

**Stormwater Sampling Documentation**  
**Quarterly Visual Examination of Storm Water Quality**

Permit Part II D

Facility Name:	Allied Concrete- Redi- Rock
Permit Number:	VAG110327
Outfall Number:	001
Sample Location:	Outfall

Year:	2021
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Note: A Measurable Storm Event is an storm event that results in an actual discharge from the site. It must be at least 72 hours from the last Measurable Storm Event for monitoring. Within 30 minutes (and no later than 60 minutes) from when the discharge begins, collect a representative sample of the stormwater discharge directly into a clean glass container and observe the water's characteristics in a well lit area.

Information and Data		Indicate the Quarter Below	
Date of storm event sampled.	3/31/2021	1st Quarter (Jan-Mar)	X
Duration (in hours) of storm event sampled.	4.25	2nd Quarter (Apr-Jun)	
Rainfall total (in inches) of the storm event that generated the sampled runoff.	0.44	3rd Quarter (Jul-Sep)	
Duration between the storm event sampled and the end of the previous measurable storm event.	75 hrs	4th Quarter (Oct-Dec)	
Time of Visual Examination	12:55 PM		
Name and Signature of person conducting Examination	Pete Hawes		
Nature of Discharge (Rain runoff, Snow melt, or "None During Quarter")	rain runoff		
<b>Visual Quality Observations:</b>			
1. Describe the Clarity and Color of the discharge: Clear, Slight Brown (or Gray), Light Brown (or Gray), Turbid Brown (or Gray), Muddy Brown (or Gray), etc.	mostly clear		
2. Describe any odor present: None, earthy, musty, petroleum, chemical-like, etc.	none		
3. Are there any floating solids present? If so describe: plastic or paper trash, wood chips, grass, etc.	none		
4. Are there any settled solids present after 30 minutes settling time? If so describe: 5%, 10%, 25%, 50% of sampling container full of solids.	none		
5. Is there any foam present at the discharge outfall? If so describe color and extent of coverage.	none		
6. Is there an oil sheen ('rainbow' hue) present?	none		
7. Are there any other indicators of Storm Water pollution?	none		
8. Visual quality of the receiving stream ( include observations for any solids deposition or oil sheen from	no solids; no sheen		
Comments and/or corrective actions taken (explain). Include probable sources for any noted indicators of storm water pollution. If no sample was possible during a quarter, include documentation explaining why a sample was not possible (including dates/times the outfall was viewed and /or sampling was attempted as well as rainfall data such as local weather station data, facility rain logs, etc.)			
Annual sample taken.			
<small>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 GATHER AND EVALUATE 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</small>	Name:	Pete Hawes	
	Signature:	<i>Pete Hawes</i>	
	Title:	Safety Director	
	Date:	3/31/2021	

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Information and Data		Indicate the Quarter Below	
Date of storm event sampled.	6/9/2021	1st Quarter (Jan-Mar)	
Duration (in hours) of storm event sampled.	1.5	2nd Quarter (Apr-Jun)	X
Rainfall total (in inches) of the storm event that generated the sampled runoff.	0.10	3rd Quarter (Jul-Sep)	
Duration between the storm event sampled and the end of the previous measurable storm event.	122 hrs.	4th Quarter (Oct-Dec)	
Time of Visual Examination	4:35 PM		
Name and Signature of person conducting Examination	Pete Hawes		
Nature of Discharge (Rain runoff, Snow melt, or "None During Quarter")	rain runoff		
<b>Visual Quality Observations:</b>			
1. Describe the Clarity and Color of the discharge: Clear, Slight Brown (or Gray), Light Brown (or Gray), Turbid Brown (or Gray), Muddy Brown (or Gray), etc.	mostly clear		
2. Describe any odor present: None, earthy, musty, petroleum, chemical-like, etc.	none		
3. Are there any floating solids present? If so describe: plastic or paper trash, wood chips, grass, etc.	none		
4. Are there any settled solids present after 30 minutes settling time? If so describe: 5%, 10%, 25%, 50% of sampling container full of solids.	none		
5. Is there any foam present at the discharge outfall? If so describe color and extent of coverage.	none		
6. Is there an oil sheen ('rainbow' hue) present?	none		
7. Are there any other indicators of Storm Water pollution?	none		
8. Visual quality of the receiving stream ( include observations for any solids deposition or oil sheen from	no solids; no sheen		
Comments and/or corrective actions taken (explain). Include probable sources for any noted indicators of storm water pollution. If no sample was possible during a quarter, include documentation explaining why a sample was not possible (including dates/times the outfall was viewed and /or sampling was attempted as well as rainfall data such as local weather station data, facility rain logs, etc.)			
minor discharge occurring			
<small>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 GATHER AND EVALUATE 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</small>	Name:	Pete Hawes	
	Signature:	<i>Pete Hawes</i>	
	Title:	Safety Director	
	Date:	6/9/2021	

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Sample Location:	Outfall

Year:	2021
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Information and Data		Indicate the Quarter Below	
Date of storm event sampled.	8/13/2021	1st Quarter (Jan-Mar)	
Duration (in hours) of storm event sampled.	1.5	2nd Quarter (Apr-Jun)	
Rainfall total (in inches) of the storm event that generated the sampled runoff.	1.25	3rd Quarter (Jul-Sep)	X
Duration between the storm event sampled and the end of the previous measurable storm event.	398 hrs.	4th Quarter (Oct-Dec)	
Time of Visual Examination	3:10 PM		
Name and Signature of person conducting Examination	Pete Hawes		
Nature of Discharge (Rain runoff, Snow melt, or "None During Quarter")	rain runoff		
<b>Visual Quality Observations:</b>			
1. Describe the Clarity and Color of the discharge: Clear, Slight Brown (or Gray), Light Brown (or Gray), Turbid Brown (or Gray), Muddy Brown (or Gray), etc.	very slightly gray		
2. Describe any odor present: None, earthy, musty, petroleum, chemical-like, etc.	none		
3. Are there any floating solids present? If so describe: plastic or paper trash, wood chips, grass, etc.	none		
4. Are there any settled solids present after 30 minutes settling time? If so describe: 5%, 10%, 25%, 50% of sampling container full of solids.	none		
5. Is there any foam present at the discharge outfall? If so describe color and extent of coverage.	none		
6. Is there an oil sheen ('rainbow' hue) present?	none		
7. Are there any other indicators of Storm Water pollution?	none		
8. Visual quality of the receiving stream ( include observations for any solids deposition or oil sheen from	no solids; no sheen		
Comments and/or corrective actions taken (explain). Include probable sources for any noted indicators of storm water pollution. If no sample was possible during a quarter, include documentation explaining why a sample was not possible (including dates/times the outfall was viewed and /or sampling was attempted as well as rainfall data such as local weather station data, facility rain logs, etc.)			
discharge from thunderstorm			
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	Signature:	<i>Pete Hawes</i>	
	Title:	Safety Director	
	Date:	8/13/2021	

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Information and Data		Indicate the Quarter Below	
Date of storm event sampled.	10/25/2021	1st Quarter (Jan-Mar)	
Duration (in hours) of storm event sampled.	3.5	2nd Quarter (Apr-Jun)	
Rainfall total (in inches) of the storm event that generated the sampled runoff.	0.33	3rd Quarter (Jul-Sep)	
Duration between the storm event sampled and the end of the previous measurable storm event.	320 hrs.	4th Quarter (Oct-Dec)	X
Time of Visual Examination	6:05 PM		
Name and Signature of person conducting Examination	Pete Hawes		
Nature of Discharge (Rain runoff, Snow melt, or "None During Quarter")	rain runoff		
<b>Visual Quality Observations:</b>			
1. Describe the Clarity and Color of the discharge: Clear, Slight Brown (or Gray), Light Brown (or Gray), Turbid Brown (or Gray), Muddy Brown (or Gray), etc.	very slightly gray		
2. Describe any odor present: None, earthy, musty, petroleum, chemical-like, etc.	none		
3. Are there any floating solids present? If so describe: plastic or paper trash, wood chips, grass, etc.	none		
4. Are there any settled solids present after 30 minutes settling time? If so describe: 5%, 10%, 25%, 50% of sampling container full of solids.	none		
5. Is there any foam present at the discharge outfall? If so describe color and extent of coverage.	none		
6. Is there an oil sheen ('rainbow' hue) present?	none		
7. Are there any other indicators of Storm Water pollution?	none		
8. Visual quality of the receiving stream ( include observations for any solids deposition or oil sheen from	no solids; no sheen		
Comments and/or corrective actions taken (explain). Include probable sources for any noted indicators of storm water pollution. If no sample was possible during a quarter, include documentation explaining why a sample was not possible (including dates/times the outfall was viewed and /or sampling was attempted as well as rainfall data such as local weather station data, facility rain logs, etc.)			
mainly from S. end of lot			
<small>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 GATHER AND EVALUATE 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</small>	Name:	Pete Hawes	
	Signature:	<i>Pete Hawes</i>	
	Title:	Safety Director	
	Date:	10/25/2021	