



STORM

STormwater Outreach for
Regional Municipalities

Only Rain in the Storm Drain

AZPDES - MSGP STORM SEMINAR

VISUAL ASSESSMENTS

Lisa Spahr

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Requirement

MSGP Section 4.2 – Visual Assessment of Stormwater Discharges

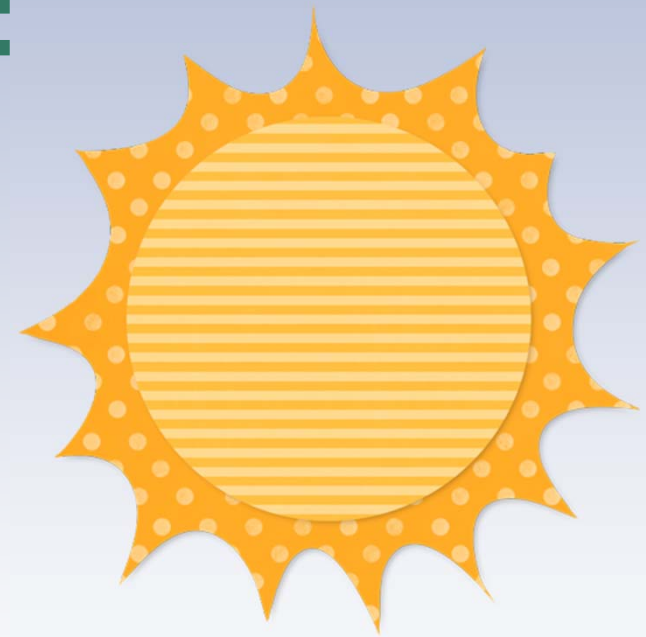


Assessment Frequency

Two per wet season:

Summer

June 1–October 31



Winter

November 1 – May 31

Procedures

- Clean, clear glass, or plastic container, and examined in a well-lit area
- Collected within the first 30 minutes of discharge
- On discharges at least 72 hrs from previous discharge



Characteristics

Color

Settled Solids

Odor

Suspended Solids

Clarity

Foam

Floating Solids

Oil Sheen

Other obvious indicators of pollution

Color

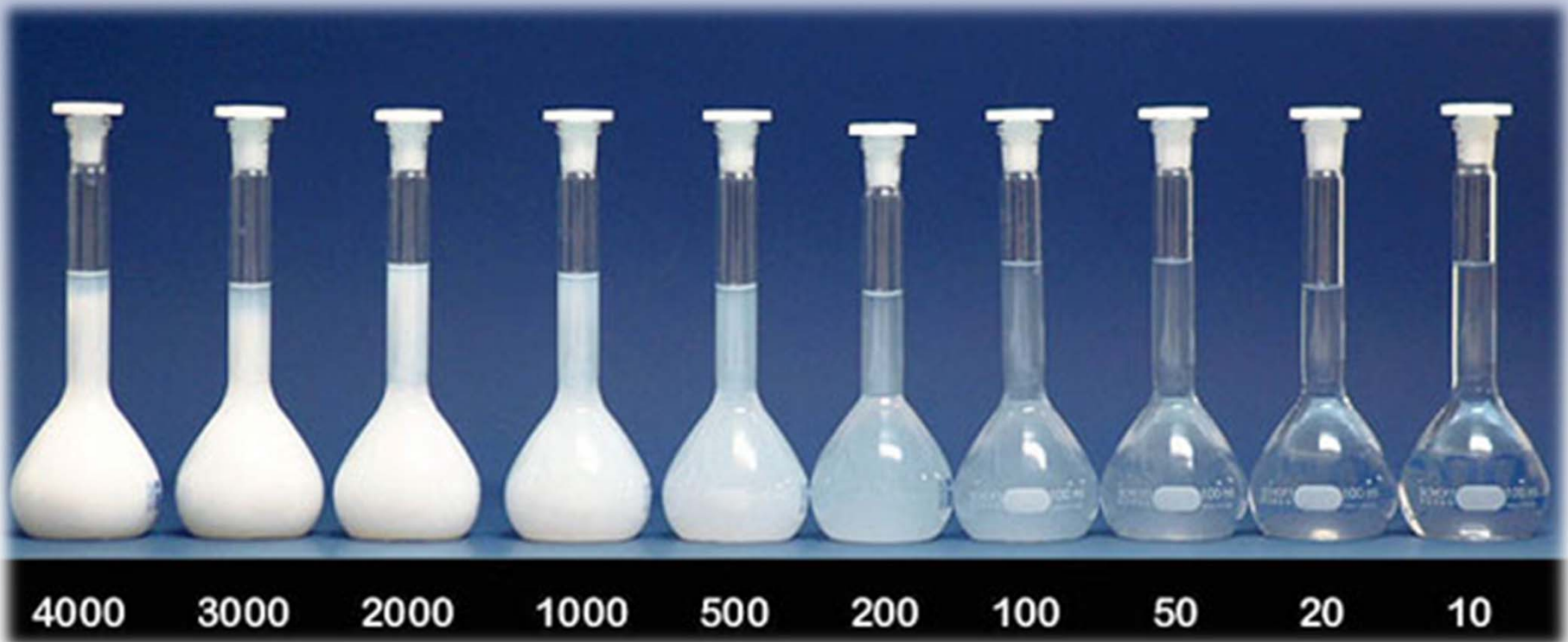


Odor

- Debris
- Sewage
- Blockage



Clarity



Solids

- **Floating**
- **Settled**
- **Suspended**



Foam



Oil Sheen



Other Obvious Indicators of Pollution



Exceptions

- **Absence of discharge**
- **Adverse conditions**
- **Substantially identical outfalls**



Exceptions (cont.)

- **Inactive and unstaffed sites**
 - ▶ Only applies to facilities without exposed materials and activities
 - ▶ No exemptions from sector-specific requirements!



Documentation

- **Location(s)**
- **Date & time of collection**
- **Name & signature of personnel performing assessment**

Documentation (cont.)

- **Results of observations**
- **Probable sources of any observed contamination**
- **Reason not assessed w/in first 30 min (if applicable)**

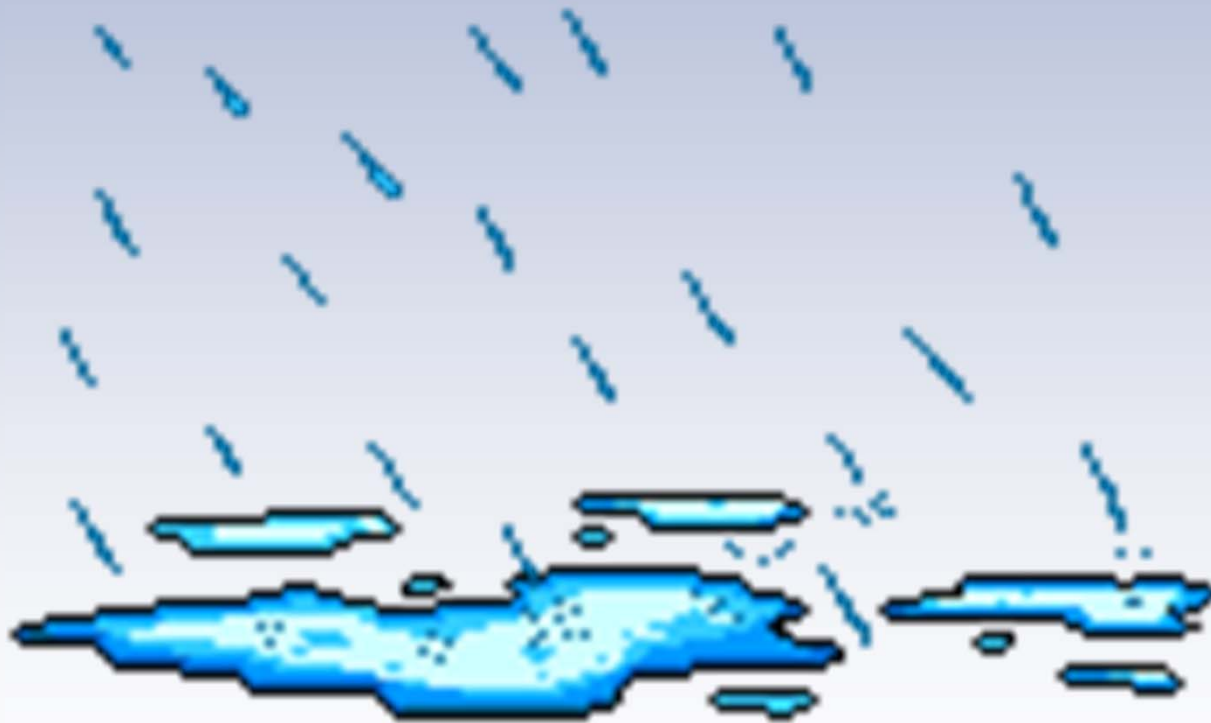
**SWPPP VISUAL ASSESSMENT FORM
GYNORMOUS INDUSTRIAL FACILITY**

COLLECTION LOCATION INFORMATION			
OUTFALL ID NUMBER			
INSPECTOR(S) INFORMATION <input type="checkbox"/> Summer 1 <input type="checkbox"/> Summer 2 <input type="checkbox"/> Winter 1 <input type="checkbox"/> Winter 2 Year: 20__			
INSPECTOR NAME:		INSPECTION DATE:	INSPECTION TIME:
INSPECTOR SIGNATURE:			
WEATHER INFORMATION			
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Raining		Last rain event: <input type="checkbox"/> more than 72 hrs ago <input type="checkbox"/> w/in 72 hrs	
Sample Collected: <input type="checkbox"/> during discharge <input type="checkbox"/> w/in 30 min <input type="checkbox"/> 30 min - 60 min <input type="checkbox"/> 60 min +			
If no sample collected, or not collected within 30 min, explain: <input type="checkbox"/> absense of discharge <input type="checkbox"/> adverse conditions <input type="checkbox"/> inactive/unstaffed site			
OTHER:			
SAMPLE OBSERVATIONS			
	Description	Severity	
COLOR	<input type="checkbox"/> clear <input type="checkbox"/> brown <input type="checkbox"/> green <input type="checkbox"/> gray <input type="checkbox"/> red	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Clearly Visible <input type="checkbox"/> 3 - Obvious
ODOR	<input type="checkbox"/> sewage <input type="checkbox"/> rancid/sour <input type="checkbox"/> gas <input type="checkbox"/> other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily Detected <input type="checkbox"/> 3 - Noticeable from a distance
CLARITY	<input type="checkbox"/> clear <input type="checkbox"/> turbid	<input type="checkbox"/> 1 - Slightly cloudy	<input type="checkbox"/> 2 - Cloudy <input type="checkbox"/> 3 - Opaque
FLOATING SOLIDS	<input type="checkbox"/> Sewage <input type="checkbox"/> Algae <input type="checkbox"/> other:	<input type="checkbox"/> 1 - Sparse	<input type="checkbox"/> 2 - Intermittent <input type="checkbox"/> 3 - Dense
SETTLED SOLIDS	<input type="checkbox"/> present <input type="checkbox"/> absent	<input type="checkbox"/> 1 - Sparse	<input type="checkbox"/> 2 - Intermittent <input type="checkbox"/> 3 - Dense
SUSPENDED SOLIDS	<input type="checkbox"/> present <input type="checkbox"/> absent	<input type="checkbox"/> 1 - Sparse	<input type="checkbox"/> 2 - Intermittent <input type="checkbox"/> 3 - Dense
FOAM	<input type="checkbox"/> present <input type="checkbox"/> absent	<input type="checkbox"/> 1 - Partial	<input type="checkbox"/> 2 - Complete
OIL SHEEN	<input type="checkbox"/> present <input type="checkbox"/> absent	<input type="checkbox"/> 1 - Partial	<input type="checkbox"/> 2 - Complete
OTHER OBSERVATIONS			
<i>Note: Normal stormwater samples are light brown and slightly cloudy. Such samples will not be investigated for pollutant source.</i>			
SAMPLE INFORMATION			
COLLECTION DATE:	COLLECTION TIME:	ANALYSIS DATE:	ANALYSIS TIME:
PROBABLE SOURCES:			
FOLLOW UP ACTIONS:			
INSPECTOR SIGNATURE		DATE / TIME COMPLETE	
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 the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.			
Name:			
Signature:			

Normal Stormwater Sample!



Questions



**For more information on the materials
in this presentation contact:**

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