ATTACHMENT 1

Daily Monitoring Records

Project Location:

Pigeon Pass Realignment Project in Alameda County on Route 84

Sampling Conducted By (Sampler's Name, Company Name, and Phone Number) :

Date: 03/31/06

Parameter	Location	Sample Type	Time, Hours	Measurement	Exceedance over WQR (*)	Visual Observations	Comments (Please describe any violation(s); any resulting corrective measures taken; and the cause for the violation. Please add additional sheets if needed.)
Flow (gals/day)	Effluent [a]	Continuous	1000	2565		Turbid	Russian River
	Reused [b]	Continuous	1200	500			Pile Cleanout
	Off-site [c]	Continuous	1600	1000			Cloverdale POTW
Turbidity (ntu)	Upstream	Grab	1000	100			
	Effluent	Grab	1005	120			
	Downstream	Grab	1010	130	*		Terminated discharge; added sediment tank for additional detention; reused for pile cleanout operations
Dissolved Oxygen (mg/l)	Downstream	Meter	1000	5.1			
	Effluent	Meter	1005	6			
	Upstream	Meter	1010	5.5			
pH	Downstream	Meter	1000	6.8			
	Effluent	Meter	1005	7.2			
	Upstream	Meter	1010	7.3	*		Terminated discharge; adjusted pH by adding Carbon Dioxide, as pH could not be neutralized; water was disposed off-site

Notes:

1. Samples for Flow shall be conducted on a **continuous** basis.
2. Samples for Turbidity, Conductivity, and pH shall be conducted on a daily basis.
3. Sampling frequencies shall be conducted during discharge activities.
4. All effluent will come from the dewatering activities associated with this project.

a- Measurement taken at the discharge location
b- Measurement taken 30 m upstream of discharge location
c- Measurement taken 30 m downstream of discharge location

CERTIFICATION STATEMENT (to be completed by Contractor):

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 true, accurate, and complete to the best of my knowledge and belief. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment of knowing violations.

Signature: _____ Date: _____

Print/Type Name: _____ Title: _____

Sample