



DRY WEATHER SCREENING AND VISUAL STORM WATER DISCHARGE EXAMINATION REPORT

Date of Examination: _____

Permit No. UTR 090032

Outfall location or ID number: _____

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

Type of Monitoring:

<input 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:

After One Hour of Settling:

Color: clear brown green rust other: _____

Settled Solids: Yes / No

Odor: Yes / No

Suspended Solids: Yes / No

Clarity:

Oil Sheen: Yes / No

Floating Solids: Yes / No

Foam: Yes / No

Other obvious indicators of storm water pollution: _____

Probable sources of any observed storm water contamination: _____

Name of Examiner _____ Title _____

Signature _____ Date _____

Revised: 10-29-2010