								Prep		Month Industria	l Act	ivity	Stori	m W	ater 20	Disc 25 -	harq 202	ge G 26		ermi	it Co	mplia	ance	s G	roup										
District name an	Date: Time:(a.m.)(p.m.) The purpose of this inspection form is to record the monthly visual observations of the Facility and the BMP inspections.																																		
										The purp	pose	of th	nis in	spec	ction	forn	n is t	o red	cord the	mon	nthly	visua	al obs	erv	ation	s of	the	Facil	lity and t	ne B	MP	inspe	ectio	ns.	
													I	. Vi	sua	l Ok	ser	vati	ons																
	Discharge Odor of Di								е		Color of Discharge									Turbidity of Discharge					Floatables in Discharge					De	Deposits/Stains on Ground Surface				
Location	No	Non-Storm Water	Musty	Sewage	Sulfur	Sour Milk	Oily	None	NA	Other	Red	Yellow	Brown	Green	Gray	Rainbow	None	NA	Other	Cloudy	Opaque	Suspended Solids	Olear	NA	Garbage/Sewage	Leaves/Twigs	None	NA	Other	Sediment	Garbage	iō	Fuel	None	Other
1) Fueling Facility																																			
Vehicle/Bus Washing Steam Cleaning																																			
3) Maintenance Shop																																			
4) Materials Storage - 1																																			
5) Materials Storage - 2																																			
6) Outfall #1																																			
7) Outfall #2																																			
8) Bus Parking																																			
9) Other																																			

													II. BI	MPs Ir	n Plac	e?						
		(a)			(b)			(c)			(d)			(e)		(f)				(g)		Natar / Fallow on Danvinsonta for all IINall anacons
Location	Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No	NA	Notes / Follow-up Requirements for all "No" answers									
1) Fueling Facility																						
2) Vehicle/Bus Washing & Steam Cleaning																						
3) Maintenance Shop																						
4) Materials Storage 1																						
5) Materials Storage 2																						
6) Outfall #1																						
7) Outfall #2																						
8) Bus Parking																						
9) Other																						

(a) Good House Keeping?

(d) Metal Parts on Pallets & Covered?

(f) Spill Kit in Place?

(b) Secondary Containment?

(e) Dry Mop Stains as Needed?

(g) Oil/Water Separator or Sump in Working Order?

(c) Drip Pans in Place?

	III. Certification	
Preparer's Name:	Title:	
Signature:	Date:	