

### Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.


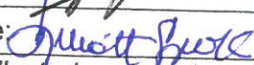
Sample Location	Front Pond 1		
Quarter / Year:	May	Date / Time Collected:	5/22/20 <sup>PM</sup>
Qualifying Storm Event?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Date / Time Examined: 5/22/20 2:30 PM
Collector's Name & Title	Anthony Kuebel MW2		
Examiner's Name & Title	Elliott Cook RMS		
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 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. N/A

Stormwater Collector's Signature and Date:  5/22/20  
Stormwater Examiner's Signature and Date:  5/22/20

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		Back Pond	
Quarter / Year:	MAY	Date / Time Collected:	5/22/20 2:00 PM
Date / Time Examined:	5/22/20 2:30 PM	Runoff Source:	Rainfall
Qualifying Storm Event?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Snowmelt	<input type="checkbox"/>
Collector's Name & Title	Anthony Kuebel		
Examiner's Name & Title	G. W. Cook RWS		
Parameter	Parameter Description	Parameter Characteristics	
1. Color	Does the stormwater appear to have any color? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> (Clear)	If Yes, describe: Yellow Brown Red <input checked="" type="checkbox"/> Gray	
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 <input checked="" type="checkbox"/> Opaque	
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	
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	
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	
6. Suspended Solids	Is there anything suspended in the sample? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Describe: grass	
***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: \_\_\_\_\_

Stormwater Examiner's Signature and Date: G. W. Cook 5/22/20

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