

Stormwater Industrial Routine Facility Inspection Report

General Information				
Facility Name	HERCO, INC Asphalt and Paving Plat			
NPDES Tracking No.	I R 05 C - 379			
Date of Inspection	6-21-19			
Inspector's Name(s)	H. M. Wenstrom			
Inspector's Title(s)	Owner			
Inspector's Contact Information	208-743-8634			
Inspector's Qualifications				
Weather Information				
Weather at time of this inspection? <input type="checkbox"/> Clear <input checked="" type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snow <input type="checkbox"/> High Winds <input type="checkbox"/> Other: Temperature: 57° F				
Have any previously unidentified discharges of pollutants occurred since the last inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:				
Are there any discharges occurring at the time of inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:				
Control Measures				
<ul style="list-style-type: none"> • Number the structural stormwater control measures identified in your SWPPP on your site map and list them below (add as many control measures as are implemented on-site). Carry a copy of the numbered site map with you during your inspections. This list will ensure that you are inspecting all required control measures at your facility. • Describe corrective actions initiated, date completed, and note the person that completed the work in the Corrective Action Log. 				
#	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
1	Berm/SWALE	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	Regrade Swale NONE
2		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
3		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
4		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
5		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
6		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
7		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
8		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
9		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance	

Areas of Industrial Materials or Activities exposed to stormwater

Below are some general areas that should be assessed during routine inspections. Customize this list as needed for the specific types of industrial materials or activities at your facility.

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
1	Material loading/unloading and storage areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	None
2	Equipment operations and maintenance areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	None
3	Fueling areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	Outdoor vehicle and equipment washing areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	Waste handling and disposal areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Erodible areas/construction	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	Non-stormwater/ illicit connections	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8	Salt storage piles or pile containing salt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9	Dust generation and vehicle tracking	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	water truck
10	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Non-Compliance

Describe any incidents of non-compliance observed and not described above:

NONE

Additional Control Measures

Describe any additional control measures needed to comply with the permit requirements:

NONE
Perform a walk around inspection at asphalt Plant Site - including all tanks, hoses, valves, hose connections. Found no leaks. Checked all on site equipment & trucks, Found no leaks

Notes

Use this space for any additional notes or observations from the inspection:

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 gathered and evaluated 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."

Print name and title: H. M. Wenstrom

Signature: H. M. Wenstrom Date: 6-21-19

MSGP Quarterly Visual Assessment Form

(Complete a separate form for each outfall you assess)

Name of Facility: HERCO, INC Asphalt and Paving Plant NPDES Tracking No.

Outfall Name: Name "Substantially Identical Outfall"? No Yes (identify substantially identical outfalls):

Person(s)/Title(s) collecting sample: H.M. Wensstrom - owner

Person(s)/Title(s) examining sample: ANATEK Lab

Date & Time Discharge Began:

Date & Time Sample Collected:

Date & Time Sample Examined:

6-21-19 - 6:00 AM 6-21-19 - 9:40 AM 6-21-19 - 10:45 AM

Substitute Sample? No Yes (identify quarter/year when sample was originally scheduled to be collected):

Nature of Discharge: Rainfall Snowmelt

If rainfall: Rainfall Amount: No of inches Previous Storm Ended > 72 hours Yes No* (explain):
.065 Before Start of This Storm?

Parameter

Color None Other (describe):

Odor None Musty Sewage Sulfur Sour Petroleum/Gas
 Solvents Other (describe):

Clarity Clear Slightly Cloudy Cloudy Opaque Other

Floating Solids No Yes (describe):

Settled Solids** No Yes (describe):

Suspended Solids No Yes (describe):

Foam (gently shake sample) No Yes (describe):

Oil Sheen None Flecks Globs Sheen Slick
 Other (describe):

Other Obvious Indicators of Stormwater Pollution: No Yes (describe):

* The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documents) that less than a 72-hour interval is representative of local storm events during the sampling period.

** Observe for settled solids after allowing the sample to sit for approximately one-half hour.

NO CONCERNs - NO COMMENTS

Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary). Insert details

NO CONCERNs - NO COMMENTS

Certification by Facility Responsible Official (Refer to MSGP Subpart 11 Appendix B for Signatory Requirements)

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 a 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.

A. Name: H.M. Wensstrom

B. Title: owner

C. Signature: H.M. Wensstrom

D. Date Signed: 6-21-19

Anatek Labs, Inc.

1282 Alturas Drive • Moscow, ID 83843 • (208) 883-2839 • Fax (208) 882-9246 • email moscow@anateklabs.com
504 E Sprague Ste. D • Spokane WA 99202 • (509) 838-3999 • Fax (509) 838-4433 • email spokane@anateklabs.com

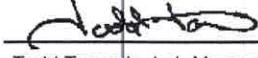
Client: HERCO INC.
Address: PO BOX 916
LEWISTON, ID 83501
Attn: H.M. WENSTROM

Batch #: 190621012
Project Name: HERCO ASPHALT PLANT
SITE #2000

Analytical Results Report

Sample Number	190621012-001	Sampling Date	6/21/2019	Date/Time Received	6/21/2019	10:48 AM
Client Sample ID	OUTFALL #1	Sampling Time	9:40 AM			
Matrix	Water					
Comments						
Parameter	Result	Units	PQL	Analysis Date	Analyst	Method
TSS	16.3	mg/L	1	6/26/2019 11:45:00 AM	GPB	SM 2540D

Authorized Signature



Todd Taruscio, Lab Manager

MCL EPA's Maximum Contaminant Level
ND Not Detected
PQL Practical Quantitation Limit

This report shall not be reproduced except in full, without the written approval of the laboratory.
The results reported relate only to the samples indicated.
Soil/solid results are reported on a dry-weight basis unless otherwise noted.

Certifications held by Anatek Labs ID: EPA:ID00013; AZ:0701; FL(NELAP):E87893; ID:ID00013; MT:CERT0028; NM: ID00013; NV:ID00013; OR:ID200001-002; WA:C595
Certifications held by Anatek Labs WA: EPA:WA00169; D:WA00169; WA:C585; MT:Cert0095; FL(NELAP): E871099

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504 E Sprague Ste. D • Spokane WA 99202 • (509) 838-3999 • Fax (509) 838-4433 • email spokane@anateklabs.com

Login Report

Customer Name: HERCO INC. **Order ID:** 190621012
PO BOX 916 **Order Date:** 6/21/2019
LEWISTON ID 83501
Contact Name: H.M. WENSTROM **Project Name:** HERCO ASPHALT
Comment: PLANT SITE #2000

Sample #: 190621012-001 Customer Sample #: OUTFALL #1

Recv'd: Matrix: Water Collector: Date Collected: 6/21/2019
Quantity: 1 Date Received: 6/21/2019 10:48:00 AM Time Collected: 9:40 AM

Comment:

Test	Lab	Method	Due Date	Priority
SOLIDS - TSS	M	SM 2540D	7/3/2019	<u>Normal (~10 Days)</u>

SAMPLE CONDITION RECORD

Samples received in a cooler?	Yes
Samples received intact?	Yes
What is the temperature of the sample(s)? (°C)	3.1
Samples received with a COC?	Yes
Samples received within holding time?	Yes
Are all sample bottles properly preserved?	N/A
Are VOC samples free of headspace?	N/A
Is there a trip blank to accompany VOC samples?	N/A
Labels and chain agree?	Yes
Total number of containers?	1