

**FORM D-2: DRY WEATHER - QUARTERLY INSPECTION**

Date of Inspection: 6/24/19 Name of Inspector: J. Wells

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"/>	
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"/>	

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

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

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

Date of Inspection: 6/18/19 Name of Inspector: J. WELLS

Time: 8:00 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 checked="" 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 checked="" 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 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"/>

Item	Observation Results					
	Sodium Hypochlorite Storage		Sodium Bisulfite Storage			
	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"/>

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

Date of Inspection: 6/18/19 Name of Inspector: J. Wells

Time: 8:00 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		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	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

### Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location		outfall #1	
Quarter / Year:	June 2019	Date / Time Collected:	6/8/19 8:15
Date / Time Examined:		8:45 Am	
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	J. Wells Flex Walker #2		
Examiner's Name & Title	J. Wells Flex Walker #2		
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/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.			

Stormwater Collector's Signature and Date: 6/18/19 J. Wells

Stormwater Examiner's Signature and Date: 6/18/19 J. Wells

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	Out Fall #2		
Quarter / Year:	June 2019	Date / Time Collected:	6/18/19 8:15AM
Date / Time Examined:	8:45AM		
Qualifying Storm Event?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Runoff Source: <input checked="" type="checkbox"/> Rainfall <input type="checkbox"/> Snowmelt
Collector's Name & Title	J. Wells Flexworker #2		
Examiner's Name & Title	J. Wells Flexworker #2		

Parameter	Parameter Description	Parameter Characteristics
1. Color	Does the stormwater appear to have any color? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (Clear)	If Yes, describe: Yellow Brown Red Gray Other:
2. Clarity	Is the stormwater clear? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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="checkbox"/> No <input checked="" type="checkbox"/>	Which best describes the sheen? Rainbow sheet Floating oil globules Other:
4. Odor	Does the sample have an odor? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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="checkbox"/> No <input checked="" type="checkbox"/>	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="checkbox"/> No <input checked="" type="checkbox"/>	Describe:

\*\*\*Leave sample undisturbed for 30 minutes.\*\*\*

7. Settled Solids	Is there anything settled on the bottom of the sample? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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="checkbox"/> No <input checked="" type="checkbox"/>	Describe:

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

Stormwater Collector's Signature and Date: James Wells 6/18/19  
Stormwater Examiner's Signature and Date: James Wells 6/18/19

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		Outfall #3	
Quarter / Year:	June 2019	Date / Time Collected:	6/18/19 8:15 am
Date / Time Examined:		8:45 am	
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	J. Wells Flexworker #2		
Examiner's Name & Title	J. Wells Flexworker #2		
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/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 sheen 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.			

Stormwater Collector's Signature and Date:

Stormwater Examiner's Signature and Date:

*James Wells* 6/18/19  
*James Wells* 6/18/19

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