



Standard Operating Procedure  
 Bureau of Water Quality  
 Attachment B  
 Date: April 20, 2006  
 Revised: June 12, 2017  
 Doc Number: DEPLW0768

### Visual Monitoring Form

Facility Name: \_\_\_\_\_ Sampler's Name: \_\_\_\_\_  
 Facility Address: \_\_\_\_\_ MSGP Permit Number: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ 72 Hours Since last Qualifying Storm? Yes or No  
 (circle)

Measurable Discharge from outfall? Yes or No (circle)

Outfall Number						
Observation Time						
Est. Time from Onset of Discharge						
Discharge Type (rain, snow melt or ice melt)						
Sample Volume (ml)						
Color						
Odor						
Clarity						
Floating Solids*						
Settled Solid*						
Suspended Solid*						
Foam						
Oil Sheen						
Possible Source of Any Observed Contamination						

\*Enter a description of corresponding criteria for each outfall and any corrective actions in the General Comments section of this document.

Signature of Responsible Official: 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 information, the information submitted is, to the best of my knowledge and belief, true, accurate and compete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowingly violating the law.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



General Comments

In the comments section, enter physical description of floating, settled, and suspended solids for each outfall sampled. Enter general comments on the condition and appearance of each outfall in the comments as well as any corrective actions taken as indicated in the instructions.

Outfall 1	Comments: _____ _____ _____ _____ _____
Outfall 2	Comments: _____ _____ _____ _____ _____
Outfall 3	Comments: _____ _____ _____ _____ _____
Outfall 4	Comments: _____ _____ _____ _____ _____
Outfall 5	Comments: _____ _____ _____ _____ _____
Outfall 6	Comments: _____ _____ _____ _____ _____