

FORM D-3 WET WEATHER AND RAINFALL GREATER THAN 0.5 INCH INSPECTION - QUARTERLY INSPECTION

Date of Inspection: 3/14/17 Name of Inspector: [Signature]

Time: 8:00 AM Rainfall amount: 0.8

The following observations must be made once a quarter within the first hour of a storm.

Item	Observation Results					
	Auxiliary Septage Receiving Area		Grit Collection		New Septage Receiving Area	
	Yes	No	Yes	No	Yes	No
Does storm water appear to be contaminated?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Item	Observation Results					
	Sludge Dewatering		Sludge Transfer		Electrical Transformer	
	Yes	No	Yes	No	Yes	No
Does storm water appear to be contaminated?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Item	Observation Results					
	Paved Roads and Parking Areas		Diesel Fuel Storage Area		Chemical Storage Area	
	Yes	No	Yes	No	Yes	No
Does storm water appear to be contaminated?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Item	Observation Results					
	Outfall #1		Outfall #2		Outfall #3	
	Yes	No	Yes	No	Yes	No
Does storm water appear to be contaminated?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Item	Observation Results			
	Sodium Hypochlorite Storage		Sodium Bisulfite Storage	
	Yes	No	Yes	No
Does storm water appear to be contaminated?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FORM D-3 (CONT'D) WET WEATHER AND RAINFALL GREATER THAN 0.5 INCH INSPECTION - QUARTERLY INSPECTION

Date of Inspection: 3/14/17 Name of Inspector: [Signature]

Time: 8:00 am Rainfall amount: 0.8

The following inspections must be conducted within 12 hours of the end of a storm with rainfall amounts greater than 0.5 inches.

Item	Auxiliary Septage Receiving Area		Grit Collection		New Septage Receiving Area	
	Yes	No	Yes	No	Yes	No
Does storm water appear to be contaminated?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Storm debris present?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Item	Sodium Hypochlorite Storage		Sodium Bisulfite Storage		Paved Roads and Parking Areas	
	Yes	No	Yes	No	Yes	No
Does storm water appear to be contaminated?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Storm debris present?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Item	Outfall #1		Outfall #2		Outfall #3		Diesel Fuel Storage	
	Yes	No	Yes	No	Yes	No	Yes	No
Does storm water appear to be contaminated?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Storm debris present?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Item	Chemical Storage Area		Sludge Dewatering		Sludge Transfer		Electrical Transformer	
	Yes	No	Yes	No	Yes	No	Yes	No
Does storm water appear to be contaminated?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Storm debris present?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NA	NA

FORM D-3 WET WEATHER AND RAINFALL GREATER THAN 0.5 INCH INSPECTION - QUARTERLY INSPECTION

Date of Inspection: 6-19-17 Name of Inspector: W. King

Time: 09:00 Am Rainfall amount: 0.6"

The following observations must be made once a quarter within the first hour of a storm.

Item	Observation Results					
	Auxiliary Septage Receiving Area		Grit Collection		New Septage Receiving Area	
	Yes	No	Yes	No	Yes	No
Does storm water appear to be contaminated?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Item	Observation Results					
	Sludge Dewatering		Sludge Transfer		Electrical Transformer	
	Yes	No	Yes	No	Yes	No
Does storm water appear to be contaminated?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Item	Observation Results					
	Paved Roads and Parking Areas		Diesel Fuel Storage Area		Chemical Storage Area	
	Yes	No	Yes	No	Yes	No
Does storm water appear to be contaminated?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Item	Observation Results					
	Outfall #1		Outfall #2		Outfall #3	
	Yes	No	Yes	No	Yes	No
Does storm water appear to be contaminated?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Item	Observation Results			
	Sodium Hypochlorite Storage		Sodium Bisulfite Storage	
	Yes	No	Yes	No
Does storm water appear to be contaminated?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FORM D-3 (CONT'D) WET WEATHER AND RAINFALL GREATER THAN 0.5 INCH INSPECTION - QUARTERLY INSPECTION

Date of Inspection: 6-19-17 Name of Inspector: WJ
 Time: 09:00 AM Rainfall amount: 0.6"

The following inspections must be conducted within 12 hours of the end of a storm with rainfall amounts greater than 0.5 inches.

Item	Observation Results					
	Auxiliary Septage Receiving Area		Grit Collection		New Septage Receiving Area	
	Yes	No	Yes	No	Yes	No
Does storm water appear to be contaminated?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Storm debris present?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Item	Observation Results					
	Sodium Hypochlorite Storage		Sodium Bisulfite Storage		Paved Roads and Parking Areas	
	Yes	No	Yes	No	Yes	No
Does storm water appear to be contaminated?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Storm debris present?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Item	Observation Results					
	Outfall #1		Outfall #2		Outfall #3	
	Yes	No	Yes	No	Yes	No
Does storm water appear to be contaminated?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Storm debris present?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Item	Observation Results							
	Chemical Storage Area		Sludge Dewatering		Sludge Transfer		Electrical Transformer	
	Yes	No	Yes	No	Yes	No	Yes	No
Does storm water appear to be contaminated?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Storm debris present?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NA	NA

FORM D-2: DRY WEATHER - QUARTERLY INSPECTION

Date of Inspection: 3/29/17 Name of Inspector: [Signature]

Item	Observation Results						Corrective Action Taken
	Outfall #1		Outfall #2		Outfall #3		
	Yes	No	Yes	No	Yes	No	
Non-storm water flow present?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NONE
Bare spots or signs of erosion at outfall discharge?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NONE

If non-stormwater flow is present, complete the following for each outfall:

Outfall #:	Inspection Parameters (circle)						
	None	Yellow	Brown	Red	Gray		
Color							
Clarity	Clear	Suspended Solids	Milky / Cloudy	Opaque			
Oil Sheen	None	Rainbow sheen	Floating oil globules	Slick			
Odor	None	Chemical	Musty	Rotten Eggs	Sewage	Sour Milk	
	Oil / Petroleum	Other (describe)					
Floating Solids	None	Suds	Oily Film	Garbage	Sewage		
Deposits	None	Waterfowl Excrement	Other (describe)				
	None	Oil	Sediment	Other (describe)			

FORM D-2: DRY WEATHER - QUARTERLY INSPECTION

Date of Inspection: 6/28/10 Name of Inspector: William Jan

Item	Observation Results								Corrective Action Taken
	Outfall #1		Outfall #2		Outfall #3		Yes	No	
	Yes	No	Yes	No	Yes	No			
Non-storm water flow present?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NONE
Bare spots or signs of erosion at outfall discharge?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NONE

If non-stormwater flow is present, complete the following for each outfall:

Outfall #:	Inspection Parameters (circle)									
Color	None	Yellow	Brown	Red	Gray	Clarity	Clear	Suspended Solids	Milky / Cloudy	Opaque
Oil Sheen	None	Rainbow sheen	Floating oil globules	Slick	Other (describe)	None	Chemical	Musty	Rotten Eggs	Sewage Milk
Floating Solids	None	Suds	Oily Film	Garbage	Sewage	Waterfowl Excrement	Other (describe)	Sediment	Other (describe)	

MARCH 2017

FORM D-4: QUARTERLY VISUAL MONITORING FORM

Fill out a separate form for each outfall sampled.

Sample Location #1 Outfall

Outfall ID:

Collector's Name and Title J. Wells Operator

Examiner's Name and Title J. Wells Operator

Quarter / Year: March 2017

Date & Time Sample Collected: 3/14/17 8:30

Date & Time Sample Examined: 3/14/17 8:00

Runoff Source: (Rainfall) Snowmelt

Previous Storm Ended > 72 hours before start of this storm? * (circle) No Yes

Qualifying Storm Event (> 1/2")? No Yes

Inspection Parameters (circle)

Color (None) Yellow Brown Red Gray

Other (describe)

Clarity (Clear) Suspended Solids Milky / Cloudy Opaque

Other (describe)

Oil Sheen (None) Rainbow sheet Floating oil Slick globules

Other (describe)

Odor (None) Chemical Musty Rotten Eggs Sewage Sour Milk

Oil / Petroleum Other (describe)

Floating Solids (None) Suds Oily Film Garbage Sewage

Waterfowl Other (describe)

Excrement

Suspended Solids (No) Yes Describe

LEAVE SAMPLE UNDISTURBED FOR 30 MINUTES

Settled Solids ** (No) Yes Describe:

Foam (gently shake sample) (No) Yes Describe:

Other Obvious Indicators of Stormwater Pollution (No) Yes Describe:

Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below. (attach additional sheets as necessary)

Stormwater Collector's Signature and Date: 3/14/17

Stormwater Examiner's Signature and Date: 3/14/17

FORM D-4: QUARTERLY VISUAL MONITORING FORM

Fill out a separate form for each outfall sampled.

Sample Location: #2 outfall
 Outfall ID:
 Collector's Name and Title: [Signature] Operator
 Examiner's Name and Title: [Signature] Operator
 Quarter / Year: March 2017
 Date & Time Sample Collected: 3/14/17 8:30
 Date & Time Sample Examined: 3/14/17 9:00
 Runoff Source: Rainfall Snowmelt

Previous Storm Ended > 72 hours before start of this storm? * (circle) No Yes
 Qualifying Storm Event (> 1/2")? No Yes

Inspection Parameters (circle)

Color: None Yellow Brown Red Gray
 Other (describe)
 Clarity: Clear Suspended Solids Milky / Cloudy Opaque
 Other (describe)
 Oil Sheen: None Rainbow sheet Floating oil Slick globules
 Other (describe)
 Odor: None Chemical Musty Rotten Eggs Sewage Sour Milk
 Oil / Petroleum Other (describe)
 Floating Solids: None Suds Oily Film Garbage Sewage
 Waterfowl Other (describe)
 Excrement
 Suspended Solids: No Yes Describe

LEAVE SAMPLE UNDISTURBED FOR 30 MINUTES

Settled Solids ** No Yes Describe:
 Foam (gently shake sample) No Yes Describe:
 Other Obvious Indicators of Stormwater Pollution No Yes Describe:

Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below.
 (attach additional sheets as necessary)

Stormwater Collector's Signature and Date: [Signature] 3/14/17
 Stormwater Examiner's Signature and Date: [Signature] 3/14/17

FORM D-4: QUARTERLY VISUAL MONITORING FORM

Fill out a separate form for each outfall sampled.

Sample Location: #3 outfall

Outfall ID:

Collector's Name and Title: Kelly O'Leary

Examiner's Name and Title: [Signature] Inspector

Quarter / Year: March 2017

Date & Time Sample Collected: 3/14/17 8:30

Date & Time Sample Examined: 3/14/17 9:00

Runoff Source: Rainfall Snowmelt

Previous Storm Ended > 72 hours before start of this storm? * (circle) No Yes

Qualifying Storm Event (> 1/2")? No Yes

Inspection Parameters (circle)

Color: None Yellow Brown Red Gray
Other (describe)

Clarity: Clear Suspended Solids Milky / Cloudy Opaque
Other (describe)

Oil Sheen: None Rainbow sheet Floating oil slick globules
Other (describe)

Odor: None Chemical Musty Rotten Eggs Sewage Sour Milk
Oil / Petroleum Other (describe)

Floating Solids: None Suds Oily Film Garbage Sewage
Waterfowl Other (describe)
Excrement

Suspended Solids: No Yes Describe

LEAVE SAMPLE UNDISTURBED FOR 30 MINUTES

Settled Solids **: No Yes Describe:

Foam (gently shake sample): No Yes Describe:

Other Obvious Indicators of Stormwater Pollution: No Yes Describe:

Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below.
(attach additional sheets as necessary)

Stormwater Collector's Signature and Date: [Signature] 3/14/17

Stormwater Examiner's Signature and Date: [Signature] 3/14/17

June 2017

FORM D-4: QUARTERLY VISUAL MONITORING FORM

Fill out a separate form for each outfall sampled.

Sample Location: OUTFALL #1

Outfall ID:

Collector's Name and Title: William Jones

Examiner's Name and Title: William Jones

Quarter / Year: June 2017

Date & Time Sample Collected: 6/19/17 9:00

Date & Time Sample Examined: 6/19/17 9:30

Runoff Source: Rainfall Snowmelt

Previous Storm Ended > 72 hours before start of this storm? * (circle) No Yes

Qualifying Storm Event (> 1/2")? No Yes

Inspection Parameters (circle)

Color: None Yellow Brown Red Gray
Other (describe)

Clarity: Clear Suspended Solids Milky / Cloudy Opaque
Other (describe)

Oil Sheen: None Rainbow sheet Floating oil slick globules
Other (describe)

Odor: None Chemical Musty Rotten Eggs Sewage Sour Milk
Other (describe)

Floating Solids: None Suds Oily Film Garbage Sewage
Waterfowl
Excrement

Suspended Solids: No Yes Describe

LEAVE SAMPLE UNDISTURBED FOR 30 MINUTES

Settled Solids **: No Yes Describe:

Foam (gently shake sample): No Yes Describe:

Other Obvious Indicators of Stormwater Pollution: No Yes Describe:

Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below. (attach additional sheets as necessary)

Stormwater Collector's Signature and Date: 6/19/17 William Jones

Stormwater Examiner's Signature and Date: 6/19/17 William Jones

June 2017

FORM D-4: QUARTERLY VISUAL MONITORING FORM

Fill out a separate form for each outfall sampled.

Sample Location: Outfall #2

Outfall ID: _____

Collector's Name and Title: William Jones operator

Examiner's Name and Title: William Jones operator

Quarter / Year: June 2017

Date & Time Sample Collected: 6/19/17 9:00

Date & Time Sample Examined: 6/19/17 9:30

Runoff Source: Rainfall Snowmelt

Previous Storm Ended > 72 hours before start of this storm? * (circle) No Yes

Qualifying Storm Event (> 1/2")? No Yes

Inspection Parameters (circle)

Color: None Yellow Brown Red Gray
Other (describe) _____

Clarity: Clear Suspended Solids Milky / Cloudy Opaque
Other (describe) _____

Oil Sheen: None Rainbow sheet Floating oil slick globules
Other (describe) _____

Odor: None Chemical Musty Rotten Eggs Sewage Sour Milk
Other (describe) _____

Floating Solids: None Suds Oily Film Garbage Sewage
Waterfowl Other (describe) _____
Excrement _____

Suspended Solids: No Yes Describe _____

LEAVE SAMPLE UNDISTURBED FOR 30 MINUTES

Settled Solids **: No Yes Describe: _____

Foam (gently shake sample): No Yes Describe: _____

Other Obvious Indicators of Stormwater Pollution: No Yes Describe: _____

Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below.
(attach additional sheets as necessary)

Stormwater Collector's Signature and Date: 6/19/17 William Jones

Stormwater Examiner's Signature and Date: 6/19/17 William Jones

FORM D-4: QUARTERLY VISUAL MONITORING FORM

Fill out a separate form for each outfall sampled.

Sample Location: Outfall #3
 Outfall ID:
 Collector's Name and Title: William Jones Operator
 Examiner's Name and Title: William Jones Operator
 Quarter / Year: June 2017
 Date & Time Sample Collected: 6/19/17 9:00
 Date & Time Sample Examined: 6/19/17 9:30
 Runoff Source: Rainfall Snowmelt
 Previous Storm Ended > 72 hours before start of this storm? * (circle) No Yes
 Qualifying Storm Event (> 1/2")? No Yes

Inspection Parameters (circle)

Color: None Yellow Brown Red Gray
 Other (describe):
 Clarity: Clear Suspended Solids Milky / Cloudy Opaque
 Other (describe):
 Oil Sheen: None Rainbow sheet Floating oil slick globules
 Other (describe):
 Odor: None Chemical Musty Rotten Eggs Sewage Sour Milk
 Other (describe):
 Floating Solids: None Suds Oily Film Garbage Sewage
 Waterfowl Other (describe):
 Excrement
 Suspended Solids: No Yes Describe

LEAVE SAMPLE UNDISTURBED FOR 30 MINUTES

Settled Solids **: No Yes Describe:
 Foam (gently shake sample): No Yes Describe:
 Other Obvious Indicators of Stormwater Pollution: No Yes Describe:

Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below.
 (attach additional sheets as necessary)

Stormwater Collector's Signature and Date:

6/19/17 William Jones

Stormwater Examiner's Signature and Date:

6/19/17 William Jones