

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 Yes (identify substantially identical outfalls):
(CB along Edgewood Rd.)

Person(s)/Title(s) collecting sample: **KEVIN McNALLY - plant operator**

Person(s)/Title(s) examining sample: **MIKE Smith**

Date & Time Discharge Began:

Date & Time Sample Collected: **4/14/20 13:30**

Date & Time Sample Examined: **4/14/20 14:00**

Substitute Sample? No Yes (identify quarter/year when sample was originally scheduled to be collected):

Nature of Discharge: Rainfall Snowmelt

If rainfall: Rainfall Amount: **1.5"** inches Previous Storm Ended > 72 hours Yes No* (explain):
Before Start of This Storm?

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) No Yes (describe):

Oil Sheen None 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)

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: **KEVIN McNALLY**
C. Signature: **Kevin McNally**

B. Title: **Plant Operator**
D. Date Signed: **4/14/20**

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**
(Pipe to Edgewood Rd.)

"Substantially Identical Outfall"? No Yes (identify substantially identical outfalls):

Person(s)/Title(s) collecting sample:

KEVIN MCNAULY, PLANT OPERATOR

Person(s)/Title(s) examining sample:

MIKE SMITH

Date & Time Discharge Began:

Date & Time Sample Collected:

Date & Time Sample Examined:

4/14/20 @ 13:30

4/14/20 @ 14:00

Substitute Sample? No Yes

(identify quarter/year when sample was originally scheduled to be collected):

Nature of Discharge: Rainfall Snowmelt

If rainfall: Rainfall Amount: **1.5"** inches Previous Storm Ended > 72 hours Yes No* (explain):
Before Start of This Storm?

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) No Yes (describe):

Oil Sheen None Flecks Globs Sheen Slick
 Other (describe):

Other Obvious Indicators of Stormwater Pollution No Yes (describe):

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A. Name:

KEVIN MCNAULY

B. Title:

PLANT OPERATOR

C. Signature:

Kevin McNally

D. Date Signed:

4/14/20

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 4**
(Overflow to Chesapeake Harbor Rd.)

"Substantially Identical Outfall"? No Yes (identify substantially identical outfalls):

Person(s)/Title(s) collecting sample:

KEVIN McNALLY / PLANT OPERATOR

Person(s)/Title(s) examining sample:

MIKE SMITH

Date & Time Discharge Began:

Date & Time Sample Collected:

Date & Time Sample Examined:

4/14/20 @ 13:30

4/14/20 @ 14:00

Substitute Sample? No Yes (identify quarter/year when sample was originally scheduled to be collected):

Nature of Discharge: Rainfall Snowmelt

If rainfall: Rainfall Amount: **1.5"** inches Previous Storm Ended > 72 hours Yes No* (explain):
Before Start of This Storm?

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) No Yes (describe):

Oil Sheen None Flecks Globs Sheen Slick
 Other (describe):

Other Obvious Indicators of Stormwater Pollution No Yes (describe):

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A. Name:

Kevin McNally

B. Title:

PLANT OPERATOR

C. Signature:

Kevin McNally

D. Date Signed:

4/14/20

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 7** "Substantially Identical Outfall"? No Yes (identify substantially identical outfalls):
(CB on Edgewood Rd.)

Person(s)/Title(s) collecting sample: **KEVIN McNALLY, PLANT OPERATOR**

Person(s)/Title(s) examining sample: **MIKE SMITH**

Date & Time Discharge Began:

Date & Time Sample Collected:

Date & Time Sample Examined:

4-14-20 @ 13:30

4-14-20 @ 14:00

Substitute Sample? No Yes (identify quarter/year when sample was originally scheduled to be collected):

Nature of Discharge: Rainfall Snowmelt

If rainfall: Rainfall Amount: **1.5"** inches Previous Storm Ended > 72 hours Yes No* (explain):
Before Start of This Storm?

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) No Yes (describe):

Oil Sheen None Flecks Globs Sheen Slick
 Other (describe):

Other Obvious Indicators No Yes (describe):
of Stormwater Pollution

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A. Name: **Kevin McNally**

B. Title: **PLANT OPERATOR**

C. Signature: **Kevin McNally**

D. Date Signed: **4-14-20**

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 8**
(CB on Edgewood Rd.)

"Substantially Identical Outfall"? No Yes (identify substantially identical outfalls):

Person(s)/Title(s) collecting sample:

KEVIN McNALLY / PLANT OPERATOR

Person(s)/Title(s) examining sample:

MIKE SMITH

Date & Time Discharge Began:

Date & Time Sample Collected:

Date & Time Sample Examined:

4-14-20 @

4-14-20 @ 14:00

Substitute Sample? No Yes (identify quarter/year when sample was originally scheduled to be collected):

Nature of Discharge: Rainfall Snowmelt

If rainfall: Rainfall Amount: **1.5"** inches Previous Storm Ended > 72 hours Before Start of This Storm? Yes No* (explain):

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) No Yes (describe):

Oil Sheen None Flecks Globes Sheen Slick
 Other (describe):

Other Obvious Indicators of Stormwater Pollution No Yes (describe):

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A. Name:

KEVIN McNALLY

B. Title:

PLANT OPERATOR

C. Signature:

Kevin McNally

D. Date Signed:

4-14-20