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| **Facility Assessment Information** | | | | | | | | | | | | | | | | | | | | | |
| Name of Facility: | | | | | Name of Facility | | | | | | | | AZPDES Auth. No. | | | | | | Insert Tracking No. | | |
| Outfall Name: Name | | | | | | | | | "Substantially Identical Discharge Point"? | | | | | Yes  No (identify substantially identical outfalls): | | | | | | | |
| Person(s)/Title(s) collecting sample: Name/Title | | | | | | | | | | | | | | | | | | | | | |
| Person(s)/Title(s) examining sample: Name/Title | | | | | | | | | | | | | | | | | | | | | |
| Date & Time Discharge Began:  Enter date and time | | | | | | | | | | | | Date & Time Sample Collected:  Enter date and time. If sample not taken within first 30 minutes, explain why. | | | | | | | | | Date & Time Sample Examined:  Enter date and time |
| Substitute Sample?  No | | | | | | | | Yes (identify quarter/year when sample was originally scheduled to be collected): | | | | | | | | | | | | | |
| Nature of Discharge:  Rainfall  Snowmelt | | | | | | | | | | | | | | | | | | | | | |
| Rainfall Amount: No of inches\_ | | | | | | | | | | | 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):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
| \* 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 probable 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 Appendix B, Paragraph 9, 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: | |  | | | | | | | | | | | | | | B. Title: | |  | | | |
| C. Signature: | | | |  | | | | | | | | | | | D. Date Signed: | | | | |  | |