

# 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. 12056-379

Outfall Name: Name

"Substantially Identical Outfall"? ☒ No ☐ Yes (Identify substantially identical outfalls):

Person(s)/Title(s) collecting sample:

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

Date & Time Discharge Began: 5:30 AM

Date & Time Sample Collected: 12/20/19 10:07 AM

Date & Time Sample Examined: 12/20/19

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 .065"

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: Helmer M. Wenstrom

B. Title: Owner - V.P.

C. Signature: Helmer M. Wenstrom

D. Date Signed: 12-20-19

# 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:** AMANDA CANNING

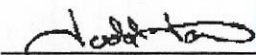
**Batch #:** 191220025  
**Project Name:** HECO ASPHALT PLANT  
SITE #2000

## Analytical Results Report

<b>Sample Number</b>	191220025-001	<b>Sampling Date</b>	12/20/2019	<b>Date/Time Received</b>	12/20/2019 10:52 AM
<b>Client Sample ID</b>	OUTFALL #1	<b>Sampling Time</b>	10:07 AM	<b>Extraction Date</b>	12/26/2019
<b>Matrix</b>	Water				
<b>Comments</b>					

Parameter	Result	Units	PQL	Analysis Date	Analyst	Method	Qualifier
TSS	4.17	mg/L	1	12/26/2019 4:30:00 PM	TAZ	SM 2540D	

Authorized Signature

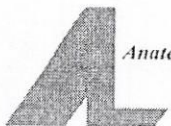


Todd Taruscio, Lab Manager

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.





Anatek Labs, Inc.

# Sample Receipt and Preservation Form

191220 025 **HERC** Last Due 1/3/2020  
1st SAMP 12/20/201 1st RCVD 12/20/2019  
HECO ASPHALT PLANT SITE #2000

Client Name: Herco Inc Project:

TAT: Normal RUSH: \_\_\_\_\_ days

Samples Received From: FedEx UPS USPS Client Courier Other: \_\_\_\_\_

Custody Seal on Cooler/Box: Yes No Custody Seals Intact: Yes No N/A

Number of Coolers/Boxes: 1 Type of Ice: Ice/Ice Packs Blue Ice Dry Ice None

Packing Material: Bubble Wrap Bags Foam/Peanuts None Other: \_\_\_\_\_

Cooler Temp As Read (°C): 4.1 Cooler Temp Corrected (°C): 2.1 Thermometer Used: IR-2

Comments:

Samples Received Intact?	<u>Yes</u>	No	N/A
Chain of Custody Present?	<u>Yes</u>	No	N/A
Samples Received Within Hold Time?	<u>Yes</u>	No	N/A
Samples Properly Preserved?	<u>Yes</u>	No	N/A
VOC Vials Free of Headspace (<6mm)?	<u>Yes</u>	No	N/A
VOC Trip Blanks Present?	<u>Yes</u>	No	N/A
Labels and Chains Agree?	<u>Yes</u>	No	N/A

Total Number of Sample Bottles Received: \_\_\_\_\_

Chain of Custody Fully Completed?	<u>Yes</u>	No	N/A
Correct Containers Received?	<u>Yes</u>	No	N/A
Anatek Bottles Used?	<u>Yes</u>	No	Unknown

Record preservatives (and lot numbers, if known) for containers below:

Notes, comments, etc. (also use this space if contacting the client - record names and date/time)

Received/Inspected By: William Conitt Date/Time: 12/20/19 1349

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## Login Report

**Customer Name:** HERCO INC.

PO BOX 916

LEWISTON

**Contact Name:** AMANDA CANNING

**Comment:**

**Order ID:** 191220025

**Order Date:** 12/20/2019

ID 83501

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

**Sample #:** 191220025-001 **Customer Sample #:** OUTFALL #1

**Recv'd:** ☒ **Matrix:** Water

**Collector:**

**Date Collected:** 12/20/2019

**Quantity:** 1 **Date Received:** 12/20/2019 10:52:00 AM

**Time Collected:** 10:07 AM

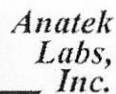
**Comment:**

Test	Lab	Method	Due Date	Priority
SOLIDS - TSS	M	SM 2540D	1/3/2020	<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)	2.1
Samples received with a COC?	Yes
Samples received within holding time?	Yes
Are all sample bottles properly preserved?	Yes
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  
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191220 025 **HERC** Last Due 1/3/2020  
1st SAMP 12/20/201 1st RCVD 12/20/2019  
HECO ASPHALT PLANT SITE #2000

[illegible]



## Stormwater Industrial Routine Facility Inspection Report

General Information	
Facility Name	HERCO, INC Asphalt and Paving Plat
NPDES Tracking No.	IR05C-379
Date of Inspection	12/20/19
Inspector's Name(s)	Helmer M. Wenstrom
Inspector's Title(s)	Owner V.P.
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:	
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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Water Truck on site used 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

Performed a walk around inspection at Asphalt Plant Site #2000 including all Tanks-Hoses, valves, hose connections, Buckets in Place at all valves and connections, found no leaks - replaced 2 buckets on CSSI Asphalt tank (No leaks). Inspected all on site 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: Helmer M. Wenstrom

Signature: Helmer M. Wenstrom Date: 12/20/19