(s) – see instructions on Page 5	Yes [ ]	No [ ]
12) Your check made payable to the County Sanitation Districts of Los Angeles County	Yes [ ]	No [ ]

TO AVOID PENALTY AND INTEREST PENALTY CHARGES, YOUR PAYMENT MUST BE U.S. POSTMARKED NO LATER THAN AUGUST 15, 2003

NOTE: Your Quarter 1 payment for fiscal year 2003-2004 is due September 30, 2003 - see instructions on Page 4

TABLE 1

multiple discharge outlet summary

Fiscal Year 2002/2003

(Attach Additional Sheets If Necessary)

Company Name _____

Account No

Discharge Outlet to Sewer 2/		Flow Volume (In millions of gallons to two decimal places)	Chemical Oxygen Demand (COD) (In thousands of pounds to two decimal places) 1/	Suspended Solids (SS) (In thousands of pounds to two decimal places) 1/	Peak Flow Rate (In gallons per minute Round off to whole numbers.)
No	Districts' Permit No.				
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9					
10.					
11.					
12.					
13.					
14.					
	TOTALS				
				HIGHEST VALUE LISTED 3/	

NOTES.

1/ **Copies of laboratory analyses must be submitted for all 24-hour composite samples taken during the fiscal year which were analyzed for either COD or SS concentrations.**

2/ For four (4) or less discharge outlets, use the Surcharge Statement to report wastewater quantities discharged For over four (4) discharge outlets, use this Table 1 to report wastewater quantities for *each outlet and report only the totals on the Surcharge Statement*

3/ Enter only the highest individual value listed for any discharge outlet. Enter this value on Line 40a of the "Long Form" Surcharge Statement

TABLE 1

TABLE 2A

water usage verification table

Fiscal Year 2002/2003

(Attach Additional Sheets If Necessary)

Company Name _____

Account Nº _____ **SIC Nº** _____

Sanitation Districts' Permit Nº _____

WATER USAGE FROM WATER BILLS 1/ 2/

PREPARE ONE TABLE PER WATER METER

Date From:	Date To:	Present Water Bill Reading (in CCF)	Previous Water Bill Reading (in CCF)	Water Usage (in CCF) 1/2/

TOTAL FISCAL YEAR WATER USAGE IN CCF _____

Total Yearly CCF x 748 = _____ Gals Per Year ÷ 1,000,000 = _____ Million Gals Per Year

SUBMIT COPIES OF WATER BILLS

Include Table 2B to calculate and deduct sanitary flow

NOTES:

1/ Most water bill usage is expressed in hundreds of cubic feet (CCF) One hundred cubic feet (CCF) = 748 gallons.

2/ If water meter records are in acre feet (1 acre foot = 325,900 gallons) or gallons, please change table headings from CCF to agree with data

TABLE 2A

chemical oxygen demand & suspended solids summary

Fiscal Year 2002/2003 Account Nº

Company Name

Districts' Permit Nº SIC Nº

(Prepare One Table For Each Discharge Outlet)

Method of Flow Volume Determination ☐ Direct Measurement ☐ Metered Water Supply (complete Tables 2A and 2B) ☐ Adjusted Metered Water Supply (complete Tables 2A and 2B)

Sample No	Date of 24-Hour Sampling & Measurements	Surcharge Parameter Report 1/		Tests Represent Period of Time				Total Wastewater Quantities Discharged to the Sewer (to two decimal places)		
		Chemical Oxygen Demand (COD) (mg/l) 2/ 5/	Suspended Solids (SS) (mg/l) 2/ 5/	From		Thru		Flow Volume (millions of gal.) 3/ 4/	Chemical Oxygen Demand (COD) (thousands of lbs.) 6/	Suspended Solids (SS) (thousands of lbs.) 6/
				Mo	Day	Mo	Day			
1	11/ 13/ 02	50	37							
2	05/ 21/ 03	50	5							
3	12/ 17/ 02	680	196							
4	/ /									
5	/ /									
6	/ /									
7	/ /									
8	/ /									
9	/ /									
10	/ /									
	/ /									
	/ /									
13	/ /									
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17	/ /									
18	/ /									
19	/ /									
20	/ /									
21	/ /									
22	/ /									
23	/ /									
24	/ /									
	Annual Average	260	79			Annual Total		1.22	2.62	.79

NOTES.

1/ Frequency of surcharge parameter measurements should follow the requirements in Table A, according to the total yearly flow volume of the discharge outlet If more than 24 tests are required or performed during the fiscal year, please attach additional sheets

2/ Mg/l corresponds to milligrams per liter - also equivalent to PPM or parts per million All sample results must be reported in whole numbers

3/ Companies determining wastewater flows by an effluent flow meter must have a value for flow volume in this column for every required sampling time period These flow volumes should be used to calculate the quantities of COD and SS discharged

4/ Companies using metered or adjusted metered water supplies should calculate the annual average for COD and SS and use these values and the total annual flow volume to calculate the total annual wastewater quantities of COD and SS discharged

5/ Submit copies of laboratory analyses for ALL 24-hour composite samples which were analyzed for either COD or SS concentrations

6/ The flow-weighted COD and SS in thousands of pounds is determined by

[Flow Volume Discharged in Millions of Gallons (to two decimal places)] X [Chemical Oxygen Demand or Suspended Solids Concentration in Milligrams per Liter (mg/l)] X [8.34 / 1,000] = [Thousands of Pounds of Chemical Oxygen Demand or Suspended Solids (to two decimal places)]

TABLE 2B

adjusted metered water supply table

Fiscal Year 2002/2003

(Attach Additional Sheets If Necessary)

Company Name KIK SoCal

Account No 1B2042264

SIC No 2841

Sanitation Districts' Permit No 15431

Metered Water Supply from Purveyor (Water Company) Complete Table 2A and attach copies of water bills.	+	30 44	mil gal./yr.
Water Supply from Company Well. Attach copies of meter or well pumping records	+		mil. gal./yr.
Water Received in Raw Materials Explain how determined in attachments	+		mil. gal./yr
Wastewater Discharged to Stormwater Drainage System Explain how determined in attachments. Enter your NPDES Permit # _____	–		mil. gal./yr.
Water Lost Through Evaporation Explain how determined in attachments. May include irrigation losses	–	3 66	mil. gal./yr.
Water Lost in Products. Explain how determined in attachments	–	25 20	mil gal./yr
Sanitary Flow Deduction	–	37	mil gal./yr
Water Gained by Other Means Explain how determined in attachments.	+		mil gal./yr.
TOTAL INDUSTRIAL WASTEWATER DISCHARGED TO PUBLIC SEWER ENTER THIS AMOUNT ON LINE 13a OF THE LONG FORM.		1 21	mil. gal./yr.

WATER LOSS CALCULATIONS:

IRRIGATION LOSSES

Square Footage of Land Irrigated	x	18 7*	÷	1,000,000	=	Mil Gal Per Year
18,600	x	18 7*	÷	1,000,000	=	0 35

*18 7 = Gallons per square foot of irrigated area per year

COOLING TOWER

Tonnage	x	Hours of Operation Per Year	x	% Load	x	1 38*	–	1,000,000	=	Mil Gal Per Year
500	x	6000	x	0 .79	x	1 38*	–	1,000,000	=	3 27
	x		x	0 _____	x	1 38*	–	1,000,000	=	

*1 38 = Gallons evaporated per hour per ton

BOILER

Horsepower	x	Hours of Operation Per Year	x	% Load	x	% Steam Loss To Atmosphere	x	3 82*	–	1,000,000	=	Mil Gal Per Year
48	x	202.5	x	0 .70	x	0 .92	x	3 82*	–	1,000,000	=	02
48	x	206.75	x	0 .70	x	0 .92	x	3 82*	–	1,000,000	=	02

*3 82 = Gallons evaporated per hour per horsepower Include gas consumption records

SANITARY FLOW

Employees	x	Discharge Days Per Year	x	Gallons Per Employee Per Day	–	1,000,000	=	Mil Gal Per Year
100	x	250	x	15	–	1,000,000	=	37

Conversion Factors

1 cubic foot = 7 48 gallons 1 acre foot = 325,900 gallons 1 gallon of water = 8 34 pounds of weight

adjusted metered water supply table

Fiscal Year 2002/2003

(Attach Additional Sheets If Necessary)

Company Name _____

Account No _____ **SIC No** _____

Sanitation Districts' Permit No _____

1.	Metered Water Supply from Purveyor (Water Company) Complete Table 2A and attach copies of water bills.	+	mil. gal./yr.
2.	Water Supply from Company Well. Attach copies of meter or well pumping records.	+	mil gal./yr.
3	Water Received in Raw Materials Explain how determined in attachments	+	mil. gal./yr.
4.	Wastewater Discharged to Stormwater Drainage System Explain how determined in attachments Enter your NPDES Permit # _____	–	mil. gal./yr.
5.	Water Lost Through Evaporation. Explain how determined in attachments May include irrigation losses.	–	mil gal./yr.
6	Water Lost in Products Explain how determined in attachments	–	mil. gal./yr.
7.	Sanitary Flow Deduction	–	mil gal./yr.
8.	Water Gained by Other Means. Explain how determined in attachments.	+	mil. gal./yr.
	AL INDUSTRIAL WASTEWATER DISCHARGED TO PUBLIC SEWER. ENTER S AMOUNT ON LINE 13a OF THE LONG FORM.		mil gal./yr.

WATER LOSS CALCULATIONS:

IRRIGATION LOSSES

Square Footage of Land Irrigated	x	18 7*	–	1,000,000	=	Mil Gal. Per Year
	x	18 7*	–	1,000,000	=	

*18 7 = Gallons per square foot of irrigated area per year

COOLING TOWER

Tonnage	x	Hours of Operation Per Year	x	% Load	x	1 38*	÷	1,000,000	=	Mil Gal Per Year
	x		x	0 _____	x	1 38*	–	1,000,000	=	
	x		x	0 _____	x	1 38*	–	1,000,000	=	

*1 38 = Gallons evaporated per hour per ton

BOILER

Horsepower	x	Hours of Operation Per Year	x	% Load	x	% Steam Loss To Atmosphere	x	3 82*	–	1,000,000	=	Mil Gal Per Year
	x		x	0 _____	x	0 _____	x	3.82*	–	1,000,000	=	
	x		x	0 _____	x	0 _____	x	3 82*	–	1,000,000	=	

*3 82 = Gallons evaporated per hour per horsepower Include gas consumption records

SANITARY FLOW

Employees	x	Discharge Days Per Year	x	Gallons Per Employee Per Day	–	1,000,000	=	Mil Gal Per Year
	x		x	15	–	1,000,000	=	

onversion Factors
1 cubic foot = 7 48 gallons 1 acre foot = 325,900 gallons 1 gallon of water = 8 34 pounds of weight

chemical oxygen demand & suspended solids summary

Fiscal Year 2002/2003 Account Nº

Company Name

Districts' Permit Nº SIC Nº

(Prepare One Table For Each Discharge Outlet)

Method of Flow Volume Determination ☐ Direct Measurement ☐ Metered Water Supply (complete Tables 2A and 2B) ☐ Adjusted Metered Water Supply (complete Tables 2A and 2B)

Sample No	Date of 24 Hour Sampling & Measurements	Surcharge Parameter Report 1/		Tests Represent Period of Time				Total Wastewater Quantities Discharged to the Sewer (to two decimal places)		
		Chemical Oxygen Demand (COD) (mg/l) 2/ 5/	Suspended Solids (SS) (mg/l) 2/ 5/	From		Thru		Flow Volume (millions of gal) 3/ 4/	Chemical Oxygen Demand (COD) (thousands of lbs) 6/	Suspended Solids (SS) (thousands of lbs) 6/
				Mo	Day	Mo	Day			
1	/ /									
2	/ /									
3	/ /									
4	/ /									
5	/ /									
6	/ /									
7	/ /									
8	/ /									
9	/ /									
10	/ /									
11	/ /									
12	/ /									
13	/ /									
14	/ /									
15	/ /									
16	/ /									
17	/ /									
18	/ /									
19	/ /									
20	/ /									
21	/ /									
22	/ /									
23	/ /									
24	/ /									
	Annual Average					Annual Total				

NOTES

1/ Frequency of surcharge parameter measurements *should follow the requirements* in Table A, according to the total yearly flow volume of the discharge outlet If more than 24 tests are required or performed during the fiscal year, please attach additional sheets

2/ Mg/l corresponds to *milligrams per liter* - also equivalent to PPM or parts per million All sample results must be reported in whole numbers

3/ Companies determining wastewater flows by an effluent flow meter must have a value for flow volume in this column for every required sampling time period These flow volumes should be used to calculate the quantities of COD and SS discharged

4/ Companies using metered or adjusted metered water supplies should calculate the annual average for COD and SS and use these values and the total annual flow volume to calculate the total annual wastewater quantities of COD and SS discharged

5/ Submit copies of laboratory analyses for ALL 24-hour composite samples which were analyzed for either COD or SS concentrations

6/ The flow-weighted COD and SS in thousands of pounds is determined by

[Flow Volume Discharged in Millions of Gallons (to two decimal places)] X [Chemical Oxygen Demand or Suspended Solids Concentration in Milligrams per Liter (mg/l)] X [8.34 / 1,000] = [Thousands of Pounds of Chemical Oxygen Demand or Suspended Solids (to two decimal places)]

TABLE 3

220/03 LA. County Wastewater Treatment Surcharge Documentation

Metered Water Suppply from City ofSanta Fe Springs Water Utility

Toatal CCF x 748 = 30,447,340 gals per year/ 1,000,000 = **30.44**

500 Ton Cooling Tower

Operated 250 days x 24 hrs. = 6000 at 0.79% load

500 X 6000 x 79 x 1.38 = 3,270,600 / 1,000,000 = 3 27

Boiler Log (Both 48 Horsepower) Hours of Operation

Date 2002	BoilerA(1)	BoilerB(2)	2003	BoilerA(1)	BoilerB(2)
12-Jul	6	6		6	6
18-Jul	5	5		5	5
19-Jul	1 5	1 5		2	2
26-Jul	4	4		2	2
1-Aug	4.5	4.5		7.25	8
9-Aug	5.5	5 5		11	11
16-Aug	5.5	5 5		2.5	2 5
23-Aug	5.5	5 5		10	10
30-Aug	5.5	5.5		10	10
6-Sep	2	2		4	4
19-Sep	2	2		5.5	5 5
23-Sep	6	6		0	5
7-Oct	5	5		0	4
8-Oct	7	2		0	2 5
9-Oct	2	4		3	3
11-Oct	5	5		0	7
17-Oct	1.5	1.5		5	5
25-Oct	1.5	1.5		5	5
7-Nov	12	12		4	4
25-Nov	2	2		10	3
7-Dec	4	6		5	5
13-Dec	6	6			
23-Dec	6	6			
2002 Hours	105	104	2003 Hours	97.25	109 5
			2002 Hrs	105	104
			2003 Hrs	97.25	109 5
			2002/03 TOTAL Hours	**202.25**	**213.5**

415.75

A48 x 202.25 x 0 70 x 0.92 x 3 82/1000,000 = 0238824 0 02

A48 x 213 5 x 0 70 x 0.92 x 3 82/1000,000 = 0.02

Irrigation Losses

18,600 Sq Feet x 18.7 = 347,820/1000000 = 0.34782 0 35

Sanitary Flow

100 Employees x 250 discharge days x 15 Gals per day = 375,000/1,000,000= 3750 0.37

Balance **26.41**

TANK FARM PRODUCTION/WATER USEAGE FROM JANUARY 1 thru DEC 30,2002 7/09/03dj

WATER USEAGE IN GALS

BLEACH	July	Aug	Sept.	Oct.	Nov.	Dec	TOTALS WATER	
13.50%	271260	303772	233713	153553	148911	118239	1229448	
10.00%	80892	86878	146470	89337	98186	91517	593280	
7.00%	0	0	12717	0	11819	11017	35553	
6.00%	786535	853885	880951	809435	737673	784434	4852913	
5.25%	579954	467809	461695	440193	284905	409270	2643826	
4.00%	0	0	0	0	0	0	0	
3.00%	360082	385557	345818	388772	278039	521420	2279688	
T BL H2O	**2078723**	**2097901**	**2081364**	**1881290**	**1559533**	**1935897**	**11634708**	
T RecH2o	**0**	**0**	**0**	**0**	**0**	**0**	**0**	
Pure NH3	22070	44350	26646	33150	11381	26737	164334	
LemnNH3	36221	70726	44802	50583	35860	44712	282904	
SudyNH3	1084	4516	7768	11923	4336	0	29627	
Parsons	12463	17250	57529	54188	0	19869	161299	
Pnkrinse	45508	42798	26749	42798	37448	32098	227399	
LmnRinse	0	0	0	0	0	0	0	
AFBlch	8487	0	4244	0	0	0	12731	
Glass CL	20934	11483	34448	19697	16783	20227	123572	
W/Wash	0	4995	4995	0	0	0	9990	
TotalH2o	**2225490**	**2294019**	**2288545**	**2093629**	**1665341**	**2079540**	**12646564**	
T.RcyH2o	**0**	**0**	**0**	**0**	**0**	**0**	**0**	
H2o Used	**2225490**	**2294019**	**2288545**	**2093629**	**1665341**	**2079540**	**12646564**	**12646564**

TANK FARM PRODUCTION/WATER USEAGE FROM JANUARY 1 thru JUNE 30,2003

WATER USEAGE IN (GALLONS)

BLEACH	JAN	FEB	MAR	APR	MAY	JUN	TOTALS	
13.50%	126884	126173	124971	174584	158032	210886	921530	
10.00%	105127	85841	122137	111852	78793	132948	636698	
7.00%	0	0	0	0	0	0	0	
6.00%	1024683	1024742	790142	738190	819477	784821	5182055	
5.25%	503919	48253	553058	552794	450441	301428	2409893	
4.00%	0	0	0	0	0	0	0	
3.00%	432934	410086	436256	462712	350018	449035	2541041	
T.BL H2o	**2193547**	**1695095**	**2026564**	**2040132**	**1856761**	**1879118**	**11691217**	
T.RcyH2o	**0**	**0**	**0**	**0**	**0**	**0**	**0**	
Pure NH3	38931	24840	14091	20504	22401	15536	136303	
LemnNH3	45886	38298	33330	42273	31072	30440	221299	
SudyNH3	14814	3161	2529	10117	0	5058	35679	
Parsons	64709	12192	18334	11379	9031	18604	134249	
Pnkrinse	50823	21431	16049	37448	32098	24787	182636	
LmnRinse	0	0	0	0	0	0	0	
AFBlch	0	0	0	0	0	0	0	
Glass CL	21773	16076	23186	16253	23937	25086	126311	
W/Wash	7990	0	0	9990	9995	0	27975	
TotalH2o	**2438473**	**1811093**	**2134083**	**2188096**	**1985295**	**1998629**	**12555669**	
T.RcyH2o	**0**	**0**	**0**	**0**	**0**	**0**	**0**	
H2o Used	**2438473**	**1811093**	**2134083**	**2188096**	**1985295**	**1998629**	**12555669**	**12555669**

Total H2o USED 7/01/02-7/01/03 **25202233**

KIK Corporation Inc.

Industrial Discharge
(Wastewater)

Permit

CC: GW RB PL RB.

COUNTY SANITATION DISTRICTS
OF LOS ANGELES COUNTY

1955 Workman Mill Road, Whittier, CA 90601-1400
Mailing Address P.O. Box 4998, Whittier, CA 90607-4998
Telephone (562) 699-7411, FAX. (562) 699-5422
www.lacsd.org

JAMES F. STAHL
Chief Engineer and General Manager

January 7, 2005
File: 18-05-015431
Account No.: 2042264

Mr. Darrell Johnson
Safety Environmental Supervisor
Kik SoCal
9028 Dice Rd.
Santa Fe Springs, CA 90670

Dear: Mr. Johnson:

Added Requirements to Industrial Wastewater Discharge Permit No. 015431

9028 Dice Rd.
Santa Fe Springs, 90670

Per a recent audit of the Districts' pretreatment program by the Los Angeles Regional Water Quality Control Board, the Districts are required to add the following requirements to Industrial Wastewater Discharge Permits (permits) of all Significant Industrial Users (SIUs). As your company is currently designated by the Districts as an SIU, the following requirements are added to your permit as of the date of this letter. These requirements supercede any similar requirements which may already be contained in your permit. All other permit requirements previously issued remain in effect. Compliance with the Districts' *Wastewater Ordinance* continues to be required as a condition of discharge.

Added Requirements:

1. Every person or permittee violating any provision of this Industrial Wastewater Discharge Permit (permit) or the Districts' *Wastewater Ordinance* (*Ordinance*) is guilty of a misdemeanor, and upon conviction is punishable as provided by law (California Health & Safety Code Section 4766 currently allows for a fine not to exceed $1000, or imprisonment for not more than thirty (30) days, or both. Misdemeanor violations of California Health & Safety Code Section 25189.5 currently allow for a fine not to exceed $100,000 and imprisonment not to exceed one year. Misdemeanor violations of the Clean Water Act, 33 USC 1319(c) currently allow for a fine not to exceed $25,000 and imprisonment not to exceed one year.) Each day during which any violation continues shall constitute a separate offense. The Chief Engineer is authorized to seek, through the office of the District Attorney of Los Angeles County or other appropriate authority, prosecution of criminal charges against any person violating any provision of the permit or the *Ordinance*. Violations of discharge limitations established under this permit or the *Ordinance* may also be violations of state and federal environmental laws which may be punishable as felonies and which may also carry substantial fines and penalties (California Health & Safety Code 25189.5 currently allows for a fine not to exceed $100,000 (except the fine can be up to

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$250,000 for great bodily injury or substantial probability of death) and imprisonment up to 3 years and 33 USC Section 13.19(c) currently allows for a fine not to exceed $1,000,000 for a first conviction and imprisonment of up to 15 years.)

In addition, any person or permittee who violates any provision of the *Ordinance* or any term or condition of any permit issued pursuant to the *Ordinance* or plan approval that prohibits or limits the discharge of any waste or imposes any pretreatment requirement shall be civilly liable to the Districts in the maximum sum provided by law for each day in which such violation occurs (California Government Code Section 54740 currently allows for civil penalties which include, but are not limited to, a fine of up to $25,000 per day of violation.)

2. The permittee shall maintain records of all information resulting from any monitoring activities required by 40 CFR 403.12, including self-monitoring reports and baseline monitoring reports. Such records shall include for all samples:

   A. The date, exact place, method, and time of sampling and the name of the person or persons taking the samples;
   B. The dates analyses were performed;
   C. Who performed the analyses;
   D. The analytical techniques/methods used; and
   E. The results of such analyses.

   The permittee is required to retain for a minimum of 4 years any records of monitoring activities and results (whether or not such monitoring activities are required by 40 CFR 403.12) and shall make such records available for inspection and copying by the Districts. This period of retention shall be extended during the course of any unresolved litigation regarding the permittee or when requested by the Districts.

3. Self-monitoring of the industrial wastewater must be performed at the intervals indicated on the Self-Monitoring Requirement Form. Required data must be reported on the Self-Monitoring Report (SMR) form. The Districts will send the necessary SMR forms before each reporting period. All indicated analyses must be performed by a State or Districts' certified laboratory. The certification section of the SMR form must be completed and signed by a responsible company official. For each reporting period, the completed SMR form and the corresponding laboratory report must be submitted to the Districts' Industrial Waste Section no later than the due date indicated on the form. The wastewater samples analyzed must be collected in such a way that they are representative of the total discharge generated by a typical day's operations. Each representative sample (composite and/or grab) should be collected over one 24-hour period and analyzed for all parameters in Table 1 of the Self-Monitoring Requirements form. All representative samples must meet all applicable limits. If the permittee is subject to EPA Categorical Pretreatment Standards, violations of effluent categorical limitations must be reported to the Districts within 24 hours of the discharger becoming aware of the violation ((562) 699-7411, extension 2907). Additional sampling and analysis must be conducted for all categorical parameters in violation. The results of the repeat analysis must be submitted within 30 days of becoming aware of the violation. It is the permittee's responsibility to submit results from any

additional self-monitoring, and to notify the Districts of any other toxic materials, which are known to be present in the wastewater.

4. In accordance with federal regulations found at 40 CFR Part 403.17, the permittee must not bypass required pretreatment equipment unless the bypass was unavoidable to prevent loss of life, personal injury or severe property damage and there were no feasible alternatives to the bypass and the permittee notified the Districts at least 10 days prior to an anticipated bypass or within 24 hours of an unanticipated bypass. Severe property damage does not include economic loss due to production delays. Feasible alternatives include use of auxiliary treatment facilities, retention of untreated wastes or cessation of production.

   The permittee shall submit oral notice of an unanticipated bypass that exceeds applicable categorical effluent limitations to the Districts within 24 hours from the time the permittee becomes aware of the bypass.

   A written submission shall also be provided within 5 days of the time that the permittee becomes aware of the bypass. The written submission shall contain a description of the bypass and its cause; the duration of the bypass, including exact dates and times, and, if the bypass has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent reoccurrence of the bypass. The Districts may waive the written report on a case-by-case basis if the oral report has been received within 24 hours.

   The Permittee may allow any bypass to occur which does not cause Pretreatment Standards or Requirements to be violated, but only if it also is for essential maintenance (i.e. pipe or pump failures) to assure efficient operation. However, routine maintenance should be conducted during normal periods of production downtime. Notification is not required for bypasses that do not result in federal categorical violations.

   The Districts will determine whether the permittee has met all bypass criteria above thus avoiding enforcement action for violation of federal categorical regulations. However, this does not relieve a discharger of the responsibility to comply with Districts' *Ordinance* or effluent limitations at all times. Any repair or maintenance costs to Districts' facilities associated with any bypass of pretreatment equipment will be borne by the permittee.

5. Upon request by the Districts, the permittee is required to develop a Slug Discharge Control Plan which complies with the Districts' Spill Containment Guidelines and includes, at a minimum, the following elements:

   A. Description of discharge practices, including non-routine batch discharges (non-routine batch discharges are not allowed unless specified as an approved discharge in the permit);
   B. Description of stored chemicals;
   C. Procedures for immediately notifying the Districts of slug discharges, including any discharge that would violate a prohibition under 40 CFR 403.5(b), with procedures for follow-up written notification within five days;

D. If necessary, procedures to prevent adverse impact from accidental spills, including inspection and maintenance of storage areas, handling and transfer of materials, loading operations, control of plant site run-off, worker training, building of containment structures or equipment, measures for containing toxic organic pollutants (including solvents), and/or measures and equipment for emergency response.

E. This plan must be maintained at the discharge location and must be made available for review by Districts' personnel. Copies may be required to be submitted to the Districts for review.

Facilities operating under a temporary permit are advised that such permits are considered fully enforceable legal control mechanisms. If your company is operating under a temporary permit, the following requirements are added to the temporary permit.

6. The temporary permit requires that the permittee apply for an Industrial Wastewater Discharge Permit within 30 days (of issuance of the temporary permit.) Failure to apply within the prescribed period may result in enforcement action against the permittee. Upon issuance of an Industrial Wastewater Discharge Permit, the temporary permit will become null and void. Under no circumstances will the temporary permit be valid for more than five years from the date of issuance. Failure of the discharger to obtain a permit before the five-year deadline may result in the discontinuance of sewer services for industrial operations.

7. The temporary permit is not transferable to a new business location or to a new business. The permittee must immediately notify the Districts in writing of any change in its name or legal capacity. The temporary permit shall be voidable by the Districts upon non-use, cessation of discharge, transfer of business ownership, or the issuance of a new permit for the same sewer connection.

If you have any questions concerning this letter, please contact the Industrial Waste Section at extension 2900.

Very truly yours,

James F. Stahl

Suzanne S. Wienke

Suzanne S. Wienke
Supervising Civil Engineer

SSW·dfd

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OF LOS ANGELES COUNTY
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Mr. Darrell Johnson
Kik SoCal
9028 Dice Rd.
Santa Fe Springs, CA 90670

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90670+2520 21

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PERMIT FOR INDUSTRIAL WASTEWATER DISCHARGE
SANITATION DISTRICTS OF LOS ANGELES COUNTY
1955 Workman Mill Road / Whittier, CA
Mailing Address: P O. Box 4998 / Whittier, CA 90607-4998
James F Stahl, Chief Engineer and General Manager
(562) 699-7411 www.lacsd.org

PERMIT NO 15431

01 CHECK ONE New Sewer Connection ☐ Existing Sewer Connection ☒

02 Applicant KIK SoCal, Inc.
(Legal Company Name)

03 Check one and fill in appropriate information

☒ Corporation Name KIK International, Inc.
Year Incorporated 1992 State of Incorporation CA ID# 522151205

☐ Partnership Name _____ Partners _____

☐ Sole Proprietor Name _____ Business Names _____

04 Company Address 9028 Dice Road, Santa Fe Springs, CA 90670
(Street) (City) (State) (Zip)

05 Mailing Address 9028 Dice Road, Santa Fe Springs, CA 90670
(Street) (City) (State) (Zip)

06 Point of Discharge 9028 Dice Road, Santa Fe Springs, CA 90670

07 Number of years applicant has been in business at present location 29 (yrs) - (months)

08 Name of Property Owner KIK International, Inc.

Address of Property Owner 9028 Dice Road, Santa Fe Springs, 90670 562-946-6427
(Street) (City) (Zip) (Telephone Number)

09 Assessors Map Book No 48 Page No. 11 Parcel No. 3 & 4

10 Type of Industry Manufacturer of Household Specialty Cleaning Products 2841
(General Description) (Federal SIC No)

11 Number of Employees (Full Time) 72 (Part Time) 49

12 Raw Materials Used See Addendum #1
(General Description – Add Additional Sheets as Needed)

(Daily Amount Produced)

13 Products Produced See Addendum #5
(General Description – Add Additional Sheets as Needed)

(Daily Amount Produced)

14 Wastewater Producing Operations See Addendum #10

(Full Description – Add Additional Sheets as Needed)

15 Time of Discharge 10:00 AM/PM to 8:00 AM/PM, Shifts per day 3, Days per Week M T W Th F Sa Su
(Circle AM or PM) (Circle Days)

16 Wastewater Flow Rate 13,720 (Average) Gallons per Day 14.01 (Peak) Gallons per Minute

17 Constituents of Wastewater Discharge Dilute products from wash down of blend tanks and filling equipment.
(General Description - Attach Chemical Analysis Results to the Application)

18 Person in company responsible for industrial wastewater discharge
Robert D. Brown (Name) Waste Water Plant Operator (Position) 562-946-6427 (Telephone Number)

I affirm that all information furnished is true and correct and that the applicant will comply with the conditions stated on the back of this permit form.

Date 4-26-05

19 Signature for Applicant _____ Robert R. Brown General Manager
(Company Administrative Official) (Name) (Position)

20 Approved/Reviewed by City or County Official
Date _____
For L.A. County Dept of Public Works.. ☐
City of Santa Fe Springs
Name _____
Position Director of Environ Protection

Approved by Sanitation Districts of Los Angeles County
Date _____
Expiration Date _____
James F. Stahl, Chief Engineer & General Manager
By _____
Position _____

Note Please submit application first to the applicable City or County agency in which the point of discharge is located
Please contact the local agency for the required permit processing fee Submit the **original application** (Do not send copies)

PERMIT FOR INDUSTRIAL WASTEWATER DISCHARGE
COUNTY SANITATION DISTRICTS OF LOS ANGELES COUNTY
1955 Workman Mill Road / Whittier, CA
Mailing Address. PO. Box 4998 / Whittier, California 90607-4998
Charles W. Carry, Chief Engineer and General Manager
(310) 699-7411

PERMIT NO. 15431

01 CHECK ONE: New Sewer Connection ☐ Existing Sewer Connection ☒

02 Applicant KIK SoCal (Legal Company Name)

03 Check one and fill in appropriate information

☒ Corporation Name KIK SoCal

Year Incorporated 1992 State of Incorporation CA ID# 522151205

☐ Partnership Name _____ Partners _____

☐ Sole Proprietor Name _____ Business Names _____

04 Company Address 9028 Dice Rd., Santa Fe Springs, CA 90670 (Street) (City) (State) (Zip)

05 Mailing Address same as above (Street) (City) (State) (Zip)

06 Point of Discharge Dice Road Santa Fe Springs

07 Number of years applicant has been in business at present location 24 (yrs) – (months)

08 Name of Property Owner KIK SoCal

Address of Property Owner 9028 Dice Rd., Santa Fe Springs 90670 562/946-6427 (Street) (City) (Zip) (Telephone Number)

09 Assessors Map Book No. 48 Page No. 11 Parcel No. 3 & 4

10 Type of Industry Mfg Household Cleaning Products 2841 (General Description) (Federal SIC No)

11 Number of Employees (Full Time) 80 (Part Time) 20

12 Raw Materials Used Addendum #1 (General Description — Add Additional Sheets as Needed)

(Daily Amount Used)

13 Products Produced Addendum #5 (General Description — Add Additional Sheets as Needed)

(Daily Amount Produced)

14 Wastewater Producing Operations Addendum #10

(Full Description — Add Additional Sheets as Needed)

15 Time of Discharge 10:00 ~~AM~~/PM to 8:00 AM/~~PM~~, Shifts per Day 3, Days per Week M T W Th F Sa Su (Circle AM or PM) (Circle Days)

16 Wastewater Flow Rate 3,808 (260 day/year) (Average) Gallons per Day 62 (Peak) Gallons per Minute

17 Constituents of Wastewater Discharge Dilute products from wash downs of blend tanks and filling equipment.

(General Description — Attach Chemical Analysis Results to the Application)

18 Person in company responsible for industrial wastewater discharge

Scott Chancellor (Name) Production Planning Mgr. (Position) 562/906-2240 (Telephone Number)

I affirm that all information furnished is true and correct and that the applicant will comply with the conditions stated on the back of this permit form

Date 2/9 2000

19 Signature for Applicant David M Hemah for Greg Wise (Company Administrative Official) (Name) Dir. of Manufacturing Western Region (Position)

20 Approved/Reviewed by City or County Official

Date MARCH 23, 2000

For L.A County Dept. of Public Works ☐

City of SANTA FE SPRINGS

Name [signature]

Position DIR. OF ENVIRONMENTAL PROTECTION

Approved by Sanitation Districts of Los Angeles County

Date 5/26/2000

Expiration Date 5/26/2005

Charles W. Carry, Chief Engineer & General Manager

By [signature] for PCM

Position CIVIL ENGINEER

Note Please submit application first to the applicable City or County agency in which the point of discharge is located
Please contact the local agency for the required permit processing fee Submit the **original application** (Do not send copies)

CONTINUED ON NEXT PAGE

APPLICANT FOR PERMIT MUST READ THIS MATERIAL

IN CONSIDERATION OF THE GRANTING OF THIS PERMIT, the applicant agrees:

1. To furnish any additional information on industrial wastewater discharges as required by the Districts,

2. To accept and abide by all provisions of ordinances, policies and guidelines of the Districts,

3. To operate and maintain any required industrial wastewater treatment devices in a satisfactory approved manner,

4. To cooperate at all times with Districts' personnel, or their representatives, in the inspection, sampling and study of industrial wastewater facilities and discharges,

5. To immediately notify the Districts at (310) 699-7411 during normal working hours or at (310) 437-6520 or 437-1881 after 4:00 P.M. or on weekends in the event of any accident, negligence or other occurrence that causes the discharge to the sewer of any material whose nature and quantity might be reasonably judged to constitute a hazard to the public health, environment, Districts' personnel or wastewater treatment facilities,

6. To pay to the Districts annually the required surcharge or user charge fee for industrial wastewater treatment,

7. To submit, as required by the Districts, accurate data on industrial wastewater discharge flows and wastewater constituents,

8. To operate only one industrial wastewater discharge point to the sewerage system under the authority granted by this permit,

9. To submit additional pages as required to furnish the necessary information if there is inadequate room on the reverse side of this permit form to complete submittal of requested data,

10. To apply for a revised Districts' Industrial Wastewater Discharge Permit if any change in industrial processes, production, method of wastewater treatment or operations creates a significant change in industrial wastewater quality, or if the quantity of wastewater discharged changes by more than 25% or other threshold level as specified in industrial waste permit requirements,

11. To provide immediate access to authorized personnel of the Districts to any facility directly or indirectly connected to the Districts' sewerage system under emergency conditions and at all other reasonable times.

SANITATION DISTRICTS OF LOS ANGELES COUNTY

Charles W Carry, Chief Engineer and General Manager
1955 Workman Mill Road, P O. Box 4998, Whittier, California 90607

INDUSTRIAL WASTEWATER DISCHARGE PERMIT

REQUIREMENT LIST

COMPANY NAME: KIK SoCal

INDUSTRIAL WASTEWATER DISCHARGE PERMIT NUMBER: 15431

ACCOUNT NUMBER: 2042264

DATE OF APPROVAL: May 26, 2000 EXPIRATION DATE: May 26, 2005

The approval and issuance of this permit is being made conditionally and subject to KIK SoCal being in compliance with all indicated items on this list Satisfactory evidence of compliance with these conditions should be supplied to the Sanitation Districts where requested. Satisfactory evidence will consist of a minimum of written notification signed by a responsible company official, and in some cases may involve the submission of additional drawings and data, or verification by a Districts representative Failure to comply with all items on the requirement list, including all deadlines specified, invalidates this approval and issuance. Invalidation of this permit will result in KIK SoCal being deemed to be operating without a valid permit and subject to immediate discontinuance of sewer services for industrial operations.

1. This industrial wastewater discharge permit is issued only for the discharge of treated wastewater from tank, equipment and floor washdown, cooling tower bleed, and boiler blowdown. The discharge of any other type of waste will require prior approval from the Sanitation Districts This approved permit will expire five (5) years from the date of the accompanying transmittal letter.

2. The permittee is required to notify the Sanitation Districts of any change in the status of the subject facility, if ownership or operating responsibility changes, or if the industrial waste connection is legally abandoned.

3. A new permit application must be submitted when there is a significant change in wastewater quantity (25% or more) or quality from that given in the approved permit information The completed application should be submitted to the local governmental agency for initial processing prior to Sanitation Districts' review. Approval must he obtained prior to any construction of new facilities

4. Waste haulers reports must be obtained and kept on file for a period of at least four (4) years for any solid wastes from the wastewater pretreatment system and liquid wastes leaving the plant other than in the sewer system These reports must be made available to representatives of the Sanitation Districts upon request.

5. All wastewater discharged to the sewer must have a temperature lower than 140°F (60°C) and a closed cup flash point greater than 140°F (60°C).

6. All wastewater discharged to the sewer must not contain over 0.1 milligram/liter of dissolved sulfides.

7. The pH of the wastewater must be maintained at or above 6.0 at all times. Proper neutralization procedures must be observed to assure that this limit is not violated.

8. Numerical limits have been established by the Sanitation Districts for the maximum concentrations of heavy metals, and other toxic materials, permissible in an industrial discharge to the public sewers. The limits are those shown in the following list of "Industrial Wastewater Local Effluent Limitations." KIK SoCal is advised that any discharge in excess of these limits requires corrective action by the discharger. Penalties applicable to violations of these limits will be strictly enforced by the Sanitation Districts.

SANITATION DISTRICTS OF LOS ANGELES COUNTY
INDUSTRIAL WASTEWATER LOCAL EFFLUENT LIMITATIONS
FOR JOINT OUTFALL DISTRICTS

PHASE I CONTROL PERIOD

Parameter	Limit (mg/l)*
Arsenic	3
Cadmium	15
Chromium (Total)	10
Copper	15
Lead	40
Mercury	2
Nickel	12
Silver	5
Zinc	25
Cyanide (Total)	10
Total Identifiable Chlorinated Hydrocarbons**	Essentially None

* - Maximum concentration at any time

** - Total Identifiable Chlorinated Hydrocarbons (TICH) comprise.
Aldrin and Dieldrin
Chlordane (cis & trans), trans-nonachlor, oxychlordane, heptachlor and heptachlor epoxide
DDT and derivatives· p, p', and o, p' isomers of DDT, DDD, and DDE
Endrin
HCH· sum of α, β, γ, δ isomers of hexachlorocyclohexane
Toxaphene
Polychlorinated biphenyls (PCB's)

9. The existing sample box, located on the north side of the tank farm, is hereby designated as the legal sampling point for KIK SoCal. The permittee is responsible for maintaining and cleaning the sampling point to prevent any build-up of oil and grease, sediment or sludge, failure to do so does not invalidate sampling test results. Analytical results from samples taken from this location according to accepted sampling procedure shall be accepted as binding Safe and convenient access to the sampling point must be provided for representatives of the Sanitation Districts. Should Districts' staff determine that the sampling location is unsafe, difficult to access or require modification, KIK SoCal must propose alternatives which will provide a sampling facility acceptable to the Districts.

10. The Districts' personnel may provide a split of any composite sample collected if sufficient sample volume is available. Districts' personnel may also provide split, concurrent, or sequential grab samples. These samples will be left with a designated company representative. If the designee is not available, these samples will be left with whomever is available.

    The permittee is required to follow appropriate preservation techniques, analytical procedures, and holding periods specified in 40 CFR 136, if the analytical test results from these samples are to be used for compliance or surcharge reporting purposes. Failure to follow the prescribed procedures will invalidate the test results.

11. The permittee is advised that additional industrial wastewater pretreatment equipment may be required if inspection or monitoring indicates prohibited materials are discharged to the public sewer.

12. Any plans for changes in equipment or processes must be submitted (for approval before implementation) to the Sanitation Districts.

13. The permittee should provide trained personnel for proper operation and regular maintenance of all components of the existing pretreatment system to ensure compliance at all times with applicable industrial wastewater effluent limits. The permittee should also maintain an adequate supply of treatment chemicals as well as replacement parts for key components of the pretreatment system

14 Self-monitoring of the industrial wastewater must be performed at the intervals indicated on the enclosed Self-Monitoring Requirement Form and reported on the Self-Monitoring Report (SMR) form. The Districts will send the necessary SMR forms before each reporting period. All indicated analyses must be performed by a State or Sanitation Districts' certified laboratory. The certification section of the SMR form must be completed and signed by a responsible company official. For each reporting period, the completed SMR form and the corresponding laboratory report must be submitted to the Districts' Industrial Waste Section no later than the due date indicated on the form. The wastewater samples analyzed must be collected in such a way that they are representative of the total discharge generated by a typical day's operations Each representative sample (composite and/or grab) should be collected over one 24-hour period and analyzed for all parameters in Table 1 of the Self-Monitoring Requirements form All representative samples must meet all applicable limits. It is the responsibility of KIK SoCal to submit results from any additional self-monitoring, and to notify the Districts of any other toxic materials which are known to be present in the wastewater

15. If KIK SoCal is required or chooses to file Long Form Surcharge Statement, surcharge tests of the industrial wastewater must be performed at the intervals indicated on the enclosed table of Surcharge Test Frequency and submitted annually with the wastewater treatment surcharge statement. KIK SoCal is reminded that the surcharge testing requirements are independent of the tests for self-monitoring reports required in Item No. 14.

16. If the wastewater flowrate and strength data indicate an increase in the sewerage capacity unit usage by 25% or more, KIK SoCal may be required to revise their permit, and will be required to pay a corresponding connection fee should existing sewerage baseline capacity units be insufficient to accommodate discharge at that time.

17. An automatic continuous pH recording instrument must be maintained to monitor the pH of the wastewater discharge stream entering the public sewer. The probe for the pH instrument must be located in the existing sample box. If additional sources of industrial wastewater are found downstream of this location, the discharger must notify the Districts in writing and an alternate pH monitoring point will be designated as appropriate. pH records for at least the previous 180 days of operation must be kept on file at the discharge address and must be made available for inspection by representatives of the Districts at any time during business hours. If pH records indicate periods of acidic or highly alkaline discharge, the permittee may be required to install an industrial wastewater pH neutralization system.

    The pH equipment must be regularly calibrated and maintained in good working order. The probe and recorder must be in place and operating 24 hours per day, every day of the year, except for periods of routine pH equipment maintenance. During periods of extended maintenance, either calibrated back-up equipment must be used or hourly pH readings must be manually recorded during operating hours

    On a weekly, or more frequent basis, the pH chart must be annotated with the following information: date, time, name of person annotating the chart, and the pH reading from a secondary sensing device such as pH paper or an alternate calibrated pH meter. In addition, whenever the equipment is calibrated, the chart must be annotated with the above information and the word "calibration" Periods of maintenance or abnormal operation should be indicated on the pH chart and detailed in the facility's log book. The pH chart paper should have a scale of 0 to 14.

18. The permittee is required to maintain a log book that is available to Districts' employees upon request or during inspections. Any material that enters a spill containment area must be handled as a spill, including rainwater and any process wastewater that results from "normal" operations. All materials removed from spill containment areas, whether restricted or non-restricted as defined in the Districts' "Spill Containment Guidelines," must be included in the log book. The log book must contain the following information

    a. Date and time
    b Identity of material (an analysis is required if the spill is of unknown origin to determine the type of treatment or remediation required for proper disposal)
    c. Quantity (volume)
    d Cause
    e Method of disposal (includes transfer to off-site treatment system)
    f. Corrective action implemented to prevent spills from reoccurring

19. Under no circumstances shall process solution spills be discharged directly to the sewer. Unreclaimed or untreated process solution spills shall be hauled to a legal disposal site.

20. The existing floor drains shall have grated covers with 3/8" maximum openings to prevent larger particles from clogging the sewer.

21. This approval of the existing pretreatment system by the Sanitation Districts is for only the general concept presented. The proper maintenance and operation of the system is the responsibility of the permittee and his contractors.

22. The accompanying Sanitation Districts of Los Angeles County Industrial Wastewater Discharge Permit Fact Sheet **must** be visibly posted by the permittee near the legal sampling point.

23. In the event of the discharge of any prohibited waste, excessive quantities or concentrations of any restricted waste, or of the discharge of material not covered under this permit, the company must immediately notify the Sanitation Districts by calling 562-699-7411, extension 2907, during office hours or the Long Beach Pumping Plant, 562-437-6520, during non-office hours.

    The Districts must also be notified of any circumstances affecting plant processes or facility operations that may potentially result in the discharge of similarly prohibited or restricted wastes, including but not limited to the malfunction, upset or improper operation of plant processes, pretreatment systems, spill containment facilities, or diversion/bypass mechanisms Failure to immediately notify the Districts of any such event or condition is a violation of the *Wastewater Ordinance.*

SANITATION DISTRICTS OF LOS ANGELES COUNTY
INDUSTRIAL WASTE SECTION
P. O. BOX 4998
WHITTIER, CA 90607

SELF-MONITORING REQUIREMENTS
Significant Noncategorical Industrial User

Date	May 26, 2000		
Firm Name	KIK SoCal	Permit No.	15431
Situs Address	9028 Dice Road	Account No.	2042264
	Santa Fe Springs, CA 90670	District No.	18
Contact Person	Scott Chancelor	SIC No.	2841 2842
Telephone No.	(562) 906-2240	Annual Flow (MGY)	0.99

Self-monitoring of industrial wastewater is required as a condition of your industrial wastewater discharge permit At the frequency specified below, samples must be collected and preserved in accordance with 40 CFR 136.

Frequency of Analysis - *Once per six (6) months*

Analysis of the samples must be performed for the parameters listed in Table 1 by a laboratory that is certified by either the Districts or the State Department of Health Services.

TABLE 1. REQUIRED WASTEWATER CHARACTERIZATION TESTS

Test Code	Test Parameter	Unit	Limit	Type of Sample
Z01	Total Wastewater Flow Rate	gpd	---	Not Applicable
Z02	Peak Wastewater Flow Rate	gpm	---	Not Applicable
101	pH	pH units	>6	Grab
151	Suspended Solids (SS)	mg/l	---	24-hour Composite
252	Dissolved Sulfide	mg/l	0 1	Grab
403	Chemical Oxygen Demand (COD)	mg/l	---	24-hour Composite
301	Chloride	mg/l	---	24-hour Composite
302	Chlorine Residual	mg/l	---	24-hour Composite

Self-Monitoring results must be reported on the Self-Monitoring Report form provided, along with the appropriate laboratory analysis sheet(s). Due dates are shown in Table 2.

TABLE 2:
SELF-MONITORING REPORTING SCHEDULE[1]

Analysis Frequency	Reporting Period	Due Date[2]
Once per year	*July 1 - June 30*	*July 15 (the following year)*
Once per 6 months	January 1 - June 30 July 1 - December 31	July 15 January 15
Once per 3 months	January 1 - March 31 April 1 - June 30 July 1 - September 30 October 1 - December 31	April 15 July 15 October 15 January 15
Once per month	Day 1 - Day 31 of the month	Day 15 (the following month)

[1] The laboratory data sheet(s) for each analysis performed during the reporting period must be included with the Self-monitoring Report form. However, only the results from the most recent sample collected during the reporting period should be recorded on the Self-monitoring Report form.

[2] The Self-monitoring Report form may be submitted before the due date as long as the sample is taken during the appropriate reporting period.

SURCHARGE TEST REQUIREMENTS

Industrial users participating in the Sanitation Districts' Surcharge Program may be subject to additional self-monitoring requirements besides those specified in the permit conditions. Surcharge testing parameters include Chemical Oxygen Demand (COD) and suspended solids (SS). For companies that file Long Form Surcharge Statements, the testing frequency for COD and SS is based on flow as shown in Table 3 below. Surcharge wastewater analyses must adequately represent the average daily discharge to the sewer system and the results must be submitted annually with the wastewater treatment surcharge statement in accordance with each year's "Instruction for Filing a Long Form Wastewater Treatment Surcharge Statement " **Surcharge test requirements are independent of the self-monitoring report requirements.**

TABLE 3:
SURCHARGE TESTING FREQUENCY FOR COD AND SS
(Must be 24-hour Composite Samples)

Yearly Cumulative Flow from Each Outlet (in million gallons)	**Required Testing Frequency**
Less than 15.00	1 sample per 3 months
15 01 to 40.00	1 sample per 2 months
40.01 to 100.00	2 samples per month
100.01 to 250.00	1 sample per week
More than 250.00	2 samples per week

SANITATION DISTRICTS OF LOS ANGELES COUNTY
INDUSTRIAL WASTEWATER DISCHARGE PERMIT FACT SHEET

This fact sheet MUST be visibly posted by the discharger

COMPANY NAME	KIK SoCal	**I.W. NO.**	15431
SITUS ADDRESS	9028 Dice Road Santa Fe Springs, CA 90670	**SURCH. ACCT.**	2042264
MAILING ADDRESS	9028 Dice Road Santa Fe Springs, CA 90670	**DISTRICT NO.**	18
TAX ASSESSOR NO.	8168-007-029	**TG**	61/B2
COMPANY CONTACT	Scott Chancelor		
TELEPHONE NO.	(562) 906-2240	**OTHER PERMITS AT SITUS**	none

APPROVAL DATE	May 26, 2000	**EXPIRATION DATE**	May 26, 2005
EVALUATION ENGINEER	Wilfrido D. Mejia	**LOCAL AGENCY**	City of Santa Fe Springs
LOCATION OF CONNECTION TO PUBLIC SEWER	on Dice Road		
DISTRICTS' MANHOLE NO.	18-0836	**TREATMENT PLANT**	05-LCWRP

TYPE OF INDUSTRY	Chemical Formulator		
SIC NO(S).	2841 2842		
EPA CATEGORY	non-categorical		
WORKING HOURS/DAY	24	**WORK DAYS/WEEK**	5
TIME OF DISCHARGE IF DIFFERENT FROM ABOVE		**NUMBER OF EMPLOYEES**	80
PERMIT FLOWRATE	3808 gpd	**PEAK FLOWRATE**	62 gpm
PRODUCTS PRODUCED AT SITUS	bleach, ammonia, windshield washer fluid, and fabric rinse		
RAW MATERIAL USED AT SITUS	caustic soda, chlorine, ammonia, soda ash		
APPROVED WASTEWATER PRODUCING OPERATIONS	tank, equipment and floor washdown, cooling tower bleed, water softener reject water and boiler blowdown.		
CONSTITUENTS OF WASTEWATER	dissolved and suspended solids, COD, chlorides		
LEGAL SAMPLING POINT	existing sample box		
IS SELF-MONITORING REQUIRED?	yes	If yes, SMR requirements must be attached.	
REQUIRED PRETREATMENT EQUIPMENT	pH adjustment, flocculation / settling/ charcoal filter		
REQUIRED MONITORING EQUIPMENT	pH meter/ recorder		
COMPANY SPECIFIC PERMIT CONDITIONS	Company is required to comply with all items on the Requirement List		

IN THE EVENT OF THE DISCHARGE OF PROHIBITED OR RESTRICTED WASTES, PLEASE CALL:
OFFICE HRS: 562-699-7411, EXTENSION 2907; NON-OFFICE HOURS: 562-437-6520

COUNTY SANITATION DISTRICTS OF LOS ANGELES COUNTY

1955 Workman Mill Road / Room 130 / Whittier, California
Mailing Address. P O Box 4998, Whittier, California 90607
Telephone (562) 699-7411 / From Los Angeles (213) 685-5817
Hours: 7:00 a.m. - 4:30 p.m. Mon. - Thurs.
7:00 a.m. - 3.30 p.m. Fri.

CHARLES W CARRY
Chief Engineer and General Manager

Account No	2042264
I.W No.	15431
District No	18

SEWERAGE SYSTEM CONNECTION FEE

Complete Items 1 through 10 -- PLEASE TYPE OR PRINT

Date 04 / 28 / 2000 (Month) (Day) (Year)

1 Property Owner

2. Facility Name: KIK SoCal

3. Address of Property: 9028 Dice Road (STREET) | Santa Fe Springs (CITY) | C A (STATE) | 90670 (ZIP)

Major Cross Streets: Los Nietos Road and Norwalk Blvd | Thomas Guide Page: 61/B2

4. Contact: Scott Chancelor | Phone Number: (562) 906-2240

5 Mailing Address (IF DIFFERENT FROM ABOVE) (STREET) (CITY) (STATE) (ZIP)

6 County Assessor Map Book, Page, and Parcel Number: 8168-007-029

Structure is: ☐ Proposed ■ Existing, Date of Construction

8 User Category and Units of Usage: *(Check the appropriate box and provide the applicable information)*

a Residential	☐ Single Family Home(s) Tract# Lots	➤Number of Units
	☐ Duplex ☐ Triplex ☐ Fourplex	➤Number
	☐ Five Units of More	➤Number of Units
	☐ Mobile Home Park	➤Number of Spaces
	☐ Condominium	➤Number of Units
b Commercial	☐ Hotel/Motel	➤Number of Rooms
	☐ Convalescent Hospital/Home for the Aged	➤Number of Beds
	☐ Other *(Specify)*	➤Improvement Square Footage

Office Use Only Appointment
Date _____
Time _____

Date	# of pages
To	From
Co/Dept	Co.
Phone #	Phone #
Fax #	Fax #

Santa Fe Springs Fire Department

11300 Greenstone Ave • Santa Fe Springs CA 90670
(562) 944-9713 • FAX (562) 941-1817 • www.santafesprings.org

REQUEST FOR SITE INFORMATION

NOTE: To accommodate your request, please allow time for confidential information to be removed prior to viewing. If the Fire Department performs work outside public viewing, the information will not be released until payment is received.

SEARCH REQUESTED BY

U.S. Compliance Corporation — COMPANY/ORGANIZATION
301 Carlson Parkway, Suite 200, Minnetonka, MN 55305 — ADDRESS

David Nickel — PRINT NAME
[signature] — SIGNATURE

Environmental Specialist — TITLE
(952) 252-3000 Ext. 106 — PHONE NUMBER
8/29/2007 — DATE

REASON FOR THIS REQUEST Our client (KIK SoCal) misplaced their Industrial Wastewater Discharge Permit and would like another copy.

TYPE OF INFORMATION REQUESTED Industrial Discharge Permit No. 15431 for KIK SoCal

Fire Department Rates
- Public viewing of records is free of charge.
- $5.00 per box will be assessed for retrieval of historical documents stored off-site. Per copy charge is .15.

File review hours
- 7am - 10am only. Other hours available by appointment only

NAME OF COMPANY AT SITE	ADDRESS
KIK SoCal	9028 Dice Road, Sante Fe Springs, CA 90670

NOTE: Some information may be confidential and is not disclosable to the general public. Confidential information includes facility maps, contacts, trade secrets, etc. To see such information, a release from the business owner must be attached to this form.

OFFICE USE ONLY

CHARGE FOR ARCHIVED FILES	$ _____	REQUEST PROCESSED BY	_____
CHARGE FOR COPIES	$ _____	DATE RECEIVED	_____
CHARGE FOR MAILING	$ _____	DATE COMPLETED	_____
TOTAL AMOUNT DUE	$ _____		

SANTA FE SPRINGS
FIRE DEPARTMENT
11300 Greenstone Avenue
Santa Fe Springs, CA 90670-4619
(562) 944-9713

LETTER OF TRANSMITTAL

Date	Permit No.
5/19/2005	15431

Attention: Cynthia Black

RE:
KIK International
9028 Dice Road
Santa Fe Springs, CA 90670

To

Los Angeles County Sanitation Districts
Industrial Waste Section
P.O. Box 4998
Whittier, CA 90607

We are sending you by: [x] U.S. Mail [ ] Via Carrier [ ] Fax

[ ] Plans [X] Permit Application [X] Permit Renewal

[ ] Extra Report [ ] Permit Revision [ ] Permit Addendum

[ ] Samples [ ] Copy of Letter [x] Supporting information

Copies	Description
1	5 year renewal

TRANSMITTED

[x] For Review [ ] As Requested [ ] Returned for correction

[ ] Other

REMARKS:

Cover letter Copy to:

By: _____
Raul Diaz
Environmental Protection Inspector

City of Santa Fe Springs Fire Department

11300 GREENSTONE AVE • SANTA FE SPRINGS • CA 90670
(562) 944-9713 • FAX (562) 941-1817

PLAN REVIEW / PERMIT APPLICATION

Name of Facility [illegible]
Project Address [illegible]
Project Contact [illegible] Telephone (562) [illegible]
Architect/Engineer _____ Telephone ( ) _____
Address _____

Description of work
[illegible]
[illegible]
[illegible]
5 year renewal

CONTRACTOR INFORMATION (if applicable)

Contractor _____ Telephone ( ) _____
Address _____
License Class _____ License Number _____ Expiration Date / /

LICENSED CONTRACTOR DECLARATION (if applicable)

I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect

Signature _____ Date / /

OWNER/BUILDER DECLARATION

I hereby certify that I have read this application and state that the above information is correct I agree to comply with all city ordinances and state laws relating to construction, and hereby authorize representatives of this city to enter upon mentioned property for inspection purposes

Signature _____ Date / /

√	FIRE PROTECTION DIVISION	FEE
	Preliminary Plan Review	
	3 or more Plan Re-Submittal	
	Fire Alarm System	
	Fire Extinguishing System (Dry Chem System)	
	Fire Sprinkler Systems _____ sq. ft. per floor	
	New Construction Plan Review _____ sq. ft. per floor	
	High-Piled Combustible Stock (Racks/Draft Curtains/Hose Racks/Smoke Vents) _____ sq. ft. per floor	
	Underground Fire Mains/Pumps/Tanks	
	Tenant Improvements(Structural/Sprinkler)	
	Flammable/Combustible Liquid Tank & Piping (UG & AG)	
	LPG Tanks	
	Paint Spray Booths/Dip Tanks	
	Dust Collection Systems	
	On-site Fire Hydrant System	
	Drying Ovens	
	Tents and Air Support Structure	
	Compressed Gas System	
	Carnivals & Fairs	
	Monitoring Wells	
	Abandonment/Reabandonment of Oil Wells w/capping	
	Gas Detection Systems	
	Soil Venting Systems	
	Plan Expedite	
	Other	

√	ENVIRONMENTAL PROTECTION DIVISION	FEE
	Preliminary Plan Review (Article 80)	
	"H" Occupancy	
	Emergency Alarm System	
	Closure Plan/Permit Review	
	UST & AST (Installation/Removal/Modifications)	
	a. First Tank	
	b. Each Additional Tank	
	Chemical Classification & Occupancy Rating U.F.C./U.B.C. Tables Review	
	Site Assessment/Mitigation	
	Asbestos Removal	
X	IW Permit Review	$140
X	IW Plan Review	
	Plan Expedite	
	Other	

√	FIRE SUPPRESSION	FEE
	Stand-by Fire Watch	
	Fire Department Equipment w/ Crew	
	Confined Space Back-up Team	
	OTHER	

TOTAL DUE	$100

Diaz 4-27-05
INSPECTOR DATE

pd. cash

MAKE CHECKS PAYABLE TO THE CITY OF SANTA FE SPRINGS
FIRE PREVENTION

KIK
SOCAL

9028 DICE ROAD
SANTA FE SPRINGS
CA 90670

TELEPHONE
562-946-6427
FAX
562-941-9730

April 26, 2005
Re.File No. 18-04-015431
Account No. 2042264
Excessive Discharge of Chloride
Cover Letter to Permit Renewal

Raul Diaz
Environmental Protection Inspector
11300 Greenstone Ave.
Santa Fe Springs, Ca 90670

Dear Mr. Diaz:

We submit this correspondence, in response to your request to submit a cover letter relating to the Excessive Discharge of Chloride at KIK SoCal. The correspondence dated November 16, 2004, was noted that KIK SoCal had been discharging excessive amounts of chloride in our industrial wastewater. The excessive amount of chloride being discharged by KIK SoCal was negatively impacting the water quality at the Los Coyotes WRP.

Therefore, the chloride limit would require process modifications at KIK SoCal. The district imposed a temporary interim chloride limit of 13,300-mg/L to become effective on March 16th, 2005, with a 7,200-mg/L chloride limit to become effective November 16, 2006.

KIK SoCal continues progress toward reducing the quantity of chlorides in it's effluent, as required. We are submitting this report of the following actions taken to date and proposed in the future to reduce chloride discharges to the sewer.

In an effort to reduce the sodium discharge coming from KIK SoCal, we believe that most of the problem stems from the regeneration discharge of our water softeners.

In order to comply, we are in the process of obtaining a 2000 gallon Brine tank, so that we can capture our second flush of the regeneration process of the water softener and reuse it to do our first flush the next time it needs to be regenerated.

The first flush is directed to our heel tank and then pumped and then pumped to a series of settling tanks along with any other liquid coming off the tank farm pad. The liquid will cascade from one tank to another and the settlement will be pressed free of solids and put back into the production process.

The water that has cascaded through the settling tanks will go back into the production process, thus reducing discharge to the sanitation district. The settling tanks have been modified to accomplish the cascading process.

In order to accomplish the reuse of this liquid, we must purchase a dilution system, which is quite expensive. We have submitted a cap-ex for this project and are awaiting approval.

We have also modified one of the softener tanks and have parts to do the other one, which will allow us to get a lot more soft water from each unit before we need to regenerate.

In the meantime we are researching other possibilities for minimizing discharge.

Realizing the importance of the need to reduce Southern California's dependence on imported water, we are most willing to cooperate with the district in improving the water quality of reclaimed water. We thank you for your cooperation in working with us.

Attached is a conceptual plan drawing, we will submit proper plans as required for your review in the future.

If you have any questions concerning this letter, please contact me at 562-906-2240.

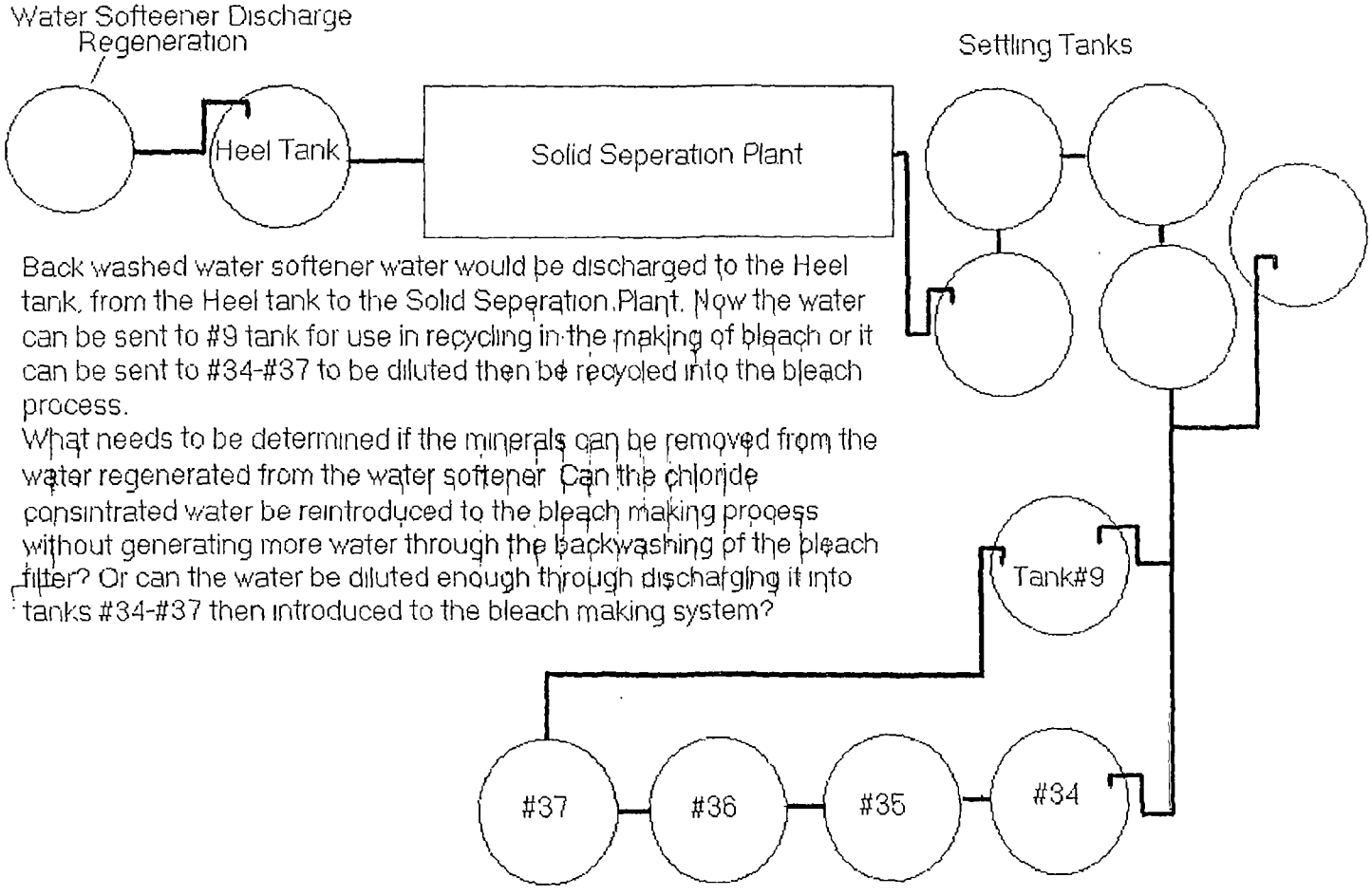
Yours Truly,

Derrell M. Johnson
Safety and Environmental Supervisor

Attachment: Conceptual Plan Drawing

Cc: David Whipple – La Co. Sanitation District
Greg Wiese
Robert R. Brown

C;/Sanitationdoc/04/26/05dj



Back washed water softener water would be discharged to the Heel tank, from the Heel tank to the Solid Seperation Plant. Now the water can be sent to #9 tank for use in recycling in the making of bleach or it can be sent to #34-#37 to be diluted then be recycled into the bleach process.

What needs to be determined if the minerals can be removed from the water regenerated from the water softener. Can the chloride consintrated water be reintroduced to the bleach making process without generating more water through the backwashing of the bleach filter? Or can the water be diluted enough through discharging it into tanks #34-#37 then introduced to the bleach making system?

SANITATION DISTRICTS OF LOS ANGELES COUNTY
ATTENTION INDUSTRIAL WASTE SECTION
1955 WORKMAN MILL RD., P.O. BOX 4998, WHITTIER, CALIFORNIA 90607

NOTICE OF VIOLATION

№ V20895

1. DISCHARGER: KIK SOCAL
2. ADDRESS OF WASTEWATER DISCHARGE: 9028 Dice Rd, Santa Fe Springs 90670
3. LOCAL AGENCY: City Santa Fe Springs
4. TIME OF VIOLATION (Date, Hour): 3-07-2005 11:00 AM; 3-15-2005 1645 PM
5. PERMIT NO. 15431
6. ACCT. NO. 2042264
7. INSP. AREA 202 218
8. VIOLATION OF THE DISTRICTS, WASTEWATER ORDINANCE, SECTION 406 M CONCERNING

Discharge of waste having excessive chlorine residual:
permit limit for chlorine residual = non-detectable (0 mg/L)
3-07-2005 sample SJ 23833 Chlorine Residual = 225 mg/L
3-15-2005 positive chlorine residual by Potassium Iodide-starch paper

9. IMPORTANT: VIOLATION MUST BE CORRECTED BY: immediately (DATE)

JAMES F. STAHL
CHIEF ENGINEER AND GENERAL MANAGER

10. RECEIPT OF NOTICE ACKNOWLEDGED BY DISCHARGER
ROBERT D. BROWN (PRINTED NAME)
Robert D. Brown (SIGNATURE)
OPERATOR (TITLE)

BY: Andrew Hoekstra (NAME) 3-15-05 (DATE)
IW Inspector (TITLE)

FORM NO. 5020

COUNTY SANITATION DISTRICTS
OF LOS ANGELES COUNTY

1955 Workman Mill Road, Whittier, CA 90601-1400
Mailing Address: P.O Box 4998, Whittier, CA 90607-4998
Telephone: (562) 699-7411, FAX: (562) 699-5422
www.lacsd.org

JAMES F. STAHL
Chief Engineer and General Manager

March 22, 2005
File: /05-15431
Account No. 2042264

Greg Wiese
President
KIK SOCAL
9028 Dice Road
Santa Fe Springs, CA 90670

Dear Mr. Wiese:

Significant Noncompliance (SNC) for 2004

According to the Sanitation Districts' enforcement records, your company was found to be in violation of the requirement to submit Self-Monitoring Reports (SMR) by the due date specified in your company's Wastewater Discharge Permit. As a result of this violation, your company was included in the list of dischargers in Significant Noncompliance (SNC) for 2004. In accordance with federal regulations (attached), the United States Environmental Protection Agency requires that sewerage agencies annually publish a list of industrial users that, during the previous twelve months, were in Significant Noncompliance with applicable pretreatment requirements. This list was published in the Los Angeles Times on March 14, 2005.

The Districts are sponsoring several free training seminars in April 2005 to educate permittees regarding the federal SNC criteria. It is very important that a responsible official(s) from your company attend one of the scheduled seminars. These seminars are similar to those that were presented by the Districts' staff in June 2004. If you have previously attended such a seminar, your future attendance is not necessary. Please fill out the enclosed registration form and return it to the Sanitation Districts, attention Harry Mehta, as soon as possible. At this seminar the Districts' staff will be available to answer any questions you may have regarding your Wastewater Discharge Permit requirements

Please be advised that the Districts are aggressively pursuing escalated enforcement actions including seeking civil penalties against those companies that are included in the SNC list for consecutive years.

The Districts appreciate your continued attention and commitment to achieving compliance with all wastewater discharge regulations. If you have any further questions regarding this matter please contact Enforcement Project Engineer Harry Mehta at extension 2903 or e-mail your inquiries to hmehta@lacsd.org.

Very truly yours,

James F. Stahl

Robert M. Wienke
Supervising Civil Engineer

RMW:ss

Enclosures

WASTEWATER RECLAMATION
SOLID WASTE MANAGEMENT

COUNTY SANITATION DISTRICTS
OF LOS ANGELES COUNTY

1955 Workman Mill Road, Whittier, CA 90601-1400
Mailing Address: P.O. Box 4998, Whittier, CA 90607-4998
Telephone. (562) 699-7411, FAX. (562) 699-5422
www.lacsd.org

CHARLES W. CARRY
Chief Engineer and General Manager

May 26, 2000
File: 18-00-15431H
Account No. 2042264

Mr. John R. Price
City of Santa Fe Springs
11710 E. Telegraph Road
Santa Fe Springs, CA 90670

Dear Mr. Price:

Industrial Wastewater Discharge Permit No. 15431

KIK SoCal
9028 Dice Road
Santa Fe Springs, CA 90670

Enclosed are copies of the approved Industrial Wastewater Discharge Permit for the subject company. Please review these for compliance with your requirements, and retain the copies you require for your files. The Applicant's copy of the approved Industrial Wastewater Discharge Permit, along with a copy of this letter and requirement list, should be forwarded to the applicant. A copy of this letter is forwarded to the applicant as notification of the Sanitation Districts' permit requirements, which are in force from the current date. If any additional permit requirements are issued to the applicant by your agency, copies should be forwarded to the Sanitation Districts for our records. Existing plans currently on file under Industrial Wastewater Discharge Permit 13623 were used for evaluation purposes.

Approval of the permit is subject to compliance with all applicable Ordinance requirements and upon the items indicated on the attached requirement list. Failure to comply with all items on the requirement list, including the deadline for submittal of approvable plans, invalidates this approval and issuance Invalidation of this permit will result in the Applicant being deemed to be operating without a valid permit and subject to immediate discontinuance of sewer services for industrial operations Successful compliance with all conditions of approval will result in a formal approval that will expire five (5) years from the date of this letter.

Recycled Paper

If you have any questions concerning these requirements, please contact Wilfrido D. Mejia of the Sanitation Districts' Industrial Waste Section at extension 2958.

Very truly yours,

Charles W. Carry

Paul Martyn

Paul C. Martyn
Head, Industrial Waste Section

PCM:WM:cb
cc: Scott Chancelor
KIK SoCal

GW
NL
File Supv off
SELF

City of Santa Fe Springs

Headquarters Fire Station

11300 Greenstone Ave. • CA • 90670-4619 • (562) 944-9713 • Fax (562) 941-1817 • www santafesprings org

May 31, 2000

Scott Chancelor
KIK SoCal
9028 Dice Road
Santa Fe Springs, CA 90670

Dear Mr. Chancelor

Enclosed is Industrial Wastewater Discharge Permit No. 15431 for the operation located at:

9028 Dice Road
Santa Fe Springs, CA 90670

All industrial wastes shall be disposed in accordance with Chapter 97 of the City Code, the Wastewater Ordinance, and the attached *Requirement List*. The permit fact sheet, enclosed in the approval package, must be displayed near the sample location.

KIK SoCal is responsible for maintaining and cleaning the wastewater pretreatment equipment such that no deleterious material enters the sewerage system. An Environmental Protection Inspector from this department will periodically inspect the facility and equipment to ensure adequate compliance with all requirements. Your full cooperation in preventing pollution is essential to the welfare of the community.

If you have any questions regarding the Industrial Waste Discharge Permit, please call Tom Hall, Environmental Protection Specialist, at (562) 941-7483 ext. 166.

Sincerely,

Neal Welland

Neal Welland DK
Fire Chief

NW/DRK/tmh
Enclosure

WASTEWATER RECLAMATION
SOLID WASTE MANAGEMENT

COUNTY SANITATION DISTRICTS
OF LOS ANGELES COUNTY

1955 Workman Mill Road, Whittier, CA 90601-1400
Mailing Address. P.O. Box 4998, Whittier, CA 90607-4998
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www.lacsd.org

CHARLES W CARRY
Chief Engineer and General Manager

May 26, 2000
File: 18-00-15431H
Account No. 2042264

RECEIVED
CITY OF SANTA FE SPRINGS
PUBLIC WORKS
2000 MAY 30 AM 9:58

Mr. John R. Price
City of Santa Fe Springs
11710 E. Telegraph Road
Santa Fe Springs, CA 90670

Dear Mr. Price:

Industrial Wastewater Discharge Permit No. 15431

KIK SoCal
9028 Dice Road
Santa Fe Springs, CA 90670

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Approval of the permit is subject to compliance with all applicable Ordinance requirements and upon the items indicated on the attached requirement list. Failure to comply with all items on the requirement list, including the deadline for submittal of approvable plans, invalidates this approval and issuance. Invalidation of this permit will result in the Applicant being deemed to be operating without a valid permit and subject to immediate discontinuance of sewer services for industrial operations. Successful compliance with all conditions of approval will result in a formal approval that will expire five (5) years from the date of this letter.

Recycled Paper

If you have any questions concerning these requirements, please contact Wilfrido D. Mejia of the Sanitation Districts' Industrial Waste Section at extension 2958.

Very truly yours,

Charles W. Carry

Paul Martyn

Paul C. Martyn
Head, Industrial Waste Section

PCM:WM:cb
cc: Scott Chancelor
KIK SoCal

SANITATION DISTRICTS OF LOS ANGELES COUNTY

Charles W. Carry, Chief Engineer and General Manager
1955 Workman Mill Road, P.O. Box 4998, Whittier, California 90607

INDUSTRIAL WASTEWATER DISCHARGE PERMIT

REQUIREMENT LIST

COMPANY NAME: KIK SoCal

INDUSTRIAL WASTEWATER DISCHARGE PERMIT NUMBER: 15431

ACCOUNT NUMBER: 2042264

DATE OF APPROVAL: May 26, 2000 EXPIRATION DATE: May 26, 2005

The approval and issuance of this permit is being made conditionally and subject to KIK SoCal being in compliance with all indicated items on this list. Satisfactory evidence of compliance with these conditions should be supplied to the Sanitation Districts where requested. Satisfactory evidence will consist of a minimum of written notification signed by a responsible company official, and in some cases may involve the submission of additional drawings and data, or verification by a Districts representative. Failure to comply with all items on the requirement list, including all deadlines specified, invalidates this approval and issuance. Invalidation of this permit will result in KIK SoCal being deemed to be operating without a valid permit and subject to immediate discontinuance of sewer services for industrial operations.

1. This industrial wastewater discharge permit is issued only for the discharge of treated wastewater from tank, equipment and floor washdown, cooling tower bleed, and boiler blowdown. The discharge of any other type of waste will require prior approval from the Sanitation Districts. This approved permit will expire five (5) years from the date of the accompanying transmittal letter.

2. The permittee is required to notify the Sanitation Districts of any change in the status of the subject facility, if ownership or operating responsibility changes, or if the industrial waste connection is legally abandoned.

3. A new permit application must be submitted when there is a significant change in wastewater quantity (25% or more) or quality from that given in the approved permit information. The completed application should be submitted to the local governmental agency for initial processing prior to Sanitation Districts' review. Approval must be obtained prior to any construction of new facilities.

4. Waste haulers reports must be obtained and kept on file for a period of at least four (4) years for any solid wastes from the wastewater pretreatment system and liquid wastes leaving the plant other than in the sewer system. These reports must be made available to representatives of the Sanitation Districts upon request.

5. All wastewater discharged to the sewer must have a temperature lower than 140°F (60°C) and a closed cup flash point greater than 140°F (60°C).

6. All wastewater discharged to the sewer must not contain over 0.1 milligram/liter of dissolved sulfides.

7. The pH of the wastewater must be maintained at or above 6.0 at all times. Proper neutralization procedures must be observed to assure that this limit is not violated.

8. Numerical limits have been established by the Sanitation Districts for the maximum concentrations of heavy metals, and other toxic materials, permissible in an industrial discharge to the public sewers. The limits are those shown in the following list of "Industrial Wastewater Local Effluent Limitations." KIK SoCal is advised that any discharge in excess of these limits requires corrective action by the discharger. Penalties applicable to violations of these limits will be strictly enforced by the Sanitation Districts.

SANITATION DISTRICTS OF LOS ANGELES COUNTY
INDUSTRIAL WASTEWATER LOCAL EFFLUENT LIMITATIONS
FOR JOINT OUTFALL DISTRICTS

PHASE I CONTROL PERIOD

Parameter	Limit (mg/l)*
Arsenic	3
Cadmium	15
Chromium (Total)	10
Copper	15
Lead	40
Mercury	2
Nickel	12
Silver	5
Zinc	25
Cyanide (Total)	10
Total Identifiable Chlorinated Hydrocarbons**	Essentially None

* - Maximum concentration at any time

** - Total Identifiable Chlorinated Hydrocarbons (TICH) comprise:
Aldrin and Dieldrin
Chlordane (cis & trans), trans-nonachlor, oxychlordane, heptachlor and heptachlor epoxide
DDT and derivatives: p, p', and o, p' isomers of DDT, DDD, and DDE
Endrin
HCH: sum of α, β, γ, δ isomers of hexachlorocyclohexane
Toxaphene
Polychlorinated biphenyls (PCB's)

9. The existing sample box, located on the north side of the tank farm, is hereby designated as the legal sampling point for KIK SoCal. The permittee is responsible for maintaining and cleaning the sampling point to prevent any build-up of oil and grease, sediment or sludge; failure to do so does not invalidate sampling test results. Analytical results from samples taken from this location according to accepted sampling procedure shall be accepted as binding. Safe and convenient access to the sampling point must be provided for representatives of the Sanitation Districts. Should Districts' staff determine that the sampling location is unsafe, difficult to access or require modification, KIK SoCal must propose alternatives which will provide a sampling facility acceptable to the Districts.

10. The Districts' personnel may provide a split of any composite sample collected if sufficient sample volume is available. Districts' personnel may also provide split, concurrent, or sequential grab samples. These samples will be left with a designated company representative. If the designee is not available, these samples will be left with whomever is available.

    The permittee is required to follow appropriate preservation techniques, analytical procedures, and holding periods specified in 40 CFR 136, if the analytical test results from these samples are to be used for compliance or surcharge reporting purposes. Failure to follow the prescribed procedures will invalidate the test results.

11. The permittee is advised that additional industrial wastewater pretreatment equipment may be required if inspection or monitoring indicates prohibited materials are discharged to the public sewer.

12. Any plans for changes in equipment or processes must be submitted (for approval before implementation) to the Sanitation Districts.

13. The permittee should provide trained personnel for proper operation and regular maintenance of all components of the existing pretreatment system to ensure compliance at all times with applicable industrial wastewater effluent limits. The permittee should also maintain an adequate supply of treatment chemicals as well as replacement parts for key components of the pretreatment system.

14. Self-monitoring of the industrial wastewater must be performed at the intervals indicated on the enclosed Self-Monitoring Requirement Form and reported on the Self-Monitoring Report (SMR) form. The Districts will send the necessary SMR forms before each reporting period. All indicated analyses must be performed by a State or Sanitation Districts' certified laboratory. The certification section of the SMR form must be completed and signed by a responsible company official. For each reporting period, the completed SMR form and the corresponding laboratory report must be submitted to the Districts' Industrial Waste Section no later than the due date indicated on the form. The wastewater samples analyzed must be collected in such a way that they are representative of the total discharge generated by a typical day's operations. Each representative sample (composite and/or grab) should be collected over one 24-hour period and analyzed for all parameters in Table 1 of the Self-Monitoring Requirements form. All representative samples must meet all applicable limits. It is the responsibility of KIK SoCal to submit results from any additional self-monitoring, and to notify the Districts of any other toxic materials which are known to be present in the wastewater.

15. If KIK SoCal is required or chooses to file Long Form Surcharge Statement, surcharge tests of the industrial wastewater must be performed at the intervals indicated on the enclosed table of Surcharge Test Frequency and submitted annually with the wastewater treatment surcharge statement. KIK SoCal is reminded that the surcharge testing requirements are independent of the tests for self-monitoring reports required in Item No. 14.

16. If the wastewater flowrate and strength data indicate an increase in the sewerage capacity unit usage by 25% or more, KIK SoCal may be required to revise their permit, and will be required to pay a corresponding connection fee should existing sewerage baseline capacity units be insufficient to accommodate discharge at that time.

17. An automatic continuous pH recording instrument must be maintained to monitor the pH of the wastewater discharge stream entering the public sewer. The probe for the pH instrument must be located in the existing sample box. If additional sources of industrial wastewater are found downstream of this location, the discharger must notify the Districts in writing and an alternate pH monitoring point will be designated as appropriate. pH records for at least the previous 180 days of operation must be kept on file at the discharge address and must be made available for inspection by representatives of the Districts at any time during business hours. If pH records indicate periods of acidic or highly alkaline discharge, the permittee may be required to install an industrial wastewater pH neutralization system.

    The pH equipment must be regularly calibrated and maintained in good working order. The probe and recorder must be in place and operating 24 hours per day, every day of the year, except for periods of routine pH equipment maintenance. During periods of extended maintenance, either calibrated back-up equipment must be used or hourly pH readings must be manually recorded during operating hours.

    On a weekly, or more frequent basis, the pH chart must be annotated with the following information: date, time, name of person annotating the chart, and the pH reading from a secondary sensing device such as pH paper or an alternate calibrated pH meter. In addition, whenever the equipment is calibrated, the chart must be annotated with the above information and the word "calibration". Periods of maintenance or abnormal operation should be indicated on the pH chart and detailed in the facility's log book. The pH chart paper should have a scale of 0 to 14.

18. The permittee is required to maintain a log book that is available to Districts' employees upon request or during inspections. Any material that enters a spill containment area must be handled as a spill, including rainwater and any process wastewater that results from "normal" operations. All materials removed from spill containment areas, whether restricted or non-restricted as defined in the Districts' "Spill Containment Guidelines," must be included in the log book. The log book must contain the following information:

    a. Date and time
    b. Identity of material (an analysis is required if the spill is of unknown origin to determine the type of treatment or remediation required for proper disposal)
    c. Quantity (volume)
    d. Cause
    e. Method of disposal (includes transfer to off-site treatment system)
    f. Corrective action implemented to prevent spills from reoccurring

19. Under no circumstances shall process solution spills be discharged directly to the sewer. Unreclaimed or untreated process solution spills shall be hauled to a legal disposal site.

20. The existing floor drains shall have grated covers with 3/8" maximum openings to prevent larger particles from clogging the sewer.

21. This approval of the existing pretreatment system by the Sanitation Districts is for only the general concept presented. The proper maintenance and operation of the system is the responsibility of the permittee and his contractors.

22. The accompanying Sanitation Districts of Los Angeles County Industrial Wastewater Discharge Permit Fact Sheet **must** be visibly posted by the permittee near the legal sampling point.

23. In the event of the discharge of any prohibited waste, excessive quantities or concentrations of any restricted waste, or of the discharge of material not covered under this permit, the company must immediately notify the Sanitation Districts by calling 562-699-7411, extension 2907, during office hours or the Long Beach Pumping Plant, 562-437-6520, during non-office hours.

    The Districts must also be notified of any circumstances affecting plant processes or facility operations that may potentially result in the discharge of similarly prohibited or restricted wastes, including but not limited to the malfunction, upset or improper operation of plant processes, pretreatment systems, spill containment facilities, or diversion/bypass mechanisms. Failure to immediately notify the Districts of any such event or condition is a violation of the *Wastewater Ordinance.*

SANITATION DISTRICTS OF LOS ANGELES COUNTY
INDUSTRIAL WASTE SECTION
P. O. BOX 4998
WHITTIER, CA 90607

SELF-MONITORING REQUIREMENTS
Significant Noncategorical Industrial User

Date May 26, 2000
Firm Name KIK SoCal
Situs Address 9028 Dice Road
Santa Fe Springs, CA 90670
Contact Person Scott Chancelor
Telephone No. (562) 906-2240

Permit No. 15431
Account No. 2042264
District No. 18
SIC No. 2841 2842
Annual Flow (MGY) 0.99

Self-monitoring of industrial wastewater is required as a condition of your industrial wastewater discharge permit. At the frequency specified below, samples must be collected and preserved in accordance with 40 CFR 136.

Frequency of Analysis - Once per six (6) months

Analysis of the samples must be performed for the parameters listed in Table 1 by a laboratory that is certified by either the Districts or the State Department of Health Services.

TABLE 1. REQUIRED WASTEWATER CHARACTERIZATION TESTS

Test Code	Test Parameter	Unit	Limit	Type of Sample
Z01	Total Wastewater Flow Rate	gpd	---	Not Applicable
Z02	Peak Wastewater Flow Rate	gpm	---	Not Applicable
101	pH	pH units	>6	Grab
151	Suspended Solids (SS)	mg/l	---	24-hour Composite
252	Dissolved Sulfide	mg/l	0 1	Grab
403	Chemical Oxygen Demand (COD)	mg/l	---	24-hour Composite
301	Chloride	mg/l	---	24-hour Composite
302	Chlorine Residual	mg/l	---	24-hour Composite

Self-Monitoring results must be reported on the Self-Monitoring Report form provided, along with the appropriate laboratory analysis sheet(s). Due dates are shown in Table 2.

TABLE 2:
SELF-MONITORING REPORTING SCHEDULE[1]

Analysis Frequency	Reporting Period	Due Date[2]
Once per year	July 1 - June 30	July 15 (the following year)
Once per 6 months	January 1 - June 30 July 1 - December 31	July 15 January 15
Once per 3 months	January 1 - March 31 April 1 - June 30 July 1 - September 30 October 1 - December 31	April 15 July 15 October 15 January 15
Once per month	Day 1 - Day 31 of the month	Day 15 (the following month)

[1] The laboratory data sheet(s) for each analysis performed during the reporting period must be included with the Self-monitoring Report form. However, only the results from the most recent sample collected during the reporting period should be recorded on the Self-monitoring Report form.

[2] The Self-monitoring Report form may be submitted before the due date as long as the sample is taken during the appropriate reporting period.

SURCHARGE TEST REQUIREMENTS

Industrial users participating in the Sanitation Districts' Surcharge Program may be subject to additional self-monitoring requirements besides those specified in the permit conditions. Surcharge testing parameters include Chemical Oxygen Demand (COD) and suspended solids (SS). For companies that file Long Form Surcharge Statements, the testing frequency for COD and SS is based on flow as shown in Table 3 below. Surcharge wastewater analyses must adequately represent the average daily discharge to the sewer system and the results must be submitted annually with the wastewater treatment surcharge statement in accordance with each year's "Instruction for Filing a Long Form Wastewater Treatment Surcharge Statement." **Surcharge test requirements are independent of the self-monitoring report requirements.**

TABLE 3:
SURCHARGE TESTING FREQUENCY FOR COD AND SS
(Must be 24-hour Composite Samples)

Yearly Cumulative Flow from Each Outlet (in million gallons)	**Required Testing Frequency**
Less than 15.00	1 sample per 3 months
15.01 to 40.00	1 sample per 2 months
40.01 to 100.00	2 samples per month
100.01 to 250.00	1 sample per week
More than 250.00	2 samples per week

PERMIT FOR INDUSTRIAL WASTEWATER DISCHARGE
COUNTY SANITATION DISTRICTS OF LOS ANGELES COUNTY
1955 Workman Mill Road / Whittier, CA
Mailing Address: P.O. Box 4998 / Whittier, California 90607-4998
Charles W. Carry, Chief Engineer and General Manager
(310) 699-7411

PERMIT NO. 15431

15431

01 CHECK ONE: New Sewer Connection ☐ Existing Sewer Connection ☒

02 Applicant KIK SoCal
(Legal Company Name)

03 Check one and fill in appropriate information

☒ Corporation Name KIK SoCal
Year Incorporated 1992 State of Incorporation CA ID# 522151205

☐ Partnership Name _____ Partners _____

☐ Sole Proprietor Name _____ Business Names _____

04 Company Address 9028 Dice Rd., Santa Fe Springs, CA 90670
(Street) (City) (State) (Zip)

05 Mailing Address same as above
(Street) (City) (State) (Zip)

06 Point of Discharge Dice Road Santa Fe Springs

07 Number of years applicant has been in business at present location 24 (yrs) – (months)

08 Name of Property Owner KIK SoCal
Address of Property Owner 9028 Dice Rd., Santa Fe Springs 90670 562/946-6427
(Street) (City) (Zip) (Telephone Number)

09 Assessors Map Book No. 48 Page No. 11 Parcel No. 3 & 4

10 Type of Industry Mfg Household Cleaning Products 2841
(General Description) (Federal SIC No.)

11 Number of Employees (Full Time) 80 (Part Time) 20

12 Raw Materials Used Addendum #1
(General Description — Add Additional Sheets as Needed)
(Daily Amount Used)

13 Products Produced Addendum #5
(General Description — Add Additional Sheets as Needed)
(Daily Amount Produced)

14 Wastewater Producing Operations Addendum #10
(Full Description — Add Additional Sheets as Needed)

15 Time of Discharge 10:00 ~~AM~~/PM to 8:00 ~~AM~~/PM, Shifts per Day 3, Days per Week (M)(T)(W)(Th)(F) Sa Su
(Circle AM or PM) (Circle Days)

16 Wastewater Flow Rate 3,808 (260 day/year) Gallons per Day 62 Gallons per Minute
(Average) (Peak)

17 Constituents of Wastewater Discharge Dilute products from wash downs of blend tanks and filling equipment.
(General Description — Attach Chemical Analysis Results to the Application)

18 Person in company responsible for industrial wastewater discharge
Scott Chancellor Production Planning Mgr. 562/906-2240
(Name) (Position) (Telephone Number)

I affirm that all information furnished is true and correct and that the applicant will comply with the conditions stated on the back of this permit form.

Date 2/9 2000

19 Signature for Applicant David M Gerads for Greg Wise Dir. of Manufacturing Western Region
(Company Administrative Official) (Name) (Position)

20 Approved/Reviewed by City or County Official
Date MARCH 23, 2000
For L.A. County Dept. of Public Works... ☐
City of SANTA FE SPRINGS
Name DORKEL
Position DIR. OF ENVIRONMENTAL PROTECTION

Approved by Sanitation Districts of Los Angeles County
Date 5/26/2000
Expiration Date 5/26/2005
Charles W. Carry, Chief Engineer & General Manager
By _____ Asst. for P.C.M.
Position CIVIL ENGINEER

Note: Please submit application first to the applicable City or County agency in which the point of discharge is located.
Please contact the local agency for the required permit processing fee Submit the original application (Do not send copies)

SANITATION DISTRICTS OF LOS ANGELES COUNTY
INDUSTRIAL WASTE SECTION
P. O. BOX 4998
WHITTIER, CA 90607

SELF-MONITORING REQUIREMENTS
Significant Noncategorical Industrial User

Date	May 26, 2000		
Firm Name	KIK SoCal	Permit No.	15431
Situs Address	9028 Dice Road	Account No.	2042264
	Santa Fe Springs, CA 90670	District No.	18
Contact Person	Scott Chancelor	SIC No.	2841 2842
Telephone No.	(562) 906-2240	Annual Flow (MGY)	0.99

Self-monitoring of industrial wastewater is required as a condition of your industrial wastewater discharge permit. At the frequency specified below, samples must be collected and preserved in accordance with 40 CFR 136.

Frequency of Analysis - Once per six (6) months

Analysis of the samples must be performed for the parameters listed in Table 1 by a laboratory that is certified by either the Districts or the State Department of Health Services.

TABLE 1. REQUIRED WASTEWATER CHARACTERIZATION TESTS

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301	Chloride	mg/l	---	24-hour Composite
302	Chlorine Residual	mg/l	---	24-hour Composite

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Once per month	Day 1 - Day 31 of the month	Day 15 (the following month)

[1] The laboratory data sheet(s) for each analysis performed during the reporting period must be included with the Self-monitoring Report form. However, only the results from the most recent sample collected during the reporting period should be recorded on the Self-monitoring Report form.

[2] The Self-monitoring Report form may be submitted before the due date as long as the sample is taken during the appropriate reporting period.

SURCHARGE TEST REQUIREMENTS

Industrial users participating in the Sanitation Districts' Surcharge Program may be subject to additional self-monitoring requirements besides those specified in the permit conditions. Surcharge testing parameters include Chemical Oxygen Demand (COD) and suspended solids (SS). For companies that file Long Form Surcharge Statements, the testing frequency for COD and SS is based on flow as shown in Table 3 below. Surcharge wastewater analyses must adequately represent the average daily discharge to the sewer system and the results must be submitted annually with the wastewater treatment surcharge statement in accordance with each year's "Instruction for Filing a Long Form Wastewater Treatment Surcharge Statement." **Surcharge test requirements are independent of the self-monitoring report requirements.**

TABLE 3:
SURCHARGE TESTING FREQUENCY FOR COD AND SS
(Must be 24-hour Composite Samples)

Yearly Cumulative Flow from Each Outlet (in million gallons)	**Required Testing Frequency**
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More than 250.00	2 samples per week

COUNTY SANITATION DISTRICTS
OF LOS ANGELES COUNTY

555 Workman Mill Road / Room 130 / Whittier, California
Mailing Address: P O. Box 4998, Whittier, California 90607
Telephone (562) 699-7411 / From Los Angeles (213) 685-5817
Hours: 7:00 a m - 4:30 p m. Mon. - Thurs.
7 00 a m - 3:30 p m. Fri.

CHARLES W CARRY
Chief Engineer and General Manager

Account No	2042264
I W No.	15431
District No	18

SEWERAGE SYSTEM CONNECTION FEE

Complete Items 1 through 10 – PLEASE TYPE OR PRINT

Date: 04 / 28 / 2000 (Month) (Day) (Year)

1 Property Owner

2 Facility Name: KIK SoCal

3 Address of Property: 9028 Dice Road (STREET) Santa Fe Springs (CITY) C A (STATE) 90670 (ZIP)

Major Cross Streets: Los Nietos Road and Norwalk Blvd. Thomas Guide Page: 61/B2

4. Contact: Scott Chancelor Phone Number: (562) 906-2240

5. Mailing Address (IF DIFFERENT FROM ABOVE) (STREET) (CITY) (STATE) (ZIP)

6. County Assessor Map Book, Page, and Parcel Number: 8168-007-029

7 *Structure is:* ☐ *Proposed* ■ Existing, Date of Construction

ser Category and Units of Usage: *(Check the appropriate box and provide the applicable information)*

a Residential	☐ Single Family Home(s) Tract# Lots	➤Number of Units
	☐ Duplex ☐ Triplex ☐ Fourplex	➤Number
	☐ Five Units of More	➤Number of Units
	☐ Mobile Home Park	➤Number of Spaces
	☐ Condominium	➤Number of Units
b Commercial	☐ Hotel/Motel	➤Number of Rooms
	☐ Convalescent Hospital/Home for the Aged	➤Number of Beds
	☐ Other *(Specify)*	➤Improvement Square Footage
c Institutional	☐ College/university	➤Number of Students
	☐ Private School	➤Improvement Square Footage
	☐ Church	➤Improvement Square Footage
d Industrial	■ All Categories	➤All industrial dischargers must obtain a permit for industrial wastewater discharge

THIS IS NOT A PERMIT

9 **In order to process this application a complete set of architectural blue prints must be submitted.**
This is not required for conversion from septic tank to sewer connection

10 **I certify that the information provided in this application is true and correct to the best of my knowledge**

refer to IW 15431 (SIGNATURE) (DATE)

☐ OWNER
☐ AGENT FOR OWNER

Please pay by check or money order only. ***(Cash will not be accepted).***
Make checks payable to COUNTY SANITATION DISTRICTS OF LOS ANGELES COUNTY.
Returned checks will be subject to a penalty

FEE CALCULATION FOR RESIDENTIAL, COMMERCIAL, AND INSTITUTIONAL CATEGORIES

0.00	X	$0.00	=	0.00
Number of Units of Usage		Connection Fee Per Unit of Usage		Connection Fee

SPECIAL CREDITS *(Only If Applicable)*

☐ DEMOLITION CREDIT *
☐ CHANGE IN USE CREDIT *
☐ AD VALOREM TAX CREDIT
Annexation Date

* In order to receive credit, proof of demolition or former use must be submitted with your application *(e.g. Demolition Permits, original plans).*

SANITATION DISTRICTS OF LOS ANGELES COUNTY
APPROVED
CHARLES W CARRY
CHIEF ENGINEER & GEN MGR

$ 0.00 *(If Less Than Zero, Enter Zero)*

$ 0.00 Connection Fee Due

FEE PAYMENT RECEIVED *(For Districts' Use Only)*
From D.C. ☐ Yes ☐ No
Amount: $ Ck No Permit No 15431
Processed by.
Approved by
Date 8/16/2000

CRON

COUNTY SANITATION DISTRICTS
OF LOS ANGELES COUNTY

1955 Workman Mill Road, Whittier, CA 90601-1400
Mailing Address: P.O. Box 4998, Whittier, CA 90607-4998
Telephone: (562) 699-7411, FAX: (562) 699-5422
www.lacsd.org

JAMES F. STAHL
Chief Engineer and General Manager

March 22, 2002
File: 18-02-15431
Account No. 2042264

Derrell Johnson
Safety/Environmental Supervisor
KIK SoCal
9028 Dice Road
Santa Fe Springs, CA 90670

Dear Mr. Johnson:

Prohibition on Discharge of Wastewater Containing Residual Chlorine

The purpose of this letter is to revise the requirements of Industrial Wastewater Discharge Permit No. 15431 to prohibit the discharge of wastewater containing detectable concentrations of residual chlorine. This action is necessary because of two recent incidents, on January 8, 2002 and on March 18, 2002, in which excessive levels of chlorine odors were present in sewers downstream of KIK SoCal. Such odors are a nuisance and health threat to Sanitation Districts of Los Angeles County (Districts) personnel and business located on sewer lines downstream of KIK SoCal.

To this end, Industrial Wastewater Discharge Permit No. 15431 is hereby amended as follows:

24. The discharge of wastes which promote or cause the promotion of toxic gases, including wastewater containing excessive chlorine, is prohibited. To prevent such discharges, the permittee must collect all process wastewater generated during bleach production for batch pretreatment prior to discharge. Each batch of such wastewater must be treated to remove chlorine residual prior to discharge. The discharge of wastewater containing detectable levels of chlorine residual is prohibited.

A log book must be kept of the batch treatment. The logbook must contain the following information for each batch of wastewater discharged:

a) Start and stop time and date,
b) Volume discharged
c) Residual chlorine before and after treatment,
d) Amount of hydrogen peroxide added for treatment,
e) pH of the batch after treatment, and
f) Initials of person authorizing discharge of the batch.

IW LACSD
000000042830

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If you have any questions regarding this letter, please contact Ann Heil of the Districts' Industrial Waste Section at 562/699-7411, extension 2950, or at aheil@lacsd.org.

Very truly yours,

James F. Stahl

Linda M. Shadler
Supervising Civil Engineer
Industrial Waste Section

LMS:AH:dfd

cc. OW
BOB
B. Barry B
WC
F.U

WATER RECLAMATION
SOLID WASTE MANAGEMENT

COUNTY SANITATION DISTRICTS
OF LOS ANGELES COUNTY

1955 Workman Mill Road, Whittier, CA 90601-1400
Mailing Address: P O Box 4998, Whittier, CA 90607-4998
Telephone (562) 699-7411, FAX (562) 699-5422
www lacsd org

JAMES F. STAHL
Chief Engineer and General Manager

November 16, 2004
File No. 18-04-015431
Account No. 2042264

Mr. Derrell M. Johnson
Safety and Environmental Manager
KIK SoCal, Incorporated
9028 Dice Road
Santa Fe Springs, CA, 90670

Dear Mr. Johnson:

Excessive Discharge of Chloride

The industrial wastewater discharged from KIK SoCal, Incorporated (KIK SoCal) is tributary to the County Sanitation Districts of Los Angeles County (Districts) Los Coyotes Water Reclamation Plant (Los Coyotes WRP). In 2003 this Districts' facility treated and reclaimed 32 million gallons of wastewater per day. The Districts ability to reclaim or reuse all the wastewater treated by the Los Coyotes Water Reclamation Plant provides a significant benefit to the residents of Southern California by reducing the need to import water from outside the Los Angeles basin. As part of the reclamation process, the reclaimed water is required to meet a number of discharge standards, including strict limitations on the waters chloride content. Unfortunately, the quantity of chloride in the reclaimed water has been increasing over the last several years and has recently reached a problematic level.

While researching the causes of the chloride increase at Los Coyotes WRP, it has come to the Districts' attention that KIK SoCal has been discharging excessive amounts of chloride in their industrial wastewater. The excessive amount of chloride being discharged by KIK SoCal has negatively impacted the water quality at the Los Coyotes WRP. Additionally, KIK SoCal's industrial wastewater permit, issued on May 26, 2000, allowed your company to discharge 3,808 gallons of industrial wastewater per day. KIK SoCal's 2003-2004 industrial waste surcharge statement indicates that your company discharged 13,720 gallons per day. This unapproved significant increase will necessitate an industrial waste permit revision.

To preclude any one industrial discharger from significantly impacting the Districts' ability to reclaim wastewater, the Districts prohibit the discharge of certain pollutants in excess of 1% the total WRP load. Using KIK SoCal's current discharge rate of 13,720 gpd (based on your 2003-2004 industrial waste surcharge statement) and limiting the chloride contribution of KIK SoCal to 1% of the amount of chloride influent to Los Coyotes WRP, the Districts hereby impose a chloride concentration limit of 7,200 mg/L. As this chloride limit may require process modifications at KIK SoCal, the Districts will impose a temporary interim chloride limit The interim chloride limit will be based on a 40% reduction from the company's long-term average (January 2000 to the present, based on Districts' monitoring and self-

Recycled Paper

monitoring data) chloride concentration of 22,135 mg/L. The interim chloride limit of 13,300 mg/L will become effective on March 16, 2005.

To ensure that KIK SoCal makes continuous progress toward reducing the quantity of chlorides in its' effluent, the Districts are requiring that the company submit a progress report that includes all actions taken to reduce chloride discharges to the sewer. Additionally, the progress report must include an action plan the company will implement to achieve compliance with the 7,200 mg/L limit. The progress report must be submitted to the Districts by May 16, 2005. The 7,200-mg/L chloride limit will become effective on November 16, 2006.

Failure to comply with the limits or the submission of the required information/progress report denoted above by the aforementioned dates will likely result in enforcement action against your company. The Districts appreciate your cooperation in working with us to improve water quality and reducing Southern California's dependence on imported water.

If you have any questions concerning this letter, please contact David Whipple at extension 2909.

Very truly yours,

James F. Stahl

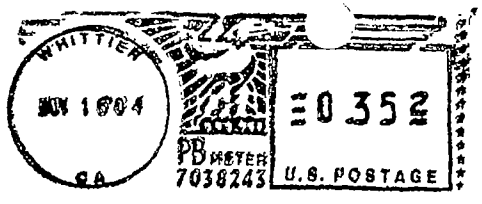
Paul C. Martyn

Paul C. Martyn
Head, Industrial Waste Section

PCM:DBW:dfd
#421718

COUNTY SANITATION DISTRICTS
OF LOS ANGELES COUNTY
POST OFFICE BOX 4998 • WHITTIER, CALIFORNIA 90607

PRESORTED
FIRST CLASS



Mr. Derrell M. Johnson
Safety and Environmental Manager
KIK SoCal, Incorporated
9028 Dice Road
Santa Fe Springs, CA, 90670

CSD 1 HJCBAMP 90670

Rcvd
12/16/04 - DO

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WASTEWATER RECLAMATION
SOLID WASTE MANAGEMENT

COUNTY SANITATION DISTRICTS
OF LOS ANGELES COUNTY

1955 Workman Mill Road, Whittier, CA 90601-1400
Mailing Address. P.O. Box 4998, Whittier, CA 90607-4998
Telephone. (562) 699-7411, FAX (562) 699-5422
www.lacsd.org

CHARLES W. CARRY
Chief Engineer and General Manager

GW
Susp off
TF
File

May 26, 2000
File: 18-00-15431H
Account No. 2042264

Mr. John R. Price
City of Santa Fe Springs
11710 E. Telegraph Road
Santa Fe Springs, CA 90670

Dear Mr. Price:

Industrial Wastewater Discharge Permit No. 15431

KIK SoCal
9028 Dice Road
Santa Fe Springs, CA 90670

Enclosed are copies of the approved Industrial Wastewater Discharge Permit for the subject company. Please review these for compliance with your requirements, and retain the copies you require for your files. The Applicant's copy of the approved Industrial Wastewater Discharge Permit, along with a copy of this letter and requirement list, should be forwarded to the applicant. A copy of this letter is forwarded to the applicant as notification of the Sanitation Districts' permit requirements, which are in force from the current date. If any additional permit requirements are issued to the applicant by your agency, copies should be forwarded to the Sanitation Districts for our records. Existing plans currently on file under Industrial Wastewater Discharge Permit 13623 were used for evaluation purposes.

Approval of the permit is subject to compliance with all applicable Ordinance requirements and upon the items indicated on the attached requirement list. Failure to comply with all items on the requirement list, including the deadline for submittal of approvable plans, invalidates this approval and issuance. Invalidation of this permit will result in the Applicant being deemed to be operating without a valid permit and subject to immediate discontinuance of sewer services for industrial operations. Successful compliance with all conditions of approval will result in a formal approval that will expire five (5) years from the date of this letter.

♻ Recycled Paper

If you have any questions concerning these requirements, please contact Wilfrido D. Mejia of the Sanitation Districts' Industrial Waste Section at extension 2958.

Very truly yours,

Charles W. Carry

Paul Martyn

Paul C. Martyn
Head, Industrial Waste Section

PCM:WM:cb
cc: Scott Chancelor
KIK SoCal

SANITATION DISTRICTS OF LOS ANGELES COUNTY

Charles W. Carry, Chief Engineer and General Manager
1955 Workman Mill Road, P.O. Box 4998, Whittier, California 90607

INDUSTRIAL WASTEWATER DISCHARGE PERMIT

REQUIREMENT LIST

COMPANY NAME: KIK SoCal

INDUSTRIAL WASTEWATER DISCHARGE PERMIT NUMBER: 15431

ACCOUNT NUMBER: 2042264

DATE OF APPROVAL: May 26, 2000 EXPIRATION DATE: May 26, 2005

The approval and issuance of this permit is being made conditionally and subject to KIK SoCal being in compliance with all indicated items on this list. Satisfactory evidence of compliance with these conditions should be supplied to the Sanitation Districts where requested. Satisfactory evidence will consist of a minimum of written notification signed by a responsible company official, and in some cases may involve the submission of additional drawings and data, or verification by a Districts representative. Failure to comply with all items on the requirement list, including all deadlines specified, invalidates this approval and issuance. Invalidation of this permit will result in KIK SoCal being deemed to be operating without a valid permit and subject to immediate discontinuance of sewer services for industrial operations.

1. This industrial wastewater discharge permit is issued only for the discharge of treated wastewater from tank, equipment and floor washdown, cooling tower bleed, and boiler blowdown. The discharge of any other type of waste will require prior approval from the Sanitation Districts. This approved permit will expire five (5) years from the date of the accompanying transmittal letter.

2. The permittee is required to notify the Sanitation Districts of any change in the status of the subject facility, if ownership or operating responsibility changes, or if the industrial waste connection is legally abandoned.

3. A new permit application must be submitted when there is a significant change in wastewater quantity (25% or more) or quality from that given in the approved permit information. The completed application should be submitted to the local governmental agency for initial processing prior to Sanitation Districts' review. Approval must be obtained prior to any construction of new facilities.

4. Waste haulers reports must be obtained and kept on file for a period of at least four (4) years for any solid wastes from the wastewater pretreatment system and liquid wastes leaving the plant other than in the sewer system. These reports must be made available to representatives of the Sanitation Districts upon request.

5. All wastewater discharged to the sewer must have a temperature lower than 140°F (60°C) and a closed cup flash point greater than 140°F (60°C).

6. All wastewater discharged to the sewer must not contain over 0.1 milligram/liter of dissolved sulfides.

7. The pH of the wastewater must be maintained at or above 6.0 at all times. Proper neutralization procedures must be observed to assure that this limit is not violated.

8. Numerical limits have been established by the Sanitation Districts for the maximum concentrations of heavy metals, and other toxic materials, permissible in an industrial discharge to the public sewers. The limits are those shown in the following list of "Industrial Wastewater Local Effluent Limitations." KIK SoCal is advised that any discharge in excess of these limits requires corrective action by the discharger. Penalties applicable to violations of these limits will be strictly enforced by the Sanitation Districts.

SANITATION DISTRICTS OF LOS ANGELES COUNTY
INDUSTRIAL WASTEWATER LOCAL EFFLUENT LIMITATIONS
FOR JOINT OUTFALL DISTRICTS

PHASE I CONTROL PERIOD

Parameter	Limit (mg/l)*
Arsenic	3
Cadmium	15
Chromium (Total)	10
Copper	15
Lead	40
Mercury	2
Nickel	12
Silver	5
Zinc	25
Cyanide (Total)	10
Total Identifiable Chlorinated Hydrocarbons**	Essentially None

* - Maximum concentration at any time

** - Total Identifiable Chlorinated Hydrocarbons (TICH) comprise:
Aldrin and Dieldrin
Chlordane (cis & trans), trans-nonachlor, oxychlordane, heptachlor and heptachlor epoxide
DDT and derivatives: p, p', and o, p' isomers of DDT, DDD, and DDE
Endrin
HCH: sum of α, β, γ, δ isomers of hexachlorocyclohexane
Toxaphene
Polychlorinated biphenyls (PCB's)

9. The existing sample box, located on the north side of the tank farm, is hereby designated as the legal sampling point for KIK SoCal. The permittee is responsible for maintaining and cleaning the sampling point to prevent any build-up of oil and grease, sediment or sludge; failure to do so does not invalidate sampling test results. Analytical results from samples taken from this location according to accepted sampling procedure shall be accepted as binding. Safe and convenient access to the sampling point must be provided for representatives of the Sanitation Districts. Should Districts' staff determine that the sampling location is unsafe, difficult to access or require modification, KIK SoCal must propose alternatives which will provide a sampling facility acceptable to the Districts.

10. The Districts' personnel may provide a split of any composite sample collected if sufficient sample volume is available. Districts' personnel may also provide split, concurrent, or sequential grab samples. These samples will be left with a designated company representative. If the designee is not available, these samples will be left with whomever is available.

    The permittee is required to follow appropriate preservation techniques, analytical procedures, and holding periods specified in 40 CFR 136, if the analytical test results from these samples are to be used for compliance or surcharge reporting purposes. Failure to follow the prescribed procedures will invalidate the test results.

11. The permittee is advised that additional industrial wastewater pretreatment equipment may be required if inspection or monitoring indicates prohibited materials are discharged to the public sewer.

12. Any plans for changes in equipment or processes must be submitted (for approval before implementation) to the Sanitation Districts.

13. The permittee should provide trained personnel for proper operation and regular maintenance of all components of the existing pretreatment system to ensure compliance at all times with applicable industrial wastewater effluent limits. The permittee should also maintain an adequate supply of treatment chemicals as well as replacement parts for key components of the pretreatment system.

14. Self-monitoring of the industrial wastewater must be performed at the intervals indicated on the enclosed Self-Monitoring Requirement Form and reported on the Self-Monitoring Report (SMR) form. The Districts will send the necessary SMR forms before each reporting period. All indicated analyses must be performed by a State or Sanitation Districts' certified laboratory. The certification section of the SMR form must be completed and signed by a responsible company official. For each reporting period, the completed SMR form and the corresponding laboratory report must be submitted to the Districts' Industrial Waste Section no later than the due date indicated on the form. The wastewater samples analyzed must be collected in such a way that they are representative of the total discharge generated by a typical day's operations. Each representative sample (composite and/or grab) should be collected over one 24-hour period and analyzed for all parameters in Table 1 of the Self-Monitoring Requirements form. All representative samples must meet all applicable limits. It is the responsibility of KIK SoCal to submit results from any additional self-monitoring, and to notify the Districts of any other toxic materials which are known to be present in the wastewater.

15. If KIK SoCal is required or chooses to file Long Form Surcharge Statement, surcharge tests of the industrial wastewater must be performed at the intervals indicated on the enclosed table of Surcharge Test Frequency and submitted annually with the wastewater treatment surcharge statement. KIK SoCal is reminded that the surcharge testing requirements are independent of the tests for self-monitoring reports required in Item No. 14.

16. If the wastewater flowrate and strength data indicate an increase in the sewerage capacity unit usage by 25% or more, KIK SoCal may be required to revise their permit, and will be required to pay a corresponding connection fee should existing sewerage baseline capacity units be insufficient to accommodate discharge at that time.

17. An automatic continuous pH recording instrument must be maintained to monitor the pH of the wastewater discharge stream entering the public sewer. The probe for the pH instrument must be located in the existing sample box. If additional sources of industrial wastewater are found downstream of this location, the discharger must notify the Districts in writing and an alternate pH monitoring point will be designated as appropriate. pH records for at least the previous 180 days of operation must be kept on file at the discharge address and must be made available for inspection by representatives of the Districts at any time during business hours. If pH records indicate periods of acidic or highly alkaline discharge, the permittee may be required to install an industrial wastewater pH neutralization system.

    The pH equipment must be regularly calibrated and maintained in good working order. The probe and recorder must be in place and operating 24 hours per day, every day of the year, except for periods of routine pH equipment maintenance. During periods of extended maintenance, either calibrated back-up equipment must be used or hourly pH readings must be manually recorded during operating hours.

    On a weekly, or more frequent basis, the pH chart must be annotated with the following information: date, time, name of person annotating the chart, and the pH reading from a secondary sensing device such as pH paper or an alternate calibrated pH meter. In addition, whenever the equipment is calibrated, the chart must be annotated with the above information and the word "calibration". Periods of maintenance or abnormal operation should be indicated on the pH chart and detailed in the facility's log book. The pH chart paper should have a scale of 0 to 14.

18. The permittee is required to maintain a log book that is available to Districts' employees upon request or during inspections. Any material that enters a spill containment area must be handled as a spill, including rainwater and any process wastewater that results from "normal" operations. All materials removed from spill containment areas, whether restricted or non-restricted as defined in the Districts' "Spill Containment Guidelines," must be included in the log book. The log book must contain the following information:

    a. Date and time
    b. Identity of material (an analysis is required if the spill is of unknown origin to determine the type of treatment or remediation required for proper disposal)
    c. Quantity (volume)
    d. Cause
    e. Method of disposal (includes transfer to off-site treatment system)
    f. Corrective action implemented to prevent spills from reoccurring

19. Under no circumstances shall process solution spills be discharged directly to the sewer. Unreclaimed or untreated process solution spills shall be hauled to a legal disposal site.

20. The existing floor drains shall have grated covers with 3/8" maximum openings to prevent larger particles from clogging the sewer.

21. This approval of the existing pretreatment system by the Sanitation Districts is for only the general concept presented. The proper maintenance and operation of the system is the responsibility of the permittee and his contractors.

22. The accompanying Sanitation Districts of Los Angeles County Industrial Wastewater Discharge Permit Fact Sheet **must** be visibly posted by the permittee near the legal sampling point.

23. In the event of the discharge of any prohibited waste, excessive quantities or concentrations of any restricted waste, or of the discharge of material not covered under this permit, the company must immediately notify the Sanitation Districts by calling 562-699-7411, extension 2907, during office hours or the Long Beach Pumping Plant, 562-437-6520, during non-office hours.

    The Districts must also be notified of any circumstances affecting plant processes or facility operations that may potentially result in the discharge of similarly prohibited or restricted wastes, including but not limited to the malfunction, upset or improper operation of plant processes, pretreatment systems, spill containment facilities, or diversion/bypass mechanisms. Failure to immediately notify the Districts of any such event or condition is a violation of the *Wastewater Ordinance.*

cc: [illegible] file

COUNTY SANITATION DISTRICTS
OF LOS ANGELES COUNTY

1955 Workman Mill Road, Whittier, CA 90601-1400
Mailing Address. PO Box 4998, Whittier, CA 90607-4998
Telephone (562) 699-7411, FAX (562) 699-5422
www lacsd org

CHARLES W. CARRY
Chief Engineer and General Manager

April 14, 2000
File: 18-00-15431
Account No. 2042264

Scott Chancellor
KIK International
9028 Dice Rd.
Santa Fe Springs, CA 90670

Dear Mr. Chancellor:

Temporary Industrial Wastewater Discharge Permit No. 15431

KIK International
9028 Dice Rd.
Santa Fe Springs, CA 90670

On January 10, 2000, your company was issued Temporary Industrial Wastewater Discharge Permit No. 15431. Please be advised that dischargers who are issued a Temporary Permit as a result of a change of ownership, must comply with all conditions and effluent limitations applicable under the industrial waste permit for the previous owner, until said conditions and limitations are amended in writing or a formal permit has been issued.

KIK International is being classified as a Significant Industrial User (SIU) due to concerns that your wastewater discharge has a reasonable potential for adversely affecting the Districts' wastewater treatment and collection system. Federal regulations require that all SIUs perform self-monitoring for all federally regulated parameters and for those parameters deemed necessary by the local Control Authority (the Districts). Therefore, as a condition of your temporary permit, KIK International must comply with the following self-monitoring reporting requirements.

Self-monitoring of the industrial wastewater must be performed at the intervals indicated on the enclosed Self-Monitoring Requirement Form and reported on the Self-Monitoring Report (SMR) form. The Districts will send the necessary SMR forms before each reporting period All indicated analyses must be performed by a State or Sanitation Districts' certified laboratory. The certification section of the SMR form must be completed and signed by a responsible company official. For each reporting period, the completed SMR form and the corresponding laboratory report must be submitted to the Districts' Industrial Waste Section no later than the due date indicated on the form. The wastewater samples analyzed must be collected in such a way that they are representative of the total discharge generated by a typical day's operations. Each representative sample (composite and/or grab) should be collected over one 24-hour period and analyzed for all parameters in Table 1 of the Self-Monitoring Requirements form. All representative samples must meet all applicable limits. It is your responsibility to submit results from any additional self-monitoring, and to notify the Districts of any other toxic materials which are known to be present in the wastewater.

The samples must be collected from the sample box indicated as the interim designated sampling location on the Temporary Industrial Wastewater Discharge Permit. The methods of collection shall be as indicated on the enclosed SMR form

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If you have any questions concerning these requirements, please contact Alicia Jauregui of the Sanitation Districts' Industrial Waste Section at extension 2918.

Very truly yours,

Charles W. Carry

for: John D. Kilgore
Supervising Civil Engineer

JDK:AJ

cc: Mr. John R. Price
City of Santa Fe Springs
11710 E. Telegraph Road
Santa Fe Springs, CA 90670

SANITATION DISTRICTS OF LOS ANGELES COUNTY
INDUSTRIAL WASTE SECTION
P.O. BOX 4998
WHITTIER, CA 90607

SELF-MONITORING REQUIREMENTS

Significant Noncategorical Industrial User
Chemical Manufacturing Facility

Date April 14, 2000
Firm Name KIK International
Situs Address 9028 Dice Rd.
Santa Fe Springs, CA 90670
Contact Person Scott Chancellor
Telephone No. (562)906-2240

Permit No. 15431
Account No. 2042264
District No. 18
SIC No. 2841 2842
Annual Flow (MGY) 0.02

Self-monitoring of industrial wastewater is required as a condition of your temporary industrial wastewater discharge permit. At the frequency specified below, samples must be collected and preserved in accordance with 40 CFR 136.

Frequency of Analysis - Once per six (6) months

Analysis of the samples must be performed for the parameters listed in Table 1 by a laboratory that is certified by either the Districts or the State Department of Health Services.

TABLE 1. REQUIRED WASTEWATER CHARACTERIZATION TESTS

Test Code	Test Parameter	Unit	Daily Max. Limit	Type of Sample
Z01	Total Wastewater Flowrate	gpd		Not Applicable
Z02	Peak Wastewater Flowrate	gpm		Not Applicable
101	pH	pH units	>6	Grab
151	Suspended Solids (SS)	mg/l		24-hr Composite
252	Dissolved Sulfide	mg/l	0.1	Grab
403	Chemical Oxygen Demand (COD)	mg/l		24-hr Composite
301	Chloride	mg/l		24-hr Composite
302	Chlorine Residual	mg/l		24-hr Composite

Self-Monitoring results must be reported on the Self-Monitoring Report form provided, along with the appropriate laboratory analysis sheet(s). Due dates are shown in Table 2.

TABLE 2:
SELF-MONITORING REPORTING SCHEDULE[1]

Analysis Frequency	Reporting Period	Due Date[2]
Once per year	July 1 - June 30	July 15 (the following year)
Once per 6 months	January 1 - June 30 July 1 - December 31	July 15 January 15
Once per 3 months	January 1 - March 31 April 1 - June 30 July 1 - September 30 October 1 - December 31	April 15 July 15 October 15 January 15
Once per month	Day 1 - Day 31 of the month	Day 15 (the following month)

[1] The laboratory data sheet(s) for each analysis performed during the reporting period must be included with the Self-monitoring Report form. However, only the results from the most recent sample collected during the reporting period should be recorded on the Self-monitoring Report form.

[2] The Self-monitoring Report form may be submitted before the due date as long as the sample is taken during the appropriate reporting period.

SURCHARGE TEST REQUIREMENTS

Industrial users participating in the Sanitation Districts' Surcharge Program may be subject to additional self-monitoring requirements besides those specified in the permit conditions. Surcharge testing parameters include Chemical Oxygen Demand (COD) and suspended solids (SS). For companies that file Long Form Surcharge Statements, the testing frequency for COD and SS is based on flow as shown in Table 3 below. Surcharge wastewater analyses must adequately represent the average daily discharge to the sewer system and the results must be submitted annually with the wastewater treatment surcharge statement in accordance with each year's "Instruction for Filing a Long Form Wastewater Treatment Surcharge Statement." **Surcharge test requirements are independent of the self-monitoring report requirements.**

TABLE 3:
SURCHARGE TESTING FREQUENCY FOR COD AND SS
(Must be 24-hour Composite Samples)

Yearly Cumulative Flow from Each Outlet (in million gallons)	**Required Testing Frequency**
Less than 15.00	1 sample per 3 months
15.01 to 40.00	1 sample per 2 months
40.01 to 100.00	2 samples per month
100.01 to 250.00	1 sample per week
More than 250 00	2 samples per week

SANITATION DISTRICTS OF LOS ANGELES COUNTY
INDUSTRIAL WASTEWATER DISCHARGE PERMIT FACT SHEET

This fact sheet MUST be visibly posted by the discharger.

COMPANY NAME	KIK SoCal	I.W. NO.	15431
SITUS ADDRESS	9028 Dice Road Santa Fe Springs, CA 90670	SURCH. ACCT.	2042264
MAILING ADDRESS	9028 Dice Road Santa Fe Springs, CA 90670	DISTRICT NO.	18
TAX ASSESSOR NO.	8168-007-029	TC	61/B2
COMPANY CONTACT	Scott Chancelor		
TELEPHONE NO.	(562) 906-2240	OTHER PERMITS AT SITUS	none

APPROVAL DATE	May 26, 2000	EXPIRATION DATE	May 26, 2005
EVALUATION ENGINEER	Wilfrido D. Mejia	LOCAL AGENCY	City of Santa Fe Springs
LOCATION OF CONNECTION TO PUBLIC SEWER	on Dice Road		
DISTRICTS' MANHOLE NO.	18-0836	TREATMENT PLANT	05-LCWRP

TYPE OF INDUSTRY	Chemical Formulator		
SIC NO(S).	2841 2842		
EPA CATEGORY	non-categorical		
WORKING HOURS/DAY	24	WORK DAYS/WEEK	5
TIME OF DISCHARGE IF DIFFERENT FROM ABOVE		NUMBER OF EMPLOYEES	80
PERMIT FLOWRATE	3808 gpd	PEAK FLOWRATE	62 gpm
PRODUCTS PRODUCED AT SITUS	bleach, ammonia, windshield washer fluid, and fabric rinse		
RAW MATERIAL USED AT SITUS	caustic soda, chlorine, ammonia, soda ash		
APPROVED WASTEWATER PRODUCING OPERATIONS	tank, equipment and floor washdown, cooling tower bleed, water softener reject water and boiler blowdown.		
CONSTITUENTS OF WASTEWATER	dissolved and suspended solids, COD, chlorides		
LEGAL SAMPLING POINT	existing sample box		
IS SELF-MONITORING REQUIRED?	yes	If yes, SMR requirements must be attached.	
REQUIRED PRETREATMENT EQUIPMENT	pH adjustment, flocculation / settling/ charcoal filter		
REQUIRED MONITORING EQUIPMENT	pH meter/ recorder		
COMPANY SPECIFIC PERMIT CONDITIONS	Company is required to comply with all items on the Requirement List.		

IN THE EVENT OF THE DISCHARGE OF PROHIBITED OR RESTRICTED WASTES, PLEASE CALL:
OFFICE HRS: 562-699-7411, EXTENSION 2907; NON-OFFICE HOURS: 562-437-6520

PERMIT FOR INDUSTRIAL WASTEWATER DISCHARGE
COUNTY SANITATION DISTRICTS OF LOS ANGELES COUNTY
1955 Workman Mill Road / Whittier, CA
Mailing Address: P.O. Box 4998 / Whittier, California 90607-4998
Charles W. Carry, Chief Engineer and General Manager
(310) 699-7411

PERMIT NO. _____

01 CHECK ONE: New Sewer Connection ☐ Existing Sewer Connection ☒

02 Applicant T-Chem Products, Inc.
(Legal Company Name)

03 Check one and fill in appropriate information

☒ Corporation Name T-Chem Products, Inc.
Year Incorporated 1992 State of Incorporation CA ID# 1522585

☐ Partnership Name _____ Partners _____

☐ Sole Proprietor Name _____ Business Names _____

04 Company Address 9028 Dice Road (Street) Santa Fe Springs (City) CA (State) 90670 (Zip)

05 Mailing Address Same as above (Street) (City) (State) (Zip)

06 Point of Discharge Dice Road Santa Fe Springs

07 Number of years applicant has been in business at present location 17 (yrs) _____ (months)

08 Name of Property Owner T-Chem Products, Inc.
Address of Property Owner 9028 Dice Road (Street) Santa Fe Springs (City) CA 90670 (Zip) 310/946-6427 (Telephone Number)

09 Assessors Map Book No. 48 Page No. 11 Parcel No. 3 & 4

10 Type of Industry Mfg. household cleaning products (General Description) 2840 (Federal SIC No.)

11 Number of Employees (Full Time) 125 (Part Time) 9

12 Raw Materials Used Addendum #1
(General Description — Add Additional Sheets as Needed)
_____ (Daily Amount Used)

13 Products Produced Addendum #5
(General Description — Add Additional Sheets as Needed)
_____ (Daily Amount Produced)

14 Wastewater Producing Operations Addendum #10
(Full Description — Add Additional Sheets as Needed)

15 Time of Discharge 10:00 AM/PM to 8:00 AM/PM, Shifts per Day 3, Days per Week M T W Th F Sa Su
(Circle AM or PM) (Circle Days)

16 Wastewater Flow Rate 2,960 (260 dy/yr) (Average) Gallons per Day 62 (Peak) Gallons per Minute

17 Constituents of Wastewater Discharge Dilute products from wash downs of blend tanks and filling equipment.
(General Description — Attach Chemical Analysis Results to the Application)

18 Person in company responsible for industrial wastewater discharge
Scott Chancellor (Name) Plant Supervisor SHE (Position) 310/906-2240 (Telephone Number)

I affirm that all information furnished is true and correct and that the applicant will comply with the conditions stated on the back of this permit form.

Date 3-04 19 94

19 Signature for Applicant _____ (Company Administrative Official) Greg J. Wiese (Name) Exec Vice Pres. (Position)

20 Approved/Reviewed by City or County Official

Date _____

For L A County Dept. of Public Works ☐

City of _____

Name _____

Position _____

Approved by Sanitation Districts of Los Angeles County

Date _____

Expiration Date _____

Charles W. Carry, Chief Engineer & General Manager

By _____

Position _____

Note Please submit application first to the applicable City or County agency in which the point of discharge is located
Please contact the local agency for the required permit processing fee. Submit the **original application** (Do not send copies)

CONTINUED ON NEXT PAGE

WASTEWATER RECLAMATION
SOLID WASTE MANAGEMENT

COUNTY SANITATION DISTRICTS
OF LOS ANGELES COUNTY

1955 Workman Mill Road, Whittier, CA 90601-1400
Mailing Address P O Box 4998, Whittier, CA 90607-4998
Telephone (562) 699-7411, FAX (562) 699-5422

CHARLES W CARRY
Chief Engineer and General Manager

October 23, 1998
File: 18-98-13623H
Account No. 1975174

Mr. John R. Price
City of Santa Fe Springs
11710 E. Telegraph Road
Santa Fe Springs, CA 90670

Dear Mr. Price:

Industrial Wastewater Discharge Permit No. 13623

T-Chem Products, Inc
9028 Dice Road
Santa Fe Springs, CA 90670

Enclosed are three (3) approved sets of plans and copies of the approved Industrial Wastewater Discharge Permit for the subject company. Please review these for compliance with your requirements, and retain the copies you require for your files. The Applicant's copy of the approved plans and Industrial Wastewater Discharge Permit, along with a copy of this letter and requirement list, should be forwarded to the applicant. A copy of this letter is forwarded to the applicant as notification of the Sanitation Districts' permit requirements, which are in force from the current date. If any additional permit requirements are issued to the applicant by your agency, copies should be forwarded to the Sanitation Districts for our records. The approved plans consist of:

1. Drawing T-44974.01: Chemical Condition Flow Diagram
2. Drawing T-44974.04: Chemical Feed Systems Flow Diagram
3. Drawing T-44974.02: Chemical condition Flow Diagram
4. Drawing T-44974.03: Monoscour Filter System Flow Diagram
5. Waste Water System Flow Diagram
6. Underground Utilities Site Plan

Approval of the permit is subject to compliance with all applicable Ordinance requirements, upon any corrections shown in red on the drawings, and upon the items indicated on the attached requirement list. Failure to comply with all items on the requirement list invalidates this approval and issuance. Invalidation of this permit will result in the Applicant being deemed to be operating without a valid permit and subject to immediate discontinuance of sewer services for industrial operations. Successful compliance with all conditions of approval will result in a formal approval that will expire five (5) years from the date of this letter.

Recycled Paper

If you have any questions concerning these requirements, please contact Willie Mejia of the Sanitation Districts' Industrial Waste Section at extension 2958.

Very truly yours,

Charles W. Carry

John D. Kilgore
Supervising Civil Engineer

JDK:WM:wh
cc: Scott Chancellor
T-Chem Products, Inc.
9028 Dice Road
Santa Fe Springs, CA 90670

SANITATION DISTRICTS OF LOS ANGELES COUNTY

Charles W. Carry, Chief Engineer and General Manager
1955 Workman Mill Road, P.O. Box 4998, Whittier, California 90607

INDUSTRIAL WASTEWATER DISCHARGE PERMIT

REQUIREMENT LIST

COMPANY NAME: T-Chem Products, Inc.

INDUSTRIAL WASTEWATER DISCHARGE PERMIT NUMBER: 13623

ACCOUNT NUMBER: 1975174

DATE OF APPROVAL: October 23, 1996 EXPIRATION DATE: October 23, 2003

The approval and issuance of this permit is being made conditionally and subject to T-Chem Products, Inc. being in compliance with all indicated items on this list. Satisfactory evidence of compliance with these conditions should be supplied to the Sanitation Districts where requested. Satisfactory evidence will consist of a minimum of written notification signed by a responsible company official, and in some cases may involve the submission of additional drawings and data, or verification by a Districts representative. Failure to comply with all items on the requirement list, including all deadlines specified, invalidates this approval and issuance. Invalidation of this permit will result in T-Chem Products, Inc. being deemed to be operating without a valid permit and subject to immediate discontinuance of sewer services for industrial operations.

1. This industrial wastewater discharge permit is issued only for the discharge of treated wastewater from boiler blowdown, cooling tower bleed, equipment washdown, and floor washdown. The discharge of any other type of waste will require prior approval from the Sanitation Districts. This approved permit will expire five (5) years from the date of the accompanying transmittal letter.

2. The permittee is required to notify the Sanitation Districts of any change in the status of the subject facility, if ownership or operating responsibility changes, or if the industrial waste connection is legally abandoned.

3. A new permit application must be submitted when there is a significant change in wastewater quantity (25% or more) or quality from that given in the approved permit information. The completed application should be submitted to the local governmental agency for initial processing prior to Sanitation Districts' review. Approval must be obtained prior to any construction of new facilities.

4. Waste haulers reports must be obtained and kept on file for a period of at least four (4) years for any solid wastes from the wastewater pretreatment system and liquid wastes leaving the plant other than in the sewer system. These reports must be made available to representatives of the Sanitation Districts upon request.

5. All wastewater discharged to the sewer must have a temperature lower than 140° F and a closed cup flash point greater than 60°C.

6. All wastewater discharged to the sewer must not contain over 0.1 milligram/liter of dissolved sulfides.

7. The pH of the wastewater must be maintained at or above 6.0 at all times. Proper neutralization procedures must be observed to assure that this limit is not violated.

8. Numerical limits have been established by the Sanitation Districts for the maximum concentrations of heavy metals, and other toxic materials, permissible in an industrial discharge to the public sewers. The limits are those shown in the following list of "Industrial Wastewater Local Effluent Limitations." T-Chem Products, Inc. is advised that any discharge in excess of these limits requires corrective action by the discharger. Penalties applicable to violations of these limits will be strictly enforced by the Sanitation Districts.

SANITATION DISTRICTS OF LOS ANGELES COUNTY
INDUSTRIAL WASTEWATER LOCAL EFFLUENT LIMITATIONS
FOR JOINT OUTFALL DISTRICTS

PHASE I CONTROL PERIOD

Parameter	Limit (mg/l)*
Arsenic	3
Cadmium	15
Chromium (Total)	10
Copper	15
Lead	40
Mercury	2
Nickel	12
Silver	5
Zinc	25
Cyanide (Total)	10
Total Identifiable Chlorinated Hydrocarbons**	Essentially None

* - Maximum concentration at any time

** - Total Identifiable Chlorinated Hydrocarbons (TICH) comprise:
Aldrin and Dieldrin
Chlordane (cis & trans), trans-nonachlor, oxychlordane, heptachlor and heptachlor epoxide
DDT and derivatives: p, p', and o, p' isomers of DDT, DDD, and DDE
Endrin
HCH: sum of α, β, γ, δ isomers of hexachlorocyclohexane
Toxaphene
Polychlorinated biphenyls (PCB's)

9 The existing sample box is hereby designated as the legal sampling point for T-Chem Products, Inc.. The permittee is responsible for maintaining and cleaning the sampling point to prevent any build-up of oil and grease, sediment or sludge; failure to do so does not invalidate sampling test results. Analytical results from samples taken from this location according to accepted sampling procedure shall be accepted as binding. Safe and convenient access to the sampling point must be provided for representatives of the Sanitation Districts. Should Districts' staff determine that the sampling location is unsafe, difficult to access or require modification, T-Chem Products, Inc. must propose alternatives which will provide a sampling facility acceptable to the Districts.

10. The Districts' personnel may provide a split of any composite sample collected if sufficient sample volume is available. Districts' personnel may also provide split, concurrent, or sequential grab samples. These samples will be left with a designated company representative. If the designee is not available, these samples will be left with whomever is available.

    The permittee is required to follow appropriate preservation techniques, analytical procedures, and holding periods specified in 40 CFR 136, if the analytical test results from these samples are to be used for compliance or surcharge reporting purposes. Failure to follow the prescribed procedures will invalidate the test results.

11. The permittee is advised that additional industrial wastewater pretreatment equipment may be required if inspection or monitoring indicates prohibited materials are discharged to the public sewer.

12. Any plans for changes in equipment or processes must be submitted (for approval before implementation) to the Sanitation Districts.

13. The permittee should provide trained personnel for proper operation and regular maintenance of all components of the existing pretreatment system to ensure compliance at all times with applicable industrial wastewater effluent limits. The permittee should also maintain an adequate supply of treatment chemicals as well as replacement parts for key components of the pretreatment system.

14. Self-monitoring of the industrial wastewater must be performed at the intervals indicated on the enclosed Self-Monitoring Requirement Form and reported on the Self-Monitoring Report (SMR) form. The Districts will send the necessary SMR forms before each reporting period. All indicated analyses must be performed by a State or Sanitation Districts' certified laboratory. The certification section of the SMR form must be completed and signed by a responsible company official. For each reporting period, the completed SMR form and the corresponding laboratory report must be submitted to the Districts' Industrial Waste Section no later than the due date indicated on the form. The wastewater samples analyzed must be collected in such a way that they are representative of the total discharge generated by a typical day's operations. Each representative sample (composite and/or grab) should be collected over one 24-hour period and analyzed for all parameters in Table 1 of the Self-Monitoring Requirements form. All representative samples must meet all applicable limits. It is the responsibility of T-Chem Products, Inc. to submit results from any additional self-monitoring, and to notify the Districts of any other toxic materials which are known to be present in the wastewater.

15. If T-Chem Products, Inc. is required or chooses to file Long Form Surcharge Statement, surcharge tests of the industrial wastewater must be performed at the intervals indicated on the enclosed table of Surcharge Test Frequency and submitted annually with the wastewater treatment surcharge statement. T-Chem Products, Inc. is reminded that the surcharge testing requirements are independent of the tests for self-monitoring reports required in Item No. 14.

16. If the wastewater flowrate and strength data indicate an increase in the sewerage capacity unit usage by 25% or more, T-Chem Products, Inc. may be required to revise their permit, and will be required to pay a corresponding connection fee should existing sewerage baseline capacity units be insufficient to accommodate discharge at that time.

17. This approval of the existing pretreatment system by the Sanitation Districts is for only the general concept presented. The proper maintenance and operation of the system is the responsibility of the permittee and contractors.

18. In the event of the discharge of any prohibited waste, excessive quantities or concentrations of any restricted waste, or of the discharge of material not covered under this permit, the company must immediately notify the Sanitation Districts by calling 310-699-7411, extension 2907, during office hours or the Long Beach Pumping Plant, 310-437-6520, during non-office hours.

The Districts must also be notified of any circumstances affecting plant processes or facility operations that may potentially result in the discharge of similarly prohibited or restricted wastes, including but not limited to the malfunction, upset or improper operation of plant processes, pretreatment systems, spill containment facilities, or diversion/bypass mechanisms. Failure to immediately notify the Districts of any such event or condition is a violation of the Wastewater Ordinance.

19. All discharges of rainwater must be in accordance with the Districts' "Guidelines for the Discharge of Rainwater, Stormwater, Groundwater, and Other Water Discharges" (enclosed), and with applicable requirements of the Los Angeles Regional Water Quality Control Board.

20. An automatic effluent pH recording instrument must be used at all times to monitor the pH of the wastewater discharge stream entering the public sewer. The probe for the effluent pH equipment must be regularly calibrated and maintained in good working order. At least 180 days of pH records must be filed at the discharge address and must be made available for inspection by representatives of the Sanitation Districts upon request.

21. The discharge of wastes which promote or cause the promotion of toxic gases, including wastewater with excessive chlorine residual, is prohibited. To prevent such discharges, the permittee must collect all process wastewater generated during bleach production for batch treatment prior to discharge. Each batch of such wastewater must be treated to remove chlorine residual prior to discharge. Wastewater containing detectable levels of chlorine residual must not be sewered.

A log book must be kept of the batch treatment. The logbook must contain the following information:

a) start and stop time of discharge of the batch
b) volume discharged
c) residual chlorine before and after treatment and
d) amount of hydrogen peroxide added for treatment
e) pH of the batch after treatment
f) initials of person authorizing discharge of the batch

Willie Mata 10/9/96

699-7411 Ext 2958

Waste Water Permit

Add on

in Clarifier — out discharge/sewer

Treatment plant Wait Tank —

Treatment —

LA CO SAN

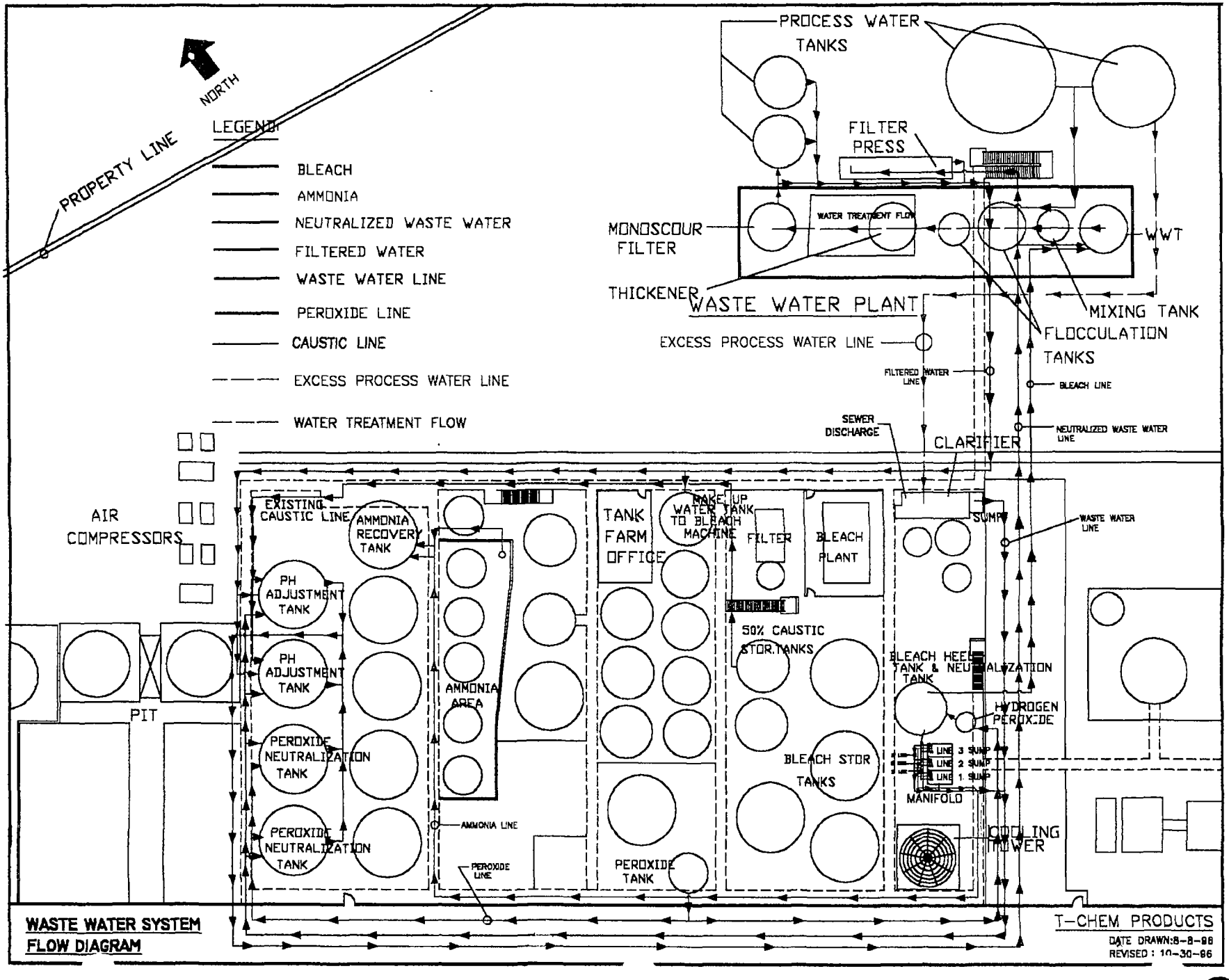
WASTE WATER

PERMIT

File

_____ CREW _____ 09/30/96
20:52:18

	Item No.	Label	Cases Sched.	Cases Produced	Tie Patt Type	Remarks
EACH 0+	1981	RALPHS	160	--------	5X7 1 CHEP	
EACH 0+	1301	ALBERTSONS	640	--------	5X7 1 CHEP	
EACH 0+	1212	STATER BROS	240	--------	5X7 1 CHEP	
EACH 0+	1821	WESTERN FAMILY	160	--------	5X7 0 REG1	
EACH 0+	1113	SMITHS	160	--------	5X7 1 CHEP	
EACH 0+	77	LUCKY	160	--------	3X7 1 CHEP	
EACH 0+	1561	VONS	160	--------	5X7 0 REG1	


NORTH
PROPERTY LINE
LEGEND
BLEACH
AMMONIA
NEUTRALIZED WASTE WATER
FILTERED WATER
WASTE WATER LINE
PEROXIDE LINE
CAUSTIC LINE
EXCESS PROCESS WATER LINE
WATER TREATMENT FLOW
PROCESS WATER TANKS
FILTER PRESS
MONOSCOUR FILTER
WATER TREATMENT FLOW
WWT
THICKENER
WASTE WATER PLANT
MIXING TANK
FLOCCULATION TANKS
EXCESS PROCESS WATER LINE
FILTERED WATER LINE
BLEACH LINE
NEUTRALIZED WASTE WATER LINE
SEWER DISCHARGE
CLARIFIER
AIR COMPRESSORS
EXISTING CAUSTIC LINE
AMMONIA RECOVERY TANK
PH ADJUSTMENT TANK
PH ADJUSTMENT TANK
PEROXIDE NEUTRALIZATION TANK
PEROXIDE NEUTRALIZATION TANK
PIT
AMMONIA AREA
AMMONIA LINE
PEROXIDE LINE
TANK FARM OFFICE
MAKE UP WATER TANK TO BLEACH MACHINE
FILTER
BLEACH PLANT
50% CAUSTIC STOR.TANKS
BLEACH STOR TANKS
PEROXIDE TANK
SUMP
WASTE WATER LINE
BLEACH HEEL TANK & NEUTRALIZATION TANK
HYDROGEN PEROXIDE
LINE 3 SUMP
LINE 2 SUMP
LINE 1 SUMP
MANIFOLD
COOLING TOWER
WASTE WATER SYSTEM FLOW DIAGRAM
T-CHEM PRODUCTS
DATE DRAWN:8-8-88
REVISED : 10-30-86

PERMIT FOR INDUSTRIAL WASTEWATER DISCHARGE
COUNTY SANITATION DISTRICTS OF LOS ANGELES COUNTY
1955 Workman Mill Road / Whittier, CA
Mailing Address: P.O. Box 4998 / Whittier, California 90607-4998
Charles W. Carry, Chief Engineer and General Manager
(310) 699-7411

PERMIT NO. _____

01 CHECK ONE: New Sewer Connection ☐ Existing Sewer Connection ☒

02 Applicant T-Chem Products, Inc.
(Legal Company Name)

03 Check one and fill in appropriate information

☒ Corporation Name T-Chem Products, Inc.
Year Incorporated 1992 State of Incorporation CA ID# 1522585

☐ Partnership Name _____ Partners _____

☐ Sole Proprietor Name _____ Business Names _____

04 Company Address 9028 Dice Road (Street) Santa Fe Springs, CA (City) (State) 90670 (Zip)

05 Mailing Address Same as above (Street) (City) (State) (Zip)

06 Point of Discharge Dice Road Santa Fe Springs

07 Number of years applicant has been in business at present location 17 (yrs) _____ (months)

08 Name of Property Owner T-Chem Products, Inc.
Address of Property Owner 9028 Dice Road (Street) Santa Fe Springs, CA (City) 90670 (Zip) 310/946-6427 (Telephone Number)

09 Assessors Map Book No. 48 Page No. 11 Parcel No. 3 & 4

10 Type of Industry Mfg. household cleaning products (General Description) 2840 (Federal SIC No.)

11 Number of Employees (Full Time) 125 (Part Time) 9

12 Raw Materials Used Addendum #1
(General Description — Add Additional Sheets as Needed)
_____ (Daily Amount Used)

13 Products Produced Addendum #5
(General Description — Add Additional Sheets as Needed)
_____ (Daily Amount Produced)

14 Wastewater Producing Operations Addendum #10
(Full Description — Add Additional Sheets as Needed)

15 Time of Discharge 10:00 AM/PM to 8:00 AM/PM, Shifts per Day 3, Days per Week M T W Th F Sa Su
(Circle AM or PM) (Circle Days)

16 Wastewater Flow Rate 2,960 (260 dy/yr) Gallons per Day 62 Gallons per Minute
(Average) (Peak)

17 Constituents of Wastewater Discharge Dilute products from wash downs of blend tanks and filling equipment.
(General Description — Attach Chemical Analysis Results to the Application)

18 Person in company responsible for industrial wastewater discharge
Scott Chancellor (Name) Plant Supervisor SHE (Position) 310/906-2240 (Telephone Number)

I affirm that all information furnished is true and correct and that the applicant will comply with the conditions stated on the back of this permit form.

Date 3-04 1994

19 Signature for Applicant (Company Administrative Official) Greg J Wiese (Name) Exec Vice Pres. (Position)

20 Approved/Reviewed by City or County Official

Date _____

For L A County Dept. of Public Works.. ☐

City of _____

Name _____

Position _____

Approved by Sanitation Districts of Los Angeles County

Date _____

Expiration Date _____

Charles W. Carry, Chief Engineer & General Manager

By _____

Position _____

Note: Please submit application first to the applicable City or County agency in which the point of discharge is located. Please contact the local agency for the required permit processing fee. Submit the **original application** (Do not send copies).

CONTINUED ON NEXT PAGE

PERMIT FOR INDUSTRIAL WASTEWATER DISCHARGE

COUNTY SANITATION DISTRICTS OF LOS ANGELES COUNTY | PERMIT NO _____
1955 Workman Mill Road / Whittier, CA
Mailing Address: P.O Box 4998 / Whittier, California 90607-4998
Charles W. Carry, Chief Engineer and General Manager
(310) 699-7411

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☐ Sole Proprietor Name _____ Business Names _____

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Scott Chancellor (Name) Plant Supervisor SHE (Position) 310/906-2240 (Telephone Number)

I affirm that all information furnished is true and correct and that the applicant will comply with the conditions stated on the back of this permit form.

Date _____, 19____

19 Signature for Applicant _____ (Company Administrative Official) (Name) _____ (Position)

20 Approved/Reviewed by City or County Official

Date _____

For L.A. County Dept. of Public Works ☐

City of _____

Name _____

Position _____

Approved by Sanitation Districts of Los Angeles County

Date _____

Expiration Date _____

Charles W. Carry, Chief Engineer & General Manager

By _____

Position _____

Note. Please submit application first to the applicable City or County agency in which the point of discharge is located. Please contact the local agency for the required permit processing fee Submit the **original application** (Do not send copies)

CONTINUED ON NEXT PAGE

APPLICANT FOR PERMIT MUST READ THIS MATERIAL

IN CONSIDERATION OF THE GRANTING OF THIS PERMIT, the applicant agrees:

1. To furnish any additional information on industrial wastewater discharges as required by the Districts,

2. To accept and abide by all provisions of ordinances, policies and guidelines of the Districts,

3. To operate and maintain any required industrial wastewater treatment devices in a satisfactory approved manner,

4. To cooperate at all times with Districts' personnel, or their representatives, in the inspection, sampling and study of industrial wastewater facilities and discharges,

5. To immediately notify the Districts at (310) 699-7411 during normal working hours or at (310) 437-6520 or 437-1881 after 4:00 P.M. or on weekends in the event of any accident, negligence or other occurrence that causes the discharge to the sewer of any material whose nature and quantity might be reasonably judged to constitute a hazard to the public health, environment, Districts' personnel or wastewater treatment facilities,

6. To pay to the Districts annually the required surcharge or user charge fee for industrial wastewater treatment,

7. To submit, as required by the Districts, accurate data on industrial wastewater discharge flows and wastewater constituents,

8. To operate only one industrial wastewater discharge point to the sewerage system under the authority granted by this permit,

9. To submit additional pages as required to furnish the necessary information if there is inadequate room on the reverse side of this permit form to complete submittal of requested data,

10. To apply for a revised Districts' Industrial Wastewater Discharge Permit if any change in industrial processes, production, method of wastewater treatment or operations creates a significant change in industrial wastewater quality, or if the quantity of wastewater discharged changes by more than 25% or other threshold level as specified in industrial waste permit requirements,

11. To provide immediate access to authorized personnel of the Districts to any facility directly or indirectly connected to the Districts' sewerage system under emergency conditions and at all other reasonable times.

FORM A: APPLICANT QUESTIONNAIRE

NAME OF COMPANY T-Chem Products, Inc CONTACT PERSON Scott Chancellor

1. **Reason for submittal** - circle A, B, or C, and complete the corresponding questions.

A. New Permit (for new companies and for changes in ownership)

Type of business Manufacturing

Is the facility new or existing? Existing

If existing, previous company name T-Chem Products

Type of business Manufacturing, Industrial Waste Permit No. 005140

Provide a description off all manufacturing processes below or in an attachment.

Addendum #5

Provide a description of all wastewater producing operations below or in an attachment.

Addendum #10

Are any changes being made to the facility's existing wastewater pretreatment/conveyance systems? yes If yes, briefly explain these modifications below or in attachments.

Addendum #15

Is there more than one company discharging industrial wastewater at your facility? no

If yes, provide for each company its name, a separate address and a description of its operations. If feasible, each company must apply for a separate permit and must have its own incoming water meter and a separate industrial wastewater sampling point.

If your facility will involve a new connection to the public sewer, please circle the point of connection: a. Local City sewer, b. Sanitation Districts' Trunk sewer.

If you are relocating, and had a previous Industrial Wastewater Discharge Permit, give your previous address _____, and permit no._____.

If you have received a temporary permit, give permit no. 13623

All submittals for new permits **must** include a permit application, plans and pertinent supporting information.

B. Revision of Existing Permit (for a 25 percent or more change in wastewater quantity/quality)

Permit no._____

Has your wastewater quantity and/or quality changed over 25 percent?_____ If yes, documentation addressing the magnitude and reason(s) for the change must be submitted. If no, a revision is not required at this time.

Have there been any changes in production processes, wastewater pretreatment systems or sewerage plumbing?_____ If yes, submit plans and describe these changes below or in attachments:

All submittals for a revised permit **must** include a permit application, plans (if changes have occurred) and supporting information.

C. Addendum to Permit (for modifications to the wastewater conveyance/pretreatment system)

Permit no._____

Provide a brief summary of the existing conditions and the proposed changes below.

Submittal must include plans and supporting information.

The applicant must also answer the questions on the back of this form.

2. **Supporting Information Required**

All submittals **must** include the following forms, which are included in Appendix 6.1:

Form A — Applicant Questionnaire
Form B — Calculation of Industrial Wastewater Discharge Flowrate
Form C — Tank Schedule and Spill Containment Calculations
Form D — Check List

Furthermore, your company must answer the questions below to determine the additional supporting information that must be provided:

a) Waste Minimization (refer to sections 2.4 and 3.3 E)

Please describe below or in an attachment all of your company's existing/proposed pollution prevention measures (e.g., reuse, product reformulation, process changes, housekeeping measures, etc.):

Has your company previously submitted a waste minimization plan to the Districts?_____
If the answer is no, please read sections 2.4 and 3.3 E and submit the appropriate plan (if applicable). Your company is encouraged to obtain information on source reduction measures and options for your industrial processes by calling the Districts' Industrial Waste Section at (310) 699-7411.

b) Wastewater Quality (refer to sections 3.3 G and H)

Please provide the results of at least two 24-hour composite analyses attesting to concentrations of chemical oxygen demand, suspended solids and any priority or regulated pollutants that may be found in your wastewater. Your company must also provide material safety data sheets of all chemicals used in the facility that may directly or indirectly contaminate your wastewater.

c) New equipment (refer to sections 3.3. F, J and K)

Is your company installing new pretreatment, monitoring, conveyance or industrial equipment that may have an impact on the quality or quantity of your wastewater?_____
If yes, please provide catalog cuts of all units and important details such as: number of units, sizes, hours of operation, pump rating curves, operating parameters, etc.

d) Baseline Monitoring Report (refer to sections 2.1 and 3.3 I)

Does your company currently fall under one of EPA's categories?_____
If yes, your company must submit a Baseline Monitoring report, unless it submitted one in the past and there have been no changes in operations that may change your categorical standards.

e) Rainwater Management (refer to section 3.2)

Are there any outdoor drains, trenches or sumps at your facility that are connected to the sewerage system?_____
If yes, your company must submit plans and information that describe the existing means to divert rain water from the sewerage system or a proposal to comply with the Districts' rainwater guidelines. Please be informed that new automatic rainwater diversion systems will not be approved unless the applicant proves that this is the only feasible alternative.

FORM B: CALCULATION OF INDUSTRIAL WASTEWATER DISCHARGE FLOW RATE

COMPANY NAME: T-Chem Products

Calculation of flow rate is based on: (Check one)

- X Adjusted metered water supply (Company must complete the calculations below)
- ___ Direct measurement through a Districts' approved effluent flow measurement system *
- ___ Estimate for a facility not yet in operation **

ADJUSTED METERED WATER SUPPLY CALCULATIONS (Round all figures to two decimals)

		MILLION GALLONS PER YEAR
I Incoming Water		
1. Metered Water Supply from Purveyor (Water Company). Use most recent 12 consecutive months and attach copies of water bills.	See addendum #20 32.98	MGY
2. Water Supply from Company Well. Attach meter or water master data for most recent 12 consecutive months.	NA .	MGY
3. Water Received in Raw Materials, or by other means. Explain in attachments.	NA .	MGY
4. Rainwater/Groundwater Discharged to the Sewerage System. Explain in attachments.	NA .	MGY
5. Total Incoming Water. *(Add lines 1 to 4)*	32.98	MGY
II Water Losses		
6. Wastewater Discharged to Stormwater Drainage System Explain in attachments. (NPDES Permit No._____)	NA .	MGY
7. Water Lost Through Evaporation and Irrigation. (add lines a + b + c + d on the back of this form)	4.97	MGY
8. Water Lost in Products. Explain in attachments. See addendum #25	26.64	MGY
9. Sanitary Flow Deduction (from line "e" on the back of this form)	.60	MGY
10. Total Water Losses (add lines 6 to 9)	32.21	MGY
III Industrial Wastewater Discharged		
11. Calculated Industrial Wastewater Discharged to the public sewer (subtract line 10 from line 5)	.77	MGY
12. Any Proposed increase (+) or decrease (−) in industrial wastewater discharge to the public sewer? (explain in attachments) (80%)	Circle one (+) (−) .62	MGY
13. Total proposed yearly industrial wastewater discharge (add lines 11 and 12)	.15	MGY
14. Average industrial wastewater flow (use line 13 to calculate below)		

Million Gallons per Year	×	1,000,000	÷	Number of Discharge Days per Year	=	Gallons per Day
.15	×	1,000,000	÷	260	=	576

This is the average daily flow rate that must be used on the application for industrial wastewater discharge. (It may be rounded to two significant figures.)

Note: The applicant must also complete the calculations on the back of this page

* If your company currently has an **approved effluent wastewater flow measurement system**, please submit effluent totalizer readings for the last twelve months Your company does not have to complete the rest of this form.

** The company must submit detailed information that substantiates how the flow rate was estimated.

WATER LOSSES

a. COOLING TOWER LOSSES

Tonnage	×	Hours of Operation Per Year	×	Load[1]	×	1.38[2]	–	1,000,000	=	Mil. Gal. Per Year	
500	×	5900	×	0 79	×	138	–	1,000,000	=	2.443	
	×		×	0	×	138	–	1,000,000	=		
									=	2.443	a

[1]Load = 0.50 to 0.80
[2]1.38 = Gallons evaporated per hour per ton

b. BOILER LOSSES

Horsepower	×	Hours of Operation Per Year	×	Load[3]	×	% Evaporation[4]	×	3.82[5]	–	1,000,000	=	Mil. Gal. Per Year	
115	×	5.900	×	0 70	×	0 92	×	3 82	–	1,000,000	=	1.669	
	×		×	0	×	0	×	3 82	–	1,000,000	=		
											=	1.669	b

[3]Load = 0 50 to 0 80
[4]%Evaporation = (100 – % condensate returned)/100
[5]3.82 = Gallons evaporated per hour per ton

c. OTHER EVAPORATIVE LOSSES
(Explain in attachments)

Million Gallons Per Year	
	c

d. IRRIGATION LOSSES

Square Feet of Land Irrigated	×	18.7[6]	–	1,000,000	=	Mil. Gal. Per Year	
46,100	×	18.7	–	1,000,000		.86	d

[6]18.7 = Gallons irrigated per square foot per year

e. SANITARY FLOW DEDUCTION

No. Employees	×	Working Days Per Year	×	Gallons Per Employee Per Day	–	1,000,000	=	Mil. Gal. Per Year	
135	×	295	×	15	–	1,000,000		.60	e

INCOMING WATER METERS

Please list all the accounts (or other identification) for all the meters that measure the water supplied to the facility.

Meter#	Location	Account#
SEE ADDENDUM #20 (water bills)		

Abbreviations and Conversion Factors

MGY = million gallons per year
1 cubic foot = 7.48 gallons
1 acre foot = 325,900 gallons
1 acre = 43,560 square feet
1 CCF = 748 gallons

FORM C: TANK SCHEDULE & SPILL CONTAINMENT CALCULATIONS

Please complete one form for each containment area (make additional copies if necessary).

TANK I.D. NUMBER	TANK NAME	TANK DIMENSIONS*	TANK CONTENTS	pH	IS TANK ELEVATED?**
	S E E A T T A C H E D				

* Specify height and diameter if tank is round; or length, width and height if tank is rectangular.

** If the tank is elevated above the ground on legs, specify the location (elevation) of the bottom of the tank. If the tank is located on a pad or solid platform, specify the dimensions of the pad or platform.

2. Spill Containment Calculations (make additional copies if necessary).

Answer the following questions:	CIRCLE ONE
Is this the first time that your company submits a permit package to the Districts?	YES (NO)
Does your company currently have tanks/equipment with hazardous solutions that lack adequate spill containment?	YES (NO)
Is your company proposing any additions/modifications of tanks or equipment that will need spill containment?	YES (NO)

If the answer to any of the questions above is "YES", your company must submit plans that describe and propose an adequate spill containment system and must complete the calculations below:

1. Containment Volume Required

The required containment volume is equal to the capacity of the largest tank containing a solution that requires containment plus the volume of 6 inches of rain over the containment area (if the area is not roofed)

(1) = Volume of largest tank (assumed to spill) + volume of 6 inches of rain over contained area (if area is outdoors)

(1) = _____ + _____

(1) = _____ (specify units)

2. Containment Volume Provided

The containment provided is equal to the volume of the dike, berm, sump or other containment structure minus the volume displaced by tanks, pads and other equipment within the containment area.

(2) = Volume of containment dike − Volume displaced by tanks and other equipment.

(2) = _____ − _____

(2) = _____ (specify units)

Subtract (1) from (2)

(2) − (1) = _____ (Must be greater than zero to satisfy spill containment requirements)

Note: All drains, sumps and associated plumbing within spill containment areas must be clearly shown on submitted drawings.

FORM D: CHECK LIST FOR AN INDUSTRIAL WASTEWATER DISCHARGE PERMIT SUBMITTAL

COMPANY NAME: T-Chem Products, Inc.

1. Permit Application Form — X

2. Plans (Minimum size: 11" x 17", maximum size: 30" x 42")

NA

   a. Required Plans:

      Sewerage Plan (location of equipment, process tanks and sewer lines) — ____

      Plot Plan (location of facility, sampling point and connection to the public sewer) — ____

      Plans of Pretreatment Facilities — ____

   b. Additional Plans (if needed):

      Spill Containment System — ____

      Flow Monitoring System — ____

      Rainwater Management — ____

      Combustible Gas Monitoring System — ____

3. Supporting Information:

ALWAYS REQUIRED

- Applicant's Questionnaire (Form A) — X
- Estimation of Discharge Flow Rate and Water Bills (Form B) — X
- Tank Schedule and Spill Containment Calculations (Form C) — X
- Checklist (Form D) — X

COMPLETE FORM A TO DETERMINE WHICH OF THESE ARE NECESSARY

- Waste Minimization Plan — ____
- Process Description — ____
- Material Safety Data Sheets — ____
- Wastewater Analyses — ____
- Baseline Monitoring Report (for EPA categorical companies) — ____
- Pump Curves — ____
- Catalog Cuts of Pretreatment Equipment — ____
- Baseline Credit Information — ____
- Equipment Costs — ____
- Notification Report of the Discharge of Hazardous Wastes (if applicable) — ____

ADDENDUM #1 Rev. 8/15/95

Raw materials used at our facility are as follows:

Caustic Soda	50%
Chlorine Liquid Ammonia	29.4%
Soda Ash Grade 100	
Salt Mill Feed K.D. Fine	

ADDENDUM #1

Raw materials used at our facility are as follows:

Caustic Soda	50%
Chlorine Liquid Ammonia	29.4%
Sulfonic Acid	97%
Soda Ash Grade 100	
Salt Mill feed K.D. Fine	
Sodium Tripoly Phosphate	
Pine Oil	

ADDENDUM #5 Rev. 8/15/95

T-Chem Products is a private label manufacturer of household cleaning products. Our facility consists of two product line operations:

1. Liquid batching and package filling
2. Plastic bottle blowmolding

These operations produce the following product lines for sale to retail distributors.

Liquid Operations:

5% Household Bleach
14% Industrial Bleach
Windshield Wash

Plastics Operations:

Poly Ethylene bottles

ADDENDUM #5

T-Chem Products is a private label manufacturer of household cleaning products. Our facility consists of three product line operations:

1. Liquid batching and package filling
2. Powder batching and package filling
3. Plastic bottle blowmolding

These operations produce the following product lines for sale to retail distributors.

Liquid operations:

5% Household bleach
14% Industrial bleach
Fabric Rinse
Fabric softener rinse
Household ammonia
Liquid Dish Detergent
Liquid Laundry Detergent
Glass Cleaner
Windshield Wash
All Purpose Cleaners
Peroxide Bleach

Powder Operations:

Concentrated Laundry Detergent
Ultra Laundry Detergent
Dry Bleach Laundry Detergent
Auto Dish Detergent

Plastic Operations:

Poly Ethylene bottles

ADDENDUM #10 Rev. 8/15/95

Waste Water Producing Operations:

All industrial waste water from operations at this facility are from equipment washout and cleaning operations. The main waste water producing operations are as follows:

1. Bulk liquid production - washout of mix tanks, transfer lines and related equipment.
2. Bulk bleach production - backwash of filter and associated process system.
3. Liquid fill line - product change equipment and supply line flush as well as equipment cleaning.
4. Miscellaneous plant clean up.

All wash outs and clean up operations result in a waste water flow consisting of dilute amounts of the product we produce at our facility. Frequency of washout and clean up operations depends on seasonal and promotional demands by our customers.

ADDENDUM #10

Waste water producing operations:

All industrial waste water from operations at this facility are from equipment washout and cleaning operations. The main waste water producing operations are as follows:

1. Bulk liquid production - washout of mix tanks, transfer lines and related equipment.
2. Bulk bleach production - backwash of filter and associated process system.
3. Liquid fill line - product change equipment and supply line flush as well as equipment cleaning.
4. Bulk powder production clean up.
5. Miscellaneous plant clean up.

All wash outs and clean up operations result in a waste water flow consisting of dilute amounts of the product we produce at our facility. Frequency of washout and clean up operations depends on seasonal and promotional demands by our customers.

ADDENDUM #15

Currently this facility has the capability to recycle enough of our industrial waste water to permit us to use a 6%+ mix of recycle water in our bleach producing process. We are currently working with an engineer to upgrade our treatment plant to permit an 80% reduction in our current industrial waste water flow.

ADDENDUM #15

Currently this facility has the capability to recycle enough of our industrial waste water to permit us to use a 6% + mix of recycle water in our bleach producing process. We are currently working with an engineer to upgrade our treatment plant to permit an 80% reduction in our current industrial waste water flow.