

FORM D-2: DRY WEATHER - QUARTERLY INSPECTIONDate of Inspection: 6-8-20 Name of Inspector: William Jones

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)		