

## Stormwater Industrial Routine Facility Inspection Report

General Information			
Facility Name	HERCO, INC Asphalt and Paving Plat		
NPDES Tracking No.	I R O S C - 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			
Weather at time of this inspection?			
<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			
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

- 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	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 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 type="checkbox"/> No	
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	used water truck when Dusty
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 Walkaround 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. Wenstrom

Signature: H. M. Wenstrom 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. **TR05C-379**

Outfall Name: Name **001** "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 inches **.085"**

Previous Storm Ended > 72 hours ☒ Yes ☐ No\* (explain):  
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 ☒ No ☐ Yes (describe):  
of Stormwater Pollution

\* 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 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.

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

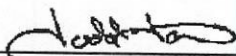
**Client:** HERCO INC.  
**Address:** PO BOX 916  
LEWISTON, ID 83501  
**Attn:** H.M. WENSTROM

**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	Qualifier
TSS	8.45	mg/L	1	10/3/2019 3:23:00 PM	TAZ	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.

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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:**

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

**Rec'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

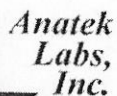
**Comment:**

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

## SAMPLE CONDITION RECORD

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





### 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  
Dis

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

HERCO ASPHALT PLANT SITE  
#2000

[illegible]