

Storm Water Discharge Visual Inspection Form
 County Operations Pollution Prevention/Good Housekeeping Program
 Trumbull County SWMP

To be completed during daylight facility operating hours once during each of the following periods: January-March, April-June, July-September, and October-December. Promptly forward a copy of this form to **Trumbull County Regional Stormwater District** when completed. The original should be kept onsite.

Date: _____ Time: _____

Issue being evaluated	Yes	No	N/A	Comments (Stains, Odors, Color, Leaks, Trash, Debris, etc.)
<u>OUTFALL(S):</u> Clean of debris (paper, leaves, etc.)?				
<u>DISCHARGE WATER (Circle below):</u>				
Turbidity?	Clear	Cloudy	Muddy	
Oil & Grease sheen present?	Clear	Discontinuous	Continuous	
Floating Material present?	No	Yes If yes, describe material:		
Odors present?	No	Yes If yes, describe (i.e. petroleum, sewage, etc.):		
Discoloration present?	No	Yes If yes, describe color:		

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Issue Being Evaluated	Yes	No	N/A	Comments (Stains, Odors, Color, Leaks, Trash, Debris, etc.)
<u>SITE AREA(S):</u>				
Are stored materials exposed to storm water contact?				
Are oily parts and/or drums exposed to storm water contact?				
Are the loading and unloading areas clean?				
Are areas around containers clean?				
Is the area around the covered salt storage area free of significant salt?				
Is there a buildup of oil and grease in the parking lots or equipment storage areas?				
Are there leaks or stains around drums or aboveground storage tanks?				
Are the drainage swales, catch basins and/or grates clean of debris (leaves, paper, etc.)?				
<u>OTHER OBSERVATIONS:</u>				

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Inspected by: _____

Signature: _____