



# ADDITIONAL VISUAL JAR TEST FORM WET DECK LOG SPRAY GENERAL PERMIT



(Attach to Monthly Storm Water Inspection Form)

Facility Name: \_\_\_\_\_ Coverage Number: MSG17 \_\_\_\_\_ 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?					

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