



2017-2018
ANNUAL REPORT
FOR STORM WATER DISCHARGES
ASSOCIATED WITH INDUSTRIAL ACTIVITIES

Reporting Period July 1, 2017 through June 30, 2018

Retain a copy of the completed Annual Report for your 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.waterboards.ca.gov/water_issues/programs/stormwater/contact.shtml

General Information

A. Facility Information

WDID: 5S31I017902

Business Name: Western Placer Unified Sch Dis

Physical Address: 2701 Nicolas Rd

City: Lincoln

Contact Person: Mark DeRossett

State: CA

Phone: 916-645-6346

Zip: 95648

Email: mderossett@wpusd.k12.ca.us

Standard Industrial Classification (SIC) Codes: 4151-School Buses

B. Facility Owner Information

Business Name: Western Placer USD

Mailing Address: 600 Sixth Street Suite 400

City: Lincoln

Contact Person: Audrey Kilpatrick

State: CA

Phone: 916-645-6350

Zip: 95648

Email: akilpatrick@wpusd.k12.ca.us

C. Facility Billing Information

Business Name: Western Placer USD

Mailing Address: 600 Sixth Street Suite 400

City: Lincoln

Contact Person: Accounts Payable

State: CA

Phone: 916-645-6350

Zip: 95648

Email: akilpatrick@wpusd.k12.ca.us

Question Information

1. Has the Discharger conducted monthly visual observations (including authorized and unauthorized Non-Storm Water Discharges and Best Management Practices) in accordance with Section XI.A.1?

Yes No

If No, see Attachment 1, Summary of Explanation.

2. Has the Discharger conducted sampling event visual observations at each discharge location where a sample was obtained in accordance with Section XI.A.2?

Yes No

If No, see Attachment 1, Summary of Explanation.

3. Did you sample the required number of Qualifying Storm Events during the reporting year for all discharge locations, in accordance with Section XI.B?

Yes No

If No, see Attachment 1, Summary of Explanation.

4. How many storm water discharge locations are at your facility?

1

5. Has the Discharger chosen to select Alternative Discharge Locations in accordance with Section XI.C.3?

Yes No

6. Has the Discharger reduced the number of sampling locations within a drainage area in accordance with the Representative Sampling Reduction in Section XI.C.4?

Yes No

7. Permitted facilities located within an impaired watershed must assess for potential pollutants that may be present in the facility's industrial storm water discharge. Using the table below, populated based on the facility's location, indicate the presence of the potential pollutant at the facility.

See Attachment 2 for the List of Identified Pollutants within the Impaired Watershed.

8. Has the Discharger included the above pollutants in the SWPPP pollutant source assessment and assessed the need for analytical monitoring for the pollutants?

Yes No

If No, what date will the parameter(s) will be added to the SWPPP and Monitoring Implementation Plan?

9. Were all samples collected in accordance with Section XI.B.5?

Yes No

If No, see Attachment 1, Summary of Explanation.

10. Has any contained storm water been discharged from the facility this reporting year?

Yes No

If Yes, see Attachment 1, Summary of Explanation.

11. Has the Discharger conducted one (1) annual evaluation during the reporting year as required in Section XV?

Yes No

If Yes, what date was the annual evaluation conducted? 03/20/2018

If No, see Attachment 1, Summary of Explanation.

12. Has the Discharger maintained records on-site for the reporting year in accordance with XXI.J.3?

Yes No

If No, see Attachment 1, Summary of Explanation.

If your facility is subject to Effluent Limitation Guidelines in Attachment F of the Industrial General Permit, include your specific requirements as an attachment to the Annual Report (attach as file type: Supporting Documentation).

ANNUAL REPORT CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under the 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.

Printed Name: Audrey Kilpatrick

Title: Asst Supt Business

Date: 06/07/2018

2017-2018

Annual Report for WDID 5S31I017902

Summary of Explanations

Explanation Question	Explanation Text
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Summary of Attachments

Attachment Type	Attachment Title	Description	Date Uploaded	Part Number	Attachment Hash
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2017-2018

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List of Identified Pollutants within the Impaired Watershed

Parameter	Pollutant	Present at Facility?
Dissolved Oxygen	Oxygen, Dissolved	No
Metals Screen	Mercury	No
Pyrethroids	Pyrethroids	No