

Ponds

MSGP Quarterly Visual Assessment Form

(Complete a separate form for each outfall you assess)

Name of Facility: Caldwell Industrial Airport NPDES Tracking No. IDR 030007

Outfall Name: AP-09 "Substantially Identical Discharge Point"? Yes (identify substantially identical outfalls): No

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

Person(s)/Title(s) examining sample: " "

Date & Time Discharge Began: No discharge observed - Rain began at 1:45 Date & Time Sample Collected: Began as snow/sleet, then rain Date & Time Sample Examined: N/A 1:20 PM inspection

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

Nature of Discharge: Rainfall Snowmelt Snowing + snowmelt prior to 1:20 PM

If rainfall: Rainfall Amount: No of inches 0.12" 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-04: Not sampled (Ground-water)
 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

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 Johnson*

D. Date Signed: 1/14/2021