

**DRY WEATHER SCREENING AND
VISUAL STORM WATER DISCHARGE EXAMINATION REPORT**

Date of Examination: 2/29/15 Permit No. UTR _____

Outfall location or ID number: #33

Nature of Discharge (i.e., runoff, land drain, irrigation or snowmelt) run off

Type of Monitoring:

<input checked="" type="checkbox"/> Dry Weather Screening Date of last Rainfall Event: _____	Wet Weather Screening (Quarterly Min.) <input type="checkbox"/> Rainfall Event Date of Rainfall Event: _____ Time of Event: _____ Precipitation: _____ <input type="checkbox"/> Unable to collect sample due to adverse conditions or inadequate runoff.
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Visual Quality of Storm Water Discharge: (circle response)

At Time of Sampling:

Color: clear brown green rust other: dry

Odor: Yes / No

Clarity:

Floating Solids: Yes / No

Foam: Yes / No

After One Hour of Settling:

Settled Solids: Yes / No

Suspended Solids: Yes / No

Oil Sheen: Yes / No

Other obvious indicators of storm water pollution: _____

Probable sources of any observed storm water contamination: _____

Name of Examiner ZACH HARVEY Title RSI

Signature [Signature] Date 2/29/15

Revised: 10-15-2010