

**CONFIDENTIAL**  
 This document contains personal information and pursuant to Civil Code 1798.21, it shall be kept confidential in order to protect against unauthorized disclosure.

**NON-RESIDENTIAL STORM WATER INSPECTION**

**I. FACILITY INFORMATION**

|                                                                                                                                                                                                                |                                                                             |                |                                                                         |             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------|-------------|
| 1. TENANT / FACILITY NAME                                                                                                                                                                                      |                                                                             | 2. TENANCY NO. | 3. AREA<br>SQ FT <input type="checkbox"/> ACRE <input type="checkbox"/> |             |
| 4. ADDRESS / LOCATION OF PROPERTY                                                                                                                                                                              |                                                                             | 5. CITY        | STATE<br>CA                                                             | 6. ZIP CODE |
| 7. TENANT CONTACT (NAME)                                                                                                                                                                                       | 8. MAILING ADDRESS (if different)                                           |                | 9. CONTACT PHONE NO.                                                    |             |
| 10. LEASE START DATE                                                                                                                                                                                           | 11. LEASE EXPIRATION DATE _____; or MONTH-TO-MONTH <input type="checkbox"/> |                |                                                                         |             |
| 12. PROPERTY TYPE - <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> TELECOMMUNICATIONS <input type="checkbox"/> PARKING <input type="checkbox"/> OTHER: _____ |                                                                             |                |                                                                         |             |
| 13. STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE _____                                                                                                                                                        |                                                                             |                |                                                                         |             |
| 14. SIC CODE DESCRIPTION _____                                                                                                                                                                                 |                                                                             |                |                                                                         |             |
| 15. FACILITY COVERED UNDER GENERAL INDUSTRIAL STORM WATER PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A                                                        |                                                                             |                |                                                                         |             |
| 15a. FACILITY'S INDUSTRIAL WASTE DISCHARGE IDENTIFICATION (WDID) NO. _____ <input type="checkbox"/> N/A                                                                                                        |                                                                             |                |                                                                         |             |
| 15b. DOES FACILITY HAVE A CURRENT SWPPP ON-SITE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A                                                                         |                                                                             |                |                                                                         |             |
| 16. FACILITY COVERED UNDER OTHER STORM WATER / WASTE WATER PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                    |                                                                             |                |                                                                         |             |
| 17. PERMIT TYPE _____                                                                                                                                                                                          |                                                                             |                |                                                                         |             |
| 18. PERMIT NUMBER _____                                                                                                                                                                                        |                                                                             |                |                                                                         |             |
| 19. ENTITY RESPONSIBLE FOR STORM WATER DRAINAGE SYSTEM (e.g., County of / City of / Caltrans)<br>_____                                                                                                         |                                                                             |                |                                                                         |             |

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**II. ACTIVITY / BMP ASSESSMENT:** Note outdoor activities conducted and BMPs implemented.

Photos  Yes  No Number of Photos \_\_\_\_\_

| Activities – Check each activity present at the site.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | BMP                      |                          |                          | Implementation Effectiveness* |                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------|-------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes                      | No                       | N/A                      | Satisfactory                  | Needs Improvement |
| <input type="checkbox"/> <b>Vehicle or Equipment Fueling. (If allowed by lease.)</b><br>1. Is fueling area designed to prevent run-on of storm water and runoff of spills?<br>2. Are employees trained in proper fueling, cleanup, and spill response procedures?<br>3. Are absorbent materials readily available for small spills?<br>4. Is fueling area inspected regularly for spills and/or leaks?                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                               |                   |
| <input type="checkbox"/> <b>Vehicle or Equipment Washing/Steam Cleaning. (If allowed by lease.)</b><br>1. Is designated wash area used?<br>2. Is wash area equipped with clarifier and connected to sanitary sewer?<br>3. Is designated wash area designed with complete containment?<br>4. Is clarifier or oil/water separator maintained regularly? Is maintenance documented?                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                               |                   |
| <input type="checkbox"/> <b>Vehicle or Equipment Maintenance and Repair. (If allowed by lease.)</b><br>1. Is maintenance performed in designated area?<br>2. Is equipment kept clean, no build-up of oil and grease?<br>3. Are drip pans and containers used in areas where drips or leaks may occur?<br>4. Are used oil and oil filters, antifreeze, batteries, fluids, etc., recycled?                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                               |                   |
| <input type="checkbox"/> <b>Outdoor Loading/Unloading of Materials.</b><br>1. Are delivery vehicles parked so spills and leaks can be contained?<br>2. Is the loading/unloading area covered to reduce exposure of materials to rain?<br>3. Is loading/unloading area designed to prevent storm water run-on?<br>4. Are storm drain inlets covered during transfer of materials?                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                               |                   |
| <input type="checkbox"/> <b>Outdoor Storage of Materials/Products/Equipment.</b><br>1. Are covers used to protect all raw materials, by-products, finished products and containers stored outside?<br>(Circle covering type used) Plastic Roof Canopy Other<br>2. Are chemicals, drums, or bagged materials on pallets or similar method that keep them off the ground?<br>3. Are hazardous materials (if permitted in lease) stored in properly designed containment areas?<br>4. Are spill containment pallets used?<br>5. Are drip pans and containers used in areas where drips or leaks may occur?<br>6. Are berms, curbs, or other structures in place to minimize pollutants from entering the storm water system? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                               |                   |

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| Activities - Check each activity present at the site.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | BMP                      |                          |                          | Implementation Effectiveness* |                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------|-------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Yes                      | No                       | N/A                      | Satisfactory                  | Needs Improvement |
| <input type="checkbox"/> <b>Waste Handling and Disposal.</b><br>1. Are materials recycled whenever possible?<br>2. Are wastes segregated and separated?<br>3. Is storage area designed to prevent storm water runoff?<br>4. Are waste dumpsters covered?                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                               |                   |
| <input type="checkbox"/> <b>Building and Grounds Maintenance.</b><br>1. Are pesticides and fertilizers used and stored properly?<br>2. Are areas swept regularly and is wash down by hosing prohibited unless wash water is contained?<br>3. Are contained wash water, sweepings and sediments disposed of properly?<br>4. Are materials used in repair and minor remodeling (paints, etc.) stored properly?<br>5. Are paved surfaces adequately maintained (minimal crumbling asphalt or concrete)?<br>6. Are safer alternative products used whenever possible? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                               |                   |
| <input type="checkbox"/> <b>Park and Landscape Maintenance.</b><br>1. Are non-vegetated surfaces covered to prevent erosion?<br>2. Are pesticides and fertilizers used only as needed and stored properly?<br>3. Are areas swept regularly and is wash down by hosing prohibited unless wash water is contained?<br>4. Are landscape clippings collected and disposed of properly?<br>5. Are irrigation systems designed to prevent runoff?                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                               |                   |
| <input type="checkbox"/> <b>Agricultural.</b><br>1. Are pesticides and fertilizers used and stored properly?<br>2. Are areas of exposed/disturbed soil properly managed?<br>3. Are irrigation systems designed to prevent runoff?<br>4. Is maintenance performed in designated area?                                                                                                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                               |                   |
| <input type="checkbox"/> <b>Parking Lots.</b><br>1. Are parking areas adequately maintained (minimal cracking, deterioration)?<br>2. Are parking areas kept free of trash and litter?<br>3. Are parking areas swept or vacuumed regularly and is wash down prohibited unless wash water is contained and disposed of properly?<br>4. Are parking areas kept relatively free of staining (oil, grease, etc.)?                                                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                               |                   |
| <input type="checkbox"/> <b>Erodible Surface Areas.</b><br>1. Are areas of exposed/disturbed soil properly managed?<br>2. Do any landscaped areas require re-vegetation?                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                               |                   |
| <input type="checkbox"/> <b>Illicit Connections/Illegal Discharges.</b><br>1. Are any illicit connections present?<br>2. Is illegal dumping or uncontrolled spillage/discharge occurring?                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                               |                   |

\* SATISFACTORY: BMPs (including source control BMPs) are used and are effective.  
 NEEDS IMPROVEMENT: No BMPs used and storm water pollution likely/Some BMPs used but not effective/Structural BMPs necessary to improve pollution prevention. *Provide Comments Below*

**III. BMP ASSESSMENT**

20. Observations/Comments: \_\_\_\_\_

Corrective Action/Due Date: \_\_\_\_\_

21. Observations/Comments: \_\_\_\_\_

Corrective Action/Due Date: \_\_\_\_\_

22. Observations/Comments: \_\_\_\_\_

Corrective Action/Due Date: \_\_\_\_\_

- IV. 23. NON-STORM WATER DISCHARGES:**  None observed / no evidence of / no sources noted  
 Sources observed, but BMPs in place  
 Sources observed, no BMPs in place, but no discharge  
 Observed discharges / evidence of discharges / no BMPs

*Report any observed illicit connections and illegal/unknown discharges to the District NPDES Storm Water Coordinator.*

**V. STORM WATER EDUCATION AND OUTREACH MATERIALS**

|                                                                                                                        |                             |                              |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------|
| 24. DO EMPLOYEES RECEIVE GENERAL TRAINING FOR MANAGING RUNOFF FROM SITE?                                               | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| DO EMPLOYEES RECEIVE SPECIFIC TRAINING FOR PREVENTING POLLUTION AND CONTROLLING RUNOFF FROM SITE (BMP IMPLEMENTATION)? | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| ARE TRAINING RECORDS AND EDUCATIONAL MATERIALS AVAILABLE FOR REVIEW?                                                   | <input type="checkbox"/> NO | <input type="checkbox"/> YES |

**VI. CONCLUSIONS**

25. COMMENTS/RECOMMENDATIONS (Describe any non-storm water discharges, unsatisfactory conditions or work needed):

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**26. CORRECTIVE ACTIONS**

NONE     CORRECT DEFICIENCIES NOTED ABOVE IN TIME FRAME INDICATED.

FACILITY BMP INFORMATION PROVIDED

FOLLOW-UP INSPECTION REQUIRED?             NO             YES

YES, WITHIN 30 DAYS AFTER \_\_\_\_\_             YES, TO BE SCHEDULED WITHIN NORMAL FREQUENCY

**VII. INSPECTION INFORMATION**

|                              |                        |                        |
|------------------------------|------------------------|------------------------|
| 27. INSPECTOR NAME (Printed) | 28. DATE OF INSPECTION | 29. TIME OF INSPECTION |
|------------------------------|------------------------|------------------------|

INSPECTOR SIGNATURE

30. REASON FOR INSPECTION:     Initial     Scheduled     Follow-up     Response to Complaint

|                                                                  |                                                             |
|------------------------------------------------------------------|-------------------------------------------------------------|
| NAME OF TENANT(S) ACCOMPANYING INSPECTOR<br>1. _____<br>2. _____ | SIGNATURE(S) - TENANT RECEIVED FORM<br>1. _____<br>2. _____ |
|------------------------------------------------------------------|-------------------------------------------------------------|

|                                                                           |                                                                                                 |
|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| NAME(S) OF OTHERS ACCOMPANYING INSPECTOR (IF ANY)<br>1. _____<br>2. _____ | SUPERVISOR'S REVIEW<br>FORM REVIEWED BY:<br>_____<br>DATE: _____<br>DISPOSITION: _____<br>_____ |
|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

**FIELD OBSERVATIONS  
HELPFUL HINTS FOR STORM WATER INSPECTIONS**

**AREAS AND ACTIVITIES WITH POTENTIAL TO SPILL****HAZARDOUS FLUIDS\***

- SPILL KITS AVAILABLE IF NEEDED
- SPILL RESPONSE AGENCY PHONE NUMBERS CLEARLY POSTED
- MATERIAL SAFETY DATA SHEETS AVAILABLE FOR PRODUCTS

**VEHICLE OR EQUIPMENT FUELING\***

- FUELING AREA COVERED OR SLOPED AWAY FROM DRAINS TO PREVENT RUN-ON/RUNOFF
- SPILLS OR LEAKS SPOT CLEANED AS NEEDED
- SPILL ABSORBENT AVAILABLE AND DISPOSED OF PROPERLY
- "NO TOPPING-OFF" SIGNS POSTED
- OVERFLOW PROTECTION AVAILABLE IF NEEDED
- EMPLOYEES TRAINED ON PROPER FUELING AND CLEANUP PROCEDURES
- GENERAL GOOD HOUSEKEEPING OBSERVED

**VEHICLE OR EQUIPMENT WASHING/STEAM CLEANING\***

- VEHICLES WASHED IN DESIGNATED AREA
- WASH AREA BERMED TO PREVENT DISCHARGES TO STORM DRAIN
- SAFER ALTERNATIVE PRODUCTS IN USE
- WASH WATER COLLECTED AND DISCHARGED TO SANITARY SEWER
- TRASH RECEPTACLES AVAILABLE TO PREVENT LITTER

**VEHICLE OR EQUIPMENT MAINTENANCE AND REPAIR\***

- VEHICLE MAINTENANCE AND REPAIR OCCURS INDOORS OR UNDER CANOPY
- DRIP PANS AVAILABLE
- MATERIAL STORAGE HANDLING AREAS ENCLOSED OR COVERED
- STAINS OR OTHER SIGNS OF POLLUTANTS NOT OBSERVED
- HAZARDOUS MATERIALS LABELED, COVERED AND CONTAINED (e.g., AUTO FLUIDS, PAINTS, SOLVENTS, GREASE)
- SPILLS OR LEAKS SPOT CLEANED AS NEEDED
- EMPLOYEES TRAINED ON PROPER CLEANUP AND DISPOSAL PROCEDURES
- GENERAL GOOD HOUSEKEEPING OBSERVED

**OUTDOOR LOADING/UNLOADING OF MATERIALS**

- MATERIAL LOADING/UNLOADING AREAS ENCLOSED OR COVERED
- LOADING AND UNLOADING CONDUCTED IN DRY WEATHER IF NOT COVERED
- LOADING AND UNLOADING AREA BERMED OR SLOPED TO CONTAIN SPILLAGE
- NO DISCHARGE TO STORM DRAIN
- DRIP PANS AVAILABLE TO CAPTURE LIQUID LEAKS

**OUTDOOR STORAGE OF MATERIALS/PRODUCTS/EQUIPMENT**

- HAZARDOUS MATERIALS LABELED, COVERED, AND CONTAINED\*
- STOCKPILED MATERIALS COVERED
- NO SIGNS OF EXCESSIVE LEAKING FROM STORED EQUIPMENT
- DRIP PANS AVAILABLE TO CAPTURE EQUIPMENT LEAKS
- STORAGE AREA FREE OF LITTER
- GENERAL GOOD HOUSEKEEPING OBSERVED

**WASTE HANDLING AND DISPOSAL**

- RECYCLABLE MATERIALS BEING RECYCLED
- WASTE CONTAINERS COVERED TO PREVENT STORM WATER RUNOFF/RUN-ON
- DRIP PANS AVAILABLE TO CAPTURE GREASE WHEN TRANSFERRED
- AREA SWEEPED DOWN ON REGULAR BASIS
- AREA FREE OF STAINS OR OTHER SIGNS OF POLLUTANTS GOING INTO STORM DRAIN SYSTEM
- WASTE CONTAINERS IN GOOD CONDITION FREE FROM LEAKS
- GENERAL GOOD HOUSEKEEPING OBSERVED
- NO LITTERING SIGNS POSTED

**BUILDING AND GROUNDS MAINTENANCE**

- VEGETATION LEFT IN PLACE WHERE POSSIBLE
- SOIL EROSION NOT OBSERVED
- GROUNDS FREE OF LITTER
- PAVED AREAS SWEEPED DOWN AND NOT HOSED OFF
- SAFER ALTERNATIVE PRODUCTS IN USE
- TRASH RECEPTACLES AVAILABLE TO PREVENT LITTER
- MINIMAL USE OF PESTICIDES AND FERTILIZERS

**PARK AND LANDSCAPE MAINTENANCE**

- SOIL EROSION NOT OBSERVED
- GROUNDS FREE OF LITTER
- PAVED AREAS SWEEPED DOWN AND NOT HOSED OFF
- IRRIGATION SYSTEMS DESIGNED TO PREVENT RUNOFF
- USE OF PESTICIDES AND FERTILIZERS ONLY AS NEEDED

**AGRICULTURAL**

- VEGETATION LEFT IN PLACE WHERE POSSIBLE
- VEGETATION LEFT IN PLACE DURING FALLOW YEARS
- SOIL EROSION MINIMIZED
- USE OF PESTICIDES AND FERTILIZERS ONLY WHEN REQUIRED
- ANIMAL WASTE MANAGEMENT PROGRAM IN USE
- IRRIGATION SYSTEMS DESIGNED TO PREVENT RUNOFF

**PARKING LOTS**

- PAVED AREAS SWEEPED DOWN AND NOT HOSED OFF
- TRASH RECEPTACLES AVAILABLE TO PREVENT LITTER
- SPILLS OR LEAKS SPOT CLEANED AS NEEDED

**ERODIBLE SURFACE AREAS**

- PRESERVE NATURAL VEGETATION
- VEGETATION LEFT IN PLACE WHERE POSSIBLE
- SOIL EROSION NOT OBSERVED
- CHEMICAL STABILIZATION OR GEOSYNTHETICS IN USE ON BARE GROUND
- PAVED AREAS SWEEPED REGULARLY

**ILLICIT CONNECTIONS/ILLEGAL DISCHARGES**

- SIGNS OF ILLICIT CONNECTIONS TO STORM WATER CONVEYANCE SYSTEM(S)
- SIGNS OF ILLEGAL/UNKNOWN DISCHARGE OBSERVED GOING FROM THE LEASE PREMISES ONTO ADJACENT PROPERTY OR INTO THE STREET
- SIGNS OF ILLEGAL/OR UNKNOWN DISCHARGE OBSERVED COMING FROM ADJACENT PROPERTY ONTO THE LEASE PREMISES
- STAINED PAVEMENT IN AREAS NEAR OR SURROUNDING CATCH BASIN OR STORM WATER OUTFALL

**EMPLOYEE STORM WATER MANAGEMENT TRAINING**

- ACTIVITY APPLICABLE BMP TIP SHEETS POSTED
- TRAINING RECORDS AVAILABLE FOR REVIEW
- EMPLOYEES OBSERVED CONDUCTING WORK CONSISTENT WITH BMPs

\*IF SUCH ACTIVITIES OR MATERIALS ARE PERMITTED IN THE LEASE.