

Quarterly Visual Monitoring Form Multi-Sector GP-0-23-001

All facilities covered under the MSGP must perform Quarterly Visual Monitoring. This form is part of the facilities records and should be retained onsite with the facility's Stormwater Pollution Prevention Plan. Please see the permit Part IV.E for additional requirements. *Keep this form with the Facility's SWPPP. Please do not submit this form to the Department.*

This QVM form is being used as a follow up to Corrective Actions being implemented due to the previous QVM indicating the presence of stormwater pollution.

This QVM form is for a regular quarterly event

SPDES ID Number	Facility Name	Reporting Year			
Examiner's Name Examiner's Title			January 1 - March 31 April 1 - June 30 July 1 - September 30 October 1 - December 31		
Outfall Number	Date/Time Collected and Examined	Rainfall Amount	Runoff Source		nowmelt
TC 1 '1	er appear to be colored?			Yes	○ No
2. Is the stormwater of	lear or transparent?			Yes	○ No
If yes, which of the	e following best describes the clarity of the storm	water: OClear	O Milky	0	Opaque
3. Can you see a rain	bow sheen effect on the water surface?		·····	Yes	○ No
If yes, which best of	describes the sheen?	No Sheen O Rainbow Sheer	n ⊝ Floatin	g Oil (Globules
4. Does the sample ha	ave an odor?			Yes	○ No
If yes, describe					

5. Is there something floating on the surface of the sample?	○ No
If yes, describe	
6. Is there something suspended in the water column of the sample?	○ No
If yes, describe	
7. Is there something settled on the bottom of the sample?	○ No
If yes, describe	
8. Is there foam or material forming on the top of the sample surface? \bigcirc Yes	○ No
If yes, describe	0 110
Detail any concerns, corrective actions taken and any other indicators of pollution present in the sample:	
Stormwater Examiner's Signature	
Stormwater Dammater Stignature	