



# MONTHLY STORM WATER INSPECTION FORM

## READY-MIX CONCRETE GENERAL PERMIT



**Facility Name:** \_\_\_\_\_ **Coverage Number: MSG11** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Instructions:** Conduct a monthly inspection of all industrial activities exposed to storm water and the storm water outfalls. Inspect each area/equipment noted below for indications of potential storm water contamination or failure of best management practices required by the SWPPP, recording any issues and corrective action taken. Such inspection should be conducted during or immediately following a rain event producing runoff, if possible. Also, for any monthly inspection performed during or after a rain event, collect storm water runoff from each outfall in a clean, clear jar and examine it in a well-lit area. Should any objectionable characteristics described below be observed, the coverage recipient shall investigate upstream from the sample location to identify the potential sources of pollution and implement corrective action(s). [2020 RMCGP ACT5, T-6]

<b>Was the inspection conducted during or following a rain event resulting in runoff?</b>	Yes	No	<b>If yes, were samples collected for visual examination?</b>	Yes	No	N/A
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Areas/Equipment Inspected	Issues Noted?			Describe any issues noted and corrective action taken.
	Yes	No	N/A	
Truck Wash/Cleaning Area				
Equipment Fueling/Maintenance Areas				
Tanks, Silos, Hoppers and Dust Collection				
Truck Loading Area				
Outdoor Storage Piles				
Sludge Dewatering Area				
General Site-Wide Housekeeping				
Other:				

<b>Outfall Number / Location of Sample:</b>	<b>Time:</b>
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Parameter	Parameter Description	Yes	No	If yes, provide a description and any corrective action taken.
Color	Is the water sample colored?			
Clarity	Is the water sample clear and transparent?			
Floating Solids	Are there solids floating at the top of the sample?			
Settled Solids	Are there solids settled out in the bottom of the sample?			
Suspended Solids	Are there solids suspended in the water column of the sample?			
Foam	Is there foam forming at the top of the sample?			
Odor	Does the sample have an odor?			
Oil Sheen	Does the sample have an oil sheen?			

*"I certify under penalty of law that this report is true, accurate, and complete to the best of my knowledge and belief."*

\_\_\_\_\_  
**Inspector Name (printed)**
\_\_\_\_\_  
**Inspector's Signature**
\_\_\_\_\_  
**Date**



# ADDITIONAL VISUAL JAR TEST FORM READY-MIX CONCRETE GENERAL PERMIT

(Attach to Monthly Storm Water Inspection Form)



Facility Name: \_\_\_\_\_ Coverage Number: MSG11 \_\_\_\_\_ DATE: \_\_\_\_\_

Outfall Number / Location of Sample:				Time:	
Parameter	Parameter Description	Yes	No	If yes, provide a description and any corrective action taken.	
Color	Is the water sample colored?				
Clarity	Is the water sample clear and transparent?				
Floating Solids	Are there solids floating at the top of the sample?				
Settled Solids	Are there solids settled out in the bottom of the sample?				
Suspended Solids	Are there solids suspended in the water column of the sample?				
Foam	Is there foam forming at the top of the sample?				
Odor	Does the sample have an odor?				
Oil Sheen	Does the sample have an oil sheen?				

Outfall Number / Location of Sample:				Time:	
Parameter	Parameter Description	Yes	No	If yes, provide a description and any corrective action taken.	
Color	Is the water sample colored?				
Clarity	Is the water sample clear and transparent?				
Floating Solids	Are there solids floating at the top of the sample?				
Settled Solids	Are there solids settled out in the bottom of the sample?				
Suspended Solids	Are there solids suspended in the water column of the sample?				
Foam	Is there foam forming at the top of the sample?				
Odor	Does the sample have an odor?				
Oil Sheen	Does the sample have an oil sheen?				