

# Work Activity Work Order

## Work Order Information

Activity Type	ROUTINE WORK	Work Order No	18360094
Initiated From	HWYOTH HIGHWAYS - OTHER	Project No	SWPPPSF
Problem	H8000 SUPPORT SERVICES	Request Received	7/18/2018
Assigned By	PWSHEN31 SHENTON JR, JOHN	Investigation Due	8/15/2018
Assigned To	PWGROS91 GROSS, DERRICK	Investigation Date	7/24/2018
Department	1312SD SOUTHERN DIST/DAVIDSONVILLE	Scheduled Date 1	7/24/2018
Requested By	PWBROO25 BROOKS, TIARRA A.	Scheduled Date 2	
Status	CL	Scheduled Date 3	
Activity	H8062 SAFETY FUNCTIONS & FACILITY IN	Scheduled Date 4	
Priority	H2	Completed Date	7/24/2018
Completed By	PWGROS91 GROSS, DERRICK	Time Completed	

## Problem Information

**Problem Details** PERFORM A WET WEATHER INSPECTION QUARTLEY AT EACH DISCHARGE POINT (OUTFALL). WITHIN 30 MINUTES OF ANY PERCIPIATION EVENT WHERE THERE IS A MEASURABLE DISCHARGE. AT LEAST ONE QUARTERLY VISUAL ASSESSMENT MUST CAPTURE SNOWMENT DISCHARGE. IF THERE IS NO DISCHARGE, THEN NOTE "NO DISCHARGE" BUT COMPLETE AND RETAIN DOCUMENTATION. FORM B: MDE QUARTERLY VISUAL MONITORING FORM OUTFALLS: 001 STORMWATER POND BMP OVERFLOW ( BY DOVER RD ) 002 SAND FILTER OVERFLOW ( NORTH SIDE OF FACILTY ADJACENT TO WALMART )

Address 6657 Street OLD SOLOMONS ISLAND RD  
 Cross Street Map Book New Map Book  
 Location  
 Subdivision City FRIENDSHIP Zip 20758

## Customer Information

Customer Name  
 Address 6657 Street OLD SOLOMONS ISLAND RD  
 City FRIENDSHIP State MD Zip 20758  
 Home Phone ( ) Ext. Second Phone ( ) Ext.  
 Elected/Project  
 E/O Aide Elected Official

## Structure/Equipment Information

Structure/Equipment No US DS No. Of Structures  
 Structure/Equipment Type  
 Address Street  
 Cross Street  
 Area Designator  
 Miss Utility Number  
 Activity H8062 SAFETY FUNCTIONS & FACILITY IN Completed Date 7/24/2018

**Action Taken** NO DISCHARGE AT FRIENDSHIP LOCATION.....BM ....7/24/18

### Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location	FRIENDSHIP YARD		
Quarter / Year:	7-24-18	Date / Time Collected:	7-24-18 Date / Time Examined: 7:30AM
Qualifying Storm Event?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Runoff Source:	Rainfall <input type="checkbox"/> Snowmelt <input type="checkbox"/>
Collector's Name & Title	Brian Maubnd 7-24-18 RMS		
Examiner's Name & Title	Brian Maubnd 7-24-18 RMS		

Parameter	Parameter Description	Parameter Characteristics
1. Color	Does the stormwater appear to have any color? Yes <input type="checkbox"/> No (Clear) <input checked="" type="checkbox"/>	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.

NO Discharge

Stormwater Collector's Signature and Date: Brian Maubnd 7-24-18  
Stormwater Examiner's Signature and Date: Brian Maubnd 7-24-18

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

# Work Activity Work Order

## Work Order Information

Activity Type	ROUTINE WORK	Work Order No	18360190
Initiated From	HWY0TH HIGHWAYS - OTHER	Project No	SWPPPSF
Problem	H8000 SUPPORT SERVICES	Request Received	7/18/2018
Assigned By	PWSHEN31 SHENTON JR, JOHN	Investigation Due	11/15/2018
Assigned To	PWGROS91 GROSS, DERRICK	Investigation Date	11/5/2018
Department	1312SD SOUTHERN DIST/DAVIDSONVILLE	Scheduled Date 1	11/5/2018
Requested By	PWBROO25 BROOKS, TIARRA A.	Scheduled Date 2	
Status	CL	Scheduled Date 3	
Activity	H8062 SAFETY FUNCTIONS & FACILITY IN	Scheduled Date 4	
Priority	H2	Completed Date	11/5/2018
Completed By	PWGROS91 GROSS, DERRICK	Time Completed	

## Problem Information

**Problem Details** PERFORM A WET WEATHER INSPECTION QUARTLEY AT EACH DISCHARGE POINT (OUTFALL). WITHIN 30 MINUTES OF ANY PERCIPIATION EVENT WHERE THERE IS A MEASURABLE DISCHARGE. AT LEAST ONE QUARTERLY VISUAL ASSESSMENT MUST CAPTURE SNOWMENT DISCHARGE. IF THERE IS NO DISCHARGE, THEN NOTE "NO DISCHARGE" BUT COMPLETE AND RETAIN DOCUMENTATION. FORM B: MDE QUARTERLY VISUAL MONITORING FORM OUTFALLS: 001 STORMWATER POND BMP OVERFLOW ( BY DOVER RD ) 002 SAND FILTER OVERFLOW ( NORTH SIDE OF FACILTY ADJACENT TO WALMART )

Address	6657	Street	OLD SOLOMONS ISLAND RD		
Cross Street	SOLOMONS ISLAND RD	Map Book		New Map Book	
Location					
Subdivision	FRIENDSHIP	City	FRIENDSHIP	Zip	20758

## Customer Information

Customer Name	ANON, ANON				
Address	Street				
City		State	MD	Zip	
Home Phone	( 410 ) 222-1933	Ext.	Second Phone ( )	Ext.	
Elected/Project					
E/O Aide	Elected Official				

## Structure/Equipment Information

Structure/Equipment No	US	DS	No. Of Structures
Structure/Equipment Type			
Address	Street		
Cross Street			
Area Designator			
Miss Utility Number			
Activity	H8062 SAFETY FUNCTIONS & FACILITY IN	Completed Date	11/5/2018

**Action Taken** NO DISCHARGE AT FRIENDSHIP YARD .. DG .. 11/5/18

*Nov.*

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

Sample Location	FRIENDSHIP		
Quarter / Year:	Date / Time Collected: 11/5/18	Date / Time Examined: 7:30 AM	
Qualifying Storm Event?	Yes	No	Runoff Source: Rainfall Snowmelt
Collector's Name & Title	DERRICK T. GROSS RMS II		
Examiner's Name & Title	DERRICK T. GROSS RMS II		
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 DISCHARGE

Stormwater Collector's Signature and Date: *Derrick T Gross* 11/5/18  
 Stormwater Examiner's Signature and Date: *Derrick T Gross* 11/5/18  
 Note - Sample should be collected and analyzed in a colorless glass or plastic bottle.



# Work Activity Work Order

## Work Order Information

Activity Type	ROUTINE WORK	Work Order No	18360191
Initiated From	HWYOTH HIGHWAYS - OTHER	Project No	SWPPPSF
Problem	H8000 SUPPORT SERVICES	Request Received	7/18/2018
Assigned By	PWSHEN31 SHENTON JR, JOHN	Investigation Due	2/15/2019
Assigned To	PWGROS91 GROSS, DERRICK	Investigation Date	2/10/2019
Department	1312SD SOUTHERN DIST/DAVIDSONVILLE	Scheduled Date 1	2/10/2019
Requested By	PWBROO25 BROOKS, TIARRA A.	Scheduled Date 2	
Status	CL	Scheduled Date 3	
Activity	H8062 SAFETY FUNCTIONS & FACILITY IN	Scheduled Date 4	
Priority	H2	Completed Date	2/10/2019
Completed By	PWGROS91 GROSS, DERRICK	Time Completed	

## Problem Information

Problem Details PERFORM A WET WEATHER INSPECTION QUARTLEY AT EACH DISCHARGE POINT (OUTFALL). WITHIN 30 MINUTES OF ANY PERCIPIATION EVENT WHERE THERE IS A MEASURABLE DISCHARGE. AT LEAST ONE QUARTERLY VISUAL ASSESSMENT MUST CAPTURE SNOWMENT DISCHARGE. IF THERE IS NO DISCHARGE, THEN NOTE "NO DISCHARGE" BUT COMPLETE AND RETAIN DOCUMENTATION. FORM B: MDE QUARTERLY VISUAL MONITORING FORM OUTFALLS: 001 STORMWATER POND BMP OVERFLOW ( BY DOVER RD ) 002 SAND FILTER OVERFLOW ( NORTH SIDE OF FACILTY ADJACENT TO WALMART )

Address	6657	Street	OLD SOLOMONS ISLAND RD		
Cross Street	SOLOMONS ISLAND RD	Map Book		New Map Book	
Location	FRIENDSHIP YARD SITE				
Subdivision	FRIENDSHIP	City	FRIENDSHIP	Zip	20758

## Customer Information

Customer Name	ANON, ANON				
Address	Street				
City		State	MD	Zip	
Home Phone	( 410 ) 222-1933	Ext.	Second Phone ( )	Ext.	
Elected/Project					
E/O Aide	Elected Official				

## Structure/Equipment Information

Structure/Equipment No	US	DS	No. Of Structures
Structure/Equipment Type			
Address	Street		
Cross Street			
Area Designator			
Miss Utility Number			
Activity	H8062 SAFETY FUNCTIONS & FACILITY IN	Completed Date	2/10/2019

Action Taken NO DISCHARGE AT FRIENDSHIP YARD DG. 2/10/19

Feb.

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

Sample Location		FRIENDSHIP 2/10/19	
Quarter / Year:	2019	Date / Time Collected:	N/A
Date / Time Examined:		0730	
Qualifying Storm Event?	Yes	No	Runoff Source: Rainfall Snowmelt
Collector's Name & Title	DERRICK T. GROSS RMS II		
Examiner's Name & Title	DERRICK T. GROSS RMS II		
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:	
<b>***Leave sample undisturbed for 30 minutes.***</b>			
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 DISCHARGE

Stormwater Collector's Signature and Date: *Derrick J. Gross* 2/10/19  
Stormwater Examiner's Signature and Date: *Derrick J. Gross* 2/10/19

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

# Work Activity Work Order

## Work Order Information

Activity Type	ROUTINE WORK	Work Order No	18360214
Initiated From	HSDS HWY SERVICE DELIVERY SYSTEM	Project No	SWPPPSD
Problem	H8000 SUPPORT SERVICES	Request Received	7/18/2018
Assigned By	PWSHEN31 SHENTON JR, JOHN	Investigation Due	5/15/2019
Assigned To	PWGROS91 GROSS, DERRICK	Investigation Date	7/19/2018
Department	1312SD SOUTHERN DIST/DAVIDSONVILLE	Scheduled Date 1	7/19/2018
Requested By	PWBROO25 BROOKS, TIARRA A.	Scheduled Date 2	
Status	CL	Scheduled Date 3	
Activity	H8062 SAFETY FUNCTIONS & FACILITY IN	Scheduled Date 4	
Priority	H3	Completed Date	5/17/2019
Completed By	PWGROS91 GROSS, DERRICK	Time Completed	

## Problem Information

**Problem Details** PERFORM A WET WEATHER INSPECTION QUARTLEY AT EACH DISCHARGE POINT (OUTFALL). WITHIN 30 MINUTES OF ANY PERCIPIATION EVENT WHERE THERE IS A MEASURABLE DISCHARGE. AT LEAST ONE QUARTERLY VISUAL ASSESSMENT MUST CAPTURE SNOWMENT DISCHARGE. IF THERE IS NO DISCHARGE, THEN NOTE "NO DISCHARGE" BUT COMPLETE AND RETAIN DOCUMENTATION. FORM B: MDE QUARTERLY VISUAL MONITORING FORM OUTFALLS: 001 STORMWATER POND BMP OVERFLOW ( BY DOVER RD ) 002 SAND FILTER OVERFLOW ( NORTH SIDE OF FACILTY ADJACENT TO WALMART )

Address	6657	Street	OLD SOLOMONS ISLAND RD	
Cross Street	SOLOMONS ISLAND RD		Map Book	New Map Book
Location	FRIENDSHIP YARD SITE			
Subdivision	FRIENDSHIP	City	FRIENDSHIP	Zip 20758

## Customer Information

Customer Name				
Address		Street		
City			State MD	Zip
Home Phone	( 410 ) 222-1933	Ext.	Second Phone ( )	Ext.
Elected/Project				
E/O Aide			Elected Official	

## Structure/Equipment Information

Structure/Equipment No	US	DS	No. Of Structures
Structure/Equipment Type			
Address		Street	
Cross Street			
Area Designator			
Miss Utility Number			
Activity	H8062	SAFETY FUNCTIONS & FACILITY IN	Completed Date 5/17/2019

**Action Taken** NO DISCHARGE AT FRIENDSHIP YARD.. BM..5/17/19

*May*



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

Sample Location		FRiEN SHiP yard			
Quarter / Year:	5-17-19	Date / Time Collected:	5-17-19	Date / Time Examined:	7:30 AM
Qualifying Storm Event?	Yes	<input checked="" type="radio"/> No	Runoff Source:	Rainfall	Snowmelt
Collector's Name & Title	Brian Moxhead		5-17-19	RMS	
Examiner's Name & Title	Brian Moxhead		5-17-19	RMS	
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:		
<b>***Leave sample undisturbed for 30 minutes.***</b>					
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 Discharge

Stormwater Collector's Signature and Date: Brian Moxhead 5-17-19  
Stormwater Examiner's Signature and Date: Brian Moxhead 5-19-19  
Note - Sample should be collected and analyzed in a colorless glass or plastic bottle.



# Work Activity Work Order

## Work Order Information

Activity Type	ROUTINE WORK	Work Order No	19435467
Initiated From	HMMS HWY MAINTENANCE MANAGEMENT	Project No	SWPPPSF19
Problem	H8000 SUPPORT SERVICES	Request Received	8/12/2019
Assigned By	PWSHEN31 SHENTON JR, JOHN	Investigation Due	8/19/2019
Assigned To	PWJETT10 JETT, DERRICK	Investigation Date	8/14/2019
Department	1312SD SOUTHERN DIST/DAVIDSONVILLE	Scheduled Date 1	8/31/2019
Requested By	PWSHEN31 SHENTON JR, JOHN	Scheduled Date 2	
Status	CL	Scheduled Date 3	
Activity	H8062 SAFETY FUNCTIONS & FACILITY IN	Scheduled Date 4	
Priority	H2	Completed Date	8/14/2019
Completed By	PWJETT10 JETT, DERRICK	Time Completed	

## Problem Information

**Problem Details** PERFORM A WET WEATHER INSPECTION QUARTLEY AT EACH DISCHARGE POINT (OUTFALL). WITHIN 30 MINUTES OF ANY PERCIPIATION EVENT WHERE THERE IS A MEASURABLE DISCHARGE. AT LEAST ONE QUARTERLY VISUAL ASSESSMENT MUST CAPTURE SNOWMENT DISCHARGE. IF THERE IS NO DISCHARGE, THEN NOTE "NO DISCHARGE" BUT COMPLETE AND RETAIN DOCUMENTATION. FORM B: MDE QUARTERLY VISUAL MONITORING FORM OUTFALLS: 001 STORMWATER POND BMP OVERFLOW ( BY DOVER RD ) 002 SAND FILTER OVERFLOW ( NORTH SIDE OF FACILTY ADJACENT TO WALMART )

Address	6657	Street	OLD SOLOMONS ISLAND RD		
Cross Street	SOLOMONS ISLAND RD		Map Book		New Map Book
Location	FRIENDSHIP YD SITE				
Subdivision	FRIENDSHIP	City	FRIENDSHIP		Zip 20758

## Customer Information

Customer Name	ANON, ANON				
Address	6657	Street	OLD SOLOMONS ISLAND RD		
City	FRIENDSHIP		State	MD	Zip 20758
Home Phone	( 410 ) 222-1933	Ext.	Second Phone ( )		Ext.
Elected/Project					
E/O Aide	Elected Official				

## Structure/Equipment Information

Structure/Equipment No	US	DS	No. Of Structures
Structure/Equipment Type			
Address	Street		
Cross Street			
Area Designator			
Miss Utility Number			
Activity	H8062 SAFETY FUNCTIONS & FACILITY IN	Completed Date	8/14/2019

**Action Taken** AUGUST 2019 QUARTERLY WET WEATHER INSPECTION  
WATER SAMPLE TAKEN ...NO VISABLE SIGNS OF POLLUTION FOUND  
FRIENDSHIP POND SITE ... 14AUG19 DJETT

## Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location		HSF			
Quarter / Year:	14 Aug 19	Date / Time Collected:	1000 hrs	Date / Time Examined:	1000 hrs
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	Derrick E Jett RMS				
Examiner's Name & Title	Derrick E Jett RMS				
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? <input checked="" type="radio"/> Yes <input type="radio"/> 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 <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:		
<b>***Leave sample undisturbed for 30 minutes.***</b>					
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 - N/A

Stormwater Collector's Signature and Date: *[Signature]* RMS 14 Aug 19

Stormwater Examiner's Signature and Date: *[Signature]* RMS 14 Aug 19

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