

**QUARTERLY SITE INSPECTIONS
BOISE**

PERMIT YEAR (Circle):	2017	2018	<u>2019</u>	2020	2021
INSPECTION PERIOD (Circle)	<u>Quarter 1 Jan-Mar</u>	Quarter 2 Apr-June	Quarter 3 Jul - Sept	Quarter 4 Oct - Dec	

- At least one member of the Pollution Prevention Team must participate in the inspection
- At least one inspection during each calendar year must take place when a stormwater discharge is occurring

Weather information and a description of any stormwater or non-stormwater discharges occurring at the time of the inspection: Light Rain Ground wet

Any previously unidentified discharges of pollutants from the site? If yes, describe:

NO

Any control measures needing maintenance, repairs, or replacement? If yes, describe:

NO

Any incidents of noncompliance observed? If yes, describe:

NO

Any additional control measures needed to comply with the permit requirements? If yes, describe:

NO

INSPECTOR NAME
& SIGNATURE:

[Signature]


COMPANY:

Saia

INSPECTION DATE
AND TIME:

2/13/19 10am

**QUARTERLY STORMWATER SAMPLE VISUAL MONITORING
BOISE**

OUTFALL NUMBER	FLOATING SOLIDS	SUSPENDED SOLIDS	SETTLED SOLIDS	OIL SHEEN	COLOR	CLARITY	ODOR	FOAM	OTHER
Outfall No. 001	Y/N	Y/N	Y/N	Y/N	clear	clear	None	Y/N	
List the probable source(s) of any stormwater contamination, and if corrective actions are needed to address the problem: 									
INSPECTOR NAME & SIGNATURE 				COMPANY: S&B			INSPECTION DATE AND TIME: 2/13/19 10AM		

Instructions for completing this form

- Visual assessment must be made of a sample in a clean, clear glass or plastic container and examined
- in a well-lit area
- Collect the sample within 30 minutes of an actual discharge from a storm event, or document why a sample couldn't be obtained within the first 30 minutes of a discharge
- The sample should be collected at least 3 days after the previous discharge

Evaluate the sample in a well-lit area for the following parameters:

Floating Solids: Check for solids or liquids floating on the surface. Give a general description of the type of floating solids present in the general comments section for each sample. Identify amount of floating solids (High, Medium, Low, or None).

Suspended solids: Record whether or not suspended solids are present floating inside the column of water, not on top

Settled Solids: After 30 minutes has passed, give a general description of the type of settled solids present (sand, decayed plant matter, rust particles, etc.) in the general comments section.

Oil Sheen: Record whether or not an oil sheen is present.

Color: Record the best description of the sample color in the appropriate space on the form.

Clarity: This refers to how cloudy the sample is.

Clear – Sample doesn't block any light; can be seen through regardless of color.

Cloudy – Sample blocks some light; objects not clear but can be identified looking through the sample.

Very Cloudy – Sample blocks most light; objects cannot be identified looking through the sample.

Opaque – Sample blocks all light; objects cannot be seen when looking through the sample.

Odor: Note the presence of any of the following odors if detected, such as gasoline, diesel, oil, solvents, garbage, fishy, sweet/sugary, any other unusual odors not normally present in clean runoff

Foam: Describe whether foam is present on the stormwater discharge

Other: Record any other observations (e.g. whether the discharge contains any trash or debris, etc.)

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- At least one member of the Pollution Prevention Team must participate in the inspection
- At least one inspection during each calendar year must take place when a stormwater discharge is occurring

Weather information and a description of any stormwater or non-stormwater discharges occurring at the time of the inspection: Moderate Rain fall - Flowing to Drains

Any previously unidentified discharges of pollutants from the site? If yes, describe:

NO

Any control measures needing maintenance, repairs, or replacement? If yes, describe:

NO

Any incidents of noncompliance observed? If yes, describe:

NO

Any additional control measures needed to comply with the permit requirements? If yes, describe:

NO

INSPECTOR NAME
& SIGNATURE:

[Signature]

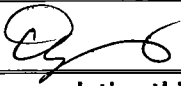
COMPANY:

S&S

INSPECTION DATE
AND TIME:

4/3/19 11:30 AM

**QUARTERLY STORMWATER SAMPLE VISUAL MONITORING
BOISE**

OUTFALL NUMBER	FLOATING SOLIDS	SUSPENDED SOLIDS	SETTLED SOLIDS	OIL SHEEN	COLOR	CLARITY	ODOR	FOAM	OTHER
Outfall No. 001	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	clear	clear	None	Y <input checked="" type="radio"/> N	
List the probable source(s) of any stormwater contamination, and if corrective actions are needed to address the problem:									
INSPECTOR NAME & SIGNATURE: 				COMPANY: <i>SDIA</i>			INSPECTION DATE AND TIME: <i>4/3/19 11:30 AM</i>		

Instructions for completing this form

- Visual assessment must be made of a sample in a clean, clear glass or plastic container and examined
- in a well-lit area
- Collect the sample within 30 minutes of an actual discharge from a storm event, or document why a sample couldn't be obtained within the first 30 minutes of a discharge
- The sample should be collected at least 3 days after the previous discharge

Evaluate the sample in a well-lit area for the following parameters:

Floating Solids: Check for solids or liquids floating on the surface. Give a general description of the type of floating solids present in the general comments section for each sample. Identify amount of floating solids (High, Medium, Low, or None).

Suspended solids: Record whether or not suspended solids are present floating inside the column of water, not on top

Settled Solids: After 30 minutes has passed, give a general description of the type of settled solids present (sand, decayed plant matter, rust particles, etc.) in the general comments section.

Oil Sheen: Record whether or not an oil sheen is present.

Color: Record the best description of the sample color in the appropriate space on the form.

Clarity: This refers to how cloudy the sample is.

Clear – Sample doesn't block any light; can be seen through regardless of color.

Cloudy – Sample blocks some light; objects not clear but can be identified looking through the sample.

Very Cloudy – Sample blocks most light; objects cannot be identified looking through the sample.

Opaque – Sample blocks all light; objects cannot be seen when looking through the sample.

Odor: Note the presence of any of the following odors if detected, such as gasoline, diesel, oil, solvents, garbage, fishy, sweet/sugary, any other unusual odors not normally present in clean runoff

Foam: Describe whether foam is present on the stormwater discharge

Other: Record any other observations (e.g. whether the discharge contains any trash or debris, etc.)

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- At least one member of the Pollution Prevention Team must participate in the inspection
- At least one inspection during each calendar year must take place when a stormwater discharge is occurring

Weather information and a description of any stormwater or non-stormwater discharges occurring at the time of the inspection: Rain fell - flowing to Drains

Any previously unidentified discharges of pollutants from the site? If yes, describe:

NO

Any control measures needing maintenance, repairs, or replacement? If yes, describe:


NO

Any incidents of noncompliance observed? If yes, describe:

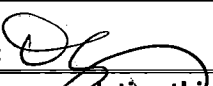
NO

Any additional control measures needed to comply with the permit requirements? If yes, describe:

NO

INSPECTOR NAME & SIGNATURE: 	COMPANY: <u>Saira</u>	INSPECTION DATE <u>9/6/19</u> AND TIME: <u>11:45 AM</u>
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**QUARTERLY STORMWATER SAMPLE VISUAL MONITORING
BOISE**

OUTFALL NUMBER	FLOATING SOLIDS	SUSPENDED SOLIDS	SETTLED SOLIDS	OIL SHEEN	COLOR	CLARITY	ODOR	FOAM	OTHER
Outfall No. 001	Y/ <input checked="" type="radio"/> N	Y/ <input checked="" type="radio"/> N	Y/ <input checked="" type="radio"/> N	Y/ <input checked="" type="radio"/> N	clear	clear	no	Y/ <input checked="" type="radio"/> N	
List the probable source(s) of any stormwater contamination, and if corrective actions are needed to address the problem: <p align="center">None</p>									
INSPECTOR NAME & SIGNATURE: 				COMPANY: Saia		INSPECTION DATE AND TIME: 9/6/19 11:45 AM			

Instructions for completing this form

- Visual assessment must be made of a sample in a clean, clear glass or plastic container and examined in a well-lit area
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Evaluate the sample in a well-lit area for the following parameters:

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Suspended solids: Record whether or not suspended solids are present floating inside the column of water, not on top

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Foam: Describe whether foam is present on the stormwater discharge

Other: Record any other observations (e.g. whether the discharge contains any trash or debris, etc.)

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- At least one member of the Pollution Prevention Team must participate in the inspection
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Weather information and a description of any stormwater or non-stormwater discharges occurring at the time of the inspection: Rain

Any previously unidentified discharges of pollutants from the site? If yes, describe:

NO

Any control measures needing maintenance, repairs, or replacement? If yes, describe:

NO

Any incidents of noncompliance observed? If yes, describe:

NO

Any additional control measures needed to comply with the permit requirements? If yes, describe:

NO

INSPECTOR NAME
& SIGNATURE:



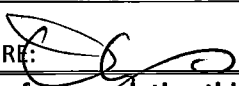
COMPANY:

Sevia

INSPECTION DATE
AND TIME:

12/12/19 11AM

**QUARTERLY STORMWATER SAMPLE VISUAL MONITORING
BOISE**

OUTFALL NUMBER	FLOATING SOLIDS	SUSPENDED SOLIDS	SETTLED SOLIDS	OIL SHEEN	COLOR	CLARITY	ODOR	FOAM	OTHER
Outfall No. 001	Y / N	Y / N	Y / N	Y / N	clear	Clear	NO	Y / N	
<p>List the probable source(s) of any stormwater contamination, and if corrective actions are needed to address the problem:</p> <p style="text-align: center; font-size: 1.2em;">None</p>									
INSPECTOR NAME & SIGNATURE: 				COMPANY: SAIA		INSPECTION DATE AND TIME: 12/12/19 11Am			

Instructions for completing this form

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