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: Louin Menany - Plant operator
Person(s)/Title(s) examining sample: Mike Smith
Date & Time Discharge Began: Date & Time Sample Collected: 4/14/20 Date & Time Sample Examined: 4/14/20 H/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: 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
Clarity 🔽 Clear 🗌 Slightly Cloudy 🔲 Cloudy 🔲 Opaque 🗌 Other
Floating Solids Yes (describe):
Settled Solids**
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: EVIN MCNAUY B. Title: PLANT OPERATOR
C. Signature Levin McVally 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 "Substantially Identical Outfall"? Ves (identify substantially identical outfalls):
	(Pipe to Edgewood Rd.) Person(s)/Title(s) collecting sample: ROVIN MCNAWY 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@/3:30
	Substitute Sample? No Yes (identify quarter/year when sample was originally scheduled to be collected):
	Nature of Discharge: Rainfall Snowmelt
	If rainfall: Rainfall Amount: inches Previous Storm Ended > 72 hours Yes No* (explain): 1.5" Before Start of This Storm?
1	Parameter
- 1	Color None Other (describe):
1	Odor None Musty Sewage Sulfur Sour Petroleum/Gas Other (describe):
	Clarity Clear Slightly Cloudy Cloudy Dopaque Dother
- 1	Floating Solids Yes (describe):
	Settled Solids**
	Suspended Solids No Yes (describe):
	Foam (gently shake sample) No Yes (describe):
	Dil Sheen ☑ None ☐ Flecks ☐ Globs ☐ Sheen ☐ Slick ☐ Other (describe);
	Other Obvious Indicators No Yes (describe): f Stormwater Pollution
* d	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 ocumentation) 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.
l	
Da	etail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach dditional sheets as necessary).
C	ertification by Facility Responsible Official (Refer to MSGP Subpart 11 Appendix B for Signatory Requirements)
10	ertify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system
an	signed 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 d belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine
	d imprisonment for knowing violations. Of A Properties.
A.	Name: KEVIN MENALLY B. Title: PLANT OFERATOR
C.	Signature: Lovin 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 "Substantially Identical Outfall"? No Yes (identify substantially identical outfalls Harbor Rd.)):
Person(s)/Title(s) collecting sample:	010
Person(s)/Title(s) examining sample: MIKE SMITh	
Date & Time Discharge Began: Date & Time Sample Collected: Date & Time Sample	
Substitute Sample? No Yes (identify quarter/year when sample was originally scheduled to be collected):	2 14100
Nature of Discharge: Rainfall Snowmelt	
If rainfall: Rainfall Amount: inches Previous Storm Ended > 72 hours Yes No* (explain): Before Start of This Storm?	
Parameter	
Color Nøne Other (describe):	
Odor None Musty Sewage Sulfur Sour Petroleum/Gas Other (describe):	
Clarity Clear Slightly Cloudy Cloudy Dopaque Other	
Floating Solids Yes (describe):	
Settled Solids**	
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 (attac documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.	h applicable
** 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 (additional sheets as necessary).	attach
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 designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of m and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the poss and imprisonment for knowing violations.	or persons
A. Name: LEVIN MONARLY B. Title: PLANT DREPATE	R
C. Signature Sevin MSVally 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):
Person(s)/Title(s) collecting sample: 2110 MANALY, DIANT OF BIANT
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 Date & Time Sample Examined:
Substitute Sample? No Yes (identify quarter/year when sample was originally scheduled to be collected):
Nature of Discharge: Rainfall Snowmelt
If rainfall: Rainfall Amount: inches Previous Storm Ended > 72 hours Yes No* (explain): 1.5" Before Start of This Storm?
Parameter
Color Other (describe):
Odor None Musty Sewage Sulfur Sour Petroleum/Gas Other (describe):
Clarity Clear Slightly Cloudy Cloudy Opaque Other
Floating Solids
Settled Solids**
Suspended Solids No Yes (describe): Foam (gently shake sample) No Yes (describe):
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
who manage the system, or those persons directly responsible for gathering the information, 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.
A. Name: Evily MONALY B. Title: PLAST DEPARTOR
C. Signature Levin Menally 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 "Substantially Identical Outfall"? Mo Yes (identify substantially identical outfalls):	
Person(s)/Title(s) collecting sample: KEVIN WYMALLY /, PLANT OPERATOR	
Person(s)/Title(s) examining sample: MIKE Smith	
Date & Time Discharge Began: Date & Time Sample Collected: Date & Time Sample Examin.	ed:
Substitute Sample? No Yes (identify quarter/year when sample was originally scheduled to be collected):	
Nature of Discharge: ☑ Rainfall ☐ Snowmelt	
If rainfall: Rainfall Amount: inches Previous Storm Ended > 72 hours Yes No* (explain): 15" 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 Dpaque Dther	
Floating Solids	
Settled Solids** 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 Vo 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 applicab documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.	le
** Observe for settled solids after allowing the sample to sit for approximately one-half hour.	
Detail any concerns additional comments descriptions of victures to leave the second state of the second s	
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)	
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designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or person 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 find and imprisonment for knowing violations.	·~ I
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A. Name: EVIN MAGINA C. Signature: D. Date Signed: 4-14-26	