

NO EXPOSURE CERTIFICATION
For Exclusion From NPDES Storm Water Permitting
Facility ID: ISW-808

Exposure Checklist

Are any of the following materials or activities exposed to precipitation, now or in the foreseeable future? (Please check either "Yes" or "No" in the appropriate box.) If you answer "Yes" to any of these questions (1) through (11), you are not eligible for the no exposure exclusion.

- | | Yes | No |
|---|--------------------------|-------------------------------------|
| 1 Using, storing or cleaning industrial machinery or equipment, and areas where residuals from using, storing or cleaning industrial machinery or equipment remain and are exposed to storm water | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2 Materials or residuals on the ground or in storm water inlets from spills/leaks | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 Materials or products from past industrial activity | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4 Material handling equipment (except adequately maintained vehicles) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 Materials or products during loading/unloading or transporting activities | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6 Materials or products stored outdoors (except final products intended for outside use [e.g., new cars] where exposure to storm water does not result in the discharge of pollutants) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7 Materials contained in open, deteriorated or leaking storage drums, barrels, tanks, and similar containers | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8 Materials or products handled/stored on roads or railways owned or maintained by the discharger | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9 Waste material (except waste in covered, non-leaking containers [e.g., dumpsters]) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (Application or disposal of process wastewater (unless otherwise permitted) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11 Particulate matter or visible deposits of residuals from roof stacks and/or vents not otherwise regulated (i.e., under an air quality control permit) and evident in the storm water outflow | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

No Exposure Certification Statement

I certify under penalty of law that I have read and understand the eligibility requirements for claiming a condition of "no exposure" and obtaining an exclusion from NPDES storm water permitting

I certify under penalty of law that there are no discharges of storm water contaminated by exposure to industrial activities or materials from the industrial facility or site identified in this document (except as allowed under 40 CFR 122.26(g)(2)).

I understand that I am obligated to submit a no exposure certification from once every five years to the NPDES permitting authority and, if requested, to the operator of the local municipal separate storm sewer system (MS4) into which the facility discharges (where applicable). I understand that I must allow the NPDES permitting authority, or MS4 operator where the discharge is into the local MS4, to perform inspections to confirm the condition of no exposure and to make such inspection reports publicly available upon request. I understand that I must obtain coverage under an NPDES permit prior to any point source discharge of storm water from the facility.

Additionally, 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: Ron Bell
 Job Title: General manager
 Signature: [Handwritten Signature]
 Date: 2-14-08