

Quarterly Due September

### Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location	Broadneck WRF outfall #1		
Quarter / Year:	5/20	Date / Time Collected:	5/4/20 Date / Time Examined: 5/4 0915
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	Jonathan Kupke WWT II		
Examiner's Name & Title	Jonathan Kupke WWT II		

Parameter	Parameter Description	Parameter Characteristics
1. Color	Does the storm water 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 storm water clear? Yes <input checked="" type="radio"/> No <input 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 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 checked="" type="radio"/> No <input type="radio"/>	Describe: (note type, size and material after sample is not disturbed for 30 minutes) light sand specks.
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.

Clean.

Stormwater Collector's Signature and Date: *[Signature]* 5/4/20

Stormwater Examiner's Signature and Date: *[Signature]* 5/4/20

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		Broadneck WRF outfall #2	
Quarter / Year:	5/20	Date / Time Collected:	5/4 0845
Date / Time Examined:		5/4/0915	
Qualifying Storm Event?	<input checked="" type="radio"/> Yes	No	Runoff Source:
Collector's Name & Title		Jonathan Kupke WWT II	
Examiner's Name & Title		Jonathan Kupke WWT II	
Parameter	Parameter Description	Parameter Characteristics	
1. Color	Does the storm water 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 storm water clear? Yes <input checked="" type="radio"/> No <input 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 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.			

clean

Stormwater Collector's Signature and Date:

*[Signature]* 5/4/20

Stormwater Examiner's Signature and Date:

*[Signature]* 5/4/20

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	Broadneck WRP outfall #3		
Quarter / Year:	5/20	Date / Time Collected:	5/4 0945
		Date / Time Examined:	5/4 9:15
Qualifying Storm Event?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	Runoff Source: Rainfall. 7 Snowmelt
Collector's Name & Title	Jonathan Kupke WWT II		
Examiner's Name & Title	Jonathan Kupke WWT II		

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 checked="" type="radio"/> No <input 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 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.

Clear

Stormwater Collector's Signature and Date: *[Signature]* 5/4/20  
Stormwater Examiner's Signature and Date: *[Signature]* 5/4/20

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