

Comprehensive Site Compliance Evaluation Report

Permit Part III.E. (Comprehensive Site Compliance Evaluation)

Facility Name: <u>STANCO LLC</u>			
Permit Number: <u>VAC840030</u>			
Date: <u>3-17-2001</u>	Time: <u>2:00 PM</u>	Weather: <u>CLOUDY</u>	
Name of Inspector (Print/Sign): <u>JASON VANDERKAM</u>			

Note: A Qualifying Storm Event is rainfall of more than 0.1 inches and at least 72 hours from the last Qualifying Storm Event (that results in a discharge).

Storm Event Information: If applicable during CSCE	Date	Rainfall (inches)	Duration of Storm Event (hours)	Number Hours between Storm Events
Previous Qualifying Storm Event				
Present Qualifying Storm Event	<u>N/A.</u>			
Valid Storm Event for Stormwater Sampling?				


Describe areas inspected contributing stormwater associated with Industrial activity (Part II.G.4.b.)	Evidence of pollutants entering Stormwater? Describe: silt, oil sheen, raw materials, debris/trash, etc.	Controls & Measures to reduce pollutants in place and effective?	Stormwater management measures, Erosion & Sedimentation measures operating correctly and intact & maintained?	Additional Pollution Prevention Controls & Measures needed?
Settling basins	<u>NO</u>	<u>YES</u>	<u>YES</u>	<u>NO</u>
Truck washout/washdown area	↓	↓	↓	↓
Aggregate storage area				
Shop/maintenance area				
Fueling area				
Bulk Liquid Storage Area				
Production Plants				
Storm Water Discharge Diversions				
Outfall <u>001</u>				
Storm Water Pollution Prevention Plan review: any revisions or updates needed.				

Comments, Findings and Corrective Measures required (if applicable, list deficiencies or areas which require the SWPPP to be revised (revision within 2 weeks of the inspection) and controls implemented within 12 weeks of this inspection). Include date(s) Corrective Measures were achieved for any listed deficiencies.

COMPLETED DURING A INSPECTION W/ DMMR INSPECTOR MATT KRETSCH.

In Compliance with SWPPP? [YES or NO] YES

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. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

 Certification Signature	<u>JASON VANDERKAM</u> Printed Name	<u>Gr. M.</u> Title	<u>3-18-21</u> Date	<u>510-886-2111</u> Phone No.
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