

# Stormwater Industrial Routine Facility Inspection Report

General Information				
Facility Name	HERCO, INC Asphalt and Paving Plat			
NPDES Tracking No.	IROS5C-379			
Date of Inspection	9-30-19	Start/End Time	9:45 AM - 11:15 AM	
Inspector's Name(s)	H. M. Wenstrom			
Inspector's Title(s)	Owner			
Inspector's Contact Information	208-743-8634			
Inspector's Qualifications				
Weather Information				
<b>Weather at time of this inspection?</b> <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input checked="" 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: 44°F				
<b>Have any previously unidentified discharges of pollutants occurred since the last inspection?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>If yes, describe:</b>				
<b>Are there any discharges occurring at the time of inspection?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>If yes, describe:</b>				
Control Measures				
<ul style="list-style-type: none"> <li>• 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.</li> <li>• Describe corrective actions initiated, date completed, and note the person that completed the work in the Corrective Action Log.</li> </ul>				
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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	Swale is working properly	
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2	Equipment operations and maintenance areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3	Fueling areas	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4	Outdoor vehicle and equipment washing areas	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5	Waste handling and disposal areas	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
6	Erodible areas/construction	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7	Non-stormwater/ illicit connections	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8	Salt storage piles or pile containing salt	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No	use water truck when Dusty
10	(Other)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
11	(Other)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
12	(Other)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" 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, buckets in place on all valves & connections, found no leaks - replaced one bucket on CSSI Asphalt tank (no leaks) checked all onsite equipment and 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. Vensstrom

Signature: H. M. Vensstrom Date: 9-30-19

## 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. IRO5C-379

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

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

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

Date & Time Discharge Began:

9-30-19 - 7:AM

Date & Time Sample Collected:

9-30-19 - 11:05 AM

Date & Time Sample Examined:

9-30-19 12:32

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):  
0.85"      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. Wenstrom

B. Title: OWNER

C. Signature: H. M. Wenstrom

D. Date Signed: 9-30-19

# 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

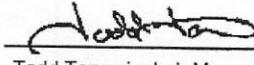
**Client:** HERCO INC.  
**Address:** PO BOX 916  
LEWISTON, ID 83501  
**Attn:** H.M. WENSTROM

**Batch #:** 190930020  
**Project Name:** HERCO ASPHALT PLANT  
SITE #2000

## Analytical Results Report

Sample Number	190930020-001	Sampling Date	9/30/2019	Date/Time Received	9/30/2019	1:16 PM
Client Sample ID	OUTFALL #1	Sampling Time	11:15 AM	Extraction Date	10/3/2019	
Matrix	Water					
Comments						
Parameter	Result	Units	PQL	Analysis Date	Analyst	Method
TSS	8.45	mg/L	1	10/3/2019 3:23:00 PM	TAZ	SM 2540D

Authorized Signature



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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; ID:WA00169; WA:C585; MT:Cer0095; FL(NELAP): E871099

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## Login Report

**Customer Name:** HERCO INC.

PO BOX 916  
LEWISTON

ID 83501

**Order ID:** 190930020

**Order Date:** 9/30/2019

**Contact Name:** H.M. WENSTROM

**Project Name:** HERCO ASPHALT  
PLANT SITE #2000

**Comment:**

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Sample #: 190930020-001 Customer Sample #: OUTFALL #1

Recv'd:  Matrix: Water

Collector:

Date Collected: 9/30/2019

Quantity: 1 Date Received: 9/30/2019 1:16:00 PM

Time Collected: 11:15 AM

Comment:

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

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## SAMPLE CONDITION RECORD

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Samples received in a cooler?	Yes
Samples received intact?	Yes
What is the temperature of the sample(s)? (°C)	6.7
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



Anatek  
Labs,  
Inc.

**Chain of Custody Record**

1282 Alturas Drive, Moscow ID 83843 (208) 883-2839 FAX 882-9246  
504 E Sprague Ste D, Spokane WA 99202 (509) 838-3999 FAX 838-4433

190930 020 **HERC** Last 10/10/2019  
Due

1st SAMP 9/30/2019 1st RCVD 9/30/2019

An **HERCO ASPHALT PLANT SITE**  
Lo #2000

Company Name <b>Herco, INC</b>		Project Manager: <b>H. M. Wenstrom</b>		Turn Around Time & Reporting  Please refer to our normal turn around times at: <a href="http://www.anateklabs.com/services/guidelines/reporting.asp">http://www.anateklabs.com/services/guidelines/reporting.asp</a>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
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M. Wenstrom</b> Signature: <b>H. M. Wenstrom</b> Company: <b>Herco, INC.</b> Date: <b>9-30-19</b> Time: <b>11:35 AM</b></p> <p>Received by: <b>Julie Moore</b> J.M. Received by: <b>Anatek</b> Date: <b>9-30-19</b> Time: <b>12:32 PM</b></p> <p>Relinquished by: Received by: Relinquished by: Received by: Relinquished by: Received by:</p> <p>Temperature (°C): <b>67 C</b> IR-2 Preservative: Date &amp; Time: Inspected By:</p>				Preservative:	# of Containers	Sample Volume	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524	525	526	527	528	529	530	531	532	533	534	535	536	537	538	539	540	541	542	543	544	545	546	547	548	549	550	551	552	553	554	555	556	557	558	559	560	561	562	563	564	565	566	567	568	569	570	571	572	573	574	575	576	577	578	579	580	581	582	583	584	585	586	587	588	589	590	591	592	593	594	595	596	597	598	599	600	601	602	603	604	605	606	607	608	609	610	611	612	613	614	615	616	617	618	619	620	621	622	623	624	625	626	627	628	629	630	631	632	633	634	635	636	637	638	639	640	641	642	643	644	645	646	647	648	649	650	651	652	653	654	655	656	657	658	659	660	661	662	663	664	665	666	667	668	669	670	671	672	673	674	675	676	677	678	679	680	681	682	683	684	685	686	687	688	689	690	691	692	693	694	695	696	697	698	699	700	701	702	703	704	705	706	707	708	709	710	711	712	713	714	715	716	717	718	719	720	721	722	723	724	725	726	727	728	729	730	731	732	733	734	735	736	737	738	739	740	741	742	743	744	745	746	747	748	749	750	751	752	753	754	755	756	757	758	759	760	761	762	763	764	765	766	767	768	769	770	771	772	773	774	775	776	777	778	779	780	781	782	783	784	785	786	787	788	789	790	791	792	793	794	795	796	797	798	799	800	801	802	803	804	805	806	807	808	809	810	811	812	813	814	815	816	817	818	819	820	821	822	823	824	825	826	827	828	829	830	831	832	833	834	835	836	837	838	839	840	841	842	843	844	845	846	847	848	849	850	851	852	853	854	855	856	857	858	859	860	861	862	863	864	865	866	867	868	869	870	871	872	873	874	875	876	877	878	879	880	881	882	883	884	885	886	887	888	889	890	891	892	893	894	895	896	897	898	899	900	901	902	903	904	905	906	907	908	909	910	911	912	913	914	915	916	917	918	919	920	921	922	923	924	925	926	927	928	929	930	931	932	933	934	935	936	937	938	939	940	941	942	943	944	945	946	947	948	949	950	951	952	953	954	955	956	957	958	959	960	961	962	963	964	965	966	967	968	969	970	971	972	973	974	975	976	977	978	979	980	981	982	983	984	985	986	987	988	989	990	991	992	993	994	995	996	997	998	999	1000
Preservative:	# of Containers	Sample Volume	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524	525	526	527	528	529	530	531	532	533	534	535	536	537	538	539	540	541	542	543	544	545	546	547	548	549	550	551	552	553	554	555	556	557	558	559	560	561	562	563	564	565	566	567	568	569	570	571	572	573	574	575	576	577	578	579	580	581	582	583	584	585	586	587	588	589	590	591	592	593	594	595	596	597	598	599	600	601	602	603	604	605	606	607	608	609	610	611	612	613	614	615	616	617	618	619	620	621	622	623	624	625	626	627	628	629	630	631	632	633	634	635	636	637	638	639	640	641	642	643	644	645	646	647	648	649	650	651	652	653	654	655	656	657	658	659	660	661	662	663	664	665	666	667	668	669	670	671	672	673	674	675	676	677	678	679	680	681	682	683	684	685	686	687	688	689	690	691	692	693	694	695	696	697	698	699	700	701	702	703	704	705	706	707	708	709	710	711	712	713	714	715	716	717	718	719	720	721	722	723	724	725	726	727	728	729	730	731	732	733	734	735	736	737	738	739	740	741	742	743	744	745	746	747	748	749	750	751	752	753	754	755	756	757	758	759	760	761	762	763	764	765	766	767	768	769	770	771	772	773	774	775	776	777	778	779	780	781	782	783	784	785	786	787	788	789	790	791	792	793	794	795	796	797	798	799	800	801	802	803	804	805	806	807	808	809	810	811	812	813	814	815	816	817	818	819	820	821	822	823	824	825	826	827	828	829	830	831	832	833	834	835	836	837	838	839	840	841	842	843	844	845	846	847	848	849	850	851	852	853	854	855	856	857	858	859	860	861	862	863	864	865	866	867	868	869	870	871	872	873	874	875	876	877	878	879	880	881	882	883	884	885	886	887	888	889	890	891	892	893	894	895	896	897	898	899	900	901	902	903	904	905	906	907	908	909	910	911	912	913	914	915	916	917	918	919	920	921	922	923	924	925	926	927	928	929	930	931	932	933	934	935	936	937	938	939	940	941	942	943	944	945	946	947	948	949	950	951	952	953	954	955	956	957	958	959	960	961	962	963	964	965	966	967	968	969	970	971	972	973	974	975	976	977	978	979	980	981	982	983	984	985	986	987	988	989	990	991	992	993	994	995	996	997	998	999	1000				