Retain a copy of the completed Annual Report for your records.

Please remember that a Notice of Termination and new Notice of Intent are required whenever a facility operation is relocated or changes ownership.

If you have any questions, please contact your Regional Board Industrial Storm Water Permit Contact. The names, telephone numbers, and e-mail addresses of the Regional Board contacts, as well as the Regional Board office addresses, can be found at: http://www.waterboards.ca.gov/water_issues/programs/stormwater/contact.shtml

General Information

A. Facility Information

Business Name: Lawrence Berkeley National Lab
Physical Address: Strawberry Creek Watershed
City: Berkeley
State: CA
Zip: 94720
Contact Person: Ron Pauer
Phone: 510-486-7614
Email: ropauer@lbl.gov
Standard Industrial Classification (SIC) Codes: 3499-Fabricated Metal Products, NEC, 4214-Local Trucking with Storage

B. Facility Owner Information

Business Name: Lawrence Berkeley National Laboratory
Mailing Address: One Cyclotron Road
City: Berkeley
State: CA
Zip: 94720
Contact Person: Ron Pauer
Phone: 510-486-7614
Email: ropauer@lbl.gov

C. Facility Billing Information

Business Name: Lawrence Berkeley National Lab
Mailing Address: 1 Cyclotron Rd
City: Berkeley
State: qov.ca.swrcb.sw.baseclasses.State
Zip: 94720
Contact Person: Ron Pauer
Phone: 510-486-7614
Email: ropauer@lbl.gov
1. Has the Discharger conducted monthly visual observations (including authorized and unauthorized Non-Storm Water Discharges and Best Management Practices) in accordance with Section XI.A.1?
   ☒ Yes ☐ No
   If No, see Attachment 1, Summary of Explanation.

2. Has the Discharger conducted sampling event visual observations at each discharge location where a sample was obtained in accordance with Section XI.A.2?
   ☒ Yes ☐ No
   If No, see Attachment 1, Summary of Explanation.

3. Did you sample the required number of Qualifying Storm Events during the reporting year for all discharge locations, in accordance with Section XI.B?
   ☒ Yes ☐ No

4. How many storm water discharge locations are at your facility?
   15

5. Has the Discharger chosen to select Alternative Discharge Locations in accordance with Section XI.C.3?
   ☒ Yes ☐ No

6. Has the Discharger reduced the number of sampling locations within a drainage area in accordance with the Representative Sampling Reduction in Section XI.C.4?
   ☐ Yes ☒ No

7. Select the following Industrial Pollutants at the facility identified in the pollutant source assessment. The table of pollutants are the 303(d) listed impairments for the HUC 10 watershed the facility is located in from water bodies listed in Appendix 3 that are applicable to industrial storm water discharges.
   See Attachment 2 for the List of Identified Pollutants within the Impaired Watershed.
8. Has the Discharger included the pollutants listed on the final page in the SWPPP pollutant source assessment and conducted analytical monitoring for the pollutants?

☒ Yes  ☐ No

If No, what date will the parameter(s) will be added to the SWPPP and Monitoring Implementation Plan?

9. Were all samples collected in accordance with Section XI.B.5?

☒ Yes  ☐ No

If No, see Attachment 1, Summary of Explanation.

10. Has any contained storm water been discharged from the facility this reporting year?

☐ Yes  ☒ No

If Yes, see Attachment 1, Summary of Explanation.

11. Has the Discharger conducted one (1) annual evaluation during the reporting year as required in Section XV?

☒ Yes  ☐ No

If Yes, what date was the annual evaluation conducted? 05/18/2016

If No, see Attachment 1, Summary of Explanation.
12. Has the Discharger maintained records on-site for the reporting year in accordance with XXI.J.3?

☑ Yes   ☐ No

If No, see Attachment 1, Summary of Explanation.

If your facility is subject to Effluent Limitation Guidelines in Attachment F of the Industrial General Permit, include your specific requirements as an attachment to the Annual Report (attach as file type: Supporting Documentation).

ANNUAL REPORT CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under the 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.

Printed Name:  Ron Pauer
Title:  Environmental Manager
Date:  06/29/2016
## Summary of Explanations

### Explanation Question

### Explanation Text

## Summary of Attachments

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<th>Attachment Title</th>
<th>Description</th>
<th>Date Uploaded</th>
<th>Part Number</th>
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<td>Monthly Dry Weather inspections</td>
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<td>chlordane)</td>
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