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

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Sample Location Bio Area 4				,3			1 1/2 2		
Quarter / Year:		2 20	Date / Ti	me Collected:	4/13 22	Date / Time Examin		4/13 31	
Q	ualifying Storm	Event?	Yes	No	Runoff Source	e: Rainfall	Sr	nowmelt	
_	ollector's			211	Lunshi E.T.				
	ame & Title kaminer's				Lunghi E.T.				
	ame & Title								
Parameter		Parameter Description			Parameter Characteristics				
_	Color	Does the stormwater appear to have			If Yes, describe: Yellow Brown Red Gray Other:				
1.		any color? Yes		No (Clear)	Other.				
2.	Clarity	Is the stormwater clear?			If not clear, which of the following best describes the				
					clarity of the stormwater?				
		Ves No		No	Suspended Solids Milky/Cloudy Opaque				
-		Can you oo	o o roinho	w offect or	Other:	escribes the sheen?			
3.	Oil Sheen	Can you see a rainbow effect or sheen on the water surface?			Rainbow sheet Floating oil globules				
	Oli Sileeli	Yes		Nó	Other:				
Destina	aparticipation and advanced Share	Does the sample have an odor?			If Yes, describe: Chemical Musty Rotten Eggs				
4.	Odor				Sewage Sour Milk Oil/Petroleum				
				V	Other:				
5	Floating Solids			ne surface of	If Yes, descri	be: Suds Oily Fi Vater Fowl Excrement		Garbage	
٠.		the sample		No.	Other:	aler rowi Excrement	i		
BUCE	Suspended Solids				Describe:				
6.		Is there anything suspended in the sample?							
turner turner		Yes		(V)					
Leave sample undisturbed for 30 minutes.									
Fig. Comple	Settled Solids	Is there anything settled on the bottom of the sample?			Describe: (note type, size and material after sample				
7.					is not disturbed for 30 minutes)				
		Yes		(NO)					
	Foam	Does foam or material form on the top of the sample surface if you shake it?			Describe:				
8.									
		Yes	5	NB					
9. If there are any visible indicators of pollution identify (1) where the pollution may come from an						rom and (2)			
any corrective actions taken.									
						W.			

	1 1/2/2
Stormwater Collector's Signature and Date:	4111100
Stormwater Examiner's Signature and Date:	W 4/1320
Note - Sample should be collected and	analyted in a colorless glass or plastic bottle.

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Sa	mple Location	Out		6	63				1.6.5	
Q	uarter / Year:	2 20	Date / Tim	e Collected:	1112		/ Time Exam		4/13	3/5
Q	ualifying Storm	Event?	Yes	No	Runoff Source	:e:	Rainfall	S	nowmelt	
Collector's Name & Title			3h; Ei	۲.						
Examiner's Name & Title		nho			inghi E.T.					
Parameter		Parameter Description			Parameter Characteristics					
1.	Color	Does the stormwater appear to have any color? Yes No (Clear)			If Yes, describe: Yellow Brown Red Gray Other:					
2.	Clarity	Is the storm	water clear		If not clear, w clarity of the s Suspended S	stormwa	ater?			the
3.	Oil Sheen	Can you see a rainbow effect or sheen on the water surface?			Other: Which best describes the sheen? Rainbow sheet Floating oil globules Other:					
4.	Odor	Does the sample have an odor? Yes			If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:					
5.	Floating Solids	Is there any the sample		surface of	If Yes, descri Sewage V Other:		Suds Oily of the Court Excreme		Garbag	е
6.	Suspended Solids	Is there anything suspended in the sample? Yes			Describe:					
Leave sample undisturbed for 30 minutes.										
7.	Settled Solids	Is there anything settled on the bottom of the sample? Yes			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			Describe:					1 (0)
9.		are any visible indicators of pollution identify (1) where the pollution may come from and (2)								

	1/12/2
Stormwater Collector's Signature and Date:	91 411120
Stormwater Examiner's Signature and Date:	W 4/13/20
Note - Sample should be collected	ed and analyzed in a coloriess glass or plastic bottle.