


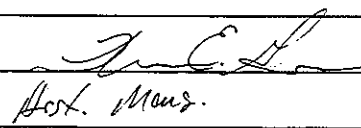
Attachment K – Quarterly Visual Monitoring

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="radio"/> Yes	<input type="radio"/> No	Runoff Source:	<input checked="" type="radio"/> Rainfall	<input checked="" type="radio"/> Snowmelt
Parameter	Parameter Description	Parameter Characteristics			
1. Color	Does the stormwater appear to have any color? <input checked="" type="radio"/> Yes	If Yes, describe: Yellow, Brown/ Red, Gray, Other: <input type="radio"/> No (Clear)			
2. Clarity	Is the stormwater clear? <input checked="" type="radio"/> Yes	If not clear, describe: Very Light Brown			
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes	Which best describes the sheen? Rainbow sheet, Floating oil globules, Other: <input checked="" type="radio"/> No			
4. Odor	Does the sample have an odor? Yes	If Yes, describe: Chemical, Musty, Rotten Eggs, Sewage, Sour Milk, Oil/Petroleum, Other: <input checked="" type="radio"/> No			
5. Floating Solids	Is there anything on the surface of the sample? Yes	If Yes, describe: Suds, Oily Film, Garbage, Sewage, Water Fowl Excrement, Other: <input checked="" type="radio"/> No			
6. Suspended Solids	Is there anything suspended in the sample? <input checked="" type="radio"/> Yes	Describe: Water comes off gravel pavement			
Leave sample undisturbed for 30 minutes					
7. Settled Solids	Is there anything settled on the bottom of the sample? Yes	Describe: (note type, size and material after sample is not disturbed for 30 minutes) <input checked="" type="radio"/> No			
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes	Describe: <input checked="" type="radio"/> 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 Garr		Magic Valley Labs		
Title:	Asst. Man.				
Signature:					
Date:	2-14-19				
Note – Sample should be collected and analyzed in a clear, colorless glass or plastic bottle.					

Attachment K – Quarterly Visual Monitoring

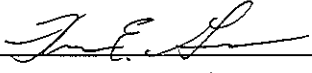
Quarterly Visual Monitoring Form
Fill out a separate form for each outfall sampled.

Sample Location:		Kimberly Outfall 001		Quarter / Year:		2nd / 2019	
Date / Time Collected:				Date / Time Examined:			
Qualifying Storm Event?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Runoff Source:		Rainfall <input type="checkbox"/> Snowmelt <input type="checkbox"/>	
Parameter	Parameter Description	Parameter Characteristics					
1. Color	Does the stormwater appear to have any color?	If Yes, describe: Yellow, Brown, Red, Gray, Other:					
	Yes <input type="checkbox"/> No (Clear) <input type="checkbox"/>						
2. Clarity	Is the stormwater clear?	If not clear, describe::					
	Yes <input type="checkbox"/> No <input type="checkbox"/>						
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 <input type="checkbox"/> No <input type="checkbox"/>						
4. Odor	Does the sample have an odor?	If Yes, describe: Chemical, Musty, Rotten Eggs, Sewage, Sour Milk, Oil/Petroleum, Other:					
	Yes <input type="checkbox"/> No <input type="checkbox"/>						
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 <input type="checkbox"/> No <input type="checkbox"/>						
6. Suspended Solids	Is there anything suspended in the sample?	Describe:					
	Yes <input type="checkbox"/> No <input type="checkbox"/>						
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 <input type="checkbox"/> No <input type="checkbox"/>						
8. Foam	Does foam or material form on the top of the sample surface if you shake it?	Describe:					
	Yes <input type="checkbox"/> No <input type="checkbox"/>						
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:							
Title:							
Signature:							
Date:		6-28-19					

Note – Sample should be collected and analyzed in a clear, colorless glass or plastic bottle.

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: 3 rd / 2019	
Date / Time Collected:		Date / Time Examined: 8/7/2019	
Qualifying Storm Event?		Runoff Source:	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Rainfall <input type="checkbox"/> Snowmelt <input type="checkbox"/>	
Parameter	Parameter Description	Parameter Characteristics	
1. Color	Does the stormwater appear to have any color?	If Yes, describe: Yellow, Brown, Red, Gray, Other:	
	Yes <input type="checkbox"/> No (Clear) <input type="checkbox"/>		
2. Clarity	Is the stormwater clear?	If not clear, describe:	
	Yes <input type="checkbox"/> No <input type="checkbox"/>		
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 <input type="checkbox"/> No <input type="checkbox"/>		
4. Odor	Does the sample have an odor?	If Yes, describe: Chemical, Musty, Rotten Eggs, Sewage, Sour Milk, Oil/Petroleum, Other:	
	Yes <input type="checkbox"/> No <input type="checkbox"/>		
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 <input type="checkbox"/> No <input type="checkbox"/>		
6. Suspended Solids	Is there anything suspended in the sample?	Describe:	
	Yes <input type="checkbox"/> No <input type="checkbox"/>		
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 <input type="checkbox"/> No <input type="checkbox"/>		
8. Foam	Does foam or material form on the top of the sample surface if you shake it?	Describe:	
	Yes <input type="checkbox"/> No <input type="checkbox"/>		
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 Garr		
Title:	Asst. Man		
Signature:			
Date:	8-7-2019		
Note – Sample should be collected and analyzed in a clear, colorless glass or plastic bottle.			

Attachment K – Quarterly Visual Monitoring

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location:		<i>Kimberly Outfall 001</i>		Quarter / Year:		<i>4th / 2019</i>	
Date / Time Collected:				Date / Time Examined:		<i>12/27/19</i>	
Qualifying Storm Event?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Runoff Source:		Rainfall <input type="checkbox"/> Snowmelt <input type="checkbox"/>	
Parameter	Parameter Description		Parameter Characteristics				
1. Color	Does the stormwater appear to have any color?		If Yes, describe: Yellow, Brown, Red, Gray, Other:				
	Yes <input type="checkbox"/> No (Clear) <input type="checkbox"/>						
2. Clarity	Is the stormwater clear?		If not clear, describe::				
	Yes <input type="checkbox"/> No <input type="checkbox"/>						
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 <input type="checkbox"/> No <input type="checkbox"/>						
4. Odor	Does the sample have an odor?		If Yes, describe: Chemical, Musty, Rotten Eggs, Sewage, Sour Milk, Oil/Petroleum, Other:				
	Yes <input type="checkbox"/> No <input type="checkbox"/>						
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 <input type="checkbox"/> No <input type="checkbox"/>						
6. Suspended Solids	Is there anything suspended in the sample?		Describe:				
	Yes <input type="checkbox"/> No <input type="checkbox"/>						
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 <input type="checkbox"/> No <input type="checkbox"/>						
8. Foam	Does foam or material form on the top of the sample surface if you shake it?		Describe:				
	Yes <input type="checkbox"/> No <input type="checkbox"/>						
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:		<i>Thomas Garv</i>					
Title:		<i>Assl. Man.</i>					
Signature:		<i>[Signature]</i>					
Date:		<i>12/27/19</i>					
Note – Sample should be collected and analyzed in a clear, colorless glass or plastic bottle.							