



# Monthly Site Inspection Form

WET DECK LOG SPRAY GENERAL PERMIT

COVERAGE NUMBER MSG17\_\_\_\_\_

AGENCY INTEREST NUMBER \_\_\_\_\_



**Instructions:** Monthly inspections must be conducted to evaluate whether the SWPPP adequately minimizes pollutant loadings and is properly implemented in accordance with the terms of this permit or whether additional control measures are needed. As part of the inspection, stormwater should be collected in a clean, clear jar and examined in a well-lit area. Should any of the objectionable characteristics described below be observed, coverage recipient shall investigate upstream from the sample location to identify the potential sources of pollution and implement corrective action. [2022 WDLSPG ACT 5, T-6]

Facility Name:		Physical Address:
Date:		Coverage Number:
Time collected:	Person collecting/examining sample (Print):	
Outfall Number/Location sample was collected:		
Was the sample collected during or immediately after a rain event? <b>Yes</b> <b>No</b>		
Parameter	Parameter Description	Description of Sample
Color	Is the water sample colored? <b>Yes</b> <b>No</b>	If yes, describe the color:
Clarity	Is the water sample clear and transparent? <b>Yes</b> <b>No</b>	If no, describe the clarity:
Floating Solids	Are there solids floating at the top of the sample? <b>Yes</b> <b>No</b>	If yes, describe the floating solids:
Settled Solids	Are there solids settled out in the bottom of the sample? <b>Yes</b> <b>No</b>	If yes, describe the settled solids:
Suspended Solids	Are there solids suspended in the water column of the sample? <b>Yes</b> <b>No</b>	If yes, describe the suspended solids:
Foam	Is there foam forming at the top of the sample? <b>Yes</b> <b>No</b>	If yes, describe the foam:
Odor	Does the sample have an odor? <b>Yes</b> <b>No</b>	If yes, describe the odor:
Oil Sheens	Does the sample have an oil sheen? <b>Yes</b> <b>No</b>	If yes, describe the oil sheen:
Detail any concerns noted in the visual jar sample and describe the corrective actions taken:		
<i>"I certify under penalty of law that this report is true, accurate, and complete, to the best of my knowledge and belief."</i>		
Inspector's Name - Printed	Inspector's Signature [2022 WDLSPG ACT 4, T-5]	Date