

WEEKLY VISUAL STORM WATER POLLUTION PREVENTION FORM

Examinations shall be conducted one time per week for City Owned Facilities identified as a "High Priority" on the American Fork City Storm Water Management Program.

Facility ID Number: Inspection Date:

Facility Name: Facility Address:

Potential Pollutants: Sediments Nutrients Metals Hydrocarbons
 Pesticides Chlorides Trash Bacteria

Visual Inspection Analytical water sampling was required YES NO

Date of last Rainfall Event: Type of storm:

Temperature: Precipitation (inches):

<p>Sediments</p> <p>Dirt on the parking lot? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p> <p>Dirt on the gutter? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p> <p>Detergent on the gutter? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p> <p>Metals</p> <p>Oxidized containers? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p> <p>Oxidized equipment? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p> <p>Open metal containers? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p> <p>Pesticides</p> <p>Pesticides on the gutter? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p> <p>Pesticides on the sidewalk? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p> <p>Animal waste on the gutter? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p> <p>Animal waste on the sidewalk? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p> <p>Trash</p> <p>Garbage bin doors closed? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p> <p>Signs of spills/ leaks? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p> <p>Doors need repairs? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p> <p>Bin needs to be replaced? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p>	<p>Nutrients</p> <p>Grass on the gutter? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p> <p>Leaves on the gutter? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p> <p>Chemicals spills/ leaks? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p> <p>Hydrocarbons</p> <p>Signs of spills/ leaks? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p> <p>Open oil containers? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p> <p>Vehicles leaking? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p> <p>Chlorides</p> <p>Chlorine is properly stored? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p> <p>Water faucets leaking? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p> <p>Fire hydrants leaking? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p> <p>Running hoses? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p> <p>Bacteria</p> <p>Portable toilet maintained? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p> <p>Portable toilet leaks/ spills? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p> <p>Septic tank maintained? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p> <p>Septic tank leaks/ spills? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p>
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Maintenance actions

A work order was placed? YES NO N/A Work Order Number:

Previous work order was done? YES NO N/A A Spill Report was completed? YES NO N/A

Additional comments:

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

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

I certify under penalty of law that this inspection was 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 a visual inspection, 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:

Revised: 10-15-2010