

Attachment K – Quarterly Visual Monitoring

Quarterly Visual Monitoring Form
Fill out a separate form for each outfall sampled.

Sample Location:	Kimberly Outfall 001		Quarter / Year:	1 st / 2019
Date / Time Collected:	2-14-19 9:45 am		Date / Time Examined:	2-14-19 12:45 pm
Qualifying Storm Event?	<input checked="" type="checkbox"/> Yes	No	Runoff Source:	<input checked="" type="checkbox"/> Rainfall <input type="checkbox"/> Snowmelt
Parameter	Parameter Description		Parameter Characteristics	
1. Color	Does the stormwater appear to have any color?		If Yes, describe: Yellow, Brown, Red, Gray, Other:	
	<input checked="" type="checkbox"/> Yes	No (Clear)		
2. Clarity	Is the stormwater clear?		If not clear, describe: Very Lite Brown	
	<input checked="" type="checkbox"/> Yes	No		
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface?		Which best describes the sheen? Rainbow sheet, Floating oil globules, Other:	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
4. Odor	Does the sample have an odor?		If Yes, describe: Chemical, Musty, Rotten Eggs, Sewage, Sour Milk, Oil/Petroleum, Other:	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
5. Floating Solids	Is there anything on the surface of the sample?		If Yes, describe: Suds, Oily Film, Garbage, Sewage, Water Fowl Excrement, Other:	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
6. Suspended Solids	Is there anything suspended in the sample?		Describe: Water comes off gravelly ground	
	<input checked="" type="checkbox"/> Yes	No		
Leave sample undisturbed for 30 minutes				
7. Settled Solids	Is there anything settled on the bottom of the sample?		Describe: (note type, size and material after sample is not disturbed for 30 minutes)	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
8. Foam	Does foam or material form on the top of the sample surface if you shake it?		Describe:	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
9. If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken:				
Name:	Stormwater Collector		Stormwater Examiner	
Name:	Thomas Garr		Magic Valley Labs	
Title:	Asst. Mau.			
Signature:				
Date:	2-14-19			
Note – Sample should be collected and analyzed in a clear, colorless glass or plastic bottle.				

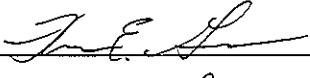
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Quarterly Visual Monitoring Form
Fill out a separate form for each outfall sampled.

Sample Location:	Kingsbury Outfall 001		Quarter / Year:	2nd / 2019	
Date / Time Collected:			Date / Time Examined:	6-28-19	
Qualifying Storm Event?	Yes	No	Runoff Source:	Rainfall	Snowmelt
Parameter	Parameter Description			Parameter Characteristics	
1. Color	Does the stormwater appear to have any color?			If Yes, describe: Yellow, Brown, Red, Gray, Other:	
	Yes	No (Clear)			
2. Clarity	Is the stormwater clear?			If not clear, describe:	
	Yes	No			
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface?			Which best describes the sheen? Rainbow sheet, Floating oil globules, Other:	
	Yes	No			
4. Odor	Does the sample have an odor?			If Yes, describe: Chemical, Musty, Rotten Eggs, Sewage, Sour Milk, Oil/Petroleum, Other:	
	Yes	No			
5. Floating Solids	Is there anything on the surface of the sample?			If Yes, describe: Suds, Oily Film, Garbage, Sewage, Water Fowl Excrement, Other:	
	Yes	No			
6. Suspended Solids	Is there anything suspended in the sample?			Describe:	
	Yes	No			
Leave sample undisturbed for 30 minutes					
7. Settled Solids	Is there anything settled on the bottom of the sample?			Describe: (note type, size and material after sample is not disturbed for 30 minutes)	
	Yes	No			
8. Foam	Does foam or material form on the top of the sample surface if you shake it?			Describe:	
	Yes	No			
9. If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken:					
Name:	Stormwater Collector		Stormwater Examiner		
Title:					
Signature:					
Date:	6-28-19				
Note – Sample should be collected and analyzed in a clear, colorless glass or plastic bottle.					

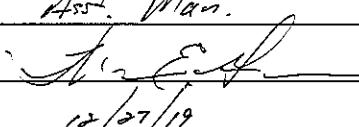
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Sample Location:	Kimberly Outfall 001		Quarter / Year:	3 rd / 2019
Date / Time Collected:			Date / Time Examined:	8/7/2019
Qualifying Storm Event?	Yes	No	Runoff Source:	Rainfall Snowmelt
Parameter	Parameter Description			Parameter Characteristics
1. Color	Does the stormwater appear to have any color?			If Yes, describe: Yellow, Brown, Red, Gray, Other:
	Yes	No (Clear)		
2. Clarity	Is the stormwater clear?			If not clear, describe:
	Yes	No		
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface?			Which best describes the sheen? Rainbow sheet, Floating oil globules, Other:
	Yes	No		
4. Odor	Does the sample have an odor?			If Yes, describe: Chemical, Musty, Rotten Eggs, Sewage, Sour Milk, Oil/Petroleum, Other:
	Yes	No		
5. Floating Solids	Is there anything on the surface of the sample?			If Yes, describe: Suds, Oily Film, Garbage, Sewage, Water Fowl Excrement, Other:
	Yes	No		
6. Suspended Solids	Is there anything suspended in the sample?			Describe:
	Yes	No		
Leave sample undisturbed for 30 minutes				
7. Settled Solids	Is there anything settled on the bottom of the sample?			Describe: (note type, size and material after sample is not disturbed for 30 minutes)
	Yes	No		
8. Foam	Does foam or material form on the top of the sample surface if you shake it?			Describe:
	Yes	No		
9. If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken:				
Name:	Stormwater Collector		Stormwater Examiner	
Thomas Garr				
Title:	Asst. Mgr			
Signature:				
Date:	8-7-2019			
Note – Sample should be collected and analyzed in a clear, colorless glass or plastic bottle.				

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Sample Location:	Liberty Outfall 001		Quarter / Year:	4th / 2019	
Date / Time Collected:			Date / Time Examined:	12/27/19	
Qualifying Storm Event?	Yes	No	Runoff Source:	Rainfall	Snowmelt
Parameter	Parameter Description			Parameter Characteristics	
1. Color	Does the stormwater appear to have any color?			If Yes, describe: Yellow, Brown, Red, Gray, Other:	
	Yes	No (Clear)			
2. Clarity	Is the stormwater clear?			If not clear, describe:	
	Yes	No			
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface?			Which best describes the sheen? Rainbow sheet, Floating oil globules, Other:	
	Yes	No			
4. Odor	Does the sample have an odor?			If Yes, describe: Chemical, Musty, Rotten Eggs, Sewage, Sour Milk, Oil/Petroleum, Other:	
	Yes	No			
5. Floating Solids	Is there anything on the surface of the sample?			If Yes, describe: Suds, Oily Film, Garbage, Sewage, Water Fowl Excrement, Other:	
	Yes	No			
6. Suspended Solids	Is there anything suspended in the sample?			Describe:	
	Yes	No			
Leave sample undisturbed for 30 minutes					
7. Settled Solids	Is there anything settled on the bottom of the sample?			Describe: (note type, size and material after sample is not disturbed for 30 minutes)	
	Yes	No			
8. Foam	Does foam or material form on the top of the sample surface if you shake it?			Describe:	
	Yes	No			
9. If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken:					
Stormwater Collector	Stormwater Examiner				
Name:	Thomas Gavr				
Title:	Ass. Man.				
Signature:					
Date:	12/27/19				
Note – Sample should be collected and analyzed in a clear, colorless glass or plastic bottle.					