

RECORD OF QUARTERLY VISUAL STORM WATER MONITORING

Storm Water Pollution Prevention Plan
Austin Bergstrom International Airport

FORM C-1

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

Instructions:

1. Confirm that the storm event is a “representative” storm event as defined in Appendix C. (Check Yes or No) ___Yes ___No
2. If the answer to Number 1 is “No” do not proceed with the visual storm water monitoring. Indicate the date of the attempted visual monitoring and the reason the storm was not a “representative event” in the spaces provided below.
3. If the answer to Number 1 is “Yes” proceed with collection and visual examination of storm water discharge samples, and complete the form for each outfall.
4. If a visual examination was not performed during a quarterly monitoring period, provide an explanation in the space provided below (examples: adverse climatic conditions [lightning]; a representative storm event did not occur during this quarter).
5. Maintain the completed forms, both for visual monitoring attempts and for actual visual monitoring events, in the SWP3 file.

Quarterly Monitoring Period (circle one): 1st January – March

2nd April – June

3rd July – September

4th October – December

Outfall Number	Monitoring Date and Time	Floating, Settled, or Suspended Material? (circle Yes or No)		Turbidity or Discoloration? (circle Yes or No)		Odors? (circle Yes or No)		Oil and Grease Sheen Present? (circle Yes or No)		Foam Present? (circle Yes or No)	
		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
		If Yes, Describe:		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:		If Yes, List Potential Sources:	

Comments:

1. This was not a representative storm event because: _____
2. Visual monitoring was not performed this Quarter because: _____
3. Other notes or observations: _____

Examination Personnel Name: _____ Title: _____

Signature: _____ Date: _____