|  |  |  |
| --- | --- | --- |
| **Enter Text** |  | **Enter Text** |
| Name of Facility |  | APDES Tracking No. |
| **Enter Text** |  | Substantially Identical Outfall? [ ]  Yes, [ ]  No  | Enter Text |
| Outfall Name |  | (If yes, list other outfalls) |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Person(s)/Title(s)** |  |  |  |  |  | Date | Time |
| Collecting sample: | Enter Text |  | Enter Text |  | Discharge Began | Enter Date | Enter Text |
| Name |  | Title |  | Sample Collected | Enter Date | Enter Text |
| Examining sample: | Enter Text |  | Enter Text |  | Sample Examined | Enter Date | Enter Text |
| Name |  | Title |  |

|  |  |
| --- | --- |
| Substitute Sample? [ ]  Yes, [ ]  No. If Yes, identify quarter/year when sample was originally scheduled to be collected):  | Enter Text |
| Nature of Discharge: [ ]  Rainfall, [ ]  Snowmelt, If rainfall: Rainfall Amount | Enter Text | inches |
| Previous Storm Ended > 72 hours before Start of This Storm? [ ]  Yes, [ ]  No[[1]](#footnote-1), if No explain: Enter Text |

**Parameters**:

Color: [ ]  None, [ ]  Other, (describe): Enter Text

Odor: [ ]  None, [ ]  Musty, [ ]  Sewage, [ ]  Sulfur, [ ]  Sour, [ ]  Petroleum/Gas (describe): Enter Text

 [ ]  Solvents, [ ]  Other, (describe): Enter Text

Clarity: [ ]  Clear, [ ]  Slightly Cloudy, [ ]  Cloudy, [ ]  Opaque, [ ]  Other

Floating Solids: [ ]  No, [ ]  Yes, (describe): Enter Text

Settled Solids[[2]](#footnote-2): [ ]  No, [ ]  Yes, (describe): Enter Text

Suspended Solids: [ ]  No, [ ]  Yes, (describe): Enter Text

Foam (gently shake sample): [ ]  No, [ ]  Yes, (describe): Enter Text

Oil Sheen: [ ]  None, [ ]  Flecks, [ ]  Globs, [ ]  Sheen, [ ]  Slick, [ ]  Other (describe): Enter Text

Other Obvious Indicators of Stormwater Pollution: [ ]  No, [ ]  Yes, (describe): Enter Text

**Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below** (attach additional sheets as necessary).

Enter Text

|  |  |
| --- | --- |
|  |  |
| Description: Click or tap here to enter text. | Description: Click or tap here to enter text. |

**Certification by Facility Responsible Official (Refer to MSGP Subpart 1.12 Appendix A 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.

|  |  |  |
| --- | --- | --- |
| Enter Text |  | Enter Text |
| Name |  | Title |
|  |  | Enter Date |
| Signature |  | Date Signed |

1. 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. [↑](#footnote-ref-1)
2. Observe for settled solids after allowing the sample to sit for approximately one-half hour. [↑](#footnote-ref-2)