

EP-DIV-SOP-20125, R0

Performing NPDES Storm Water Individual Permit Visual Inspections

Effective Date: 5/6/13

Procedure Owner:	Signature:	Date:
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REVISION HISTORY

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1. PURPOSE AND SCOPE

This procedure describes the process for LANL staff to perform Visual Inspections. The following visual inspections are requirements of the IP and are covered in this procedure: (1) Target Action Level (TAL) Exceedance (2) Annual Erosion Evaluation (3) Significant Event and (4) Remediation Construction Activity. This procedure applies to the project personnel authorized to conduct activities within permitted areas and conduct IP storm water inspections.

2. BACKGROUND

The Environmental Protection Agency (EPA) National Pollution Discharge Elimination System (NPDES) Individual Permit (IP) No. NM0030759 requires the condition of Solid Waste Management Units (SWMUs) and Areas of Concern (AOCs), collectively referred to as Sites, at Los Alamos National Laboratory (LANL), be assessed for potential pollutants, presence of erosion, condition of existing control measures, and need for additional control measures. Associated Sites are organized into site monitoring areas (SMAs). Site-specific control measures are installed and implemented to minimize potential pollutants in storm discharge. The Permit requires that inspections of SMA, Sites, and control measures be conducted when certain conditions or events occur. This SOP implements the requirements for the following IP visual inspections for:

- (1) Target Action Level (TAL) Exceedance
- (2) Annual Erosion Evaluation Inspection
- (3) Significant Event Inspection
- (4) Remediation Construction Activity Inspection

The requirements for each type of IP visual inspection are summarized below. The storm water field team leader is responsible for scheduling and initiating IP visual inspections.

All control measures will be maintained in effective operating condition. If during inspections or any other event or observation, control measures are identified as not operating effectively, they will be repaired, replaced, or retired. If maintenance cannot be completed at the time of inspection an existing backup control measure will be identified or a backup control measure will be installed.

This SOP does not address IP Section G.2 requirement for post-storm inspections. The procedure for post-storm inspections is managed by EP-DIV-SOP-20012.

Target Action Level (TAL) Exceedance

If, following installation of baseline or enhanced control measures, any validated sample analytical result for a specific pollutant of concern at a particular Site Monitoring Area (SMA) is

2. BACKGROUND (continued)

greater than the applicable Maximum Target Action Level (MTAL) (or applicable Minimum Quantification Level (MQL), whichever is greater) or the average of all applicable sampling results is greater than the applicable Average Target Action Level (ATAL) (or applicable MQL, whichever is greater) visual inspections must be conducted. The Site Discharge Pollution Prevention Team (PPT) shall perform visual inspections for all Sites within the SMA drainage area and existing control measures shall be reevaluated.) (IP Part I, Section E.1[a]).

Annual Erosion Evaluation

The Site Discharge (PPT) shall inspect and evaluate each Site annually for changes of conditions affecting erosion. (IP Part I, Section G.1)

Significant Event

The Site Discharge PPT must also re-inspect and reevaluate all Sites after notice of a significant event, such as a fire, which could significantly impact control measures and environmental conditions in the affected area. (IP Part I, Section G.1)

Remediation Construction Activity

If disturbance of soil is required to install a control measure, all necessary steps to minimize migration of sediments and runoff from disturbed sites shall be taken. Site inspections shall be conducted once a week until the construction activity is complete to ensure sediments and runoff control measures are maintained in good order. Corrective actions shall be taken immediately if deficiencies of sediment and runoff control measures are noticed either by inspectors or contractors. (IP Part I, Section I.1). If no discharge or impacts to water quality discharge have occurred, indicate the last inspection is to close out site disturbance. If any disturbance of soil or sediments and runoff minimization efforts fail and result in an impact to water quality discharge, document on the inspection form and immediately notify the Program Manager and IP Data Management Team for evaluation of sample analysis plan.

NOTE: Storm water discharges associated with construction activity disturbing one acre or more are not covered under the IP and must be covered under EPA's Construction General Permit (CGP) or through a separate individual NPDES permit.

3. REFERENCES

EP-DIV-SOP-20012, *Inspecting for Post-Storm Events, Installing and Maintaining Non-Engineered NPDES Individual Permit Storm Water Control Measures*

EP-CAP-IWD-1016, *Corrective Action Program (CAP) General Field Work Activities and Site visits in Undeveloped Areas for Surface Water and/or Storm Water BMP*

LANL Storm Water Best Management Practices (BMP) Manual,
<http://permalink.lanl.gov/objects/tr?what=info:lanl-repo/lareport/LA-UR-11-10371>

EP-DIV-SOP-(TBD), *Inspecting No Exposure, Engineered Retention, and Watershed Storm Water Controls*, (Doc Number TBD)

4. TRAINING PREREQUISITES

Personnel performing this procedure will be familiar with the most current versions of the following procedures and operation manuals:

- EP-DIV-SOP-20012, *Inspecting for Post-Storm Events, Installing and Maintaining Non-Engineered NPDES Individual Permit Storm Water Control Measures*

5. PRECAUTIONS AND LIMITATIONS

The activities performed in accordance with this procedure are determined to be “low hazard” as defined by P300, Integrated Work Management: therefore, no hazard analysis is required to perform this procedure. However, all hazards and controls associated with general field work are identified in Parts 1 and 2 of Integrated Work Document EP-CAP-IWD-1016.

6. PREREQUISITE ACTIONS

6.1 Preceding Processes

Performing a TAL Exceedance Inspection is preceded by receiving storm water analysis data showing an exceedance of a TAL as prescribed by the IP. The Data Management Team will alert the Field Team when this occurs. A Significant Event Inspection would be preceded by an event, such as a fire, which could significantly impact the control measures and environmental conditions in the affected area. A Remediation Construction Activity Inspection is conducted once a week on any Site where disturbance of soil is required to install a control measure.

6. Prerequisite Actions (continued)

6.2 Equipment

- Personal Protective Equipment (e.g. field boots, safety glasses, hard-hat, visibility vest)
- Necessary forms (e.g. Target Action Exceedance Inspection)
- Current site map
- Radio
- Pager
- Cell phone (Government cell phone only in secure areas)
- Necessary access and station keys

6.3 Preparing for Field Activities

Data Management (DM) Team

- [1] Following a trigger event or request, prepare a list of SMAs at which to inspect, maintain, or install control measures.
- [2] Generate Work Order form EP-DIV-SOP-20125-X from Maintenance Connection. Ensure the 'Project' and 'Reason' fields are appropriate for the type of visual inspection to be conducted (e.g. TAL).
- [3] Issue or deny each Work Order form in Maintenance Connection.
- [4] Create PDF of Work Order forms.
- [5] Distribute PDF of Work Order Forms to the Field Team Lead or designee.

Field Team Member

- [1] Receipt of a work order indicates that inspection(s) has been approved by the Field Team Lead. Schedule work to be completed by the target date appearing on the work order(s).
- [2] Example of a work order form is provided in Attachment 1.
- [3] Inform the Field Operations designee of the schedule for visual inspection work and locations up to a week (preferred) before but no later than the day before (for minor changes) to be added to the appropriate plan of the day.

6. Prerequisite Actions (continued)

6.3 Preparing for Field Activities (continued)

- [4] Conduct pre-job briefing with field personnel using the current Integrated Work Document. Obtain worker signatures on new or newly-revised IWDs. Two people are required for field work. Work should only be done during daylight hours. Extended work hours, if needed, must be approved by a supervisor.
- [5] For work at sites operated by Weapons Facility Operations or Nuclear Environmental Sites, notify the appropriate access control before traveling to those sites. The IWD Part II will address specific requirements and training for these sites.
- [6] Obtain any necessary additional paperwork before conducting this work, including site map, IWD's, and excavation permits (if necessary).
- [7] Print a clean copy of the Site Map(s). Use the map and revision number identified as "Map ID" in the top left corner of the Work Order Form.
- [8] Gather the required equipment (see section 6.0) for the work to be done.
- [9] Inspections may be discontinued during periods or conditions that make Site(s) dangerous for worker safety or prevent personnel from safely accessing a Site(s) (e.g. weather-related events such as flash floods, flooding, lightning, wildfires, hail, icy roads, deep snow, and LANL operations).
- [10] Follow the steps in the appropriate following section when a work order is received. Inspection type will be identified in the 'Project' and 'Reason' fields (e.g. Annual). Inspect control measure(s), the Site, and the SMA according to the LANL Storm Water BMP Manual and/or Site plans and specifications for specific materials and structures. Perform the inspection and complete all required fields on the inspection form.

7. STEP-BY-STEP PROCESS DESCRIPTION

7.1 Inspecting Control Measures for Annual and TAL Exceedance

Field Team Member

- [1] An example of an Annual and TAL Exceedance inspection work order is provided in Attachment 1. The inspection format will be the same for both inspection types.

7. STEP-BY-STEP PROCESS DESCRIPTION (continued)

7.1 Inspecting Control Measures for Annual and TAL Exceedance (continued)

[2] **Item 1:** Enter the date and time work is completed and the names and Z numbers of the field personnel performing the work in the upper right corner of the work order. List the field lead first. If more than two personnel conduct the work, enter the additional names in the “Major Observations” section.

[3] **Item 2:** Verify and document each control measure at the site (column 1) is operating effectively by checking the “Yes” or “No” box in column 2. If a control measure is not operating effectively or installed properly, describe the condition in Column 5.

NOTE: If total retention or no exposure controls exist on a site, additional questions may populate as sub-questions for that control. Answer the questions per EP-DIV-SOP-(TBD) Inspecting No Exposure, Engineered Retention, and Watershed Storm Water Controls.

[4] **Item 3:** Document if control measure(s) are in need of maintenance by checking the type of maintenance recommended in column 3. If maintenance is not recommended, check the “No” box.

[5] **Item 4:** If routine maintenance (e.g. retrenching wattle, rebuilding rock check dam) is performed at the time of inspection, describe work performed in Column 5 (reference LANL Storm Water BMP Manual (<http://permalink.lanl.gov/objects/tr?what=info:1anl-repo/lareport/LA-UR-11-10371>), SDPPP or Site plans and specifications). If more space is needed, continue notes in the “Major Observations” section.

[6] **Item 5:** If a control measure needs more than routine maintenance (e.g. repair of a catastrophic failure, modification, or a new control measure installation) describe the condition in Column 5. If more space is needed, continue notes in the “Major Observations” section. If the field inspector deems it necessary for clarification, s/he may attach an additional Site Map showing recommendation.

[7] **Item 6:** If a control measure is not operating effectively, describe the existing backup control measure or describe installed backup control measure in Column 5. Backup control measure must match functionality of non-operating control measure as identified on form. If more space is needed, continue notes in the “Major Observations” section. If the field inspector deems it necessary for clarification, s/he may attach an additional Site Map showing recommendation.

7. STEP-BY-STEP PROCESS DESCRIPTION (continued)

7.1 Inspecting Control Measures for Annual and TAL Exceedance (continued)

- [8] **Item 7:** If no maintenance or other action is recommended, check the “No Action Recommended” box in Column 5.
- [9] **Item 8:** Verify that the location of each control measure is accurately represented on the Site Map and document in column 4 by checking the “Yes” or “No” box. If map corrections are recommended, document in column 5 and mark the Site Map with corrections. Initial and date all changes on the Site Map.
- [10] **Item 9:** Document any control measure location changes to the Site Map by checking the “Yes” or “No” box. If an amendment to a control measure location on the map is recommended, an altered Site Map must be submitted with this form showing the recommendation(s) with a field member initials and date.
- [11] **Item 10:** Document any other changes to the Site Map by checking the “Yes” or “No” box. If an amendment on a map is recommended, an altered Site Map must be submitted with this form showing the recommendation(s) and a field member initials and date.
- [12] **Item 11:** Verify and document any evidence of floatable waste, floatable garbage, or floatable debris within the SMA that could be discharged to receiving waters. If materials are found, the field inspector must remove and properly dispose of the materials or describe how appropriate controls are managing the materials. If more space is needed, continue notes in the “Major Observations” section. If no action is recommended, check the “No Action Recommended” box.
- [13] **Item 12:** Verify and document any evidence of dust generation or off-site vehicle tracking of raw, final, or waste materials or sediments. If dust or off-site tracking is found, the field inspector must describe the condition and recommend controls for controlling discharge to receiving waters. If more space is needed, continue notes in the “Major Observations” section. If no action is recommended, check the “No Action Recommended” box.

7. STEP-BY-STEP PROCESS DESCRIPTION (continued)

7.1 Inspecting Control Measures for Annual and TAL Exceedance (continued)

- [14] **Item 13:** Verify and document any evidence of introduction of raw, final, or waste material at the SMA (e.g. roll off bins, metals, stockpile materials, containerized waste water from another program). If new material is found, the field inspector must describe the condition of the materials (e.g. covered, stored above ground, containerized) and recommend controls for controlling discharge to receiving waters. If more space is needed, continue notes in the “Major Observations” section. If no action is recommended check the “No Action Recommended” box.
- [15] **Item 14:** Verify and document any significant increase in erosion potential at the Site(s) since the last inspection by checking the “Yes” or “No” box. If significant potential is found, the field inspector must describe the changes and recommend controls for minimizing discharge to receiving waters. If more space is needed, continue notes in the “Major Observations” section. If no action is recommended, check the “No Action Recommended” box.
- [16] **Item 15:** Verify and document any significant increase in erosion potential at the SMA since the last inspection by checking the “Yes” or “No” box. If significant erosion is found, the field inspector must describe the changes and recommend controls for controlling discharge to receiving waters. If more space is needed, continue notes in the “Major Observations” section. If no action is recommended, check the “No Action Recommended” box.
- [17] **Item 16:** Use the “Major Observations” section for any additional notes or Site information. If no notes are needed, write “none”.
- [18] **Item 17:** If taking photos is necessary, document any digital photos taken by checking the “Photos Taken?” “Yes” or “No” box. Identify the photo by the camera photo identification number. If photos are taken in a secure area, follow the guidance in the Photographic Equipment and Activity Authorization form (see LANL Form 1897PA, PS-1) and have a complete Form 1897PA before taking any photos. Obtain a DC review of the photo(s).

***NOTE:** Photography at LANL is governed by section 3.3 of [P202-5 Prohibited and Controlled Articles](#) and the [PADOPs Photography Procedure](#). Ensure that you have read and understand the requirements of these documents and have filled out [Form 1897](#) before taking any photos.*

7. STEP-BY-STEP PROCESS DESCRIPTION (continued)

7.1 Inspecting Control Measures for Annual and TAL Exceedance (continued)

- [19] **Item 18:** Indicate if a continuation sheet was used by checking the “Continuation Form” “Yes” or “No” box. If a continuation sheet was used, write the work order ID onto the continuation sheet and attach to the work order.
- [20] **Item 19:** The Lead Inspector will certify that the information submitted is “true, accurate, and complete” by signing and dating the “Lead Signature” line.
- [21] Turn in completed forms, maps, and any other documentation to the DM Team or designee at the end of each day.
- [22] If photos were taken, download photos at the end of each day. Ensure downloaded photos are saved to designated folder and named by verification work order number and order photos were taken (e.g. first photo taken for BMP-00000 is named 00000-1).

7.2 Inspecting Control Measures for a Significant Event

- [1] An example of a Significant Event inspection work order (20125-3) is provided in Attachment 2.
- [2] Follow steps 2 through 8 from section 7.1 to complete form 20125-3 page 1.
- [3] **Item 9:** Verify and document if any area(s) have been impacted by the significant event by checking the “Yes” or “No” box. If area(s) have been impacted, an altered Site Map must be submitted with this form showing the area(s) with a field member initials and date.
- [4] **Item 10:** Verify and document any IP control measure impact by checking the “Yes” or “No” box. If IP control measures have been impacted, an altered Site Map must be submitted with this form showing the effected control measures with a field member initials and date.
- [5] **Item 11:** Verify and document the existence of temporary control measure(s) and/or backup control measure(s) by checking the “Yes” or “No” box. If temporary and/or backup control measures are on site, an altered Site Map must be submitted with this form indicating the temporary and/or backup control measures with a field member initials and date.

7. STEP-BY-STEP PROCESS DESCRIPTION (continued)

7.2 Inspecting Control Measures for a Significant Event (continued)

- [6] **Item 12:** Verify and document any additional control measures implemented during or following the significant event by checking the “Yes” or “No” box. If additional control measures have been installed, the field inspector must describe the controls and indicate locations on a Site Map with a field member initials and date. The altered Site map must be submitted with this form. If more space is needed, continue notes in the “Major Observations” section. If no action is recommended, check the “No Action Recommended” box.
- [7] **Item 13:** Verify and document any additional control measures needed at the SMA since the last inspection by checking the “Yes” or “No” box. If additional control measures are needed, the field inspector must describe the conditions and recommend controls. An altered Site Map may be submitted with this form showing locations of recommended controls. If more space is needed, continue notes in the “Major Observations” section. If no action is recommended, check the “No Action Recommended” box.
- [8] **Item 14:** Alteration of run-on or runoff pathways. Verify and document any alteration of run-on pathways at the SMA since the last inspection by checking the “Yes” or “No” box. If alteration of run-on is found, the field inspector must describe the changes and recommend controls for controlling run-on if necessary. If more space is needed, continue notes in the “Major Observations” section. If no action is recommended, check the “No Action Recommended” box.
- [9] **Item 15:** Verify and document any evidence of floatable waste, floatable garbage, or floatable debris within the SMA that could be discharged to receiving waters by checking the “Yes” or “No” box. If materials are found, the field inspector must remove and properly dispose of the materials or describe how appropriate controls are managing the materials. If more space is needed, continue notes in the “Major Observations” section. If no action is recommended, check the “No Action Recommended” box.
- [10] **Item 16:** Verify and document any evidence of dust generation or off-site vehicle tracking of raw, final, or waste materials or sediments by checking the “Yes” or “No” box. If dust or off-site tracking is found, the field inspector must describe the condition and recommend controls for controlling discharge to receiving waters. If more space is needed, continue notes in the “Major Observations” section. If no action is recommended, check the “No Action Recommended” box.

7. STEP-BY-STEP PROCESS DESCRIPTION (continued)

7.2 Inspecting Control Measures for a Significant Event (continued)

- [11] **Item 17:** Verify and document any evidence of introduction of raw, final, or waste material at the SMA (e.g. roll off bins, metals, stockpile materials, containerized waste water from another program) by checking the “Yes” or “No” box. If new material is found, the field inspector must describe the condition of the materials (e.g. covered, stored above ground, containerized) and recommend controls for controlling discharge to receiving waters. If more space is needed, continue notes in the “Major Observations” section. If no action is recommended, check the “No Action Recommended” box
- [12] **Item 18:** Verify and document any significant increase in erosion potential at the Site(s) since the last inspection by checking the “Yes” or “No” box. If significant potential is found, the field inspector must describe the changes and recommend controls for controlling discharge to receiving waters. If more space is needed, continue notes in the “Major Observations” section. If no action is recommended, check the “No Action Recommended” box.
- [13] **Item 19:** Verify and document any significant increase in erosion potential at the SMA since the last inspection by checking the “Yes” or “No” box. If significant erosion is found, the field inspector must describe the changes and recommend controls for controlling discharge to receiving waters. If more space is needed, continue notes in the “Major Observations” section. If no action is recommended, check the “No Action Recommended” box.
- [14] **Item 20:** Use the “Major Observations” section for any additional notes or Site information. If no notes are needed, write “none”.
- [15] **Item 21:** If taking photos is necessary, document any digital photos taken by checking the “Photos Taken?” “Yes” or “No” box. Identify the photo by the camera photo identification number. If photos are taken in a secure area, follow the guidance in the Photographic Equipment and Activity Authorization form (see LANL Form 1897PA, PS-1) and have a complete Form 1897PA before taking any photos. Obtain a DC review of the photo(s).

***NOTE:** Photography at LANL is governed by section 3.3 of [P202-5 Prohibited and Controlled Articles](#) and the [PADOPs Photography Procedure](#). Ensure that you have read and understand the requirements of these documents and have filled out [Form 1897](#) before taking any photos.*

7. STEP-BY-STEP PROCESS DESCRIPTION (continued)

7.2 Inspecting Control Measures for a Significant Event (continued)

- [16] **Item 22:** Indicate if a continuation sheet was used by checking the “Continuation Form” “Yes” or “No” box. If a continuation sheet was used, write the work order ID onto the continuation sheet and attach to the work order.
- [17] **Item 23:** The Lead Inspector will certify that the information submitted is “true, accurate, and complete” by signing and dating the “Lead Signature” line.
- [18] Turn in completed forms, maps, and any other documentation to the DM Team or designee at the end of each day.

7.3 Inspecting Control Measures (Remediation Construction Activity)

- [1] An example of a Remediation Construction Activity inspection work order (20125-4) is provided in Attachment 3.
- [2] **Item 1:** Enter the date and time work is completed and the names and Z numbers of the field personnel performing the work in the upper right corner of the work order. List the field lead first. If more than two personnel conduct the work, enter the additional names in the “Major Observations” section.
- [3] **Item 2:** Verify and document if each control measure at the site (column 1) is impacted by construction activities by checking the “Yes” or “No” box in column 2. If a control measure is impacted by construction activity, describe the condition in Column 5.

NOTE: If total retention or no exposure controls exist on a site, additional questions may populate as sub-questions for that control. Answer the questions per EP-DIV-SOP-(TBD) Inspecting No Exposure, Engineered Retention, and Watershed Storm Water Controls.

- [4] **Item 3:** If an existing IP control measure (Column 1) at the site is being used to minimize migration of sediment and runoff from the disturbed area(s), describe in Column 5. If more space is needed, continue notes in the “Major Observations” section.
- [5] **Item 4:** Verify and document if any area(s) have been impacted by the significant event by checking the “Yes” or “No” box. If area(s) have been impacted, an altered Site Map must be submitted with this form showing the area(s) with a field member initials and date.

7. STEP-BY-STEP PROCESS DESCRIPTION (continued)

7.3 Inspecting Control Measures during Remediation Construction Activity (continued)

- [6] **Item 5:** Verify and document any IP control measure impact by checking the “Yes” or “No” box. If IP control measures have been impacted, an altered Site Map must be submitted with this form showing the effected control measures with a field member initials and date.
- [7] **Item 6:** Verify and document the existence of temporary control measure(s) and/or backup control measure(s) by checking the “Yes” or “No” box. If temporary and/or backup control measures are on site, an altered Site Map must be submitted with this form indicating the temporary and/or backup control measures with a field member initials and date. If more space is needed, continue notes in the “Major Observations” section. If no action is recommended, check the “No Action Recommended” box
- [8] **Item 7:** Verify and document any additional existing control measures being used to minimize migration of sediment and runoff from the soil disturbance area by checking the “Yes” or “No” box. If additional existing control measures are on site, an altered Site Map must be submitted with this form indicating the control measures with a field member initials and date. If more space is needed, continue notes in the “Major Observations” section. If no action is recommended, check the “No Action Recommended” box.
- [9] **Item 8:** Verify and document any additional control measures implemented during construction activity by checking the “Yes” or “No” box. If additional control measures are implemented, the field inspector must describe the controls and indicate locations on a Site Map with a field member initials and date. The altered Site map must be submitted with this form. If more space is needed, continue notes in the “Major Observations” section. If no action is recommended, check the “No Action Recommended” box.
- [10] **Item 9:** Alteration of run-on or runoff pathways. Verify and document any alteration of run-on pathways at the SMA since the last inspection by checking the “Yes” or “No” box. If alteration of run-on is found, the field inspector must describe the changes and recommend controls for controlling run-on if necessary. If more space is needed, continue notes in the “Major Observations” section. If no action is recommended, check the “No Action Recommended” box.

7. **STEP-BY-STEP PROCESS DESCRIPTION (continued)**

7.3 **Inspecting Control Measures during Remediation Construction Activity (continued)**

- [11] **Item 10:** Verify and document any evidence of floatable waste, floatable garbage, or floatable debris within the SMA that could be discharged to receiving waters by checking the “Yes” or “No” box. If materials are found, the field inspector must remove and properly dispose of the materials or describe how appropriate controls are managing the materials. If more space is needed, continue notes in the “Major Observations” section. If no action is recommended, check the “No Action Recommended” box.
- [12] **Item 11:** Verify and document any evidence of dust generation or off-site vehicle tracking of raw, final, or waste materials or sediments by checking the “Yes” or “No” box. If dust or off-site tracking is found, the field inspector must describe the condition and recommend controls for controlling discharge to receiving waters. If more space is needed, continue notes in the “Major Observations” section. If no action is recommended, check the “No Action Recommended” box.
- [13] **Item 12:** Verify and document any erosion occurring within the soil disturbance area not managed by existing or temporary control measures by checking the “Yes” or “No” box. If erosion is found, the field inspector must describe the changes and recommend controls for controlling discharge to receiving waters. If more space is needed, continue notes in the “Major Observations” section. If no action is recommended, check the “No Action Recommended” box.
- [14] **Item 13:** Use the “Major Observations” section for any additional notes or Site information. If no notes are needed, write “none”.
- [15] **Item 14:** If taking photos is necessary, document any digital photos taken by checking the “Photos Taken?” “Yes” or “No” box. Identify the photo by the camera photo identification number. If photos are taken in a secure area, follow the guidance in the Photographic Equipment and Activity Authorization form (see LANL Form 1897PA, PS-1) and have a complete Form 1897PA before taking any photos. Obtain a DC review of the photo(s).

NOTE: Photography at LANL is governed by section 3.3 of P202-5 Prohibited and Controlled Articles and the PADOPs Photography Procedure. Ensure that you have read and understand the requirements of these documents and have filled out Form 1897 before taking any photos.

7. STEP-BY-STEP PROCESS DESCRIPTION (continued)

7.3 Inspecting Control Measures during Remediation Construction Activity (continued)

- [16] **Item 15** Indicate if a continuation sheet was used by checking the “Continuation Form” “Yes” or “No” box. If a continuation sheet was used, write the work order ID onto the continuation sheet and attach to the work order.
- [17] **Item 16:** The Lead Inspector will certify that the information submitted is “true, accurate, and complete” by signing and dating the “Lead Signature” line.
- [18] Turn in completed forms, maps, and any other documentation to the DM Team or designee at the end of each day.

7.4 Perform Review and Acceptance

DM Team

- [1] Date and initial “Accepted” line of the “LANL Personnel Use Only” box on each form indicating the form was received.
- [2] Conduct review of forms and maps and resolve any discrepancies with the Field Team Member. The Field Team Member will be available within 24 hours of being notified of a discrepancy. Date and initial “Tech Review” line of the “LANL Personnel Use Only” box on each form reviewed.
- [3] Enter form information into Maintenance Connection database.
- [4] Notify FTL or designee when forms and maps are ready for review by the Field Team Lead.

Field Team Lead or Designee

- [5] Conduct a technical review of forms and maps. Resolve any discrepancies with the Field Team Member.
- [6] Date and initial “FTL” line of the “LANL Personnel Use Only” box on each form reviewed. Indicate if the FTL made any corrections to the map and if the work performed by the Route Lead was sufficient to fulfill the work requested on the Work Order.

7.4 Perform Review and Acceptance (continued)

- [7] Initiate corrective actions and/or follow up work as necessary.
- [8] Mark Work Order forms “Finalized” in Maintenance Connection.
- [9] Follow steps in EP-DIR-SOP-20012 to obtain a signature from the Delegated Official of the Permittees (20012-4, EP-DIR-SOP-20012).

8. RECORDS PROCESSING

Field Team Member

- [1] Ensure that documents generated by the performance of this procedure are processed as follows:

Record Identification	Record Type Determination	Protection/Storage Methods	Processing Instructions
Work Orders: 20125-1 20125-2 20125-3 20125-4	Form	N/A	When complete, submit the work order form to the Stormwater Data Management Team

Stormwater Data Management Team

- [2] Ensure that documents generated by the performance of this procedure are processed as follows:

Record Identification	Record Type Determination	Protection/Storage Methods	Processing Instructions
Work Orders: 20125-1 20125-2 20125-3 20125-4	Form	N/A	When the records are ready for final disposition, the record is transferred to Records Management in accordance with EP-DIR-SOP-4004, Record Transmittal and Retrieval Process.

9. ATTACHMENTS

- Attachment 1: Example Annual and TAL Exceedance Inspections 20125-1 and 20125-2
- Attachment 2: Example Significant Event Inspection 20125-3
- Attachment 3: Example Remediation Construction Activity Inspection 20125-4

**Performing NPDES Storm Water
Individual Permit Visual Inspections**

Document No.: EP-DIV-SOP-20125
Revision: 0
Effective Date: 05/06/2013
Page: 20 of 26

[Click here for "Required Read" credit.](#)

ATTACHMENT 1

Page 1 of 2

Example of Annual and TAL Exceedance Inspections

Storm Water Individual Permit: NPDES Permit No. NM0030759
 Visual Inspection

SOP-20125-1

Work Order ID: COMP-30926

Project ID: P-COMP-2437

IP-RG200.5 : T002 : T-SMA-1

Project: Annual Erosion Evaluations 2013

Target Date: 5/31/2013

Map ID: 3, T002-10-0017-92-T1-R3

Reason: Annual Erosion Evaluation Inspection

1	Date: _____ Time: _____
	Name/Z#: _____
19	Name/Z#: _____
	Lead Signature: _____
"I confirm the information as recorded is true, accurate and complete."	

Best Management Practice (BMP)/Control Measure	Is BMP Operating Effectively on Arrival?	Maintenance Recommended?	Is BMP correctly located on Site Map?	Describe: (continue on back if needed): 1. Note "No Action Recommended" (NAR), or identify needed maintenance, modification, repair, or replacement. 2. If needed, identify correct location of BMP(s) on Site Map. 3. If not operating effectively, describe existing or installed backup control. 4. If repair made to BMP, describe.
Permanent Vegetation Grasses and Shrubs [T00202010004] . EC	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 2	<input type="checkbox"/> No <input type="checkbox"/> Modification <input type="checkbox"/> Repair <input type="checkbox"/> Replacement 3	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 8	No Action Recommended: <input type="checkbox"/> 7 Action Recommended: 4 5 6
Straw Wattles [T00203060007] . SC ROF	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Modification <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	<input type="checkbox"/> Yes <input type="checkbox"/> No	No Action Recommended: <input type="checkbox"/> Action Recommended:
Straw Wattles [T00203060008] . SC ROF	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Modification <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	<input type="checkbox"/> Yes <input type="checkbox"/> No	No Action Recommended: <input type="checkbox"/> Action Recommended:
Straw Wattles [T00203060009] . SC ROF	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Modification <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	<input type="checkbox"/> Yes <input type="checkbox"/> No	No Action Recommended: <input type="checkbox"/> Action Recommended:
Straw Wattles [T00203060010] . SC ROF	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Modification <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	<input type="checkbox"/> Yes <input type="checkbox"/> No	No Action Recommended: <input type="checkbox"/> Action Recommended:
Straw Wattles [T00203060011] . SC ROF	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Modification <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	<input type="checkbox"/> Yes <input type="checkbox"/> No	No Action Recommended: <input type="checkbox"/> Action Recommended:
Straw Wattles [T00203060012] . SC ROF	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Modification <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	<input type="checkbox"/> Yes <input type="checkbox"/> No	No Action Recommended: <input type="checkbox"/> Action Recommended:
Rip Rap [T00204060006] . EC ROF	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Modification <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	<input type="checkbox"/> Yes <input type="checkbox"/> No	No Action Recommended: <input type="checkbox"/> Action Recommended:
Earth Cap [T00208010001] . EC RON	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Modification <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	<input type="checkbox"/> Yes <input type="checkbox"/> No	No Action Recommended: <input type="checkbox"/> Action Recommended:

ATTACHMENT 1

Page 2 of 2

Example of Annual and TAL Exceedance Inspections

**Storm Water Individual Permit: NPDES Permit No. NM0030759
Visual Inspection**

SOP-20125-1

Have you changed the location of a BMP on the Site Map?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, submit altered Site Map with this form. 9
Have you amended the Site Map in any other way?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, submit altered Site Map with this form. 10
SMA and Site Review	
Recommendations: Describe recommended action as applicable.	
Is there evidence of floatable waste, floatable garbage, or floatable debris within the SMA that could be discharged to receiving waters?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 11 No Action Recommended: <input type="checkbox"/> Action Recommended:
Is there evidence of dust generation or evidence of off-site vehicle tracking of raw, final, or waste materials or sediments?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 12 No Action Recommended: <input type="checkbox"/> Action Recommended:
Is there evidence of the introduction of raw, final, or waste material to the SMA?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 13 No Action Recommended: <input type="checkbox"/> Action Recommended:
50-009 - Material disposal area (MDA C): Is there erosion occurring at the Site that is not being managed by existing control measures?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 14 No Action Recommended: <input type="checkbox"/> Action Recommended:
50-006(A) - Operational Release: Is there erosion occurring at the Site that is not being managed by existing control measures?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 15 No Action Recommended: <input type="checkbox"/> Action Recommended:
Is there erosion occurring within the SMA that is not being managed by existing control measures?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 15 No Action Recommended: <input type="checkbox"/> Action Recommended:

Major Observations: **16**

Photo Taken?: No Yes Photo ID: **17**

18 Continuation Form: Yes No

Certification Statement of Authorization

"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 managed 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 or imprisonment for knowing violations."

Name of Delegated Official of Permittees: Steve Veenis Z#: 109949

Date: _____ Delegated Official Signature: Signature on File

LANL PERSONNEL USE ONLY (Initials and dates)		
Accepted _____	Tech QC _____	FTL _____

ATTACHMENT 2
 Page 1 of 2
 Example Significant Event Inspection

**Storm Water Individual Permit: NPDES Permit No. NM0030759
 Visual Inspection**

SOP-20125-3

Work Order ID: COMP-31211

IP-RG055.5 : L012 : LA-SMA-5.01

Target Date: **4/1/2013**

Project: example inspection

Map ID: 1, L012-10-0017-85-LA5.01-R6

Reason: Example Significant Event inspection

Project ID: P-COMP-2445

1	Date: _____ Time: _____
	Name/Z#: _____
23	Name/Z#: _____
	Lead Signature: _____ "I confirm the information as recorded is true, accurate and complete."

Best Management Practice (BMP)/Control Measure	Is BMP Operating Effectively on Arrival?	Maintenance Recommended?	Is BMP correctly located on Site Map?	Describe: (continue on back if needed): 1. Note "No Action Recommended" (NAR), or identify needed maintenance, modification, repair, or replacement. 2. If needed, identify correct location of BMP(s) on Site Map. 3. If not operating effectively, describe existing or installed backup control. 4. If repair made to BMP, describe.
Permanent Vegetation Grasses and Shrubs [L01202010001] . EC	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 2	<input type="checkbox"/> No <input type="checkbox"/> Modification 3 <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 8	No Action Recommended: <input type="checkbox"/> 7 Action Recommended: 4 5 6
Earthen Berm [L01203010004] . SC ROF	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Modification <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	<input type="checkbox"/> Yes <input type="checkbox"/> No	No Action Recommended: <input type="checkbox"/> Action Recommended:
Earthen Berm [L01203010007] . SC RON	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Modification <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	<input type="checkbox"/> Yes <input type="checkbox"/> No	No Action Recommended: <input type="checkbox"/> Action Recommended:
Straw Wattles [L01203060011] . SC RON	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Modification <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	<input type="checkbox"/> Yes <input type="checkbox"/> No	No Action Recommended: <input type="checkbox"/> Action Recommended:
Rock Berm [L01203120010] . SC RON	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Modification <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	<input type="checkbox"/> Yes <input type="checkbox"/> No	No Action Recommended: <input type="checkbox"/> Action Recommended:
Water Bar [L01204050008] . EC RON	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Modification <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	<input type="checkbox"/> Yes <input type="checkbox"/> No	No Action Recommended: <input type="checkbox"/> Action Recommended:
Water Bar [L01204050009] . EC RON	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Modification <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	<input type="checkbox"/> Yes <input type="checkbox"/> No	No Action Recommended: <input type="checkbox"/> Action Recommended:
Rip Rap [L01204060006] . EC ROF	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Modification <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	<input type="checkbox"/> Yes <input type="checkbox"/> No	No Action Recommended: <input type="checkbox"/> Action Recommended:

ATTACHMENT 2
 Page 2 of 2
 Example Significant Event Inspection

**Storm Water Individual Permit: NPDES Permit No. NM0030759
 Visual Inspection**

SOP-20125-3

Work Order ID: COMP-31211

Project ID: P-COMP-2445

Indicate area(s) impacted by activity on the Site Map.....	9	<input type="checkbox"/> Yes <input type="checkbox"/> No	If modifications have been made, submit the altered Site Map with this form.
Indicate impacted IP-installed control measures on the Site Map.....	10	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Indicate the location of temporary and/or backup control measures on the Site Map.....	11	<input type="checkbox"/> Yes <input type="checkbox"/> No	

SMA and Site Review		Recommendations: Describe recommended action as applicable.
Were additional control measures implemented during or following the significant event? If yes, describe and indicate location(s) on site map.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 12	No Action Recommended: <input type="checkbox"/> Action Recommended:
Do additional control measures need to be implemented following the significant event? If yes, describe and indicate location(s) on site map.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 13	No Action Recommended: <input type="checkbox"/> Action Recommended:
Is there evidence of alteration of run-on or runoff pathways?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 14	No Action Recommended: <input type="checkbox"/> Action Recommended:
Is there evidence of floatable waste, floatable garbage, or floatable debris within the SMA that could be discharged to receiving waters?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 15	No Action Recommended: <input type="checkbox"/> Action Recommended:
Is there evidence of dust generation or evidence of off-site vehicle tracking of raw, final, or waste materials or sediments?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 16	No Action Recommended: <input type="checkbox"/> Action Recommended:
Is there evidence of the introduction of raw, final, or waste material to the SMA?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 17	No Action Recommended: <input type="checkbox"/> Action Recommended:
01-006(H) - Drainlines and outfall: Is there erosion occurring at the Site that is not being managed by existing control measures?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 18	No Action Recommended: <input type="checkbox"/> Action Recommended:
01-001(D) - Septic Tank 138 (hillside): Is there erosion occurring at the Site that is not being managed by existing control measures?	<input type="checkbox"/> Yes <input type="checkbox"/> No	No Action Recommended: <input type="checkbox"/> Action Recommended:
Is there erosion occurring within the SMA that is not being managed by existing control measures?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 19	No Action Recommended: <input type="checkbox"/> Action Recommended:

Major Observations: **20**

Photo Taken?: No Yes Photo ID: **21** **22** Continuation Form: Yes No

Certification Statement of Authorization

"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 managed 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 or imprisonment for knowing violations."

Name of Delegated Official of Permittees: _____ ZNumber: _____

Date: _____ Delegated Official Signature: _____

LANL PERSONNEL USE ONLY (Initials and dates)		
Accepted _____	Tech QC _____	FTL _____

ATTACHMENT 3

Page 1 of 2

Example Remediation Construction Activity Inspection

SOP-20125-4

**Storm Water Individual Permit: NPDES Permit No. NM0030759
Visual Inspection**

Work Order ID: COMP-31211

Project ID: P-COMP-2445

IP-RG055.5 : L012 : LA-SMA-5.01

1

Date: _____ Time: _____

Target Date: **4/1/2013**

Name/Z# _____

Project: example inspection

Name/Z# _____

Map ID: 1, L012-10-0017-85-LA5.01-R6

16

Lead Signature: _____

Reason: Example Remediation Construction inspection

"I confirm the information as recorded is true, accurate and complete."

Control Measures Control Measure ID Description	Impacted by activity?	Observations <small>Please note if an existing control measure is being used to minimize migration of sediments and runoff from disturbed area.</small>
Rip Rap [L01204060006]. EC ROF	<p align="center">2</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p align="center">3</p>
Water Bar [L01204050009]. EC RON	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Water Bar [L01204050008]. EC RON	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Rock Berm [L01203120010]. SC RON	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Straw Wattles [L01203060011]. SC RON	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Earthen Berm [L01203010007]. SC RON	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Earthen Berm [L01203010004]. SC ROF	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Permanent Vegetation Grasses and Shrubs [L01202010001]. EC	<input type="checkbox"/> Yes <input type="checkbox"/> No	

ATTACHMENT 3

Page 2 of 2

Example Remediation Construction Activity Inspection

SOP-20125-4

**Storm Water Individual Permit: NPDES Permit No. NM0030759
Visual Inspection**

Indicate area(s) impacted by activity on the Site Map.....		4	<input type="checkbox"/> Yes <input type="checkbox"/> No	If modifications have been made, submit the altered Site Map with this form.
Indicate impacted IP-installed control measures on the Site Map.....		5	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Indicate the location of temporary and/or backup control measures on the Site Map..		6	<input type="checkbox"/> Yes <input type="checkbox"/> No	
SMA and Site Review		Recommendations: Describe recommended action as applicable.		
Are existing control measures used to minimize migration of sediments and runoff from soil disturbance area? If yes, describe and indicate location(s) on site map.	<input type="checkbox"/> Yes <input type="checkbox"/> No	7	No Action Recommended: <input type="checkbox"/> Action Recommended:	
Are additional control measures implemented during the remediation construction activity? If yes, describe and indicate location(s) on site map.	<input type="checkbox"/> Yes <input type="checkbox"/> No	8	No Action Recommended: <input type="checkbox"/> Action Recommended:	
Is there evidence of alteration of run-on or runoff pathways?	<input type="checkbox"/> Yes <input type="checkbox"/> No	9	No Action Recommended: <input type="checkbox"/> Action Recommended:	
Is there evidence of floatable waste, floatable garbage, or floatable debris within the SMA that could be discharged to receiving waters?	<input type="checkbox"/> Yes <input type="checkbox"/> No	10	No Action Recommended: <input type="checkbox"/> Action Recommended:	
Is there evidence of dust generation or evidence of off-site vehicle tracking of raw, final, or waste materials or sediments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	11	No Action Recommended: <input type="checkbox"/> Action Recommended:	
Is there erosion occurring within the soil disturbance area that is not being managed by existing or temporary control measures?	<input type="checkbox"/> Yes <input type="checkbox"/> No	12	No Action Recommended: <input type="checkbox"/> Action Recommended:	

Major Observations: **13**

Photo Taken?: No Yes Photo ID: **14**

15 Continuation Form: Yes No

Certification Statement of Authorization

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Name of Delegated Official of Permittees: _____ ZNumber: _____

Date: _____ Delegated Official Signature: _____

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Accepted _____	Tech QC _____	FTL _____