



Storm Water Management Program for Garages

Presented by the
Environmental Compliance Group

Office of Environmental Health & Safety
Los Angeles Unified School District

VISUAL MONITORING REQUIREMENTS

- Quarterly Dry Period Observations
 - Authorized Non-Storm Water Discharges
 - Unauthorized Non-Storm Water Discharges
- Monthly Wet Season Observations
- Annual Comprehensive Site Compliance Evaluation

Authorized and Unauthorized Discharges

Authorized Non-Storm Water Discharges

- Fire hydrant flushing
- Refrigerant, air conditioning and compressor condensate
- Landscape irrigation
- Discharge of uncontaminated groundwater
- Drinking fountain water
- Potable water related to the operation, maintenance, or testing of potable water systems

Unauthorized Non-Storm Water Discharges

- Washing truck and equipment using hoses
- Cleaning pavements using hoses
- High pressure washes
- Steam Cleaning
- Process water
- Sanitary wastewater
- Cooling tower water

Quarterly Visual Observations of Authorized Non-Storm Water Discharges

- Use form 2-Side A & form 2-Side B
- Conduct visual observations quarterly
- Conduct visual observations **not** more than 16 weeks apart
- Conduct visual observations during operating hours in daylight
- Conduct visual observations when there are no storm water discharges
- Submit completed forms to Office of Environmental Health and Safety (OEHS) by June 7 each year

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.

<p>QUARTER: JULY-SEPT.</p> <p>DATE: ____/____/____</p>	<p>Observers Name: _____</p> <p>Title: _____</p> <p>Signature: _____</p>	<p>WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?</p> <p><input type="checkbox"/> YES If YES, complete reverse side of this form.</p> <p><input type="checkbox"/> NO</p>
<p>QUARTER: OCT.-DEC.</p> <p>DATE: ____/____/____</p>	<p>Observers Name: _____</p> <p>Title: _____</p> <p>Signature: _____</p>	<p>WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?</p> <p><input type="checkbox"/> YES If YES, complete reverse side of this form.</p> <p><input type="checkbox"/> NO</p>
<p>QUARTER: JAN.-MARCH</p> <p>DATE: ____/____/____</p>	<p>Observers Name: _____</p> <p>Title: _____</p> <p>Signature: _____</p>	<p>WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?</p> <p><input type="checkbox"/> YES If YES, complete reverse side of this form.</p> <p><input type="checkbox"/> NO</p>
<p>QUARTER: APRIL-JUNE</p> <p>DATE: ____/____/____</p>	<p>Observers Name: _____</p> <p>Title: _____</p> <p>Signature: _____</p>	<p>WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?</p> <p><input type="checkbox"/> YES If YES, complete reverse side of this form.</p> <p><input type="checkbox"/> NO</p>

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

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

Quarterly Visual Observations of Unauthorized Non-Storm Water Discharges

- Use form 3-Side A & form 3-Side B
- Conduct visual observations quarterly
- Conduct visual observations **not** more than 16 weeks apart
- Conduct visual observations during operating hours in daylight
- Conduct visual observations when there are no storm water discharges
- Submit completed forms to OEHS by June 7 of each year

**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 NSWDSs.
- Quarterly visual observations are required during dry weather and at all facility drainage areas.
- Each unauthorized NSWDS source, impacted drainage area, and discharge location must be identified and observed.
- Unauthorized NSWDSs 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.

<p>QUARTER: JULY-SEPT.</p> <p>DATE/TIME OF OBSERVATIONS</p> <p>___/___/___ :__</p> <p><input type="checkbox"/> AM <input type="checkbox"/> PM</p>	<p>Observers Name: _____</p> <p>Title: _____</p> <p>Signature: _____</p>	<p>WERE UNAUTHORIZED NSWDS OBSERVED? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDS? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If YES to either question, complete reverse side.</p>
<p>QUARTER: OCT.-DEC.</p> <p>DATE/TIME OF OBSERVATIONS</p> <p>___/___/___ :__</p> <p><input type="checkbox"/> AM <input type="checkbox"/> PM</p>	<p>Observers Name: _____</p> <p>Title: _____</p> <p>Signature: _____</p>	<p>WERE UNAUTHORIZED NSWDS OBSERVED? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDS? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If YES to either question, complete reverse side.</p>
<p>QUARTER: JAN.-MARCH</p> <p>DATE/TIME OF OBSERVATIONS</p> <p>___/___/___ :__</p> <p><input type="checkbox"/> AM <input type="checkbox"/> PM</p>	<p>Observers Name: _____</p> <p>Title: _____</p> <p>Signature: _____</p>	<p>WERE UNAUTHORIZED NSWDS OBSERVED? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDS? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If YES to either question, complete reverse side.</p>
<p>QUARTER: APRIL-JUNE</p> <p>DATE/TIME OF OBSERVATIONS</p> <p>___/___/___ :__</p> <p><input type="checkbox"/> AM <input type="checkbox"/> PM</p>	<p>Observers Name: _____</p> <p>Title: _____</p> <p>Signature: _____</p>	<p>WERE UNAUTHORIZED NSWDS OBSERVED? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDS? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If YES to either question, complete reverse side.</p>

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

OBSERVATION DATE (FROM REVERSE SIDE)	NAME OF UNAUTHORIZED NSWD <i>EXAMPLE:</i> Vehicle Wash Water	SOURCE AND LOCATION OF UNAUTHORIZED NSWD <i>EXAMPLE:</i> 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	
____ / ____ / ____ ____ : ____ <input type="checkbox"/> AM <input type="checkbox"/> PM					
____ / ____ / ____ ____ : ____ <input type="checkbox"/> AM <input type="checkbox"/> PM					
____ / ____ / ____ ____ : ____ <input type="checkbox"/> AM <input type="checkbox"/> PM					
____ / ____ / ____ ____ : ____ <input type="checkbox"/> AM <input type="checkbox"/> PM					

Monthly Visual Observations of Storm Water Discharges

- Use form 4-Side A (two pages) and form 4-Side B (two pages)
- Conduct visual observations monthly from October 1 to May 31
- Conduct visual observations at all discharge locations
- Conduct visual observations during the first hour of discharge
- Conduct visual observations during daylight hours
- Conduct visual observations for storm water discharges that are preceded by at least 3 working days without storm water discharges
- Conduct visual observations during scheduled facility operating hours
- Submit completed forms to OEHS by June 7 of each year

**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 _____ Observers Name: _____ Title: _____ Signature: _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Time Discharge Began	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Observation Date: November _____ Observers Name: _____ Title: _____ Signature: _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Time Discharge Began	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Observation Date: December _____ Observers Name: _____ Title: _____ Signature: _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Time Discharge Began	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Observation Date: January _____ Observers Name: _____ Title: _____ Signature: _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Time Discharge Began	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

**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 _____ Observers Name: _____ Title: _____ Signature: _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Time Discharge Began	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Observation Date: March _____ Observers Name: _____ Title: _____ Signature: _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Time Discharge Began	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Observation Date: April _____ Observers Name: _____ Title: _____ Signature: _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Time Discharge Began	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Observation Date: May _____ Observers Name: _____ Title: _____ Signature: _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Time Discharge Began	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	: <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

**FORM 4-MONTHLY VISUAL OBSERVATIONS OF
STORM WATER DISCHARGES**

DATE/TIME OF OBSERVATION (From Reverse Side)	DRAINAGE AREA DESCRIPTION <i>EXAMPLE:</i> 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 <i>EXAMPLE:</i> Oil sheen caused by oil dripped by trucks in vehicle maintenance area.	DESCRIBE ANY REVISED OR NEW BMPs AND THEIR DATE OF IMPLEMENTATION
/ / : <input type="checkbox"/> AM <input type="checkbox"/> PM				
/ / : <input type="checkbox"/> AM <input type="checkbox"/> PM				
/ / : <input type="checkbox"/> AM <input type="checkbox"/> PM				
/ / : <input type="checkbox"/> AM <input type="checkbox"/> PM				
/ / : <input type="checkbox"/> AM <input type="checkbox"/> PM				

Annual Comprehensive Site Compliance Evaluation

- Use form # 5
- OEHS is responsible to conduct an annual inspection by June 7 of each year

Sampling

- Collect storm water samples during wet season from October 1 to May 31
- Collect samples from the designated sampling points
- Collect samples at the first hour of discharge
- Collect samples from storm water discharges that occur during scheduled facility operating hours
- Collect samples from storm water discharges that are preceded by at least 3 working days without storm water discharge
- Complete chain of custody
- Keep samples in the ice chest with blue ice or in the refrigerator
- Call OEHS at (213) 241-3199 to pick-up samples
- Collect samples from the first two qualifying storm events

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 <small>Example: NW Out Fall</small>	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	ANALYTICAL RESULTS For First Storm Event												
			BASIC PARAMETERS					OTHER PARAMETERS							
			PH	TSS	SC	O&G	TOC								
	____ / ____ / ____ <input type="checkbox"/> AM ____ : ____ <input type="checkbox"/> PM	<input type="checkbox"/> AM ____ : ____ <input type="checkbox"/> PM													
	____ / ____ / ____ <input type="checkbox"/> AM ____ : ____ <input type="checkbox"/> PM	<input type="checkbox"/> AM ____ : ____ <input type="checkbox"/> PM													
	____ / ____ / ____ <input type="checkbox"/> AM ____ : ____ <input type="checkbox"/> PM	<input type="checkbox"/> AM ____ : ____ <input type="checkbox"/> PM													
	____ / ____ / ____ <input type="checkbox"/> AM ____ : ____ <input type="checkbox"/> PM	<input type="checkbox"/> AM ____ : ____ <input type="checkbox"/> 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

Chain of Custody

WESTERN ANALYTICAL LABORATORIES, INC.

1515 WEST 10TH AVENUE • COVINA, CALIFORNIA 91724 • PHONE (909) 934-2222 • FAX (909) 934-2222 • WWW.WALAB.COM

SAMPLE ANALYSIS REQUEST FORM AND CHAIN OF CUSTODY

Customer: LOS ANGELES UNIFIED SCHOOL DISTRICT			Date Sampled:		Analyses Required (Diagonal lines)									
Address:			Sampled By:											
Attention:														
Sample Location:											PH, SS, SO Cont TOC		Remarks (Include field results)	
WAL No.	Col. I.C.	Time Sampled	Container and Preservative	Sample Description										
			PL PT, NONE	STORMWATER	X									
			PL PT, H2SO4	STORMWATER		X								

Relinquished by: (SIGNATURE)	Date/Time	Received by: (SIGNATURE)	Relinquished by: (SIGNATURE)	Date/Time	Received by: (SIGNATURE)
Relinquished by: (SIGNATURE)	Date/Time	Received by: (SIGNATURE)	Relinquished by: (SIGNATURE)	Date/Time	Received by: (SIGNATURE)

Annual Report

OEHS shall prepare and submit an annual report to Regional Water Quality Board (RWQCB) by July 1 of each year.