

DRY WEATHER SCREENING AND VISUAL STORM WATER DISCHARGE EXAMINATION REPORT

Date of Examination: 8/3/16 Permit No. UTR 090000
 Outfall location or ID number: 22
 Nature of Discharge (i.e., runoff, land drain, irrigation or snowmelt) ~~runoff~~

Type of Monitoring:

| | |
|---|---|
| <input checked="" type="checkbox"/> Dry Weather Screening Date of last Rainfall Event: <u>2+ Weeks</u> | 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. |
|---|---|

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

Outfall NE of location or map. Drainage swell along S edge of road

Other obvious indicators of storm water pollution: _____

Probable sources of any observed storm water contamination: _____

Name of Examiner ZACH HARVEY Title RSI

Signature  Date 8/3/2016

Revised: 10-15-2010