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| **MSGP Quarterly Visual Assessment Form (WET WEATHER)** |
| Complete a separate form for each outfall you assess |
| Name of Facility: |  | NPDES Tracking No. | NA |
| Outfall Name:  | "Substantially Identical Outfall"? [ ]  No | [ ]  Yes (identify substantially identical outfalls):  |
| Person(s)/Title(s) collecting sample: Name/Title |
| Person(s)/Title(s) examining sample: Name/Title |
| Date & Time Discharge Began:  | Date & Time Sample Collected:  | Date & Time Sample Examined:  |
| Substitute Sample? [ ]  No | [ ]  Yes (identify quarter/year when sample was originally scheduled to be collected): |
| Nature of Discharge: [ ]  Rainfall [ ]  Snowmelt |
| If rainfall: Rainfall Amount:\_ \_inches | Previous Storm Ended > 72 hours Before Start of This Storm? | [ ]  Yes | [ ]  No\* (explain): |
| **Parameter** |
| Color | [ ]  None [ ]  Other | (describe): |
| Odor | [ ]  None [ ]  Musty [ ]  Sewage [ ]  Sulfur [ ]  Sour [ ]  Petroleum/Gas \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Solvents [ ]  Other (describe): |
| Clarity | [ ]  Clear [ ]  Slightly Cloudy [ ]  Cloudy [ ]  Opaque [ ]  Other  |
| Floating Solids | [ ]  No [ ]  Yes (describe): |
| Settled Solids\*\* | [ ]  No [ ]  Yes (describe): |
| Suspended Solids | [ ]  No [ ]  Yes (describe): |
| Foam (gently shake sample) | [ ]  No [ ]  Yes (describe): |
| Oil Sheen | [ ]  None [ ]  Flecks [ ]  Globs [ ]  Sheen [ ]  Slick [ ]  Other (describe): |
| Other Obvious Indicators of Stormwater Pollution | [ ]  No [ ]  Yes (describe): |
| \* The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period. |
| \*\* Observe for settled solids after allowing the sample to sit for approximately one-half hour. |
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| **Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).**  |
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| **Certification by Facility Responsible Official (Refer to MSGP Subpart 11 Appendix B for Signatory Requirements)** |
| 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 submitted 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. |
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| A. Name:  |  | B. Title:  |  |
|  |
| C. Signature: |  | D. Date Signed: |  |