



INDUSTRIAL STORM WATER PROGRAM QUARTERLY VISUAL ASSESSMENT REPORT

The intent of this compliance assistance document is to provide a Visual Assessment Report Form that permittees can use to meet the conditions of the National Pollutant Discharge Elimination System (NPDES) Wastewater Discharge General Permit for Industrial Storm Water Discharges or NPDES Individual Permits. This document and other compliance assistance documents can be found at the DEQ, WRD Industrial Storm Water website www.mi.gov/deqstormwater (then click on INDUSTRIAL PROGRAM).

Visual Assessment Sample Information		
Facility Name:		COC No. <u>or</u> NPDES Permit No:
Industrial Storm Water Certified Operator Name:		
Name / Title of person collecting sample if other than Cert. Operator:		
Date of Comprehensive Inspection:	Is this a substitute sample? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain:	
Discharge Point # / Name:	Substantially Identical Discharge Point? <input type="checkbox"/> No <input type="checkbox"/> Yes List:	
Description of sample collection location:		
Date / Time Discharge Began:	Date / Time Sample Collected:	Date / Time Sample Examined:
For rain events - if sample was collected > 30 minutes from start of discharge, provide explanation:		
Snowmelt <input type="checkbox"/>	Rainfall <input type="checkbox"/> Inches:	If rain event - previous storm ended > 72 hours prior to start of this event? <input type="checkbox"/> No <input type="checkbox"/> Yes

Observations	
Color: <input type="checkbox"/> None <input type="checkbox"/> Yes (describe):	Floating Solids: <input type="checkbox"/> No <input type="checkbox"/> Yes (describe):
Oil Films / Sheens: <input type="checkbox"/> None <input type="checkbox"/> Flecks <input type="checkbox"/> Globs <input type="checkbox"/> Sheen <input type="checkbox"/> Other	
Describe appearance of film/sheen:	
Foam (gently shake sample): <input type="checkbox"/> No <input type="checkbox"/> Yes	Suspended Solids: <input type="checkbox"/> No <input type="checkbox"/> Yes (describe):
Settleable Solids: <input type="checkbox"/> No <input type="checkbox"/> Yes (describe):	
Odor: <input type="checkbox"/> None <input type="checkbox"/> Musty <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfur <input type="checkbox"/> Sour <input type="checkbox"/> Hydrocarbons <input type="checkbox"/> Chemical <input type="checkbox"/> Other (describe):	
Turbidity/Clarity: <input type="checkbox"/> Clear <input type="checkbox"/> Slightly Cloudy <input type="checkbox"/> Cloudy <input type="checkbox"/> Milky <input type="checkbox"/> Other (describe):	
Picture of sample taken (required): <input type="checkbox"/> No <input type="checkbox"/> Yes Storage location:	
Receiving waters observed? <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes (describe):	

Follow-up:
Based on the visual observation, are there unnatural characteristics in the discharge (cloudiness, color, sheen, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes
Potential sources of observed unnatural characteristics <input type="checkbox"/> N/A <u>or</u> describe:
Implemented / recommended corrective action(s) <input type="checkbox"/> N/A <u>or</u> describe: Scheduled date for correction:

I certify that the above information is correct	
Certified Operator Signature	Date

RETAIN THIS FORM FOR A MINIMUM OF 3 YEARS