Storm Water Inspection Report Form

Industrial Activity Storm Water Discharge General Permit Compliance

2026 - 2027

Prepared For Schools Insurance Authority Transportation Maintenance Facilities Group

District name and facility address:

Is this sample collected in the first or second half of the monitoring year? Jul-Dec [ ] Jan-Jun [ ]

Date: _____ Time: _____(a.m.)(p.m.)

Qualifying Storm Event (QSE)* Began: _____[a.m.] [p.m.]

*QSE produces a discharge in at least one drainage area, preceded by 48 hours with no discharge from any drainage area.

Collect sample within 4 hours of:

The start of discharge during normal working hours; or

The start of facility operations if the QSE occurs within the previous 12-hour period

Part I. Visual Observations

	Discharge Observed		Odor of Discharge							Color of Discharge								Turbidity of Discharge					Floatables in Discharge				Deposits/Stains on Ground Surface					
Location Description	Storm Water	Non-Storm Water	Musty	Sewage	Sulfur	Sour Milk	Oily	None	Other	Red	Yellow	Brown	Green	Gray	Rainbow	None	Other	Cloudy	Opaque	Suspended Solids	Clear	NA	Garbage/Sewage	Leaves/Twigs	None	Other	Sediment	Garbage	Oil	Fuel	None	Other

Part II. Storm Water Sampling

Location Description	Time am/pm	Field pH	Chain of Custody Complete? Yes	No	Notes

Part III. Certification

Preparer's Name: **Title:**

Signature: **Date:**