

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

Date of Examination: 8/18/16 Permit No. UTR 020000
Outfall location or ID number: 1
Nature of Discharge (i.e., runoff, land drain, irrigation or snowmelt) _____

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.
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Visual Quality of Storm Water Discharge: (circle response)

At Time of Sampling:

Color: clear brown green rust other: _____

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 PSI

Signature [Signature] Date 8/18/2016

Revised: 10-15-2010