

RECORD OF ANNUAL OUTFALL MONITORING EVENT
 Storm Water Pollution Prevention Plan
 Austin Bergstrom International Airport

FORM C-2

An employee trained in accordance with the facility SWP3 shall complete this form for each outfall.

Instructions:

1. Perform during dry conditions.
2. Complete the sections below and follow-up with any potential signs of non-storm water detected.

Annual Outfall Evaluation (Circle one): 1st January – March 2nd April – June 3rd July – September 4th October – December

| Outfall Number | Monitoring Date and Time | Dry Weather Discharge (circle Yes or No) | | Significant Erosion? (circle Yes or No) | | Trash or Debris? (circle Yes or No) | | Oil and Grease Sheen Present? (circle Yes or No) | |
|----------------|--------------------------|---|----|--|----|--|----|---|----|
| | | YES | NO | YES | NO | YES | NO | YES | NO |
| | | If Yes, Describe: | | If Yes, Describe: | | If Yes, Describe: | | If Yes, Describe: | |
| | | If Yes, List Potential Sources: | | If Yes, List Potential Sources: | | If Yes, List Potential Sources: | | If Yes, List Potential Sources: | |

Comments:

Examination Personnel Name: _____ Title: _____

Signature: _____ Date: _____