

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

| Sample Location | | POND 1 MT ROAD YARD | |
|--|---|---|--|
| Quarter / Year: | 4th 2020 | Date / Time Collected: | Date / Time Examined: 5.22.20 |
| Qualifying Storm Event? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Runoff Source: | Rainfall <input checked="" type="checkbox"/> Snowmelt <input type="checkbox"/> |
| Collector's Name & Title | L. Clowor ROS | | |
| Examiner's Name & Title | L. Clowor ROS | | |
| 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: Henry Clowor 5.22.20

Stormwater Examiner's Signature and Date: Henry Clowor 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 | POND 2. STOCKPILE 40 MT POND | | |
| Quarter / Year: | 4 20 | Date / Time Collected: | Date / Time Examined: 5/22/20 |
| Qualifying Storm Event? | Yes <input type="radio"/> No <input checked="" type="radio"/> | Runoff Source: | Rainfall <input checked="" type="radio"/> Snowmelt <input type="radio"/> |
| Collector's Name & Title | L. Clower ROS | | |
| Examiner's Name & Title | L. Clower ROS | | |

| Parameter | Parameter Description | Parameter Characteristics |
|---------------------|--|--|
| 1. Color | Does the stormwater appear to have any color? Yes <i>N/A</i> No (Clear) | If Yes, describe: Yellow Brown Red Gray Other: |
| 2. Clarity | Is the stormwater clear? Yes <i>N/A</i> 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 <i>N/A</i> No | Which best describes the sheen? Rainbow sheet Floating oil globules Other: |
| 4. Odor | Does the sample have an odor? Yes <i>N/A</i> 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 <i>N/A</i> No | If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other: |
| 6. Suspended Solids | Is there anything suspended in the sample? Yes <i>N/A</i> No | Describe: |

Leave sample undisturbed for 30 minutes.

| | | |
|-------------------|---|---|
| 7. Settled Solids | Is there anything settled on the bottom of the sample? Yes <i>N/A</i> No | 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 <i>N/A</i> 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.

NA

Stormwater Collector's Signature and Date: *L. Clower* 5-22-20
Stormwater Examiner's Signature and Date: *L. Clower* 5-22-20

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