Direct Discharges

MSGP Quarterly Visual Assessment Form	
(Complete a separate form for each outfall you assess)	
Name of Facility: Caldwell Industrial Airport NPDES Tracking No. 1DR 050007	
Outfall Name: AP- 07 "Substantially Identical Discharge VYes ( Point"?	identify substantially identical outfalls):
Person(s)/Title(s) collecting sample: Emily Johnson, Environ	nmental Engineer
Person(s)/Title(s) examining sample: "	
Date & Time Discharge Began:  1-12-2021  Date & Time Sample Collected:  1-12-2021	Date & Time Sample Examined:
1:45 PM 1:30 PM	1:35 PM
Substitute Sample? V No	ginally scheduled to be collected):
Nature of Discharge: M Rainfall M Snowing prior to 1:30 PM	
If rainfall: Rainfall Amount: No of inches  Previous Storm Ended > 72 hours Before Start of This Storm?	s Yes No* (explain):
Pollutants Observed	
Color None VOther (describe): Slightly off-clear,	
Odor None Musty Sewage Sulfur Sour Petr	HK-01: Not insteady
Clarity ☐ Clear ☑ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐ Othe	er AP-03: Not inepected
Floating Solids Yes (describe):	AP-05: Insufficient flow
Settled Solids**  V No  Yes (describe):	AP-08: No discharge
Suspended Solids No Yes (describe):	11,
Foam (gently shake sample)	
Oil Sheen None Flecks Globs Sheen Slick Other (describe):	
Other Obvious Indicators No Yes (describe): of Stormwater Pollution	
* 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 PNOTOS ON FIL. SOUNDLE HEMP OF AP-07 35.4°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
	D. Date Signed: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \