			General Information	1
F	ncility Name	Annapol	is WRF	
	PDES Tracking No.			
	ate of Inspection	6/201	st St	art/End Time 0900 - /300
		32/	1 1 7	0/00 / 00
	spector's Name(s)	10. Wa	atherste u/	D. Rashard
	spector's Title(s)	operat.	0	
In	spector's Contact Informa	tion		
In	spector's Qualifications			
		,	Veather Information	
M	eather at time of this inspe		☐ Fog ☐ Snow	☐ High Winds
u	Other:		Temperature:	
If	e there any discharges occ			ed since the last inspection? The Thomas of the last inspection?
	yes, describe:		•	3
	trol Measures			
	Number the structural storn	water control me	easures identified in y	our SWPPP on your site map and
	numbered site map with you required control measures a	during your insp n your facility.	ections. This list will	d on-site). Carry a copy of the ensure that you are inspecting all
•	numbered site map with you required control measures a	during your insp n your facility.	ections. This list will	I on-site). Carry a copy of the
Abb	numbered site map with you required control measures a Describe corrective actions the Corrective Action Log. reviations:	during your insp n your facility.	ections. This list will	d on-site). Carry a copy of the lensure that you are inspecting all person that completed the work in
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	Structural Control	Control	If No, In Need of	Corrective Action Needed and Notes
	Measure	Measure is	Maintenance,	(identify needed maintenance and repairs,
	lvicasure	Operating	Repair, or	or any failed control measures that need
1		Effectively?	Replacement?	replacement)
2	TD-2-1	Yes ONo	☐ Maintenance	100/1200000
3.		TES MINO	Repair	
	Adjacent to Septage		Replacement	
_	Receiving Station	☑Yes □No	☐ Maintenance	
4.	CB-2-2	MYes LINO		
	Between Service		Repair	
	Building and Influent PS		Replacement	
	(DA-2B)	For Chi	FD 3 (ninterpress)	
5.	CB-2-3	Yes ONo	☐ Maintenance	
	Between Influent PS and		Repair	
	Screen and Grit Building		☐ Replacement	
	(DA-2C)		-	
6.	1T-2-1	☐Yes ☐No	☐ Maintenance	
	Infiltration Trench #5		Repair	
	near Influent PS (DA-		Replacement	
	2D)			
7.	IT-2-2	Yes ONo	☐ Maintenance	
	Infiltration Trench #4		☐ Repair	
	near Screen and Grit		☐ Replacement	
	Building (DA-2E)			
8.	CB-2-4	Yes ONo	☐ Maintenance	
	Northwest of Primary		☐ Repair	
	Clarifer No. 2 (DA-2F)		☐ Replacement	
9.	CB-2-5	☐Yes ☐No	☐ Maintenance	Still COVERTA W/ Roules
	In grass west of Blower		☐ Repair	July Co o wy leaches
	Building (DA-2G)		Replacement	
10.	CB-2-6	Yes QNo	☐ Maintenance	
10.	Near Secondary Clarifier	- 1	☐ Repair	
	Distribution Box No. 2		☐ Replacement	
	(DA-2H)			
11.	CB-2-7	□Yes □No	☐ Maintenance	
11.	Adjacent to Caustic	100 1110	Repair	
	Storage (DA-2J)		Replacement	
12.	CB-2-8	Yes UNo	☐ Maintenance	
12.	At northeast corner of	ALTOS MILITO	Repair	
	Aeration Tank No. 4		Replacement	
			## TONINGSHOUT	
12	(DA-2K)	☑Yes □No	☐ Maintenance	
13.	CB-2-9	TES LINO	Repair	
	Next to Secondary		Replacement	
1.4	Clarifier No. 2 (DA-2L)	Yes ONo	☐ Maintenance	
14.	CB-2-10	MICO THO	☐ Repair	
	North end of parking lot		Replacement	
	for Administration		- Kehracement	
	Building (DA-2N)	mw. mx	[] Maintenana	
15.	CB-2-11	QYes □No	☐ Maintenance	
l li	North of roll-up door for		Repair	
	Incinerator Building		☐ Replacement	
	(DA-2O)			

	Structural Control Measure	Control Measure is	If No, In Need of Maintenance,	(identify needed maintenance and repairs,
		Operating Effectively?	Repair, or Replacement?	or any failed control measures that need replacement)
16.	CB-2-12 Between Service and Incinerator Buildings (DA-2P)	MYes DNo	☐ Maintenance ☐ Repair ☐ Replacement	
17.	the state of the s	Yes ONo	☐ Maintenance ☐ Repair ☐ Replacement	
Drai	nage 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)
18.	IT-3-1 Southeast corner of site near fence	□Yes © No	☐ Maintenance ☐ Repair ☐ Replacement	Leave 3
Deal	nage 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)
19.	CB-7-1 Northwest corner of site along Edgewood Road, outside site fence	Yes UNo	☐ Maintenance ☐ Repair ☐ Replacement	
Draii	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)
20.	CB-8-1 Near back entrance to plant along Edgewood Road, outside site fence (DA-8A)	□Yes □No	☐ Maintenance☐ Repair☐ Replacement	Laves
21.	IT-8-1 Infiltration Trench #2 south of Contact Tanks (DA-8B)	ØYes □No	☐ Maintenance ☐ Repair ☐ Replacement	
22.	IT-8-2 Infiltration Trench #1 north of Contact Tanks (DA-8C)	OYes ONo	☐ Maintenance ☐ Repair ☐ Replacement	

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	Yes ONo ON/A	MYes □No	
2	Equipment operations and maintenance areas	DYes ONo O N/A	ØYes □No	
3	Fueling areas	AYes ONo O N/A	□Yes □No	
4	Outdoor vehicle and equipment washing areas	Yes ONo O N/A	Yes ONo	
5	Waste handling and disposal areas	Yes ONo ON/A	Yes ONo	
6	Erodible areas/construction	Yes ONO ON/A	Myes □No	
7	Non-stormwater/ illicit connections	Yes ONO ON/A	☐Yes ☐No	
8	Salt storage piles or pile containing salt	Myes ONo O N/A	QYes □No	
9	Dust generation and vehicle tracking	DYes ONO ON/A	Yes ONo	
10	(Other)	□Yes □No □ N/A	□Yes □No	
11	(Other)	□Yes □No □ N/A	□Yes □No	
12	(Other)	☐Yes ☐No ☐ N/A	□Yes □No	

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: J. Neatherstein	D. Cashard - greater
Signature:	Date: 6770.19

	MSGP Quarterly Visual Assessment Form
	(Complete a separate form for each outfall you assess)
	Name of Facility: Annapolis WRF NPDES Tracking No.
	Outfall Name: Outfall 1 "Substantially Identical Outfall"? No Substantially Identical Outfalls): (CB along Edgewood Rd.)
	Person(s)/Title(s) collecting sample: MIKE Smith SR. TEAM MANAGER.
	reison(s)/ nuc(s) examining sample.
	Date & Time Discharge Began: 5/28/19 Substitute Sample? Mo See (identify quarter/year when sample was originally scheduled to be collected): Date & Time Sample Examined: 5/29/19 0930 Substitute Sample? Mo See (identify quarter/year when sample was originally scheduled to be collected):
I	Nature of Discharge: Rainfall Snowmelt
	Nature of Discharge: Rainfall Snowmelt If rainfall: Rainfall Amount: inches
l	Color None Other (describe):
	Odor None Musty Sewage Sulfur Sour Petroleum/Gas Solvents Other (describe):
	Clarity 🔀 Clear 🗌 Slightly Cloudy 🔲 Cloudy 🔲 Opaque 🔲 Other
	Floating Solids 📈 No 🗌 Yes (describe):
ı	Settled Solids** No Yes (describe):
	Suspended Solids No Yes (describe):
ľ	Foam (gently shake sample) X No Yes (describe):
	Oil Sheen None Flecks Globs Sheen Slick Other (describe):
	Other Obvious Indicators X No Yes (describe): of Stormwater Pollution
	The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.
	* Observe for settled solids after allowing the sample to sit for approximately one-half hour.
	Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).
E	Certification by Facility Responsible Official (Refer to MSGP Subpart 11 Appendix B for Signatory Requirements)
d w	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system resigned to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons the 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.
A	. Name: Mike SmithSR. B. Title: TEAM MANAGER
C	. Name: MiKE Smith SR. B. Title: TEAM MANAGER D. Date Signed: 5/29/19
-	//

MSGP Quarterly Visual Assessment Form
(Complete a separate form for each outfall you assess)
Name of Facility: Annapolis WRF NPDES Tracking No.
Outfall Name: Outfall 2 "Substantially Identical Cutfall"? No Substantially Identical outfalls): (Pipe to Edgewood Rd.)
Person(s)/Title(s) collecting sample:
Person(s)/Title(s) examining sample: MIKE SMITH SR. TEAM MANAGER
Date & Time Discharge Began: Date & Time Sample Collected: Date & Time Sample Examined: 5/28/19 Substitute Sample? No Yes (identify quarter/year when sample was originally scheduled to be collected):
Nature of Discharge: X Rainfall Snowmelt
If rainfall: Rainfall Amount: inches Previous Storm Ended > 72 hours Yes X No* (explain): 1,011 Before Start of This Storm? Parameter Parameter
Color None Other (describe):
Odor None Musty Sewage Sulfur Sour Petroleum/Gas Solvents Other (describe):
Clarity 🔀 Clear 🗌 Slightly Cloudy 🔲 Cloudy 🔲 Opaque 🗍 Other
Floating Solids No Yes (describe):
Settled Solids** No Yes (describe):
Suspended Solids No Yes (describe):
Foam (gently shake sample) X No Yes (describe):
Oil Sheen None Flecks Globs Sheen Slick Other (describe):
Other Obvious Indicators of Stormwater Pollution No Yes (describe):
* The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.
** Observe for settled solids after allowing the sample to sit for approximately one-half hour.
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).
Certification by Facility Responsible Official (Refer to MSGP Subpart 11 Appendix B for Signatory Requirements)
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.
A. Name: Mike Smith SR. B. Title: TEAM MANAGER C. Signature: Michael Sulls D. Date Signed: 5/29/19
C. Signature: Michael Sulls D. Date Signed: 5/29/19

Courfolin Name: Outfall 4 Coverflow to Chesapeake Person(s)/Title(s) collecting sample: Person(s)/Title(s) collecting sample: Person(s)/Title(s) collecting sample: Person(s)/Title(s) examining sample: Person(s)/Title(s) examining sample: Date & Time Discharge Began: Date & Time Sample Collected: 5/29/19 0930 S/29/19 0930 S/29/19 0930 Sature of Discharge: Rainfall Showmet Fravious Storm Ended > 72 hours Before Start of This Storm? Parameter Color None Other (describe): Date Store Start of This Storm? Parameter Color None Musty Sewage Sulfur Sour Petroleum/Gas Solvents Other (describe): Date Store Start of This Storm? Parameter Color None Musty Sewage Sulfur Sour Petroleum/Gas Solvents Other (describe): Date Start of This Storm? Parameter Color None Musty Sewage Sulfur Sour Petroleum/Gas Solvents Other (describe): Date Start of This Storm? Parameter Color None Musty Sewage Sulfur Sour Petroleum/Gas Solvents Other (describe): Date Start of This Storm? Parameter Color None Musty Sewage Sulfur Sour Petroleum/Gas Solvents Other (describe): Date Solvents	MSGP Quarterly Visual Assessment Form
Courfall Name: Outfall 4 "Substantially Identical Outfall"? No	(Complete a separate form for each outfall you assess)
Coverbow to Chesapeake Harbor Rd. Person(s)/Title(s) collecting sample: Person(s)/Title(s) examining sample: Person(s)/Title(s) examining sample: Date & Time Discharge Began: Date & Time Discharge Began: Date & Time Sample Collected: Date & Time Discharge Began: S Z9 19	
Date & Time Discharge Began: Date & Time Sample Collected: Date & Time Sample Examined: S Z S 19 O 93 O S S S S S S S S S	Outfall Name: Outfall 4 "Substantially Identical Outfall"? X No Yes (identify substantially identical outfalls): (Overflow to Chesapeake Harbor Rd.)
Date & Time Discharge Began: Date & Time Sample Collected: Date & Time Sample Examined: \$\frac{1}{29}\frac{1}{9} \text{ of String Discharge Began: Date & Time Sample Collected: Date & Time Sample Examined: \$\frac{1}{29}\frac{1}{19} \text{ of String Discharge Began: Date & Time Sample Collected: Date & Time Sample Examined: \$\frac{1}{29}\frac{1}{19} \text{ of Discharge: Rainfall Snowmit Pervious Storm Ended > 72 hours Yes No* (explain): LAST RAIN \$\frac{1}{2}\	Person(s)/Title(s) collecting sample:
Substitute Sample? No Yes (identify quarter/year when sample was originally scheduled to be collected): Nature of Discharge: Rainfall Snowmelt Frainfall: Rainfall Amount: inches Previous Storm Ended > 72 hours Yes No' (explain): Before Start of This Storm? Parameter None Other (describe): None Musty Sewage Sulfur Sour Petroleum/Gas Solvents Other (describe): Iarity Clear Slightly Cloudy Cloudy Opaque Other Ioating Solids No Yes (describe): Iarity Clear Slightly Cloudy Cloudy Opaque Other Ioating Solids No Yes (describe): Iarity Clear Slightly Cloudy Sewage Sulfur Sour Petroleum/Gas Iarity Clear Slightly Cloudy Cloudy Opaque Other Ioating Solids No Yes (describe): Iarity Clear Slightly Cloudy Sewage Slick Interval Can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable cumentation) that less than a 72-hour interval is representative of local storm events during the sampling period. Observe for settled solids after allowing the sample to sit for approximately one-half hour. Artification by Facility Responsible Official (Refer to MSGP Subpart 11 Appendix B for Signatory Requirements) Artification by Facility Responsible Official (Refer to MSGP Subpart 11 Appendix B for Signatory Requirements) Artification by Facility Responsible Official (Refer to MSGP Subpart 11 Appendix B for Signatory Requirements) Artification by Facility Responsible Official (Refer to MSGP Subpart 11 Appendix B for Signatory Requirements) Artification by Facility Responsible Official (Refer to MSGP Subpart 11 Appendix B for Signatory Requirements) Artification by Facility Responsible Official (Refer to MSGP Subpart 11 Appendix B for Signatory Requirements) Artification by Facility Responsible Official (Refer to MSGP Subpart 11 Appendix B for Signatory Requirements) Artification by Facility Responsible Official (Refer to M	Person(s)/Title(s) examining sample:
Frainfall: Rainfall Amount: inches	Date & Time Discharge Began: Date & Time Sample Collected: Date & Time Sample Examined 5/29/19 Substitute Sample? No Yes (identify quarter/year when sample was originally scheduled to be collected):
Frainfall: Rainfall Amount: inches	Nature of Discharge: X Rainfall Snowmelt
Ador Mone Musty Sewage Sulfur Sour Petroleum/Gas Solvents Other (describe): Idanty Clear Slightly Cloudy Cloudy Opaque Other Idanty Clear Slightly Cloudy Cloudy Opaque Other Idanty Clear Slightly Clear Slightly Opaque Opaque Idanty Clear Slightly Opaque Idanty Clear Slightly Clear Slightly Opaque Idanty Clear Slightly Opaque Idanty Clear Slightly Clear Slightly Opaque Idanty Clear Slightly Idanty Clear Sligh	If rainfall: Rainfall Amount: inches Previous Storm Ended > 72 hours Yes X No* (explain): Before Start of This Storm? LAST RAIN 5/13/19
Solvents Other (describe): clarity Clear Slightly Cloudy Cloudy Opaque Other loating Solids No Yes (describe): ettled Solids** No Yes (describe): uspended Solids No Yes (describe): uspended Solids No Yes (describe): uspended Solids No Yes (describe): oam (gently shake sample) No Yes (describe): other (describe): ther Obvious Indicators No Yes (describe): Stormwater Pollution Other (describe): Stormwater Pollution Other (describe): Stormwater Pollution Other (as a province of the previous storm did not yield a measurable discharge or if you are able to document (attach applicable comentation) that less than a 72-hour interval is representative of local storm events during the sampling period. Observe for settled solids after allowing the sample to sit for approximately one-half hour. other interval of the previous storm of pictures taken, and any corrective actions taken below (attach diditional sheets as necessary). other interval of the previous storm of pictures taken, and any corrective actions taken below (attach diditional sheets as necessary). other interval of the previous of pictures taken, and any corrective actions taken below (attach diditional sheets as necessary). other interval of the previous of pictures taken, and any corrective actions taken below (attach diditional sheets as necessary).	Color None Other (describe):
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Name: MIKE SMITH SR. B. Title: TEAM MANAGER	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system lesigned to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons tho 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.
	Name: MIKE SMITH SR. B. Title: TEAM MANAGER
Signature: Machael Sutist D. Date Signed: 3/29/19	Signature: Mache / Sutto D. Date Signed: 5/29/19

(Complete a separate form for each outfall you assess) Name of Facility: Annapolis WRF Outfall Name: Outfall 7 Substantially Identical Outfall? No		MSGP Quarterly Visual Assessment Form
Outfail Name: Outfall 7 (CB on Edgewood Rd.) Person(s)/Title(s) collecting sample: Date & Time Discharge Began: Date & Time Sample Collected: Date & Time Sample Pool 5/29/19 0930 SJ29/19 0810 SJ29/19 0930 Substitute Sample? No Yes (identify quarter/year when sample was originally scheduled to be collected): Nature of Discharge: Rainfall Amount: Inches Previous Storm Ended > 72 hours Before Start of This Storm? Parameter Color None Other (describe): Odor None Other (describe): Odor None Musty Sewage Sulfur Sour Petroleum/Gas Solvents Other (describe): Clarity Clear Slightly Cloudy Cloudy Opaque Other Floating Solids No Yes (describe): Suspended Solids No Yes (describe): Suspended Solids No Yes (describe): Oil Sheen Other (describe): Oil Sheen Other (describe): Oil Sheen None Flocks Globs Sheen Slick Other Obvious Indicators No Yes (describe): Oil Sheen Other (describe): Oil Sheen Oth		(Complete a separate form for each outfall you assess)
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Name: MIKE SMITH SR. B. Title: TEAM MANA9EIR D. Date Signed: 5/29/19	le V	esigned to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons to 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.
. Signature: Michael Johnson D. Date Signed: 5/29/19		Name: MIKE SMITH SR. B. Title: TEAM MANAGER
		Signature: Michael Isluth D. Date Signed: 5/29/19

(Complete a separale form for each outfall you assess) Name of Facility: Annapois WRF Outfall Name: Outfall 8 "Substantially Identical Outfall?" No		MSGP Quarterly Visual Assessment Form
Outfall Name: Outfall 8 (CB on Edgewood Rd) Person(s)/Title(s) collecting sample: Person(s)/Title(s) collecting sample: Person(s)/Title(s) examining sample: Date & Time Sample Collected: Date & Time Discharge Began: Date & Time Sample Collected: Date & Time Sample Collected: 5/29/19 0820 S/29/19 0930 Substitute Sample? No Yes (identity quarter/year when sample was originally scheduled to be collected): Nature of Discharge: Rainfall Snowmelt Frainfall: Rainfall Amount: Inches Previous Storm Ended > 72 hours Yes No* (explain): Hoff Parameter P		(Complete a separate form for each outfall you assess)
Person(s)/Title(s) collecting sample:		Name of Facility: Annapolis WRF NPDES Tracking No.
Person(s)/Title(s) examining sample: Date & Time Discharge Began: Date & Time Discharge Began: Date & Time Sample Collected: Date & Time Sample Examined: 5/29/19 0820 5/29/19 0930 Substitute Sample? No Yes (identify quarter/year when sample was originally scheduled to be collected): Nature of Discharge: A Rainfall Snowmelt If rainfall: Rainfall Amount: inches Before Start of This Storm? Parameter Color None Other (describe): Odor None Other (describe): Sovents Other (describe): Sewage Sulfur Sour Petroleum/Gas Soldids No Yes (describe): Settled Solids** No Wes (describe): Suspended Solids No Yes (describe): Suspended Solids No Yes (describe): Suspended Solids No Yes (describe): Oli Sheen Show Effects Solids Solids No Yes (describe): Other Obvious Indicators No Yes (describe): Other Obvious Indicator		
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S/29/19	I	Person(s)/Title(s) examining sample:
frainfall: Rainfall Amount: inches Previous Storm Ended > 72 hours Yes No* (explain): No* (explain		5/28/19 5/29/19 0820 5/29/19 0930
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Solvents Other (describe): Clarity Clear Slightly Cloudy Cloudy Opaque Other	ı	Color None Other (describe):
Floating Solids No Yes (describe): Settled Solids** No Yes (describe): Suspended Solids No Yes (describe): Suspended Solids No Yes (describe): Foam (gently shake sample) No Yes (describe): Oil Sheen Shone Flecks Globs Sheen Slick Other (describe): Oither Obvious Indicators No Yes (describe): of Stormwater Pollution The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period. **Observe for settled solids after allowing the sample to sit for approximately one-half hour. Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary). Certification by Facility Responsible Official (Refer to MSGP Subpart 11 Appendix B for Signatory Requirements) 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. A. Name: Mike Smith Sm.		
Settled Solids** No Yes (describe): Suspended Solids No Yes (describe): Foam (gently shake sample) No Yes (describe): Foam (gently shake sample) No Yes (describe): Oil Sheen Shone Flecks Globs Sheen Slick Other (describe): Other Obvious Indicators No Yes (describe): of Stormwater Pollution *The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period. **Observe for settled solids after allowing the sample to sit for approximately one-half hour. Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary). Certification by Facility Responsible Official (Refer to MSGP Subpart 11 Appendix B for Signatory Requirements) 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. A. Name: Mike Smith Sm.		Clarity 🔀 Clear 🗌 Slightly Cloudy 🔲 Cloudy 🔲 Opaque 🔲 Other
Suspended Solids No Yes (describe): Foam (gently shake sample) No Yes (describe): Oil Sheen None Flecks Globs Sheen Slick Other (describe): Other Obvious Indicators No Yes (describe): Other Obvious Indicators No Yes (describe): of Stormwater Pollution *The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period. **Observe for settled solids after allowing the sample to sit for approximately one-half hour. Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary). Certification by Facility Responsible Official (Refer to MSGP Subpart 11 Appendix B for Signatory Requirements) 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. A. Name: Mike Smith SR. B. Title: TEAM MANAGER		Floating Solids No Yes (describe):
Foam (gently shake sample) No Yes (describe): Oii Sheen None Flecks Globs Sheen Slick Other (describe): Other (describe): Other Obvious Indicators No Yes (describe): of Stormwater Pollution *The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period. **Observe for settled solids after allowing the sample to sit for approximately one-half hour. Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary). Certification by Facility Responsible Official (Refer to MSGP Subpart 11 Appendix B for Signatory Requirements) certify under penalty of law that this document and all attachments were prepared under my direction or subervision 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 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. A. Name: Mike Smith Sn. B. Title: TEAM MANAGER		Settled Solids** No Yes (describe):
Oil Sheen		
Other Obvious Indicators	Ì	Foam (gently shake sample) X No Yes (describe):
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A. Name: Mike Smith SR. B. Title: TEAM MANAGER D. Date Signed: 5/29/19	j A	esigned to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons the 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
C. Signature: Michael Sulfo D. Date Signed: 5/29/19	1	Name: MIKE Smith SR. B. Title: TEAM MANAGER
	>	Signature: Michael Sulfo D. Date Signed: 5/29/19