

**Spill Prevention, Control and Countermeasure Plan
Stormwater Pollution Prevention Plan**



RECORD OF QUARTERLY VISUAL ASSESSMENT OF STORMWATER DISCHARGES

Quarter	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Date	Time			

INSPECTION GUIDANCE

- Form must be completed in its entirety and must be signed by inspector.
- Visual examinations of the stormwater discharged from each outfall must be performed and documented once each calendar quarter.
- The examination must be made during normal facility operation.
- The examination shall be made of samples collected with the first 30 minutes of when the runoff begins discharging.
- The examination must be conducted in a well-lit area
- Collect samples from the discharge resulting from a storm event that is greater than 0.1 inches in magnitude and that occurs at least 72 hours from the previously measurable storm event.
- **Examine for: Color, Clarity, Odor, Floating/Settled Solids, Foam, Oil, Scum**

Note: Inability to collect samples in a given quarter because of adverse climatic conditions or drought must be documented.

RETAIN THESE RECORDS UNTIL JUNE 1, 2020

WEATHER INFORMATION NOTE: ONE INSPECTION PER CALENDAR YEAR MUST BE DURING STORMWATER DISCHARGE

Describe weather conditions? Sunny Cloudy Raining

Other (Describe) _____

		OUTFALL 1	OUTFALL 2	OUTFALL 3
1	Pollutants Observed? <i>If yes, complete a-c</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a	Describe stormwater discharge characteristics (clear, cloudy, oil sheet, has odors, etc.).			
b	Identify and describe source of pollutants.			
c	Describe any revised or new BMPs and their date of implementation.			

USE BACK OF FORM FOR ADDITIONAL COMMENTS

INSPECTOR SIGNATURE

Name (please print) _____

Title _____

Signature _____	Date _____
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Additional Comments