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

Sample Location	10ND M+	ROAD YARD		
Quarter / Year:	4m 2010 Date / Time Collected:	Date / Time Examined: 5.22-2		
<b>Qualifying Storm</b>		Runoff Source: Rainfall Snowmelt		
Collector's Name & Title	LCIOWER ROS			
Examiner's Name & Title	L. Clow 205			
Parameter	Parameter Description	Parameter Characteristics		
1. Color	Does the stormwater appear to have any color?  Yes A No (Clear)	If Yes, describe: Yellow Brown Red Gray Other:		
2. Clarity	Is the stormwater clear?  Yes W/A 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 ///A No	Which best describes the sheen? Rainbow sheet Floating oil globules Other:		
4. Odor	Does the sample have an odor?  Yes //// 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 ///A No	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:		
6. Suspended Solids	Is there anything suspended in the sample?  Yes No	Describe:		
	***Leave sample undistur	bed for 30 minutes.***		
7. Settled Solids	Is there anything settled on the bottom of the sample?  Yes //// 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 NA No	Describe:		
9. If there are any any corrective a		ify (1) where the pollution may come from and (2)		
	or's Signature and Date:	Mer 5.22.20		
Note	- Sample should be collected and and	yzed in a colorless glass or plastic bottle.		

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

Sample Location	Po.	PEND 2. StockPile 40 Mt Coup  4 20 Date / Time Collected: Date / Time Examined: 5/22					
Quarter / Year:	4 20	Date / Time	Collected:	14 70	Date / Time Examined:	5/22/	
<b>Qualifying Storm</b>		Yes	(No)	Runoff Source	e: Rainfall	Snowmelt	
Collector's Name & Title	7			,5			
Examiner's Name & Title	۲.	· Clowde	120	S			
<u>Parameter</u>		neter Descri			arameter Characteristic		
1. Color	any color?	ormwater app	e: Yellow Brown Re	ed Gray			
2. Clarity		water clear? $N/\Delta$	No	clarity of the st	ich of the following best ormwater? lids Milky/Cloudy Op		
3. Oil Sheen	sheen on the	e a rainbow e e water surfa			scribes the sheen? Floating oil globules		
4. Odor	Does the sa	mple'have ai	n odor? No		e: Chemical Musty ur Milk Oil/Petroleum	Rotten Eggs	
5. Floating Solids	the sample?	NIA	No	If Yes, describe Sewage Wa Other:	e: Suds Oily Film nter Fowl Excrement	Garbage	
6. Suspended Solids	Is there any sample?	thing suspen $\mathcal{W}/\mathcal{A}$	ded in the	Describe:			
	*1	*Leave sam	ple undistur	bed for 30 minu	utes.***		
7. Settled Solids	Is there anythere bottom of the Yes	thing settled on the sample?	on the		type, size and material for 30 minutes)	after sample	
8. Foam	top of the sa	or material for imple surface M/A		Describe:			
9. If there are any any corrective a			llution ident		e pollution may come	from and (2)	
Stormwater Collect Stormwater Examir	ner's Signatur	e and Date:	Jenny Jud		5.22-20		
Note	– Sample sh	ould be collec	cted and ana	lyzed in a colorle	ess glass or plastic bottle	).	