

### MSGP Quarterly Visual Assessment Form

(Complete a separate form for each outfall you assess)

Name of Facility: **Caldwell Industrial Airport**

NPDES Tracking No. **1DR050007**

Outfall Name: **AP-07** "Substantially Identical Discharge Point"?

Yes (identify substantially identical outfalls):  
 No

Person(s)/Title(s) collecting sample: **Ashley Newbry, Asst AP-01, 03, 05, City Engr.**

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

Date & Time Discharge Began:

Date & Time Sample Collected:

Date & Time Sample Examined:

**Rain @ 6:00 AM  
5/22/21**

**7:35 AM**

**7:35 AM**

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

**0.31"**

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-01: Not Inspected  
AP-03: Not Inspected  
AP-05: Dischg. Sampled  
AP-07: Dischg Sampled  
AP-08 (new): Dischg Sampled  
AP-08 (old): No Discharge**

**\* New AP-08 Filed in  
May 2021 NOI for MSGP to  
EPA.  
AP-08 (New) = [AP-08] + [AP-09] +  
[AP-10]**

\* 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

#### 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: **Ashley Newbry**

B. Title: **Asst. City Engr.**

C. Signature: **Ashley Newbry**

D. Date Signed: **5/24/2021**

### MSGP Quarterly Visual Assessment Form

(Complete a separate form for each outfall you assess)

Name of Facility: Caldwell Industrial Airport NPDES Tracking No. 1 D2050007

Outfall Name: AP-05 "Substantially Identical Discharge Point"?  Yes (identify substantially identical outfalls): AP-01, 03, 07,  
 No

Person(s)/Title(s) collecting sample: Ashley Newbry, Asst City Engr

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

Date & Time Discharge Began: Rain @ 6:00 AM Date & Time Sample Collected: 7:50 AM Date & Time Sample Examined: 7:50 AM

5/22/21

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):  
0.31"

#### Pollutants Observed

Color  None  Other (describe): \_\_\_\_\_

Odor  None  Musty  Sewage  Sulfur  Sour  Petroleum/Gas  
 Solvents  Other (describe): \_\_\_\_\_

\* See AP-07 sheet for further detail.

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): \_\_\_\_\_

\* 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

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A. Name: Ashley Newbry

B. Title: Asst. City Engr

C. Signature: Ashley Newbry

D. Date Signed: 5/24/2021