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| **Quarterly Visual Monitoring Report** (Complete a separate form for each outfall you assess) |

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| **Facility Name:**  | **DEQ Authorization No.** |
| **Outfall Id.:**  |  **Substantially Identical Outfall?** [ ]  No | [ ]  Yes (identify substantially identical outfalls)  |
| **Date & Time Discharge Began:**  | **Date & Time Sample Collected:**  | **Date & Time Sample Examined:**  |
| **Substitute Sample?** [ ]  No | [ ]  Yes (identify quarter/year when sample was originally scheduled to be collected) |
| **Person’s Name/Title collecting sample:**  |
| **Person’s Name/Title examining sample:**  |
| **Nature of Discharge:** [ ]  Rainfall, if rainfall: **Rainfall Amount:** No of inches inches [ ]  Snowmelt |

**Parameters & Observation Results**

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| **Parameter** | **Method** | **Results** |
| **Color** | Visual | [ ]  Clear [ ]  Green [ ]  Yellow [ ]  Brown [ ]  Red [ ]  Black [ ]  Blue [ ]  Milky [ ] Other (Describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Odor** | Smell | [ ]  None [ ]  Musky [ ]  Earthy [ ]  Rotten Eggs [ ]  Sewage [ ]  Petroleum [ ]  Other (Describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Clarity or Turbidity** | Visual(try to see through clear container) | [ ]  Can’t see through bottle, [ ]  Can see through but can’t read newsprint, [ ]  Can see through and read newsprint, [ ]  Clear, but not as clear as bottled water, [ ]  As clear as bottled water |
| **Floating Solids** | Visual(top of water in container) | [ ]  Yes (Describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  No |
| **Settled Solids** | Visual(bottom of container) | [ ]  \_\_\_\_ Tablespoons, or[ ]  \_\_\_\_ Cups of solids on bottom after 24-hr. |
| **Suspended Solids** | Visual(look through container) | Describe Observations. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Foam** | Visual | [ ]  No [ ]  Yes, if yes, Thickness \_\_\_\_\_\_\_\_\_\_\_ Color \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Oil Sheen** | Visual | [ ]  No [ ]  Yes, if yes, Color \_\_\_\_\_\_\_\_\_\_\_\_ Extent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Other Obvious Indicators of Stormwater Pollution | Indicate what you observed | Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Probable Sources of any Observed Stormwater Contamination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*“I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.”*

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| Name: |  |  Title: |  |
| Signature: |  |  Date: |  |