

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

Sample Location		Pond 1 MLF	
Quarter / Year:	2/20	Date / Time Collected:	4/13 1111
Date / Time Examined:	4/13 1241		
Qualifying Storm Event?	Yes	No	Runoff Source: Rainfall
Collector's Name & Title	M Lungh: E.T.		
Examiner's Name & Title	M Lungh: E.T.		
Parameter	Parameter Description	Parameter Characteristics	
1. Color	Does the stormwater appear to have any color? Yes <input checked="" type="radio"/> No (Clear) <input type="radio"/>	If Yes, describe: Yellow Brown Red Gray Other:	
2. Clarity	Is the stormwater clear? Yes <input checked="" type="radio"/> No <input type="radio"/>	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:	
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) small dirt particles (compost)	
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.			

Stormwater Collector's Signature and Date: *[Signature]* 4/13/20

Stormwater Examiner's Signature and Date: *[Signature]* 4/13/20

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

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Sample Location		Sand Filter Area 2 MLF			
Quarter / Year:	2/20	Date / Time Collected:	4/13 1102	Date / Time Examined:	4/13 1245
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	M Lundy EIT				
Examiner's Name & Title	M Lundy E.T				
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? Yes <input type="radio"/> No <input type="radio"/>	If not clear, which of the following best describes the clarity of the stormwater? Suspended Solids Milky/Cloudy <input checked="" type="radio"/> 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 sheen 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.					

Stormwater Collector's Signature and Date: *[Signature]* 4/13/20
 Stormwater Examiner's Signature and Date: *[Signature]* 4/13/20

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Sample Location		Pond C MLF			
Quarter / Year:	2 20	Date / Time Collected:	4/13 1040	Date / Time Examined:	4/13 1241
Qualifying Storm Event?	Yes	No	Runoff Source:	Rainfall	Snowmelt
Collector's Name & Title	M Lush - E.T.				
Examiner's Name & Title	M Lush - E.T.				
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.					

Stormwater Collector's Signature and Date:

[Signature] 4/13/20

Stormwater Examiner's Signature and Date:

[Signature] 4/13/20

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Quarterly Visual Monitoring Form
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Sample Location		Pond 8 MLF	
Quarter / Year:	2 20	Date / Time Collected:	4/13 1127
Date / Time Examined:	4/13 124		
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	M Lungh: E.T.		
Examiner's Name & Title	M Lungh: E.T.		
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:	

Leave sample undisturbed for 30 minutes.

7. Settled Solids	Is there anything settled on the bottom of the sample? <input checked="" type="radio"/> Yes <input type="radio"/> No	Describe: (note type, size and material after sample is not disturbed for 30 minutes) Algae
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.

- 567 cell - under construction ponds 345
- pond 8 is repeated for 2nd Qtr.

Stormwater Collector's Signature and Date:	<i>[Signature]</i> 4/13/20
Stormwater Examiner's Signature and Date:	<i>[Signature]</i> 4/13/20

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Quarterly Visual Monitoring Form
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Sample Location		Pond 9 mlf			
Quarter / Year:	2/20	Date / Time Collected:	4/13 1210	Date / Time Examined:	4/13 1245
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	m lugh: E.T.				
Examiner's Name & Title	m lugh: E.T.				
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? Yes <input checked="" type="radio"/> No <input type="radio"/>	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 sheen 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.					

Stormwater Collector's Signature and Date: [Signature] 4/13/20

Stormwater Examiner's Signature and Date: [Signature] 4/13/20

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Quarterly Visual Monitoring Form
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Sample Location		Bio Area 10 MLF-shop			
Quarter / Year:	2 20	Date / Time Collected:	4/13 1057	Date / Time Examined:	4/13 1245
Qualifying Storm Event?	Yes	No	Runoff Source:	Rainfall	Snowmelt
Collector's Name & Title	M Lugh. E.T.				
Examiner's Name & Title	M Lugh. E.T.				
Parameter	Parameter Description	Parameter Characteristics			
1. Color	Does the stormwater appear to have any color? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (Clear)	If Yes, describe: Yellow Brown Red Gray Other:			
2. Clarity	Is the stormwater clear? Yes <input checked="" type="checkbox"/> No <input 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 sheen 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.					

Stormwater Collector's Signature and Date: *[Signature]* 4/13/20
Stormwater Examiner's Signature and Date: *[Signature]* 4/13/20

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

Sample Location		cell 1 East Bio Area 11 MLF	
Quarter / Year:	2 20	Date / Time Collected:	4/13 1118
Date / Time Examined:		4/13 1245	
Qualifying Storm Event?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Runoff Source:	<input checked="" type="checkbox"/> Rainfall <input type="checkbox"/> Snowmelt
Collector's Name & Title	M. Lunghi E.I.T.		
Examiner's Name & Title	M. Lunghi E.I.T.		
Parameter	Parameter Description	Parameter Characteristics	
1. Color	Does the stormwater appear to have any color? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Clear)	If Yes, describe: <u>Yellow Brown</u> Red Gray Other:	
2. Clarity	Is the stormwater clear? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 checked="" type="checkbox"/> No	Which best describes the sheen? Rainbow sheet Floating oil globules Other:	
4. Odor	Does the sample have an odor? Yes <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> No	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:	
6. Suspended Solids	Is there anything suspended in the sample? Yes <input checked="" type="checkbox"/> No	Describe:	
Leave sample undisturbed for 30 minutes.			
7. Settled Solids	Is there anything settled on the bottom of the sample? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Describe: (note type, size and material after sample is not disturbed for 30 minutes) Dirt particles - compost	
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes <input checked="" type="checkbox"/> 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.			

Stormwater Collector's Signature and Date: [Signature] 4/13/20

Stormwater Examiner's Signature and Date: [Signature] 4/13/20

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