

DRY WEATHER SCREENING AND VISUAL STORM WATER DISCHARGE EXAMINATION REPORT

Examinations shall be made of samples collected within the first 30 minutes (or as soon as thereafter as practical, but not to exceed 1hour) of when the runoff of snowmelt begins discharging.

Date of Examination:

ID Number:

Nature of Discharge: storm drain runoff
 snowmelt
 irrigation
 non-hazardous spill

Quarter January - March
 April - June
 July September
 October - December

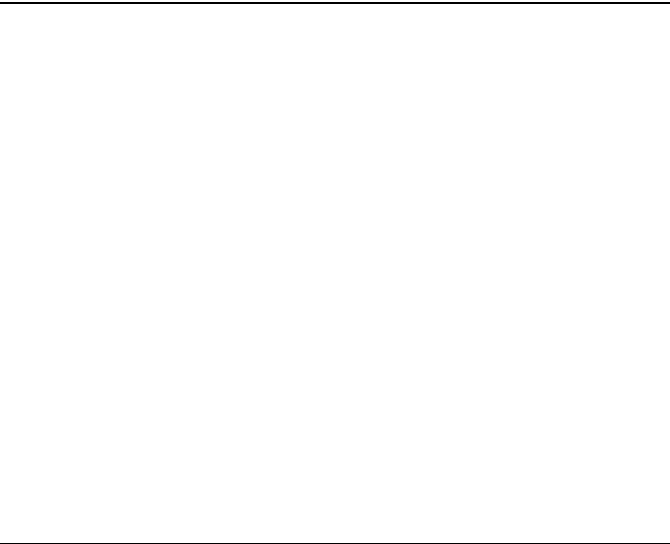
Dry Weather Wet Weather Screening

Last Rainfall Event:

Temperature:

Time of Event:

Precipitation:



Unable to collect sample due to adverse conditions or inadequate runoff.

Adverse or dangerous weather conditions: flooding high winds hurricane drought extended frozen surface

Visual Quality of Storm Water Discharge: (Circle or select response)

At Time of Sampling:

Color: clear brown green rust

Odor: Yes / No

Clarity:

Floating Solids: Yes / No

Foam: Yes / No

After One Hour of Settling:

pH: Relative Humidity:

Settled Solids: Yes / No

Suspended Solids: Yes / No

Oil Sheen: Yes / No

BOD:Temperature:

Other obvious indicators of storm water pollution:

.....

Probable sources of any observed storm water 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 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.

Name of Examiner: Title: **Registered Stormwater Inspector**

Signature: Date: