

MSGP Quarterly Visual Assessment Form

(Complete a separate form for each outfall you assess)

Name of Facility: **Caldwell Industrial Airport** NPDES Tracking No. **IDR 050007**

Outfall Name: **AP-04** "Substantially Identical Discharge Point"? Yes (identify substantially identical outfalls): **AP-02, 06, 09, 10, 11**
 No

Person(s)/Title(s) collecting sample: **Emily Johnson, Environmental Engineer**

Person(s)/Title(s) examining sample: **same**

Date & Time ~~Discharge~~ ^{Storm} Began: **1/29/2021 6:45 AM** Date & Time Sample Collected: **1/29/2021 2:05 PM** Date & Time Sample Examined: **1/29/2021 2:10 PM**

Substitute Sample? No Yes (identify quarter/year when sample was originally scheduled to be collected):

Nature of Discharge: Rainfall Snowmelt

If rainfall: Rainfall Amount: **No of inches** Previous Storm Ended > 72 hours Before Start of This Storm? Yes No* (explain):

Pollutants Observed

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): _____

AP-02: No Discharge
AP-06: Not Inspected
AP-09: No Discharge
AP-10: No Discharge
AP-11: No Discharge

* 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.

Identify probably sources of any observed stormwater contamination. Also, include any additional comments, descriptions of pictures taken, and any corrective actions necessary below (attach additional sheets as necessary). [Insert details](#)

Photos on file. Sample temp @ AP-04 40.5°F

Certification Statement (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.

A. Name: **Emily Johnson**

B. Title: **Environmental Engineer**

C. Signature: *Emily J. Johnson*

D. Date Signed: **2/1/2021**