

Friday 27, 2018
Rain

2ND QUARTER
2018

Instructions for Completing the Visual Monitoring Form

Per PART V. INSPECTIONS, MONITORING, AND REPORTING, you must collect a stormwater sample from each outfall once each quarter for the entire permit term and conduct a visual assessment of each sample. You must follow the monitoring procedures outlined in Part V.C. These samples should be collected in such a manner that they are representative of the stormwater discharge from that outfall. Each assessment must be kept onsite with your SWPPP and available for inspection and review by the Department at anytime.

First, fill out all information on the top of the visual monitoring form. A qualifying storm event is any storm where there is a measurable discharge. Then, take a grab sample in a clear container. Evaluate the sample in a well-lit area for the following parameters:

1. **Color:** Record the best description of the sample color in the appropriate space on the form.
2. **Clarity:** This parameter refers to how cloudy the sample is. It is *usually* an indication of fewer pollutants in the water if the sample is clear or transparent. If the clarity has changed since the last sample, try to identify what might have caused this to happen.
 - **Clear** – Sample doesn't block any light; can be seen through regardless of color.
 - **Cloudy** – Sample blocks some light; objects not clear but can be identified looking through the sample.
 - **Very Cloudy** – Sample blocks most light; objects cannot be identified looking through the sample.
 - **Opaque** – Sample blocks all light; objects cannot be seen when looking through the sample.
3. **Oil Sheen:** Record whether or not an oil sheen is present. If a film of iridescent color is noted on the surface of the sample or a rainbow effect appears to be floating on the surface of the water, this usually indicates oil is present.
4. **Odor:** If sample has no odor other than natural rainwater or snowmelt, write "NO" on the visual monitoring form. Note the presence of any of the following odors if detected, such as gasoline, diesel, oil, solvents (WD-40, other petroleum products, etc.), garbage, fishy, sweet/sugary, any other unusual odors not normally present in clean runoff from the area sampled.
5. **Floating Solids:** A contaminated flow may contain solids or liquids floating on the surface. Identifying floatables can aid in finding the source of the contamination. Examples of floatables are spoiled food products, oils, plant parts, solvents, sawdust, foams and fuel. Give a general description of the type of floating solids present (wood chips, leaf debris, algae, etc) in the general comments section for each sample. Identify amount of floating solids as described below.
 - **High** – More than 20% of the surface of the sample is covered with floating solids.
 - **Moderate** – Less than 20% of the surface of the sample is covered with floating solids.
 - **Slight** – Only a few floating particles observed on the surface of the sample.
 - **None** – No floating solids present on the surface of the sample.
6. **Suspended solids:** Record whether or not suspended solids are present in the sample. Suspended solids are particles floating inside the column of water, not on top, and may contribute to changes in water color or clarity. Cracked or deteriorated concrete or peeling surface paint at an outfall usually indicates the presence of severely contaminated discharges. Contaminants causing this type of damage are usually very acidic or basic.

----- WAIT 30 MINUTES -----

Leave the sample undisturbed for 30 minutes to allow the water and anything in it to settle.

7. **Settled Solids:** After 30 minutes has passed, give a general description of the type of settled solids present (sand, decayed plant matter, rust particles, etc.) in the general comments section.
8. **Foam:** After completing #7, shake the bottle gently. Record foam results on the form as they most closely match one of the descriptions listed below.
 - **None** – Most bubbles break down within ten (10) seconds of shaking; only a few large bubbles persist longer than ten (10) seconds.
 - **Moderate** – Many small bubbles are present but these bubbles persist for less than two (minutes) after shaking.
 - **High** – Many small bubbles are present and they persist longer than two (2) minutes after shaking.
9. Detail any concerns, corrective actions taken and any other indicators of pollution present in the sample. This should include the identified source if there are visible indicators present in the sample. The person performing test must sign and date each form.

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location		Cox Creek WRF Outfall No. 1 (near Headworks Bldg)	
Quarter / Year:	2 nd 2018	Date / Time Collected:	4/27 1000
		Date / Time Examined:	4/27 1050
Qualifying Storm Event?	<input checked="" type="radio"/> Yes	No	Runoff Source: <input checked="" type="radio"/> Rainfall
			<input type="radio"/> Snowmelt
Collector's Name & Title	JEROME NAPORA TM		
Examiner's Name & Title	JEROME NAPORA TM		
Parameter	Parameter Description	Parameter Characteristics	
1. Color	Does the stormwater appear to have any color? Yes <input type="radio"/> No <input checked="" type="radio"/> (Clear)	If Yes, describe: Yellow Brown Red Gray Other:	
2. Clarity	Is the stormwater clear? Yes <input type="radio"/> No <input checked="" type="radio"/>	If not clear, which of the following best describes the clarity of the stormwater? Suspended Solids Milky <input checked="" type="radio"/> Cloudy Opaque Other:	
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes <input type="radio"/> No <input checked="" type="radio"/>	Which best describes the sheen? Rainbow sheet Floating oil globules Other:	
4. Odor	Does the sample have an odor? Yes <input type="radio"/> No <input checked="" type="radio"/>	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:	
5. Floating Solids	Is there anything on the surface of the sample? Yes <input type="radio"/> No <input checked="" type="radio"/>	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:	
6. Suspended Solids	Is there anything suspended in the sample? <input checked="" type="radio"/> Yes <input type="radio"/> No	Describe: VERY small amount Fine SS	
Leave sample undisturbed for 30 minutes.			
7. Settled Solids	Is there anything settled on the bottom of the sample? Yes <input type="radio"/> No <input checked="" type="radio"/>	Describe: (note type, size and material after sample is not disturbed for 30 minutes)	
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes <input type="radio"/> No <input checked="" type="radio"/>	Describe:	
9. If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.			

NO

Stormwater Collector's Signature and Date:  4/27/18

Stormwater Examiner's Signature and Date:  4/27/18

Note - Sample should be collected and analyzed in a colorless glass or plastic bottle.

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location	Cox Creek WRF Outfall No. 2 (leaving Biofilter)			
Quarter / Year:	2 nd 2019	Date / Time Collected:		Date / Time Examined:
Qualifying Storm Event?	Yes	No	Runoff Source:	Rainfall Snowmelt
Collector's Name & Title				
Examiner's Name & Title				
Parameter	Parameter Description	Parameter Characteristics		
1. Color	Does the stormwater appear to have any color? Yes No (Clear)	If Yes, describe: Yellow Brown Red Gray Other:		
2. Clarity	Is the stormwater clear? Yes No	If not clear, which of the following best describes the clarity of the stormwater? Suspended Solids Milky/Cloudy Opaque Other:		
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes No	Which best describes the sheen? Rainbow sheet Floating oil globules Other:		
4. Odor	Does the sample have an odor? Yes No	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:		
5. Floating Solids	Is there anything on the surface of the sample? Yes No	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:		
6. Suspended Solids	Is there anything suspended in the sample? Yes No	Describe:		
Leave sample undisturbed for 30 minutes.				
7. Settled Solids	Is there anything settled on the bottom of the sample? Yes No	Describe: (note type, size and material after sample is not disturbed for 30 minutes)		
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes No	Describe:		

9. If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.

No sample collected - Biofilter Deteriorated ENR Phase II upgrade.

Stormwater Collector's Signature and Date: 4/27/19

Stormwater Examiner's Signature and Date: 4/27/19

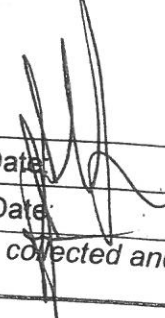
Note - Sample should be collected and analyzed in a colorless glass or plastic bottle.

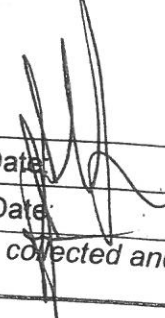
Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location	Cox Creek WRF Outfall No. 3 (near Aeration Tank #7)		
Quarter / Year:	2 nd 2018	Date / Time Collected:	
Qualifying Storm Event?	Yes	No	Date / Time Examined:
Collector's Name & Title			Runoff Source: Rainfall Snowmelt
Examiner's Name & Title			
Parameter	Parameter Description	Parameter Characteristics	
1. Color	Does the stormwater appear to have any color? Yes No (Clear)	If Yes, describe: Yellow Brown Red Gray Other:	
2. Clarity	Is the stormwater clear? Yes No	If not clear, which of the following best describes the clarity of the stormwater? Suspended Solids Milky/Cloudy Opaque Other:	
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes No	Which best describes the sheen? Rainbow sheet Floating oil globules Other:	
4. Odor	Does the sample have an odor? Yes No	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:	
5. Floating Solids	Is there anything on the surface of the sample? Yes No	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:	
6. Suspended Solids	Is there anything suspended in the sample? Yes No	Describe:	
Leave sample undisturbed for 30 minutes.			
7. Settled Solids	Is there anything settled on the bottom of the sample? Yes No	Describe: (note type, size and material after sample is not disturbed for 30 minutes)	
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes No	Describe:	
9. If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.			

Sample NO Collected - Outfall. Demolished ENR phase II upgrade

Stormwater Collector's Signature and Date:  4/27/18

Stormwater Examiner's Signature and Date:  4/27/18

Note - Sample should be collected and analyzed in a colorless glass or plastic bottle.

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location		Cox Creek WRF Outfall No. 4 (near Blower Building)			
Quarter / Year:	2018	Date / Time Collected:	4/27 1000	Date / Time Examined:	4/27 1050
Qualifying Storm Event?	Yes	No	Runoff Source:	Rainfall	Snowmelt
Collector's Name & Title	JEROME NAPONA TM				
Examiner's Name & Title	JEROME NAPONA TM				
Parameter	Parameter Description		Parameter Characteristics		
1. Color	Does the stormwater appear to have any color? Yes <input checked="" type="radio"/> No (Clear) <input type="radio"/>		If Yes, describe: Yellow Brown <u>Red</u> Gray Other: LIGHT RED TINT		
2. Clarity	Is the stormwater clear? Yes <input type="radio"/> No <input checked="" type="radio"/>		If not clear, which of the following best describes the clarity of the stormwater? Suspended Solids Milky/Cloudy <u>Opaque</u> Other:		
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes <input type="radio"/> No <input checked="" type="radio"/>		Which best describes the sheen? Rainbow sheet Floating oil globules Other:		
4. Odor	Does the sample have an odor? Yes <input type="radio"/> No <input checked="" type="radio"/>		If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:		
5. Floating Solids	Is there anything on the surface of the sample? Yes <input type="radio"/> No <input checked="" type="radio"/>		If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:		
6. Suspended Solids	Is there anything suspended in the sample? Yes <input checked="" type="radio"/> No <input type="radio"/>		Describe: VERY FINE		

Leave sample undisturbed for 30 minutes.

7. Settled Solids	Is there anything settled on the bottom of the sample? Yes <input type="radio"/> No <input checked="" type="radio"/>	Describe: (note type, size and material after sample is not disturbed for 30 minutes)
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes <input type="radio"/> No <input checked="" type="radio"/>	Describe:

9. If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.

No Access to outfall pipe, sample collected Catch Basin in front of Blower Building. Color from dirt road.

Stormwater Collector's Signature and Date: 4/27/18

Stormwater Examiner's Signature and Date: 4/27/18

Note - Sample should be collected and analyzed in a colorless glass or plastic bottle.

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

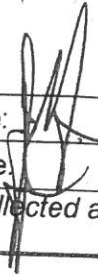
Sample Location	Cox Creek WRF Outfall No. 5 (west of effluent meter vaults)		
Quarter / Year:	2 nd 2018	Date / Time Collected:	4/27 1000
Qualifying Storm Event?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	Date / Time Examined: 4/27 1050
Collector's Name & Title	JEROME NAPORA TM		
Examiner's Name & Title	JEROME NAPORA TM		
Runoff Source:	<input checked="" type="radio"/> Rainfall <input type="radio"/> Snowmelt		
Parameter	Parameter Description	Parameter Characteristics	
1. Color	Does the stormwater appear to have any color? Yes <input type="radio"/> No <input checked="" type="radio"/> (Clear)	If Yes, describe: Yellow Brown Red Gray Other:	
2. Clarity	Is the stormwater clear? Yes <input checked="" type="radio"/> No <input type="radio"/>	If not clear, which of the following best describes the clarity of the stormwater? Suspended Solids Milky/Cloudy Opaque Other:	
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes <input type="radio"/> No <input checked="" type="radio"/>	Which best describes the sheen? Rainbow sheet Floating oil globules Other:	
4. Odor	Does the sample have an odor? Yes <input type="radio"/> No <input checked="" type="radio"/>	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:	
5. Floating Solids	Is there anything on the surface of the sample? Yes <input type="radio"/> No <input checked="" type="radio"/>	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:	
6. Suspended Solids	Is there anything suspended in the sample? Yes <input type="radio"/> No <input checked="" type="radio"/>	Describe:	


Leave sample undisturbed for 30 minutes.

7. Settled Solids	Is there anything settled on the bottom of the sample? Yes <input type="radio"/> No <input checked="" type="radio"/>	Describe: (note type, size and material after sample is not disturbed for 30 minutes)
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes <input type="radio"/> No <input checked="" type="radio"/>	Describe:

9. If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.

No Access To outfall pipe; Sample collected at Catch Basin Scum Building

Stormwater Collector's Signature and Date:  4/27/18

Stormwater Examiner's Signature and Date:  4/27/18

Note - Sample should be collected and analyzed in a colorless glass or plastic bottle.

Quarterly Visual Monitoring Form
Fill out a separate form for each outfall sampled.

Sample Location	Cox Creek WRF Outfall No. 6 (riprap by effluent meter vault)		
Quarter / Year:	2 nd 2018	Date / Time Collected:	4/27 1000
Date / Time Examined:	4/27 1050		
Qualifying Storm Event?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	Runoff Source: <input checked="" type="radio"/> Rainfall <input type="radio"/> Snowmelt
Collector's Name & Title	JEROME NAROKA TM		
Examiner's Name & Title	JEROME NAROKA TM		
Parameter	Parameter Description	Parameter Characteristics	
1. Color	Does the stormwater appear to have any color? Yes <input type="radio"/> No <input checked="" type="radio"/> (Clear)	If Yes, describe: Yellow Brown Red Gray Other:	
2. Clarity	Is the stormwater clear? Yes <input checked="" type="radio"/> No <input type="radio"/>	If not clear, which of the following best describes the clarity of the stormwater? Suspended Solids Milky/Cloudy Opaque Other:	
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes <input type="radio"/> No <input checked="" type="radio"/>	Which best describes the sheen? Rainbow sheet Floating oil globules Other:	
4. Odor	Does the sample have an odor? Yes <input type="radio"/> No <input checked="" type="radio"/>	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:	
5. Floating Solids	Is there anything on the surface of the sample? Yes <input type="radio"/> No <input checked="" type="radio"/>	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:	
6. Suspended Solids	Is there anything suspended in the sample? Yes <input type="radio"/> No <input checked="" type="radio"/>	Describe:	
Leave sample undisturbed for 30 minutes.			
7. Settled Solids	Is there anything settled on the bottom of the sample? Yes <input type="radio"/> No <input checked="" type="radio"/>	Describe: (note type, size and material after sample is not disturbed for 30 minutes)	
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes <input type="radio"/> No <input checked="" type="radio"/>	Describe:	
9. If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.			

N/A

(Handwritten signatures and dates)
 Stormwater Collector's Signature and Date: [Signature] 4/27/18
 Stormwater Examiner's Signature and Date: [Signature] 4/27/18

Note - Sample should be collected and analyzed in a colorless glass or plastic bottle.

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.


Sample Location		Cox Creek WRF Outfall No. 7 (by Post Chlorination Bldg.)	
Quarter / Year:	2 nd 2014	Date / Time Collected:	4/27 1000
Date / Time Examined:	4/27 1032	Runoff Source:	<u>Rainfall</u> Snowmelt
Qualifying Storm Event?	<u>Yes</u> No		
Collector's Name & Title	JEROME NARORA TM		
Examiner's Name & Title	JEROME NARORA TM		
Parameter	Parameter Description	Parameter Characteristics	
1. Color	Does the stormwater appear to have any color? Yes <u>No (Clear)</u>	If Yes, describe: Yellow Brown Red Gray Other:	
2. Clarity	Is the stormwater clear? <u>Yes</u> No	If not clear, which of the following best describes the clarity of the stormwater? Suspended Solids Milky/Cloudy Opaque Other:	
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes <u>No</u>	Which best describes the sheen? Rainbow sheet Floating oil globules Other:	
4. Odor	Does the sample have an odor? Yes <u>No</u>	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:	
5. Floating Solids	Is there anything on the surface of the sample? Yes <u>No</u>	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:	
6. Suspended Solids	Is there anything suspended in the sample? Yes <u>No</u>	Describe:	


Leave sample undisturbed for 30 minutes.

7. Settled Solids	Is there anything settled on the bottom of the sample? Yes <u>No</u>	Describe: (note type, size and material after sample is not disturbed for 30 minutes)
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes <u>No</u>	Describe:

9. If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.

No Access To outfall pipe, sample collected Catch Basin Post Chlorination Basin

Stormwater Collector's Signature and Date:  4/27/14

Stormwater Examiner's Signature and Date:  4/27/14

Note - Sample should be collected and analyzed in a colorless glass or plastic bottle.

Quarterly Visual Monitoring Form
Fill out a separate form for each outfall sampled.

Sample Location	Cox Creek WRF Outfall No. 8 (riprap by Dechlorination Bldg.)				
Quarter / Year:	2 nd 2010	Date / Time Collected:	4/27/1000	Date / Time Examined:	4/27 1050
Qualifying Storm Event?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	Runoff Source:	<input checked="" type="radio"/> Rainfall	<input type="radio"/> Snowmelt
Collector's Name & Title	JEROME NAROPA TM				
Examiner's Name & Title	JEROME NAROPA TM				

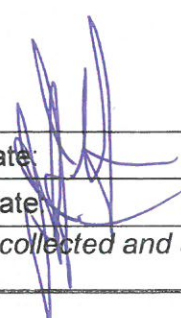
Parameter	Parameter Description	Parameter Characteristics
1. Color	Does the stormwater appear to have any color? Yes <input type="radio"/> No <input checked="" type="radio"/> (Clear)	If Yes, describe: Yellow Brown Red Gray Other:
2. Clarity	Is the stormwater clear? Yes <input checked="" type="radio"/> No <input type="radio"/>	If not clear, which of the following best describes the clarity of the stormwater? Suspended Solids Milky/Cloudy Opaque Other:
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes <input type="radio"/> No <input checked="" type="radio"/>	Which best describes the sheen? Rainbow sheet Floating oil globules Other:
4. Odor	Does the sample have an odor? Yes <input type="radio"/> No <input checked="" type="radio"/>	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:
5. Floating Solids	Is there anything on the surface of the sample? Yes <input type="radio"/> No <input checked="" type="radio"/>	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:
6. Suspended Solids	Is there anything suspended in the sample? Yes <input type="radio"/> No <input checked="" type="radio"/>	Describe:

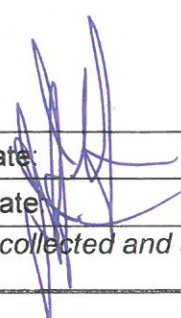
Leave sample undisturbed for 30 minutes.

7. Settled Solids	Is there anything settled on the bottom of the sample? Yes <input type="radio"/> No <input checked="" type="radio"/>	Describe: (note type, size and material after sample is not disturbed for 30 minutes)
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes <input type="radio"/> No <input checked="" type="radio"/>	Describe:

9. If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.

N/A

Stormwater Collector's Signature and Date:  4/27/10

Stormwater Examiner's Signature and Date:  4/27/10

Note - Sample should be collected and analyzed in a colorless glass or plastic bottle.

Stormwater Industrial Routine Facility Inspection Report

General Information			
Facility Name	Cox Creek WRF		
NPDES Tracking No.			
Date of Inspection	6/27/2018	Start/End Time	0800 - 1015
Inspector's Name(s)	JEROME NAJORA		
Inspector's Title(s)	Team Manager		
Inspector's Contact Information	410-722-6060		
Inspector's Qualifications	TRAINED		
Weather Information			
Weather at time of this inspection?			
<input type="checkbox"/> Clear <input checked="" type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snow <input type="checkbox"/> High Winds <input type="checkbox"/> Other: Partly Temperature: Mid 70's			
Have any previously unidentified discharges of pollutants occurred since the last inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, describe: 550 766			
Are there any discharges occurring at the time of inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, describe:			

Control Measures

- Number the structural stormwater control measures identified in your SWPPP on your site map and list them below (add as many control measures as are implemented on-site). Carry a copy of the numbered site map with you during your inspections. This list will ensure that you are inspecting all required control measures at your facility.
- Describe corrective actions initiated, date completed, and note the person that completed the work in the Corrective Action Log.

Abbreviations:

TD Trench Drain
IT Infiltration Trench

CB Catch Basin
RG Rain Garden

PD Plant Drain

Drainage Area 1

#	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
1.	TD-1-1 Outside Grit Collection (Headwork Building)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	Contractor has Materials stored in AREA not
2.	RG-1 Near Headwork Building	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	Placed Back 1/2 This 1/4. Temporarily c/s (Demol) due to Construction Activities

Drainage Area 2

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
3.	CB-2-1 In Entrance Circle (close to Primary Clarifier 3)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	N/A
4.	CB-2-2 In Entrance Circle	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	N/A
5.	Chloride Sulfate CB-2-3 In front of Ferrous Sulfate Storage	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
6.	CB-2-4 Near effluent end of Primary Clarifier 1	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
7.	CB-2-5 Parking lot in front of Maintenance Building	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	New Catch Base system in front of Five Screen
8.	CB-2-6 Parking lot in front of Maintenance Building	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	N/A
9.	CB-2-7 Parking lot behind Maintenance Building	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	N/A
10.	Biofilter Near Maintenance Building	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	N/A

Drainage Area 3

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
11.	CB-3-1 Near influent side of Aeration Basin 7	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	N/A

Drainage Area 4

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
12.	CB-4-1 Parking lot in front of Primary Clarifier #2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	N/A
13.	CB-4-2 Roadway in front of Sludge Pump Station	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	N/A
14.	CB-4-5 Roadway by Secondary Clarifier #2	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	Construction Area

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
15.	CB-4-6 Middle of road in front of Blower Building	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	Temporary Path To PC Trailers
16.	CB-4-8 In front of Blower Building	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	

Drainage Area 10

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
17.	IT-1 By Blower Building	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	O/S Temporary Road To PC Trailers

Drainage Area 5

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
18.	CB-5-1 On road by Biosolids Handling Building	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
19.	CB-5-2 On road by Scum Concentrator Building	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
20.	Riprap Channel (and CB-5-3) By Biosolids Handling Building	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	N/A Demolished location of Maintenance Building

Drainage Area 6

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
21.	Outfall 6 (riprap swale) By effluent flow meter vault	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	Swale Cleared of trash/debris

Drainage Area 7

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
22.	CB-7-1 Roadway in front of Truck Weigh Station	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
23.	CB-7-3 Roadway by Chlorine Storage Area	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	

Drainage Area 8

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
24.	Outfall 8 (riprap swale) By Dechlorination Building	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	

Plant Drains

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
25.	TD-PD-1 By Grit Receiving Station	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	N/A
26.	TD-PD-2 By Grit Receiving Station	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	N/A
27.	TD-PD-3 By Septage Receiving Station	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	DRAINS TO PLANT w/w
28.	TD-PD-4 By Grease and Scum Receiving Station	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	N/A
29.	TD-PD-5 By Biosolids Handling Building	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	DRAINS TO PLANT w/w

Areas of Industrial Materials or Activities exposed to stormwater

Below are some general areas that should be assessed during routine inspections. Customize this list as needed for the specific types of industrial materials or activities at your facility.

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
1	Material loading/unloading and storage areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Equipment operations and maintenance areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
3	Fueling areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	Gas Cans Stored in white Maint. Bldg
4	Outdoor vehicle and equipment washing areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	Septage Area only
5	Waste handling and disposal areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Erodible areas/construction	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	Non-stormwater/ illicit connections	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8	Salt storage piles or pile containing salt	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	Stored Ozone Building
9	Dust generation and vehicle tracking	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Non-Compliance

Describe any incidents of non-compliance observed and not described above:

NO

Additional Control Measures

Describe any additional control measures needed to comply with the permit requirements:

N/A

Notes

Use this space for any additional notes or observations from the inspection:

Plant under construction 1) ENR phase II ✓
2) NOW ENR UPGRADES

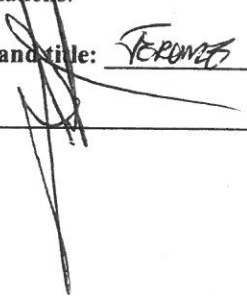
CERTIFICATION STATEMENT

"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 and title:

TERENCE NIPONA

Signature:



Date:

4/27/18