



May 28, 2004

STORM WATER POLLUTION PREVENTION PLAN

FORM PEREGRINE (US) INC.
COLDWATER ROAD FACILITY
GENESEE TOWNSHIP, MICHIGAN

Confidential under FOIA
Alex Rothchild
LFR
Sep 30, 2009 09:17

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SWPPP CERTIFICATION

This Storm Water Pollution Prevention Plan (SWPPP) has been developed in accordance with good engineering practices and has been reviewed and approved by a certified storm water operator. To the best of my knowledge and belief, the information submitted is true, accurate, and complete. In addition, at the time this plan was completed, all non-storm water discharges from the Facility have been eliminated, and no structure storm water controls are needed.

_____ (Signature of Certified Operator)	_____ (Certification Number)
_____ (Printed Name)	_____ (Date)
_____ (Signature of Corporate Office)	_____ (Date)
_____ (Printed Name)	_____ (Title)

Retain a copy of this certification with the copy of this SWPPP maintained by the Facility Response coordinator and submit a copy with the original signatures to the MDEQ office in your area.

1.0 OVERVIEW

The Former Peregrine (US) Inc. (Peregrine) Coldwater Road Facility (Facility) is located north of the City of Flint, in Genesee Township, Genesee County, Michigan at 43° 45' north latitude and 83° 05' west longitude. The Facility location is presented on Figure 1. There are no industrial operations currently being conducted at the Facility. The Facility has undergone a complete and systematic environmental decommissioning and demolition program that began during the summer of 1999 and finished in the winter of 2001.

The discharge from the Facility, located at G-1245 E. Coldwater Road, Flint, Michigan 48559, enters the Hughes Drain in the NW1/4, NE1/4, Section 13, T8N, R6E, Genesee County.

1.1 STORM WATER PERMIT

This Storm Water Pollution Prevention Plan (SWPPP) has been developed as required under Part I.B.1 of Michigan's National Pollutant Discharge Elimination System (NPDES) general permit number MIS519000 (Storm Water from Industrial Activity - Cycle Year 5 Watersheds General Permit). The Certificate of Coverage number MIS510354 is designated to REALM-Coldwater Road Facility. This general permit is effective April 1, 2000 and shall expire April 1, 2005.

1.2 GOAL AND OBJECTIVES

The goal of the storm water permit program is to improve the quality of surface waters by reducing the amount of pollutants potentially contained in the storm water runoff being discharged.

The objectives of this SWPPP are:

- to identify potential sources of pollution at the Facility;
- to describe best management practices (BMPs) which are to be used at the Facility; and
- to provide other elements such as a facility inspection program, a site compliance evaluation program, and a record keeping and reporting program that will help the Facility comply with the terms and conditions of its storm water discharge permit.

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2.0 CERTIFIED STORM WATER OPERATOR

The certified storm water operator is responsible for developing, implementing, maintaining, and revising this SWPPP. The certified storm water operator is also responsible for maintaining the guidelines of the Water Quality Standards.

The certified storm water operator for the Facility is Robert Schloesser (cell 734-604-5584). Mr. Schloesser regularly works at the GM Buick City Site, which is located at 902 East Hamilton St., Flint, Michigan 48550. Mr. Schloesser will retain a copy of the SWPPP, and will perform routine inspections associated with the SWPPP. He will provide training as necessary to personnel who may cause discharge to storm water (including personnel involved with cleaning oil stains on the concrete pad).

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3.0 POTENTIAL SOURCES OF POLLUTANTS

3.1 SITE MAP

Figure 2 presents a map of the Facility showing the following features:

- property boundary;
- storm water discharge outfall;
- drainage area outline;
- areas of vegetation; and
- impervious surfaces.

3.2 INVENTORY OF EXPOSED MATERIALS

There are no operations at the Facility and no materials are exposed. A portion of the Facility is currently used for storage of leased vehicles. The only material that may be a potential source of pollutants to storm water run-off from the Facility is the oil staining on the concrete pad. The degree of staining and presence of free oil appears to vary, being most prevalent in warm weather. The outfall that might be impacted is located on the northwest corner of the Facility.

3.3 LIST OF PAST SPILLS AND LEAKS

The Emergency Response Notification System (ERNS) database identified spill notifications during the years 1987-1999. The following summary is believed to be a comprehensive listing for the Facility for the period from 1987 to 1999:

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<i>Spill Date</i>	<i>Company Name (As listed in Database)</i>	<i>Chemical/Compound of Concern</i>	<i>Estimated Quantity Released</i>
04/28/94	GM - 1245 East Coldwater Road	F006 Waste (Wastewater)	Unknown
06/27/94	GM - 1245 East Coldwater Road	F006 Leachate	500 gallons
10/31/90	GM - Inland Fisher Guide Division	Metal Working oil	100 gallons
06/13/90	GM - Inland Fisher Guide Division	Water soluble oil discharged into Hughes Drain	400 gallons
06/27/89	GM - Inland Fisher Guide Division	Water soluble oil discharged into Hughes Drain	Estimated at 1,200 gallons

A Resource Conservation and Recovery Act (RCRA) Facility Investigation (RFI) was conducted and completed in August 2000. All Areas of Interest (AOIs) have been identified and investigated including storm sewer cleaning. There is no current risk of spills and leaks.

3.4 SUMMARY OF SAMPLING DATA

No sampling data is available for the storm water run-off from the Facility. Sampling of the run-off is not required since there are no secondary containment structures exposed to storm water. The site is not a Site of Environmental Contamination, and there is no run-off associated with any activity that may contribute pollutants to the storm water and for which the MDEQ has determined that monitoring is needed.

4.0 BEST MANAGEMENT PRACTICES

Storm water management controls, or BMPs, will be implemented to reduce the amount of pollutants in storm water discharged from the Facility.

4.1 NON-STRUCTURAL CONTROLS

The following non-structural controls have been selected for implementation at the Facility:

- Semi-Annual Comprehensive Inspections:

Comprehensive inspections of the Facility shall be conducted at least once every six months using the checklist in Appendix A. Situations that could affect storm water run-off from the Facility must be identified in the checklist and must be expeditiously addressed. The action(s) taken to address the situation(s) must be recorded on the checklist. The checklist must be signed to indicate either that there were no incidents of non-compliance with the Permit, or that all such incidents have been satisfactorily addressed. In addition, a Spill or Release Report (Appendix B) must be completed if any evidence of a release to the outfall is observed.

- Good Housekeeping Practices:

Good housekeeping practices are designed to maintain a clean and orderly environment that will reduce the potential for significant materials to come into contact with storm water. The practices include:

- Cleaning of the concrete pad as necessary; and
- Grass cutting and reseeding/repairing areas of vegetation as necessary.

- List of Significant Materials Still Present:

After the implementation of the above non-structural controls, no significant materials are expected to be present in the storm water discharge from the Facility.

4.2 STRUCTURAL CONTROLS

Given that no significant materials are expected to be present in the storm water from the Facility, no structural control measures are required at the Facility.

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5.0 NON-STORM WATER DISCHARGES

The Permit requires that all discharge locations be evaluated for the presence of non-storm water discharges. Any non-storm water discharges must be eliminated, or covered under another NPDES permit. The following is a list of non-storm water discharges authorized under the Permit: fire fighting activities, fire hydrant flushing, potable water sources including waterline flushing, irrigation drainage, lawn watering, uncontaminated ground water, foundation or footing drains, building wash down where no detergents were used, air conditioning condensate, and dust control spraying. It is not anticipated that any of these discharges will occur at the Facility.

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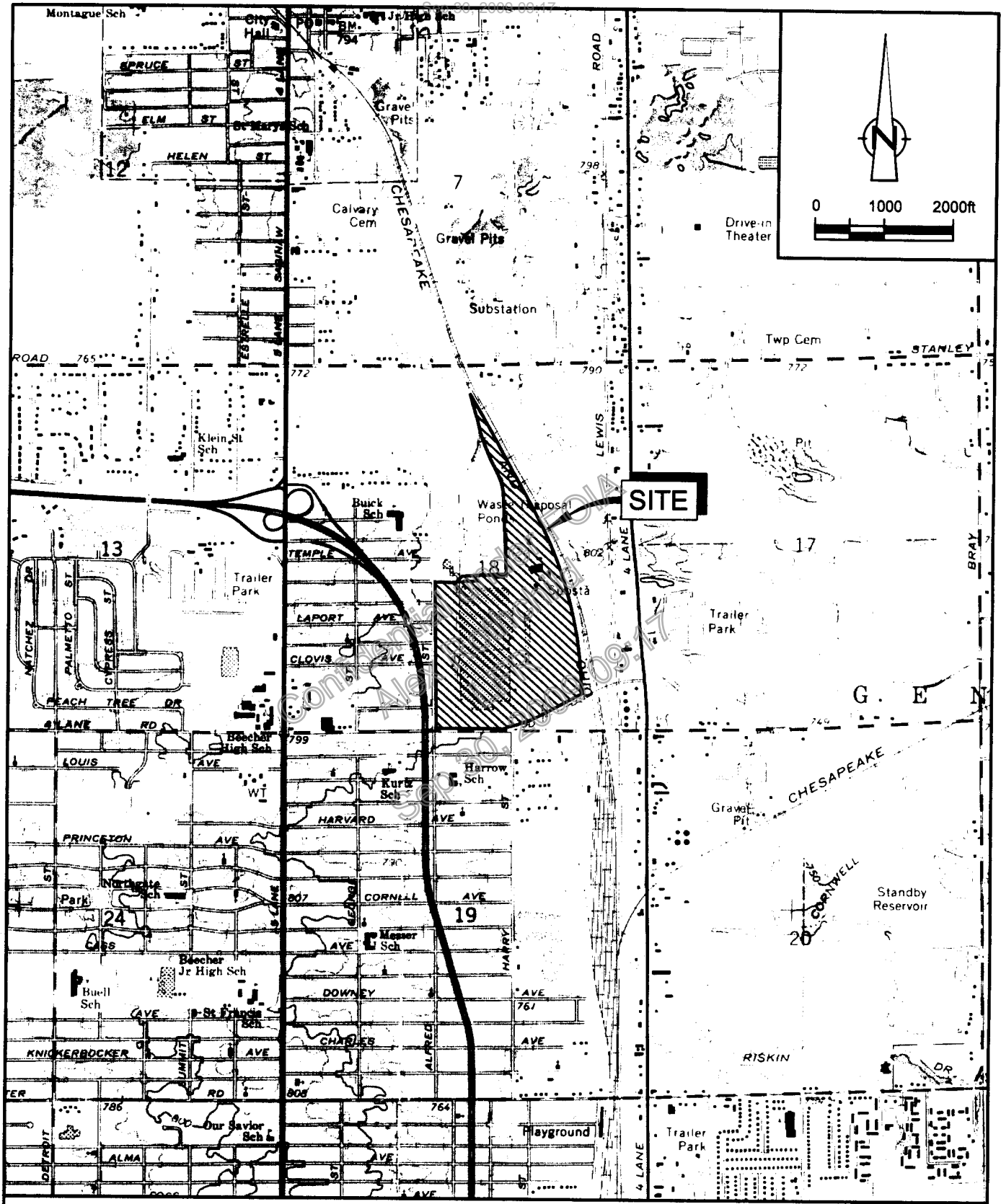
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6.0 RECORD KEEPING AND REPORTING

All preventive maintenance inspections, the semi-annual comprehensive site inspections, and records of employee training sessions shall be retained for at least three years after the Permit coverage expires. The documents shall be retained by the GM Project Manager. The GM Project Manager for this Facility is Cheryl Hiatt (phone: 248-753-5799). These records must be made available, upon request, to a representative of the MDEQ and to the operator of the municipal system.

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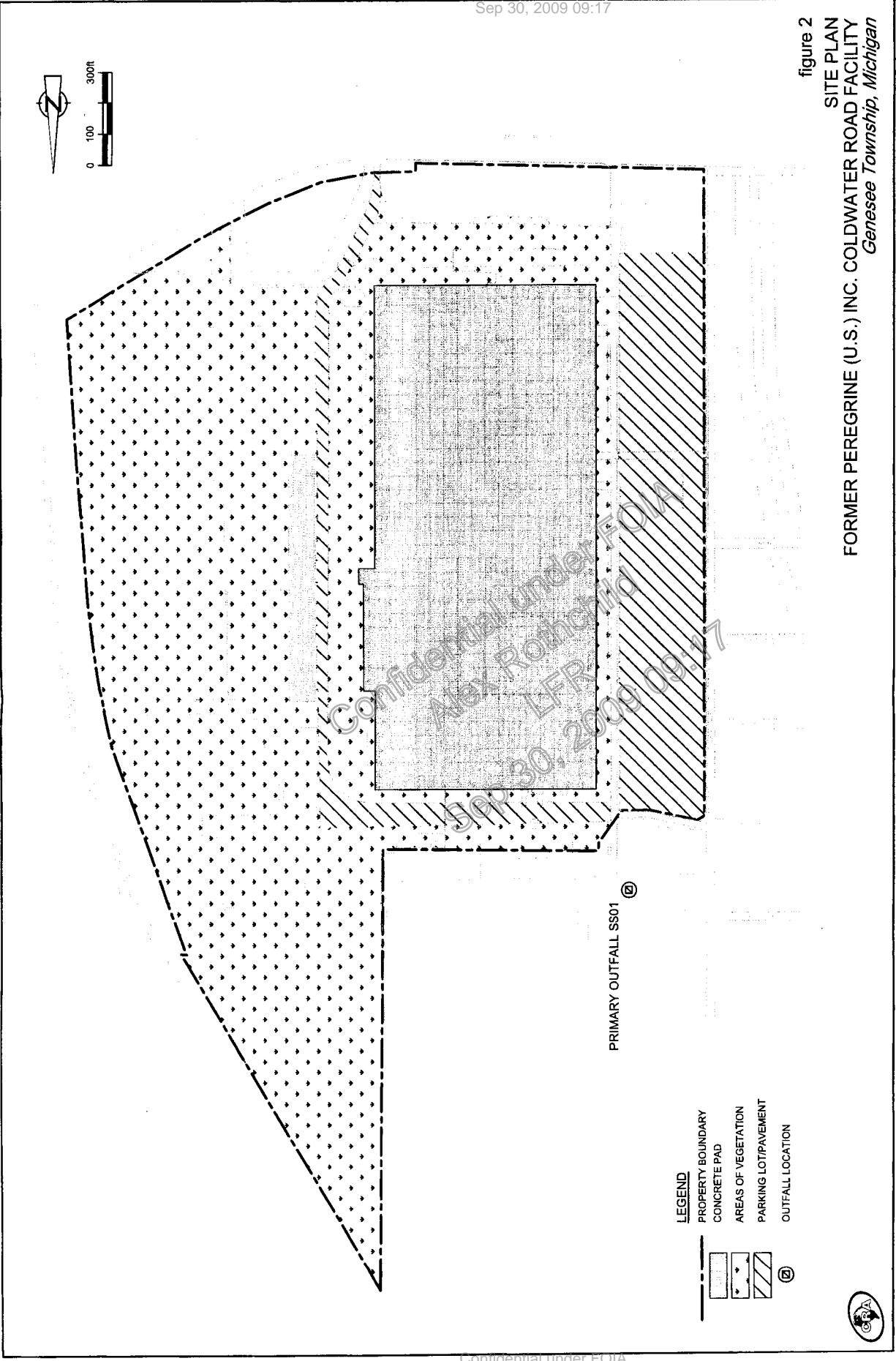
SOURCE: USGS QUADRANGLE MAP;
FLINT NORTH, MICHIGAN



figure 1
FACILITY LOCATION
FORMER PEREGRINE (US), INC. COLDWATER ROAD FACILITY
Genesee Township, Michigan

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figure 2
SITE PLAN
FORMER PEREGRINE (U.S.) INC. COLDWATER ROAD FACILITY
Genesee Township, Michigan



12636-10(026)GN-WA001 MAY 31/2004

TABLE 1
REGULATORY COMPLIANCE MATRIX

<i>Description</i>	<i>Permit Requirement</i>	<i>SWPPP</i>
	Section C	
Site Map	1a	Figure 1
Significant Materials	1b, 1c	Section 3.2
Sampling Data	1d	Section 3.4
Program for Routine Preventive Maintenance	2a	NA
Comprehensive Site Inspection	2b	Section 4.1
Housekeeping Procedures	2c	Section 4.1
Material Handling Procedures	2d	NA
Potential Soil Erosion Areas	2e	NA
Employee Training Programs	2f	Section 2.0
Significant Materials in SW following implementation of non-structural preventative measures and source controls	2g	Section 3.2
Structural Controls	3	Section 4.2
Certified Operator	5	Section 2.0
Signature and Plan Review	6	Section 2.0 and 6.0
	Section D	
Record Keeping	1	Section 6.0
Water Quality Standards	2	Section 2.0
Non-SW Discharges	3	Section 5.0
Portable Industrial Facilities	4	NA

APPENDIX A
COMPREHENSIVE SITE INSPECTION

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COMPREHENSIVE INSPECTION REPORT

Date: _____ Time: _____

Inspected by (printed): _____

Signature: _____

<i>Areas Inspected</i>	<i>Observations</i>	<i>Actions Taken</i>
Property boundaries		
Grounds (in general)		
Parking lots		
Concrete Pad		
Outfall		

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APPENDIX B

SPILL OR RELEASE NOTIFICATION FORM

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY

SPILL OR RELEASE REPORT

NOTE: Some regulations require a specific form to use and procedures to follow when reporting a release. Those forms and procedures **MUST** be used and followed if reporting under that authority. The purpose of this report form is to aid persons reporting releases under the various regulations that do not require a specific form. This report form is not required to be used. **To report a release, you may telephone the PEAS Hotline, or DEQ District Office which oversees the county where it occurred, and other regulating agencies and provide the following information. Keep a copy of this report as documentation that the release was reported. If you prefer to submit this report electronically by FAX or e-mail, contact the regulating agency for the correct telephone number or e-mail address.** Submission of an additional written follow-up report may be required. See the DEQ document, *Release Notification Requirements in Michigan*, or the specific regulations, or contact the regulating DEQ Division for information.

Please print or type all information.

NAME OF PERSON REPORTING RELEASE			TELEPHONE NUMBER (provide area code)		
NAME OF BUSINESS			RELEASE LOCATION (provide address if different than business, if known, and give directions to the spill location. Include nearest highway, town, road intersection, etc.)		
STREET ADDRESS					
CITY	STATE	ZIP CODE			
BUSINESS TELEPHONE NUMBER (provide area code)					
EPA IDENTIFICATION NUMBER (if applicable)			COUNTY	TOWNSHIP	TIER/RANGE/SECTION (if known)
RELEASE DATA. Complete all applicable categories. Check all the boxes that apply to the release. Provide the best available information regarding the release and its impacts. Attach additional pages if necessary.					
DATE & TIME OF RELEASE (if known)	DATE & TIME OF DISCOVERY	DURATION OF RELEASE (if known)	TYPE OF INCIDENT		
____/____/____ _____am/pm	____/____/____ _____am/pm	____ days ____ hours ____ minutes	<input type="checkbox"/> Explosion <input type="checkbox"/> Fire <input type="checkbox"/> Leaking container <input type="checkbox"/> Loading/unloading release	<input type="checkbox"/> Pipe/valve leak or rupture <input type="checkbox"/> Vehicle accident <input type="checkbox"/> Other _____	
MATERIAL RELEASED (Chemical or trade name)		CAS NUMBER or HAZARDOUS WASTE CODE	ESTIMATED QUANTITY RELEASED (indicate unit e.g. lbs, gals, cu ft or yds)	PHYSICAL STATE RELEASED (indicate if solid, liquid, or gas)	
<input type="checkbox"/> CHECK HERE IF ADDITIONAL MATERIALS LISTED ON ATTACHED PAGE.					
FACTORS CONTRIBUTING TO RELEASE			SOURCE OF LOSS		
<input type="checkbox"/> Equipment failure <input type="checkbox"/> Operator error <input type="checkbox"/> Faulty process design			<input type="checkbox"/> Container <input type="checkbox"/> Railroad car <input type="checkbox"/> Pipeline		
<input type="checkbox"/> Training deficiencies <input type="checkbox"/> Unusual weather conditions <input type="checkbox"/> Other _____			<input type="checkbox"/> Ship <input type="checkbox"/> Tank <input type="checkbox"/> Tanker <input type="checkbox"/> Truck <input type="checkbox"/> Other _____		
TYPE OF MATERIAL RELEASED		MATERIAL LISTED ON		IMMEDIATE ACTIONS TAKEN	
<input type="checkbox"/> Hazardous waste <input type="checkbox"/> Flammable & combustible material <input type="checkbox"/> Oil/other petroleum products or waste <input type="checkbox"/> Polluting material (including salt) <input type="checkbox"/> Sewage <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown		<input type="checkbox"/> CERCLA Table 302.4 (40 CFR Part 302) <input type="checkbox"/> Extremely Hazardous Substances (EPCRA Section 302) list (40 CFR Part 355) <input type="checkbox"/> Michigan Critical Materials Register <input type="checkbox"/> RCRA and/or Part 111 hazardous waste tables <input type="checkbox"/> CAA Section 112(r) list (40 CFR Part 68) <input type="checkbox"/> Other list _____ <input type="checkbox"/> Unknown		<input type="checkbox"/> Containment <input type="checkbox"/> Dilution <input type="checkbox"/> Evacuation <input type="checkbox"/> Hazard removal <input type="checkbox"/> Neutralization <input type="checkbox"/> System shut down	
				<input type="checkbox"/> Diversion of release to treatment <input type="checkbox"/> Decontamination of persons or equipment <input type="checkbox"/> Monitoring <input type="checkbox"/> Other _____	
RELEASE REACHED					
<input type="checkbox"/> Surface waters (include name of river, lake, drain involved) _____			Distance from spill location to surface water, in feet _____		
<input type="checkbox"/> Drain connected to sanitary sewer (include name of wastewater treatment plant and/or street drain, if known) _____					
<input type="checkbox"/> Drain connected to storm sewer (include name of drain or water body it discharges into, if known) _____					
<input type="checkbox"/> Groundwater (indicate if it is a known or suspected drinking water source and include name of aquifer, if known) _____					
<input type="checkbox"/> Soils (include type e.g. clay, sand, loam, etc.) _____					
<input type="checkbox"/> Ambient Air					

THIS IS A MASTER COPY. PLEASE MAKE COPIES FROM THIS MASTER COPY AS NEEDED.

EXTENT OF INJURIES, IF ANY	LFR Sep 30, 2009 09:17 WAS ANYONE HOSPITALIZED? <input type="checkbox"/> Yes NUMBER HOSPITALIZED: _____ <input type="checkbox"/> No	TOTAL NUMBER OF INJURIES TREATED ON-SITE: _____
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DESCRIBE THE INCIDENT, THE TYPE OF EQUIPMENT INVOLVED IN THE RELEASE, HOW THE VOLUME OF LOSS WAS DETERMINED, ALONG WITH ANY RESULTING ENVIRONMENTAL DAMAGE CAUSED BY THE RELEASE. IDENTIFY WHO IMMEDIATELY RESPONDED TO THE INCIDENT (own employees or contractor — include cleanup company name, contact person, and telephone number). ALSO IDENTIFY WHO DID FURTHER CLEANUP ACTIVITIES, IF PERFORMED OR KNOWN WHEN REPORT SUBMITTED

CHECK HERE IF DESCRIPTION OR ADDITIONAL COMMENTS ARE INCLUDED ON ATTACHED PAGE

ESTIMATED QUANTITY OF ANY RECOVERED MATERIALS AND A DESCRIPTION OF HOW THOSE MATERIALS WERE MANAGED (include disposal method if applicable)

CHECK HERE IF DESCRIPTION OR ADDITIONAL COMMENTS ARE INCLUDED ON ATTACHED PAGE

ASSESSMENT OF ACTUAL OR POTENTIAL HAZARDS TO HUMAN HEALTH (include known acute or immediate and chronic or delayed effects, and where appropriate, advice regarding medical attention necessary for exposed individuals.)

CHECK HERE IF DESCRIPTION OR ADDITIONAL COMMENTS ARE INCLUDED ON ATTACHED PAGE

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY NOTIFIED:

PEAS: 800-292-4706 Log Number Assigned _____

DEQ District or Field Office

<input type="checkbox"/> Cadillac	Division(s) Contacted:
<input type="checkbox"/> Detroit	<input type="checkbox"/> Air Quality
<input type="checkbox"/> Gaylord	<input type="checkbox"/> Geological and Land Management
<input type="checkbox"/> Grand Rapids	<input type="checkbox"/> Remediation and Redevelopment
<input type="checkbox"/> Jackson	<input type="checkbox"/> Waste and Hazardous Materials
<input type="checkbox"/> Kalamazoo	<input type="checkbox"/> Water
<input type="checkbox"/> Lansing	
<input type="checkbox"/> Marquette	
<input type="checkbox"/> Saginaw Bay	
<input type="checkbox"/> Southeast Michigan (Livonia)	

RECORD NAME OF DEQ STAFF CONTACTED & PHONE NUMBER

OTHER ENTITIES NOTIFIED:

National Response Center (NRC): 800-424-8802

US Coast Guard Office Contacted: Detroit Grand Haven Sault Ste. Marie

US Environmental Protection Agency

Local Fire Department

Local Police Department

State Police

Local Emergency Planning Committee

Wastewater Treatment Plant Authority

Hazmat Team

Local Health Department

Michigan Department of Consumer & Industry Services (MIOSHA)

Michigan Department of Agriculture: 800-405-0101

Other _____

RECORD NAME OF OTHER STAFF CONTACTED & PHONE NUMBER

SIGNATURE OF PERSON REPORTING

DATE REPORTED	TIME REPORTED am/pm	ENTITIES CONTACTED BY: <input type="checkbox"/> Telephone <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Other _____
---------------	------------------------	---