

Form 3
Storm Event - Quarterly Inspection and Rainfall Greater than 0.5 inch Inspection

Date of Inspection: 5-24-19 Name of Inspector Gilbert Mial
 Time: 1130 Rainfall amount: 0.7

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

Item	Observation Results							
	Outfall 001		Outfall 002		Outfall 003		Chemical Storage Area	
	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"/>

Item	Observation Results							
	Paved Parking Areas		Diesel Fuel Storage		Dewatering/Lime-stabilization Area		Paved Roadways	
	Yes	No	Yes	No	Yes	No	Yes	No
Does storm water appear to be contaminated?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <u>NA</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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							
	Outfall 001		Outfall 002		Outfall 003		General Facility	
	Yes	No	Yes	No	Yes	No	Yes	No
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"/>
Excess sediment?	<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"/>
Signs of erosion, washouts, & bare spots?	<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 Containment Structure		Diesel Fuel Containment Structure		Dewatering/Lime-stabilization Process Area		SW Management Area	
	Yes	No	Yes	No	Yes	No	Yes	No
	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"/>
Contaminated storm water 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"/>
Signs of erosion, washouts, & bare spots?	<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"/>

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location		OUT Fall #1	
Quarter / Year:	5-24-19	Date / Time Collected:	5-24-19
Date / Time Examined:	1210	Qualifying Storm Event?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Runoff Source:	Rainfall .8	Snowmelt	
Collector's Name & Title	Gilbert Dial WWTP operator		
Examiner's Name & Title	Gilbert Dial WWTP operator		
Parameter	Parameter Description	Parameter Characteristics	
1. Color	Does the storm water appear to have any color? Yes <input type="radio"/> No (Clear) <input checked="" type="radio"/>	If Yes, describe: Yellow Brown Red Gray Other:	
2. Clarity	Is the storm water clear? Yes <input type="radio"/> No <input checked="" type="radio"/>	If not clear, which of the following best describes the clarity of the storm water? Suspended Solids Milky Cloud 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 checked="" type="radio"/> No <input type="radio"/>	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other: Vegetation	
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 checked="" type="radio"/> No <input type="radio"/>	Describe: (note type, size and material after sample is not disturbed for 30 minutes) Small particles	
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes <input checked="" type="radio"/> No <input type="radio"/>	Describe: Little foam goes away	

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

No evidence

Stormwater Collector's Signature and Date:

5-24-19

Stormwater Examiner's Signature and Date:

5-24-19

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

Instructions for Completing the Visual Monitoring Form

Per Part V.A.3 of this permit, you must collect a storm water 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, including sampling at a point before the stormwater discharge mixes with other waste streams, to the extent practicable. These samples should be collected in such a manner that they are representative of the storm water discharge from that outfall. All inspections must be performed during daylight hours, and collected within 30 minutes of a storm event. 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 with greater than ½ inch precipitation. 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.
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Quarterly Visual Monitoring Form
Fill out a separate form for each outfall sampled.

Sample Location	Out Fall #2				
Quarter / Year: 2019 5-24-19	Date / Time Collected: 1220	Date / Time Examined: 5-24-19			
Qualifying Storm Event?	Yes	No	Runoff Source:	Rainfall	Snowmelt
Collector's Name & Title	Gilbert Neal				
Examiner's Name & Title	Gilbert Neal				

Parameter	Parameter Description	Parameter Characteristics
1. Color	Does the storm water appear to have any color? Yes <input checked="" type="radio"/> No (Clear) <input checked="" type="radio"/>	If Yes, describe: Yellow Brown Red Gray Other:
2. Clarity	Is the storm water clear? Yes <input type="radio"/> No <input checked="" type="radio"/>	If not clear, which of the following best describes the clarity of the storm water? 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 checked="" type="radio"/> No <input type="radio"/>	Describe: (note type, size and material after sample is not disturbed for 30 minutes) Vegetation
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes <input checked="" type="radio"/> No <input type="radio"/>	Describe: Foamy goes away

9. If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.
No evidence

Stormwater Collector's Signature and Date:

Stormwater Examiner's Signature and Date:

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

Instructions for Completing the Visual Monitoring Form

Per Part V.A.3 of this permit, you must collect a storm water 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, including sampling at a point before the stormwater discharge mixes with other waste streams, to the extent practicable. These samples should be collected in such a manner that they are representative of the storm water discharge from that outfall. All inspections must be performed during daylight hours, and collected within 30 minutes of a storm event. 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 with greater than ½ inch precipitation. 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.
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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		Outfall #3			
Quarter / Year:	5-24-19	Date / Time Collected:	5-24-19	Date / Time Examined:	1250
Qualifying Storm Event?	Yes	No	Runoff Source:	Rainfall 0.8	Snowmelt
Collector's Name & Title	Gilbert King WWTP operator				
Examiner's Name & Title	Gilbert King WWTP operator				
Parameter	Parameter Description	Parameter Characteristics			
1. Color	Does the storm water 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 storm water clear? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If not clear, which of the following best describes the clarity of the storm water? 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 sheen 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 checked="" type="checkbox"/> No <input type="checkbox"/>	Describe: (note type, size and material after sample is not disturbed for 30 minutes) Vegetation			
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Describe: Foam light vanishes quickly			

9. If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.
NO evidence

Stormwater Collector's Signature and Date:

Stormwater Examiner's Signature and Date:

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————— **WAIT 30 MINUTES** —————

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